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# 2019 Community Health Needs Assessment



An Avera Partner

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# Welcome

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Dear Iowa Great Lakes Residents:

The mission of Lakes Regional Healthcare (LRH) is to improve the health and well-being of the people of the Iowa Great Lakes Region. In line with our mission, every three years LRH and Dickinson County Public Health complete a Community Health Needs Assessment (CHNA). The purpose of the assessment is to provide an overview of the current health status of the community in order to strategically inform and prioritize the issues that will provide the greatest opportunity to improve the health of the people and communities we serve. While we have made great strides in some of our greatest health challenges, it is important to reflect on current and emerging health trends to maintain and promote the health of our area. With that, I am pleased to present LRH's 2019 CHNA.

As part of this CHNA, we carried out a survey among our community members, partners, and staff along with analyzing secondary data from various local, state, and national resources. The results show that the health of our community is most highly influenced by access to healthcare services, limited access to behavioral health services, ability to identify support resources in the community, and managing chronic disease. Based on this input, we organized the report around these concepts, focusing on what influences our health and how a community supports an individual's health. In contrast to our previous assessments, this report aims to talk about health outcomes and behaviors in the context of the social, economic, and environmental factors in our county and communities which are the foundations for establishing a health life.

We hope that the information contained in our 2019 CHNA will provide a useful synopsis of the health status of our county and increase the understanding of a healthy community and the role we all play in supporting health. Knowing the assessment will be only as useful as the actions it stimulates, we look forward to working with community members, LRH staff, and our great range of partners to address the health issues outlined here and create a new collaborative Health Improvement Plan.

Sincerely,

Jason C. Harrington, FACHE  
President and CEO



# Hospital Profile

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Lakes Regional Healthcare (LRH) had its beginning in the 1920s with the initiative of Mrs. A.D. Hurd, a registered nurse and whose husband had recently died, when she opened her home as a hospital. Known as the “Hurd Hospital,” healthcare services were offered for a few years but due to inadequate facilities, eventually closed. In 1933, a registered nurse named Lydia Madson opened her home at 607 Lake Street in Spirit Lake for patient care and minor surgeries. The following year, Dr. Donald Rodawig Sr. helped expand the facility to accommodate most surgical procedures which were common at the time. It continued to be used in this manner until 1945 when Dr. Rodawig purchased the property from Lydia Madson and remodeled it into a seven-bed hospital with a nursery and emergency rooms. Then in 1946, Dr. Rodawig Sr. and Dr. Phil Scott bought the mansion across the street which had originally been the home of Senator L.E. Francis. This home was known as “The Pillars” at the time of Drs. Rodawig and Scott’s purchase and was owned by the daughter of Marcus Snyder, a man who came to Dickinson County in 1877 and was one of the county’s first bankers. The doctors remodeled the home into a 16-bed hospital and it became known as the Marcus Snyder Memorial Hospital. In the mid-1950s, expansion was needed, and a group of community leaders began to explore the feasibility of opening a county hospital. A corporation was formed, a fund drive was undertaken, a bond issue was passed, and construction of a new hospital was started. In June of 1959, the doors of Dickinson County Memorial Hospital opened.

Throughout the years, the Medical Staff and Board of Trustees have recognized the importance of meeting the need for quality healthcare services in our community. In 1969, a new emergency room and radiology area were added. In 1976, the hospital building was remodeled and the building’s size was doubled. In 1985, the emergency room and radiology waiting room were enlarged and a CT scanner was added. In 1996, LRH completed a major expansion and renovation project, including new emergency and surgery facilities, a new medical office building, a new lobby, and substantial renovations throughout the hospital. In 2000, the Community Health Center in Milford was opened. In 2002, the hospital’s name changed to “Lakes Regional Healthcare” to more accurately reflect the services provided and the expanded geographic area served. In 2004, LRH underwent a construction and remodeling project to provide single occupancy patient rooms, an education center, and additional space for future needs. In 2012, LRH entered into a Joint Venture arrangement with Avera to integrate the primary care clinics. In 2013, LRH became part of the Avera System of care as an Avera Partner. In 2014, the hospital remodeled and constructed a new Surgery Center, Birth Center, Critical Care Unit and East Lobby. In 2015, LRH joined four other communities in applying to become a Medicare Shared Savings Program Accountable Care Organization. In 2016, LRH added the Mako robot to increase scope of practice with joint and bone surgeries and reduce access to needed care.



# Hospital Profile (continued)

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In 2017, LRH remodeled the radiology department making rooms more accessible to patients as well as added a new CT scanner and 3-D mammography. In 2018, LRH added the DaVinci robot to accommodate soft tissue surgeries and become the robotic hub of northwestern Iowa. In 2018, the Board of Trustees passed a motion to bring work on a new provider clinic that brings the two current provider clinics together and updates their space to accommodate changing patient needs.

Today LRH employs 280 individuals in various professional and support staff positions. The medical staff consists of 248 practitioners, of which 178 are physicians. In addition, over 300 hospital volunteers donate time in providing patient comfort and in fundraising activities.

## **LRH Mission Statement**

Improve the health and wellbeing of the people of the Iowa Great Lakes region.

## **LRH Vision**

The place where patients want to come, providers want to practice and people want to work.

## **LRH Values**

Compassion, Courtesy, and Competence

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# Executive Summary

The Patient Protection and Affordable Care Act enacted in 2010 stipulates that each nonprofit hospital system conduct a community health needs assessment (CHNA) every three years. This document builds off of the previous CHNA completed in 2016 and will guide activities in the community for the next three years.

Lakes Regional Healthcare strives to improve the health and wellness of the community in a variety of methods. The purpose of this document is to ensure the methods used are working with the community's best interest and identified gaps.

## **Data Process**

Primary and secondary data was collected from a variety of sources. A survey was completed by 345 community members. The survey data was then used to bring together 30 different community leaders to discuss the common themes identified from the survey. Throughout this time secondary data was gathered from a variety of local, state, and federal resources to assist with questions and narrow down community needs.

## **Significant Needs**

Combining the information gathered from the primary and secondary data sources, three major areas of need became prevalent. Community resources, behavioral health, and chronic disease were identified as the three major areas of need in the community and will be targeted with the community's health improvement plan.

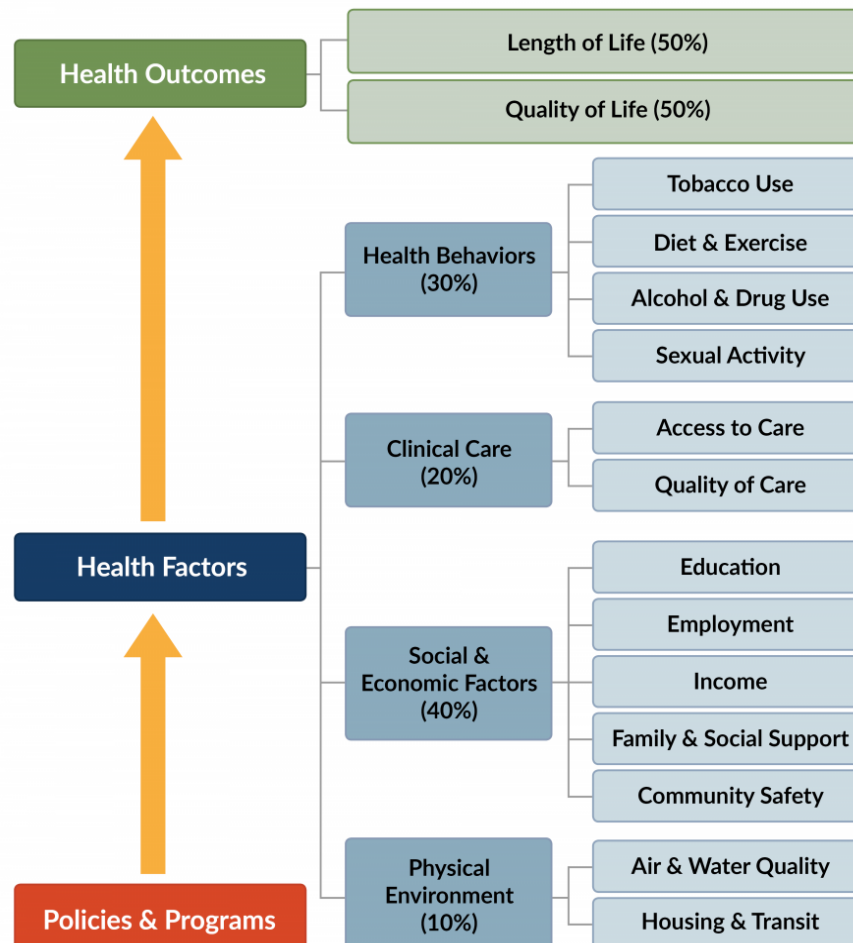
## **Moving Forward**

The data and comments included in this report elaborate on the community's major needs and will give the reader a snapshot into issues in the community. This assessment will be used to create the health improvement plan that outlines strategies to meet the community's needs. The health improvement plan will be a living document which will be revised over the next three years to track progress on strategies and emerging opportunities.

# Community Served by the Hospital

The following sections outline the demographics of Dickinson County. They are organized in a non-conventional way that clumps similar categories together based on the social determinants of health (SDOH). Data suggests that an individual's health is affected by more than just healthcare (Park, Roubal, Jovaag, Gennuso, and Catlin., 2015). It is estimated that an individual's health is affected by 20% health care, 30% health behaviors, 40% social and economic factors, and 10% physical environment factors (Booske et al., 2010). Taking care of one's self by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when sick all influence our wellness. Wellness is also determined in part by access to social and economic opportunities; the resources and supports available to local homes, neighborhoods, and communities; the quality of education; the safety of workplaces; the cleanliness of the water, food, and air; and the nature of social interactions and relationships. The conditions in which the community functions explains in part why some Americans are healthier than others and why Americans generally are not as healthy as they could be. As one can see, wellness begins in people's homes, schools, workplaces, neighborhoods, and communities. As LRH continues to be a high performer in the Great Plains Accountable Care Organization, all facets of health and wellness matter.

The community was defined as residents of Dickinson County. This was chosen as each nearby county has their own hospital and the vast majority of patients are from Dickinson County. The community's definition did not take into account an individual's ability to pay, whether or not they have insurance, and whether or not they qualify for the hospital's financial aid policy.



# Social and Economic Factors

## Population

The population of Dickinson County has continually grown since 1990 and is currently estimated to be at 17,199 (2017). This is a 3.17% increase since 2010. Dickinson County is the only county in northwestern Iowa that has consistently grown every decade since 1990 (Dickinson County).

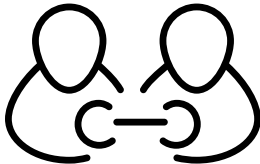
	1990-2000	2000-2010	2010-2017
Clay, IA	-1.21%	-4.06%	-2.98%
Dickinson, IA	10.16%	1.48%	3.19%
Emmet, IA	-4.68%	-6.57%	-8.44%
Jackson, MN	-3.50%	-8.89%	-3.12%
O'Brien, IA	-2.21%	-4.66%	-4.15%
Osceola, IA	-3.63%	-7.73%	-6.45%
Palo Alto, IA	-4.89%	-7.15%	-3.49%
Iowa	5.39%	4.10%	3.26%

## Race and Ethnicity

Compared to Iowa, Dickinson County's population is predominantly white (Dickinson County).



	Dickinson		Iowa	
Race	2000	2010	2000	2010
White	98.90%	98.30%	93.90%	91.30%
White, not Hispanic	98.40%	97.50%	92.60%	88.70%
Black or African American	0.20%	0.20%	2.10%	2.90%
Asian/Pacific Islander	0.20%	0.40%	1.30%	1.70%
American Indian	0.20%	0.10%	0.30%	0.40%
Hawaiian	0%	0%	0%	0.10%
Other	0.10%	0.20%	1.30%	1.80%

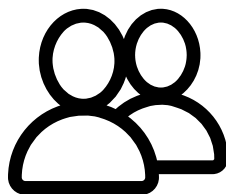


## Community Vitality

Community vitality is a measure of voter participation and civic engagement. 75% of Dickinson County residents voted in the previous presidential election compared to Iowa at 66.5% and the US at 58.5%. Civic engagement is measured by the number of 501 (c)(3) nonprofits per 100,000 population. Dickinson County has 62.4 nonprofits, Iowa is at 50.5 nonprofits, and the US is at 38.1 nonprofits per 100,000 population (Explore Dickinson County's Health).

## Age

The number of individuals 65 and older is 50% higher than the Iowa average. The Dickinson County median continues to grow at a higher pace than the state (Dickinson County).



	Dickinson		Iowa	
Age	2000	2010	2000	2010
>17	21.90%	19.40%	25.10%	23.90%
18-24	6.60%	5.50%	10.20%	10.00%
25-44	23.90%	21.10%	27.60%	24.50%
45-64	26.90%	31.80%	22.20%	26.70%
65+	20.60%	22.30%	14.90%	14.90%
Median	43.3	48.1	36.6	38.1



## Social and Economic Factors (Continued)

### Child Abuse and Neglect

Dickinson County child abuse and neglect rates have remained at a steady level since 2015. The level in 2017 was below the state of Iowa average (Child Wellbeing Indicators & Data).

Child abuse and neglect (per 1,000 children, age 0-17)					
Location	2013	2014	2015	2016	2017
Iowa	17	10.2	11.4	12.2	12.9
Dickinson	19	8.4	12.8	12.5	12

### Single Parent Families

Iowa has remained consistent over the years while Dickinson County is increasing in the percentage of families with a single parent (Child Wellbeing Indicators & Data).

Single parent families						
Location	Data Type	2009 - 2013	2010 - 2014	2011 - 2015	2012 - 2016	2013 - 2017
Iowa	Percent	31.00%	30.80%	31.20%	31.40%	31.00%
Dickinson	Percent	29.70%	28.10%	25.80%	30.00%	33.10%

### Traffic and Outdoor Safety

Dickinson County has a higher emergency department visit rate per 100,000 population than the State of Iowa. The rate has remained consistent over the years. The hospitalization rate, however, is lower for Dickinson County compared to the state and the county has reduced the hospitalizations compared to the state. Death rates in Dickinson County are lower than the state (Iowa Public Health Data).

