



# COMMUNITY HEALTH IMPROVEMENT PLAN: ANNUAL REPORT FOR 2020

Lake Region Healthcare

## Introduction

A community health improvement plan (CHIP) guides the healthcare system, its partners and stakeholders on work to improve the health of its community. It is based on health problems identified and prioritized through the community health needs assessment and community health improvement processes. The CHIP is a long-term, systematic effort to address these health issues and affect both short-term and long-term change to build a healthier community. It describes goals, strategies and activities that can reasonably improve community health and is meant to be used and reviewed often.

Lake Region Healthcare (LRH) collaborated with community partners for 6 months to compile, analyze and summarize the data for their 2019 – 2021 Community Health Needs Assessment. Lake Region Healthcare's CHNA Steering Committee reviewed both quantitative and qualitative data as part of the prioritization discussions. After a systematic deliberation, the following priority areas were identified:

- Mental Health
- Substance Abuse
- Lack of Awareness of Available Resources
- Chronic Diseases – Obesity, Cancer, Heart Disease, Diabetes

Although not identified as a separate priority health issue, it was decided that social determinants of health will be carefully considered and evaluated in all proposed intervention strategies due to its impact on a broad spectrum of health issues.

Lake Region Healthcare intends to use the CHIP as a strategic guide to address the identified health priority areas over the next three years and encourage its community partners to utilize the CHIP to inform their own work and make decisions about resources and prioritization. By working with a common agenda, the community will be able to leverage its resources and collective influence to help make Otter Tail County and the City of Barnesville a healthier place to live, work, learn and play.

## Monitoring and Revision

Though many strategies included in the CHIP build on activities that were already in place, CHIP activities were officially implemented on March 2020 after it was adopted by the Lake Region Healthcare Board in February. Then COVID-19 took hold in the US around mid to late March, resulting in restrictions and resources being reallocated towards planning, preparing and responding to the pandemic. We continued to implement as many CHIP activities as we can throughout the year. However, there were some activities that had to be put on hold due to the situation and limited resources.

Moving forward implementation will continue through the duration of the CHIP until a new CHIP is developed for the 2022-2024 cycle. However, the 2019-2021 CHIP is a living document and will be monitored, reviewed, assessed for feasibility and effectiveness and revised as needed throughout the implementation period.

CHIP strategies will be reviewed once per year, typically in January or February of the following year. Decisions about what to revise in the CHIP will be made in collaboration with our CHNA steering committee, partners and stakeholders involved in the specific strategies and/or activities.

Data for monitoring progress in the CHIP will come from a variety of sources depending on the specific strategy and will be collected on an annual basis unless otherwise stated.

## Progress on Priority Health Issues

### Priority Issue: Mental Health

Age-adjusted suicide rate in Otter Tail County from 2013 through 2017 was 22.8, second highest in the entire state. Research shows that suicide disproportionately affects rural communities more than their urban counterparts. Rural communities face many barriers such as limited access to mental health services, social isolation and stigma associated with seeking help or treatment. The risk of suicide in the community is not limited to adults. Results from the Minnesota Student Survey completed in 2016 indicate high suicide ideation among Otter Tail County youths, particularly among female students. According to the survey, 14.7% of Otter Tail County 11<sup>th</sup> graders who answered the survey indicated seriously considering attempting to commit suicide in the past year, while 5% actually attempted suicide. Both rates are higher than the state’s average.

**Goal: Improve the mental health and wellness of the people in Otter Tail County and the City of Barnesville through prevention, reduction of stigma associated with mental illness and by ensuring access to appropriate and quality mental health services.**

| Strategy: Promote early identification of mental health needs and access to quality services.                                  |   |   |   |  |           |
|--|---|---|---|--|-----------|
| Objectives: (1) Increase the number of mental health providers.<br>(2) Increase depression screening by primary care providers |   |   |   |  |           |
| Activity   | LRH Resources                             | Partners  | Anticipated Impact                                    | Performance Metrics  | 2020 Data |
| Recruit and retain mental health providers   | Executive Team, Medical Staff, Psychiatry | CBHH, Lakeland Mental Health, Otter Tail County Human Services, Productive Alternatives, Inc. | Increased number of mental health providers           | # of LRH mental health providers<br><del># of mental health providers in Otter Tail County and City of Barnesville</del> | 6         |
| Implement depression screening protocol  | Clinic                                    |   | Early detection and treatment of mental health issues | Proportion of adults 18 years and older screened for depression  | 47.1%     |
|  |   |   |   | Proportion of youth aged 12 to 17 years screened for depression  | 88.6%     |

