

# OSCEOLA COMMUNITY HOSPITAL



*"The Hospital with a Heart"*

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## **2013 – Community Health Needs Assessment**

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## **EXECUTIVE SUMMARY**

During fiscal year 2012-2013 a community health needs assessment was conducted by Osceola Community Hospital for the approximately 12,000 people residing in the hospital's primary service area. The Osceola Community Hospital serves all of Osceola County, the eastern half of Lyon County and the southern edge of Nobles County, Minnesota. The communities located in this geographic area include but are not limited to: Sibley, Ocheyedan, Melvin, Harris, Lake Park, Ashton, Little Rock, George, Sheldon and Boyden in Iowa, and Bigelow, Rushmore and Worthington in Minnesota.

Community health needs assessments are a tool used to help communities assess their strengths as well as their weaknesses. The process allows the community to better understand its capacity and the overall use of resources by its residents. It is also the foundation for improving and promoting the health of the community. Community health needs assessments are a key step in the continuous community health improvement process. The role of the process is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors and health needs.

The Community Health Needs Assessment is also a part of the required hospital documentation of "Community Benefit" under the Affordable Care Act. Non-profit hospitals are now required to conduct community health needs assessments to help them determine community benefit programs for the future. Further explanation and specific regulations are available from Health and Human Services, the Internal Revenue Service and the U.S. Department of the Treasury.

This community health needs assessment is the first of its kind for Osceola Community Hospital. In order to comply with the established regulations Osceola Community Hospital completed the following:

- Community Health Needs Assessment report, compliant with IRS – Treasury;
- Gathered information needed to complete the IRS – 990h schedule; and
- Developed an implementation strategy to address the community health needs identified during the assessment process.

### **Purpose**

Osceola Community Hospital will conduct a community health needs assessment every three years to evaluate the health of the community, identify high priority needs and develop strategies to address the needs of the community. The hospital also has a contract with Osceola County to provide public health services and works closely with the public health department in conducting the public health needs assessment. In the future the two entities will conduct the community health assessment together. This collaboration will allow for additional resources, and facilitate greater cooperation and efforts in identifying community health needs. Each of the partners shares a commitment and plays a significant role in the community's health and overall well-being. The 2013 Osceola Community Hospital health needs assessment represents a combination of quantitative and qualitative information based on census data, technical

data and focus group feedback from community organizations, leaders, consumers and health professionals. Local data was compared to state, national and benchmark information. The results of the community health needs assessment surveys were reviewed and tabulated. Twelve focus groups were given the surveys with 123 people responding to the questionnaire, 37 people responded from the health fair and 10 other people from the community also responded to the survey. This gave us a total of 160 people who participated in the 2013 Community Needs Assessment. The community health needs assessment committee discussed the primary and secondary data findings and after careful consideration of all the data and completing the prioritization process, the following top health need priorities were identified:

- Access to health care (primary care, mental health and dental)
- Health improvement and promotion
- Memory care
- Transportation

This report summarizes the results of the analysis.

## **Description of Osceola Community Hospital**

Osceola Community Hospital is a locally owned, private, nonprofit, health care organization located in Sibley, Iowa. The hospital provides inpatient, outpatient and community health services to the citizens of Osceola County and the surrounding area. Services offered include general medical care, surgical care, obstetrical care, emergency care, and child development services.

Osceola Community Hospital is licensed by the Iowa Department of Health as a Critical Access Hospital with 25 acute care beds. The hospital is part of the Avera Health System through a management contract with Avera McKennan Hospital & University Health Center in Sioux Falls, S.D.

The mission of Osceola Community Hospital is to enhance and improve the quality of life of the population it serves, to be the area's premier health care service provider, and to have a positive impact on the lives of the people and community it serves.

Many updates to the facility, equipment and service lines have been accomplished through the years. In recent years major additions have included the Physicians' Office Complex, the Heartwood Heights Senior Independent Living/Assisted Living apartment complex, a new state-of-the-art Wellness/Rehab Center and a community-wide child care center, the only licensed child care center in the county.

An active medical staff offering excellent comprehensive care includes three family practice physicians, one nurse practitioner, three general surgeons, and a radiologist. A highly trained, dedicated and motivated support staff of health care professionals serves the hospital and supports the work of the outstanding physician base. Consulting services and outpatient specialty clinics are provided by 15 specialists that include the medical specialties of orthopedics, cardiology, urology, podiatry, oncology, ENT and ophthalmology. The hospital is currently home to a 16-slice CT (computed tomography) scanner, the first of its kind in the Sibley area.

Osceola Community Hospital's vision for the future continues the spirit of innovation and progress that has defined excellence in meeting the health care needs of the community. A four-phase addition and renovation plan was completed to carry out the hospital's reputation of excellence and innovation built over the last 49 years, and serve future generations. To a large degree the future of Osceola Community Hospital is dependent upon the establishment, sustenance, and longevity of primary care and specialized care physicians. An updated, state-of-the-art facility is crucial to continue to attract and retain the excellent physician base that exists today. The newly remodeled facility has created opportunities to attract specialty services such as orthopedic surgery for knee and hip replacement, ophthalmology for cataract surgery, and ENT services. The addition and renovation are not only important for physician recruitment, but also aid in retaining the current medical staff. Many citizens consider ready access to excellent, high-quality health care a primary consideration in a decision to move to Osceola County or remain in the area. The growth and vitality of the community is directly related to the quality and availability of health care services, including an excellent hospital. The economic force of Osceola County will only continue to improve as a result of the increased services made

available to the public. Since its inception 49 years ago, Osceola Community Hospital has developed into an outstanding, independent, locally owned, non-tax supported, and community health care facility in the state of Iowa. The constant support of Osceola County residents and the surrounding communities has been a key factor in this success. The Osceola Community Hospital has a long reputation of meeting the community's health care and wellness needs through continuously updating and improving health care services and programs to ensure a state-of-the-art facility is available to the citizens of Osceola County. In order to have health care services for the future, it is necessary to stay up to date, keep moving forward and remain at the forefront of medical advances.

