



# Lakes Regional Healthcare

An Avera Partner

**FY 2016, 2017, and 2018**

**Community Health Needs Assessment  
Implementation Plan**

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## Introduction

### **Hospital Profile – Lakes Regional Healthcare**

Lakes Regional Healthcare (LRH) had its beginning in 1933 in a house on Lake Street in Spirit Lake. In 1940, two physicians, Dr. Donald F. Rodawig, Sr. and Dr. Phil Scott, bought the hospital and moved it to a building called “The Pillars”. The doctors expanded the hospital to a 16-bed facility and named it 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 of LRH 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.

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 fund raising activities.

**Avera Mission Statement**

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

**Lakes Regional Healthcare Mission Statement**

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

**Lakes Regional Healthcare Vision**

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

**Lakes Regional Healthcare Values**

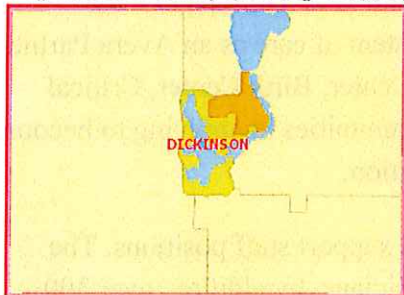
Compassion, Courtesy, and Competence

**COMMUNITY SERVED**

Lakes Regional Healthcare serves a rural population. The primary service area is in the heart of the Iowa Great Lakes when, on any summer weekend, can have an influx of greater than 60,000 people. On a holiday weekend the population swells to greater than 110,000 people. This increases the average population density from 44.2 people per square mile in the spring, fall and winter months to up to 289 people per square mile in the summer months.

**Demographic and Socioeconomic Characteristics of Dickinson County:**

Population Density (Per Sq. Mi.), By Tract, U.S. 2010 Census



- Over 10,000
- 5,001 - 10,000
- 500.0 - 5,000
- 50.1 - 500.0
- Under 50.1

*Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.  
Source geography: Tract.*

**Socio-Economic Status:** The socioeconomic status of the primary service area residents has 7.4% of the population at or below the Federal Poverty Level (FPL), compared to 14.8% for the entire population of the United States.

**Race and Ethnicity:** 97.9% of the population served is white.

**Age, Physical Ability:** In the primary service area of Dickinson County the population over age 65 is 3,918 or 23.3% in comparison to 14.5% in the United States. The median age in Dickinson County is 48.7 in comparison to 38 for the state of Iowa.

As reported by the U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, the following table describes the sex and age of the population of Dickinson County.

Population	Iowa		Dickinson County	
	Estimate	Percent	Estimate	Percent
<b>SEX AND AGE</b>				
Total population	3,078,116	3,078,116	16,877	16,877
Male	1,526,116	49.6%	8,425	49.9%
Female	1,552,000	50.4%	8,452	50.1%
Under 5 years	196,675	6.4%	868	5.1%
5 to 9 years	203,636	6.6%	872	5.2%
10 to 14 years	202,629	6.6%	991	5.9%
15 to 19 years	214,364	7.0%	810	4.8%
20 to 24 years	221,870	7.2%	729	4.3%
25 to 34 years	389,330	12.6%	1,700	10.1%
35 to 44 years	363,234	11.8%	1,803	10.7%
45 to 54 years	422,481	13.7%	2,325	13.8%
55 to 59 years	208,213	6.8%	1,326	7.9%
60 to 64 years	185,706	6.0%	1,535	9.1%
65 to 74 years	240,304	7.8%	1,988	11.8%
75 to 84 years	153,423	5.0%	1,345	8.0%
85 years and over	76,251	2.5%	585	3.5%
Median age (years)	38.0	(X)	48.7	(X)

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

## SIGNIFICANT HEALTH NEEDS

Lakes Regional Healthcare utilized a committee of healthcare professionals to conduct the CHNA. The committee was charged with identifying the assessment process, community partners, and other surveys already completed. The partnership between LRH and Dickinson County Public Health provided a bridge in services and collaboration.

A survey was developed to assess the care in the community; the tool was available in both electronic and paper formats. The tool was designed with input from sample CHNA surveys, The Community Health Needs Assessment 2013, report of A Profile from Lake Park from 1994-2014, County Health Rankings 2015: Dickinson County Iowa, Iowa Prenatal Care Barriers Project data from 2014 survey, and the Spirit Lake Blue Zones Blueprint. Approximately 400 surveys were tabulated. Based on the results of the survey the top areas identified were: Supply and affordability of health care and providers (Access); Coordination and distribution of information (Social Determinants of Health); and Prevention.