|   |   |  |  |                                |    |
|---|---|--|--|--------------------------------|----|
| Collaborate with community partners to identify opportunities to expand access to mental health           | Executive Team, Psychiatry, Medical Staff | Public Health, Human Services, Law Enforcement, Probation, CARE, Northstar, LB Homes, Thrifty White, Probation, CBHH | Improved community partnership; More efficient use of local resources to address mental health needs | # of community meetings        | 1  |
| Train community members on QPR (Question, Persuade and Refer) Gate Keeper Training for suicide prevention | Quality                                   | Productive Alternatives, Schools, Faith Community, Businesses  | Suicide prevention through early detection and intervention  | # of community members trained | 68 |

In 2020, Lake Region Healthcare successfully recruited 3 new psychiatric practitioners – 2 Psychiatrists and 1 Nurse Practitioner. The addition of these providers greatly improved access for our patients and community members, making it easier to see a mental health provider for a complete diagnostic assessment and medical treatment recommendations. Our psychiatry department works collaboratively with the patient’s primary care provider to provide holistic care.

After discussion with a few members of the CHNA Steering Committee, it was decided that the second performance metric for the Recruit and retain mental health providers activity – Number of mental health providers in Otter Tail County and the City of Barnesville – should be removed because it was not feasible to collect this data accurately.

To help us improve depression management, we implemented a process to increase the depression screening using the Patient Health Questionnaire -9 (PHQ-9) screening tool at our clinics. All patients age 12 to 17 years, regardless of risk factors, are screened for depression at every clinic visit. While all adults with a depression diagnosis are screened for depression during primary care visits and all psychiatry visits.

Understanding the extensiveness of the issue of mental health, we wanted to ensure that we continue to collaborate with our community partners and stakeholders to help identify opportunities to improve access to quality mental health care. Due to COVID-19, we were only able to meet with community partners once in 2020. Discussions centered around the idea of establishing a mental health urgent care infrastructure in the community. The initiative is being led by Productive Alternatives Inc and Otter Tail County Department of Human Services and includes representatives from law enforcement, other health care systems in Otter Tail county, substance abuse and mental health providers and other

interested stakeholders. We plan on continuing to be part of this conversation and help the community have access to quality mental health care.

One of our LPN’s, Maria Willitz, is a certified QPR gate keeper trainer. QPR stands for Question, Persuade and Refer – which are 3 simple steps anyone can learn to help save a life from suicide. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade and refer someone to help. Maria travels all over Otter Tail County and surrounding counties to train individuals or groups on QPR and help prevent suicides. Due to the COVID-19 pandemic, all of her scheduled training sessions after March 2020 were canceled and she was unable to train as many as she would like. She continues to work with community members to identify individuals who would benefit from QPR training focusing on those who are strategically positioned to recognize and refer someone at risk of suicide. She will begin scheduling training sessions as soon as she is able to.

Lake Region Healthcare in partnership with Lake Region Healthcare Foundation hosted a *Night to Shine Masquerade: Unmasking Mental Health*, a virtual fundraising event in November focused on raising awareness on mental health and removing the stigma around mental illness. The guest speaker was Sara Wilhelm Garbers, Minister at Colonial Church in Edina, MN. Her talk revolved around reducing stigma of mental illness, how to support others with mental illness and how to support ourselves.

| Strategy: Promote positive early childhood development, including positive parenting and violence-free homes. |                                |                   |   |   |           |
|---|--------------------------------|-------------------|---|---|-----------|
| Objective: Increase referrals to Home Visiting Program.   |                                |                   |   |   |           |
| Activity  | LRH Resources                  | Partners          | Anticipated Impact  | Performance Metrics                         | 2020 Data |
| Refer appropriate prenatal or postpartum patients to the County’s Home Visiting Program                       | Women’s and Children’s Health, | OTC Public Health | New and expectant parents receive the support they need; Improved overall health and wellbeing for parents and their children | # of referrals to the Home Visiting Program | 236       |