### Description of Community

Osceola Community Hospital is located in Sibley, IA. The City of Sibley is the largest city in Osceola County, and serves as a trading center for the surrounding agricultural area. Osceola Community Hospital defines its primary service area as Osceola County and portions of Lyon County, IA, and Nobles County, MN Counties. In 2012 Osceola Community Hospital discharged 377 patients. The data indicated that 272 patients or 72 percent of Osceola Community Hospital's patients reside in Osceola County, 41 patients or 11 percent reside in Lyon County, and 30 patients or 8 percent reside in Minnesota. In addition, 28 patients came from the various counties within the state of Iowa such as, Cherokee, Dickinson, O'Brien, Polk and Sioux, while six patients came from surrounding states of Missouri, South Dakota, Colorado, and Tennessee. The primary service area is rural in nature and covers about 40 to 50 square miles. Osceola County has a strong agricultural base which is augmented by its exceptional medical community, healthy retail community, thriving Industrial base, excellent schools, and numerous churches. The 2010 census recorded a population of 6,462 in Osceola County, with a population density of 16.2048/sq mi (6.2567/km<sup>2</sup>). By 2012 the population was estimated at 6,193 a 4.2% decrease in two years. There were 2,990 housing units, of which 2,682 were occupied (Refer to Table 9 page 22 ).

**Table 1: US Census Bureau State & County Quick Facts – Population 2010**

Population Variable	Osceola	Lyon	Nobles, MN	Iowa
Population Estimate (2012)	6,193	11,757	21,487	3,074,186
Under 5 Years Old	5.60%	7.70%	8.20%	6.50%
Under 18 Years Old	22.40%	27.60%	26%	23.70%
65 years of age and older	20.10%	16.50%	15.80%	14.90 %
Female	49.60%	50.20%	48.60%	50.40%

**Table 2: Racial/Ethnic Composition for the Osceola Community Hospital Service Area**

Race	Osceola	Lyon	Nobles, MN	Iowa
White	98.10%	98.90%	87.70%	93.00%
Black/African American	0.40%	0.20%	3.80%	3.10%
Native American/Alaska Native	0.30%	0.10%	1.00%	0.50%
Asian	0.30%	0.20%	5.90%	1.90%
Hispanic/Latino	6.50%	2.00%	23.30%	5.20%

\*Source U.S. Census Bureau: State and County Quick Facts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployee Statistics, Economic Census, Survey of Business Owners

**Table 3: Social & Economic (SES) Factors: Income, Poverty level & Education for Osceola Community Hospital service Area**

<b>Income/Education</b>	<b>Osceola</b>	<b>Lyon</b>	<b>Nobles, MN</b>	<b>Iowa</b>
<b>Median Household Income</b>	<b>\$45,696</b>	<b>\$49,938</b>	<b>\$45,552</b>	<b>\$50,451</b>
<b>Living Below Poverty Level 2010</b>	<b>8.80%</b>	<b>7.40%</b>	<b>19.50%</b>	<b>11.90%</b>
<b>Children in Poverty</b>	<b>15.10%</b>	<b>12%</b>	<b>20.80%</b>	<b>17%</b>
<b>High School Graduation</b>	<b>97%</b>	<b>87.10%</b>	<b>79.40%</b>	<b>88%</b>
<b>Bachelor Degree</b>	<b>13.30%</b>	<b>16.1</b>	<b>15.60%</b>	<b>24.90%</b>
<b>Unemployment</b>	<b>4.20%</b>	<b>2.70%</b>	<b>4.00%</b>	<b>4.70%</b>

\*Source U.S. Census Bureau: State and County Quick Facts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployee Statistics, Economic Census, Survey of Business Owners

Research has demonstrated a strong relationship between socio-economic status and increased risk of being affected by health disparities. A person’s health status is as much a product of education, financial resources, and social status, as it is of genetic make-up, personal life styles, and exposure to disease. Whether assessed by income, level of education, or occupation, the socio-economic status clearly predicts the health status of an individual.

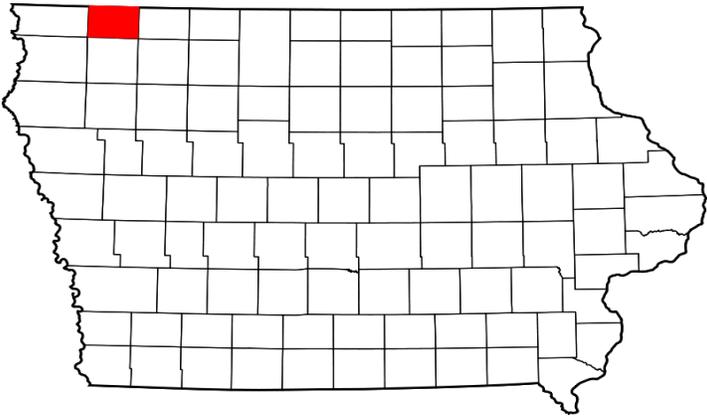
Healthy People 2020 define a health disparity as “a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion”.