	Unintentional Hospitalization Rate		Unintentional Injury Emergency Department Visit Rate	
	Dickinson County	Iowa	Dickinson County	Iowa
2011-2015	269.76	513.32	7,746.29	7,117.10
2010-2014	267.76	508.99	8,092.72	7,173.91
2009-2013	290.67	511.43	7,979.83	6,858.80
all age-adjusted per 100,000				

# Social and Economic Factors (Continued)

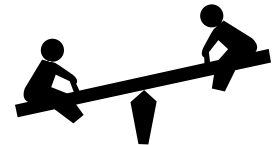
## Child Care

The following data was gathered from the Child Care Market Analysis for Dickinson County completed in 2018. This survey was completed by 386 area parents and expecting parents and 19 employers. Child Care Market Analysis for Dickinson County, Iowa. Copyright © 2018. First Children's Finance. [www.firstchildrensfinance.org](http://www.firstchildrensfinance.org)

Nearly half (45%) of the employers that completed the survey indicated that their company had experienced challenges related to productivity or absenteeism due to employees' child care challenges; while 20% indicated they had problems hiring new employees due to the candidate's child care challenges.

In addition, 50% of parents with children age 12 or younger answered that child care challenges had caused them to arrive at work late or leave early, 49% had missed an entire day, and 2% said child care is preventing them or their spouse/partner from working.

Median Family Income is higher than Child Care Assistance thresholds. In Dickinson County, the average family size is 2.60, and the median income for families with children under the age of 18 is \$74,138. The maximum household income for a family of 3 to qualify for the Iowa Child Care Assistance program is \$30,131.



Families with both parents working in Dickinson County is over 10% greater than the state average for families with children under 6:

- 88% in Dickinson County and 75% in Iowa with children under 6
- 85% in Dickinson County and 80% in Iowa with children 6-17

## Childcare Spaces



Dickinson County has experienced a consistent decrease in Department of Human Services (DHS) regulated child care spaces over the past five years. A total of 19 providers and 191 child care spaces have been lost in Dickinson County over the past five years.

	2012	2013	2014	2015	2016	2017	Change from 2012
<b>Total Programs</b>	<b>45</b>	<b>42</b>	<b>33</b>	<b>30</b>	<b>31</b>	<b>26</b>	<b>-19</b>
<b>DHS Centers &amp; Preschools</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>12</b>	<b>12</b>	<b>-1</b>
<b>Dept. of Ed. Programs</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>-3</b>
<b>Registered Child Dvmt. Homes</b>	<b>16</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>-9</b>
<b>Child Care Homes</b>	<b>12</b>	<b>18</b>	<b>11</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>-6</b>
<b>Total Spaces</b>	<b>948</b>	<b>920</b>	<b>856</b>	<b>870</b>	<b>777</b>	<b>757</b>	<b>-191</b>
<b>DHS Centers &amp; Preschools</b>	<b>500</b>	<b>630</b>	<b>633</b>	<b>725</b>	<b>632</b>	<b>643</b>	<b>143</b>
<b>Dept. of Ed. Programs</b>	<b>208</b>	<b>116</b>	<b>96</b>	<b>37</b>	<b>16</b>	<b>8</b>	<b>-200</b>
<b>Registered Child Dvmt. Homes</b>	<b>180</b>	<b>84</b>	<b>72</b>	<b>68</b>	<b>84</b>	<b>76</b>	<b>-104</b>
<b>Child Care Homes</b>	<b>60</b>	<b>90</b>	<b>55</b>	<b>40</b>	<b>45</b>	<b>30</b>	<b>-30</b>



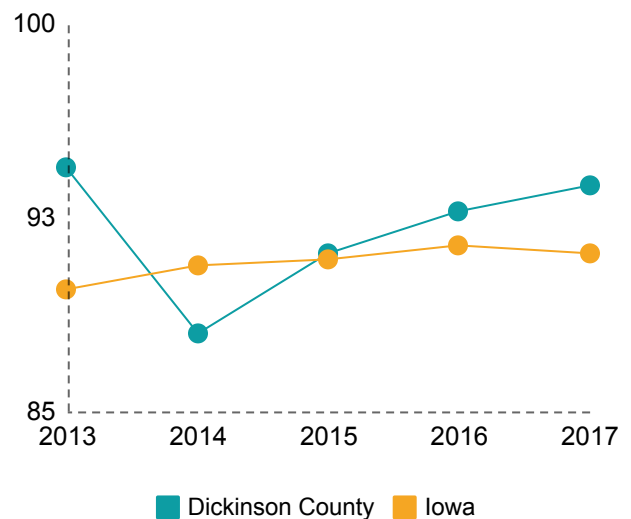
## Social and Economic Factors (Continued)

### Education

In Dickinson County, 95.6% of persons aged 25 years or older are a high school graduate or higher; of those, 29% have a bachelor's degree or higher. There is a 4% school dropout rate compared to Iowa at 8% and the US at 13% (Dickinson County IA Education Data).

Dickinson County's schools and education system outperform the state in high school graduation, math test scores and reading test scores. The high school graduation rate has consistently improved over the past four years. Preschool attendance rates have remained consistent over the past five years and are higher than the state average (Child Wellbeing Indicators & Data).

### High School Graduation



	High School Graduation		Student Math Test Scores		Student Reading Test Scores		Preschool	
	Dickinson County	Iowa	Dickinson County	Iowa	Dickinson County	Iowa	Dickinson County	Iowa
2013	94.4%	89.7%	79.1%	73.3%	84.6%	74.7%	54.6%	47.7%
2014	88.0%	90.6%	82.3%	76.3%	87.0%	75.9%	48.8%	48.2%
2015	91.1%	90.8%	91.1%	77.4%	86.8%	76.6%	55.5%	48.3%
2016	92.7%	91.4%	90.1%	76.1%	88.9%	75.6%	56.3%	48.1%
2017	93.7%	91.1%	84.3%	76.1%	85.2%	75.3%	52.6%	47.5%

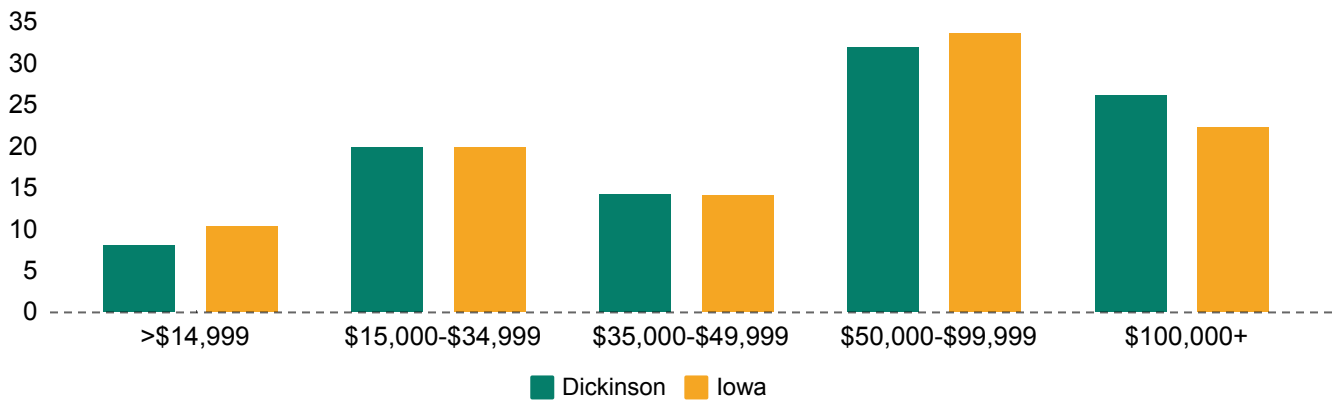


# Social and Economic Factors (Continued)

## Income

The overall median household income is \$57,914. Dickinson County has a higher distribution of the population making over \$100,000+ per year compared to Iowa but less than Iowa in the \$50,000-\$99,999 per year (Child Wellbeing Indicators & Data).

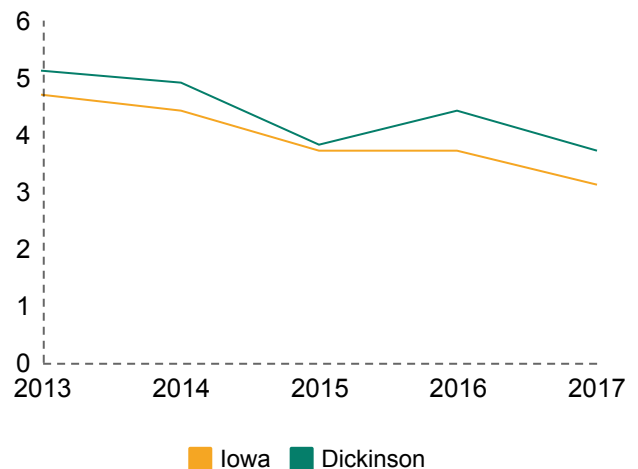
Household income	Dickinson	Iowa
<\$14,999	8.0% +/-1.6%	10.3% +/- 0.4%
\$15,000-\$34,999	19.8% +/- 1.9%	19.8% +/- 0.6%
\$35,000-\$49,999	14.2% +/- 1.7%	14.0% +/- 0.2%
\$50,000-\$99,999	31.9% +/- 2.1%	33.6% +/- 0.6%
\$100,000+	26.1% +/- 2.3%	22.2% +/- 0.6%



## Unemployment

Unemployment in Dickinson County is higher than the state average and has continued to decrease for the past five years (Child Wellbeing Indicators & Data).

Unemployment					
Location	2013	2014	2015	2016	2017
Iowa	4.70%	4.40%	3.70%	3.70%	3.10%
Dickinson	5.10%	4.90%	3.80%	4.40%	3.70%





# Social and Economic Factors (Continued)

## Poverty

Poverty is determined by family size and composition and compared to a set of federal guidelines that are updated annually. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty. Dickinson County has 6.9% of the population under the poverty line compared to Iowa at 12.3% and the US at 15.1% (Dickinson County, IA).

## Food Insecurity

Food Insecurity is the percentage of the population who did not have access to a reliable source of food during the past year. This measure was modeled using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. Dickinson County has 10.2% of the population food insecure compared to Iowa at 12% in 2015 (Map the Meal Gap).

## Community Table

The community table is a free meal hosted by various organizations and offered to area residents. Currently there are two operating meal sites in Dickinson County that serve 60-150 people per week.

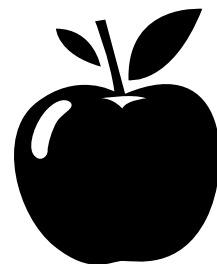
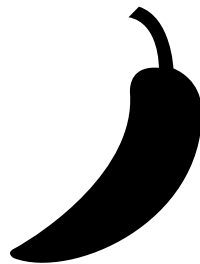
## Food Pantries

Food pantries provide food to area residents in need. The pantries each have a mix of USDA commodities and donated food. The USDA food has income guidelines for which residents are able to receive it and the donated food can be given to any person in need based on the pantry's discretion. There are four different food pantries within Dickinson County that serve 40-150 families each week.

## Supplemental Nutrition Assistance Program (SNAP):

The average monthly benefit per person on SNAP was \$99.88 in 2017. SNAP participants have slightly decreased in Dickinson County since 2015 (Food Assistance Program).

	2010	2011	2012	2013	2014	2015	2016	2017
<b>People on SNAP</b>	1094	1313	1367	1450	1335	1227	1254	1208
<b>Households</b>	524	628	659	710	660	619	612	609
<b>Dickinson County</b>				8.6%	7.9%	7.2%	7.3%	7%
<b>Iowa</b>				13.6%	13%	12.4%	12.1%	11.6%





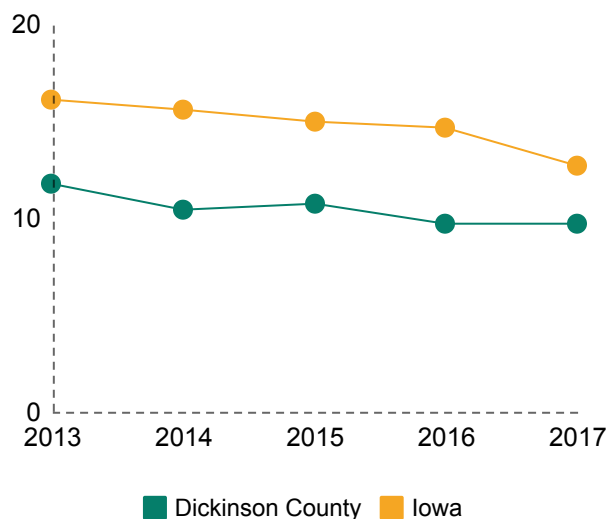
## Social and Economic Factors (Continued)

### Governmental Programs

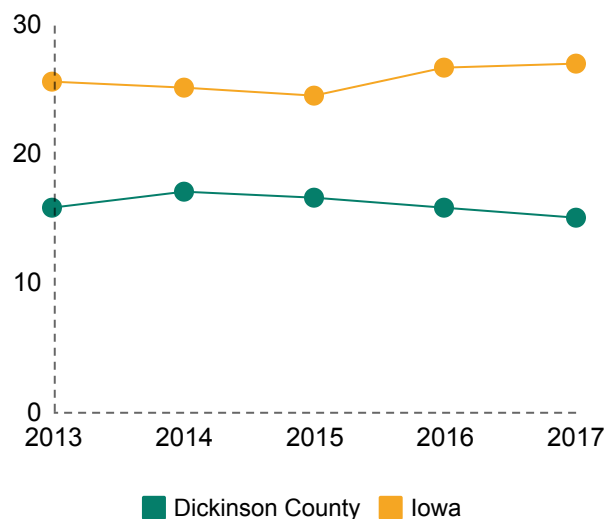
Dickinson County continues to have consistently low rates of earned income tax credit, family investment program usage, child poverty and families receiving WIC. The rates are also below the state average and in the family investment program are half of the state average (Child Wellbeing and Indicators Data).

