Community Health Needs Assessment

prepared for Harrison County Hospital

HARRISON COUNTY HOSPITAL

An affiliate of

NORTON HEALTHCARE

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Community Health
Needs Assessment

Letter from the Hospital

To Our Community Members:

Harrison County Hospital is committed to providing high quality healthcare and exemplary customer services. Our goal with the attached Needs Assessment is to better understand the range of issues affecting community health needs. We are pleased to present this comprehensive assessment of health care needs in our community. We look forward to working with you to optimize community health and continue meeting the Harrison County Hospital mission through serving the healthcare needs, and improving the health, of the people in our community.

The significance of better understanding our community's needs was highlighted with the Patient Protection and Affordable Care Act requirements passed in March 2010. New requirements for tax-exempt hospitals were added to the Internal Revenue Code mandating hospitals to conduct a community health needs assessment and to adopt an implementation strategy to address applicable needs detected during the assessment process.

During 2013, a Community Health Needs Assessment was conducted by Harrison County Hospital for the residents of Harrison and Crawford Counties in Indiana and Meade County in Kentucky. Harrison County Hospital will be developing an implementation strategy for the applicable needs addressed and the results will be summarized in a separate board approved report.

Steven L. Taylor, CEO
December 2013

Harrison County Hospital's Mission

Harrison County Hospital is organized and operated to serve the health care needs and to improve the health of the people of our community. This will be accomplished through the provision of adequate facilities, modern equipment, a professionally trained staff, and a qualified medical staff necessary to assure quality medical/surgical care. The health care services provided may include acute inpatient and outpatient hospital services, home health care, long term care, health education, health screening, wellness, and rehabilitative care. All services will be provided irrespectively of race, color, creed, religion, age, sex, social, or economic status.

Harrison County Hospital will also strive to make positive contributions to our economic community as well as maintain a respectful work environment that promotes pride and satisfaction in one's work.

Community Health Needs Assessment

Executive Summary

On behalf of Harrison County Hospital (the Hospital) a community health needs assessment (CHNA) was conducted in 2013 primarily to identify the major health needs within the community. The community's geographic area is comprised of the following three counties: Harrison and Crawford County, Indiana, and Meade County, Kentucky. The chief objectives of the CHNA were to 1) identify significant health needs within the community in an effort to ultimately improve the health status of the area's residents and facilitate collaboration among the community, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010 as well as proposed amendments of regulations (REG-106499-12) issued April 5, 2013.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. Three methods of collection for primary data were used: 1) survey 2) focus groups and 3) personal interviews. Secondary statistical data sources were reviewed to identify key findings with strategic implications and for benchmarking of the Hospital's service area.

Highlighted, subsequently, are important findings identified through the primary and secondary data collection, analysis and assessment process:

- Financial resources and funding for healthcare services are becoming increasingly limited.
- Limited access to healthcare services, particularly for at-risk populations.
- Limited health services that prepare for respond to and/or recover from public health emergencies.
- Limited access to mental healthcare and addiction services.

Finally, it is important to note that our data collection did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. These individuals may include immigrants, refugees, as well as individuals with low education and income levels. Focus groups and interviews were conducted with community leaders and others who work directly with members of disadvantaged populations in order to consider broad interests of the community served.

ORGANIZATIONAL BACKGROUND

Harrison County Hospital

Located in Harrison County, Indiana, the Hospital provides inpatient, outpatient, in-home and emergency care to all area residents assuring patients of a continuity of quality care all within minutes of home. The Hospital is dedicated to serving the healthcare needs, and improving the health, of the people in the community. The hospital accepts all patients regardless of their ability to pay.

History

Harrison County Hospital opened in 1950 with eighteen beds. The Hospital has continuously served the people of Harrison County since opening in January 1950. Today the acute care community hospital now serves the healthcare needs of a broader and growing population in Harrison and Crawford counties in Indiana as well as Meade county, Kentucky.

Harrison County Hospital is one of the largest employers in Harrison County with 556 full-time, part-time, and PRN employees and an annual payroll of approximately $25 million. The Hospital has been an affiliate of Norton Healthcare since 1981, and the affiliation was most recently renewed in 2012, with the joint goal of providing as many services as reasonably possible at Harrison County Hospital and to provide a seamless (to and from) process for patients, families, and referring doctors when a transfer is needed to a higher level of care.

