



# Community Health Needs Assessment & Community Health Strategic Plan

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## Executive Summary

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Loring Hospital is a 25-bed critical access hospital located in Sac County, Iowa. With U.S. Health Reform, came legislation to collect public opinion regarding community health care needs and preferences, officially called a “Community Health Needs Assessment” or CHNA. A CHNA is a systematic collection and analysis of information about the health of the community. By using the findings of the assessment, communities can initiate strategies to begin improving the health of their residents.

A CHNA gives Loring Hospital an opportunity to gather valuable information to better serve the people in our communities and gauge the perceptions of our residents. Our CHNA incorporates input from community stakeholders, public health experts, and residents of the communities we serve, and identifies action and implementation plans to improve community health. Loring Hospital is involved in its community, and provides many established programs and services to support community health. The CHNA process provided an opportunity to collaborate with public health experts and community stakeholders to further discuss community health priorities.

To conduct the CHNA, Loring Hospital employed a comprehensive, structured approach facilitated by Loring Hospital’s staff and CHNA resources available from many sources including the Iowa Hospital Association and Iowa Public Health to:

- Obtain community input
- Identify and rank community health needs
- Develop an implementation plan

Community input was obtained through a community survey and a CHNA committee that included community stakeholders. A confidential survey was developed in February 2013 and distributed in March online at [www.surveymonkey](http://www.surveymonkey) and inserted in the Loring Hospital county wide newsletter, totaling over 6200 residences. 414 surveys were returned, with 204 being paper copies and 210 through online survey monkey. In total, 6.3 percent community representatives participated in the CHNA process.

## Key Findings

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20 questions were asked of respondents with a summary of key findings below:

Rate the overall quality of healthcare in your community:

- 51.4% very good
- 43.0% good
- 5.6% combined fair, poor, and very poor

When asked how satisfied respondents were of 19 healthcare categories:

- Hospice, primary care clinics, and emergency services ranked the highest.



- Family planning services, mental health services, and school nurse ranked the lowest.

65% of respondents have received some kind of healthcare service outside of Sac County.

- When asked to list the service, 250 respondents listed a service, with knee surgery ranking the highest with 25 responses.
- Other areas listed with only a few responses include heart, cancer, eye, dentist, dermatologist, primary doctor visits and several more.

How much of a problem are the following causes of disease and disability in your community:  
(This question was key to determining our “needs” to focus and build a strategy.)

- 53.0% cancer
- 49.0% drugs/alcohol
- **49.0% obesity**

When asked what needs additional education or attention in your community:  
(This question was also key to determining our “needs” to focus and build a strategy.)

- **68.2% obesity**
- 48.5% alcohol
- **46.4% nutrition**
- 45.5% mental illness
- **39.0% preventative healthcare**
- **38.0% wellness education**

Rate your overall health:

- 26.2% very good
- 59.3% good
- 14.5% combined fair, poor and very poor
- With 70% responding that their health has stayed the same as a year ago

Other key findings:

- 78.6% of respondents have a physical each year
- 55.6% of people over age 50 have had a colonoscopy
- 27.3% of males over age 50 have had an annual prostate exam
- 60.1% of females over age 40 have had a mammogram
- 46.1% of females over age 40 have had a pap smear
- 76.0 % of respondents get 2.5 hours of physical activity each week
- 46.0% of respondents were age 45-64
- 80.1% of respondents were female
- 48.6% of respondents' income ranges from \$25,000 to \$75,000
- 56.3% of respondents live in Sac City, with every town in the county being represented in the survey



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## Implementation Summary

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Loring Hospital has set realistic goals and determined needs we can make a difference with by choosing the following health needs:

- 1) Obesity, Nutrition, and Wellness Education
- 2) Mental Health
- 3) Physician Access

Although drug/alcohol concerns were also near the top of findings, we feel this need is being addressed by different organizations. New Opportunities, a family resource center in Sac County, received a grant and has formed a coalition to reduce underage drinking in Sac County.

Loring Hospital formed a steering committee of clinical staff to build the plan of action based on all the survey results and data compiled. We were required to have public input and worked with the new Sac County Wellness Coalition to assist us with the strategies. Our staff attends their quarterly meetings to gather their input and work on community healthcare needs.

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## Future Assessments

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With these new rulings, Loring Hospital will be required to do a CHNA every three years. Public Health has been required for several years to do a CHNA every five years. There are suggestions in IRS rulings that Public Health will be required to adapt to the three year hospital schedule. Knowing this, Loring Hospital asked Sac County Public Health to work together on this survey and in the future. Along with surveying our service area, we are required to choose "needs" to address, have a plan and strategies on file to address these needs, and seek board approval of our plan. We plan to work with Sac County Public Health for all our future Community Health Needs Assessment surveys and strategic plans.

## **I. Objectives of a Community Health Needs Assessment**

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In fiscal year 2013, Loring Hospital conducted a Community Health Needs Assessment (CHNA) in accordance with new IRS guidelines. A CHNA incorporates input from community stakeholders and public health experts, and establishes an action plan to address the health needs of a community.

