

OSMOND GENERAL HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN

Serving the Counties of: Cedar, Knox and
Pierce

2019-2022



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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
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 providing patient centered, high quality health care 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 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 detection and management of chronic disease, with a focus primarily on heart disease. By tackling this specific health issue, 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.

As a secondary priority, Osmond General Hospital will also expand it's efforts into addressing the mental health needs of the communities it serves with the goal of reducing the suicide rate among it citizens.

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 2018 and took approximately 10 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.

CHRONIC DISEASE DETECTION & MANAGEMENT

CURRENT SITUATION

CARDIOVASCULAR DISEASE

According to the 2017 Nebraska BRFSS, 1 in 11 NCDHD adults (*8.6%) reported that they have ever been told they had a heart attack or coronary heart disease. This percentage is statistically significantly higher when compared to the State, at 1 in 6 adults (6.1%) reporting a heart attack or coronary heart disease. There were 744 deaths due to heart disease in the NCDHD for years 2013-2017 combined, accounting for 26.1 percent of the deaths among NCDHD residents (ranked as the leading cause of death among NCDHD residents).

STROKE

According to 2013-2017 combined years, NCDHD BRFSS, 1 in 40 NCDHD adults (2.5%) reported that they have ever been told they had a stroke. This percentage has been decreasing overall since 2011, and in 2017, for the first time since 2014, NCDHD had a lower percentage than the State (2.5% vs. 2.9% respectively) Stroke was the cause of 167 deaths in the NCDHD during 2013-2017 combined years, accounting for 5.9 percent of all NCDHD deaths during that time period. According to the 2018 Community Health Assessment Survey, “stroke” is ranked 8th (out of 15) among the most serious health issues facing the communities in the NCDHD.

HIGH BLOOD PRESSURE

High blood pressure (also referred to as hypertension) occurs when an individual has a systolic blood pressure of 140mg/dl or higher, or a diastolic blood pressure of 90 mg/dl or higher. High blood pressure often goes undetected or is not properly managed. About 1 in 3 U.S. adults – or about 75 million people – have high blood pressure. Only about half (54%) of these people have their high blood pressure under control. Many youths are also being diagnosed with high blood pressure. This common condition increases the risk for heart disease and stroke, two of the leading causes of death for Americans (Merai et al. 2016; Jackson et al. 2018). In the NCDHD area, the proportion of adults reporting they have been told they have high blood pressure has increased in recent years. In the NCDHD area, Nebraska, and nationwide, prevalence of high blood pressure has increased in the recent years. In the NCDHD area, the proportion of adults reporting they have been told they have high blood pressure

increased from 33.8% in 2011 to 37.8% in 2017. Since 2011, NCDHD adults, compared to Nebraska adults, were statistically significantly more likely to report having been diagnosed with high blood pressure. According to the 2018 Community Health Assessment Survey, high blood pressure is considered the 2nd (out of 15) most serious health issue, after cancer, facing the communities in the NCDHD.

HIGH CHOLESTEROL

In 2017, over 8 out of 10 adults in the NCDHD and in Nebraska (84.4% each) had their blood cholesterol level checked in the past five years. Among those who have ever had their cholesterol checked, 34.7 percent of adults in the NCDHD area reported having ever been told by a health professional that their cholesterol was high, a percentage slightly higher when compared to the State (31.9%). [No BRFSS data was available between 2011 and 2016 for both the NCDHD and State].

DIABETES

The self-reported prevalence of diagnosed diabetes among adults in the NCDHD steadily rose between 2011 and 2016. In 2011, 9.1% of NCDHD adults reported having ever been told that they have diabetes, which increased to 11.5% in 2016. A sharp decline was observed in 2017 as the prevalence of being diagnosed with diabetes in the NCDHD area decreased to 9.8%. And of the first time since 2011, the prevalence of diabetes in the NCDHD area was lower than the State (9.8% vs. 10.1%). According to the 2018 Community Health Assessment Survey, diabetes ranked as the 5th (out of 15) most serious health issue facing the communities in the NCDHD.

