

FY22 COMMUNITY HEALTH NEEDS ASSESSMENT

DICKINSON COUNTY



An Avera Partner



Public Health
Prevent. Promote. Protect.

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INTRODUCTORY LETTER

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 support of that 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 2022 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, including limited access to dental and behavioral health services, the ability to identify support resources in the community, and the management of 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 healthy life.

We hope that the information contained in our 2022 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



EXECUTIVE SUMMARY



Data Process

Primary and secondary data was collected from a variety of sources by the Lakes Regional Healthcare CHNA committee in conjunction with Dickinson County Public Health, its hospital-embedded public health agency. A survey was completed by 614 community members. The survey data was then used to bring together community stakeholders 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.

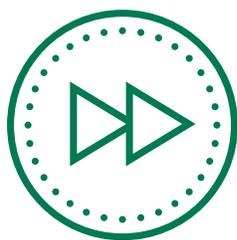


Significant Needs

Combining the information gathered from the primary and secondary data sources, three main areas of need became prevalent:

- Awareness of Behavioral Health Resources
- Access to Dental Care (Medicaid Population)
- Access to Affordable Transportation

These areas will then be targeted with the community's Health Improvement Plan (HIP).



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.

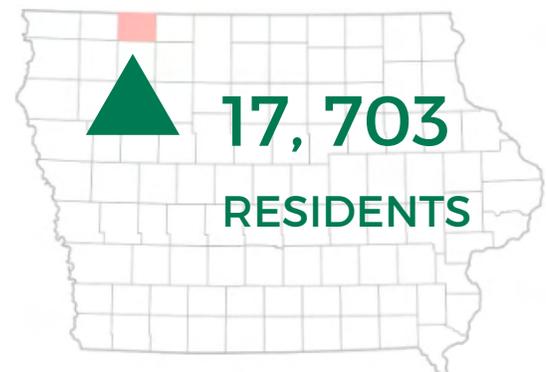
COMMUNITY SERVED

COMMUNITY DEFINITION

For the FY22 Community Health Needs Assessment, we defined the community as Dickinson County residents, the primary recipients of medical care and social services, as well as nearly 94% of our survey respondents. Our community definition included medically underserved, low-income and minority populations residing in the areas from which our facility serves. We 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.

POPULATION

According to the 2020 Census, Dickinson County serves as a home to 17,703 residents. It is unique to the area as the only one in northwestern Iowa that has consistently grown every decade since 1990. Since 2010, the area continues to grow 6.22%, in comparison with the state average of 4.73% (ISU Extension Indicators).



As a seasonal tourist destination, the population size and demographics shift significantly. In consultation with the Iowa Great Lakes Chamber of Commerce, the community grows to 75,000 during Memorial Day Weekend, increasing to approximately 100-120,000 over the 4th of July then slowly decreasing throughout the rest of the summer.

AGE

In comparison with the state of Iowa, Dickinson's younger population is lower (17 or younger) and the older population (65 and older) is higher. Reviewing the 2010 census, 65+ comprised 22.3% of Dickinson County, almost double the 14.9% statewide average (ISU Extension Indicators).

RACE & ETHNICITY

Dickinson County's 2020 population is predominantly white, but trending towards increased levels of minority populations in comparison with the 2010 Census (ISU Extension Indicators).

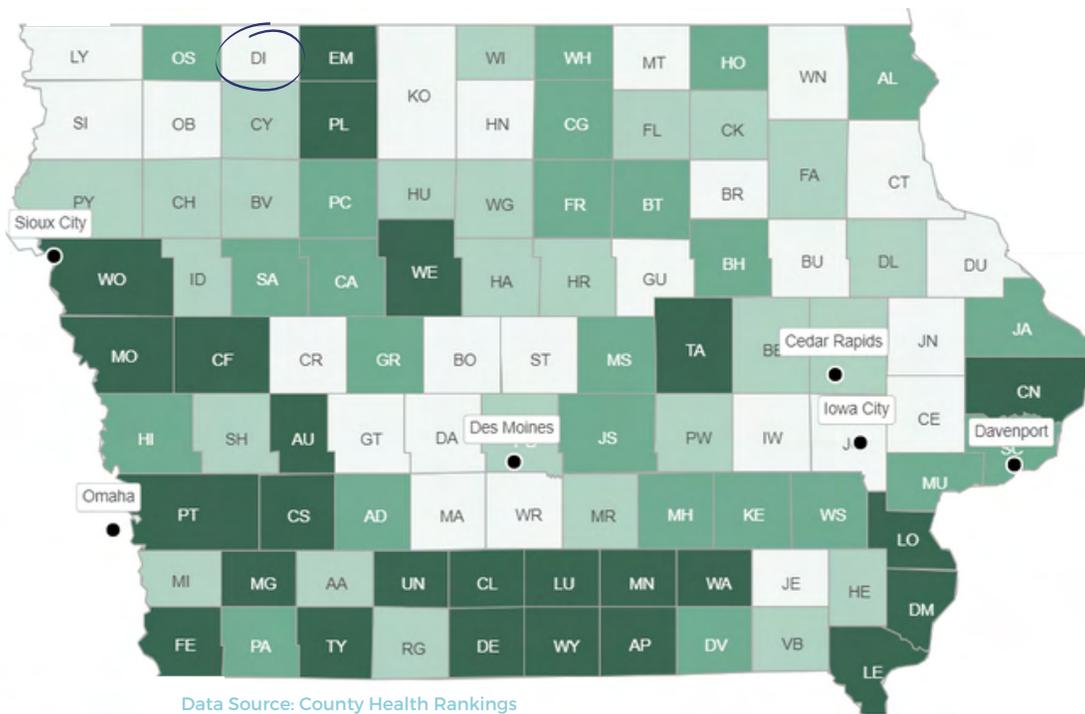
Race Groups	Dickinson		Iowa	
	2010	2020	2010	2020
One Race Only	99.30%	96.80%	98.20%	94.40%
White	98.30%	95.00%	91.30%	84.50%
White, Not Hispanic	97.50%	94.40%	88.70%	82.70%
Black/African American	0.20%	0.40%	2.90%	4.10%
Asian	0.40%	0.50%	1.70%	2.40%
American Indian	0.10%	0.10%	0.40%	0.50%
Hawaiian/Other Pacific Islander	0%	0%	0.10%	0.2
Other	0.2	0.80%	1.80%	2.80%
Two of more races	0.70%	3.20%	1.80%	5.60%
Hispanic origin* (Can be of any race)	1.10%	2.30%	5%	6.80%

Data Source: ISU Extension Indicators

COUNTY HEALTH RANKINGS & AWARDS

Dickinson county is ranked the 24th healthiest county in the state of Iowa. This ranking considers factors such as life expectancy and quality of life. The county is also listed in the top five counties, considering health behaviors of residents, the clinical care and physical environment, as well as social and economic factors (County Health Rankings).

In 2022, the Iowa Great Lakes Region, another regional term for Dickinson County, was recognized as a **Healthy Hometown Powered by Wellmark Community Award Winner**. This acknowledged community initiatives to significantly expand the trail system, develop outdoor beautification spaces, and increase access to nutritious food through donation gardens, pantries, food rescue programs, and special food giveaway events.



Data Source: County Health Rankings
 RANK 1 - 25 26 - 50 51 - 74 75 - 99 NOT RANKED (NR)

TOP 25%
DICKINSON RANKED #24
AMONG THE HEALTHIEST
COUNTIES IN IOWA
 (MEASURED BY LIFE
 EXPECTANCY & QUALITY OF
 LIFE)



#5
IN STATE
HEALTH FACTORS
BASED ON:

- HEALTH BEHAVIORS
- CLINICAL CARE
- SOCIAL & ECONOMIC
- PHYSICAL ENVIRONMENT

COUNTY HEALTH RANKINGS (2021)

COUNTY HEALTH RANKINGS (2021)

PHYSICAL ENVIRONMENT

GEOGRAPHY & OUTDOOR ENVIRONMENT

Located in Northwest Iowa, Dickinson County covers 404 square miles of diverse landscape that is home to the Iowa Great Lakes.

The chain of six lakes covers more than 12,000 acres and offers a variety of outdoor activities such as boating, fishing, and swimming.

The parks and trails offer residents and visitors opportunities for biking, hiking, and running through the beautiful landscape.