Loring Hospital has many long-standing initiatives focused on improving the health of its community. Loring Hospital approached this CHNA process as an opportunity to evaluate and assess needs through a formalized, structured process involving key personnel and communication strategies to gather the information.

Goals of the Loring Hospital CHNA were:

- Better understand health care needs in the community
- Collaborate with community health leaders
- Develop an action plan with realistic goals based on available resources
- Improve the health of the communities we serve

The overall health of the community is a shared responsibility among many stakeholders including government agencies, health care providers, and community members themselves. Collaboration amongst all these entities is essential in gathering and achieving the desired goals.

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## II. Definition of the Loring Hospital Community

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Loring is a 25 bed critical access hospital in Sac City, Iowa, serving a market consisting primarily of Sac, Buena Vista, Calhoun, and Pocahontas counties. The following services can be found at Loring Hospital: Cardiac Rehab, Emergency Services, Laboratory, Nursing Services, Nutrition & Diabetic Education, Pharmacy, Pulmonary Rehab, Outpatient Services, Radiology Services, Respiratory Therapy, Physical Therapy and Rehab, Surgical Services and an independent senior living facility. Outpatient specialty clinics include: cardiology, general surgery, nephrology, orthopedics, sports medicine, oncology, podiatry, and urology.

Loring Hospital also provides support to the communities we serve by offering CPR and first aid classes; bereavement support activities; wellness screenings for companies; yearly reduced cost community cholesterol screenings; Lifeline systems for our elderly population; educational classes and demonstrations for civic groups and local schools.

During fiscal year 2013, ending June 30, 2013, Loring Hospital had 654 inpatients, 2118 ER visits, 495 outpatient surgeries and procedures, over 105,000 laboratory procedures, 6471 radiology procedures, and 3735 therapy visits, totaling nearly 120,000 patient encounters, according to our own statistical information. Of these encounters 77% of our patients reside in Sac County, according to Iowa Hospital Association statics.

According to the US Census Bureau data, 10,071 people live in Sac County, making it the 75th most populated county in the state of Iowa out of 99 counties. Sac County and the surrounding counties are very rural. The largest Sac County racial/ethnic groups are White (96.8%) followed by Hispanic (1.9%) and Black (0.7%). In 2012, the median household income of Sac County residents was \$46,606. Sac County households made slightly more than their neighboring counties. However, 9.1% of Sac County residents live in poverty.

The median age for Sac County residents is 46.3 years young. However, Loring Hospital's community has an aging population in Sac County and our surrounding area. Loring's primary service area is Sac County, in which 24% are age 65 or older, 11% higher than the national average of 13%. The Iowa average is 15%. 41% of Loring Hospitals' outpatients are 65 years of age or older and 77.8% of Loring Hospital's admissions are patients 65 years of age or older, according to our own data. Nationally, 36% of hospital stays are from patients 65 or older, according to the Agency for Healthcare Research and Quality (AHRQ). Loring is well above the average. Sac County has a growing aging population and a need for health care for the growing elderly population.

Additionally, 11.5% of Sac County residents live in poverty, ranking Sac County 50<sup>th</sup> of 99 counties in Iowa at poverty level. To substantiate this data, we gathered information about pay sources from Loring Hospital's patients in 2009. 82% of our patients are Medicare, 5% Title XIX (Iowa's state plan for medical assistance) and Medicaid, 12% have medical insurance, and 2% are private pay patients.





Loring Hospital takes an active role in supporting the local economy through employment, local spending and strategic community partnerships. By employing over 130 local residents, doing business with local vendors, and supporting economic development in our area, Loring Hospital generates a total economic impact of over \$24,000,000 each year locally.

Loring Hospital is the only hospital in Sac County. Existing health care facilities and resources within the community include:

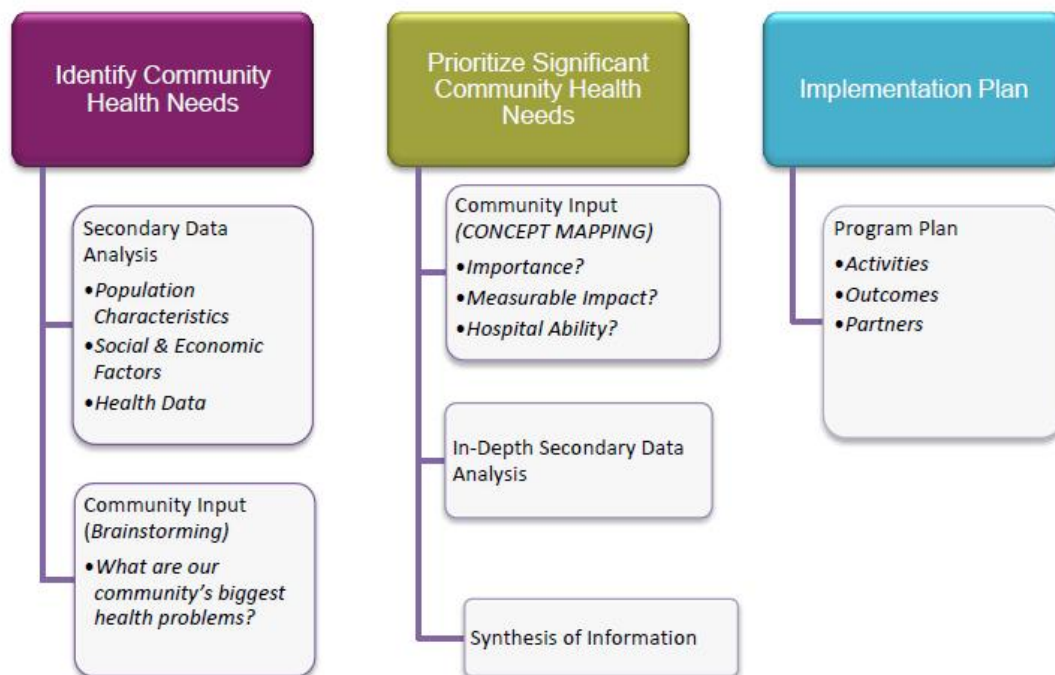
Oak Terrace Estates – senior independent living
Sac County Ambulance Service
Hearing Unlimited
Burns Chiropractic Center
Total Body Works - massage
DeVries Chiropractic Offices
Lake View Family Chiropractic Clinic
Schaller Chiropractic
Wall Lake Chiropractic Center
Jenkins Chiropractic
Unity Point Clinic
Family First Dental
Sac County Public Health
Jackson Medical Supply
Blackhawk Life Care Center – nursing & rehabilitation
Fonda Nursing & Rehab Center
Park View Care Center - nursing & rehabilitation
Twilight Acres - nursing & rehabilitation
Rock-Judish Vision Clinic
Wolfe Family Vision Center
Sac City Drug & Custom Compounding
Sports Rehab & Professional Therapy Associates
Sac County Board of Health
Westside Sonography

In the early 1900's, local businessman Frank Loring and his wife donated their estate and land specifically for building Loring Hospital, then and still now, the only hospital in Sac County. Several transformations of Loring Hospital have occurred over the years. The most recent project was a \$13 million construction and remodeling project in 2007 which transformed nearly the entire facility. With this project came state-of the-art equipment and technology, preparing Loring Hospital for many more years of providing healthcare to the communities we serve.



### III. Methods Used to Conduct the Community Health Needs Assessment

The Community Health Improvement Process developed by the Institute of Medicine served as a guideline for a model to plan and implement the CHNA. Loring Hospital adapted this model in the development of our CHNA.



To further identify the health needs of the community secondary data sources used included the U.S Census, Iowa Department of Health, US Centers for Disease, and Healthy People 2010, Loring Hospital used the following work flow chart as our timeline which also includes SWOT analysis information from other entities in our community and county.

Steps	Timeframe
Step 1: Gather preliminary data <ul style="list-style-type: none"> <li>• Ask for Loring Hospital leadership and manager input</li> <li>• Ask for board members input – board meeting</li> <li>• Sac County Wellness Coalition input</li> <li>• Sac County Public Health information</li> <li>• Gather SWOT Analysis from Chamber (2011) and City (2010)</li> </ul>	<b>November 2012</b>
Step 2: Survey the county through: <ul style="list-style-type: none"> <li>• Loring newsletter to 6200 Sac County residents – paper copy</li> <li>• Survey monkey – electronic survey</li> </ul>	<b>February/March 2013</b>



<ul style="list-style-type: none"> <li>Major employers – Loring employees, school, Evapco, VT</li> <li>Chamber newsletter/business community</li> <li>Determine if there is a better way for outside Sac City input</li> <li>Promote/advertise need for people to complete the survey thru FB, website, emails, chamber newsletter, articles in newspapers and public service announcement on the radio</li> </ul>	
Step 3: Compile results	<b>April 2013</b>
Step 4: Identify Needs <ul style="list-style-type: none"> <li>Identify needs that Hospital can be involved in an outcome/result and make a difference based on our resources</li> <li>Results of survey</li> <li>Results of Coalition, Public Health, Loring manager input</li> <li>Steering committee input</li> <li>Select cross county involvement</li> </ul>	<b>May 2013</b>
Step 5: Research supporting data to support top needs <ul style="list-style-type: none"> <li>Use sources from Cherokee meeting, Iowa Hospital Association, Iowa statics websites including Census Bureau to find data</li> </ul>	<b>June 2013</b>
Step 8: Action plan <ul style="list-style-type: none"> <li>Develop and start implementation</li> <li>Input from steering committee</li> <li>Form Loring Hospital CHNA/Wellness committee</li> </ul>	<b>September 2013</b>

### Information Gaps

The best available data was used to obtain the most meaningful analysis possible. Public data sources are limited by some information gaps and often time not very timely information. Our community information was most comprehensive for meaningful comparisons as we had a 7% return rate for our surveys, with the national survey return rate less than 3%.

