

2019

Harrison County
Hospital Community
Health Needs
Assessment

Prepared by the Indiana Rural Health Association

Table of Contents

Table of Contents	1
Process	2
Community Served	3
Description of Community	3
Physical.....	3
Population – Ethnicity, Age, Households, & Income.....	3
Education.....	5
Health Summary.....	5
Primary & Chronic Diseases.....	8
Existing Healthcare Resources.....	9
Identifying Health & Service Needs	12
Summary of Findings	15
Appendix A – Resources & Reference Materials	
Appendix B – Steering Committee Documents	
Appendix C – Survey & Survey Results	
Appendix D – Existing Facilities	

Process

Harrison County Hospital (HCH)—in partnership with Harrison County Health Department, YMCA of Harrison County, & Boys & Girls Club of Harrison & Crawford Counties—contracted with the Indiana Rural Health Association (IRHA) to conduct the Community Health Needs Assessment (CHNA).

IRHA first identified the community served by HCH through conversations with the hospital. Based on a review of patient zip codes, the hospital was able to define the community served as all postal codes within the geographic area of Harrison County. The hospital provided a primary service area map with zip codes, which can be found in Appendix A.

To quantifiably describe the community, census reports were commissioned from United States Census Bureau Reports. Quantifiable statistics and reports for health-related community data were obtained from Harrison County Hospital, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, and the Indiana Community Asset Inventory and Rankings 2019 from the Center for Business and Economic Research and Ball State University. The full versions of these reports can be viewed in Appendix A. Additional reports on chronic disease were pulled from the Centers for Disease Control website and the Indiana State Cancer Registry. Excerpts from these reports can also be found in Appendix A.

Next, a steering committee of Harrison County representatives was organized with the help of the Harrison County Hospital CEO, Steven L. Taylor. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of invitees and their contact information can be found in Appendix B.

From the information obtained in the steering committee, a 32-question survey was developed to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as illegal drugs, tobacco use, and transportation issues), as well as probes into the perceived need for various services and facilities in the county. The survey was widely disseminated to the residents of Harrison County through inclusion on the Harrison County Hospital's and face-to-face polling at Corydon's Boys and Girls Club and the local farmer's market. An online survey posted on SurveyMonkey.com was also made available to the public. The survey may be viewed in Appendix C.

To identify all healthcare facilities and resources that are currently responding to the healthcare needs of the community, the IRHA contacted HCH to ascertain the facilities that are currently available to the residents of Harrison County. The hospital was able to provide a listing of the facilities and resources, including but not limited to clinics, family practices, and nursing facilities. The list of existing community resources can be found in Appendix D.

At this point, the entirety of the collected data was submitted to Harrison County Hospital to explain how the needs identified by the CHNA are currently being met, as well as to write a plan of action for those needs that are not currently being met. HCH was also able to identify the information gaps limiting the hospital's ability to assess all of the community's health needs. The completed CHNA was then publically posted on the hospital's website. Hard copies of the full report were made available to the community upon request at the hospital, as well.

Community Served

The community served by Harrison County Hospital is defined as follows: All people living within Harrison County, Indiana, at any time during the year. To be determined as living within the service area of Harrison County, a person must reside within one of the following postal zip codes: 47107, 47110, 47112, 47114, 47115, 47117, 47135, 47136, 47142, 47160, 47161, 47164, or 47166.

Description of Community

Physical

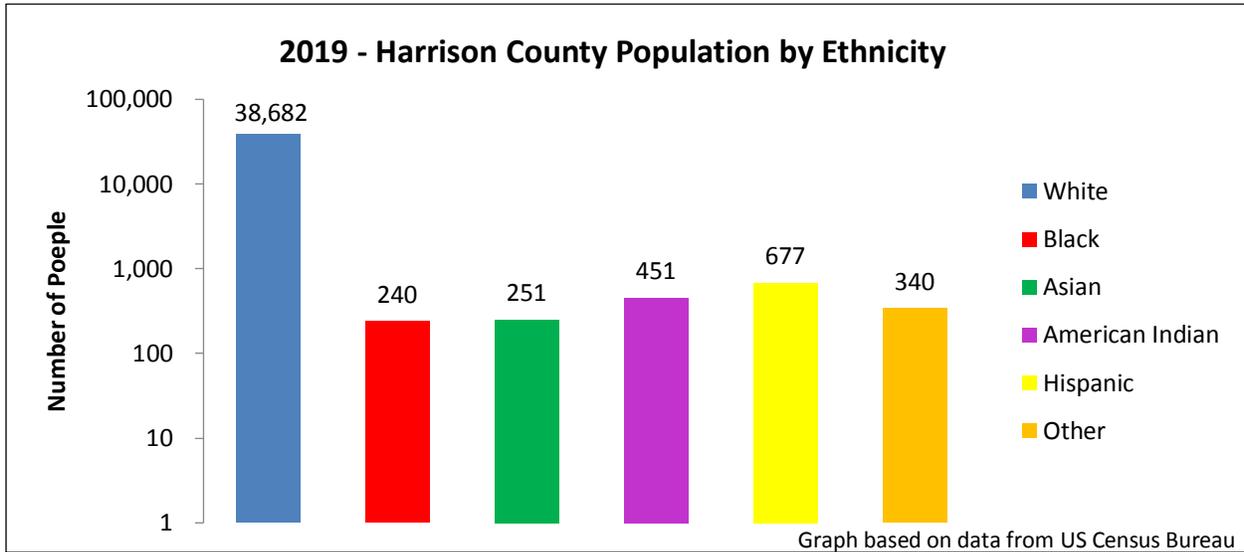
Harrison County is located in the far southern part of Indiana. The county is largely rural and is the fourteenth largest county in Indiana at approximately 484.52 square miles.

