

OSMOND GENERAL HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN

Serving the Counties of: Cedar, Knox
and Pierce

2025-2027



CONTENTS

ACKNOWLEDGEMENTS.....2

EXECUTIVE SUMMARY.....3

DETERMINING HEALTH PRIORITIES.....4

PRIORITY 1: LIFESTYLE CHANGES5

PRIORITY 2: SOCIO-ECONOMIC STABILITY6

PRIORITY 3: ACCESS TO CARE.....7

PARTNERS AND COMMUNITY MEMBERS WHO HAVE AGREED TO SUPPORT CHIP ACTION8

WORK PLAN.....9

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Osmond General Hospital would like to recognize the following organizations for their participation in the planning sessions that led to the development of this report:

Ainsworth Chamber of Commerce
Antelope Memorial Hospital
AseraCare Hospice
Avera Creighton Hospital
Avera St. Anthony's O'Neill
Boyd County Schools
Bright Horizons
Brown County Emergency Management
Brown County Sheriff's Office
Building Blocks
Cherry County Hospital
CHI Health Plainview
City of Creighton
Department of Health and Human Services
Elgin Public Schools
Emergency Manager of Cherry County
Educational Service Unit 17
Family Service Lincoln
Greater Sandhills Family Healthcare, PC
Niobrara Valley Hospital
Northeast Community College
O'Neill Chamber of Commerce
O'Neill Community Foundation
Osmond General Hospital
Osmond School Board
Pierce Chamber of Commerce
Plainview Ministerial
Region 11 Emergency Management, Norfolk
Retired Rural Regional One Medical Response System
Rock County Hospital
Rotary Club
Rural Regional One Medical Response System
Santee Health Center
University of Nebraska-Lincoln Extension
Valentine Police Department
West Holt Health Ministries
West Holt Memorial Hospital

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 its efforts into addressing the mental health needs of the communities it serves with the goal of reducing the suicide rate among its 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 7, 2024 and took approximately nine 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 (CHA) 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.ne.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. There are many assets within the North Central District that will aid in the accomplishment of these goals.

PROCESS

The Community Health Assessment incorporates a broad range of both qualitative and quantitative data. The secondary quantitative data were pulled from national, state, and local sources on MySidewalk; these allow for trend analysis and comparisons to both state and national levels. Qualitative data was sourced from the Community Partner Assessment, key informant interviews, focus groups, and a community survey.

On March 25, 2025 partners selected the CHIP priorities. NCDHD and partners convened on May 8, 2025 to solidify goals, objectives, and strategies for the CHIP. 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.

PRIORITY 1:

Lifestyle Changes

STRATEGIC ISSUE 1: HOW DO WE OPTIMIZE HEALTH BY IMPROVING DAILY LIFESTYLE CHOICES?

CURRENT SITUATION:

The CHA/CHIP group identified mental health and substance abuse and chronic disease and disease prevention to be two priority areas on March 25th, 2025. In developing the CHIP, it was determined that lifestyle changes lead to the greatest changes in both these priority areas. To improve mental health, substance use, and chronic disease, the group decided to work to improve lifestyle choice in the district.

MENTAL HEALTH

In 2022, suicide death rates in Nebraska (15.5 per 100,000 people) have surpassed the national average of 14.8 deaths per 100,000 people in 2022. In 2023, Nebraska slightly dropped (14.4) below national average of 14.7 deaths.

In Nebraska, men carry most of the burden, with a suicide death rate of 42.2, compared to their female counterpart's suicide death rate of 10.6. The age category at greatest risks for death by suicide is 45–54 years old (21.6) followed closely by 25–34 (21.3) and 35–44 (20.5). Suicide was listed in the top three leading cause of death for ages 1–14 and ages 15–24. Native Americans (35.7) are significantly more likely than any other ethnic group to die by suicide: White (16.7), African American (8.5), Hispanic (8), and Asian (0). NCDHD is a HRSA designated shortage area for mental health providers, making addressing mental health with direct healthcare services difficult.

SUBSTANCE ABUSE

Drug overdose deaths have steadily increased from 2003 to 2021 in Nebraska and in north central Nebraska. In 2003, the age-adjusted deaths per 100,000 people in Nebraska was 3.2 and grew to 11.4 in 2021.

Alcohol is the most used substance among NCD youth with 38.1% having drunk in their lifetime. 10.3% of youth had their first drink of alcohol before the age of 12 and only 1.8% of current drinkers had their first drink after the age of 15. This data suggested alcohol prevention and education must start by at least age 8. Binge drinking is defined as having 4 or more drinks of alcohol in a row within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row if you are male. Binge drinking is associated with high rates of risky behavior and harm. Males are more likely to binge drink 90.5% than females (96%) and therefore engage in risky behavior. E-cigarette use is the second most used substance for youth in NCD, with 20.6% of males and 22.7%

of females having ever vaped in their lifetime. 7.1% of males are current e-cigarettes users and 10.8% of females are current users. Marijuana is the third most used substance with 10.9% of students using it by their senior year.