. A higher income level provides individuals with a means to purchase health insurance, and ensures access to health care on a consistent basis. Education has a direct impact on an individual’s professional development and career opportunities, which influences access to healthcare coverage. Occupational health status has a significant impact on the health status of an individual especially since research has demonstrated that employed persons have better health than those unemployed. The three main detractors of health include: behavior and lifestyle, environmental exposure, and healthcare. Behavior lifestyles has a significant impact on the health of people, especially minority populations and can be related to increased morbidity and mortality, diagnosed mental disorder, and/or depression in adults and children. Limited access to health insurance and preventative services creates a health disparity

**Where we are located:**



**Iowa's location within the United States.**



**Location of Osceola County in Iowa.**



**Location of cities within Osceola County.**

## **How Strategy & Plan Developed:**

### **Who was Involved with the Assessment**

The assessment was conducted by Osceola Community Hospital which also provided the financial and in-kind support for the assessment process. Since the greatest portion of the organization's patient and customers reside in Osceola and Lyon counties, focus groups and paper surveys were taken to six surrounding towns of Harris, Melvin, Ocheyedan, Ashton, Little Rock and George, all in Iowa. A paper survey was handed out to participants at the hospital and various congregate places, and focus groups were conducted in each community. Special attention was taken throughout the primary data collection process to ensure the hospital's assessment took into account input from persons who represented the broad interests of the community, including those with special knowledge and expertise in public health.

The focus group members included representatives from the medical community and civic organizations, business owners, farmers, public health officials, EMTs, firefighters, city and county officials, Sibley-Ocheyedan school personnel, mental health providers, Osceola County Sheriff's Office personnel, domestic abuse counselors, substance abuse and mental health counselors, Ministerial Association members, Board of Trustee members, patients, and people representing the uninsured and underinsured population. All age groups were represented in the focus groups.

Osceola Community Hospital reached out to a growing Hispanic population with surveys and focus group representation.

### **How was the Assessment Conducted**

From March to July of 2012 several members of the hospital's CHNA committee had participated in a mid-life focus needs study conducted by Iowa State Extension. As a result of this participation the hospital attached five questions to its survey from the ISU needs assessment to gather more community input, and this represented collaboration between the hospital and ISU Extension services. In September of 2012 the hospital CEO, DON and Osceola County Public Health Nurse attended training sponsored by the Iowa Hospital Association for conducting a Community Health Needs Assessment, instructed by the Iowa Department of Public Health and Iowa Hospital Association.

Data was compared to statewide data as well as national data and benchmarks. The results of the Community Health Needs Assessment surveys and focus groups were reviewed and tabulated and shared with the community health needs assessment committee. The CHNA committee also considered Iowa State University Extension Mid Life survey results, Osceola Public Health CHNA results, Centers for Disease Control Youth behavior survey, Office of Adolescent Health Iowa Youth Survey, Osceola Community Hospital discharge status and ER top diagnoses U.S. Census Bureau Census of Population & Housing, County Health Rankings and Roadmaps, Healthy Iowans report by the Iowa Department of Public Health, and <http://www.worldlifeexpectancy.com/usa/iowa>.

### **Prioritization Process**

Common themes of the data analysis were identified, and the top seven themes were placed into a prioritization template with the committee and scored based on the significance of each need. Criteria included size, seriousness, economic feasibility, potential for impact, availability of community assets, need due to limited community assets, and probability of success and value of the presented themes. The committee scored the health issues based on the criteria using a 1-5 scale with “1” indicating the lowest score for significance, feasibility or probability and a “5” indicating the highest score, with a maximum score possible of 40. From this process the top needs facing the community were identified as obesity, heart disease, mental health, need for additional physicians, dementia and dental care for low income persons.

### **Health Needs Identified**

Review and analysis of the data gathered from the Community Health Needs Assessment survey, focus groups and Osceola County Public Health community health needs assessment identified possible areas of focus, the first being accessibility and availability of health care services. Over the past three years there has been a loss of three of the five physicians in the county. The county has been designated as a HPSA shortage area for primary care. Osceola Community Hospital and Avera Medical Group Sibley were successful in recruiting two practitioners. In February 2011 a nurse practitioner was recruited and has been well received by the community. She is the first mid-level and first female provider in the county. In August 2012 a family practice physician was also recruited. There is still a need for one or two physicians. The remaining physicians are aging and may want to reduce their hours over the next three to five years. This makes addition of new physicians imperative.

Obesity and healthy habits are a continuing concern. Osceola County ranks first for the evidence of heart disease. The county’s obesity rate is 31 percent; and the state of Iowa’s obesity rate is 30 percent. (Refer to Table 4 page 15).

### **Community Assessment Identified – Providing Access**

The community often looks to Osceola Community Hospital to impact the overall health and quality of life in Osceola County and the surrounding areas. Through the CHNA survey, participants had the opportunity to provide feedback related to how the organization could help provide community-building activities to improve the overall health and quality of life in the community. Survey participants identified memory care (dementia), mental health services, transportation, dental care, need for additional physicians (35% stated they wanted a female physician), heart disease, obesity and prevention.

Osceola Community Hospital has cared for people of our region for 49 years. The facility takes pride in providing care to our patients in a modern facility equipped with the highest level of technology for today’s needs. From health education to disease prevention to diagnosis and treatment, the facility provides services to treat illness and promote wellness. The facility takes pride in providing access to quality health care in a rural community.

## **Health Care Resources**

**Hospital care** - Hospital inpatient, outpatient and observation services provide an average daily census of 5.6 acute and skilled patients.

Staffing for the hospital consists of at least two RNs on each shift with additional LPNs for patient care. All registered nurses are certified in advanced cardiac life support (ACLS). All have completed the trauma nurse core course (TNCC), all are pediatric advanced life (PALS) and neonatal (NRP) certified.

Osceola Community Hospital provides 24-hour services/care for medical, surgical, obstetrical, pediatric, newborn and swing-bed patients. A care transitions program is in place as an extension of the hospital stay to prevent readmissions for targeted diagnosis and for those patients assessed at high risk for readmission.