Population – Ethnicity, Age, Households, & Income

According to the U.S. Census Bureau, the total population of the county is 39,450; and the median age in the county is 42.7 years old. Females make up 49.8% of the overall populace. Minority populations make up 3.2% of the total inhabitants of the county. There are 14,693 households comprised of approximately 2.68 persons each. The average household income is \$66,445; and the average per capita income is \$25,993.

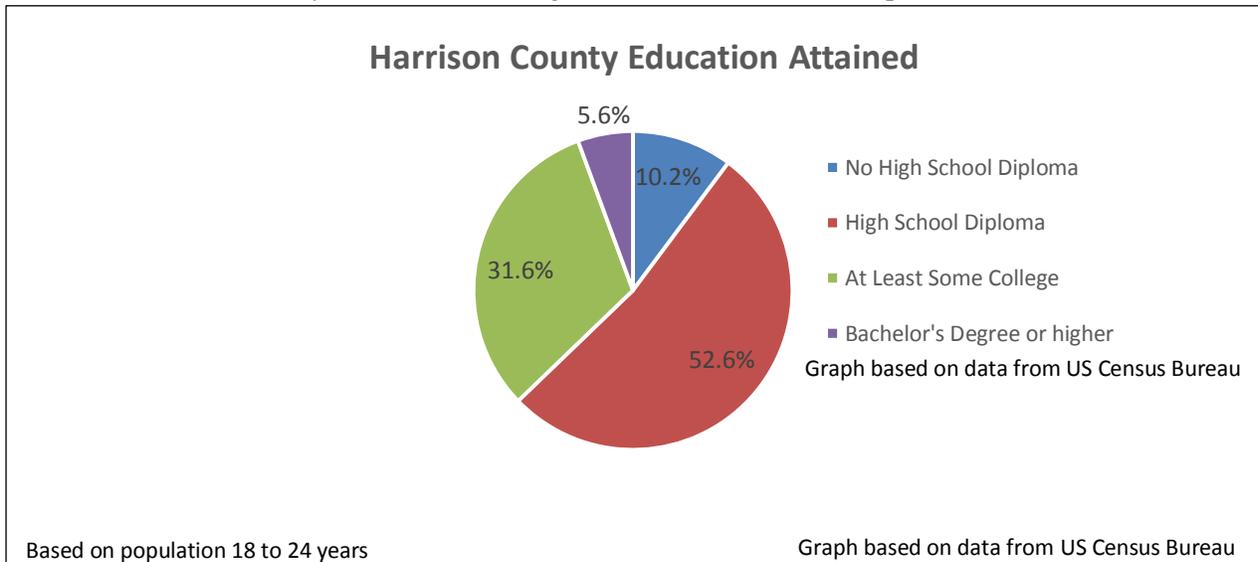
Subject	Harrison County, Indiana			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	39,450	*****	39,450	(X)
Male	19,790	+/-164	50.2%	+/-0.4
Female	19,660	+/-164	49.8%	+/-0.4
Sex ratio (males per 100 females)	100.7	+/-1.7	(X)	(X)
Under 5 years	2,256	+/-51	5.7%	+/-0.1
5 to 9 years	2,470	+/-313	6.3%	+/-0.8
10 to 14 years	2,629	+/-287	6.7%	+/-0.7
15 to 19 years	2,409	+/-80	6.1%	+/-0.2
20 to 24 years	2,047	+/-40	5.2%	+/-0.1
25 to 34 years	4,571	+/-73	11.6%	+/-0.2
35 to 44 years	4,786	+/-43	12.1%	+/-0.1
45 to 54 years	5,955	+/-157	15.1%	+/-0.4
55 to 59 years	2,886	+/-253	7.3%	+/-0.6
60 to 64 years	2,890	+/-264	7.3%	+/-0.7
65 to 74 years	3,990	+/-76	10.1%	+/-0.2
75 to 84 years	1,844	+/-163	4.7%	+/-0.4
85 years and over	717	+/-157	1.8%	+/-0.4
Median age (years)	42.7	+/-0.5	(X)	(X)
Under 18 years	8,931	+/-133	22.6%	+/-0.3
16 years and over	31,582	+/-182	80.1%	+/-0.5
18 years and over	30,519	+/-133	77.4%	+/-0.3
21 years and over	29,352	+/-187	74.4%	+/-0.5
62 years and over	8,201	+/-273	20.8%	+/-0.7
65 years and over	6,551	+/-92	16.6%	+/-0.2
18 years and over	30,519	+/-133	30,519	(X)
Male	15,217	+/-133	49.9%	+/-0.3
Female	15,302	+/-99	50.1%	+/-0.3
Sex ratio (males per 100 females)	99.4	+/-1.3	(X)	(X)