### Community Input

Community input on the perceived health needs of the region was used to complement analysis of publicly available data. The CHNA used an inclusive and systematic process to collect information pertaining to the community's perceptions of its greatest needs, as well as its expectations of what the hospital's role should be in meeting those needs. Loring Hospital used "Concept Mapping," a participatory, qualitative research method with a proven track record for gaining stakeholder input and consensus.

Concept mapping is a type of graphic organizer used to help organize and represent knowledge of a subject – health care needs in this case. Concept maps begin with a main idea or concept and then branch out to show how that main idea can be broken down into specific topics. For example, many of our needs focused on general wellness, nutrition, obesity. All of these concepts work together so we choose this as one concept or one need – education of general wellness. Concepts or needs including education related to nutrition, obesity, preventative healthcare and also diabetic can all be tied into this need.

To gather community input, the hospital convened with the Sac County Wellness Coalition and Sac County Public Health to provide broad-based input on health needs present in the hospital's surrounding community. Loring also conducted a county-wide survey for the purpose of gathering the public information.

Health groups we collaborated were made up of:

- **Persons with special knowledge or expertise in public health**
- **Representatives from health departments or governmental agencies serving community health**
- **Leaders or members of medically underserved, low income, minority populations, and populations with chronic disease**
- **Other stakeholders in community health**

The Concept Mapping process consisted of two stages:

- 1) **Brainstorming on Health Problems:** During brainstorming, the hospital's senior leadership team and the hospital's newly formed CHNA/Wellness committee met to gather input on the question, "What are our community's biggest health care problems?" Brainstorming resulted in the development of a 36-item list of health problems.
- 2) **Rating and Sorting Health Problems to Identify Significant Health Needs:** In order to prioritize the 36 health problems and identify significant health needs according to the perceptions of the community health needs each senior leader and CHNA/Wellness committee member sorted the list, and then rated the problems using a 1 to 5 scale (1 = not important; 5 = most important), according to the following criteria:
  - » How important is the problem to our community?
  - » What is the likelihood of being able to make a measurable impact on the problem?
  - » Does the hospital have the ability to address this problem?

## II. Results of the Community Health Needs Assessment

1. In general, how would you rate the overall quality of the healthcare delivered to your community?

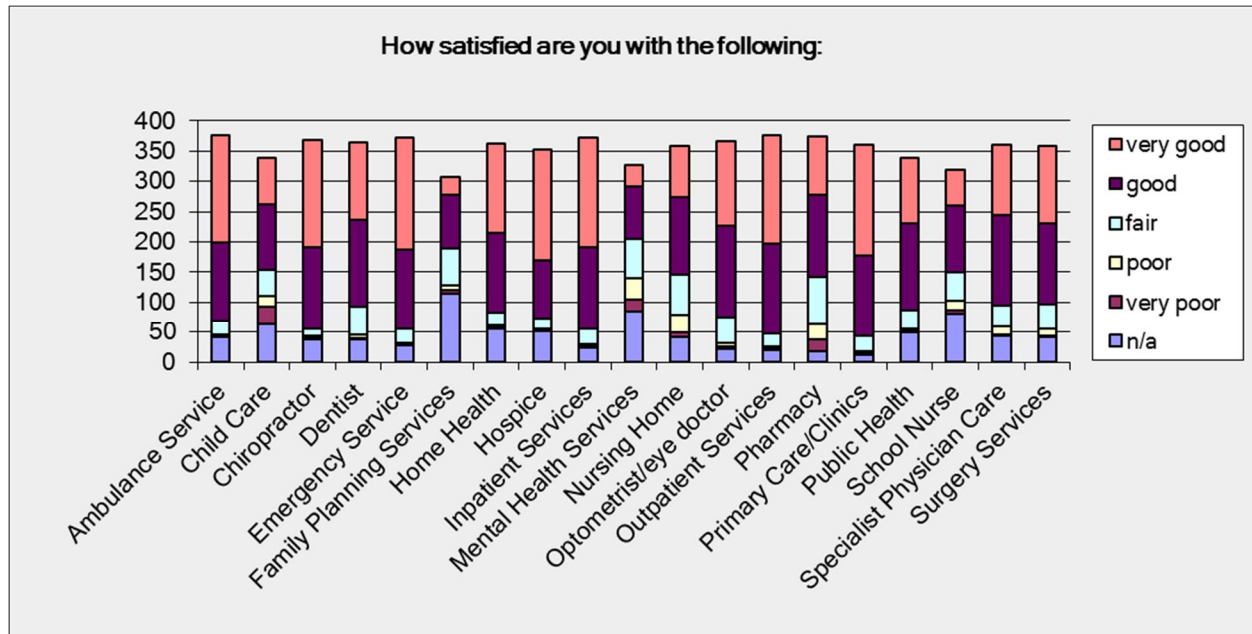
Answer Options	Response Percent	Response Count
very good	51.4%	207
good	42.9%	173
fair	5.5%	22
poor	0.0%	0
very poor	0.2%	1