Lake Region Healthcare sends referrals to Otter Tail County Public Health’s Family Home Visiting program on each delivery. The Women’s and Children’s Health department is also working on increasing referrals during the prenatal period for those who are most at risk, in order to provide earlier support and better mitigate adverse childhood experiences and improve maternal and newborn health. The Family Home Visiting is a service provided by public health nurses, offering home visits to support families during pregnancy and parenting. They help connect the mother and child to early childhood interventions and community supports to promote a healthy pregnancy, a positive parent-child relationship, healthy child development and make a positive impact in the lives of the children and their families.

| Strategies: (1) Facilitate social connectedness and community engagement.<br>(2) Provide individuals and families with the support necessary to maintain positive mental well-being. |                   |   |  |  |   |
|--|-------------------|---|--|--|---|
| Objective: Increase employee engagement.   |                   |   |  |  |   |
| Activity   | LRH Resources     | Partners                                | Anticipated Impact   | Performance Metrics  | 2020 Data   |
| Promote Thrive and Person-Centered Care activities among LRH staff and providers and the community   | Wellness, Quality | PartnerSHIP 4 Health, OTC Public Health | Increased social connectedness; Improved mental wellbeing and resiliency | # of Thrive-related events hosted/facilitated<br><br># of LRH staff and providers who attend Person-Centered Care trainings<br><br>LRH employee responses to TBD employee engagement survey question | 3<br><br>110 employees<br>10 medical staff<br><br>84.1% |

Thrive is a proactive movement where members of the community promote health through happiness and meaning by using 5 proven mental health resiliency tools: (1) Expressing Gratitude, (2) Kindness, (3) Finding Your Flow, (4) Social Connections and (5) Values. These tools are rooted in positive psychology which believes that people want to lead meaningful lives, to cultivate what is best within themselves and to enhance their experiences of love, work, learning, worship and play. The Thrive initiative is led by Live Well Fergus Falls, Lake Region Healthcare, PartnerSHIP4Health and Otter Tail County Public Health Department. In 2020, the community was able to host 3 Thrive events – Inservice Thrive presentation for teachers in the Fergus Falls district was held in January, Worksite Thrive Presentation at West Central Initiative in February and a community-wide, week-long 3 Good Things exercise in April. Otter Tail County Public Health Department hired a health educator to help coordinate Thrive-related activities. Lake Region Healthcare plans to continue to participate in and promote the Thrive movement.

Over a hundred Lake Region Healthcare and Mill Street Residence employees and medical staff completed the Experiential Education and Communicating Empathy training in 2020. Due to COVID, the remaining trainings were put on hold and will resume when appropriate.

Lake Region Healthcare adopted an enterprise-wide Centered on You initiative in 2020 to uphold its commitment to a person-centered approach and being the best place to give and receive care. One component of this initiative is conducting an Employee Engagement Survey periodically to assist with the organization’s growth and improvement. The results of the survey will be used to guide future initiatives and action plans to promote and support employee engagement and to ensure that each employee feels like a valued member of the organization. The initial survey was sent out in June to 837 LRH employees with a response rate of 80%. The survey question which we identified as a measure that best correlates to this particular strategy is: *I feel supported by those I work with daily.* Of those LRH employees who responded to this survey

question, 40% Strongly Agree while 44.1% Agree with this statement. The next employee engagement survey is scheduled to be sent out on January 2021.

### Priority Issue: Substance Abuse

Chemical dependence was one of the concerns frequently brought up in our focus group sessions. Alcohol, tobacco and marijuana are substances most commonly used by adolescents in Otter Tail County according to the 2016 Minnesota Student survey. As is the case across the entire country, addiction to opioids, heroin and methamphetamine is also a growing threat in our community. As part of our response, Lake Region Healthcare is one of eight pilot sites across the state following the Tackling Opioid Use With Networks (TOWN) model funded through the Minnesota Department of Health to help prevent opioid misuse and overdose. The TOWN model integrates prevention and treatment strategies at the health care system and in surrounding community to: (1) create coordinated clinical care teams, (2) improve the prescribing culture by providing education to providers and pharmacists on appropriate opioid and naloxone prescribing and dispensing, (3) increase coordination across community sectors and reduce treatment gaps for individuals with opioid use disorder by strengthening partnerships with law enforcement and other community sectors and (4) increase referrals for needed services by bringing together interdisciplinary and interagency teams to be represented in each community task force.