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates



Education

The Robert Wood Johnson Foundation reports that approximately 97% of the county residents have high school diplomas compared with a statewide average of 84%. However, only 54% of the community has at least some college education compared with a statewide average of 62%. The educational achievements of the county earned Harrison a grade of A from the CAIR report.



The full reports from U.S. Census Bureau, the Robert Wood Johnson Foundation, and the Center for Business and Economic Research and Ball State University can be viewed in Appendix A.

Health Summary

The overall health grade for Harrison County from the CAIR report stands at a C. The CAIR provides a detailed asset inventory of variables that describe the education attainment and health of Hoosier citizens, as well as the availability of natural resources and cultural amenities. All of the data has been carefully

selected from secondary sources and is reviewed as to the contribution to the quality of life for the residents within the county. The data sets have been aggregated and a grade, noted above, has been given to Harrison County. Based on data from the 2016 County Health Rankings & Roadmaps report, Harrison County ranks 41th in Health Outcomes and 41st in Health Factors out of a total of 92 counties in the state. The Health Outcomes ranking was based on a reported 3.7 days of poor physical health by Harrison County residents compared to a national average of 3.7 and a statewide average of 3.9 and a reported 4.1 days of poor mental health days by Harrison County residents compared to a nation average of 3.8 and statewide average of 4.3. The Health Factors ranking was based on Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

A middling instance of adult smoking (at 20% of the population compared to a national average of 17% and a statewide average of 21%), a middling instance of physical inactivity (at 25% compared to a national average of 22% and a statewide average of 25%), a high instance of adult obesity (at 36% compared to a national average of 29% and a statewide average of 33%), an extremely low access to exercise opportunities (at 42% compared to a national average of 84% and a statewide average 75%) and a low instance of alcohol-impaired driving deaths (at 13% of deaths compared to statewide 21% and nationally 29%) all combined to earn Harrison County a moderate rank of 56th out of 92 counties in Health Behaviors.

The county ranked 42th out of 92 counties on Clinical Care due in large part to the high patient-to-primary physician ratio at 2210:1 compared with the national average of 1330:1 and the statewide average of 1500:1 and the even higher patient-to-mental health provider ratio at 4430:1 compared to the national average of 440:1 and statewide average of 670:1. The Clinical Care rankings also indicated that approximately 9% of the population is uninsured compared to 10% nationally and 9% statewide.

High performances in both percentage of high school graduates (97% of the community compared to a statewide average of 84% and 85% nationally) and unemployment rate (3.4% compared to 3.5% statewide and 4.4% nationally), and low violent crime rate (82 incidents compared with 385 statewide and 386 nationally) all resulted in a rank of 34th out of 92 counties in Social and Economic Factors.

The Physical Environment score was especially low for Harrison County resulting in a ranking of 80nd out of 92 Indiana counties. The low ranking is due to a combination of air pollution-particulate matter (12.3 average density of fine particulate matter compared to a statewide average of 11.8 and a national average of 8.6) and severe housing problems (11% compared to 14% statewide and 18% nationally). A moderately high number of individuals in the county driving alone to work (86% of the total county population compared to 83% statewide and 76% nationally) did impede the county's score.