2. In general, how would you best describe your health? (choose one)

Answer Options	Response Percent	Response Count
very good	26.2%	103
good	59.3%	233
fair	12.2%	48
poor	2.0%	8
very poor	0.3%	1

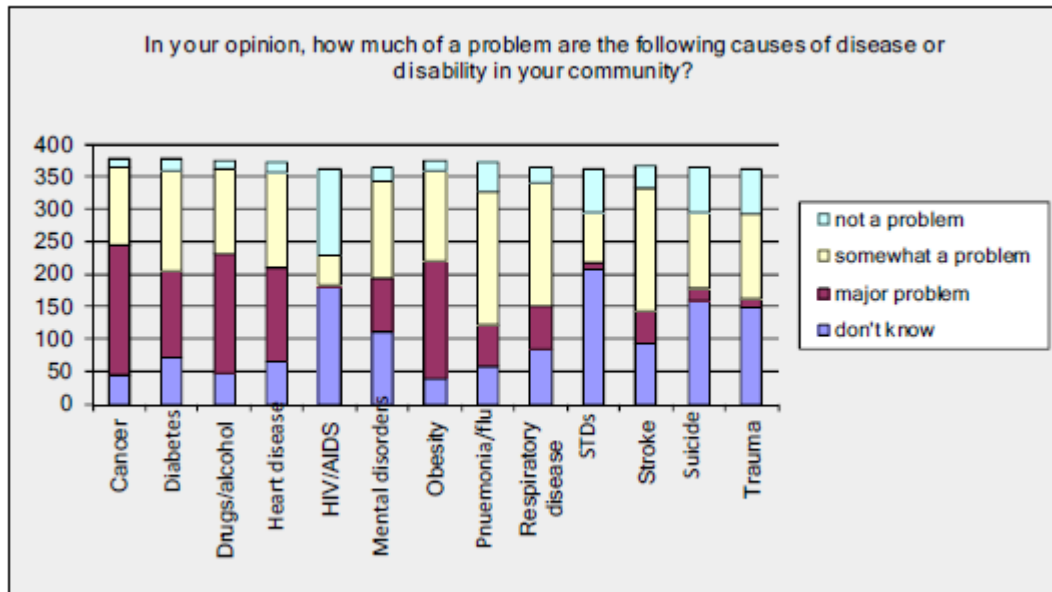
3. How satisfied are you with the following:

Answer Options	very good	good	fair	poor	very poor	n/a	Response Count
Ambulance Service	179	129	24	2	1	42	377
Child Care	76	109	43	17	29	64	338
Chiropractor	178	136	11	3	4	37	369
Dentist	128	145	46	7	2	37	365
Emergency Service	185	132	23	4	1	27	372
Family Planning Services	31	88	61	7	6	115	308
Home Health	149	132	21	4	1	56	363
Hospice	183	96	17	2	2	52	352
Inpatient Services	181	136	27	1	4	24	373
Mental Health Services	36	87	65	35	20	84	327
Nursing Home	85	129	67	29	8	41	359
Optometrist/eye doctor	139	153	43	5	4	22	366
Outpatient Services	181	148	22	3	3	20	377
Pharmacy	97	135	79	25	20	18	374
Primary Care/Clinics	184	133	27	4	1	12	361
Public Health	108	144	31	1	4	50	338
School Nurse	59	111	47	16	6	80	319
Specialist Physician Care	116	150	35	15	2	43	361
Surgery Services	128	135	41	12	2	41	359