	Earned Income Tax Credit		Family Investment Program		Child Poverty		Children on WIC	
	Dickinson County	Iowa	Dickinson County	Iowa	Dickinson County	Iowa	Dickinson County	Iowa
2013	12.3%	15.2%	0.6%	1.2%	11.7%	16.0%	15.7%	25.5%
2014	11.7%	15.4%	0.5%	1.0%	10.4%	15.5%	17.0%	24.9%
2015	11.8%	15.0%	0.4%	0.9%	10.7%	14.9%	16.4%	24.3%
2016	11.0%	14.8%	0.3%	0.8%	9.6%	14.6%	15.7%	26.5%
2017	11.2%	14.5%	0.3%	0.7%	9.6%	12.6%	15.0%	26.9%

Child Poverty



WIC

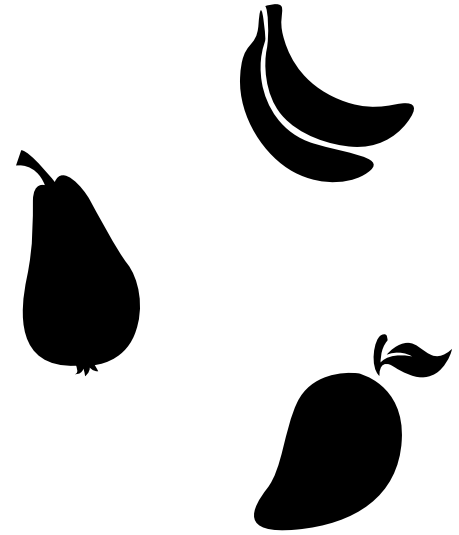


# Social and Economic Factors (Continued)

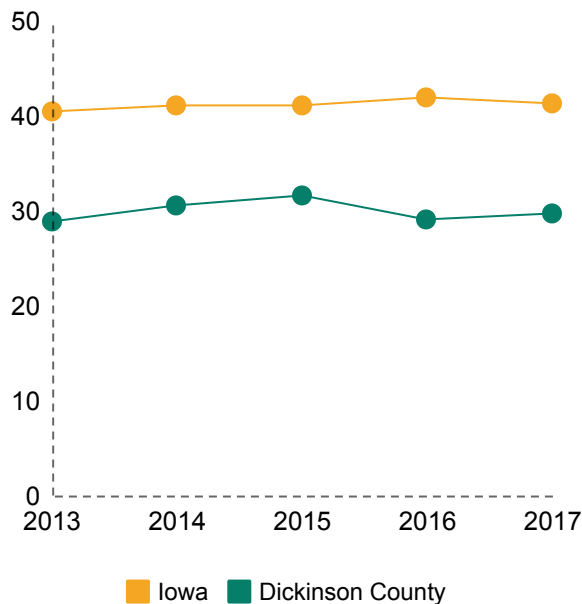
## Free and Reduced Lunch

Free and reduced lunch is available to children whose families apply and qualify for the food assistance. This reduces the typical cost of lunch to more affordable levels. Dickinson County levels have remained consistent over the past four years and have continually been below the state average (Child Wellbeing and Indicators Data).

Free or reduced-price lunch eligibility					
	2013	2014	2015	2016	2017
Iowa	40.30%	41.10%	41.00%	41.80%	41.30%
Dickinson County	28.90%	30.40%	31.60%	29.10%	29.60%



## Free and Reduced Lunch



## Backpack Program

The backpack program is in place to provide children food for times they are not in school. The backpacks are delivered weekly by school staff discretely and before each school break. Backpacks continue to be delivered during the summer as well. Data for state participation is not available as this is a program that does not receive state or federal funding.

\*Spirit Lake ~60 students

\*Okoboji ~30 students

\*2018-19 school year data

# Health Behaviors

## Obesity/Physical Inactivity

The chart below demonstrates that the level of physical inactivity ties closely to the incidence of obesity. Obesity decreased in 2009 and then continued to rise through 2013. These numbers are within range of the state percentage, but slightly higher than those of the United States (Data Trends and Maps).

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Inactivity</b>	22.4%	22.7%	23.4%	24.1%	24.9%	22.7%	24.3%	24.1%	24.8%	22.9%
<b>Obesity</b>	25.9%	26.4%	27.8%	27.2%	27.9%	26.8%	28.5%	31.0%	32.8%	33.4%

## Diabetes

Dickinson County emergency room rates and hospitalization rates for major diseases remains under the state average from 2013-2015. The number of patients with diabetes who have gone in for emergency room visits and hospitalizations has decreased (Iowa Public Health Data).

## Heart Disease

The incidence of people in Dickinson County with Heart Disease continues to be lower than the state average and has had slight fluctuations over the past three years (Iowa Public Health Data).

## Asthma

Asthma hospitalization and emergency visit rates in Dickinson County are consistently below the state average and have experienced minor variability in the past years (Iowa Public Health Data).

## Stroke

The stroke hospitalization rate in Dickinson County is below the state average and continues to trend in a positive direction. While the stroke death rate is higher in Dickinson County than the state average, both have recently experienced a reduction in their rates (Iowa Public Health Data).

		2013	2014	2015
<b>Diabetes ER Visit Rate</b>	Dickinson County	170.86	148.76	147.81
	Iowa	160.57	163.76	168.29
<b>Diabetes Hospitalization Rate</b>	Dickinson County	78.43	61.29	57.53
	Iowa	111.01	111.37	110.97
<b>Heart Attack Hospitalization Rate</b>	Dickinson County	24.17	28.98	26.05
	Iowa	150.49	148.82	145.38
<b>Heart Failure Hospitalization Rate</b>	Dickinson County	107.02	97.30	102.63
	Iowa	200.46	195.57	193.57
<b>Asthma Hospitalization Rate</b>	Dickinson County	51.12	50.27	52.39
	Iowa	65.49	62.75	59.34
<b>Asthma ER Visit Rate</b>	Dickinson County	243.14	237.13	244.74
	Iowa	369.56	363.69	359.55
<b>Stroke Hospitalization Rate</b>	Dickinson County	73.84	72.14	61.30
	Iowa	165.15	161.56	159.83
<b>Stroke Death Rate</b>	Dickinson County	41.00	40.17	20.44
	Iowa	35.73	34.38	18.33
*All Rates are age-adjusted based on 100,000				

# Health Behaviors (Continued)

## Diet

The Food Environment Index Score is an index score that measures the number of healthy and less-healthy food retailers within Census tracts across each state as defined by typical food offerings in specific types of retail stores. Index scores range from 0 to 100 (Explore Dickinson County's Health).

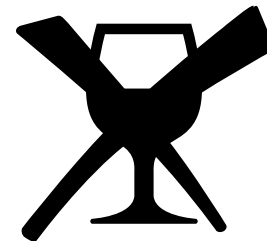
The Population Without Access to Large Grocery Store measure is the percentage of individuals living more than 1 mile (urban areas) or 10 miles (rural areas) from the nearest supermarket, supercenter or large grocery store. A similar measure is Limited Access to Healthy Foods which is the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in nonrural areas, less than one mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size (Explore Dickinson County's Health).

Local Food Outlets is the number of grocery stores, farmers markets, community-supported agriculture sites, food hubs, and on-farm markets, per 100,000 total population (Explore Dickinson County's Health).

	Dickinson County	Iowa
Food Environment Index Score (2011)	8.1	7.3
Population Without Access to Large Grocery Store (2016)	3.60%	21.60%
Limited Access to Healthy Foods (2015)	4%	6%
Local Food Outlets (2016)	6.1 /100k	4.9 /100k
Share of At-Home Food Expenditures on Fruit/Veg	12.20%	11.90%

## Excessive Drinking

In 2014, Dickinson County experienced a 20% incidence of excessive drinking compared to the state of Iowa at 22% and top US performers (those counties with the lowest incidence of excessive drinking) at 13%. Caution should be exercised with this data as it is taken from the Behavioral Risk Factor Surveillance Survey (BRFSS) meaning the data is attributed to the county of residence. Therefore, people vacationing in Dickinson County would not be counted in this measure (Rankings).





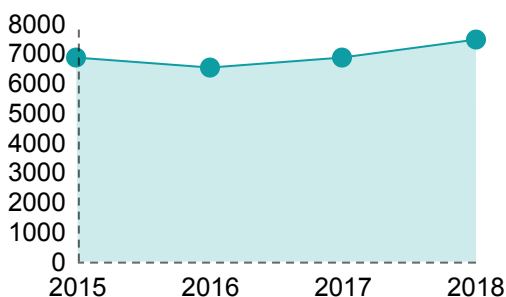
# Health Care

## Emergency Room (ER)

The Lakes Regional Healthcare emergency room in Dickinson County consistently has high volatility in its patient volumes. The average visit count for October through April is 16 patients per day while May through September has the average increase to 24 patients per day. The peak day is Sundays in July that experience as high as 34 patients per day. The top five conditions for ER visits in 2018 were: superficial injury, open wounds, sprains or strains, other upper respiratory infections, and urinary tract infections (Hospital Data).

Emergency room visits			
2015	2016	2017	2018
6790	6518	6843	7395

## ER Visits



## Opioids

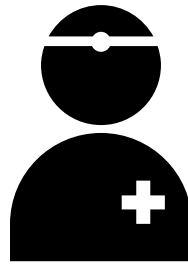
Opioids are a major concern in the United States and a rising concern in Iowa. The following data provides a brief snapshot for Dickinson County regarding the Opioid issue. The data will continue to be tracked by the Iowa Department of Public Health (Iowa Department of Public Health 2017).

	2014-2016	
	Dickinson County	Iowa
Opioid prescription fill rate*	96.22	94.29
Opioid related hospital admissions	32	
Opioid related deaths	0	
*Per 100 population		

## Success Story

### Quick care

Since 2013, Avera Medical Group Lakes Family Practice has provided a “QuickCare” clinic to patients Monday through Thursday from 3-6pm. QuickCare appointments are available for the following issues: bronchitis, URI, colds, influenza, seasonal allergies, sinus infections, sore throat, ear infections, bladder infections, common female infections, minor skin irritations, common rashes, minor burns, eye infections, minor lacerations, and minor injuries. They are not intended for physicals, routine visits, and medication refills. The QuickCare clinic has resulted in patients being seen faster and improved provider access.



## Health Care (Continued)

### Insurance

#### Uninsured Children

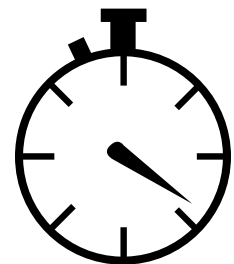
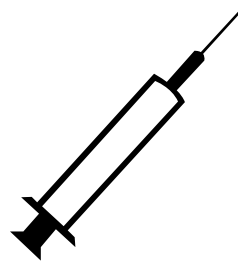
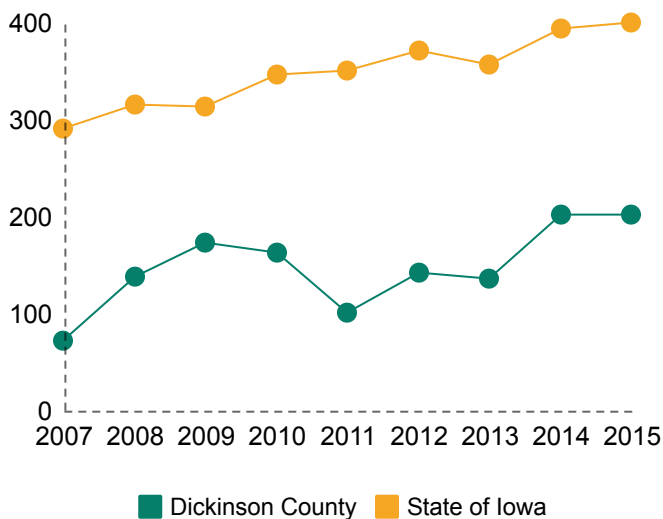
Location	2008 - 2012	2011 - 2015	2012 - 2016	2013 - 2017
Iowa	4.40%	3.90%	3.40%	3.40%
Dickinson	5.10%	4.50%	3.50%	3.80%

The number of uninsured children continues to trend down in Dickinson County. The rate is continues to be higher than the state of Iowa. Overall there is a 5.9% uninsured rate in Dickinson County with residents aged 6-17 years of age being most likely to have insurance (Child Wellbeing Indicators and Data).

### Sexually Transmitted Infections

Sexually transmitted infections (STI) in Dickinson County have doubled between 2007 and 2015 and Iowa has also risen during this time. This data represents STIs in the county a person has residence in, not where someone possibly contracted it (Iowa Public Health Data).

### STI



STI Cases per 100,000 people	2007	2008	2009	2010	2011	2012	2013	2014	2015
Dickinson County	71	137	173	162	101	141	136	201	201
State of Iowa	290	314	313	346	350	370	356	392	399





## Health Care (Continued)

### Suicide

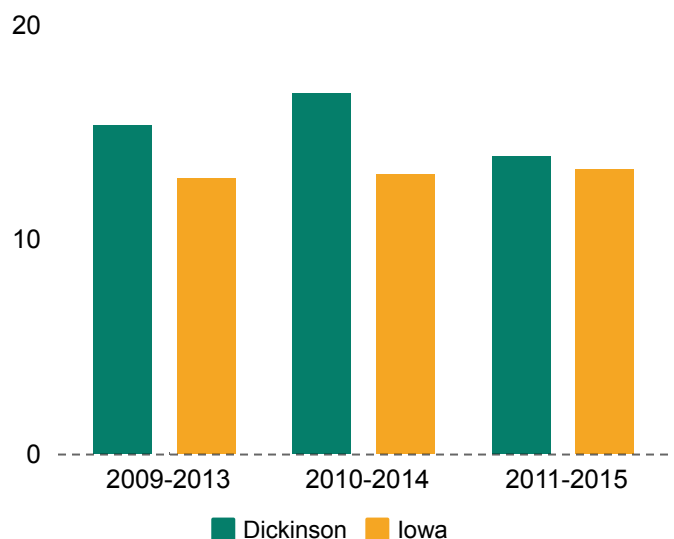
Suicide rates in Dickinson County are higher than the state average. There was a reduction in the rates during the most recent data collection period (2011-2015) (Iowa Public Health Data).

### Mental Health

Dickinson County has an estimated 2,160 residents per 1 mental health provider. This is compared to Iowa at 760 residents to 1 provider and top US performers with 330 residents per 1 provider. Mental health was identified in the previous community health improvement plan (HIP) and a summary of progress made is in the community health needs assessment progress section (Rankings).

Poor Mental Health Days measures the average number of mentally unhealthy days reported by local businesses in the past 30 days. In 2016, Dickinson County had an average of 3.0 per month compared to the state of Iowa at 3.3. This is higher than the 2015 measure which was 2.9 poor mental health days per month (Rankings).

### Suicide Death Rate



Suicide Death Rate (age-adjusted per 100,000)		
	Dickinson	Iowa
2009-2013	15.36	12.86
2010-2014	16.82	13.06
2011-2015	13.89	13.28

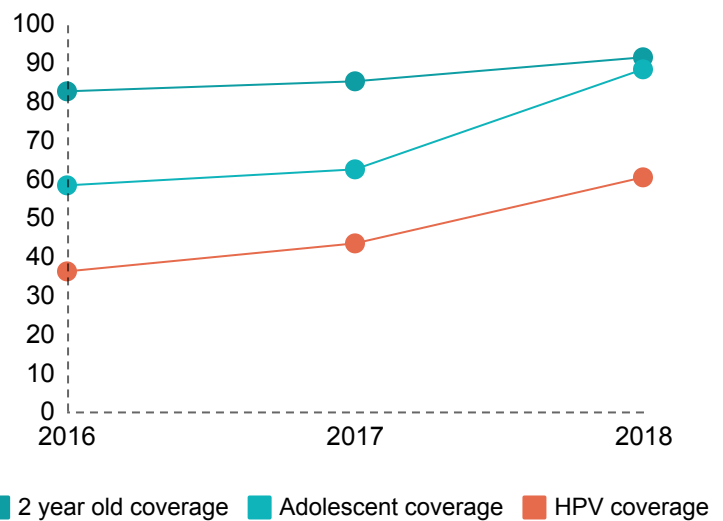
# Health Care (Continued)

## Immunizations

Dickinson County is among the top performers for immunization rates. The three most commonly tracked, two year old, adolescent, and human papillomavirus (HPV), have continued to increase through the past three years (IRIS Data).