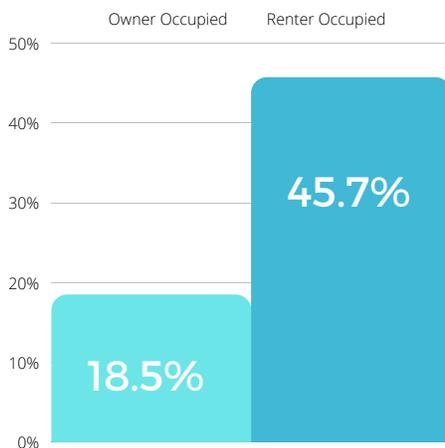


Photo Credit: Vacation Okoboji

HOUSING

The median home value in Dickinson County from 2016-2020 was \$199,800 with the median rent costing residents an average of \$833 a month during that same time frame (ISU Extension). In 2020, there were 13,890 housing units in Dickinson County. Of those, 47% were owner-occupied, 13% were renter-occupied, and the remaining 40% were vacant. 85.7% of the vacant units were identified as seasonal dwellings, an aspect of the local tourism (ISU Extension Indicators).

Percentage of Households Spending > 30% Income on Housing



Data Source: ISU Extension Indicators

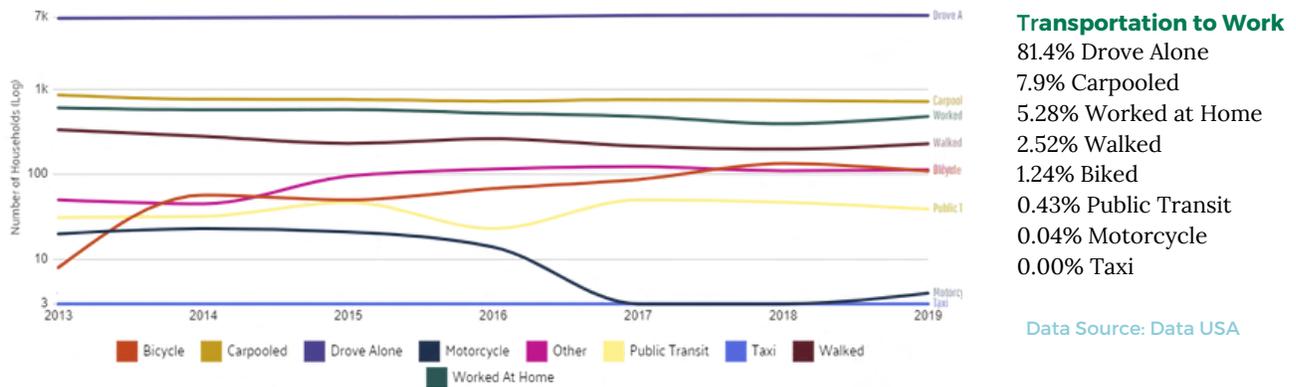
In Dickinson County, 18.5% of homeowner households and 45.7% of renting households spend over 30% of their income on housing, compared to Iowa at 21.7% and the US average of 26.2% (ISU Extension Indicators).

There are several agencies that serve Dickinson County including Northwest Iowa Regional Housing Authority and the Section 8 HUD Voucher Office that provide support to residents who qualify for low income housing. The affordability and availability of these homes is limited.

PHYSICAL ENVIRONMENT

TRANSPORTATION

The majority of residents in Dickinson County rely primarily on personal vehicles for transportation throughout the community. In 2019, 81.4% of Dickinson County workers reported driving alone, with only 7.9% carpooling to work (Data USA).



EXISTING TRANSPORTATION RESOURCES

Public transportation options can be extremely limited throughout the county. The most commonly used service is RIDES, a private non-profit public transportation organization that provides transportation throughout the Lakes Region. RIDES is an affordable transportation option that is available for anyone and is utilized frequently by the elderly and those with disabilities.

Other services available in the community are very limited but include taxi services and ride share companies such as Uber and Lyft. These services are generally more available for night and weekends during the summer to provide a safe alternative to get home when enjoying a night out.



Photo Credit: Vacation Okoboji

Dickinson County is also home to an extensive trail system that winds through the Iowa Great Lakes area, with the goal to connect all eight municipalities. The Dickinson County Trails Board and the Imagine Iowa Great Lakes continuously partner to increase accessibility and mobility through extended trails and beautification projects.

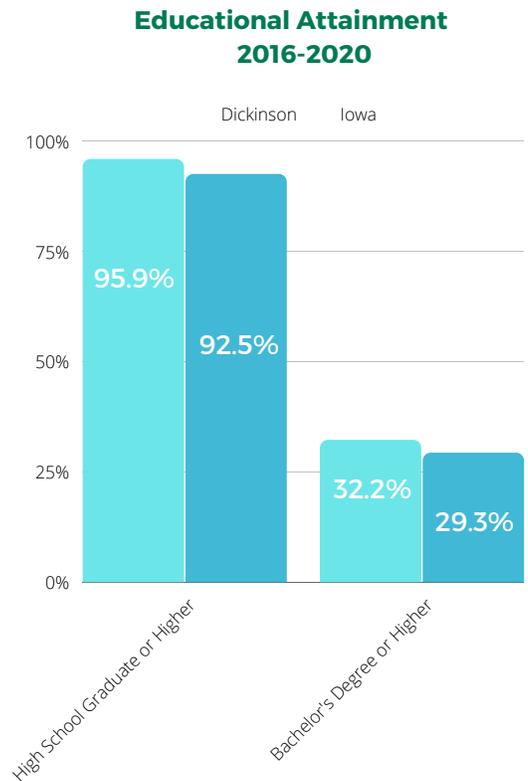
SOCIAL & ECONOMIC FACTORS

EDUCATION

Education is one of five social determinates of health with studies showing a direct correlation between education and health outcomes. In Dickinson County, 95.9% of persons aged 25 years or older are a high school graduate or higher. Of those, 32.2% have a bachelor’s degree or higher. There is a 4% school dropout rate compared to Iowa at 8% and the US at 12% (Town Charts).

Dickinson County hosts three school districts, located in Lake Park, Okoboji, and Spirit Lake, which serves children Kindergarten through 12th grade. Additionally, there is an elementary school located in the far eastern edge of the county in Terril that is part of the Graettinger – Terril school district, which services residents in both Dickinson and Palo Alto Counties. We are also home to Iowa Lakes Community College (ILCC), offering Associate in Arts (AA), Associate in Science (AS), or Associate in Applied Science (AAS) degree options.

The county’s schools and education system outperforms the state in high school graduation, math test scores and reading test scores. The high school graduation rate has consistently improved. Preschool attendance rates have remained consistent over the past five years and are higher than the state average (Kids Count).



Data Source: ISU Extension Indicators

	High School Graduation		Student Math Test Scores (8th grade)		Student Reading Test Scores (4th grade)		Preschool Attendance	
	Dickinson	Iowa	Dickinson	Iowa	Dickinson	Iowa	Dickinson	Iowa
2015	91.10%	90.80%	91.10%	77.40%	86.80%	76.60%	55.50%	48.30%
2016	92.70%	91.40%	90.10%	76.10%	88.90%	75.60%	56.30%	48.10%
2017	93.70%	91.10%	84.30%	76.10%	85.20%	75.30%	52.60%	47.50%
2018	93.40%	91.50%	85.50%	75.70%	73.60%	74.70%	52.30%	46.90%
2019	95.10%	91.60%	79.90%	71.80%	80.10%	70.50%	55.60%	46.60%

Data Source: Kids Count

SOCIAL & ECONOMIC FACTORS

WORKFORCE & INDUSTRY

Dickinson County is home to a variety of businesses and industries, providing career opportunities for residents. The leading industrial employers include Polaris, Pure Fishing, and Rosenboom Machine & Tool.

According to Data USA, the leading employment sectors in 2019 include:

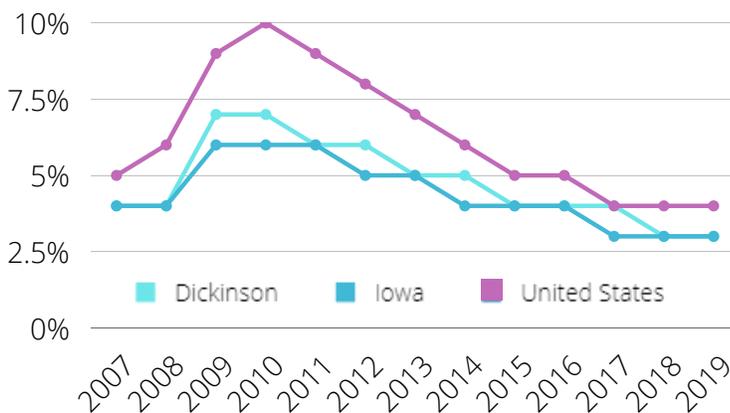
- Manufacturing (1,490 people)
- Health Care & Social Assistance (1,327 people)
- Retail Trade (1,102 people)

The Iowa Great Lakes is also a popular vacation destination offering a wide array of summer employment opportunities from Memorial Day to Labor Day. Closely tied to its tourism industry, Dickinson's economy drives job growth in restaurants, lodging, entertainment, and outdoor adventure activities.