The facility is certified as a Level 4 trauma service. It is fully integrated with eEmergency, eICU and eConsult (telemedicine).

Osceola Community Hospital has two operating suites, accommodating general surgery, orthopedic, ENT and ophthalmology surgery. The hospital has a full service laboratory (chemistry, hematology, blood gases, drug screen and blood banking).

Radiology provides on-site digital mammography, 16-slice computerized tomography (CT), bone density testing (DEXA), ultrasound and general radiology. Mobile services provide magnetic resonance imaging (MRI), nuclear medicine and position emission tomography (PET).

The hospital's full-service rehab department offers cardiac and pulmonary rehab, physical therapy, occupational therapy and speech therapy are offered, as well as outreach service for sleep studies, vascular and nuclear studies.

Osceola Community Hospital has a Medicare-certified diabetic education program that provides educational and health maintenance support for our diabetic patients. Outreach clinics are offered monthly. These clinics include cardiology (stress testing), oncology (chemotherapy), urology, ENT, ophthalmology, podiatry, and orthopedics (total joint surgery and knee arthroscopies are done at our hospital).

**Osceola Community Health Services** - Home health care, hospice and a variety of public health services are offered to the residents of Osceola County in a 20-mile radius of Sibley, Iowa. Osceola Community Health Services is a department of Osceola Community Hospital and functions within a contractual agreement with the Osceola County Board of Supervisors to provide public health services. The agency accepts reimbursement from Medicare, Medicaid, commercial insurance, and receives grants and is also subsidized by local county funding and by the local hospital.

**Wellness Center** - Osceola Community Hospital has a wellness center open to the public. All members wear a Polar heart monitor while exercising at the center. This information can be downloaded and given to the physician for evaluation. We are a

wellness model and want to educate people on target heart rates and the proper way to exercise.

The center has cardio and strengthening equipment and a therapeutic pool. Classes are offered on yoga, exercise balls, circuit, Zumba and aerobics. We have a licensed massage therapist and trained wellness coaches on staff, as well as a weight loss program with trained coaches.

**Senior Living** -The hospital has a 22-bed assisted living complex attached to the hospital. The apartments are one or two bedrooms, with community dining and socialization activities. As needs of the residents arise, additional services can be offered (home health nurse, aide, laundry and additional meals). All residents wear a Lifeline for emergency assistance.

**Primary care** - Avera Medical Group of Sibley consists of three full-time licensed physicians and one licensed mid-level practitioner. Recruitment and retention of medical providers in rural areas is of concern and strategies related to recruitment and retention continue to be developed.

**Meals on Wheels** - Volunteers deliver meals to the senior citizens to private homes Monday – Friday. This service is currently provided through contract by Homeplate, Inc.

**Counseling services** – Services are provided in cooperation with Sanford Sheldon, Seasons Center Mental Health and Atlas of Osceola County.

**Thrift Store Services** – The hospital owns and operates a thrift store in the community. Its mission is to help the children of the community and people in need. Proceeds subsidize the child care center.

**Osceola Ministerial Association** - Clergy from all churches in the community meet on a monthly basis. This group has an established benevolence fund that can provide assistance for fuel, transportation, lodging, medical and other identified needs.

**Sibley Chamber** – Representatives from businesses in the Sibley area meet monthly to support the community and each other. They are the driving force of activities such as community celebrations and special events. Annual dues support their activities.

**Public Safety** - Osceola County Sherriff's Office, Iowa Highway Patrol, and Osceola County Volunteer Fire Departments collaborate to provide for public safety

### **Health Services in Neighboring Counties**

Neighboring O'Brien County has two hospitals. One hospital is 20 minutes and one is 32 miles from our community. In Nobles County, Minnesota there is one hospital which is 25 miles from our facility. Lyon County in Iowa is 24 miles away and has one hospital. The hospitals in O'Brien and Lyon counties are Critical Access Hospitals. We are 60 miles from Sioux Falls, S.D. where Avera McKennan and Sanford are both tertiary referral hospitals.

**Ambulance Services**

The ambulance service in Osceola County is an all-volunteer service. The five towns in Osceola County that have ambulance service are Sibley, Melvin, Ashton, Ocheyedan and May City. The crew in Sibley consists of one nurse practitioner, one RN, one paramedic, and 11 EMTs. Melvin has four EMTs. Ashton has one RN and four EMTs. Ocheyedan has seven EMT's. May City has two EMTs.

The service completes about 399 calls annually. Each ambulance is equipped with a Life Pak 12. The Osceola County ambulance is fully integrated with the service and provides billing and financial oversight. Dr. Douglas Miedema is the services' Medical Director.

## **Action Plan**

### **Access to Health Care**

Ensure community members; including uninsured and underinsured have access to primary care providers. The hospital will develop strategies for recruitment of primary care providers. It will partner with Avera Medical Group Sibley in recruitment efforts for the only primary care clinic in Osceola County. The county was designated a HSPA shortage area in 2010 for primary care. Both entities have been successful in 2011 in recruiting a nurse practitioner and in 2012 a family practice physician. A strategic plan to recruit an additional two primary care physicians with one being female is planned by both Osceola Community Hospital and Avera for the near future.

### **Mental Health Services/Counseling/Support Groups**

Osceola County was designated a HSPA shortage area since 1990. The hospital will develop strategies for provision of mental health services in the community. Explore Partnerships will be explored with Avera Behavioral Health, Seasons Community Mental Health Center, Spencer, Iowa, Creative Living Center, Rock Valley, Iowa, Sanford, Sheldon, Iowa and Mercy Behavior Health, Sioux City, Iowa to promote mental health services and counseling in the rural setting. Currently, Osceola County ranks third in the state of Iowa in suicide (Refer to Table 5 page 18). To gain insight we need to look at the youth within the county to see where our strengths and weaknesses lie and formulate a plan to encourage good mental health (Refer to Table 8 page 20). The hospital at this time has telemedicine capabilities, and tele-psychology/counseling services will also be explored with the above named entities.