The County Health Rankings measures the population living with limited access to healthy foods using the USDA Food Environment Atlas. Individuals are counted who have both low access to a supermarket or large grocery store and a low income. "Low access" is greater than ten miles away in a rural county. "Low income" individuals are classified if they fall into the government definition of poverty or have a median family income at or below 80% of the county's median family income.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Harrison (HR) 2019 Rankings

	Harrison County	Error Margin	Top U.S. Performers ^	Indiana	Rank (of 92)
Health Outcomes					41
Length of Life					47
Premature death	8,300	7,300-9,400	5,400	8,200	
Quality of Life					31
Poor or fair health **	15%	15-16%	12%	18%	
Poor physical health days **	3.7	3.5-3.9	3.0	3.9	
Poor mental health days **	4.1	3.9-4.3	3.1	4.3	
Low birthweight	7%	6-8%	6%	8%	
Health Factors					41
Health Behaviors					56
Adult smoking **	20%	19-21%	14%	21%	
Adult obesity	36%	31-42%	26%	33%	
Food environment index	8.5		8.7	7.1	
Physical inactivity	25%	21-30%	19%	25%	
Access to exercise opportunities	42%		91%	75%	
Excessive drinking **	19%	18-20%	13%	19%	
Alcohol-impaired driving deaths	13%	7-20%	13%	21%	
Sexually transmitted infections	179.4		152.8	466.0	
Teen births	29	25-32	14	28	
Clinical Care					42
Uninsured					9%
Primary care physicians	2,210:1	8-10%	1,050:1	1,500:1	
Dentists	2,220:1		1,260:1	1,810:1	
Mental health providers	4,430:1		310:1	670:1	
Preventable hospital stays	5,613		2,765	5,023	
Mammography screening	45%		49%	40%	
Flu vaccinations	48%		52%	47%	
Social & Economic Factors					34
High school graduation					97%
Some college	54%	49-60%	73%	62%	
Unemployment	3.4%		2.9%	3.5%	
Children in poverty	13%	9-17%	11%	18%	
Income inequality	4.0	3.6-4.3	3.7	4.4	
Children in single-parent households	28%	22-34%	20%	34%	
Social associations	9.5		21.9	12.3	
Violent crime	82		63	385	
Injury deaths	87	74-101	57	74	
Physical Environment					80
Air pollution - particulate matter **					12.3
Drinking water violations	No		6.1	11.8	
Severe housing problems	11%	9-13%	9%	14%	
Driving alone to work	86%	84-89%	72%	83%	
Long commute - driving alone	53%	48-59%	15%	31%	

Primary and Chronic Diseases

Harrison County Hospital generated a report of the Most Common Diagnosis for discharges from January 1, 2018 through December 31, 2018. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for each diagnosis resulted in an additional report to identify the issues that were most often seen in low-income, disabled, and/or older populations. (*Note: It is important to understand the key characteristics of the HCH population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

The following list contains the top ten most common diagnoses and the percentage of Medicare and Medicaid patients for each diagnosis:

- Urinary tract infection, site not specified – 760 cases (91.8% Medicare and Medicaid)
- Chest pain, unspecified – 672 cases (81.8% Medicare and Medicaid)
- Encounter for screening for malignant neoplasm of colon – 544 cases (61.8% Medicare and Medicaid)
- Pneumonia, unspecified organism – 533 cases (87.1% Medicare and Medicaid)
- Acute upper respiratory infection, unspecified – 526 cases (84.4% Medicare and Medicaid)
- Unspecified abdominal pain – 522 cases (84.9% Medicare and Medicaid)
- Other chest pain – 515 cases (64.9% Medicare and Medicaid)
- Low back pain – 464 cases (94.6% Medicare and Medicaid)
- Acute pharyngitis, unspecified – 445 cases (81.1% Medicare and Medicaid)
- Chronic obstructive pulmonary disease with (acute) exacerbation – 433 cases (96.3% Medicare and Medicaid)

