

OSMOND GENERAL HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN

Serving the Counties of: Knox and Pierce

2016



ACKNOWLEDGEMENTS

Osmond General Hospital and the North Central District Health Department would like to recognize the following organizations for their participation in the planning sessions that led to the development of this report:

North Central District Health Department (NCDHD)
Antelope Memorial Hospital
Avera Creighton Hospital
Avera St. Anthony's Hospital
Brown County Hospital
Cherry County Hospital
CHI Health Plainview Hospital
Niobrara Valley Hospital
Osmond General Hospital
Rock County Hospital
West Holt Memorial Hospital
The Evergreen Assisted Living Facility
Cottonwood Villa Assisted Living Facility
Good Samaritan Society – Atkinson
Pregnancy Resource Center
Finish Line Chiropractic
Counseling & Enrichment Center / Building Blocks
Region 4 Behavioral Health System
Central Nebraska Community Action Partnership
Northeast Nebraska Community Action Partnership
Northwest Nebraska Community Action Partnership

NorthStar Services
NCDHD Board of Health
North Central Community Care Partnership
Area Substance Abuse Prevention Coalition
O'Neill Chamber of Commerce
Central Nebraska Economic Development
Holt County Economic Development
Knox County Economic Development
Neligh Economic Development
Pierce County Economic Development
University of Nebraska Lincoln Extension Office,
Brown-Rock-Keya Paha County
Ewing Public School
Lynch Public School
O'Neill Public School Board
O'Neill Ministerial Association
West Holt Health Ministries
O'Neill Lions Club
O'Neill Rotary Club
Mitchell Equipment – O'Neill, NE
Family Service Child Care Food Program

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EXECUTIVE SUMMARY

Organizational Mission

Osmond General Hospital is a 20 bed, not-for-profit Critical Access Hospital located in the busy community of Osmond in Northeast Nebraska. Osmond General Hospital's vision is "To be the preferred provider of high quality health care services". Our physicians, nurses, and entire staff work toward that vision every day in the quality of care that is provided to our patients

Mission –

“Osmond General Hospital is committed to improving the health of Osmond and the surrounding communities by providing high quality, personalized, and technologically current health care with compassion, dignity, and respect in a cost-effective and safe manner.”

Community Served

Osmond General Hospital is located in Osmond, Nebraska with Family Practice Medical Clinics located in the towns of Osmond, Randolph and Wausa. The defined service area of Osmond General are the communities located in Pierce, Knox and the western edge of Cedar counties. These communities have been identified in the Community Health Needs Assessment as 100% rural.

Significant Health Needs to be Addressed

Through the process of completing the Community Health Needs Assessment, as well as assessing the resources available to this organization and surrounding communities, it was determined that the most significant need to be addressed by Osmond General Hospital is the physical wellness of the communities, primarily in the areas of nutrition and physical activity. By tackling these two health issues, Osmond Hospital has the opportunity to vastly decrease the occurrences and severity of life threatening diseases such as cardiovascular disease, diabetes and chronic obstructive pulmonary disease.

Significant Health Needs Not to be Addressed

The following health needs that were identified in the Community Health Needs Assessment will not be directly addressed by Osmond General Hospital due to the fact that this organization either lacks the resources to adequately impact the health need, or because other partners are addressing the issues.

- Aging Population and Related Issues
- Mental Wellness
- Substance Abuse

DETERMINING HEALTH PRIORITIES

HOW DID WE GET HERE?

The Community Health Assessment and Community Health Improvement Plan were developed through a community-driven strategic planning process called Mobilizing for Action through Planning and Partnership (MAPP). The MAPP process commenced in July of 2015 and took approximately 15 months to complete. North Central District Health Department (NCDHD) guided the processes and incorporated members and representatives of many organizations throughout the health district.

The Community Health Assessment was completed by obtaining and reviewing health data for the community. The Community Health Improvement Plan details strategic issues noted throughout the assessment process and outlines goals and strategies to address identified health priority areas.

Data related to the health of the North Central District referenced throughout this document can be found on the NCDHD website: www.ncdhd.gov

PURPOSE

We recognize that by including members from many organizations throughout the community, we can accomplish more than what could be done by any one organization alone. The purpose of the Community Health Improvement Plan is not to create a heavier workload for our partners, but rather, to align efforts of these various organizations to move forward in improving the health of the community in a strategic manner. Community partnership also serves to create a broader representation of community perspectives and engender ownership of the efforts aimed at addressing identified priority health issues.

What follows is the result of the community's collaborated effort and planning to address health concerns in a way that combines resources and energy to make a measurable impact on the health issues of the North Central District community. We understand there are many assets within the North Central District that will aid in the accomplishment of these goals.