**Goal: Reduce prevalence of substance abuse in Otter Tail County and the City of Barnesville through expansion of prevention, treatment and recovery support services.**

**Strategies: (1) Improve access to, utilization of and engagement and retention in prevention, treatment and recovery support services.  
 (2) Advance the practice of pain management.  
 (3) Promote proper use, storage and disposal of medications.**

**Objectives: (1) Increase the number of waived providers allowed to prescribe buprenorphine.  
 (2) Increase the proportion of patients with chronic opioid prescription(s) with a signed Controlled Substance Care Plan.  
 (3) Decrease the number of patients on chronic opioid therapy.**

| Activity   | LRH Resources    | Partners | Anticipated Impact               | Performance Metrics   | 2020 Data                 |
|--|------------------|----------|----------------------------------|---|---------------------------|
| Establish an Opioid Safety Program led by the Opioid Safety Steering Committee | Multi-department |          | Improved opioid safety practices | Opioid Safety Program established                                 | Established November 2019 |
|  |                  |          |                                  | Development of the Opioid Safety Steering Committee subcommittees | Established November 2019 |

| Activity   | LRH Resources       | Partners   | Anticipated Impact  | Performance Metrics   | 2020 Data     |
|--|---------------------|--|---|---|---------------|
| Engage and educate providers on MN and CDC opioid prescribing guidelines   | Medical Staff, CSCT | St. Gabriel's Health Project ECHO  | Improved opioid prescribing and alignment of opioid prescribing with current guidelines | # of providers trained on safe opioid prescribing guidelines<br><br># of patients on chronic opioid therapy | 93<br><br>402 |
| Encourage the use of the Controlled Substance Care Plan for patients on chronic opioid therapy or with concomitant use of benzodiazepines  | Clinic, CSCT        |  | Increased patient engagement; Mitigate risk for opioid misuse, addiction and overdose   | Proportion of patients on chronic opioid therapy with a signed Controlled Substance Care Plan               | 68%           |
| Collaborate with community partners to identify and implement potential effective environmental strategies to address opioid abuse/misuse through the Otter Tail County Opioid Abuse Prevention Task Force | Quality             | Public Health, Human Services, Law Enforcement, Probation, CARE, Northstar, LB Homes, Thrifty White, Probation | Improved capacity to address substance abuse-related needs                              | # of meetings and participants  | 2             |

An enterprise-wide (Lake Region Healthcare and Prairie Ridge Healthcare) Opioid Safety Program was established in November 2019 led by a multi-disciplinary Opioid Safety Steering Committee to ensure responsible opioid prescribing and systematic monitoring. The following subcommittees were formed, each tasked with identifying opioid practice patterns and developing procedures and programming to enhance patient safety and mitigate opioid-related risks in their particular domain: (1) Acute Pain Management, (2) Ambulatory Pain Management, (3)



Substance Use Disorder Services, (4) Non-Pharmacological Pain Management, (5) Controlled Substance Diversion Prevention and (6) Opportunities, Performance Improvement and Education.

An annual education packet is sent to all providers at the end of the calendar year 2020, which they are required to acknowledge as having read through. Education included information on the MN Opioid Prescribing Improvement Program as well as Lake Region Healthcare’s Opioid Abuse Prevention initiative including its Medication-Assisted Treatment program.