	2016	2017	2018
<b>People immunized</b>	2232	2499	2769
<b>Immunizations administered</b>	6161	6223	7113
<b>Flu shots administered</b>	1523	1641	1931
<b>2 year old coverage</b>	82%	85%	91%
<b>Adolescent coverage</b>	58%	62%	88%
<b>HPV coverage</b>	36%	43%	60%

## Immunization Coverage

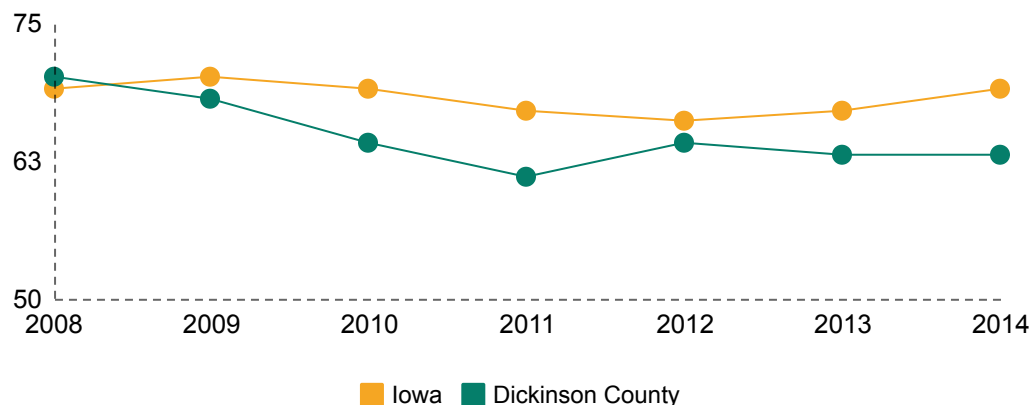


## Mammogram Screenings

The state of Iowa, in comparison to national reports, has higher mammography screening rates than the majority of the United States. Dickinson County continues to have lower mammography screening rates than the state of Iowa (Iowa Public Health Data).

	2008	2009	2010	2011	2012	2013	2014
<b>Iowa</b>	69%	70%	69%	67%	66%	67%	69%
<b>Dickinson County</b>	70%	68%	64%	61%	64%	63%	63%

## Mammogram Screenings



# Health Care (Continued)

## Success Stories



### 3D-Mammography

Lakes Regional Healthcare acquired 3D mammography in June of 2018. This change has resulted in multiple improvements for the patient as well as staff. Patients no longer have to travel 30 minutes or more to have this improved screening. Patients are also able to get a clearer image and have less repeat exposure due to “questions” with results. Staff is now able to use updated equipment and get clear images for improved diagnostics. This saves staff time with fewer repeat visits and less invasive biopsies. There has been an 8% increase in 3D mammogram usage since its installation and data will continue to be tracked regarding its improved accuracy.



### Robotic center of NW Iowa – da Vinci and Mako Robots

Robotic surgery is quickly becoming the standard for surgical care with its improved patient outcomes and reduced hospital lengths of stay. Lakes Regional Healthcare (LRH) has implemented this new technology by purchasing the Mako and da Vinci X robotic systems. In fact, LRH is the only hospital in northwest Iowa and southwest Minnesota to provide comprehensive robotic surgery for a wide range of surgeries.

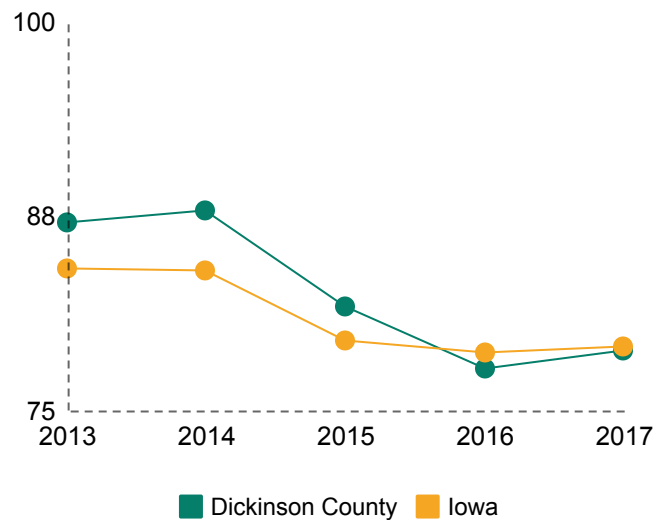
Specifically, LRH's Mako robotic system allows them to provide total hip replacement, total knee replacement, and partial knee replacement surgeries robotically. The Mako system is a surgeon-controlled robotic arm system that enables accurate alignment and placement of implants.

LRH's purchase of the da Vinci X robot allows several gynecological, urological, and general surgical surgeries, such as hernia repairs, hysterectomies, colon and bowel resections, and gallbladder removals. During robotic surgery with the da Vinci robot, surgeons make a few small incisions and perform procedures using a high level of magnification and a camera to guide tiny “robotic” arms that perform the physical aspect of the surgery that is guided by the surgeon. The robotic technology allows the ‘arms’ to move in several intricate ways instead of the simple back and forth, up and down options provided by laparoscopic surgery.

LRH began using the Mako robot in October 2016 and the da Vinci X robot in October 2018. Since then, 172 people have received robotic surgery that have resulted in shorter hospital stays, fewer complications, less pain, and quicker returns to normal activity.

## Prenatal Care

Low birth weight in Dickinson County remained below the state average until 2017 in which there was a sharp increase in low birth weight deliveries. Prenatal care dropped after 2015 to below the state average and there is now a trend in increasing care (Child Wellbeing Indicators and Data).



		2013	2014	2015	2016	2017
Low Birth Weight	Dickinson County	5.9%	-	6.2%	5.4%	8.8%
	Iowa	6.6%	6.8%	6.8%	6.7%	6.6%
Prenatal Care	Dickinson County	87.1%	87.8%	81.6%	77.6%	78.8%
	Iowa	84.1%	83.9%	79.4%	78.7%	79.1%
Birth Rate*	Dickinson County	9.62	9.65	10.00		
	Iowa	12.69	12.61	12.61		
Teen Birth Rate*	Dickinson County	23.21	21.83	17.86		
	Iowa	26.26	23.82	21.83		
Premature Birth	Dickinson County	7.0%	7.0%	7.0%		
	Iowa	7.0%	7.0%	7.0%		
Mothers with no Prenatal Care in First Trimester	Dickinson County	12.0%	12.0%	11.0%		
	Iowa	15.0%	15.0%	15.0%		
* per 1,000						

# Physical Environment

## Housing

As of July 1, 2017, there were 13,890 housing units in Dickinson County. Of those 75.5% were owned and 8,008 were considered households.

There was an increase of 8.5% in house value in Dickinson County compared to Iowa at 4.7% and the US average of 1.8%. In Dickinson County, 21.7% of households spend over 30% of their income on housing compared to Iowa at 21.7% and the US average of 26.2%.

Dickinson County residents must work 42.4 hours per month at the median income rate to pay for affordable housing compared to Iowa at 38.1 and the US at 42.5 hours per month.

Vacant houses in Dickinson County is at 0.9% compared to Iowa at 2.5% and the US at 2.6%. The affordable housing shortfall in Dickinson County is -41.2 compared to Iowa at -42.7 and the US at -65.9.

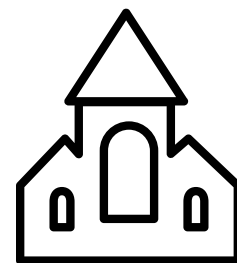
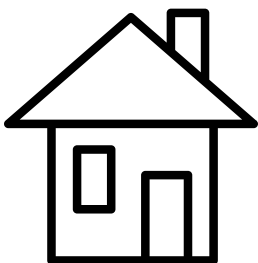


Photo Source: [https://en.wikipedia.org/wiki/Spirit\\_Lake,\\_Iowa](https://en.wikipedia.org/wiki/Spirit_Lake,_Iowa)

## Geography

Dickinson County covers 404 square miles and is home to the Iowa Great Lakes. Of this, 23 square miles consist of water coverage; the largest of these include West Lake Okoboji (6.011 square miles), East Lake Okoboji (2.867 square miles), and Big Spirit Lake (8.881 square miles).

## Outdoor Environment

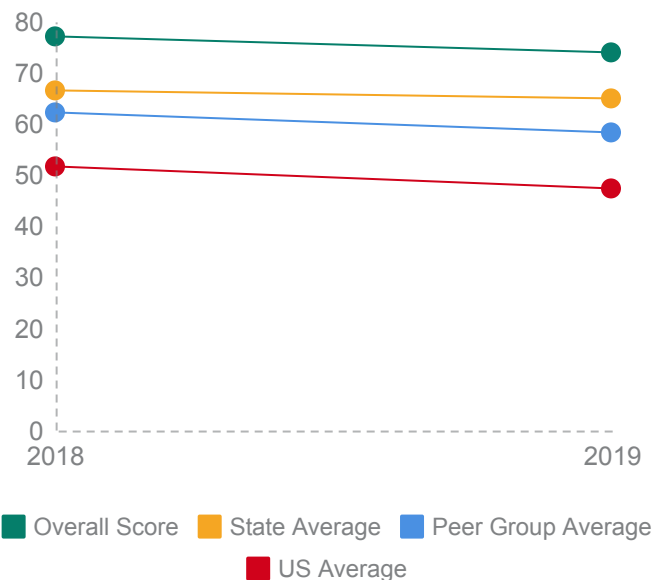
Dickinson County continues to have clean air and healthy ozone levels similar to the state of Iowa. There have been no days of concerning levels of air pollutants in Dickinson County over the past 5 years (Iowa Public Health Data).

# U.S. News Healthiest Communities

The U.S. News Healthiest Communities rankings measure crucial health-related components of society with the aim of empowering citizens, health care leaders, and officials to make decisions about policies and practices that can improve health outcomes for all. Guided by a pioneering framework developed by a committee appointed to advise the U.S. Department of Health and Human Services, the project scores nearly 3,000 counties on approximately 80 indicators across 10 categories that drive health outcomes. Population health and equity are the most heavily weighted categories, based on the assessments of more than a dozen leading experts on what matters most to a community's health (Explore Dickinson County's Health).

In 2019, Dickinson County is ranked #106 overall and #78 in the urban, high performing peer group. The lower the overall and peer group ranking the better. The higher the scores below, the better.

	2018	2019
<b>Overall Ranking</b>	94	106
<b>Overall Score</b>	76.9	73.8
<b>State Average</b>	66.3	65
<b>Peer Group Average</b>	62.2	58.3
<b>US Average</b>	51.5	47.4
<b>Population Health</b>	83	84
<b>Equity</b>	55	52
<b>Education</b>	67	63
<b>Economy</b>	59	55
<b>Housing</b>	74	79
<b>Food and Nutrition</b>	60	52
<b>Environment</b>	60	65
<b>Public Safety</b>	68	68
<b>Community Vitality</b>	70	72
<b>Infrastructure</b>	72	71

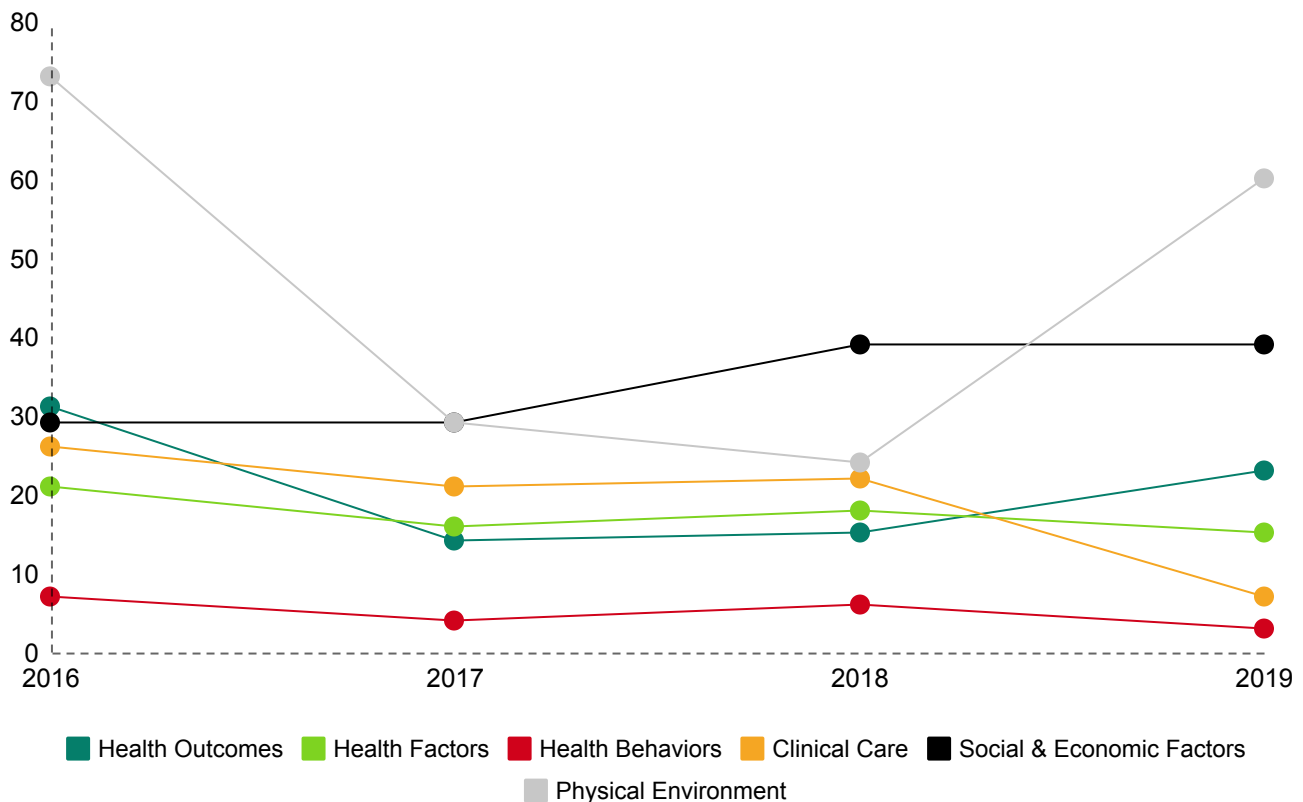




# County Health Rankings

The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities. Numbers represent Dickinson County's ranking among the other 98 counties in Iowa. The lower the number, the better (Rankings).