Like other Midwest regions, Dickinson County is linked to farm and agriculture-related industries. Producers primarily grow corn and soybeans, while also raising cattle, poultry and hogs.



Unemployment Rates at the County, State, and National Level



Data Source: County Health Rankings

UNEMPLOYMENT

Unemployment in Dickinson County trends slightly higher than the state average and has continued to decrease for the past five years in the data set.

In 2019, the county and state unemployment rate were at 3%, in comparison with the 4% national average (County Health Rankings).

SOCIAL & ECONOMIC FACTORS

INCOME

From 2016-2020, the median household income was \$60,975. Statewide, the average income for the same time period was \$61,836 (ISU Extension Indicators).

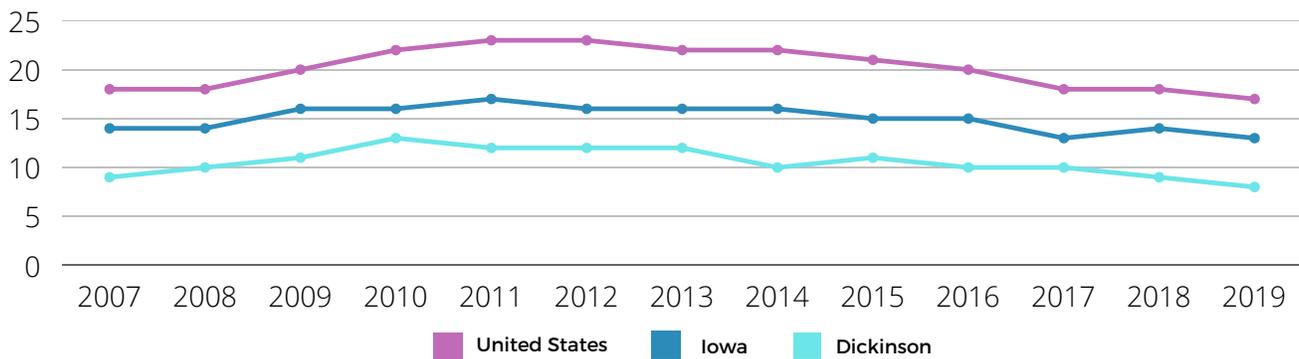
Dickinson County has a lower distribution of the population making over \$100,000+ per year compared to Iowa but higher than Iowa in multiple categories ranging from \$15,000 to \$99,999 per year (ISU Extension Indicators).

POVERTY

Poverty is determined by family size and composition and compared to a set of federal guidelines that are updated yearly. 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.

From 2016-2020, 7.5% of Dickinson County is under the poverty line compared to Iowa at 11.1% (ISU Extension Indicators).

Child Poverty Rates at the County, State, and National Level



Data Source: County Health Rankings

FOOD INSECURITY OVERVIEW

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 had an average of 8.2% compared to Iowa at 9.4% in 2019 (Feeding America).

Food Insecurity Rates in Dickinson County and Iowa



Data Source: Feeding America



SOCIAL & ECONOMIC FACTORS: FOOD SECURITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

In Dickinson County, average monthly benefit per person on SNAP was \$226 in 2021 (Iowa Data Center). SNAP participants have sharply decreased from 1,450 in 2013 to 892 in 2021.

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 is income restricted food which has guidelines for which residents are able to receive it and the donated food can be given to any family in need based on the pantry's discretion. There are six different food pantries within Dickinson County that are listed in the community resource guide located on the Dickinson County Iowa State Extension website, as well as Dickinsoncountyhunger.com

DONATION GARDENS

During the growing season beginning in FY21, the donation garden provided fresh produce to low income households in Dickinson County by distributing fruits and vegetables through Upper Des Moines Opportunity (UDMO). The project simultaneously served as an interactive, outdoor nutrition education classroom for children ages 7 to 16 attending Camp Foster. Last year, the Donation Gardens provided 2,068 lbs of fresh produce to over 80 families in need. Master gardeners, volunteers, and summer campers collaborated to raise and donate a variety of sustainable crops, including carrots, potatoes, squash, green beans, beets, tomatoes, peppers, cucumbers and radishes. Campers and staff alone donated 480 lbs. of these fruit and vegetables, including potatoes, spaghetti squash, carrots, beans, sugar snap peas, strawberries, kale, lettuce and collard greens.

COVID-19 FOOD INSECURITY RESPONSE

Recognizing the challenging financial and socio-emotional impacts of COVID-19, particularly in regard to food insecurity, the Dickinson County Hunger Coalition intensified its efforts to connect struggling families to additional sources of nutritious food.

Projects included the following:

- Four USDA COVID Relief Farmers to Families Program drive-thru food giveaway events
- Food rescue initiatives & free Thanksgiving dinner deliveries in partnership with Hy-Vee
- Direct food & nonfood donations from the Hunger Coalition to local pantries.



HEALTH FACTORS & OUTCOMES

LIFE EXPECTANCY

Life expectancy in the United States in 2019 was 78.8, with heart disease and cancer attributed as the leading causes of death. The average life expectancy for Dickinson County residents is slightly longer at 80.5 years.

Life Expectancy Measured in Years

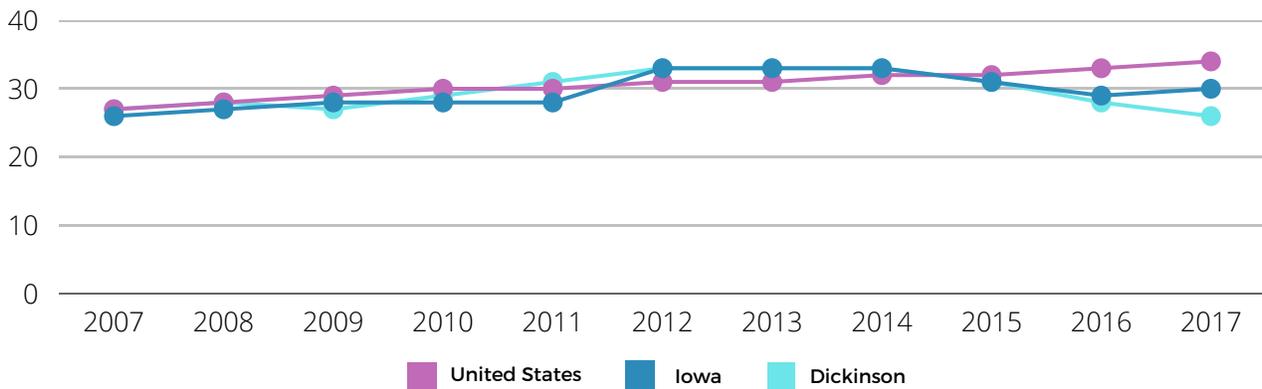
	Dickinson	Iowa
2017	80.7	79.5
2019	80.5	79.4

Data Source: ISU Extension Indicators

OBESITY

Obesity rates in Dickinson County are less than state and national averages. On average the annual medical costs associated with obesity are \$1,429, more than those of individuals who are not obese. Obesity can be a leading contributor for heart disease, stroke, diabetes and some types of cancers (CDC).

Adult Obesity Trends at the County, State, and National Level



Data Source: County Health Rankings

SELECTED HEALTH BEHAVIORS: SMOKING, EXCESSIVE DRINKING, INSUFFICIENT SLEEP

Dickinson county's rates of smoking and excessive drinking align closely with the state averages and residents report marginally lower rates of insufficient sleep.