Lake Region Healthcare formed a Controlled Substance Care Team (CSCT) which consists of physicians, pharmacists, social worker, nurse care coordinator in August 2018. The team implements evidence-based strategies to reduce inappropriate use of opioids through care coordination, addressing unmet social needs, prescriber education and assistance, proper opioid disposal and engaging community partners. In addition, LRH established a Medication -Assisted Treatment program in 2018 to provide care for patients with opioid use disorder. We currently have 4 buprenorphine waived providers.

| <b>Strategy: Expand access to Naloxone.</b>  |                      |                 |  |  |                  |
|--|----------------------|-----------------|--|--|------------------|
| <b>Objective: Increase Naloxone co-prescribing to patients receiving prescription opioids.</b> |                      |                 |  |  |                  |
| <b>Activity</b>  | <b>LRH Resources</b> | <b>Partners</b> | <b>Anticipated Impact</b>  | <b>Performance Metrics</b>                                       | <b>2020 Data</b> |
| Educate providers on recommendations regarding when to prescribe or co-prescribe naloxone      | Medical Staff, CSCT  |                 | Reduced risks for opioid deaths  | # of providers trained on naloxone prescribing recommendation    | 0                |
| Host Community Narcan Training/Opioid Awareness  | Marketing, CSCT      |                 | Increased knowledge on risks of opioid abuse; Increased access to naloxone | # of trainings/community education held<br><br># of participants | 0<br><br>0       |

Resources were diverted to respond to the COVID-19 pandemic and we were not able to prepare and present provider education on Naloxone prescribing guidelines. We are currently working with our Pharmacy Department to develop education materials to be shared with all the providers as part of their annual education in 2021.

Again, due to the COVID pandemic and the restrictions placed on public gathering as well as constrained resources, we were not able to host community trainings on Narcan and Opioid Awareness. Depending on the COVID situation in our community, we hope to be able to work with community partners and facilitate community education sessions in calendar year 2021.

### Priority Issue: Resource Navigation

In all five focus group sessions we facilitated, the availability of a variety of health care services, community-based resources and social services was highlighted as an asset in the community. However, most community members are not aware of the resources available or do not know how to access them. This limited awareness of services and resources may lead to community members not seeking needed services, impacting health and leading to poorer health outcomes and quality of life.

**Goal: Optimize access to health care, social services and other community resources in Otter Tail County and the City of Barnesville through increased collaboration between clinical and social services.**

| <b>Strategy: Enhance awareness of community resources and health care and support services</b>  |  |   |   |  |   |
|---|--|---|---|--|---|
| <b>Objective: Increase the number of patients connected to appropriate community resources.</b> |  |   |   |  |   |
| <b>Activity</b>   | <b>LRH Resources</b>                     | <b>Partners</b>   | <b>Anticipated Impact</b>   | <b>Performance Metrics</b>                     | <b>2020 Data</b>  |
| Pilot a monthly Resource Series   | Multi-department                         | Faith leaders, Salvation Army, United Way, West Central Initiatives, Mahube-Otwa, Public Health, Human Services, other healthcare providers and community organizations | More effective community partnerships; Increased awareness of community resources | # of meetings<br># of participants             | 0<br>0  |
| Pilot float social worker program at the clinic   | Clinic, Social Services                  |   | Increased capacity to address social needs in a primary care setting              | # of phone calls received                      | 916   |
| Develop a community resource link   | Marketing, Social Services, Medical Home | Salvation Army, United Way, West Central Initiatives, Public Health, Human Services, Mahube-Otwa, other healthcare providers and community organizations                | Increased awareness of community resources  | Community resource link developed and promoted | Promoted the already existing community resources websites. |

| Activity                                     | LRH Resources | Partners   | Anticipated Impact   | Performance Metrics   | 2020 Data |
|--|---------------|--|--|---|-----------|
| Consider screening patients for social needs | Clinic        | Salvation Army, United Way, West Central Initiatives, Public Health, Human Services, Mahube-Otwa, other healthcare providers and community organizations | Patients' needs are identified; Patients are referred to appropriate resources | # of meetings to evaluate feasibility and identify the screening tool and process | 0         |

Due to the COVID-19 pandemic, social gathering restrictions were put in place and resources were reallocated to focus on planning, preparing and responding to the pandemic. Therefore, we were not able to coordinate the resource series in the past year as we had hoped. However, during this time of crisis, our community partners continued to work alongside each other, connecting and collaborating to educate and inform each other about available community resources as well as COVID-specific resources and information.