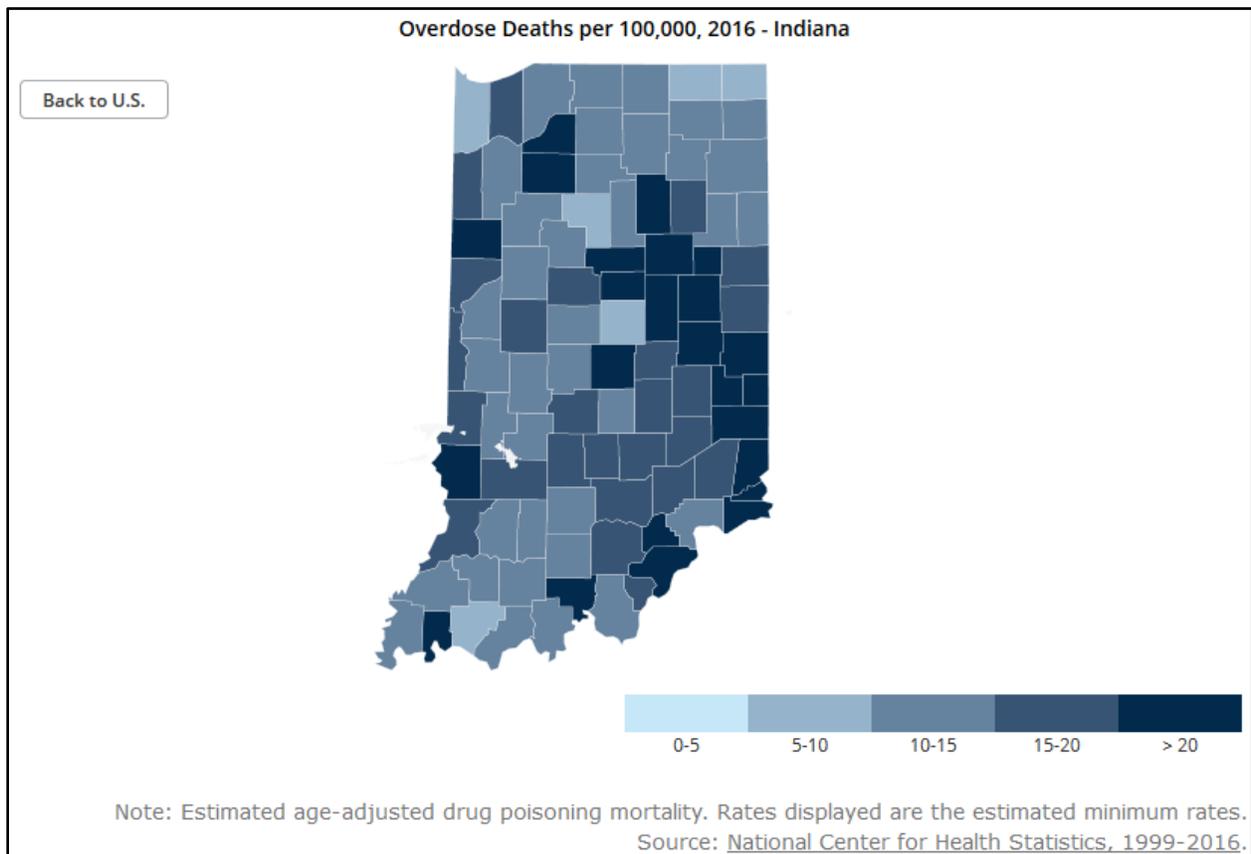
The lists of top 100 discharge diagnoses and top 25 diagnoses with payer mix report can be found in Appendix A.

The cancer rates in Harrison County are slightly higher than most counties when compared to the state average. The rate of cancer (per 100,000 people) in Harrison County comes in at 473.8 compared to a statewide rate of 467.2. Harrison also comes in above average on rates of breast cancer (124.7 versus a statewide rate of 121.7), colon/rectum cancer (45.8 versus a statewide rate of 42.4), and lung cancer (94.8 versus a statewide rate of 71.9). Harrison County comes in above below average on rates of prostate cancer (46.6 versus a statewide rate of 89.9). Cancer mortality rates for all types of cancer in the county are lower than the state average at a rate of 164.7 versus Indiana's overall rate of 169.9. Lung cancer mortality in Harrison County is below average (41.5 versus a statewide rate of 47.2). Mortality rates for prostate cancer, breast cancer, and colon/rectum cancer were not included due to insufficient data.

Continuing the trend of higher instances of chronic disease, data from the Centers for Disease Control and Prevention Division for Heart Disease and Stroke Prevention ranks Harrison County 28th out of Indiana's 92 counties in all heart disease mortality rates. The county has a mortality rate of 338.4 per 100,000, which is slightly lower than the state's rate of 351.9 per 100,000 and higher than the national rate of 324.3 per 100,000.

The CDC’s Diabetes Data & Trends report also relates that Harrison County comes in below the state average in rates of diabetes. The county has an age-adjusted rate of 10.2% compared to an Indiana-wide average of 10.4% and a national rate of 8.5%.

The CDC’s National Center for Health Statistics report on drug overdose deaths in the United States shows that the national average of overdose deaths per 100,000 is 21.7 for 2017. The Indiana average is 29.4. Harrison County comes in under both the state and national average with a rate of 15 deaths per 100,000.