In February, 2014, the Hospital will celebrate its six year anniversary in the new facility. The new hospital features all private rooms, comfortable amenities, and modern technology. The Hospital has reached its one year mark of the implementation of our integrated Electronic Medical Record (EMR). The EMR will positively impact care delivery by allowing doctors and other providers to appropriately access patients' health information in multiple settings. This will reduce medical errors, lead to more efficient care delivery, and ultimately better patient outcomes.

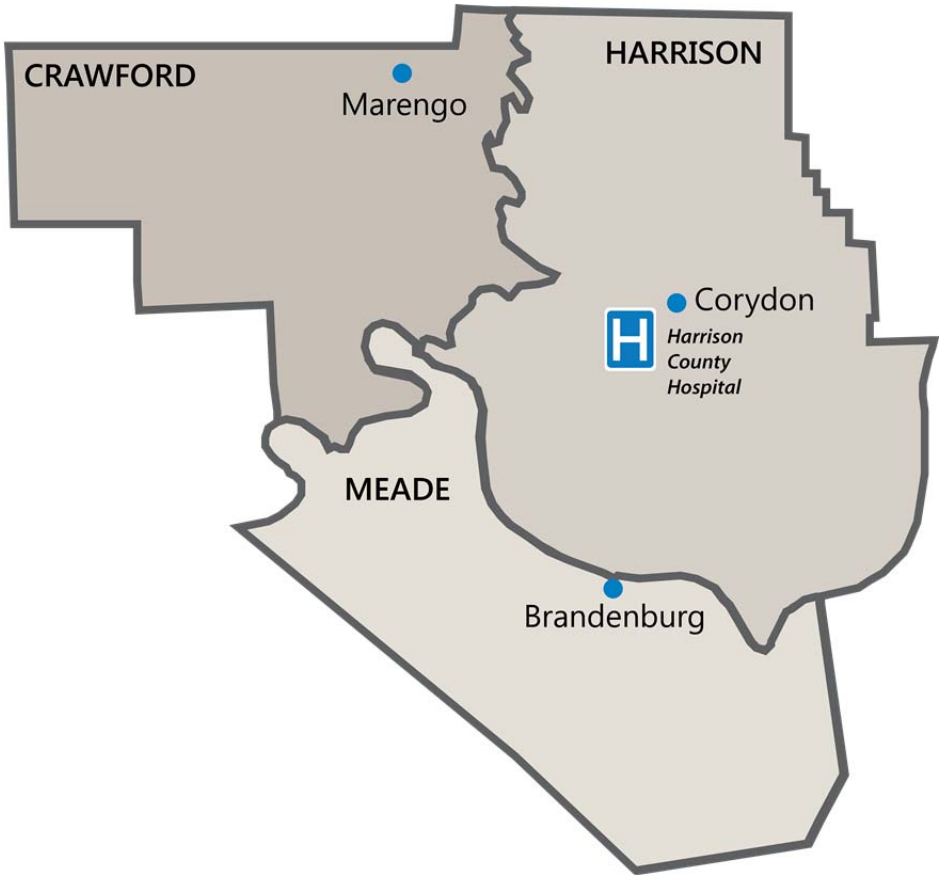
Service Area

SERVICE AREA AND COMMUNITY OF THE HOSPITAL

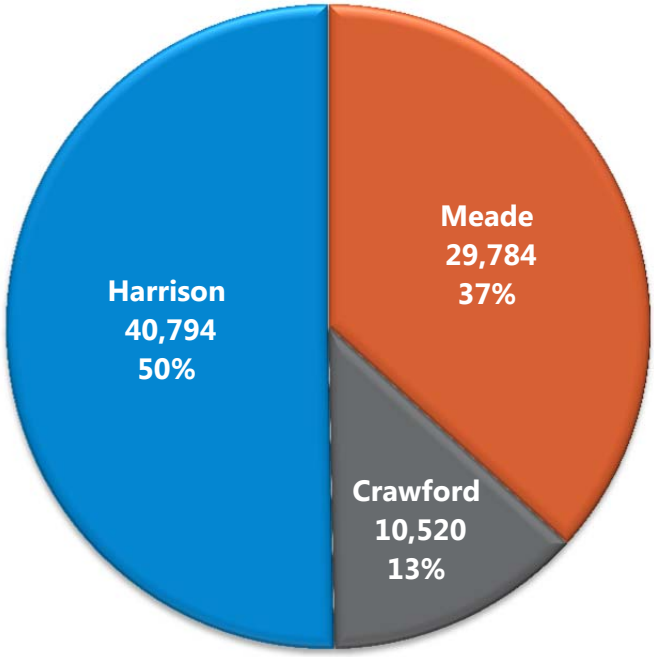
The CHNA was conducted by the Hospital during 2013 on behalf of the 81,098 (2013 US Census) residents of Harrison and Crawford counties located in Indiana and Meade county located in Kentucky.