In order to meet the social worker needs of the whole organization, the float social work program was established in October 2019. One social worker is assigned as the float social worker and will carry the on-call phone. The float social worker is responsible for fielding calls and assisting providers, nurses, care team members and community members (partner agencies or individual community members) with their social work-related needs or questions. Calls increased significantly in April and the focus shifted in response to COVID-19. Due to the visitor restriction put in place, the on-call phone was used to communicate with family members who were unable to visit the patients.

We had intended to develop a community resource link and house it under Lake Region Healthcare's website. However, due to the COVID-19 pandemic, our resources were limited and the website was filled with COVID-related information and resources. Therefore, we determined it was best to promote already existing sources of information regarding community resources such as 211.org, the community resource guide prepared by West Central MN Communities Action and information available through the Otter Tail County website.

Again, due to the COVID-19 pandemic and the limited resources, we did not have the opportunity to meet and discuss different social determinants screening tool. However, the clinic has been piloting on a small scale the social needs screening tool developed as part of the Centers for Medicare & Medicaid Services' (CMS) Accountable Health Communities Model. The 10-question screening tool aims to identify unmet needs across five core domains – housing instability, food insecurity, transportation needs, utility needs and interpersonal safety. We started screening individuals newly enrolled in our medical home program. Then in 2020, we extended this screening process for individuals in our Medication Assisted Treatment program. For individuals who indicate a positive response for the associated health-related social need, we

provide them with information on community resources they can connect with to get help. We will evaluate the efficacy of this process and determine how to best proceed with systematically identifying and addressing health-related social needs.

### Priority Issue: Chronic Diseases

According to the Centers for Disease Control and Prevention, chronic diseases are conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, diabetes and obesity, are among the most common, costly and preventable illnesses in our service area and across the country.

Cancer and heart disease are the top two causes of death in Otter Tail County. The most prevalent cancer diagnosis in the county are lung and colorectal cancers while breast cancer is the most common cancer among women in our community. Obesity which is now recognized as a chronic disease also exacerbates many other chronic diseases, such as cardiovascular disease and diabetes. According to the PartnerSHIP4Health survey conducted in 2018, close to 40% of Otter Tail County adults are considered to be obese while 72.5% are either overweight or obese.

**Goal: Encourage health promotion and chronic disease prevention in Otter Tail County and the City of Barnesville.**

| <b>Strategy: Create healthy environment that promote health and support healthy behaviors in the community.</b> |   |  |   |                            |                  |
|---|---|--|---|----------------------------|------------------|
| <b>Objective (1): Increase the proportion of adults who are at a healthy weight.</b>                            |   |  |   |                            |                  |
| <b>(2): Increase consumption of fruits and vegetables among youths and adults.</b>                              |   |  |   |                            |                  |
| <b>(3): Decrease the proportion of adults who engage in no leisure-time physical activities.</b>                |   |  |   |                            |                  |
| <b>Activity</b>   | <b>LRH Resources</b>                            | <b>Partners</b>  | <b>Anticipated Impact</b>   | <b>Performance Metrics</b> | <b>2020 Data</b> |
| Continue to lead the annual Community Health Expo   | Wellness, Marketing, Clinic, Nutrition Services | PartnerSHIP 4 Health, Local restaurants and businesses | Increased community engagement on health and wellness; Increased social connectedness | # of participants          | ~500             |
| Support Live Well Fergus Falls and their initiatives  | Wellness  | PartnerSHIP 4 Health, Public Health, YMCA              | Improved access to healthy food choices and physical activity opportunities           | # of meetings              | 7                |
| Expand Shop with the Doc program  | Wellness, Providers, Marketing                  | Service Foods, Cafe 116                                | Increased knowledge and self-efficacy about healthier food choices and preparation    | # of events                | 1                |
|   |   |  |   | # of participants          | 7                |

| Activity   | LRH Resources                  | Partners   | Anticipated Impact                                    | Performance Metrics                                     | 2020 Data                             |
|--|--------------------------------|--|---|---|---------------------------------------|
| Establish Walk with the Doc program                                  | Wellness, Providers, Marketing | YMCA, Parks and Recreation, Live Well Fergus Falls, PartnerSHIP 4 Health | Increased access to physical activity opportunities   | Program established<br># of events<br># of participants | Not established<br>0<br>0             |
| Advocate for local businesses to adopt worksite wellness initiatives | Marketing, Wellness            | PartnerSHIP4Health   | Increased community engagement on health and wellness | # of new and existing businesses engaged                | 130 participants in the Corporate Cup |