Portions of the Indiana State Cancer Registry’s Indiana Cancer Facts & Figures, as well as the four CDC reports, can be found in Appendix A.

Existing Healthcare Resources

Harrison County Hospital provided a complete listing of the currently available healthcare facilities and services that are accessed by those living in Harrison County. This list includes, but is not limited to, a Critical Access Hospital, a variety of specialty clinics, oral care providers, eye care providers, mental health services, nursing homes, and assisted living facilities. HCH will be able to use this listing when creating their action plan to fully incorporate all available resources.

Amedisys
American Home Healthcare Services, LTD

Anytime Fitness
Baptist Health Floyd Home Health
Baptist Health Floyd Physical Therapy
Beehive Mini Homes
Big Brothers Big Sisters of Kentuckiana
Blue Rivers Services
Boys & Girls Club of Harrison County
Butt Drugs
Caretenders
Caretenders of Meade County
Caritas of Kentucky
Cedar Court
Corydon Baptist Church
Crawford County Community Foundation
Crawford County Division of Family Resources
Crawford County Health Department
CVS Pharmacy – English
CVS-Corydon
Deer Valley Assisted Elderly Care
Dr. Abraham Amadeo, Pulmonology
Dr. Andrew Morton
Dr. Angella Talley
Dr. Brad Black Eye Associates of Southern Indiana
Dr. Brandon Connerly
Dr. Brian Albertson
Dr. Cameron Luo, Neurology
Dr. Candace Embry
Dr. Christopher Day
Dr. Curtis Thill
Dr. David Dresner, Gastroenterology
Dr. David Fendley, Nephrology
Dr. Deborah Hall
Dr. Devi Pierce
Dr. Elpidio Pena
Dr. Elpidio Pena, Pathology
Dr. Frederick Arensman, Pediatric Cardiology
Dr. Gary Corby, Wound Care
Dr. George Estill
Dr. Gregory Schmieder, Vascular Surgery
Dr. J. Brent Murphy
Dr. Jacob L. Nunamaker, Cardiology
Dr. James Boone, Pediatric Cardiology
Dr. John Gonzaba
Dr. John McCollum
Dr. John Norton

Dr. John Reinoehl
Dr. Joseph Finizio, Neurosurgery
Dr. Joseph Sauer
Dr. Julie Didat, Optometry
Dr. Kerrin Dunn
Dr. Kevin Kline
Dr. Kevin Myrick, Podiatry
Dr. Kiran Yelakanti
Dr. Lisa Clune
Dr. Maria de la Cruz
Dr. Mark Adams
Dr. Megan Landis
Dr. Michael Bonacum
Dr. Michael Brown, ENT
Dr. Mitchell Campbell, Spine Surgery
Dr. Reggie Lyell
Dr. Richard Brown
Dr. Scott Rotterman, Podiatry
Dr. Stephen Bodney
Dr. Steven Perkins
Dr. Sujitra Tongprasert
Family Health Centers of Southern Indiana
First Steps of Southern Indiana
Five Steps
Gena Lyell, FNP
Gentiva
Golden Guardians
Harrison County Community Services
Harrison County Educational Learning and Progress Center
Harrison County Health Department
Harrison County Hospital
Harrison County Hospital
Harrison County Hospital EMS
Harrison County Hospital Physical Therapy
Harrison County Hospital Senior Care
Harrison County Lifelong Learning
Harrison Health & Rehab
Harrison Springs Health Campus
Hoosier Uplands
Hoosier Uplands Home Health and Hospice
Hoosier Uplands Home Health Care and Hospice
Hosparus
Indian Creek Health & Rehab
Katrina's Elderly Care
KORT Physical Therapy

LifeSpring Mental Health Services
Lincoln Hills Development Corp
Meadow View Health and Rehabilitation Center
Medco Center
Our Father Provides
Patoka Family Healthcare
Purdue Cooperative Extensions
Rite Aid-New Salisbury
Salvation Army
The Willows
Todd Dickey Nursing & Rehab Center
Trilogy
Vibrant, Inc.
VNA Nazareth Home Care
VNA of Perry County
Walgreens-Corydon
Walmart Pharmacy
YMCA of Harrison County

A complete listing of the facilities including any associated practitioners, location, and phone number can be found in Appendix D.

Identifying Health & Service Needs

A steering committee of Harrison County representatives was organized with the help of Harrison County Hospital CEO, Steven L. Taylor. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. Anyone who was unable to attend was invited to submit a letter detailing the needs of the community. The list of those able to attend can be found in Appendix B.