	Dickinson	Iowa
Smoking	17%	17%
Excessive Drinking	25%	26%
Insufficient Sleep	31%	33%

Data Source: ISU Extension Indicators

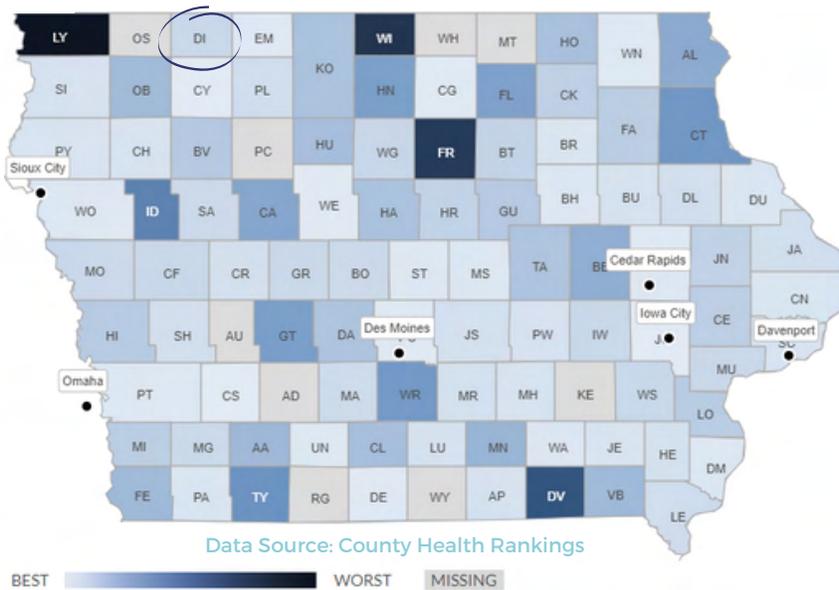


HEALTHCARE: BEHAVIORAL HEALTH

POPULATION : PROVIDER RATIO

In 2020, Dickinson County had 12 mental health providers, bringing the ratio to one provider for every 1,440 people. Top performers in the United States have ratio of 270:1 or less.

1,440:1
2020: 12 MENTAL HEALTH PROVIDERS COUNTY-WIDE



The state of Iowa has a wide spectrum of provider ratios, with some counties surpassing the national 90% percentile, with a ratio of 260:1, and other areas reporting ratios up to 11,760 residents to every one provider. The state average is 610:1 (County Health Rankings).

EXISTING BEHAVIORAL HEALTH RESOURCES

Dickinson County is home to a variety of resources for patients and families seeking behavioral health services, ranging from counseling to outpatient providers. The challenge is creating awareness of these community resources and connecting individuals to the appropriate level of care. The Dickinson County Resource Guide developed as a result of the last CHNA and Health Improvement Plan (HIP), listing local resources by topic area. This guide is available through the Iowa State Extension office and their website.

Some local behavioral health resources and hotlines include:

- Avera - Farm & Rural Stress Hotline
- Champion State of Mind
- Elderbridge
- Elevate
- H.E.A.R.T. Kinnections
- Hope Haven
- Lakes Counseling
- Lakes Life Skills
- Plains Area Mental Health
- Seasons Center for Behavioral Health
- Shade of the Tree
- Sioux Rivers Regional Mental Health



HEALTHCARE: DENTAL HEALTH

POPULATION : PROVIDER RATIO

According to 2019 County Health Rankings data, Dickinson County had one dentist for every 1,330 people, better than the state average of 1,450:1. For national context, counties in the top 10% maintain a ratio of 1,210:1 or less (County Health Rankings).

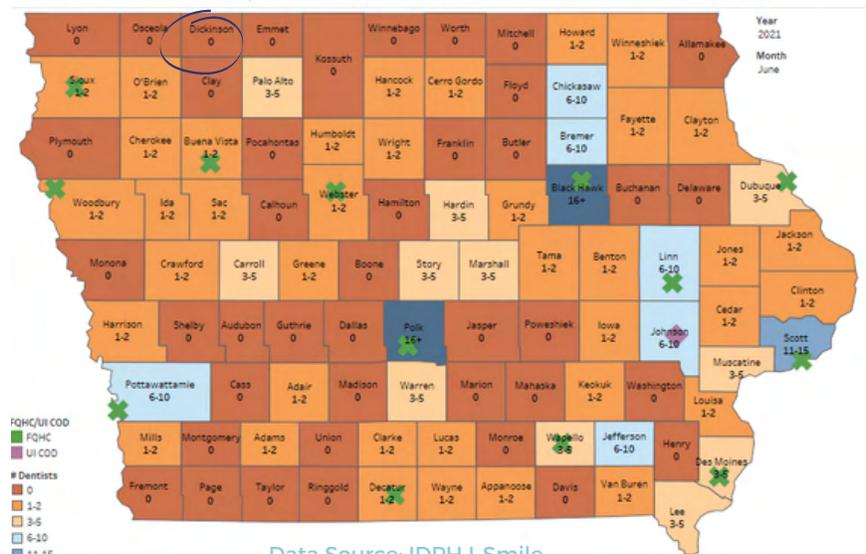
EXISTING DENTAL RESOURCES FOR MEDICAID POPULATION

Providing dental care for uninsured or underinsured individuals is a concern locally, as well as nationwide. Medicaid reimbursement has not kept up with the cost of care, thereby forcing many providers to no longer accept Medicaid as a payer. As of June 2021, Dickinson County does not have any dentists accepting new Medicaid patient referrals.

0 DENTISTS
CURRENTLY ACCEPTING
NEW MEDICAID
REFERRALS
IN DICKINSON COUNTY

Upper Des Moines Opportunity and Free Clinics of Iowa support a free dental clinic for those patients that can't afford dental insurance and have significant dental needs, primarily offering tooth extraction services. The clinic is located on the campus of Lakes Regional Healthcare and is staffed by local dental professionals volunteering their time one evening per month.

June 2021: Number of General/Pediatric Dentists Accepting New Medicaid Referrals Across Iowa



Data Source: IDPH I-Smile

* Dentists are counted in each county of practice (duplicated across counties)
† Dentists providing services at FQHC main and satellite clinics are included, however the University of Iowa College of Dentistry (UI COD) is excluded
‡ Does not account for hours worked or restrictions of each dentist (i.e. only taking those living in the town/county, 1 day a month)
© 2021 Mazbox © DentistMap

June 2021

As a subcontractor of the statewide I-Smile program, Dickinson County Public Health provides preventative care to children, including dental screenings, interactive patient education, and fluoride varnishes. Screenings are currently available during weekly immunization clinics, as well as annual daycare and preschool clinics across the county. These services are available, without any income or insurance eligibility restrictions.



HEALTHCARE: MEDICAL

LAKES REGIONAL HEALTHCARE: HOSPITAL OVERVIEW

Lakes Regional Healthcare opened its doors in 1959, known originally as Dickinson County Memorial Hospital. Over the last six decades, the organization has expanded in several ways. It started as a hospital that employed a relatively small number of people and provided emergency and inpatient care and now provides a breadth of services in various ways – inpatient care, outpatient care, home care, telehealth, and more. Today, the hospital employs over 300 individuals in various professional and support staff positions. In addition, the medical staff consists of 250 practitioners, of which over 200 are physicians. Also, nearly 100 volunteers donate time in providing patient comfort and in fund raising activities.

While Lakes Regional Healthcare has seen a lot of changes since opening 63 years ago the support of the community, the medical staff, and hospital staff is what makes it a leader in healthcare services in the Iowa Great Lakes Region.

In 2022, Lakes Regional Healthcare was named one of the top 100 rural hospitals for the fourth year in a row by Chartis Center for Rural Health.

Lakes Regional Healthcare was recently rated as a five star hospital for the second year in a row by the Centers for Medicare & Medicaid Services' (CMS) web site. CMS' Care Compare program reports on quality measures for more than 4,000 hospitals nationwide. Roughly ten percent of hospitals in the country were rated five stars, and Lakes Regional Healthcare was the only hospital in northwest Iowa and southwest Minnesota to receive a five star rating.

In all, Lakes Regional Healthcare is honored to provide care for others, enjoy being a positive influence within the communities we serve, and look forward to creating a healthy future for the Iowa Great Lakes region.

OUR MISSION

Improve the health and well-being of people in the Iowa Great Lakes region.

OUR VISION

Be the healthcare provider and employer of choice.