	2016	2017	2018	2019
<b>Health Outcomes</b>	31	14	15	23
Length of Life	59	43	38	38
Quality of Life	4	1	3	14
<b>Health Factors</b>	21	16	18	15
Health Behaviors	7	4	6	3
Clinical Care	26	21	22	7
Social & Economic Factors	29	29	39	39
Physical Environment	73	29	24	60





# Community Walking Audit

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On July 31st, 2018 Wellmark partnered with LRH and other community partners and hosted a walking audit in Dickinson County. The walking audit examined 3 areas in the county: Milford, Arnolds Park, and Okoboji. The audit was completed to show the community ways to improve the moveability infrastructure. Below is a summary of the major takeaways from the audit.

## Needs identified

- Multiple sidewalks in disrepair
- Many locations of sidewalks are missing
- Curb ramps are not consistent and some are missing
- Crosswalks are hard to see
- Multiple intersections are missing crosswalks
- Lack of pedestrian signage
- Lack of bike racks in downtown areas
- Missing protected walking and biking lanes
- Missing signage for paths

## Walkability

- Prioritize construction of infill sidewalks where there are gaps in the current network
- Require sidewalks with new development projects
- Establish and enforce an annual sidewalk inspection and repair program
- Install ADA-compliant curb ramps at all intersections
- Paint continental-style crosswalks with high-visibility markings
- Install enhanced pedestrian crossings on Highway 71 near Dam Road and Arnolds Park Public Library
- Install pedestrian countdown signals at all intersections with traffic lights

## Bikeability

- Continue to expand the regional trail network
- Install enhanced crossings along the Great Lakes Spine Trail
- Install protected side paths on Lake Shore Drive, Sanborn Avenue, and Stake Out Road
- Install bike lanes on sections of Highway 71 and Broadway Street
- Require new commercial developments to include bike parking
- Install bike racks in downtown business districts

## Sense of Place

- Design and install branded regional wayfinding signage
- Work with local businesses to install parklets in Milford and Arnolds Park
- Install bumpouts at intersections on Highway 71 and Broadway Street
- Implement a road diet on sections of Highway 71
- Consider installing roundabouts at all signalized intersections on Highway 71
- Convert Lake Street into a pedestrian mall

# Life in Rural America Report

In October 2018, National Public Radio partnered with the Robert Wood Johnson Foundation and interviewed 1,300 adults living in rural America to identify what they are seeing as important. Below is a summary of the major findings from the report (Life in Rural America). This survey confirms what was identified in the Dickinson County needs assessment identifying behavioral health and chronic disease as major concerns.

## Biggest issue facing rural Americans

- Drug addiction or abuse 25%
- Economic concerns 21%

## Biggest problem facing you and your family

- Financial problems 27%
- Health or health care concerns 16%

## Major strengths of rural communities

- Closeness of community 21%
- Being around good people 11%

## Most urgent healthcare problems

- Drug addiction or abuse 23%
- Cancer 12%
- Access to health care 11%

## Rural American views on whether they get their fair share from the state government's resources

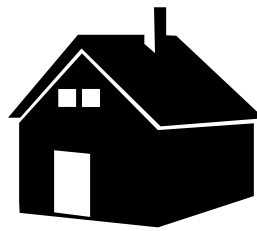
- Less than their fair share 47%
- Their fair share 38%
- More than their fair share 9%

## Approaches to improve the local economy

- Creating better long term job opportunities 64%
- Improving the quality of local public schools 61%
- Improving access to health care 55%
- Improving access to advanced job training or skills development 51%

## Major reasons why rural adults say they live in their community

- My family is here 31%
- Job opportunities 12%
- I was born or grew up here 10%



# CHNA Timeline

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## Phase 1 – Lay the Groundwork

### June 2018

- Vice President of Quality, Ancillary, and Community Services, Director of Population and Public Health, and a Public Health Summer Intern went through the previous CHNA and Health Improvement Plan (HIP) identifying all work that has been completed since 2016

### July 2018

- Vice President of Quality, Ancillary, and Community Services and the Director of Population and Public Health attended Avera CHNA workshop

### August 2018

- Hospital committee identified positions needed and formed

### September – October 2018

- Primary and secondary data targets identified
- CHNA survey created
- Stakeholders identified

Data was gathered regarding work completed since the last CHNA in 2016. The hospital committee was formed to create a plan to increase input into the CHNA. Lastly, the committee put together a CHNA survey and identified stakeholders.

## Phase 2 – Gather Primary Data

### November – December 2018

- CHNA survey distributed throughout the community
- CHNA survey data analyzed
- Secondary data entered into CHNA report

### January – February 2019

- Focus groups

The community health needs assessment did not exclude minority, low income, or medically underserved populations in the assessment. Input was sought from minority, low income, and medically underserved populations through advertisement in free local papers, outreach to community organizations that serve populations in need, and outreach to county and city employees. Primary data collection included surveys and focus groups. The online and paper surveys were marketed and placed throughout the community (see Appendix A for survey questions). Paper copies were available at the hospital and local YMCA and the online version was advertised in local papers, radio stations, at local businesses, and on the hospital's social media accounts (See Appendix B for press release). Focus groups included stakeholders which represented a diverse group of community leaders to represent Dickinson County. Contracted assistance was utilized to facilitate focus groups from Kathy Fahy – K Brand Marketing.

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## Phase 3 – Draft and Communicate Information

### March-April 2019

- Large focus group
- CHNA finalized
- HIP drafted

### May 2019

- CHNA proposed to Hospital Board of Trustees

### September 2019

- HIP proposed to Hospital Board of Trustees

Data from secondary and primary sources were combined to form the CHNA report. The report was used to form the 2019 HIP as well. A town hall was held to present the information from the CHNA, HIP, community health forum, and walking audit to the entire county. The hospital board of trustees approved the new CHNA and HIP.

# CHNA Progress from 2016

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\*LRH did not receive any comments from the public regarding the 2016 CHNA and HIP

Mental Health: Improve mental health and prevent crisis situations within our service area by increasing awareness of services and supports.

## Improve awareness of mental health services and support

### Specific strategies implemented

- Seasons Center was contracted to respond to North West Iowa Care Connections (NWIACC) Crisis Line calls. This is an improvement to the previously contracted provider, as the highly-trained staff answering that line have familiarity with services and providers in the caller's community.
- Seasons Center has helped with community education through discussions of their services and sharing resources at numerous events under the Regional Partnership Grant; Integrated Health Home (IHH); & Autumn Center/Camp Autumn.
- IHH performance measure data indicated a reduction in emergency room (ER) visits and inpatient psychiatric hospitalizations; Seasons Center operated an IHH through June 2017 and now has switched to an assertive community action team.
- Lakes Regional Healthcare (LRH) partnered with the University of Iowa to host a Community Health Forum that spread awareness of different health programs available to people within Dickinson County.
- LRH ER has instituted a specific case management protocol with patients that visit the hospital and have a high level of need.
- The family medicine clinics in Dickinson County have a care coordinator on staff that assists patients in finding the different services they need.
- In 2019 Avera Medical Group Lakes Family Practice and Avera Medical Group Spirit Lake Medical Center are able to use eBehavioral health services in the clinics. eBehavioral health is an option for patients to see a specialist in Sioux Falls through telehealth.
- Avera began a Farmer's Stress Hotline that is staffed 24hrs to help with communicating with rural patients that need assistance quickly.

### Measurement

- Increased partnerships and coalitions focused on access to services and supports.
  - Hunger coalition, mental health coalition, community health forum, and healthy hometown.
- Improved County Health Ranking by the Robert Wood Johnson Foundation (county health rankings data).
  - Mental health providers have increased from 1/2850 to 1/2160. The hospital's contracting through Avera eCare also provides an on call behavioral health professional 24hrs a day.

# CHNA Progress from 2016

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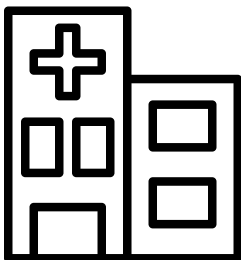
## Increase access to mental health services and supports

### Specific strategies implemented

- Seasons has marketed available programs (Assertive Community Treatment, Mobile Crisis) to area provider clinics, ERs, and hospital systems. Referral procedures and admission criteria were shared and followed up on.
- Avera utilizes telemedicine at LRH for behavioral health.
- eTriage services offered in family medicine clinics for patients to have access to a counselor electronically for crisis intervention.
- The Iowa State University Extension office has completed a county wide resource guide that outlines where people can get help. The guide is available online and at all locations included within the resource guide.
- LRH emergency department utilizes patient centered care plans as needed.

### Measurement

- Reduced number of ER visits for mental health crisis intervention (Hospital ER data from electronic medical record)
  - Since 2015 the percent of total ER visits related to mental health crisis intervention has gone from 2.89% to 2.68% in 2018.
- Improved County Health Ranking by the Robert Wood Johnson Foundation (county health rankings data).
  - Mental health providers have increased from 1/2850 to 1/2160. The hospital's contracting through Avera eCare allows an on call behavioral health provider available 24hrs a day.



# CHNA Progress from 2016

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## Access to Care: Improve access to primary care healthcare services

### Increase primary care services

#### Specific strategies implemented

- LRH continues to host medical school students.
- LRH is participating in an accountable care organization with a focus on improving the quality of care.
- To increase interest in the medical field, LRH partners with local schools for J-term and May term students coming into different hospital departments for shadowing.
- LRH provides hands on experiences to select high school and college students interested in the medical field via their summer junior volunteer program.
- LRH has partnered with local dentists through the state's iSmile program. The program offers care coordination for appointments and offers free dental screenings and fluoride varnishes in collaboration with well-child visits.
- LRH is using Iowa's Maternal Child and Adolescent Health (MCAH) grant to increase developmental screening, lead testing, and hemoglobin testing all free of charge to patients.
- LRH continues to use Avera's eCare services to accommodate fluctuations of patient visits and needs.
- LRH was awarded a clinical innovation grant and established a policy to ensure staff education, proper blood pressure monitoring, and proper high blood pressure follow up.
- LRH has expanded family medicine through multiple new family medicine providers who began in 2016, 2017, and 2018. There is another provider that has accepted an offer for 2019.
- Home Health from LRH offers a complimentary transition of care home visit to patients recently released from the hospital.
- A new medical office building began construction in 2019 to construct a state of the art health facility for providers and patients.
- LRH used CyraCom for a language line for 2,353 minutes in 2018.

#### Measurement

- Increase the percentage of ACO participants who have received an annual wellness visit to 25%. Avera Medical Group Lakes Family Practice and Avera Medical Group Spirit Lake Medical Center both have high rates of annual visits:
  - 2016 – 68%
  - 2017 – 68%
  - 2018 – 53%
- Reduce readmissions by 12%
  - Based on internal data, readmissions are currently at an average of 4.75% which is far below the state and national average. The national average benchmark for readmissions is 15%. The reduction in readmissions since 2015 is greater than the 12% goal.

# CHNA Progress from 2016

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## Increase awareness of services available

### Specific strategies implemented

- LRH uses social media to increase outreach. LRH has consistent posts on social media and writes frequent press releases in the local papers outlining different services.
- LRH send out a semi-annual community wide newsletter.
- LRH has started multiple programs within the community to increase outreach services. An example is a population health program, Fresh Conversations, which educates people about nutrition, engages participants in a discussion, samples a food, and finishes with a physical exercise. This has helped educate people about eating healthy and consulting with their doctor. The local hunger coalition has put together different resources to get a food guide out to the residents.
- LRH hosted a health fair in 2017 which included the departments of the hospital as well as Dickinson County Health Professionals.
- LRH participated in the Bedell Family YMCA's 1st annual Healthy Kids Day.
- LRH assisted in creating a community resource guide that has been widely available.
- LRH has a Patient and Family Engagement Council to help steer programs within the hospital.
- LRH has had multiple community education events related to Avera Chart, concussions, Balance Master, joint replacement, nutrition, emergency preparedness, robotic surgery, and other services.
- LRH goes to local school districts and educates students on CPR and other health related issues.

### Measurement

- Number of social media engagements on events
  - 2017 – 2,181
  - 2018 – 2,870
- Number of community education events
  - 2017 – 465
  - 2018 – 581
- Increased access to community services guide
  - Community services guide is now available with care coordinators, ER waiting room, outpatient services, provider clinics, utilization review nurses, social worker, public health, and at multiple businesses throughout Dickinson County. The guide is also available online through Iowa State University Extension.



# CHNA Progress from 2016

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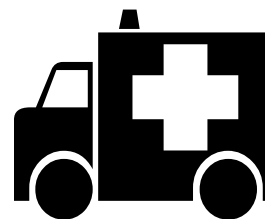
## Decrease transportation concerns to healthcare providers

### Specific strategies implemented

- LRH is now able to provide families in need gas cards to help them with immediate transportation needs. Families are also counseled on Medicaid reimbursement for medical appointment visits.
- Clinic care coordination staff is included on the LRH readmissions team.
- The resource guide is being widely used at local social service organizations to better help them plan their days to make the most use out of limited transportation.
- LRH goes into the schools to offer required and best practice vaccines to all students in the fall and spring. The vaccines are offered at no cost to students.
- LRH offers dental screening, developmental screening, lead screening, and hemoglobin screen in coordination with well-child visits and/or other doctor visits to reduce the number of trips patients have to make to their providers.

### Measurement

- Decreased number of no show appointments
  - Data regarding no-show appointments is not available from the Avera Medical Group clinics.
- Improvement in overall County Health Rankings (county health rankings). Lower number is better
  - Health outcomes – 31 to 15
  - Health factors – 21 to 16
- Decreased readmissions
  - Readmissions are currently at an average of 4.75% which is below the state and national average and is also a larger reduction than 12% from the previous years.



# CHNA Progress from 2016

## Community Health Forum

On October 3rd, 2018 LRH helped coordinate a community wide forum that focused on “Building and Retaining a Healthy Workforce”. The forum had three main topics: behavioral health, community wellness, and employment opportunities. Each of the topics had three panelists that discussed different approaches their respective fields are focusing on and acting on to improve the topics. After each panelist had a brief moment to describe their approaches, the forum broke out into small group discussions to tap into the public that was in attendance. Below is a list of resources, needs, opportunities, and steps to move forward that were identified from the community forum.