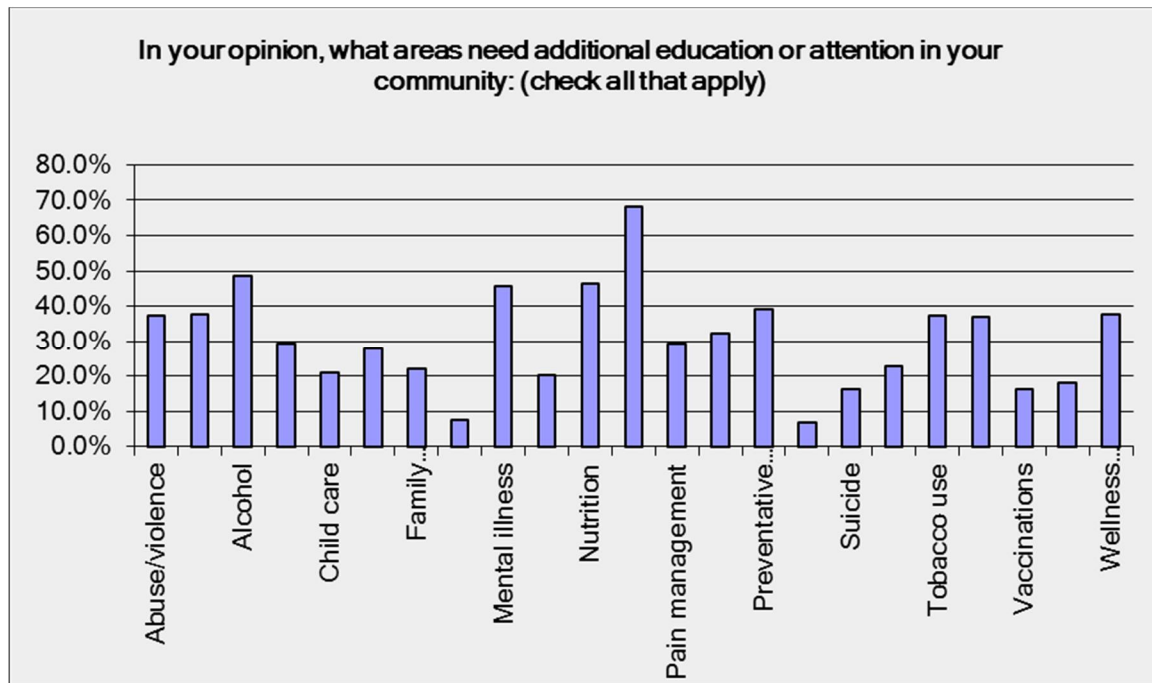
4. In your opinion, how much of a problem are the following causes of disease or disability in your community?

Answer Options	not a problem	somewhat a problem	major problem	don't know	Response Count
Cancer	15	120	200	43	378
Diabetes	18	156	133	70	377
Drugs/alcohol	13	131	183	47	374
Heart disease	16	146	144	65	371
HIV/AIDS	133	46	2	181	362
Mental disorders	21	149	84	110	364
Obesity	14	139	183	38	374
Pneumonia/flu	43	206	65	57	371
Respiratory disease	26	187	68	84	365
Sexually transmitted disease	65	78	11	207	361
Stroke	34	190	51	92	367
Suicide	69	118	19	159	365
Trauma	71	130	14	147	362



5. In your opinion, what areas need additional education or attention in your community: (check all that apply)

Answer Options	Response Percent	Response Count
Abuse/violence	37.2%	125
Aging	37.5%	126
Alcohol	48.5%	163
Alternative medicine	29.5%	99
Child care	21.1%	71
Chronic diseases	27.7%	93
Family planning/birth control	22.0%	74
Lead exposure	7.4%	25
Mental illness	45.5%	153
Neglect	20.2%	68
Nutrition	46.4%	156
Obesity	68.2%	229
Pain management	29.2%	98
Poverty	32.4%	109
Preventative healthcare	39.0%	131
Sexually transmitted diseases	6.8%	23
Suicide	16.4%	55
Teen pregnancy	22.9%	77
Tobacco use	37.2%	125
Uninsured	36.9%	124
Vaccinations	16.4%	55
Water quality	17.9%	60
Wellness education	37.8%	127



### Demographic results from the Community Health Needs Assessment

What is your age?		
Answer Options	Response Percent	Response Count
under 18	0.0%	0
19-44	15.6%	61
45-64	45.9%	179
65-74	13.8%	54
over 75	24.6%	96

What is your gender?		
Answer Options	Response Percent	Response Count
Female	80.1%	313
Male	19.9%	78