The Hospital's service area includes a rural area which covers roughly 1,100 square miles, with the local economy and surrounding areas focused on construction, healthcare, agriculture, manufacturing, tourism, and retail activities. Harrison and Crawford counties represent 63% of the total service area population of 81,098. Median age in the service area is 42.8 years. The median age for the states of Indiana and Kentucky averages to 42.7 years. Persons from age 25 to 64 represent the largest population range (52%) for the service area. The smallest age range is 0 to 4 years, and this range comprised 6.3% of the service area.

SERVICE AREA MAP



SERVICE AREA POPULATION BREAKDOWN BY COUNTY



Population Synopsis

The citizens of the service area are predominantly white (97.4%) and made up of 50% female. The three-county service area's combined high school graduation rate is 89.0% slightly higher than Indiana's 86.0% and Kentucky's 78.0%. All three counties have roughly 9% of residents holding a bachelors and or a master's degree. The service area's median household income of $45,237 is slightly above the state levels for Indiana and Kentucky of $46,410 and $41,141, respectively. Approximately 15% of persons in the area are below the poverty level compared to 14.10% in Indiana and 18.10% in Kentucky. The service area reported 23% of the children in poverty versus 23% in Indiana and 27% in Kentucky. Furthermore, children living in single-parent households is 28% versus 32% in Indiana and 33% in Kentucky. The unemployment rate of 10.6% is slightly above Indiana's and Kentucky's unemployment rate of 9.0% and 9.5%, respectively. See Service Area Analysis in Attachment A for additional statistical information.

Conducting the Assessment

OVERVIEW

The Hospital engaged Blue & Co., LLC (Blue) to assist the Hospital in conducting a CHNA, including gathering and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010, IRS Notice 2011-52, and proposed regulations under IRC section 501(r). Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the healthcare industry. The Hospital provided all of the financial support for the assessment process.

The CHNA requirements are effective starting taxable years beginning after March 23, 2012. The United States Treasury and Internal Revenue Service published Notice 2011-52 in order to provide preliminary guidance for hospitals to start preparing assessments and implementation strategies prior to the effective date. With the issuance of proposed regulations in April 2013, the Hospital will be relying on the proposed regulations for IRC section 501(r)(3).

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Hospital's efforts to share information that can lead to improved healthcare and quality of care available to the community, while reinforcing and encouraging the existing infrastructure of services and providers.

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS

The assessment had several goals which included identification and documentation of:

- Community health needs,
- Health services offered in the Hospital's service area,
- Significant gaps in health needs and services offered, and
- Barriers to meeting any needs that may exist.

Other goals of the assessment were:

- Strengthen relationships with local community leaders, healthcare leaders and providers, other health service organizations, and the community at large, and
- Provide quantitative and qualitative data to help guide future strategic, policy, business and clinical programming decisions.

INFORMATION GAPS

The most significant information gaps impacting the ability to assess needs of the community served were primarily a low response to online survey requests, and low response from at-risk populations. The data collection process did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. Blue was able to speak with community leaders, healthcare providers, and others who work directly with members of disadvantaged populations. In addition, participant responses provided can contain biases due to individuals' views. Finally, the most current statistical data has been used where available and the years available have been documented throughout the report.

PROCESS & METHODOLOGY

Documenting the healthcare needs of a community allows healthcare organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover key health needs and concerns related to education, prevention, detection, diagnosis, treatment, and related support services. Blue used an assessment process focused on collection of primary and secondary statistical data sources to identify key areas of concern.

Blue conducted personal interviews with community leaders as well as medical, social services, clinical and professional staff. Blue also obtained input from local physicians, hospital employees, public health experts, and community leaders and officials. In addition, written and online surveys were also used to solicit feedback from various members of the community. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as discussed above.

Once data had been collected and analyzed, initial meetings with hospital leadership were held to discuss key findings as well as refine and prioritize the comprehensive list of community needs, services and potential gaps.