### **Dental**

Osceola County was designated a HSPA shortage area in 2001. The need for affordable dental services especially for low income persons was identified by the focus groups, hospital surveys, ISU Extension Mid-Life survey and County Health Ranking results. The hospital will partner with the two dentists in Osceola County, the nursing homes, the University of Iowa dental program and the I-Smile state program to facilitate Medicaid certification for the two dentists. This would allow them to provide dental care for lower income patients. Meanwhile, other opportunities will be explored with the University of Iowa's Dental program to utilize dental students in assisting the local dentists in providing these services.

### **Health Improvement and Promotion**

Develop strategies for engaging community members in activities that are healthy and safe. Heart disease is the #1 ranked cause of death in Osceola County. It is also the leading ranked ER admission at Osceola Community Hospital. Congestive heart disease was #1 in discharge diagnosis for Osceola Community Hospital. The county's obesity rate is 31 percent, which is higher than the state rate and national benchmark. The hospital will partner with community groups to promote health, reduce obesity, and prevent disease in our service area. The hospital will endorse new screenings such as Planet Heart, while working with the Avera Heart Hospital, and North Central Heart in Sioux Falls, S.D. to bring heart screenings and calcium scoring to Osceola County. We

will educate businesses on the importance of wellness prevention programs and enhance the programs that are in place in the community. The hospital will work with Osceola County public health, ISU Extension, Osceola Community Wellness Center and Sibley -Ocheyedan School District in identifying the gaps and to address the needs. (Refer to table 5 page 16).

### **Memory Care**

Osceola Community Hospital will be a community partner in working with other various local and regional entities to address dementia care including the local nursing homes. Dementia care was identified as a concern among the area focus groups, the surveys and also the Iowa State Extension Mid-Life and Beyond study groups. As a state, Iowa ranks third in residents over 65 years of age. Twenty percent of Osceola County residents are over 65 years of age, as compared to 14.9% across the entire state.

### **Non-Medical Needs Transportation**

The hospital recognizes the transportation need in the community and will be a partner in developing better transportation for all ages in the county and community.

The Osceola County Board of Supervisors, cities of Sibley, Ocheyedan, Harris, Melvin and Ashton, Northwest Aging, Osceola County Economic Development, Osceola County Ministerial Association, Hope Haven, ATLAS, and ISU Extension and Outreach are entities that can be involved in the planning process. The hospital will defer to them for leadership in this action.

Currently there is local service available for a nominal fee within the City of Sibley. Hours of operation are limited to Monday through Friday, 8:00 am through 4:30 pm. There is a need for expanded service to other towns in the county and beyond including evening hours and weekends.

A group will meet to review needs, set goals and investigate solutions.

### **Needs not being addressed and why**

While all identified needs are important, Osceola Community Hospital will not address the following needs as part of its implementation plan. Inter-county public transportation and infrastructural such as improving access to elderly housing, dinner date (meals), adult day care and socialization activities for the elderly.

The community also suggested some service expansion needs. Dialysis will not be pursued as it is not considered an underserved need as access to dialysis centers is available in the neighboring communities of Spirit Lake, Hospers and Worthington, MN.

## APPENDICIES

### County Health Rankings

The *County Health Rankings* are based on counties and county equivalents (ranked places). Any entity that has its own Federal Information Processing Standard (FIPS) county code is included in the *Rankings*. County Health Rankings only rank counties and county equivalents within a state. The major goal of the *Rankings* is to raise awareness about the many factors that influence health and that health varies from place to place, not to produce a list of the healthiest 10 or 20 counties in the nation and only focus on that. The County Health Roadmaps gathers together local communities, national partners and leaders across all sectors to improve health. The County Health Roadmaps show us what we can do to create healthier places to live, learn, work and play. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state. In Osceola County a major concern is the clinical care our county receives. The ratio of patients to physicians is 3,224:1 while the ratio of patients to dentists is almost twice at 6,560:1. Access to local health care is top priority in our county. Having available health care resources helps us to achieve the best possible health outcomes. Poor access to health care incurs both personal and societal cost. Overall, the people of Osceola County, Iowa experience a low unemployment rate and low crime rate, but they also have a high obesity rate, and a high rate of physical inactivity.

**Table 4: Osceola County Health Rankings & Roadmaps**

Health Outcomes	Osceola County	Iowa	National Benchmark	Rank (of 99)
<i>Mortality</i>				64
Premature Death*	6470	5971	5317	
<i>Morbidity</i>				29
Poor or fair health	12%	11%	10%	
Poor physical health days	3.3	2.8	2.6	
Poor mental health days	2.7	2.7	2.3	
Low birth weight	4.90%	6.90%	6.00%	
<i>Health Factors</i>				33
<i>Health Behaviors</i>				30
Adult Smoking	16%	18%	13%	
Adult Obesity	31%	29%	25%	
Physical Inactivity	26%	25%	21%	