Lake Region Healthcare’s Wellness Department and community partners had planned for the 2020 Annual Community Health Expo to be held in-person on April 23<sup>rd</sup> at the Prairie Wetlands Learning Center. The health expo was to include breakout sessions, health and wellness informational booths, free health screenings, healthy snacks and other family-friendly activities. The Community Health Expo is the culmination of an 8-week annual health challenge which offers a friendly competition to inspire everyone in the community to live well. However, due to COVID-19, the Health Expo was canceled. We still continued with the health challenge and had approximately 500 community members register. Each week of the health challenge focused on a different component of wellness – (1) Environmental, (2) Nutrition, (3) Intellectual Health, (4) Spiritual Wellness, (5) Physical Wellness, (6) Emotional Wellness, (7) Occupational Wellness, and (8) Social Wellness.

Live Well Fergus Falls is a group that stemmed from Forward Fergus Falls. The group promotes living life to the fullest through the 8 components of wellness. The group met 7 times in 2020 to discuss how to continue to promote mental and physical wellness in the community during the pandemic.

Due to COVID-19 we were only able to hold one session of Shop with the Doc which had 7 participants. We were not able to start the Walk with the Doc program but still planning on launching this program at a more opportune time.

Lake Region Healthcare along with PartnerSHIP4Health and other members of Live Well Fergus Falls work to promote worksite wellness to other businesses in the community. Lake Region Healthcare coordinates the Fergus Falls Corporate Cup which promotes team building, physical activity, well-being and camaraderie within the workplace. In the 2020 Corporate Cup over a dozen businesses and 130 individuals participated. In addition, Lake Region Healthcare promoted worksite wellness within the organization through Living Well Education events, distributed 100 self-care kits to staff, promoted Random Acts of Kindness by giving away 100 Black Eyed Susan plants and hosting the Maintain Don’t Gain 7-week challenge over the holiday season which had 87 participants.

| Strategy: Improve access to quality preventive services.                    |                  |          |   |  |   |
|---|------------------|----------|---|--|---|
| Objective: Increase the proportion of people accessing preventive services. |                  |          |   |  |   |
| Activity  | LRH Resources    | Partners | Anticipated Impact  | Performance Metrics  | 2020 Data   |
| Offer I Can Prevent Diabetes classes for free                               | Wellness         | YMCA     | Decreased incidence of diabetes; Increase people living at a healthy weight                         | # of participants who complete the program   | 2 classes started but not completed.  |
| Grow Lifestyle Medicine Program   | Wellness, Clinic |          | Increased physical activity and consumption of health foods; Improve overall health and wellness    | # of patients referred<br><br># of patients enrolled   | 156<br><br>93   |
| Utilize pre-visit planning for cancer screening reminders                   | Clinic           |          | Improved health screening uptake  | Proportion of patients who are up to date with their breast, colorectal and cervical cancer screenings   | Cervical Cancer Screening = 56%<br>Colorectal Cancer Screening = 55%<br>Breast Cancer Screening = 47% |
| Send out targeted mailings to educate parents and promote HPV vaccination   | CIS, Clinic      |          | Increased knowledge about the safety and benefits of the HPV vaccine; Improved HPV vaccination rate | # of mailings sent out<br><br><del>Proportion of patients who initiated the HPV vaccine</del><br>Proportion of patients age 9-26 years old who had at least one dose of HPV vaccine in CY 2020 | None<br><br>7.3%  |
| Send out reminder to improve completion of HPV series                       | CIS, Clinic      |          | Improved HPV vaccination rate   | <del>Proportion of patients who completed the HPV series</del><br>Proportion of patients age 9-26 years old who had at least one dose of HPV vaccine in CY 2020                                | 7.3%  |

Lake Region Healthcare offers the 12-month National Diabetes Prevention Program (NDPP) for free to all community members and Lake Region Healthcare employees. Lake Region Healthcare achieved full recognition by the Centers for Disease Control and Prevention in 2019 for their Diabetes Prevention Program. Typically, LRH has 3 classes every year. Due to COVID, we were only able to facilitate 2 classes in 2020, both of which ended at the 12-week mark. The Wellness Department is currently looking into the opportunity to get reimbursed through Medicare for offering the NDPP class as part of the program's sustainability plan. The team is also looking at options of starting an in-person and virtual hybrid NDPP class this coming spring.