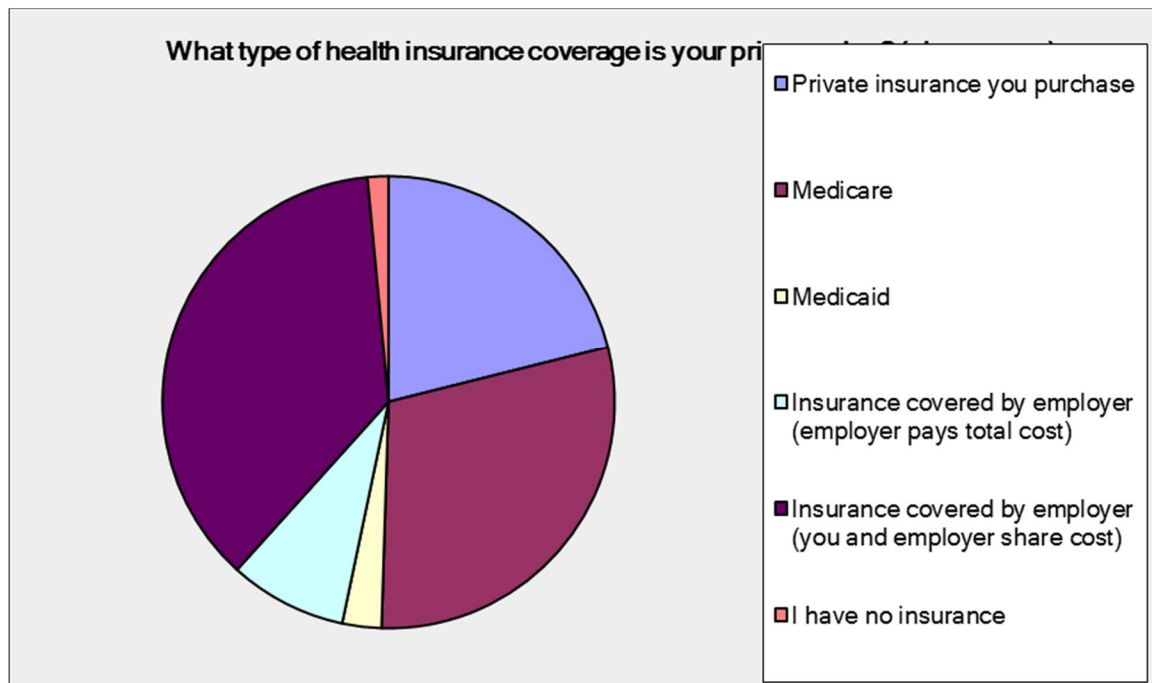


How would you describe your household?

Answer Options	Response Percent	Response Count
Single	12.2%	48
Married	23.0%	91
Married with children at home	18.5%	73
Married with children no longer at home	26.6%	105
Divorced	5.6%	22
Retired	14.2%	56

What type of health insurance coverage is your primary plan? (choose one)

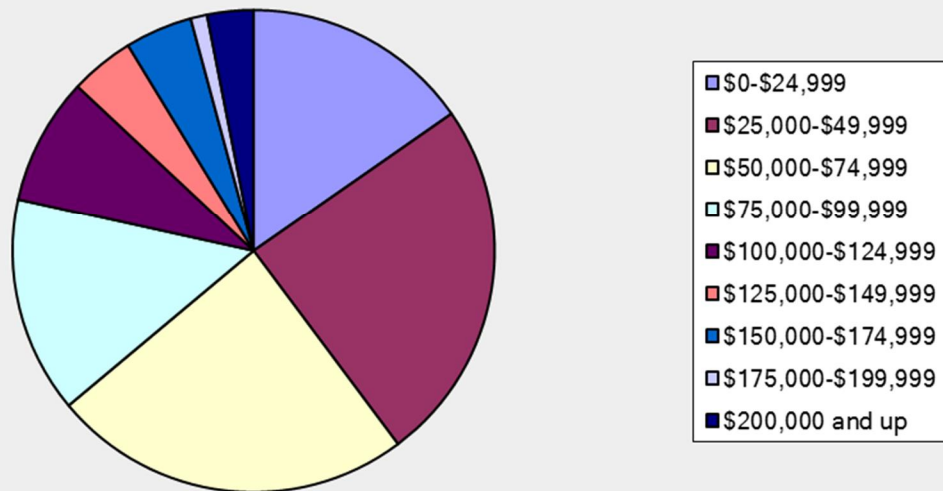
Answer Options	Response Percent	Response Count
Private insurance you purchase	21.1%	83
Medicare	29.4%	116
Medicaid	2.8%	11
Insurance covered by employer (employer pays total cost)	8.4%	33
Insurance covered by employer (you and employer share cost)	36.8%	145
I have no insurance	1.5%	6



What is your approximate average household income?

Answer Options	Response Percent	Response Count
\$0-\$24,999	15.3%	54
\$25,000-\$49,999	24.4%	86
\$50,000-\$74,999	24.1%	85
\$75,000-\$99,999	14.5%	51
\$100,000-\$124,999	8.5%	30
\$125,000-\$149,999	4.3%	15
\$150,000-\$174,999	4.5%	16
\$175,000-\$199,999	1.1%	4
\$200,000 and up	3.1%	11

What is your approximate average household income?



## V. Implementation Plan

Loring Hospital has developed an implementation plan that address the significant community health needs identified through the CHNA process. The plan relies on collaboration and partnerships with many of the same organizations who participated in the assessment process. The leading organizations implementing the community health strategic plan are:

- Loring Hospital's Wellness Committee
- Community based organizations/Sac County Wellness Coalition
- Government agencies/Sac County Public Health
- Loring Hospital's Leadership Team

In the fall of 2013, Loring Hospital adopted an implementation plan to address the identified significant health needs:

- Nutrition, Obesity and Wellness
- Mental Health
- Access to Physicians

Sac County – Loring Hospital			
Community Health Improvement Plan			
<b>Objective:</b> Addressing community-wide health needs in the categories of nutrition and obesity, wellness, mental health, and access to a physician as these were top priorities identified during the community health needs assessment process.			
Goal – Nutrition, obesity & wellness	Strategies	Who is Responsible	When
To increase community awareness of local services and nutrition programs currently available by implementing a marketing campaign targeting the various county communities.	Develop a website to be the focal point of health information for the community, including all nutrition, health and wellness services available.	Loring Hospital and the Sac County Wellness Collation.	By Jan - 2014
	Develop informational brochures of the nutritional services available and provide to all local hospitals and clinics, as well as local businesses.	Loring Hospital and the Sac County Wellness Collation.	Jan - Mar 2014 (Several months after launch of website).