<b>Excessive Drinking</b>		<b>20%</b>	<b>7%</b>	
<b>Motor Vehicle Crash Death Rate**</b>	<b>26</b>	<b>14</b>	<b>10</b>	
<b>Sexually Transmitted Infections**</b>	<b>46</b>	<b>32</b>	<b>21</b>	
<b>Teen Birth Rate**</b>	<b>24</b>	<b>32</b>	<b>21</b>	
<b><i>Clinical Care</i></b>				<b>74</b>
<b>Uninsured</b>	<b>14%</b>	<b>11%</b>	<b>11%</b>	
<b>Primary Care Physicians***</b>	<b>3,224:1</b>	<b>1,395:1</b>	<b>1,067:1</b>	
<b>Dentists***</b>	<b>6,560:1</b>	<b>1,823:1</b>	<b>1,516:1</b>	
<b>Preventable Hospital stays****</b>	<b>50</b>	<b>60</b>	<b>47</b>	
<b>Diabetic Screening</b>	<b>86%</b>	<b>89%</b>	<b>90%</b>	
<b>Mammography Screening</b>	<b>70%</b>	<b>69%</b>	<b>73%</b>	
<b><i>Social &amp; Economic Factors</i></b>				<b>22</b>
<b>High School Graduation</b>	<b>97%</b>	<b>88%</b>		
<b>Some College</b>	<b>59%</b>	<b>68%</b>	<b>70%</b>	
<b>Unemployment</b>	<b>4.20%</b>	<b>4.70%</b>	<b>5.00%</b>	
<b>Children in Poverty</b>	<b>15%</b>	<b>17%</b>	<b>14%</b>	
<b>Children in single-parent households</b>	<b>18%</b>	<b>27%</b>	<b>20%</b>	
<b>Violent Crime Rate**</b>	<b>31</b>	<b>280</b>	<b>66</b>	
<b><i>Physical Environment</i></b>				<b>60</b>
<b>Daily Fine Particulate Matter (ppm)</b>	<b>10.8</b>	<b>10.3</b>	<b>8.8</b>	
<b>Drinking Water</b>	<b>0%</b>	<b>5%</b>	<b>0%</b>	
<b>Access to Recreational Facilities**</b>	<b>0</b>	<b>11</b>	<b>16</b>	
<b>Limited Access to healthy Foods (percent of population who are low income and do not live close to a store)</b>	<b>25%</b>	<b>43%</b>	<b>27%</b>	

\*Years of potential life lost before the age of 75 per 100,000.

\*\*Per 100,000

\*\*\*Ratio of population to Primary Care physicians

\*\*\*\*Per 1,000 of Medicare Enrollee

County Health Rankings and Roadmaps. 2013 Rankings. Iowa.

<http://www.countyhealthrankings.org/app/#/iowa/2013/rankings/outcomes/overall/by-rank>

**Table 5: Mortality/Chronic Disease Rates**

The table below shows the nation’s and state percentages and state rankings compared to Osceola County. According to the data, Heart Disease and Suicide ranks high within Osceola County, Iowa (3<sup>rd</sup>) in the state.

Source <http://www.worldlifeexpectancy.com/usa/iowa-violent-crime-offenses>

Indicator	Osceola	Iowa	United States	State Rank
Heart Disease	286.5	175.92	180.09	3
Cancer	189.1	172.35	173.22	33
Chronic Lung Disease	19.6	49.07	42.27	99
Stroke	49	41.02	38.91	38
Accidents	40.04	37.09	37.3	42
Alzheimer’s	1.4	29.49	23.46	99
Diabetes	21.7	18.85	20.93	45
Influenza & Pneumonia	7.3	16.54	16.2	97
Suicide	21.7	11.94	11.79	3
Parkinson’s	9.5	8.02	6.36	13
Kidney Disease	9.5	7.6	14.87	15
Liver Disease	7.4	7.5	9.2	21
Hypertension/Renal	2	7.19	7.7	94
Blood Poisoning	4.4	6.4	10.87	71

\*Death rate per 100,000.

\*\*State ranking is from high rate to lowest rate.

Within Osceola Hospital’s Emergency Room Top Diagnoses are as depicted in Table 6. Cardiovascular events, migraines and wounds are the top three encounters in the ER.

**Table 6: Emergency Room Data– Top Diagnosis**

ED Encounter	2010	2011	2012
Cardiovascular	19%	22%	22%
Open Wounds	26%	34%	33%
Headaches	24%	16%	18%
Abdominal Pain	18%	18%	21%
Shortness of Breath	10%	10%	10%

Source: Meditech Statistics

Osceola Community Hospital's top reasons for hospitalizations are as depicted in Table 7.

**Table 7: Hospital Discharge Data – Top Diagnosis**

<b>Diagnosis</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Cardiovascular</b>	20%	17%	15%
<b>OB/Delivery</b>	13%	14%	21%
<b>New Born</b>	13%	14%	21%
<b>Cerebral</b>	10%	7%	3%
<b>Pneumonia</b>	8%	5%	13%

Source: Meditech Statistics

### **Osceola County Youth**

The table below represents the Iowa Youth Survey which was conducted in September through November of 2012. The Iowa Department of Public Health (IDPH) collaborated with schools in Iowa to conduct the 2012 Iowa Youth Survey (IYS). The 2012 IYS is the 14th in a series of surveys that have been completed every two or three years since 1975. The survey is conducted with students in grades 6, 8, and 11 attending Iowa public and private schools. The IYS includes questions about students' behaviors, attitudes, and beliefs, as well as their perceptions of peer, family, school, neighborhood, and community environments. A total of 70,770 validated records were received from students, representing all 99 counties in the state. Data in this report assumes each record represents one student. Validated records were received from 69,068 students attending public school districts, and 1,702 students attending non-public schools. Records were identified from 255 of Iowa's 348 public school districts (73%), and from 21 of the 175 non-public schools (12%), for students enrolled in grades 6, 8 or 11. These records may represent additional districts (e.g., when districts whole grade share, when multiple districts reported the same district number, when districts shared their unique Survey Monkey URLs, etc.). Nearly all Iowa counties were represented by a minimum of 200 students each. Of these, 208 records were from Osceola County. The 2012 Iowa Youth Survey contains 211 questions and is divided into seven sections (A-G).