PRIMARY DATA COLLECTION METHODS

The primary data was collected, analyzed, and presented with the assistance of Blue. Three methods of collection for primary data were used: 1) surveys, 2) focus groups, and 3) personal interviews. The Hospital provided listings with contact information of local officials, public health experts, and other key informants. During November and December 2013, surveys, focus groups and interviews were facilitated by Blue personnel.

Online Survey

Two versions of online surveys were developed and used as a method to solicit perceptions, insights and general understanding from community members and individuals with special expertise regarding the community's health needs during November and December 2013. The online "Community Input 2013" survey (see Attachment B) was made available on the website of the Hospital. The online "Special Expertise Questionnaire 2013" survey (see Attachment B) was sent to specific special expertise participants unavailable for in-person interviews. Valuable information was collected from the 144 surveys completed.

The community members were asked six general questions regarding the participants' awareness of the community's needs for healthcare services with the ability to provide candid responses to explain in more detail. The participants were to select the top three significant healthcare prevention, access, treatment and/or awareness needs in the community and note if he/she completely agrees, somewhat agrees, somewhat disagrees, or completely disagrees with the statements provided regarding healthcare services in the community. The general community member services were made available on the Hospital's website at www.hchin.org.

The special expertise participants were asked 17 questions regarding the Hospital and the healthcare in the community in more depth. The participants were to select if he/she completely agrees, somewhat agrees, somewhat disagrees, or completely disagrees with the statements provided regarding healthcare services provided in the community and then select the services they believe should receive priority for attention.

Written Surveys

Written surveys were provided to community participants at the hospital and local community organizations such as the YMCA of Harrison County. The survey was a printed version of the "Community Input 2013" survey for solicitation of community members' perceptions, insights and general understanding of healthcare needs in the community. The responses from this survey were included with the total online survey results count preceding and in the questionnaire data following this section.

Focus Groups

Two focus groups were conducted by Blue with a total of 28 participants during December 2013, with each session lasting approximately one hour. These focus groups were conducted with members representing the community being served by the Hospital including community leaders, health experts, public officials, healthcare providers, hospital employees and healthcare professionals including those associated with the Hospital. The primary objective of the focus groups was to solicit perceptions, insights and general understandings regarding health needs and services offered in the community, along with any opportunities or barriers that may exist to satisfy needs.

SECONDARY DATA SOURCES

Blue reviewed secondary statistical data sources including: Deloitte *2012 Survey of Health Care Consumers in the United States* to identify health factors with strategic implications. The health factors identified were supported with information from additional sources including County Health Rankings, Indiana National Alliance on Mental Illness, Indiana State Department of Health, Internet Mental Health, National Alliance on Mental Illness (NAMI), National Institute of Mental Health (NIMH), Substance Abuse and Mental Health Services Administration (SAMHSA), West Central Indiana and National Alliance on Mental Illness. In addition, hospital-specific data provided by the Hospital was reviewed. (See Attachment D for a complete list of citations.)

Key Findings

AREAS OF CONCERN

The following represents key findings generated from the data collection and analysis process:

Financial Resources and Funding

Financial resources and funding for healthcare services are limited, thus preventing providers from meeting identified unmet health needs in the community.

- Growing concern about the increasingly limited funding and financial resources available for healthcare services from both public and private sources.
- A need was noted for physicians accepting Medicare, Medicaid and self-pay patients.

Professional Shortages

Shortage of critical healthcare workforce decreases needed access to healthcare services.

- There is a shortage of critical healthcare manpower in the specialties of rheumatology, endocrinology, and pulmonology in the community.
- A need was noted for mental health and substance abuse providers including psychiatrists, therapists, and counselors.

Limited Access to Healthcare Services

Access to healthcare services is limited, particularly for various at-risk populations.

- Transportation services are somewhat limited in more of the outlying, rural areas, which in turn limits access to needed healthcare services for at-risk populations.
- Access to mental health and substance abuse services for at-risk populations was noted as a particular problem.

Limited Access to Mental Healthcare and Addiction Services

Access to mental health services is limited, particularly for various at-risk populations; therefore, the offering of new or expanded mental health services is needed to meet these needs.