MEDICAL SERVICES & SPECIALTIES



Emergency Services



Home Care & Hospice



Home Medical Equipment



Imaging



Inpatient Care



Lab



Physical Therapy



Primary Care



Public Health



Quick Care

SPECIALTIES

Allergy & Asthma

Gynecology

Orthopedics

Chemotherapy

Hematology

Plastic Surgery

Cardiology

Hepatology

Podiatry

Pediatric Cardiology

Cardiac Rehab

Infectious Disease

Pulmonology

Dermatology

Nephrology

Respiratory Therapy

Dialysis

Neurology

Spine Care

Ear, Nose & Throat

Oncology

Urology

General Surgery

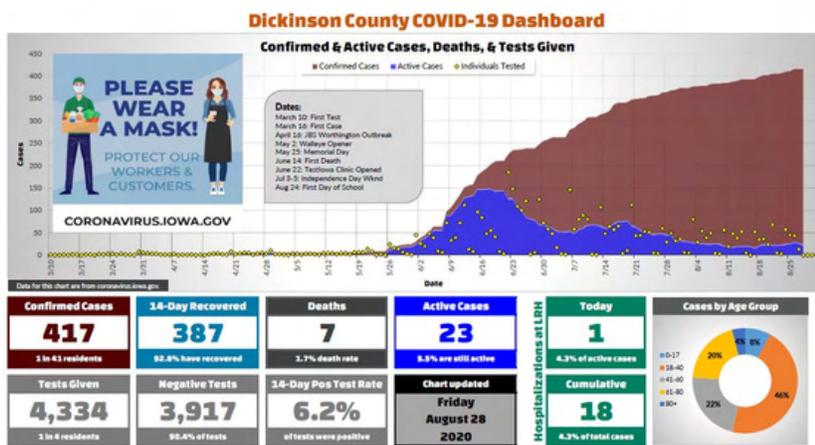
Ophthalmology

Wound Care

HEALTHCARE: COVID-19 PREPAREDNESS & RESPONSE

COMMUNITY PARTNERSHIPS

From the beginning of the pandemic it was important for local partners to coordinate response efforts. Lakes Regional Healthcare formed a taskforce that involved emergency management, physicians, and other key internal stake holders to plan and support response efforts. Dickinson County Public Health served as a community resource to support local business, schools, and residents seeking guidance and information.



The Lakes Regional Healthcare website and social media pages frequently shared updates and local data through the COVID-19 Dashboard, including hospitalization, positivity, and vaccination rates in the county.

TESTING

In June of 2020 LRH partnered with Test Iowa to provide COVID-19 testing in our community. Testing was first offered by drive-thru at the Dickinson County Expo building and then moved to the Lakes Area Ice Arena where testing continued through August of 2020. Testing was then provided at the Lakes Regional Healthcare Spirit Lake campus until July of 2021, serving over 300 patients a day during the peak of the pandemic.

The state of Iowa transitioned testing to an at-home platform in June of 2021. Take home tests continue to be a testing option for patients in our area, in addition to sites at local clinics, pharmacies and even gas stations.



HEALTHCARE: COVID-19 PREPAREDNESS & RESPONSE

VACCINE ROLLOUT

On December 22, 2020 Dickinson County Public Health received the first shipment of mRNA COVID-19 vaccines. The first large-scale immunization clinic occurred the following day in the midst of a snowstorm, serving over 200 people.

Balancing public demand and limited state allocations, the initial goal was to provide vaccine to those in our community that were the most vulnerable to significant illness. Receiving weekly allotments, we followed a risk stratification method to distribute vaccine to community members.



From December 22, 2020 through April 12, 2022, the hospital and its public health department administered 11,217 COVID-19 vaccines, including a mass booster clinic that provided over 400 doses in one day. In partnership with local retail pharmacies, Dickinson County Public Health continues to administer primary and booster doses.

INPATIENT/OUTPATIENT TREATMENT

Early on in the pandemic Lakes Regional Healthcare developed mitigation strategies to support COVID-19 patients, sealing an entire wing of the inpatient floor to safely care for patients. The hospital received its first COVID-19 inpatient in March 2020. Since that time, Lakes Regional Healthcare weathered two substantial COVID-19 patient surges, in November 2020 and October to November 2021. COVID-19 inpatient volumes hit as high as 14 patients on several occurrences, on top of normal inpatient volumes. Increasing the challenge, nursing homes were periodically closed to admissions and tertiary hospitals were selective with patients transfers, only accepting the most critically ill.

One of the most successful treatments of COVID-19 was the development of new medications, called monoclonal antibodies. They reduced the severity and duration of coronavirus symptoms. With limited state allocations, Lakes Regional Healthcare provided these valuable treatment options to patients through the outpatient infusion center.

CHNA PROGRESS FROM FY19

RESOURCES

- Identified the need for a comprehensive community resource guide, listing transportation, behavioral health services, employment services, healthcare providers, and housing resources.
- Strategies were developed to promote and increase access to the resource guide, as well as keep the online digital version of the guide up-to-date.
- Due to the COVID-19 pandemic, some Health Improvement Plan strategies were not feasible. However, the resource guide was shared whenever possible, including through a video tutorial available on YouTube and on hospital social media pages.
- In the FY22 survey, 35% respondents answered that they were aware of the resource guide.

BEHAVIORAL HEALTH

- Promoted and shared the Dickinson County Resource Guide to increase awareness of local providers and connect community members to behavioral health resources.
- Supported collaborative relationships between health care providers and behavioral health services to improve continuity of care. Ongoing partnership continues with Seasons, Lakes Life Skills, and e-Behavioral Health Services.
- Participated in organizational and community recruitment efforts.
- Increased psychiatric transfers from the Emergency Department to another facility from 2020-2021 by 4%.

CHRONIC DISEASE

- Participated in and promoted healthy community initiatives, such as Healthiest State Initiative, in which the Iowa Great Lakes Region/Dickinson County was declared a winner of the 2022 Healthy Community Powered by Wellmark Award.
- Provided community health education, including movement ideas, nutritious recipes, and helpful wellness tips. Some of the strategies shifted to virtual options due to the pandemic.
- Expanded internal programs, such as Saturday Quick Care Clinic, Coordinated Care, and Phase 3 Cardiac Rehab. While some services were temporarily limited or discontinued during the first few months COVID-19, volumes in each of these services increased overall. Of note, Coordinated Care has a current enrollment of close to 170 patients.

FY19 CHNA WRITTEN COMMENTS

- No written comments were received on the prior report, but would have been considered if received.

FY22 CHNA TIMELINE

FY22, Q1

- Met with FY19 CHNA/HIP committee to discuss overarching process and highlighting progress since last cycle
- Identified internal FY22 CHNA committee members, including:
 - Amanda Plathe, BSN/RN and Lakes Regional Family Medicine Clinic Manager
 - Jennifer Gustafson, Vice President of Marketing and Retail Services
 - Dr. Jeremy Bolluyt, Chief Medical Officer
 - Katy Burke, Director of Population and Public Health
 - Michelle Roth, RN and Quality Specialist
 - Nate McCormick, Vice President of Ancillary, Clinics and Community Service
- Launched CHNA Survey
- Internal committee analyzed raw data and identified 3 main growth opportunities: behavioral health, access to dental care, & affordable housing and transportation
- Shared survey results and themes with CHNA community group & Healthy Hometown committee

FY22, Q2

- Collaborated with Healthy Hometown (HH) consultant on intersections between HH and CHNA goals
- Organized and moderated the following community focus groups with key community stakeholders:
 - CHNA Focus Group #1: Awareness of Behavioral Health Resources
 - CHNA Focus Group #2: Access to Dental Care, focusing on Medicaid Population
 - CHNA Focus Group #3: Affordable Housing and Transportation (which transitioned into a transportation-specific group due to stakeholders in attendance)

FY22, Q3

- Reviewed FY19 CHNA structure and researched secondary data points
- Continued collaboration with key community stakeholders and CHNA focus groups, working towards future Health Improvement Plan (HIP) goals
- Began report writing process

FY22, Q4

- Edited CHNA report and submitted to Avera and Eide Bailey
- Approved by Lakes Regional Healthcare Board of Trustees

COMMUNITY INPUT: SURVEY OVERVIEW

SURVEY PROCESS

The community survey launched on August 27, 2021 and remained open until September 28, 2021. Respondents could complete it electronically, using a Survey Monkey link, or fill out and submit paper copies. The print version was made available at the Bedel Family YMCA and Lakes Regional Health and was further distributed with help from community partners that support low income, medically underserved and minority populations.

The survey was initially promoted with a press release and subsequent social media posts. Post cards containing a QR code for residents to conveniently scan and fill out the survey electronically were left at a variety of local businesses, including grocery stores, libraries, and retail locations.

The surveys included 27 questions covering a variety of topics that impact our community's health and wellness. A complete copy of the survey questions is located in Appendix A. We had 583 electronic surveys completed and an additional 31 paper copies returned, for a total of 614 respondents.

At the conclusion of the survey, the internal CHNA team reviewed the results and selected three main focus areas based off community responses: Access to Affordable Dental Care, Awareness of Behavioral Health Services, and Access to Affordable Housing and Transportation, later narrowing down to specifically transportation.

SURVEY DATA

614 individuals completed the FY22 Community Needs Assessment (CHNA) Survey, which translates to approximately 3.5% community response rate. In comparison to the previous CHNA cycle, 345 people participated in the last survey conducted during FY19, demonstrating a significant increase in community engagement. Of the respondents, over 93% identified themselves as Dickinson County residents, 91.7% White/Caucasian, 81.3% female, and 64% work full-time. Additional demographic information is provided on the right-hand side of pages 21-23 of this report.