	Promote the use of our county wellness website through different means of advertisement such as radio, newspaper and social media.	Loring Hospital and the Sac County Wellness Collation.	Jan - Mar 2014 (Several months after launch of website).
<b>Goal – Nutrition, obesity &amp; wellness</b>	<b>Strategies</b>	<b>Who is Responsible</b>	<b>When</b>
Develop a minimum of one new nutritional educational opportunity for each of the following groups: School aged children, adults and the elderly.	Utilize local dietitians, health coaches and health organizations to provide nutrition education to school aged kids by targeting schools, 4-H groups, day-care centers and kid clubs.	Loring Hospital and the Sac County Wellness Collation.	Jan-June, Aug-Dec 2014
	Utilize local dietitians, health coaches and health organizations to provide nutritional interactive presentations to adult groups such as churches, school boards, businesses, ect.	Loring Hospital and the Sac County Wellness Collation.	By Dec 2014
	Utilize local dietitians, health coaches and health organizations to provide nutritional presentations to elderly groups at churches, care facilities, coffee groups ect.	Loring Hospital and the Sac County Wellness Collation.	By Dec 2014
<b>Goal – Mental Health</b>	<b>Strategies</b>	<b>Who is Responsible</b>	<b>When</b>
To provide local patients with access to mental health professionals.	Utilize tele-health services to connect local patients with psychiatric professionals.	Loring Hospital	By 2015
<b>Goal – Physician Access</b>	<b>Strategies</b>	<b>Who is Responsible</b>	<b>When</b>
To hire an additional physician to meet the needs of our local communities.	Begin the recruiting process by identifying resources and personnel to be used for marketing and recruiting for the position.	Loring Hospital	By 2016
	Identify and interview candidates for the position.	Loring Hospital	By 2016

	Evaluate interviewed candidates and make an offer.	Loring Hospital	By 2016
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**Nutrition and obesity** are important priorities in the Loring Hospital community. According to the Centers for Disease Control, 24% of Sac County residents are obese. Nearly 5% of the population has been diagnosed with diabetes and 24% with high blood pressure. 22% of Sac County residents are smokers and 28% report no physical exercise. Many of these factors can be attributed to lack of knowledge about nutrition, obesity and general wellness and exercise.

**Mental Health** of residents of the Loring Hospital service area was identified by Sac County Public health in their 2012 Community Needs Assessment due to the lack of mental health care providers. Census data provides the following mental health information for Sac County:

- Any mental health disorder prevalence per 1000 residents over the age of 65: **127.86**
- Any affective disorder prevalence per 1000 residents over the age of 65: **28.82**
- Major depression prevalence per 1000 residents over the age of 65: **11.46**
- Depression/dysthymia prevalence per 1000 residents over the age of 65: **17.00**
- Phobia/som/pan/anorx/obcom prevalence per 1000 residents over the age of 65: **77.97**
- Cognitive impairment prevalence per 1000 residents over the age of 65: **19.59**
- Schizophrenia/Schizophreniform prevalence per 1000 residents over the age of 65: **1.11**
- Somatization prevalence per 1000 residents over the age of 65: **0.37**
- Anxiety/somatization prevalence per 1000 residents over the age of 65: **70.21**
- Substance use/alcohol abuse prevalence per 1000 residents over the age of 65: **12.56**

**Access to Physicians** was a question on Loring Hospital's CHNA. Nearly 40% responded that access to service is often times a problem. UnityPoint Clinic in Sac City has five health care providers who provide healthcare services at Loring Hospital. Loring Hospital and UnityPoint Clinic have deemed necessary to begin discussions about the further need for providers, either as an additional physician or in the future when one or more physicians retire.

Access to specialty and primary care physicians is an important priority for Loring Hospital's community. A centerpiece of Loring Hospital's plan will be implementation of more specialty clinics via our TeleHealth program. Loring will help organize and direct existing and new virtual care programs and provide guidance in launching new virtual care services for other health care providers in our service area. This will improve, enhance, and expand health care services in Sac County. Secondly, Loring Hospital may expand with other specialty clinics through an updated version of the hospital's medical staffing and strategic plan.

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## **VI. Loring Hospital Community Health Needs Assessment Conclusion**

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Loring Hospital and other important health minded members of Sac County have identified and prioritized health needs of residents of Sac County. This important information serves as a tool that will inform the development of health improvement implementation plans developed by Loring Hospital and other health care agencies and businesses serving the same service area. Working collaboratively, these efforts will improve the health and quality of life for members of Sac County and Loring Hospital's extended service area.

Data is available for all counties in the nation and used in Loring Hospital's assessment data at [www.countyhealthranking.org](http://www.countyhealthranking.org), [www.census.gov](http://www.census.gov), and [www.cdc.gov](http://www.cdc.gov), along with statistics from Iowa Public Health and our own statistical information.