- Availability and access to mental health, alcohol and substance abuse providers and services are severely limited.
- Improvement needed with interfacing and coordinating among healthcare and social service providers, particularly those impacting low income and other at-risk populations.
- Although services are being provided for at-risk populations, these services are limited. This is especially true as it relates to services for the seriously mentally ill, detox, adult alcohol and drug abuse, co-occurring disorders, child and adolescent psychiatric, and child and adolescent alcohol and drug abuse populations.
- Waiting periods for appointments and services were noted as a barrier to access.
- Determining the entry-point into the mental healthcare system can be confusing for potential patients, particularly for low income/at-risk populations. The Hospital emergency department is viewed as a less-than-ideal entry point.
- As a point-of-entry during mental health crises, the Hospital emergency room has a limited amount of beds and professional resources.

Community Perception of Accessibility of Health Education, Promotion, and Preventive Services

There is a perception the community suffers from a shortage of education, promotion, and preventive services.

- There is a need for a resource board or shared services system listing to provide information about how much services cost and what is available for no cost to low-income and at-risk populations.
- There is a need for additional and more effective health education, health promotion and prevention services specifically targeted at low-income and at-risk populations in some regions of the service area.

SPECIAL EXPERTISE QUESTIONNAIRE

The following represent the responses obtained during the data collection and analysis process for the special expertise participants. Special expertise participants were asked about the community's overall health and issues in the community. Participants were instructed to respond to the following question, "*Are the following health services [related to each health area] too limited to meet the needs of the community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, or completely disagree) to select from.

SPECIAL EXPERTISE QUESTIONNAIRE RESULTS				
	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
Health services that support healthy behaviors including prevention and treatment are too limited to meet the needs of the community.	36%	64%	0%	0%
Health services that prevent injuries are too limited to meet the needs of the community.	18%	45%	37%	0%
Health services that prevent epidemics are too limited to meet the needs of the community.	0%	56%	44%	0%
Health services that protect against environmental hazards are too limited to meet the needs of the community.	0%	45%	45%	10%
Health services that prepare for, respond to, and recover from public health emergencies are too limited to meet the needs of the community.	18%	46%	36%	0%
Health services that strengthen the public health infrastructure are too limited to meet the needs of the community.	27%	55%	18%	0%

SPECIAL EXPERTISE QUESTIONNAIRE RESULTS				
	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
Funding for mental healthcare services is too limited to meet the needs of the community.	73%	27%	0%	0%
Some members of the community do not have access to mental healthcare because they do not have health insurance or their insurance does not provide mental healthcare coverage and they cannot pay for services.	82%	18%	0%	0%
It is crucial to establish more mental healthcare services in the community.	73%	18%	9%	0%
There is a need to expand/ establish Hispanic services in the community.	27%	37%	18%	18%
Educational programs and campaigns to increase awareness about mental healthcare issues in the general public are needed.	55%	45%	0%	0%

Priority for Attention

After each participant indicated his/her agreement regarding the limited level of health services in the community by category, the participant was instructed to select the healthcare services she/he felt should receive priority for attention in the community. There were several options for each health services category with the opportunity to specify "other" needs not listed which are noted at the bottom of each section.

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that support health behaviors including prevention and treatment for:	**Percent of Responses from listed services**
Drugs	15%
Overweight & Obesity	13%
Alcohol	9%
Mental Health	9%
Tobacco	7%
Diabetes	6%
Child Abuse	4%
Domestic Violence	4%
Elderly Wellness	4%
Family Health	4%
Heart Disease and Stroke	4%
Other[1]	3%
Cancer	3%
Crime	3%
Nutrition	3%
Physical Activity	3%
Asthma	1%
Family Planning	1%
Pregnancy and birth	1%

[1] Abortion prevention.

[1] Dermatology Care – particularly skin cancer screenings.

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that prevent injuries	**Percent of responses from listed services**
Violent and Abusive Behavior	23%
Motor Vehicle Crashes	16%
Disability	13%
Emergency Medical Services	10%
Suicide	10%
Brain injury prevention	6%
Drowning	6%
Falls	6%
Occupational Health and Safety	6%
Other[2]	4%
[2] Abortion prevention.	
Health services that prevent epidemics	**Percent of responses from listed services**
Immunizations/ Vaccinations	63%
Sexually Transmitted Infection Prevention	25%
HIV/AIDS Prevention	6%
Tuberculosis (TB) Prevention	6%
Health services that protect against environmental hazards	**Percent of responses from listed services**
Healthy Homes	25%
Lead Poisoning Control	20%
Radon Control	20%
Food Safety Protection & Control	10%
Vector (disease-carrying animals) Control	10%
Drinking Water Protection	5%
Hazardous Waste Control	5%
Radiological Health	5%