Throughout the survey. One of the most predominant responses fell into the "not applicable" category, comprising 40-60% of the responses to 11 of the survey questions. This illustrated that several of the services were either not needed or utilized by this faction of participants.

FY 22 CHNA SURVEY
614
RESPONDENTS

COMMUNITY INPUT: SURVEY DATA

WRITTEN COMMENTS

The following review the top five questions resulting in the highest percentages of "satisfied" or "dissatisfied" responses, respectively. 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 responses where the majority was satisfied did not have many comments (see Appendix A). As such, comments from most satisfied topics also reveal dissatisfied responses.

Similar comments were lumped together and the comments below were kept in their original state as much as possible.

TOP 5 DISSATISFIED TOPICS

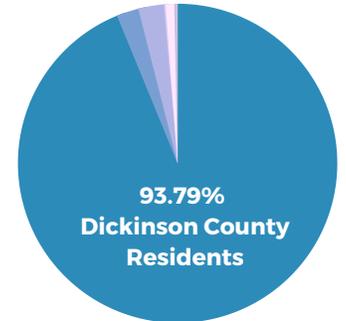
Q2- Mental/Behavioral Health Care: How satisfied are you with access to mental/behavioral health care within 20 minutes or 30 miles?

- "We need more services for children and youth."
- "While we have some very good providers in the area, access is limited, and wait times are long, especially for psychiatry evaluation and treatment."
- "Many people have to travel for counseling options."
- "Too much turnover, too expensive."
- "Lack of acute inpatient and long-term placement."

Q3- Suicide Prevention: How satisfied are you with self-harm and suicide prevention programs?

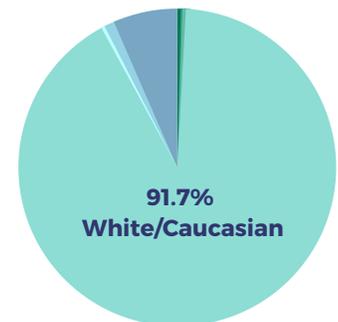
- "Are there any suicide prevention programs and/or hotlines available?"
- "There needs to be more public education/marketing to increase awareness of local support options."
- "Suicide prevention and education needed in K-12 schools"
- "Lack of services. There is nothing except the ER."

County Residence of Survey Respondents



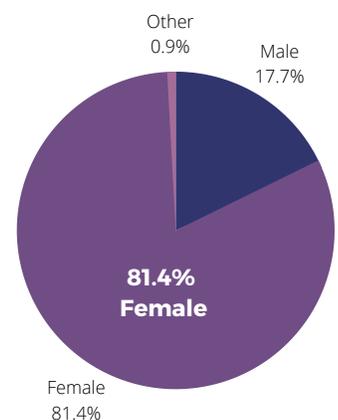
Dickinson	93.79%	Jackson	0.86%
Clay	2.24%	Nobles	0.00%
Emmet	2.59%	Other	0.34%
Osceola	0.17%		

Race/Ethnicity of FY22 Survey Respondents



African American/Black	0.35%	Caucasian/White	91.7%
American Indian/Alaska Native	0.17%	Hispanic	0.35%
Asian	0.35%	Other	1.04%
		I prefer not to answer	6.57%

Gender Affiliation of FY22 Survey Respondents



COMMUNITY INPUT: SURVEY DATA

Q7- Alcohol/Drug Abuse Prevention & Treatment: How satisfied are you with alcohol and drug abuse prevention and treatment?

- "We definitely need help in this area. There aren't enough places to go for treatment/support."
- "Haven't seen any programs on this."
- "Not enough advertisements or community outreach."
- "Our area seems to encourage alcohol abuse as a money-making enterprise rather than try to prevent it."

Q15-Public Transportation: How satisfied are you with access to public transportation?

- "I don't see much. I came from an urban area with cabs, busses, Uber, etc."
- "We need better access to affordable public transportation options with more extended hours of operation. The Rides bus is a start, but really doesn't apply to everyone."
- "Very difficult for people to have employment if they do not drive."
- "This impacts many people in the community- seniors, international students coming to work during the high tourism season. It is a difficult challenge in a rural area."

Q16-Affordable Housing: How satisfied are you with affordable housing?

- "Home prices are high, and house inventory is low."
- "Rental rates vs. wages are out of balance. Not many lower priced homes available."
- "I think there is a shortage of decent housing for low income people. Rent in the area is outrageous"
- "Cost of living continues to climb in our community"
- "Even the middle class housing is lacking."
- "Affordable housing doesn't exist in the lake's area."

TOP 5 SATISFIED TOPICS

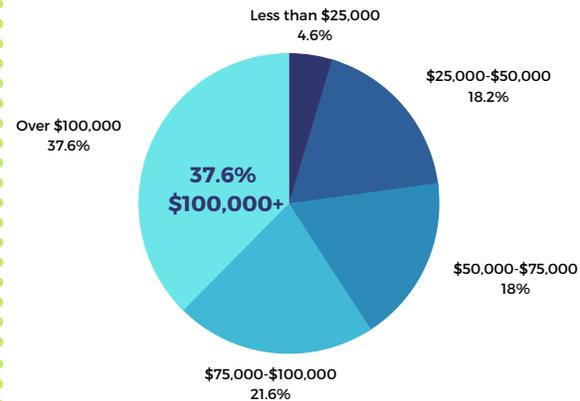
Q1- Healthcare Access: How satisfied are you with health care within 20 minutes or 30 miles?

- "People on Medicaid are unable to find a dentist in the area if they are a new patient. Have to drive far."
- "It is very difficult to get into a physician the same day. Need extended Urgent Care hours."

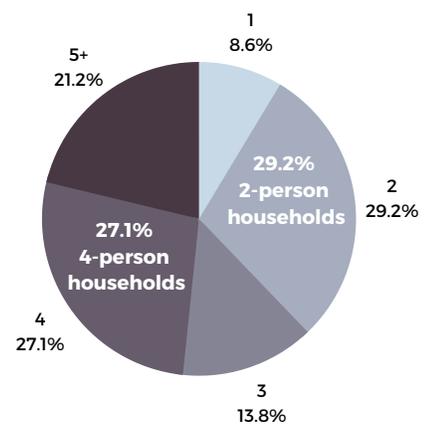
Employment Status of FY22 Survey Respondents



Household Income of FY22 Survey Respondents



Number of People within Household of FY22 Survey Respondents



COMMUNITY INPUT: SURVEY DATA

- "Not enough specialties available."
- "All are great except dental care. Not enough dentists accept Medicaid as a form of insurance."

Q4- Food/Nutrition Assistance: How satisfied are you with food and nutrition assistance programs?

- "Not enough summer food support programs. Willing to travel for food pick up but none offered for school age children."
- "These programs often provide only processed foods."
- "Requirements to get assistance are too high. You make too much to get help but hardly make enough to get by every day or at times fall behind."

Q5- Chronic Disease Prevention: How satisfied are you with chronic disease prevention, screening, & treatment?

- "More needs to be done to bring awareness."
- "There should be more screening opportunities. There are also very little resources locally for treatment of the aforementioned conditions."
- "Many obese people and not many options to help with this."

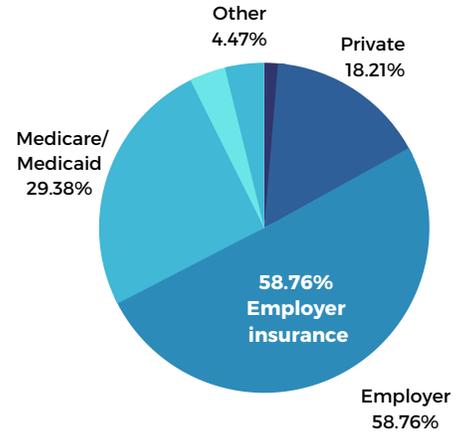
Q9-Maternal Health: How satisfied are you with family planning, prenatal, delivery, breastfeeding, and postpartum care?

- "There needs to be a lactation specialist for new nursing moms"
- "I would like to see services of nurse-midwives offered in this area."
- "I feel like we need more support for new moms. Especially for breastfeeding help and postpartum care for once they leave the hospital."