Another program that Lake Region Healthcare's Wellness Department offers is Lifestyle Medicine. Through this program, we provide wellness coaching and personal training. The objective the program is to help clients achieve their personal health and fitness goals and get them back to living with intention every day. Clients can get a referral into the program from their healthcare provider which entitles them to receive a free 1-hour wellness coaching visit and 2 free 30-minute personal training sessions. After the free sessions, clients are offered a discounted personal training and/or wellness coaching session package. The certified wellness coach addresses areas of the client's life that may be inhibiting them from reaching their wellness goals – whether it is physical, emotional, mental or economic. In 2020, the Wellness Department received 156 referrals from providers. Of those referrals 59.6% enrolled into the program.

Some providers use pre-visit checklist to help identify gaps in care such as preventive health screenings and chronic care needs. The use of this tool has helped improve the clinic's preventive screening rates.

We were not able to implement an educational intervention to increase HPV vaccination acceptance in 2020. However, Otter Tail County Public Health sends out mailings to household with age-appropriate adolescents reminding them to schedule their HPV vaccination. We are going to evaluate if this activity is still needed and if it is something we would like to take on in 2021.

To increase HPV vaccine series completion, patients who receive the first dose of the HPV vaccine are asked to complete a post card with their mailing information which the clinic sends out at the appropriate time to remind the patients to schedule their 2<sup>nd</sup> dose of the HPV vaccine.

Due to certain limitations, we are not able to accurately pull data on HPV initiation and completion rates. Therefore, after discussions with a few steering committee members, it was decided for this CHIP update, the performance measure that will be used is the proportion of patients between the ages of 9 and 26 years old who had at least one dose of HPV vaccine during CY 2020. We will further evaluate what performance metric should be used for this particular activity for future CHIP updates.

## COVID-19

Developing a COVID-19 preparedness and response plan and implementing it was the priority of Lake Region Healthcare in 2020. On February 10, 2020, initial communication occurred from the Minnesota Department of Health regarding preparation for the surge of COVID-19 patients. Initial work included situational awareness, inventory of Personal Protective Equipment (PPE) in storage, activation of the High Consequence

Infectious Disease Plan, and communication throughout all levels of the organization. On March 15, 2020, the Incident Command structure was activated. Many measures were implemented to ensure healthcare worker and patient safety throughout the pandemic, which include but are not limited to:

- Educating employee and medical staff on proper Personal Protective Equipment usage and encouraging compliance
- Developing processes to manage emergent, urgent, and elective procedures safely
- Monitoring of staff, patients, and visitors for COVID-like symptoms
- Testing of patients and healthcare workers
- Increasing the number of airborne isolation rooms
- Implementing visiting restrictions
- Setting up telephone triage
- Rolling out a telehealth program
- Creating dedicated respiratory clinics
- Conducting contact investigations

The first positive COVID-19 test at LRH/PRH enterprise was April 2, 2020. In the remainder of the year, 1,511 individuals tested positive for COVID-19, out of over 15,000 tests completed. Education was provided to all individuals who tested positive for COVID-19, including isolation, quarantine of close contacts, home management strategies, and reasons to seek care in a healthcare facility.

The first COVID-19 hospitalization at LRH occurred on May 1, 2020. In 2020 there were 93 COVID-positive patients hospitalized at LRH, with 62 occurring in November and December. Despite this high number of hospitalizations, we had very few high-risk exposures of healthcare workers or patients, primarily related to universal PPE utilization.

### Next Steps

We will continue to implement the strategies indicated in the CHIP, engage our community partners, monitor our progress and make changes as needed. In Spring of 2021, Lake Region Healthcare will begin planning for the 2022-2024 Community Health Need Assessment and Community Health Improvement Planning cycle.