### Opportunities for improvement

- Opioid training - There is a PROSPER Partnership for Student Success Project grant that allows health professionals, working with guidance counselors and families, to go into schools to assess students at risk of becoming addicts. All schools should adopt the model, “See something, say something.”
- Paid internships would help to reduce stress in a student’s life. Most majors require an internship for graduation, but most are not paid. Students need to work to pay expenses and unpaid internships are a burden.
- Suggested workplace program could include a walking program (morning/afternoon) during breaks. Getting out of the office for a few minutes clears your brain to be able to work more productively. In addition, it would help to build workplace relationships. Another suggestion was to have a “get up and move” alarm twice a day to remind individuals to get up and move
- A general website was suggested for a community calendar/wellness calendar that could be updated by anyone offering an activity. Current area activities are located on a variety of sites: resorts, chambers, city halls, courthouse, maritime, and the Dickinson County Trails website. A centralized site would be more convenient.
- Get businesses involved by sponsoring a monthly walk or ride to keep the community active.
- Employers, rather than waiting for the exit interview, should have a “Stay Interview” to see why employees stay with individual companies.
- Provide diversity training as needed to ensure fair treatment of all people.

### Resources available

- Substance use and gambling treatment
- Intensive and extended outpatient services
- 30 day residential treatment
- Drug testing
- Weekend behavioral therapy treatment
- Court ordered treatment
- At-risk youth strategies in schools
- Outpatient counseling and therapy
- Psychological testing
- Medication management
- Public education on mental illness
- Crisis services
- Sex offender treatment
- Assertive community treatment
- Assistance with employer assistance programs
- Environmental therapy – go walk
- No boundaries program – Okoboji Schools
- Support groups for alcohol, gambling, and narcotics

### Needs identified

- Student debt
- Lack of soft skills
- Lack of payment for internships
- Phone addiction
- Constant distractions
- Anxiety
- Professional burn out
- Child care
- Programmatic outreach – much of what is available is not known
- Highly-skilled workforce
- Ways to get students exposure to real-world projects/events
- Affordable housing

# Community Input

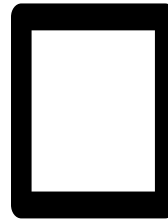
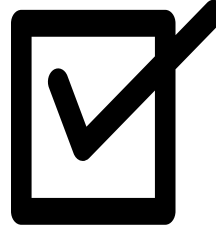
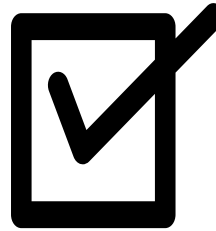
The community health needs assessment did not exclude minority, low income, or medically underserved populations in the assessment.

A limitation is the survey's focus on the negative. Comments were solicited from people that were dissatisfied, however, for those that were satisfied, there was no prompt to describe why. Therefore the comments are largely negative in fashion as the survey aimed to identify what participants do not like.

The focus group was facilitated by a professional outside of the hospital who had no potential conflicts of interest.

## Survey

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Input was sought from community residents, including those of minority, low income, and medically underserved populations through a broad array of marketing efforts. Paper copies were available at Lakes Regional Healthcare and the local YMCA and the online version was advertised in local papers, radio stations, at local businesses, and on the hospital's social media accounts (Appendix B). Surveys were open to the public from November 9th through December 5th, 2018. Data collection began with a press release to the local papers and radio. The local papers and radio are free and potentially reach all residents in Dickinson County. The press release was followed with an email to local school districts. The Chamber of Commerce and YMCA sent an email to everyone on their mailing lists as well. This resulted in upwards of 4,000 people receiving the email announcing the CHNA. Two posts were put on Facebook and combined reached 2,644 people, 10 likes, and 16 shares. Paper copies were advertised in the press release as well as mentioned in the online postings. Paper surveys were collected at the hospital and the YMCA at the end of the CHNA open survey period.

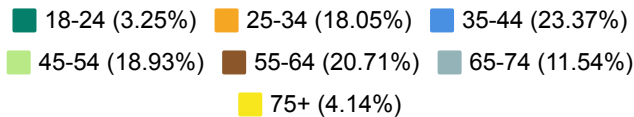
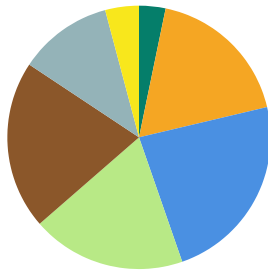
In total, 345 people completed the survey. Six surveys were completed on paper and 339 online. There were 971 comments and the average time to complete a survey was 6 minutes 18 seconds. As the survey was made public and input was sought from all residents, the response was 2.02%. Potential gaps in data collection include people without internet connections and people that have no contact with primary care.

# Survey Data (Conintued)

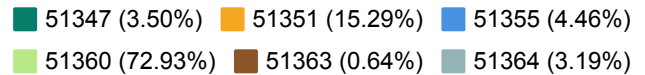
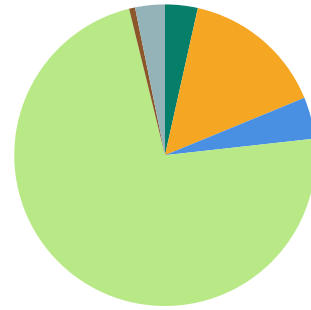
## Demographics

Demographics are captured in the secondary data collection from a variety of sources. The demographics in this section represent the participants that completed the survey. Comparing the demographics from the government to the demographics from the survey, the current sample appears to be representative of Dickinson County.

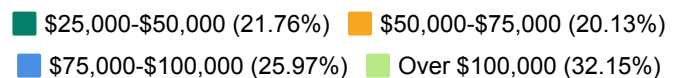
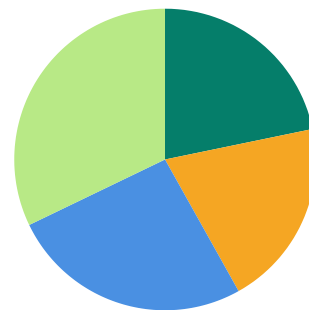
### Age



### Zip Code

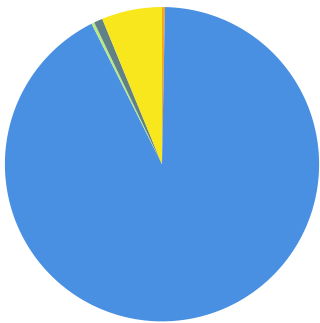


### Income



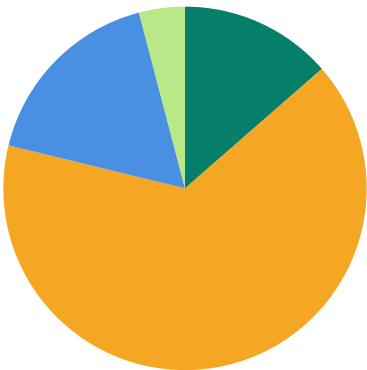
# Survey Data (Conintued)

## Race/Ethnicity



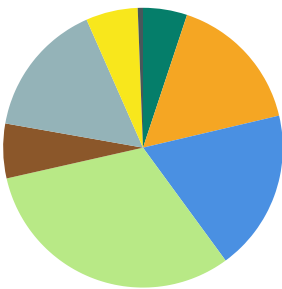
American Indian (0%) Asian (0.30%) Caucasian (92.30%)  
Hispanic (0.30%) Other (0.89%) I prefer not to answer (6.21%)

## Insurance



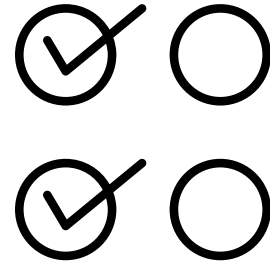
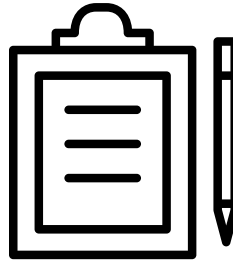
Private health insurance (13.58%) Insurance through employer (65.22%)  
Government program (17.12%) Other (4.08%)

## Education

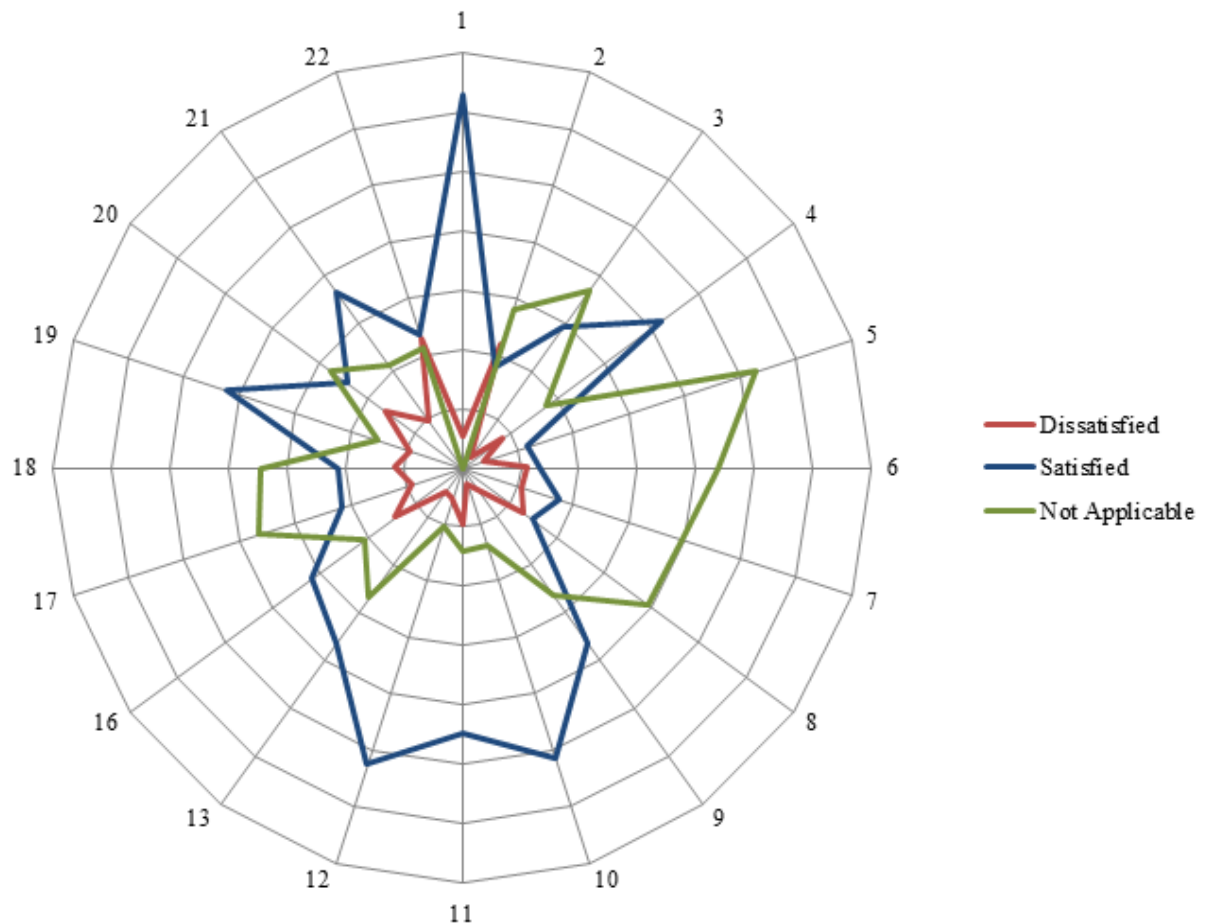


High school graduate or GED (5.10%) Completed some college (16.22%) Associate degree (18.62%)  
Bachelor's degree (31.53%) Completed some postgraduate (6.31%) Master's degree (15.61%)  
Ph.D., law or medical degree (6.01%) Other advanced degree (0.60%)

# Survey Data (Conintued)



Below is a spider graph of the data. The numbers represent the question in the survey (see Appendix A for the complete questions). The further towards the outside the colored line extends on the grid, the more people that selected the response. For example, question 1 had a high number of people select satisfied (blue line), few people select dissatisfied (red line) and none select not applicable (green line).



# Survey Data (Continued)

## Written Comments

Following are the top five questions in which people selected satisfied or dissatisfied with the topmost being the most common. The comments were captured by asking people, "If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved". Therefore, the questions where the majority were satisfied did not have many comments (see Appendix A). Similar comments were lumped together and the comments below were kept in their original state as much as possible.

### Top 5 dissatisfied

#### **Q22. How satisfied are you with affordable housing?**

- Housing prices are ridiculous in the lakes area. Especially in Spirit Lake and Milford.
- Need more options. Not enough mid-level housing. Either there is crap or super expensive, little in the middle.
- There is a definite shortage. Milford and northern Dickinson county especially. Gap between affordable and available.
- Wages too low.
- Lack of affordable housing. It's a struggle as a single adult.

#### **Q2. How satisfied are you with access to mental/behavioral health care within 20 minutes or 30 miles?**

- Need more providers.
- There are not enough mental health services close by.
- Difficult to get in in a timely fashion.
- Limited options.
- Access is limited, there are few beds available in the local area limiting local care and putting a burden on the families and patients that may already be financially strapped. Inpatient is lacking.

#### **Q20. How satisfied are you with access to public transportation (coverage, affordability, ease of use)?**

- Not nearly enough, inflexible hours, not enough service area, tough to access.
- Need more options.
- Not seeing the information.
- The affordability of public transportation is limited.
- There is no public transportation.

#### **Q16. How satisfied are you with information about how and where to find needed community services such as support groups, food pantries, and other resources?**

- Awareness needs to be a priority here.
- Not a good central hub of information, seems like too many community websites.
- I don't know how you access support groups, not sure there are any.
- The information is available ... but the services in our county are not easily accessible.

#### **Q8. How satisfied are you with violence, injury, and suicide prevention programs?**

- Not enough awareness.
- Needs to be more of it. Suicide especially.
- None.
- More education is needed, youth especially.
- Again long wait for outpatient services. Suicide hotline as well.

# Survey Data (Continued)

## Top 5 satisfied

### **Q1. How satisfied are you with basic health care (primary care, dental, eye) within 20 minutes or 30 miles?**

- Takes too long to get into a Dr. especially if you're a new patient.
- Urgent care.
- No dental – specifically pediatric, special needs, and accepting all insurance.
- ER services are lacking in competency. People are not evaluated accurately or thoroughly, but rather just kind of brushed off. The correct diagnosis is not searched for sufficiently. Quality of care in the ER.

### **Q12. How satisfied are you with disaster preparedness (preparation, response, and recovery)?**

- I have no idea what services are in place. More public awareness.
- Emergency Management does a great job!

### **Q10. How satisfied are you with child wellness services (immunizations, well-child checks, physical activity)?**

- It would be great to have the immunizations at the physician offices rather than having to go to public health to get them. Don't want to miss work.
- More PE in elementary and middle schools.
- Public health vax clinic is great.
- Room for improvement for activities for children. Especially during the winter and for children 5 and under. Would love to have indoor play facilities options for physical activity for younger children who cannot withstand cold temperatures.