Three dates were provided for focus groups to rank the “Top Community Concerns” (with rankings of importance by three focus groups – 1 being most important and 7 being least important)

- Access to Mental Health (1, 1, 1)
- Affordable Housing Countywide (2, 3, 5)
- Resources for Elderly (2, 4, 5)
- Transportation (5, 2, 3)
- Lack of Access to Same Day Primary Care (6, 3, 4)
- Lack of Access to All Providers (7, 6, 6)
- Assistance with System/Bureaucracy (4, 7, 7)

Criteria for deciding which priorities to address was based on severity of the problem; access to resources; alignment with organizational mission and priorities; importance to the community; and the ability to impact concerns.

**Mental Health** – Access to mental health services has historically been a major issue in the community served by LRH and in the State of Iowa. Mental Health services were identified as a concern in the 2013 CHNA as well; a 24 hour hot line phone number was publicized in an effort to assist access.

**Coordination and Distribution of Information** – Identifying a resource for people in the community served to know where to go for services. There is a “Community Resource Guide”, although a number of people are unaware of it or how to access it.

**Prevention** – With the continued focus on community and population health, utilization of information gathered from the CHNA process will help the hospital and Dickinson County Public Health focus on potential opportunities for preventative care. The outcome of prevention will be improved health and well-being.

The implementation plan, goals and objectives are based on the final identified priorities. In May the focus group reconvened and determined the two primary areas to focus on would be Mental Health and Access to Care as a number of the issues would be intertwined. The proposed implementation plan is in alignment with the hospital mission, vision and values and collaborates with many entities within the community.



## IMPLEMENTATION PLAN

### Mental Health

In both the FY2013 and FY2016 CHNA report, mental health was identified as a priority to the community. In the State of Iowa, the Division of Mental Health and Disability Services (MHDS) is responsible for planning, coordinating, monitoring, improving and partially funding mental health and disability services for the State of Iowa. The division engages in a wide variety of activities that promote a well-coordinated statewide system of high quality disability-related services and supports.

**Goal #1** Improve mental health and prevent crisis situations within our service area by increasing awareness of services and supports.

**Objective #1** Improve awareness to mental health services and support

#### Specific Actions and Strategies:

- Publicize Northwest Iowa Care Connections Crisis Line information
- Make and distribute posters and brochures with tear off tags with message “If urgent, suicide situation call crisis line at 844-345-4569”.
- Have postings in health care provider offices, grocery stores, churches, schools, realtor offices, magnets made and distributed, electronics (business website, app for phone, Explore Okoboji with click here for crisis link).
- Have information available in the ER – such as a resource book with identified mental health service providers.
- Collaborate with local news media for public service announcements for awareness.
- Collaborate with school systems to enhance prevention and awareness.
- Collaborate with families to increase awareness of mental health illness, prevention and services.
- Redesign website to make it more consumer-friendly and include links to important health information.
- Expand community education opportunities.
- Continue to partner with its local media resources to ensure relevant and timely information is shared.

#### Anticipated Impact:

- Improved awareness.
- Improved support available.
- Increased early intervention.
- Reduction of behavioral health crisis presentation to ED.
- Improved mental health of individuals living in the community.
- Collaboration with mental health providers.



**Resources and Partners:**

- Avera Medical Group providers, clinics, and staff
- Avera Behavioral Health Center
- Season Center, Compass Pointe, and Hope Haven.
- State, county, and local government agencies
- Business and individuals
- KUOO
- Dickinson County Community Services

**Measure and Evaluate:**

- Increased partnerships and coalitions focused on access to services and supports.
- Improved County Health Ranking by the Robert Wood Johnson Foundation

**Objective #2** Increase access to mental health services and supports.

**Specific Actions and Strategies:**

- Explore, in conjunction with our ACO project, the possibility of adding Substance Abuse Counselors and other Mental Health Providers to its primary care clinic locations.
- Work with local Behavioral Health Providers to assist them in increasing access to these services.
- Evaluate possibility of resources for a mental health counselor to come in family practice clinics 1-2 times a week
- Evaluate use and expansion of potential for Avera eBehavioral Health services
- Collaborate with other providers to increase access to services and supports
- Develop support resource guide to be shared with providers and care coordination teams

**Anticipated Impact:**

- Improved access to services and supports
- Reduction of mental health crisis presentation to ED
- Increased early intervention
- Improved mental health of individuals living in the community

**Resources and Partners:**

- Avera Medical Group providers, clinics, and staff
- **Compass Pointe, Seasons Center, and Hope Haven**
- Avera eBehavioral Health Services and Behavioral Health Service Line
- Avera social services and coordinated care teams
- State, county, and local government agencies
- Primary and secondary educational organizations
- Business and individuals

### **Measures and Evaluation:**

- Reduced number of ED visits for mental health crisis intervention
- Improved County Health Ranking by the Robert Wood Johnson Foundation.