CHRONIC DISEASE

Nebraska's top cause of death is heart disease with 194.8 deaths per 100,000, which is less than the nation (203.3 death per 100,000). Nebraska's second leading cause of death is cancer (185.6 death per 100,000), which is higher than the nation's (183.1 death per 100,000). Cancer was listed as a top three cause of death for all age groups. Diabetes is the 7th leading cause of death in Nebraska in 2023 and was highlighted as a priority on the March 25th meeting as well as throughout the focus groups. Diabetes was the cause of death in 2023 for 579 Nebraskans. Hypertension and hypertensive renal disease are the 8th leading cause of death in Nebraska in 2023 and was highlighted on the March 25th meeting. This was the cause of death in 2023 for three hundred sixty-nine Nebraskans.

Both key informants and community members cite obesity as a major health concern, tied to poor nutrition, limited healthy food options, and a sedentary lifestyle. This helps to explain why the North Central Health District had higher percentages of adults with chronic conditions (obesity, diabetes, coronary heart disease, high blood pressure) compared to the state average. Improved physical activity was mentioned to prevent chronic disease. 28.6% of north central Nebraskans are physically inactive, compared to the state's average of 25.2%.

LIFESTYLE CHOICES

“What each of us does in our daily lives profoundly affects the likelihood of developing chronic diseases, in general, and cardiovascular disease (CVD), in particular. Thousands of studies support the concept that regular physical activity, maintenance of a proper weight, sound nutritional practices, and avoiding tobacco products all significantly reduce the risk of CVD.¹⁷ In NCDHD, 28.6% of adults are physically inactive, 30.8% of adults get less than 7 hours of sleep, and 6.9% of Nebraska adults reported consuming two or more fruits and three or more vegetables daily.

¹⁷Rippe JM. Lifestyle Strategies for Risk Factor Reduction, Prevention, and Treatment of Cardiovascular Disease. *Am J Lifestyle Med.* 2018 Dec 2;13(2):204-212. doi: 10.1177/1559827618812395. PMID: 30800027; PMCID: PMC6378495.

ASSETS AND RESOURCES: Healthcare providers, behavioral health agencies, hospitals, local public health department, schools, local media, athletic associations, American Heart Association, Human Performance Project, and local businesses.

PRIORITY 2:

Socio-Economic Stability

STRATEGIC ISSUE 2: HOW DO WE OPTIMIZE SOCIO-ECONOMIC HEALTH?

CURRENT SITUATION:

SOCIOECONOMIC STATUS

A household's income level determines what types of health-related choices are available. Those with lower levels of income often have lower access to healthy foods, preventative health care, and educational opportunities and are also associated with poorer physical and mental health outcomes (Braveman, Egerter, & Barclay, 2011). A lack of financial resources can make engaging in healthy behaviors difficult, often leading to poor health behaviors and outcomes. Poor physical health and mental health are all more common among people making less money in their household. The average income for NCDHD in 2023 was \$65,682, which is lower than the state average of \$74, 985.

When residents were asked in the community survey, "What would make the area where you live a healthier place for you or your family?" the top responses were lower cost of living, affordable healthcare, economic improvement, better job opportunities, wage increases to match inflation, and support for small businesses. When asked, "What worries you most about your health or the health of your family?" the top responses were financial concerns, cost of healthcare, medical bills, insurance cost, cost of medications and treatments, rising cost of groceries and healthy food.

HOUSING

Residents frequently mention high living costs, expensive healthy foods, and financial struggles as barriers to overall health. One of the greatest expenses of a family is housing. Excessive housing costs, which is defined as 30% of a household's income, affect 18.4% of NCDHD residents.

FOOD INSECURITY:

Residents frequently mentioned the excessive cost for healthy food. This was reinforced by 35.4% of residents living over 10 miles from a grocery store with no large supercenters or club stores offering more variety. NCDHD has fewer households receiving SNAP benefits (6.8%) compared to the state average (8%). Yet, we have a higher percentage of households living in poverty that don't receive SNAP support (73.8%) than the state (66%).

ASSETS AND RESOURCES: Local Coalitions, media outlets, schools, local city and county governing bodies, Central Nebraska Economic Development, landlords, Community Action Agencies, healthcare, DHHS, Beginnings Pregnancy Center, Reach Media, parks, churches, grocery stores, UNL Extension's ACCESS Nebraska Nutrition Education Program

PRIORITY 3:

Access to Care

STRATEGIC ISSUE 3: HOW DO WE BUILD BRIDGES TO CARE?

CURRENT SITUATION:

ACCESS TO CARE

Access to care was a common theme in focus groups and the community survey. NCDHD counties are all HRSA designated healthcare provider, mental health provider, and dental provider shortage areas.