### **Q11. How satisfied are you with protection against environmental hazards such as water, soil, air quality, and lead contamination?**

- The community should get a say.
- More education needed. Recycling, radon, conservation.
- There needs to be more control and awareness of what we put on our lawns, our roads, our fields etc. that washes into our lakes. Herbicide and pesticide use.
- Need more such emphasis.
- I don't feel our state does enough to protect our water.

### **Q19. How satisfied are you with centralized coordination to help consumers navigate through health care and health information systems, such as AveraChart?**

- Never heard of AveraChart.
- Not sure how to use AveraChart, education, training.
- Thank you, thank you, for the AveraChart. I have been on this for years now, since its inception. I communicate with my doctors; see test results, reminders of appointments, and so much more!
- Unknown to the public.
- No real centralized coordination.



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# Survey Data (Conintued)

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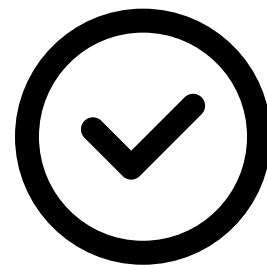
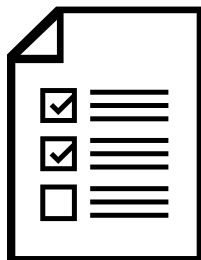
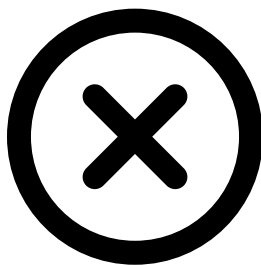
## Open Question: What are the top concerns in Dickinson County?

Listed below are the top 10 concerns according to respondents with the topmost being the most common.

- Mental health, awareness, education, availability, providers.
- None.
- Chronic disease, obesity, diabetes, education, and prevention.
- Overuse of alcohol, substance abuse.
- Affordable healthcare and insurance.
- Environmental Health, water and air quality, conservation.
- Affordable housing.
- Urgent care – especially on weekends and after 6pm.
- Assistance for homebound people. Aging in place, home healthcare.
- Food security and summer meals program.

## Summary

Overall the participants in the survey were largely satisfied with the services available. Mental health, chronic disease, and awareness of resources were common themes. Mental health issues focused on the lack of awareness and availability in the direct area. The chronic disease issues focused on the rising rates of obesity in Dickinson County and Iowa. Lastly, awareness overall was a recurring issue with the majority of topics. Dickinson County has many resources available, but there are few people that know about them. The survey questions were also used to determine what to discuss at the focus groups.



# Focus Groups

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The stakeholders who attended the focus groups were from area employers and groups that represent a diverse population in Dickinson County. Three focus groups occurred on February 4 and February 5. A collaborative group on April 2, 2019, was a summation of the three previous focus groups (See Appendix D for stakeholders). The focus group on February 4 discussed community resources. Behavioral Health and Chronic Disease were the topics for February 5. Lastly, April 2 was a combined focus group with representatives from previous focus groups attending to give feedback. Detailed notes were taken from each focus group and compiled to form the sections below.

## Community Resources Session

### Community Resources

- Reformat Community Resource Guide so easier to print
- Distribute Guide to businesses and provide a link to guide (consider a shortened link)
- Provide an easy link to Food Resources Sheet
- One page (8.5x11) flier front and back for each hot area of need as an easy reference guide that can be distributed and printed
- Include a single 8.5x11 overview of the resource guide with an online link on it in city water bills, Iowa Lakes Electric Cooperative and rural water bills
- Create a Dickinson County Resource Guide Facebook page – use FB page posts for “Did you Know?”
- Provide Resource Guide link to schools, cities, the Chamber, Area Agency on Aging and the Community Action Agency to link to on their sites
- Form a group to look at the distribution of community resource information
- Utilize the “No Boundaries” student group to work in partnership with ISU Extension to update list, make a Facebook page and lead a social media awareness campaign
- Get resource guide to realtors so they can distribute with welcome baskets
- Potential space on water bills for announcements
- Space in envelopes that the utility bill, sewer bill, city newsletters, electricity bill, cable bill, and gas bill come in.
- Telehealth beginning in provider clinics in April 2019
- Distribute suicide warning signs postcards to the community
- Lack of knowledge about the community resource guide
- Possibly get a guide in every mailbox in the county
- Use more social media and print advertising
- Insert the food guide into the Lakes News Shopper
- Possibility for an updatable database where providers can update their own listings

# Focus Groups (Continued)

## Community Resources Session (continued)

### Health Information Coordination

- Utilize volunteers to assist with training and signing up patients on AveraChart when they are inpatient as a patient during downtime if they are in a capacity to do so
- Need to mention AveraChart at all appointments to educate. At discharge, offer a small card with details on AveraChart and reason to do it – both clinic and hospital patients
- Concern with the knowledge in outlying communities
- Get more people to use the service
- Get information about Avera Chart and other programs in the patient's bill
- Put Avera Chart (and other hospital specific ones) into the resource guide
- Should look at all groups working together to promote health information (AveraChart, Sanford, Veterans, etc.) as awareness depends on where you go
- Awareness should revolve around keeping your data updated regardless of where you go
- Trainings are good but how do we get people to come to them (AveraChart) – can hospital volunteers be trainers and go to senior meals/dinner dates
- Family members benefit from all health information in one spot, also helps service providers

### Transportation

- Need increased awareness of what is available, who can use and when it runs (RIDES etc) – KUOO radio morning show, PR, Social Media, and Facebook page
- Utilize the trail network for bike share system
- RIDES – try it and use it partnership – communicate that items like RIDES passes are an option for giving
- The current system is county-based versus working with neighboring towns/counties
- Loop pickup options
- Transport from outside areas with affordable housing into the area for work
- Expand trail network and self-propelled transportation options
- Bike sharing? Scooter sharing?

### Housing

- Need to define “affordable”
- Explore transport into the community
- Community awareness with housing rules/initiatives – more education to this group regarding options
- Incentives for down payments
- Spirit Lake is currently building over 130 apartment units (2019)
- Issues with cost control and people taking advantage of it
- Employers to do a housing survey – find out what people are looking for, what they're finding and so on
- Tax incentives for builders/realtors (get government more involved)
- Community based living – like retirement villages
- Relax zoning regulations on multi-family dwellings (duplexes, etc.)
- Have identification for what the options are regarding housing

# Focus Groups (Continued)

## Behavioral Health Session

### **Mental Health**

- TeleHealth is available in the emergency room (ER) and outpatient
- Awareness is key on services and what is in the works (perception is there isn't anything)
- ER offers care plans for patients to reduce readmissions
- Care Connections meetings ensure continuity of care. Used with people that frequent the ER and it is a group that has members of the hospital, Seasons, Hope Haven and other community service organizations
- Need resource guides in the ER
- Need programs on mindfulness
- The public is not aware that providers (Champion State of Mind, Hope Haven, Seasons, Cherish) offer programs in schools and counselors in the buildings
- Need a central point of contact in schools
- Seasons Mobile Crisis Unit does a good job working with schools (but they do need parent permission)
- Would benefit from more therapists available at schools that are for school employees
- Promote 211 Iowa (community information and referral services number)
- Awareness is key – stigma reduction and for people to hear that message from people not directly related to care providers saying it
- Lack of funding streams and education on navigating this
- Awareness based on the stage in life or interactions (different awareness for different people)
- Resources needed in factories/corporations
- Distribute newly developed cards regarding suicide warnings and what to do next
- Spirit Lake High School is adding a mentorship program to help students stay vigilant to prevent drug/alcohol use and abuse

### **Drugs & Alcohol**

- Awareness about treatment options besides inpatient ones
- Reduce the stigma of getting help
- Increase the sense of need (often there is a “don't need it now”, so people don't pay attention)
- Awareness of symptoms before extreme case (getting help earlier)
- In school, there is a disconnect between DARE and high school – possibility of mini DAREs, how do we keep enthusiasm?
- Change prevention to early intervention (schools)
- Move from hearing messages to making choices. An example is the Power of Choice every 4 years – How do we make it stick? And get past “it won't happen to me” problem?
- Continue discussion to connect awareness to action
- Look at addressing the why's: confidence, self-esteem, want to belong, issues at home, ongoing conversations – maybe do our own confidential survey
- Compass Pointe receives funds from IDPH to reach out to hard to reach populations

# Focus Groups (Conintued)

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## Behavioral Health Session (continued)

### **Abuse/Assault**

- Services exist but the public doesn't necessarily need to know where those places are for the patient's safety - ER/Law Enforcement are educated
- Awareness needs to center more on the fact that it does happen here and that we do have the resources and services for those affected
- Chaplains have resources and are available at hospitals etc.
- Ministry can help as well – need to make people aware of their counseling and support group services
- Share Resources and educate when resources can help

### **Suicide/Youth**

- Iowa Department Public Health Zero Suicide Grant possibility
- Potential adult support for issues during church night activities
- There is an example suicide coalition in Palo Alto. The group includes law, clergy, school, and other service providers that focus on suicide needs
- Parent support group options during downtime at kids events (YMCA practices, etc) – give the facilitator the right questions to ask, what are “symptoms” and things to look for

## Chronic Disease Session

### **Top Items to Address**

- Encourage new activities (especially trying them)
- Bike share system
- Community education and awareness
- Identify people who need the screenings and target them
- Prevention (exercise, diet, spiritual, rest, De-stress and how do we get buy-in?)
- Collaboration between entities for services
- Review data on health for the area to target (data from insurers, share aggregate data)
- How can we get ahead of need?
- Community education needs to be increased
- What data can we use to show progress?

# Focus Groups (Continued)

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## Chronic Disease Session (continued)

### Four Selected Items Outlined in More Detail:

#### 1) Communicating Resources

- Focus on preventative efforts
- Hospital, YMCA, etc. – distribute a menu of options for people
- Supplement employee wellness programs
- Utilize resources (monthly) – resource fair or other events
- Go outside traditional health/wellness with offerings – mental health professionals, personal finance, etc.

#### 2) Awareness Through Media Blitzes

- “medical minute” through radio and/or TV – provide topics
- Address all aspects – separate topic per month which includes a call to action. Example; a trial yoga class that can tie into the message to get people to try something new
- Every month have a focus on physical and mental health/wellness
- Dissemination of information on topics and share resources/services
- Incorporate “ways to” and “how to’s”
- Be intentional with messages among employees, service providers, etc.

#### 3) Stress Management

- Address issues of electronics, connectivity and increased stress
- Promote mindful moments
- Promote education
- Increase self-awareness
- Insert spiritual awareness
- Community awareness events
- Tips and tricks

#### 4) Bike Share

- Implement a program in the Lakes Area
- One system has a 3 year rental then buy the bike for \$1 (\$25/month rental and \$15/month for app program)
- It typically is \$1 or \$2/hour to ride bikes
- Advertising on bikes is a source of funds for storage/maintenance, trail maintenance, signage
- Create a wellness endowment for the program
- Where to have docking areas (AP, Okoboji View, Cutty’s, McDonald’s, YMCA, Bridges Bay)
- Trails Board will make contact with a source on how it works
- Tie into Healthy Hometown group

# Prioritized Significant Community Needs

Prioritized significant community health needs were determined by the CHNA committee through matching community survey input with secondary data gathered. The questions were put into rank order based on the number of dissatisfied responses. The top ten questions were then cross-referenced with secondary data. Those which were found to be of concern from both sources were selected. Focus groups were then used to look into the significant health needs identified. The focus groups were attended by community stakeholders that were chosen to represent all facets of the community and a detailed list of the stakeholders is in Appendix D.

Resources are listed below pertaining to each significant health need identified from the community survey. There is also a comprehensive list of resources located at: <https://www.extension.iastate.edu/dickinson/county-resource-guide>. This comprehensive guide includes all resources available in Dickinson County and there is a printable version available as well.

## **Significant Health Need: Resources**

Survey questions 16, 19, 20, and 22 were aggregated to form the major need of resources. The questions and focus group explored the different issues with transportation, community resource communication and location, and affordable housing.

## **Potentially Available Resources**

The Dickinson County Iowa State University Extension office hosts and updates a comprehensive community resource guide. This is easily accessible, free to use and there are paper copies available around the county. The online guide can be found: <https://www.extension.iastate.edu/dickinson/content/dickinson-county-resource-guide>. There is also an abbreviated guide that includes only area food resources. The one page guide includes all local spaces for free or heavily reduced food. The guide also includes dates/times, phone numbers, and locations for each of the food hosts. Paper copies of the full and abbreviated guide are available at Dickinson County Public Health, the Dickinson County Courthouse and at various businesses throughout Dickinson County.

Community resource communication is implemented within the hospital setting via a discharge team that focuses on making sure patients have the services needed. This team has the community resource guide readily available to them as well as resources within the Avera medical network. Two family care clinics, both based on the hospital campus, also share one care coordination nurse. The care coordination nurse focuses on getting the patient resources they need. Outside of the hospital, there are multiple organizations that help to find residents available resources, such as the Community Health Department of Dickinson County, Hope Haven, Seasons Center, Compass Pointe, Social Workers at each of the four school districts, and local churches.

# Prioritized Significant Community Needs

## Significant Health Need: Behavioral Health

Survey questions 2, 6, 7, 8, and 18 were aggregated to form the major need of addressing behavioral health. The questions and focus group explored different issues with mental health, substance use disorders, domestic abuse, and sexual education.

### Potentially Available Resources

- Hope Haven
- Community Health for Dickinson County
- Seasons
- Northwest Iowa Mental Wellness
- All Those Yesterdays
- Shade of the Tree
- Elderbridge
- Upper Des Moines Opportunity
- Support groups (see community resource guide)
- Community resource guide

## Significant Health Need: Chronic Disease

Survey question four outlined the major need of chronic disease. This was coupled with the secondary data from the 2018 state of obesity report that showed Dickinson County and the state of Iowa at one of the highest rates of Obesity in the US.

### Potentially Available Resources

- Community resource guide
- Dickinson County Public Health
- Care coordination nurses at hospital and clinics
- YMCA buildings, classes, and community outreach
- Support groups for diabetes at LRH
- Cooking classes at local grocery stores
- Walking paths around the lakes-- using the unique environment.
- School curriculum requiring physical education.
- Community gardens and farmer's markets
- Dickinson County food pantries (Appendix C)
- Dickinson County Community Table meal sites (Appendix C)
- Dickinson County Food Guide (Appendix C)



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# Board Approval

The Lakes Regional Healthcare Board of Trustees approved the CHNA at the June 26, 2019 Board Meeting.

# References

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- "Rankings." County Health Rankings & Roadmaps, [www.countyhealthrankings.org/app/iowa/2018/rankings/dickinson/county/outcomes/overall/snapshot](http://www.countyhealthrankings.org/app/iowa/2018/rankings/dickinson/county/outcomes/overall/snapshot)

# Appendix A - Survey

## Community Health Needs Assessment 2018

Lakes Regional Healthcare and Dickinson County Public Health are conducting a Community Health Needs Assessment (CHNA) in order to better understand the health concerns of our community. We would appreciate you completing this anonymous, 5 to 15 minute survey so we can learn from your experiences and opinions. Please complete only if you are a resident of Dickinson County and have not already completed this survey. Thank you for sharing your ideas and opinions.