### **Access to Care**

Access to primary care has been identified as a priority by the community. A number of successful ventures have happened in the past 2 years including recruitment of three Family Practice Physicians, with a fourth slated to come in 2017, along with successful recruitment and placement of three Advanced Practice Providers in the Family Practice Clinics. Increasing access to primary care, along with the care coordination teams contributes to improved health outcomes.

**Goal #1** Improve access to primary care healthcare services.

**Objective #1** Increase primary care services.

### **Specific Actions and Strategies:**

- Continue recruitment efforts for primary care providers.
- Use shadowing with MECO students and high school students to increase interest in the healthcare profession.
- Provide “After Hours Care” to the Primary Care Service Line of services available.
- Collaborate with providers to increase knowledge and access.
- Collaborate with Dental providers for access.
- Utilize telehealth as appropriate.

### **Anticipated Impact:**

- Improved access to services
- Increased early intervention
- Reduction of health crisis presentation to ED
- Improved long-term health outcomes
- Reduce readmissions

### **Resources and Partners:**

- Avera Medical Group providers, clinics, and staff
- Avera coordinated care teams
- Public Health and Community Colleges and Universities
- Primary and secondary educational organizations

**Measure and Evaluate:**

- Increase the percentage of ACO participants who are eligible to receive an “annual wellness visit” to 25%. (Utilize ACO data.)
- Increase percentage of adults who have had their blood pressure screened in the last two years. (Utilize ACO data.)
- Reduce readmissions by 12%

**Objective #2 Increase awareness of services available****Specific Actions and Strategies:**

- Utilize marketing for promotion and awareness to increase access.
- Increase awareness of services available through events with local service organizations and health fairs.
- Utilize social media to increase awareness of services.
- Develop resource information guide for care coordination teams and the community.
- Include care coordination team member(s) in hospital-based meetings for collaboration
- Redesign website to make it more consumer-friendly and include links to important health information.
- Expand community education opportunities.
- Continue to partner with local media resources to ensure relevant and timely information is shared.

**Anticipated Impact:**

- Improved awareness of services and supports
- Improved shared information
- Increase partnership within the community
- Increased health and well-being of the community

**Resources and Partners:**

- Avera Medical Group providers, clinics, and staff
- Social Media, Internet and local news media
- Service Organizations
- Business and individuals
- DHS

**Measure and Evaluate:**

- Number of social media hits on events
- Number of community education events
- Increased access to community services guide



- **Objective #3** Decrease transportation concerns to healthcare providers

**Specific Actions and Strategies:**

- Identify persons needing transportation to medical/mental health appointments.
- Evaluate possibility for use of Voluntary Action Center (VAC) for volunteer drivers or other resources, such as Long-term Care Facilities, who currently have van services.
- Evaluate resource for gas money for qualifying persons.
- Develop support resource information for care coordination teams and the community.
- Include care coordination team member(s) in hospital based meetings for collaboration of resources.

**Anticipated Impact:**

- Improved awareness of services
- Improved attendance at appointments
- Improved health outcomes
- Increase partnership within the community

**Resources and Partners:**

- Avera Medical Group providers, clinics, car coordination teams and staff
- RIDES
- Voluntary Action Center
- DHS
- Nursing Homes

**Measure and Evaluate:**

- Decreased number of no show appointments
- Improvement in overall County Health Rankings
- Decreased readmissions

## **NEXT STEPS**

Lakes Regional Healthcare (LRH) actively promotes collaboration within the service area. LRH is a partner and leader in the Blue Zones initiative which has a goal of healthy outcomes through the Power Nine Principles. This collaboration with area business and industry, education facilities, restaurants and government entities has promoted healthy behaviors for the community of Spirit Lake and other communities served by LRH. The collaborative effort promotes healthy behaviors which lead to improved outcomes and will continue to be a cornerstone for our population and community health improvement work.

## **SIGNIFICANT NEEDS NOT ADDRESSED**

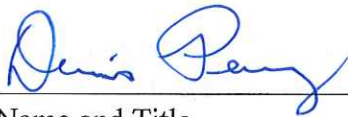
An issue that was identified that is beyond the scope of the hospital included affordable housing. This issue is being addressed by the City of Spirit Lake who has recently approved and funded two housing initiatives. Issues such as prevention and coordination and distribution of information are both intertwined within the Significant Needs identified

## Board Approval

This fiscal year 2016 Community Health Needs Assessment report was prepared and approved at the June 22, 2016, meeting of the Lakes Regional Healthcare Board of Trustees.

This implementation strategy, addressing priorities identified in the most recent Community Health Needs Assessment was prepared for the October 26, 2016, meeting of the Lakes Regional Healthcare Board of Trustees.

Lakes Regional Healthcare Board of Trustees Approval:



\_\_\_\_\_  
Name and Title  
Dennis Perry, Chair



\_\_\_\_\_  
Date