The steering committee was encouraged to brainstorm all areas of need or concern in the health field in Harrison County in both large and small group settings. Once a master list of all concerns was agreed upon by the full group, they were asked to prioritize what they perceived to be as the greatest strengths and values in their county. Then, they were asked to identify the highest priorities from the master list of concerns.

By analyzing the prioritized list, the IRHA was able to pull out the items that appeared most frequently and identified the community's areas of greatest concern:

- Transportation
- Mental health
- Substance use
- Senior population
- Poverty
- Tobacco use

Outflow from community (economic, population)
Infrastructure
Qualified job applicants

The master list, priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

The identified areas of greatest need were used to create a 32-question survey, addressing demographics, county issues, community services, and amenities, which can be found in Appendix C. The survey was widely disseminated via internet access, community bulletins, and the local newspaper to the residents of Harrison County through inclusion on the Harrison County Hospital's website and a publically available survey posted on SurveyMonkey.com. Face-to-face polling was also implemented at Corydon's Boys and Girls Club, as well as the local farmer's market. To conduct the in-person survey, two members of the IRHA staff greeted all county residents as they approached the business and asked for their participation in the survey. Hard copies of the survey were also left at some locations around Harrison County, as well as HCH for anyone who preferred to complete a paper copy of the survey. The general public was alerted to take the online polls through HCH newsletters and social media accounts, an announcement in the local newspaper, and at local high schools. At the end of polling, there were a total of 365 responses comprised of 283 online responses and 82 in-person responses. Nearly half (43.1%) of the respondents were from zip code 47112, nearly a quarter (24.93%) of all respondents were 56-65 years of age, and the overwhelming majority (95.34%) identified as white.

Respondents were first asked to assess the effect of various factors on their community by selecting "very negative effect, some negative effect, no effect, some positive effect, or very positive effect." The second portion of the survey required respondents to assess the need for various services and facilities in their community by selecting "no need, slight need, definite need, or extreme need." Respondents were also able to select "no opinion/don't know" for any items they did not want to answer.

When asked "how do these issues affect your community," the standout answers by all respondents were (on a 4-point scale with 0 being a very negative effect and 4 being a very positive effect):

1. Illegal or prescription drug misuse – 1.48 weighted average response
2. Tobacco use – 1.72 weighted average response
3. Poverty – 1.73 weighted average response.
4. Electronic tobacco use (e-cigs, vaping, etc.) – 1.79 weighted average response
5. Cost of mental health care – 1.87 weighted average response

Interestingly, one item that was raised as a potential concern by the steering committee was perceived in a very positive light by the community members. Availability of emergency and/or medical transportation received an overwhelmingly positive weighted average response of 3.66 from community respondents.

When asked "do you see a need for the following services/facilities in your community," the standout responses were (on a 4-point scale with 0 being no need and 4 being an extreme need):

1. Illegal and/or prescription drug education – 3.50 weighted average response
2. Illegal and/or prescription drug rehabilitation services – 3.49 weighted average response
3. Illegal and/or prescription drug rehabilitation facilities – 3.42 weighted average response
4. Drug-free job applicants – 3.35 weighted average response
5. Qualified job applicants – 3.32 weighted average response

6. Internet access – 3.29 weighted average response
7. Mental health services – 3.23 weighted average response

The most common responses in the open comments portion of the survey dealt with tobacco use, Internet access, and issues related to jobs/employment. A sampling of the comments from the survey is below and the full results of the survey can be found in Appendix C. All comments have been left as originally submitted unless they have been edited for length.

Open comments regarding tobacco use:

- “E-cigarette and it's usage really needs brought up in the schools. While legal for adults, somehow kids in intermediate, junior and high schools are all getting ahold of it. I'm afraid it will lead to worse things. It is a real problem although kids don't see it that way but it is worth educating our kids in schools every year about it. It is such a real epidemic...”
- “Outlaw tobacco and electronic tobacco products.”
- “The tobacco education needs to start in elementary school, usually with some kind of a D.A.R.E. program. More information on negativity of tobacco use. Especially how hard it is to stop, and in H.School teaching the negativity of smoking while pregnant and the harmful things that can happen to the baby in utero, and the lasting effects on the baby once they are born.”

Open comments regarding Internet access:

- “High speed internet is something the entire county needs in order to retain and develop employees, programs and jobs. We have to keep up with our neighboring cities if we are going to keep our community intact and developed. Working from home, access to information and technology are becoming a given not an after thought. We need to be a leader in getting technology for everyone and we will see things lead in other directions.”
- “The southern part of the county towards Central, Laconia, and Mauckport need better cell phone service and access to better internet. I live near central and have no cell phone service and the internet service that is in that area is so slow and part of the time doesn't even work. People can not further their education and better themselves with out these tools available to them.”
- “High speed internet services are needed even in outer laying small towns and rural setting. So many services I.E education, entertainment, banking, VOP phone service are available through high speed internet but if you only have slow internet speed we can't use them.”