1. How satisfied are you with access to health care (primary care, dental, eye) within 20 minutes or 30 miles?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

2. How satisfied are you with access to mental/behavioral health care within 20 minutes or 30 miles?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

3. How satisfied are you with food and nutrition assistance programs (SNAP, WIC, CACFP, Summer Feeding, WIC Farmers Market Nutrition Program, Senior Farmers' Market Nutrition Program, food pantries, backpack programs, community table)?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

4. How satisfied are you with chronic disease prevention, screening, and treatment (examples of chronic disease include obesity, diabetes, heart disease, and cancer)?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

5. How satisfied are you with smoking cessation programs?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

# Appendix A - Survey

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6. How satisfied are you with alcohol and drug abuse prevention and treatment?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

7. How satisfied are you with shelter and services for victims of abuse, violence, and sexual assault, including those that are gender specific and allow women to have young children with them?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

8. How satisfied are you with violence, injury, and suicide prevention programs?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

9. How satisfied are you with family planning, prenatal, delivery, breastfeeding, and postpartum care (and support)?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

10. How satisfied are you with child wellness services (immunizations, well-child checks, physical activity)?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

11. How satisfied are you with protection against environmental hazards such as water, soil, air quality, and lead contamination?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

12. How satisfied are you with disaster preparedness (epidemics, preparation, response, and recovery)?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

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# Appendix A - Survey

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13. How satisfied are you with public accessibility and services for persons with disabilities?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

14. Are you aware of the Dickinson County Community Resources Guide?

Yes \_\_\_\_\_

No \_\_\_\_\_

Comments: \_\_\_\_\_

15. How did you learn of the Dickinson County Resources Guide?

Physician/Nurse Practitioner \_\_\_\_\_

Dickinson County Public Health \_\_\_\_\_

Iowa State University Extension \_\_\_\_\_

Dickinson County Courthouse \_\_\_\_\_

Dickinson County website \_\_\_\_\_

Online search \_\_\_\_\_

Department of Human Services (DHS) \_\_\_\_\_

Other \_\_\_\_\_

16. How satisfied are you with information about how and where to find needed community services such as support groups, food pantries, and other resources?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

17. How satisfied are you with comprehensive and reliable education for adults, including sexually transmitted infections (STI) and pregnancy prevention, sexuality education, and HIV screening and prevention?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

18. How satisfied are you with comprehensive and reliable education for adolescents, including sexually transmitted infections (STI) and pregnancy prevention, sexuality education, and HIV screening and prevention?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

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# Appendix A - Survey

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19. How satisfied are you with centralized coordination to help consumers navigate through health care and health information systems, such as AveraChart?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

20. How satisfied are you with access to public transportation (coverage, affordability, ease of use)?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

21. How satisfied are you with the care, safety, and education for the aging population?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

22. How satisfied are you with affordable housing?

Satisfied \_\_\_\_\_

Dissatisfied \_\_\_\_\_

Not applicable \_\_\_\_\_

If dissatisfied, please share what you are dissatisfied with and how you would like to see the services improved: \_\_\_\_\_

23. What are the top community health concerns you want addressed in Dickinson County?

\_\_\_\_\_

\_\_\_\_\_

24. My zip code is:

51331 \_\_\_\_\_

51347 \_\_\_\_\_

51351 \_\_\_\_\_

51355 \_\_\_\_\_

51360 \_\_\_\_\_

51363 \_\_\_\_\_

51364 \_\_\_\_\_

25. My sex is:

Male \_\_\_\_\_

Female \_\_\_\_\_

# Appendix A - Survey

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26. My age is:

Under 18 ☐

18-24 ☐

25-34 ☐

35-44 ☐

45-54 ☐

55-64 ☐

65-74 ☐

75+ ☐

27. The annual income of my household is:

Less than \$25,000 ☐

\$25,000-\$50,000 ☐

\$50,000-\$75,000 ☐

\$75,000-\$100,000 ☐

Over \$100,000 ☐

28. What type of health insurance coverage do you have? (choose all that apply)

No health insurance ☐

Private health insurance ☐

Insurance through employer (through your job or the job of a family member) ☐

Government program (Medicare, Medicaid, Iowa Health and Wellness Plan, etc.) ☐

Other (please specify below) ☐

Other Please Specify:

29. My race/ethnicity is (select all that apply):

African American ☐

American Indian or Alaska Native ☐

Asian ☐

Caucasian ☐

Hispanic ☐

Other ☐

I prefer not to answer ☐

30. My employment status is:

Unemployed ☐

Work part-time ☐

Work full-time ☐

Retired ☐

Comments:

31. I am:

Single ☐

Married ☐

Divorced ☐

Widowed ☐

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# Appendix A - Survey

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32. The number of people that are in my household is (include people of all ages):

1

2

3

4

5+

Comments:

33. The highest level of education I've received is:

Completed some high school

High school graduate or GED

Completed some college

Associate degree

Bachelor's degree

Completed some postgraduate

Master's degree

Ph.D., law or medical degree

Other advanced degree beyond a Master's degree



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# Appendix B - CHNA Press Release

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## NEWS RELEASE

FOR MORE INFORMATION CONTACT:

JENNIFER GUSTAFSON

(712) 336-8799 (W)

(712) 339-5754 (C)

JENNIFER.GUSTAFSON@LAKESHEALTH.ORG

## PROCESS UNDERWAY TO DETERMINE COMMUNITY'S HEALTH NEEDS

*Feedback requested from Dickinson County residents*

Spirit Lake, IA (November 9, 2018) The Patient Protection and Affordable Care Act was passed in 2010 and places a significant focus on community-based prevention, requiring nonprofit hospitals such as Lakes Regional Healthcare (LRH) to show that they understand and engage with their communities to identify the most pressing needs of their communities. Local public health departments are also required to assess the health needs of communities. In addition to the gathering of existing health data, a Community Health Needs Assessment is a way to identify the services that are needed in a community and is a vehicle in which to develop an implementation plan to address these needs.

To that end, LRH and Dickinson County Public Health have partnered to develop a joint Community Health Needs Assessment and are encouraging all Dickinson County residents to take this anonymous, quick survey online at <https://www.surveymonkey.com/r/87B2VM5> by December 5, 2018 to provide the greatest opportunity for feedback. LRH President and CEO Jason Harrington said, "The survey only takes five to 15 minutes to complete depending on how much feedback you provide, but is very important in helping us determine what our community needs are regarding healthcare services and other items in our area. This data, in addition to health outcomes data we've collected, will be used to set the direction for the next couple of years regarding improving the health and well-being of the area."

Those that don't have access to the internet or who prefer not to do the survey online can pick up a paper version of the survey inside Lakes Regional Healthcare's east entrance or at the Bedell Family YMCA. Harrington said, "Once you've completed it, you can drop it in a collection box at the same location these paper forms are found."

According to Harrington, it is important that many people in our service area are involved in this survey to identify our area's needs related to health care. Once the survey is completed, the results will be tabulated and opportunities for improvement, strategies, and necessary resources will be determined. Harrington said, "We plan to have a strategy determined in early 2019 with focus groups involved so we can start addressing our needs as 2019 begins."

Those who would like more information about this process can call Lakes Regional Healthcare Director of Population and Public Health Brandon Rohrig at 712-336-2682.

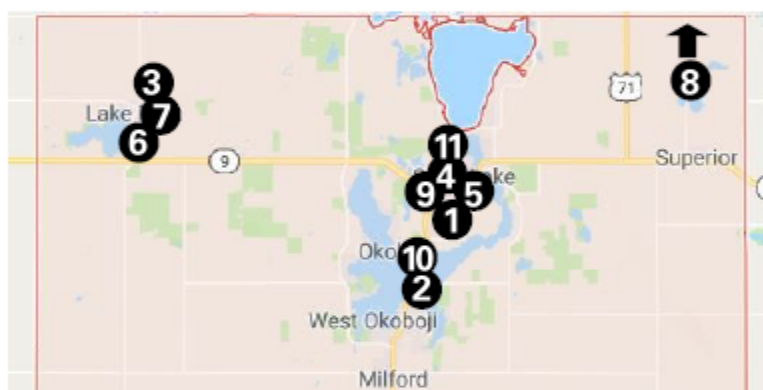
# # #

# Appendix C - Food Guide



## DICKINSON COUNTY

Community Tables · Dinner Dates · Food Pantries · Meals on Wheels · Other Resources



1. Bedell Family YMCA Community Table
2. Okoboji Bible Conference Fellowship Center Community Table
3. Lake Park Community Center Dinner Date
4. Lakes Area Senior Center Dinner Date
5. Spirit Lake Meals on Wheels
6. Lake Park Meals on Wheels
7. Mobile Food Pantry
8. Ruby's Pantry - Jackson, Minnesota
9. Spirit Life Fellowship Food Pantry
10. The Well Food Pantry
11. Upper Des Moines Opportunity Food Pantry

*This information is provided by the Dickinson County Hunger Coalition. The Coalition is a group of non-profit organizations that meet monthly to discuss food insecurity issues in Dickinson County and how we can help those most affected. This list is what we know now and will change as new opportunities become available.*

*Please reach out to these other resources if additional assistance is needed: Dickinson County Department of Human Services, Elderbridge Agency on Aging and /or Upper Des Moines Opportunity. Contact information for these organizations is on the back.*

### **Need a Ride? Call RIDES!**

Hours: Monday-Friday 6:30 a.m. - 6:00 p.m.; Saturday 7:00 a.m. - Noon

Call 712-262-7920 or 800-358-5037

24-hour Advanced Reservation Recommended.

General Public: \$2.50; Extended Lakes Area: \$5.00; Monthly Pass: \$65.00

# Appendix C - Food Guide

## COMMUNITY TABLES

### 1. Bedell Family YMCA

1900 41st Street  
Spirit Lake, IA 51360  
Third Thursday of the Month  
5:30-6:45 p.m.  
*For more information, call 712-336-9622*

### 2. Okoboji Bible Conference Fellowship Center

7 South Highway 71  
Arnolds Park, IA 51331  
Second and Fourth Thursday of the Month  
5:30-6:45 p.m.  
*For more information, call 712-332-2883.*

## DINNER DATES

### 3. Lake Park Community Center

903 Market Street  
Lake Park, IA 51347  
Tuesday and Thursday  
11:30 a.m.  
*For more information, contact Jim or Marilyn Kessler at 712-832-3540.*

### 4. Lakes Area Senior Center

2101 Zenith Avenue  
Spirit Lake, IA 51360  
*For more information, call 712-336-5247.*

## MEALS ON WHEELS

### 5. Iowa Great Lakes Meals on Wheels Spirit Lake, Okoboji, Arnolds Park, Milford

800 21st Street  
Spirit Lake, IA 51360  
*For more information, call 712-336-4444*

### 6. Lake Park Meals on Wheels

Pearl Valley Rehabilitation and Nursing  
1304 South Market Street  
Lake Park, IA 51347  
*For more information, call 712-832-3691.*

## FOOD PANTRIES

### 7. Mobile Food Pantry

First Presbyterian Church  
1220 South Market Street  
Lake Park, IA 51347  
First Thursday of Every Month  
4:30-6:30 p.m.  
*For more information, call 712-832-3401.*

### 8. Ruby's Pantry

108 County Road 51  
Jackson, MN 56143  
*For more information, call 507-847-2369.*

### 9. Spirit Life Fellowship "God's Provision Food Pantry"

2504 Enterprise Avenue  
Spirit Lake, IA 51360  
Second and fourth Saturday of the Month  
8:00-10:00 a.m.  
*For more information, call 712-336-0114*

### 10. The Good News Food Pantry

Good News Community Church  
1010 Julia Street  
Okoboji, IA 51355  
First and Third Saturday of the Month  
9:00-11:00 a.m.  
*For more information, call 712-332-5698.*

### 11. Upper Des Moines Opportunity

1575 18th Street  
Spirit Lake, IA 51360  
(Southeast Corner of the Great Lakes Mall)  
[www.udmo.com](http://www.udmo.com)  
*For more information, call 712-336-1112.*

*This resource has been provided by:*

## IOWA STATE UNIVERSITY Extension and Outreach

*To provide updates or additions, please contact Sue at 712-336-3488 or [boettche@iastate.edu](mailto:boettche@iastate.edu).*

## OTHER RESOURCES

### Dickinson County Department of Human Services

1802 Hill Avenue, Suite 2401  
Spirit Lake, IA 51360  
712-336-2555 or 1-866-336-2555  
*Food Stamp Application available online at [www.dhs.iowa.gov/how-to-apply](http://www.dhs.iowa.gov/how-to-apply) or call 1-877-937-3663*

### Elderbridge Agency on Aging

712 10th Avenue East  
PO Box 213  
Spencer, IA 51301  
<https://elderbridge.org>  
*For more information, call 712-262-1775 or 1-800-243-0678.*

# Appendix D - Stakeholders

LI = Low Income, MU = Medically Underserved, M = Minority, PH = Public Health

<b>Public Health</b>	Category
Lakes Regional Healthcare	LI, MU, M
Dickinson County Public Health	PH, LI, MU, M
Family Provider Clinics	LI, MU, M
<b>Business</b>	
Hy-Vee	LI
Grapetree	M
Keelson Harbor	MU
<b>Faith Based</b>	
Dickinson County Ministerial Association	LI, MU, M
<b>Government</b>	
Spirit Lake City Administrator	PH
Okoboji City Administrator	PH
Dickinson County Trails Board	PH
RIDES	LI, MU, M
Department of Human Services	LI, MU, M
Emergency Management Coordinator	LI, MU, M
<b>Education/Transportation</b>	
Okoboji Schools	LI, MU, M
Spirit Lake Schools	LI, MU, M
Spirit Lake School Student	LI, MU, M, PH
Lake Park Schools and Faith Community	LI, MU, M
Graettinger Terril Ruthven Ayrshire Schools	LI, MU, M
Iowa Lakes Community College	LI, MU, M
<b>Community Organizations</b>	
Kaden's Kloset	LI, MU, M
Hope Haven	LI, MU, M
Hope Haven	LI, MU, M
Seasons	LI, MU, M
Compass Pointe	LI, MU, M
YMCA	LI, MU, M
Area Agency on Aging	LI, MU, M
ISU Extension	LI, MU, M
Voluntary Action Center	LI, MU, M
Community Action Agency	LI, MU, M
Senior Health Insurance Program	LI, MU, M
SHIIP	LI, MU, M
SHIIP	LI, MU, M
Community Health of Dickinson County	LI, MU, M, PH