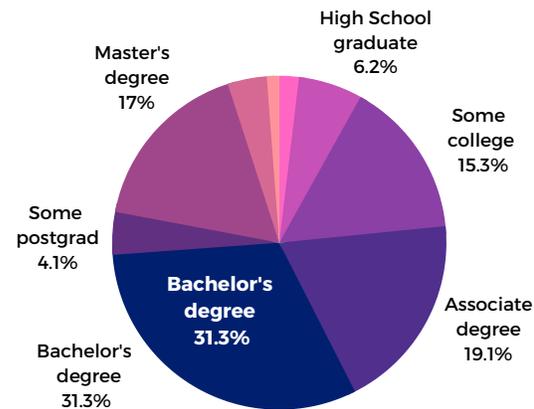
Q11- Public Accessibility: How satisfied are you with public accessibility and services for persons with disabilities?

- "There are very few homes that have the 24 hr. care for people with disabilities. Our community lacks in this area for sure."
- "Access to services for special needs children is lacking, non-existent. There needs to be more availability for the handicapped."

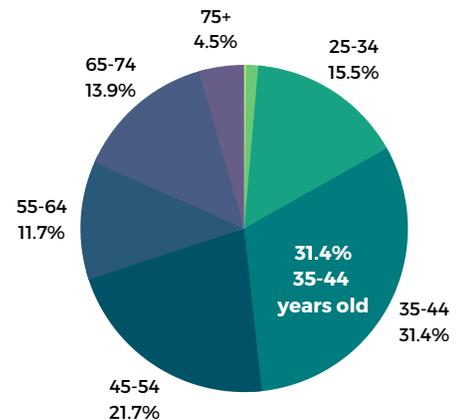
Insurance Status of FY22 Survey Respondents



Education Attainment of FY22 Survey Respondents



Age of FY22 Survey Respondents



COMMUNITY INPUT: ADDRESSING COVID'S IMPACT

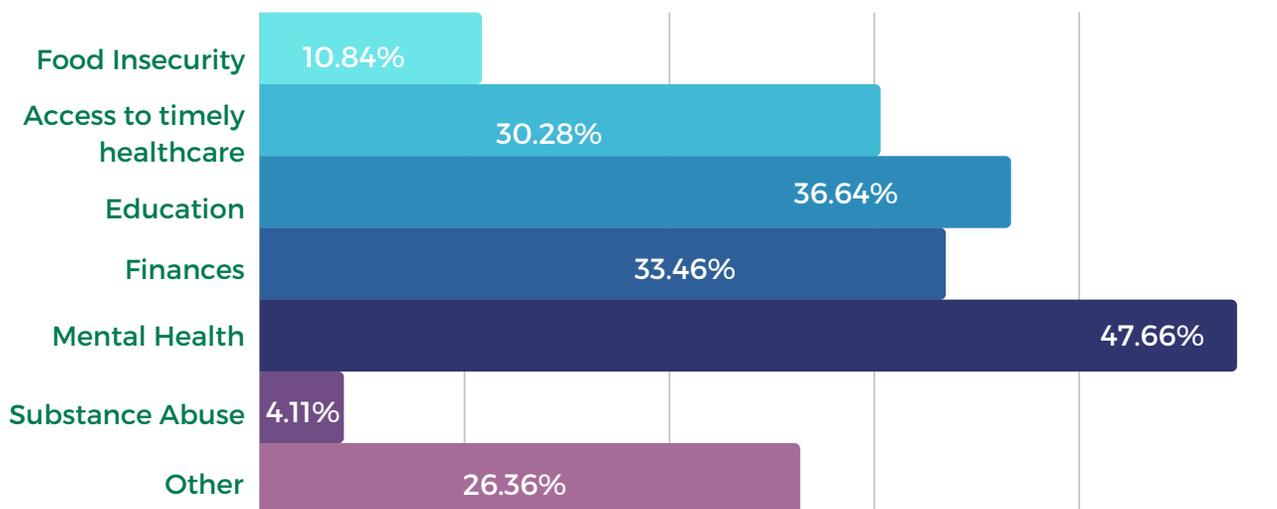
The COVID-19 global pandemic stands as one of the most challenging public health emergencies in recent history. It impacted multiple facets of daily life across the globe and in our community, with severity ranging from inconvenient to devastating. According to the FY22 survey, respondents identified mental health as the leading concern with education coming in second and financial concerns the third highest category.

Extended periods of isolation for some county residents increased the occurrence of mental health concerns. To mitigate the spread of the virus and protect vulnerable populations, some local businesses closed down and schools utilized a virtual or hybrid model. Healthcare facilities reduced visitors, and travel restrictions impacted many parts of the country.

Education was the second leading concern of survey respondents. Following public health guidance, schools reopened in the fall of 2020 with mitigation strategies, such as masking, social distancing, and quarantine policies. This was met with mixed reactions across the spectrum, from complaints that protocols were overcautious to requests for additional prevention and safety measures.

"Immensely frustrated with the political polarization around COVID in this county, state, nation..."
"I lost a loved one to COVID"
"We delayed some routine medical care during times of high COVID cases. Isolation was hard."
"Mask mandate unhealthy"
"COVID is a hoax."
"Unable to visit grandkids due to travel COVID travel risks"
"It was challenging to home educate in spring of 2020..."
"It made daycare difficult and as a single parent I ended up needing to resign to care for my kids..."

COVID-19 Impacts on FY22 Survey Respondents



FOCUS GROUPS & PRIORITIZED SIGNIFICANT COMMUNITY NEEDS

FOCUS GROUPS

Based on the survey data collected, the internal CHNA committee identified three prominent areas of public concern and health disparities amongst subsets of the community, highlighting opportunities to learn more through focus groups and subject matter experts. A wide cross-section of community leaders and stakeholders joined the following brainstorming conversations:

- Awareness of Behavioral Health Resources
 - Mental health service providers, substance abuse counselors, school guidance counselors, government assistance representatives, public health team members, Board of Health member, and healthcare professionals
- Access to Dental Care (Medicaid Population)
 - Dentist, Board of Health member, free dental clinic representative, public health team members, and healthcare professionals
- Access to Affordable Housing & Transportation
 - Transportation specialist, county trails representative, non-profit homebound services associate, public health team members, and healthcare professionals

Kathryn Fahy of K Brand Marketing moderated each of the three focus groups, leading the discussions to identify pain points, ideal world solutions, and realistic opportunities to move the needle and begin to make a difference.

PRIORITIZED SIGNIFICANT COMMUNITY NEEDS

From both the survey and focus group feedback, the CHNA committee identified three prioritized significant community needs:

- Awareness of Behavioral Health Resources
 - Based on the importance the community placed on behavioral health, we are focusing on public awareness campaigns and access to resources, including substance abuse support and ongoing care beyond crisis situations.
- Access to Dental Care (Medicaid Population)
 - As with many counties across the state, Dickinson lacks resources for new Medicaid patients due to low dental reimbursement rates for providers, adversely impacting this patient population and causing health disparities.
- Access to Affordable Transportation
 - Due to stakeholder participation solely representing the transportation sector, we narrowed our scope to focus on the feasibility and effectiveness of possible transport options within the context of a rural area with large seasonal population influxes.



AWARENESS OF BEHAVIORAL HEALTH RESOURCES

BIGGEST OBSTACLES

- Shortage of providers and appointment availability
- Awareness of services
- Appropriate levels of care (currently more directed towards crisis intervention)
- Substance abuse
- Amount and intensity of youth with mental and behavioral health needs
- Self-identification barriers
- Payment and insurance coverage concerns
- Provider turnover and burnout
- Limitations of telehealth
- COVID exacerbated issues
- Struggle to find long-term inpatient placement, especially for youth

IDEAL WORLD SOLUTIONS

- Unlimited providers and increased access to care – the right care at the right place at the right time
- Crisis prevention, addressing issues before escalation
- Establish care with kids early for awareness and reduce stigma
- Eliminate financial barriers
- Availability of resources
- More work within schools – therapists, telehealth, awareness of feelings
- More work with adults – reduce stigma, awareness, suicide prevention
- Engage and understand the “not applicable” population

ACTION ITEMS

- Iowa Lakes Community College (ILCC) could serve as an access point for telehealth visits (discreet location, private rooms, and internet connectivity)
- Collaboration between the three primary school districts in Dickinson County to better incorporate therapy options & mental health curriculum
- Mental health liaison with law enforcement before crisis
- Identify community champion(s)
- Advertise what we have available – PSAs, business cards with QR codes, provide some type of resource for those on waiting list



ACCESS TO DENTAL CARE (MEDICAID POPULATION)

BIGGEST OBSTACLES

- Low reimbursement for dental providers causing shortage of providers accepting Medicare patient referrals
- Access to free dental clinic services – staffing of dentists and dental hygienists
- Lack of pediatric providers providing dental care, creating dental issues at young ages
- Lack of care creates inappropriate use of hospital ER visits to manage tooth pain
- Dental care/overall health related but different types of care
- Dental providers don't participate in traditional "managed care" programs
- Dentistry has high percentage of overhead expenses

IDEAL WORLD SOLUTIONS

- Support for free clinic with staffing
- Collaboration with various stakeholders to present data
- Lobby for increased reimbursement for services and tax credits
- Education for children through schools and daycare with screening and education (I-Smile program)
- Provide oral care supplies
- Senior oral care in nursing homes and assisted living centers

ACTION ITEMS

Two items were prioritized to "move the needle":

- Support existing free services
 - Additional dental assistants and dentists involved
 - Expand hours and services
 - Increase screening and education in schools and daycares
- Advocacy work to improve reimbursement
 - Audiences: state and local politicians, medical associations, insurance companies
 - Back up with data (Medicare reimbursement vs. ER costs, etc.)