Open comments regarding jobs/employment:

- “Pay for Jobs especially in county government is suboptimal, especially for positions requiring advanced education and licensure. Economy grows when we have at least comparable salaries. Most highly trained, education, and licensed professionals work outside the county where they can make a better income”
- “HIGHER PAY SCALE WOULD KEEP MORE EMPLOYEES FROM LEAVING THE COUNTY”
- “I've lived in Harrison County for over 17 years and that entire time have sought employment in the county to no avail. Bring in more higher paying jobs.”

Complete reports of the survey results can be found in Appendix C.

Summary of Findings

Based on the information gathered as part of the Community Health Needs Assessment, the Indiana Rural Health Association has identified the areas of greatest need in Harrison County. Through the collection of health data and community input on the county's assets, values, and weaknesses within the hospital's service area, the following needs were identified as being of the highest importance:

Identified Needs

- Illegal and prescription drug misuse – education, rehabilitation services and facilities
- Tobacco and electronic nicotine use – education and prevention
- Mental health – availability and cost of services
- Internet access
- Jobs and employment – qualified and drug-free applicants, availability of higher paying jobs

Additionally, to aid Harrison County Hospital in the creation of an action plan, the IRHA has made preliminary recommendations for addressing the defined areas of need. ***Please note these are opportunities for improvement and in no way constitute required actions, but rather are recommendations for further attention.

Opportunities:

The team from IRHA is pleased to serve the needs of Harrison County Hospital. We have worked with the Leadership team of HCH for many years and highly respect the accomplishments made in many areas of healthcare services that greatly contribute to the health needs of the residents in Harrison County.

Based on the findings of this project, we would like to offer some potential recommendations to respond to the areas identified by members of the community. These are only suggestions and should not be considered requirements nor complete solutions.

- **Illegal and prescription drug misuse – education, rehabilitation services and facilities:**
 - Create resources and events that focus on education and support.
 - Create an extensive education and awareness teams:
 - Educational classes for families
 - Educational classes for people with OUD/SUD
 - Collaborate with local providers to present at health and educational events.
 - Collaborate with outside organizations, i.e. the IN State Museum opens a new exhibit dedicated to substance use disorder in Feb.2021. The welcome all INSRHN members to visit and bring as many school students as possible.
 - Coordinate with service groups and faith-based community to publicize, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, etc.
 - Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices.

- **Tobacco and electronic nicotine use – education and prevention:**
 - Obtain resources from IRHA on tobacco cessation programs, Taylor Kenyon, MPH
 - Tobacco Prevention & Cessation Quality Advisor).
 - Obtain from IN Department of Health on tobacco cessation programs
 - Collaborate with local providers for tobacco use educational forums
 - Create a “change the culture” program to break the cycle
 - Organize support local support groups.

- **Mental health – availability and cost of services:**
 - Collaborate with regional BH MH providers to enable telehealth treatment options.
 - Collaborate with IU and their IN Behavioral Health Access Plan for Youth; https://is.gd/behappy_registration
 - Organize support groups including recovering patients and families
 - Pursue National Health Service Corp designation (if not already in place) to recruit mental health providers.
 - Evaluate insurance coverage with local major employers to determine what plans are available.
 - Evaluate insurance coverage with state programs for the indigent with mental health issues.

- **Internet access:**
 - Expand participation in FCC’s Healthcare Connect Fund and e-Rate programs to bring higher speeds and access to clinics, schools, and libraries.
 - Explore partnerships with communications providers for options like portable Wi-Fi pucks available at local libraries.
 - Contact local REMCs about the deployment of broadband and fiber via existing telephone/electrical poles.

- **Jobs and employment – qualified and drug-free applicants, availability higher paying jobs with benefits:**
 - Organize events with local employers and schools; discuss the opportunities available to drug-free applicants.
 - Collaborate with local Economic Development officials on the need for higher wage jobs and include educational professionals. Work toward connecting drug-free students as potential applicants.
 - Work with IN State officials (i.e. Work1) <https://www.in.gov/dwd/WorkOne/> to develop a relationship as a resource.

Harrison County Hospital has a unique opportunity to become more focused in the health and well-being of its constituents. These efforts can become more successful by directing and marketing to the community they are trying to touch and evaluating different methods to reach them, such as upgrading current efforts, including newsletters, websites, and other communication methods.