PROCESS

Results of the community health assessment were presented to planning partners at the community prioritization meeting. Significant health issues were highlighted and evaluated for priority status. Each priority of concern was written on a sheet of paper and put on the wall for stakeholders to vote on. During this prioritization process, the group created categories from issues based on themes and relationships between issues. The process resulted in several theme areas: aging issues, environmental health, mental health, substance abuse, chronic diseases, and others. Stakeholders then voted on the issues they felt were most important.

Following the community prioritization process, stakeholders were divided into groups to identify goals, strategies, and resources that can be put forth to address the issue at hand. During this meeting, each group was tasked with a specific health priority to address. These groups met several times to discuss objectives, strategies, activities, and organizations that can be utilized to meet specific goals. Work groups for each priority health issue will meet regularly to implement action plans and ensure progress is being made to obtain goals. NCDHD will assist in convening these meetings and measuring progress with each work plan.

PHYSICAL WELLNESS

CURRENT SITUATION

NUTRITION

Within the health district, BRFSS indicators of 2013 report many nutritional statistics: sugar-sweetened beverages are consumed by 27% of adults (1 or more in the last 30 days); 47% of adults reported either watching or reducing their sodium intake; 42% consumed fruits less than once a day; and 22% consumed vegetables less than once a day. Forty-one percent of community health survey respondents noted “poor eating habits” as their top risky behavior. The proportion of respondents concerned about their eating habits decreased with age. Twenty nine percent of low income residents of Knox County and twenty five percent of Pierce County did not live near a grocery store, thus limiting access to healthy foods.

PHYSICAL ACTIVITY

According to the Centers for Disease Control and Prevention guidelines, proper daily exercise for adults (ages 18 to 64) include weight training on two or more days per week incorporating all major muscle groups and walking 150 minutes per week, or jogging 75 minutes per week and weight training on two or more days a week incorporating all major muscle groups. Overall, the health district area is more physically inactive than the state of Nebraska (31% and 24%, respectively). Knox County reported 33% and Pierce County 32% of the population being physically inactive. Similarly, the muscle strength recommendation in 2013 was met by 21% of the health district population (lower than 28% of Nebraskans). The four least physically active counties were: Brown (32% inactive), Holt (29% inactive), Keya Paha (36% inactive) and Pierce (31% inactive); all

approximately equivalent to the 33% target set by Healthy People 2020. Overall, in the community health survey, “lack of exercise” ranked 4th as a community health problem. Trends in the community health survey showed “lack of exercise” identified as a health problem decreased with age and increased with income and with education. “Lack of exercise” also tied for third in the ranking of risky behaviors of the community.

WEIGHT MANAGEMENT

Obesity is a chronic disease that impacts one-third of U.S. adults. The definition of being obese is a BMI of 30kg/m² or greater. In 2014 BFRSS, 72% of North Central District adults were either overweight or obese, significantly greater than the 67% reported at the state level. Further, 32% of these were obese, which was approximately the same as Nebraska’s 30%. Twenty nine percent of the population in Knox County had an overall Body Mass Index of 30 or greater.

DIABETES

In Nebraska, the percent of adults with diabetes has been steadily increasing, from 4% in 1990 to 9% in 2014. The health district rate was 10% in 2014, while 4% reported being told they had pre-diabetes, which is down from 7% in 2013. Knox County reported 7.4% of the population with a diagnosis of diabetes, compared to Pierce County reporting 8.5%. Of the Medicare enrollees in the district area with diabetes, 82% have had an annual exam, which is important in preventing further complications due to diabetes.

ASSETS AND RESOURCES:

Osmond General Hospital will utilize in-house staff and resources to plan, organize, promote and implement the various strategies that will be initiated to reach the goals set forth in the plan. We will use the various mediums available to us such as; website, Facebook, flyers and local newspapers, to communicate the plan and create awareness to the various activities.

Osmond General Hospital will also work in cooperation with other community entities such as; area clinics, schools, fitness centers and community groups in order to create awareness and participation of the programs available.

GOAL: IMPROVE COMMUNITY PHYSICAL HEALTH AND WELLNESS.

Osmond General Hospital will continue to utilize proven community weight loss activities as well as introduce new strategies to work with other community partners to increase awareness of, and promote better nutritional alternatives and opportunities for physical activity. This goal will be accomplished through the development of a resource directory of community programs, the development and strengthening of community partnerships, workplace wellness programs, nutrition and physical activity educational sessions as well as programs to involve community members in weight loss and physical activity challenges.

These initiatives will be monitored using a reporting tool developed in cooperation with the North Central District Health Department. This tool will record activities implemented during the reporting period, numbers of participants, as well as baseline data (if available) and new data acquired as a result of the activities. These reports will be shared with the Health Department and a quarterly basis.