Lack of long-term care options for elderly populations was a common theme in focus groups, as well as during the March 25, 2025 meeting.

Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance. 93.3% of NCDHD residents have health insurance, which is more than the state average of 92.6%. In the district, Native Americans (71.1%), African Americans (80.8%), Hispanics (80.4%), and other populations (68.7%) have the lowest rates of insurance. This insurance disparity amongst races varies from one county to another, to address insurance disparities in individual counties, the county level data should be reviewed.

Key informants and partners identified persistent challenges in recruiting and retaining healthcare professionals, including nurses, EMS personnel, and other medical staff. Staffing shortages affect care quality, timeliness, and service sustainability.

CHILDCARE

When asked "What would make the area where you live a healthier place for you or your family?" amongst the top responses were lack of childcare. Shortage of childcare providers was also a common theme in focus groups. The average childcare center per county in the district is three.

TRANSPORTATION

When residents were asked "What would make the area where you live a healthier place for you or your family?" a top response was transportation. Consistently, respondents noted limited access to specialists (e.g., mental health providers, cardiologists, endocrinologists), requiring long-distance travel and long wait times.

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

Ainsworth Chamber of Commerce
Antelope Memorial Hospital
AseraCare Hospice
Avera Creighton Hospital
Avera St. Anthony's O'Neill
Boyd County Schools
Bright Horizons
Brown County Emergency Management
Brown County Sheriff's Office
Building Blocks
Cherry County Hospital
CHI Health Plainview
City of Creighton
Department of Health and Human Services
Elgin Public Schools
Emergency Manager of Cherry County
Educational Service Unit 17
Family Service Lincoln
Greater Sandhills Family Healthcare, PC
Niobrara Valley Hospital
Northeast Community College
O'Neill Chamber of Commerce
O'Neill Community Foundation
Osmond General Hospital
Osmond School Board
Pierce Chamber of Commerce
Plainview Ministerial
Region 11 Emergency Management, Norfolk
Retired Rural Regional One Medical Response
System
Rock County Hospital
Rotary Club
Rural Regional One Medical Response System
Santee Health Center
University of Nebraska-Lincoln Extension
Valentine Police
West Holt Health Ministries
West Holt Memorial Hospital

WORK PLAN

The remaining pages in this document outline the work plan for each issue identified by community partners as priority health areas through this planning process.

The work plan contains goals, objectives, strategies, activities, measures, timelines, and partners for each priority health area.

Over the course of the next three years, workgroup members will commit resources and efforts to activities as outlined in the work plan. This section is meant to be a flexible, responsive component of the community health improvement plan. As such, it will periodically be reviewed and updated to ensure the elements reflect workgroup progress and needs of our community

Socio-Economic Stability

GOAL: Enhance Socio-Economic Stability

OBJECTIVE 1		OUTCOME MEASURES		
Decrease the percentage of adults who report food insecurity in the Osmond area by 1% by December 31, 2027.		11.3% of adults in NCDHD struggle will food insecurity. <i>Sources: Sources: CDC BRFS PLACES 2022</i> *** Additional sources of data: feedingamerica.org		
STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote awareness and maintenance of current food pantries.	Promote partnerships to keep food pantries stocked.	Number of promotions in community.	December 2027	OGH Staff
2. Provide healthy meals through Meals on Wheels program to community members in need.	Promote hospital Meals on Wheels program. Prepare and deliver meals.	Number of people receiving meals	December 2027	OGH Staff

OBJECTIVE 2		OUTCOME MEASURES		
educate, encourage and assist those in the community that qualify to apply for assistance programs.		Number of community members assisted.		
STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Promote awareness of programs available to assist low-income families.	Utilize hospital social media platforms, website and face-to-face contact to make local citizens aware of assistance programs.	Number of promotions in community.	December 2027	OGH Staff
2. Assist local community members that qualify with Medicaid applications or other assistance programs.	Utilize hospitals Care Coordinator to assist with applications.	Number of people assisted.	December 2027	OGH Staff

Access to Care

GOAL: Enhance Access to Care

OBJECTIVE 1	OUTCOME MEASURES
Improve access to medical care for populations with greatest barriers to care by December 31, 2027.	Continue to increase services that allow patients to receive healthcare locally so that they do not need to travel.

STRATEGY	ACTIVITY	PROCESS MEASURES	TIMELINE	PARTNERS
1. Community awareness of healthcare services available locally	Utilize hospital social media platforms and website to educate the community on services provided locally.	The number of media exposures regarding the awareness of services available.	December 2027	
2. Add new service lines that will allow residents to receive services locally.	Expand service offerings as available.	Number and type of services provided.	December 2027	Wausa Medical Clinic, Randolph Family Practice clinic, Osmond Medical Clinic, Senior Life Solutions. Restorix Health, Faith Regional Health Services.