ACCESS TO AFFORDABLE TRANSPORTATION

BIGGEST OBSTACLES

- Greatest need for elderly transport to medical appointments
- Iowa Lakes transportation service no longer operating
- Lack of drivers in our area (Class C with passenger endorsement)
- Need for higher level of service than Rides currently provides (assisting riders from vehicle to doorstep)
- No community bus routes or rural services
- Limited Lyft and Uber services. Taxis cater to bar patrons, later in day and night
- No public scooter or bike rental services (storage and maintenance needed)
- Evening and weekend transportation needs
- Expanded trails in some areas to reach and support those that don't drive

IDEAL WORLD SOLUTIONS

- Fixed route services – stops to include medical offices, grocery stores, library, post office to start
- On demand services available (Lyft and Uber)
- Bike and scooter rental (coordinating with the many county municipalities on storage and maintenance)
- Coordinate with hospital to provide transport for seniors during designated appointment blocks
- Create awareness of current services (70% of Ride customers are repeat) as well as unlimited rides program through Elderbridge
- Trolley service during summer

ACTION ITEMS

- Pursue scooter or bike rental options
- Promote current services – target promotions to customers with transportation needs
- Collaborate with local organization on alternative options for audiences with needs – blocked appointments working with Rides and clinics as an idea
- Explore Rides Uber-like service – identify audience, hours, etc.

BOARD APPROVAL



An Avera Partner

To Whom It May Concern,

In compliance with the 2010 Patient Protection and Affordable Care Act, the Lakes Regional Healthcare Board of Trustees officially reviewed and approved the 2022 Dickinson County Public Health Community Health Needs Assessment (CHNA), created on its behalf through the partnership between Lakes Regional Healthcare and Dickinson County Public Health.

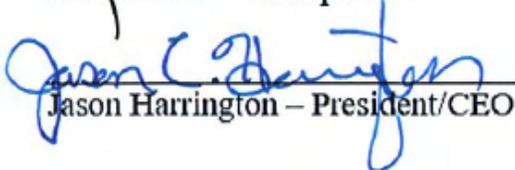
Through feedback collected in FY22 community survey and stakeholder focus groups, the internal CHNA committee identified three prioritized significant community needs, and initiatives related to the highlighted areas will be measured over the next three years in the upcoming Health Improvement Plan (HIP):

- Awareness to Behavioral Health Resources
- Access to Dental Care (Medicaid Population)
- Access to Affordable Transportation

Signed:


Kris Walker – Chairperson

5/25/22
Date


Jason Harrington – President/CEO

5/25/22
Date

RESOURCES

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APPENDIX A: SURVEY QUESTIONS

CHNA 2022

Dickinson County Community Health Needs Assessment

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 health care (primary care, dental, eye, specialty) within 20 minutes or 30 miles?

- Satisfied Not applicable
- 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 Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the services improved.

3. How satisfied are you with self-harm and suicide prevention programs?

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the programs improved.

4. 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 Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the programs improved.

APPENDIX A: SURVEY QUESTIONS

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

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see them improved.

6. How satisfied are you with smoking/vaping prevention and cessation programs?

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the programs improved.

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

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the services improved.

8. 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 Not applicable
- 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 Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the services improved.

APPENDIX A: SURVEY QUESTIONS

10. What impact did COVID-19 have on you and your family? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Education | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Access to timely healthcare | <input type="checkbox"/> Financial | |
| <input type="checkbox"/> Other: Please explain. | <input type="checkbox"/> Mental health | |
-
-

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

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the services improved.
-
-

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

- Yes No

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

- | | |
|--|--|
| <input type="radio"/> Physician/Nurse Practitioner | <input type="radio"/> Dickinson County web site |
| <input type="radio"/> Dickinson County Public Health | <input type="radio"/> Online search |
| <input type="radio"/> ISU Extension | <input type="radio"/> Department of Human Services (DHS) |
| <input type="radio"/> Dickinson County Courthouse | |
| <input type="radio"/> Other _____ | |

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

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the education improved:
-
-

APPENDIX A: SURVEY QUESTIONS

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

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the accessibility improved.

16. How satisfied are you with affordable housing?

- Satisfied Not applicable
- Dissatisfied: Please share what you are dissatisfied with and how you would like to see the affordability of housing improved.

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

18. My county is:

- Dickinson Jackson
- Clay Nobles
- Emmet Osceola
- Other: _____

19. Is the county you listed above your primary residence?

- Yes No

20. My sex is:

- Male Other
- Female

21. My age is:

- Under 18 18-24 25-34 35-44
- 45-54 55-64 65-74 75+

APPENDIX A: SURVEY QUESTIONS

22. 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

23. 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.)
- Aetna/Humana Medicare replacement coverage
- Other (please specify) _____

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

- African American
- American Indian or Alaska Native
- Asian
- Caucasian
- Hispanic
- Other
- I prefer not to answer

25. My employment status is:

- Unemployed
- Work part-time
- Work full-time
- Retired

Comments: _____

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

- 1
- 2
- 3
- 4
- 5+

Comments: _____

27. 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

APPENDIX B: PRESS RELEASE



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 (August 27, 2021) 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/7SKKDMN> by September 28, 2021 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 2022 with focus groups involved so we can start addressing our needs as 2022 begins."

Those who would like more information about this process can call Lakes Regional Healthcare Director of Population and Public Health Katy Burke at 712-339-6050.

###

APPENDIX C: SURVEY POSTCARD



Front of postcard

The 2022 CHNA is sponsored by Lakes Regional Healthcare and Dickinson County Public Health, who are working in partnership with multiple health partners through the Iowa Great Lakes.



This 5-minute, online survey will ask basic questions about how our community is supporting your health.

The information we collect will inform how we will direct our energy and resources to meet the complex healthcare needs of the community and will inspire innovative healthcare delivery models designed to unite our community-wide efforts in providing high quality care, increasing access to care, and achieving improved health outcomes for all.

The online survey will be open from September 1 to September 28. All respondents will remain anonymous. Just go to www.surveymonkey.com/r/7skkdmn or hover over the QR code with your phone's camera, click on the link that appears, and you will be taken to the online survey. Thank you!



Back of postcard

APPENDIX D: STAKEHOLDERS

BEHAVIORAL HEALTH

Serving/Representing Low Income, Medically Underserved, and Minority Populations

Champion State of Mind

Hope Haven

Plains Area Mental Health

Rosecrance Jackson Recovery Centers

Seasons Center for Community Mental Health

Sioux Rivers Regional Mental Health

COMMUNITY ORGANIZATIONS

Serving/Representing Low Income, Medically Underserved, and Minority Populations

Dickinson County Hunger Coalition

Voluntary Action Center

YMCA

EDUCATION

Serving/Representing Low Income, Medically Underserved, and Minority Populations

Iowa Lakes Community College

Okoboji Schools

Spirit Lake Schools

GOVERNMENT

Serving/Representing Low Income, Medically Underserved, and Minority Populations

Department of Health and Human Services

Dickinson County Emergency Management

PUBLIC HEALTH & HOSPITAL

Representing Public Health, Low Income, Medically Underserved, and Minority Populations

Avera Lakes Regional Family Medicine Clinic

Dickinson County Board of Health

Dickinson County Public Health

Free Dental Clinic

Lakes Regional Healthcare

TRANSPORTATION

Serving/Representing Low Income, Medically Underserved, and Minority Populations

Dickinson County Trails

Meals on Wheels

RIDES



Photo Credit: Vacation Okoboji

 Lakes Regional
Healthcare

An Avera Partner



Public Health
Prevent. Promote. Protect.