CANCER

According to results from the 2017 Nebraska BRFSS, about 1 in 8 NCDHD adults (13.5%) reported that they have ever been told they have cancer (prevalence rates in the NCDHD were statistically significantly higher than the State between 2012 and 2014). These percentages have been stable since 2011, but they have been higher than the State overall. According to the 2018 Community Health Assessment Survey, cancer was considered the most serious health issue facing the communities in the NCDHD

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.

MENTAL WELLNESS

CURRENT SITUATION

MENTAL HEALTH

Mental health illnesses are very common in the United States, with an estimated 50% of all Americans diagnosed with a mental illness or disorder at some point in their lifetime. Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for those aged 18-44 years old, and adults living with serious mental illness die on average 25 years earlier than others (CDC, 2019). Depressive illness (including major depression, bipolar disorder, and dysthymia) is the most common mental illness, affecting roughly 21 million Americans each year. According to the 2018 Community Health Assessment Survey, mental health is ranked 3rd among the top 10 concerns to health care in the NCDHD community. Mental illness is associated with increased morbidity from a number of chronic diseases, including cardiovascular disease, diabetes, cancer, asthma, and obesity. Unhealthy behaviors such as tobacco and alcohol use as well as rates of injury are also higher in persons with mental illness (Nebraska DHHS, 2016). In 2017, about 1 in 6 NCDHD adults (10.8%) reported having ever been told by a doctor, nurse, or other health professional that they have a depressive disorder, including depression, major depression, dysthymia, or minor

depression (i.e., diagnosed depression). Roughly 1 in 17 NCDHD adults in 2017 (5.9%) reported that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the past 30 days (i.e., frequent mental distress). Between 2012 and 2017 the prevalence of diagnosed depression among NCDHD adults remained relatively stable. Overall, the prevalence of depression among NCDHD adults has been lower than the State since 2011. In 2017, the NCDHD prevalence of depression among NCDHD adults was 8.6 points lower than the State (10.8% vs. 19.4%, respectively).

SUIDICE

Suicide was the 14th leading cause of death in the NCDHD during 2013-2017 combined years, claiming 33 lives. After remaining relatively stable between 2001-2005 combined years and 2010-2014 combined years, the suicide death rate in the NCDHD increased 79 percent between 2010-2014 combined years and 2013-2017 combined years to a rate of 15.2 deaths per 100,000 population (age-adjusted), the highest rate since 2001-2005 combined years.

All counties within the district are state-designated shortage areas for psychiatry and mental health

ASSETS AND RESOURCE

Healthcare providers, mental health/behavioral health agencies, hospitals, pharmacies, local public health department, schools, faith/community organizations, law enforcement, and community action agencies.

PARTNERS AND COMMUNITY MEMBERS WHO HAVE AGREED TO SUPPORT CHIP ACTION:

North Central District Health Department (NCDHD)
NCDHD Board of Health
Antelope Memorial Hospital
Avera Creighton Hospital
Avera St. Anthony's Hospital
Brown County Hospital
Cherry County Hospital
CHI Health Plainview Hospital
Niobrara Valley Hospital
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Central Nebraska Community Action Partnership
Northeast Nebraska Community Action Partnership
Northwest Nebraska Community Action Partnership
NorthStar Services
North Central Community Care Partnership
Area Substance Abuse Prevention Coalition
Central Nebraska Economic Development
Knox County Economic Development
Pierce County Economic Development
University of Nebraska Lincoln Extension Office, Antelope/Knox County

GOAL 1: EFFECTIVELY SCREEN AND MANAGE CHRONIC DISEASE WITH THE COMMUNITIES WE SERVE

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 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.

GOAL 2: MENTAL HEALTH WILL BE PROMOTED WITHIN THE COMMUNITY AS AN INTEGRAL PART OF OVERALL WELL-BEING.

Osmond General Hospital will utilize two new services offered on an outpatient basis; Senior Life Solutions, which is a group mental health therapy program directed towards seniors; Tele-psych is offered through a partnership with Bryan Tele-Medicine and Genesis Psychiatric Group in Lincoln, Nebraska. OGH will also promote mental health and suicide prevention through publications and advertisement.

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.