Section A. Demographic Characteristics (Nine questions)

Section B. Things I Have Tried or Done and Things That Have Happened To Me (64 questions)

Section C. My Beliefs and Attitudes (18 questions)

Section D. Peer Questions (11 questions)

Section E. School Questions (63 questions)

Section F. Family Questions (20 questions)

Section G. Community Questions (26 questions)

According to the data collected, the youth in Osceola County had viewed their neighborhoods and schools as a safe place to be (93%) and 97% of the students graduated from high school. However, 67% of the students were physically active while 33% of the students were considered to be extremely overweight. A developing concern is 64% of the students were bullied on school property and felt that 43% of the teachers did not support them. An interesting fact that appeared in the survey was that 15% of the youth were using inhalants to get high. Alcohol, tobacco, nonprescription and prescription drug abuse were not high when compared to state and national levels. Meanwhile, gambling among the youth in Osceola County seemed to be on the rise at 20%. Overall, these youth behaviors are a trend which shows up in the adult morbidity and mortality data (table 5) which identifies raising health concerns of heart disease and suicide rates.

**Table 8: Adolescent Health Facts**

<b>Substance Abuse</b>	<b>Osceola County</b>	<b>Iowa</b>	<b>United States</b>
Never tried cigarette smoking	86%	61%	55%
Smoked Cigarettes at least one day (30 days before the survey)	2%	18%	18%
Tried to quit smoking (during the 12 months before the survey)	2%	45%	50%
Used chewing tobacco, snuff, or dip on one day(30 days before the survey)	3%	10%	8%
Drank alcohol for the first time before age 13 (other than a few sips)	14%	16%	20%
Had at least one drink of alcohol on at least one day (30 days before the survey)	25%	37%	39%
Had five or more drinks of alcohol in a row within a couple of hours on at least one day (during the 30 days before the survey)	11%	23%	22%
Usually obtained the alcohol they drank by someone giving it to them	43%	42%	40%
Drove when drinking alcohol one or more times (a car or other vehicle during the 30 days before the survey)	8%	11%	8%
Rode with a driver who had been drinking alcohol one or more times (a car or other vehicle during the 30 days before the survey)	24%	24%	24%
Have ever used marijuana	5%	28%	40%
Have ever used Inhalants	14%	9%	11%
Have ever used cocaine	1%	2%	3%
Nonmedical use of pain relievers	5%	6%	6%
<b>Mental Health</b>	<b>Osceola</b>	<b>Iowa</b>	<b>United States</b>

Felt sad or hopeless (during the 12 months before the survey)	13%	23%	28%
Had at least one major depressive episode (during the 12 months before the survey)	6%	8%	8%
Seriously considered attempting suicide (during the 12 months before the survey)	14%	15%	16%
Attempted Suicide one or more times (during the 12 months before the survey)	3%	6%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	1%	2%	2%
<b>Physical Health Data</b>	<b>Osceola</b>	<b>Iowa</b>	<b>United States</b>
Were physically active at least 60 minutes per day on 5 or more days (during the seven days before the survey)	61%	51%	49%
Attended Physical Education Classes on one or more days in an average week while in school		71%	52%
Played on at least one sports team run by the school or community groups ((during the 12 months before the survey))		64%	58%
Watched Television three or more hours per day on an average school day		24%	32%
Used computers 3 or more hour per day on an average school day		25%	31%
Are obese		13%	13%
Describe themselves as slightly over weight	33%	31%	29%
Ate fruit or drank 100% fruit juices two or more times per day (during the seven days before the survey)	30%	31%	34%
Ate vegetables 3 or more times per day (during the seven days before the survey)	20%	13%	15%
Drank a can, bottle, or glass of soda or pop one or more times per day (during the seven days before the survey)	25%	28%	28%
<b>Healthy Relationships</b>	<b>Osceola</b>	<b>Iowa</b>	<b>United States</b>
Live in a supportive neighborhood	93%	91%	85%
Were bullied on school property	64%	23%	20%
Have ever been bullied electronically	6%	17%	16%
Carried a weapon on at least one day (for example, a gun, knife, or club during the 30 days before the survey)	9%	16%	17%
Carried a gun on at least one day during the 30 days before the survey)	4%	5%	5%
Were in a physical fight one or more times (during the 12 months before the survey)	12%	24%	33%
Were injured in a physical fight one or more times (injuries had to be treated by a doctor or nurse, during the 12 months before the survey)	5%	2%	4%
Did not go to school because they felt unsafe at school or on their way to or from school, on at least one day (during the 30 days before the survey)	7%	4%	6%

Source: Office of Adolescent Health  
Iowa Youth Survey: Osceola County

**Table 9**

Sibley - Osceola Community Hospital, Inc.													Layer 98 of 118				
	Discharges					Discharges					Inpatient Days						
	% of Discharges	<18	18-44	45-64	65-74	75+	Inpatient Days	% of Inpatient Days	<18	18-44	45-64	65-74	75+				
Cherokee	1	0.27%	0	0	1	0	0	0.06%	0	0	1	0	0				
Dickinson	10	2.65%	2	3	0	1	4	1.66%	4	5	0	1	18				
Lyon	41	10.88%	2	4	6	4	25	9.49%	4	8	21	14	113				
O'Brien	13	3.45%	4	3	1	0	5	2.55%	8	8	1	0	26				
Osceola	272	72.15%	25	32	33	52	130	76.33%	63	78	96	263	787				
Polk	1	0.27%	0	0	0	1	0	0.65%	0	0	0	11	0				
Sioux	3	0.80%	0	0	1	2	0	1.13%	0	0	2	17	0				
Colorado	1	0.27%	0	0	0	0	1	0.18%	0	0	0	0	3				
Minnesota	30	7.96%	2	1	9	4	14	6.76%	5	3	18	7	81				
Missouri	1	0.27%	0	0	0	0	1	0.30%	0	0	0	0	5				
South Dakota	3	0.80%	0	0	0	2	1	0.71%	0	0	0	3	9				
Tennessee	1	0.27%	0	0	1	0	0	0.18%	0	0	3	0	0				
<b>TOTAL</b>	<b>377</b>	<b>100.00%</b>	<b>35</b>	<b>43</b>	<b>52</b>	<b>66</b>	<b>181</b>	<b>100.00%</b>	<b>84</b>	<b>102</b>	<b>142</b>	<b>316</b>	<b>1,042</b>				

### ***Prevention of Depression / Suicide Coalition Osceola County Members***

Osceola County Sheriff's Department, Osceola County Ministerial Association, ATLAS of Osceola County, Mental Health Counselors, Compass Pointe, Family Crisis Centers, Osceola County CPC, Osceola County Board of Supervisors, Seasons Center for Behavioral Health, Northwest Iowa Mental Health Advocate, Northwest Iowa Community College, Jurens Funeral Homes, Step by Step Counseling/Ministries, Department of Human Services-Iowa, Osceola Community Health Services, Osceola Community Hospital, Sibley-Ocheyedan Community Schools, Upper Des Moines Opportunity, Inc., ISU Extension and Outreach

### ***Mid Life & Beyond Osceola County – 2012 Study Circles***

Mid Life & Beyond – the whole picture is an initiative with multiple learning opportunities from ISU Extension and Outreach.

The average retirement age nationally is now 62 with a life expectancy of 78 years. Of Iowa's 99 counties, 88 are projected to have at least 20% of their population aged 65 and over by 2030. This growing number presents new challenges and opportunities for communities within Iowa as well as the state as a whole.

In March and April of 2012, a group of 40 area residents were invited and came together to form two study circles in Osceola County, Iowa. These people, ranging in age from 26-73 had a chance to talk together and find ways to make our community a place where people mid life and beyond want to live.

Retirees want fulfilling, challenging, and productive lives which reflect these six domains of whole person wellness: physical, social, spiritual, intellectual, emotional, occupational and financial. Challenges to health and well-being are significant across these six domains.

Participants met for four sessions and were led by trained facilitators in two hours of discussion each week. At the end of the sessions, an Action Forum met in May to set priorities for action and form work teams to carry out selected actions.

Results from the Action Forum listed the following projects of the most interest to act on and projects teams were started: dementia care (memory loss) center, Medicaid dental providers, recreation/exercise activities, promoting education/volunteer coordination, multigenerational services and better transportation for an aging population.

### ***Mid Life & Beyond Osceola County – 2012 Composition of Study Circles***

Retired community members: farmer, teachers, veterinarian, factory worker, nurse, college professor, business community member, bank employee, nursing home director, city administration, Chamber office; hospital employees: administration, nursing, marketing, wellness center, community health, senior living director; ISU Extension Council; veterinarians, Northwest Aging Director; several diverse community members including members of the Hispanic population.

## RESOURCES

2012 Iowa Youth Survey. Osceola County Results.

[http://www.iowayouthsurvey.iowa.gov/images/2012\\_County\\_reports/72.Osceola.pdf](http://www.iowayouthsurvey.iowa.gov/images/2012_County_reports/72.Osceola.pdf)

Annie E. Casey Foundation. Data Center. Kids Count. Children in Poverty.

<http://datacenter.kidscount.org/data/bystate/Map.aspx?state=IA&loct=5&ind=1768&dtm=10851&tf=867>

County Health Rankings and Roadmaps. 2013 Rankings. Iowa.

<http://www.countyhealthrankings.org/app/#/iowa/2013/rankings/outcomes/overall/by-rank>

Iowa's Health Benefit Exchange Project.

[http://www.dhs.state.ia.us/uploads/Current\\_Health\\_Coverage\\_Marketplace-Milestone2\\_2012\\_11\\_30JS.pdf](http://www.dhs.state.ia.us/uploads/Current_Health_Coverage_Marketplace-Milestone2_2012_11_30JS.pdf)

Iowa Hospital Association. Dimensions.

<http://www.ihaonline.org/imis15/IHAOnline/Information/InformationHome.aspx>

Iowa Work Force Development. Unemployment Rate.

<http://www.iowaworkforce.org/news/xcnewsplus.asp?articleid=81&cmd=view>

Osceola Community Hospital Abstracting. Emergency Top Diagnosis. 10 JUN. 2013 PHCA, Meditech Statistics, MEDITECH.

Osceola Community Hospital Abstracting. Inpatient Top Diagnosis. 10 JUN. 2013, Meditech Statistics, MEDITECH.

U.S. Census Bureau. State and County Quick Facts. *U.S. Census Bureau web site.*

<http://quickfacts.census.gov/qfd/states/19/19143.html>

U.S. Department of Health and Human Services. Office of Adolescent Health. <http://www.hhs.gov/ash/oah/>

U.S. Department of Health and Human Services. Health Resources and Services Administration. Find Shortage Areas. <http://muafind.hrsa.gov/index.aspx>

World Life expectancy. Iowa Life Expectancy.

<http://www.worldlifeexpectancy.com/usa/iowa-heart-disease>

## **Board Approval**

This Community Health Needs Assessment Implementation Strategy report was prepared for the June 2013 meeting of the Osceola Community Hospital Board of Directors.

Osceola Community Hospital Board of Directors Approval:

By Name and Title

Date