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that protect against environmental hazards	**Percent of responses from listed services**
Healthy Homes	25%
Lead Poisoning Control	20%
Radon Control	20%
Food Safety Protection & Control	10%
Vector (disease-carrying animals) Control	10%
Drinking Water Protection	5%
Hazardous Waste Control	5%
Radiological Health	5%
Health services that prepare for, respond to, and recover from public health emergencies	**Percent of responses from listed services**
Emergency planning	21%
Surge Capacity (capacity to handle an emergency along with regular services)	21%
Emergency response	21%
Community Networks	17%
Recovery Planning	13%
Risk Communication (communication before, during, and after a crisis)	8%
Health services that strengthen the public health infrastructure	**Percent of responses from listed services**
Transportation	35%
Health Insurance	31%
Access to Quality Health Services	19%
Medical Care	12%
Equal Opportunity	4%

SURVEY RESULTS

The following represent the survey responses obtained during the data collection and analysis process:

Top Prevention, Treatment and Awareness Needs in the Community

Participants were instructed to provide the top three most significant health prevention, treatment, and awareness needs in the community.

NEEDS IN THE COMMUNITY	
Prevention, treatment, and awareness	**Percent of responses from listed needs**
Affordable health insurance	19%
Affordable healthcare prices	16%
Financial issues	12%
Mental health services availability	11%
Lack of community interest	8%
Specialty care provider availability	6%
Addiction care service availability	6%
Healthy food availability	5%
General health education lacking	4%
Primary care provider availability	3%
Other ◊	3%
Health promotion services lacking	2%
Community events lacking	2%
Places to exercise lacking	1%
Mental health education lacking	1%
Addiction care education lacking	1%

◊ Participants were given the opportunity to specify other needs not listed. Other response provided was a need for Transportation for people not on Medicaid, Transportation, and Smoking/tobacco use.

Responses for General Health Status

Participants were instructed to respond to the following question, "*How do you generally describe the health status of your community?*" The participants were given four choices (excellent, good, fair, or poor) to select from. Over half of the respondents measured the community's mental health as fair and a third of respondents described the status as good.

HEALTH STATUS OF THE COMMUNITY	
Responses	**Percent of responses from listed needs**
Excellent	6%
Good	32%
Fair	56%
Poor	6%

Responses for Health Needs Status

Participants were instructed to respond to the following question, "*Are the health care needs currently being met in your community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, and completely disagree) to select from. Over two thirds of the respondents somewhat agreed that the needs of the community are being met while the remainder of respondents somewhat or completely disagreed with that statement.

COMMUNITY NEEDS BEING MET	
Responses	**Percent of responses from listed needs**
Completely agree	0%
Somewhat agree	70%
Somewhat disagree	15%
Completely disagree	15%

Responses for Coordination of Care in the Community

Participants were instructed to respond to the following question, "*Do you believe the healthcare providers work well together and coordinate care in this community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, and completely disagree) to select from with over half of the respondents in somewhat agreement that the healthcare providers do work well together and coordinate care in the community while nearly a third of the respondents somewhat or completely disagreed with that statement.

COORDINATION OF CARE	
Responses	**Percent of responses from listed needs**
Completely agree	8%
Somewhat agree	62%
Somewhat disagree	15%
Completely disagree	15%

Responses for Barriers Existing to Preventing a Healthier Community

Participants were instructed to respond to the following question, "*Do you believe there are barriers that exist in government, the general community, public health community, or health care provider community that prevents us from creating a healthier community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, and completely disagree) to select from with over half of the respondents somewhat agreed that there are barriers that exist which keep the community from becoming healthier while nearly a third of the remaining respondents somewhat or completely disagreed with the statement.

EXISTING BARRIERS	
Responses	**Percent of responses from listed needs**
Completely agree	8%
Somewhat agree	62%
Somewhat disagree	15%
Completely disagree	15%

Healthcare Needs Unmet – Comments Received

Participants were given the opportunity to provide any healthcare needs that were not previously listed in the survey and any gaps or barriers in the local healthcare service system. These were the responses for healthcare needs not being met.

Healthcare Needs Not Being Met:

- Affordable healthcare for those that do not qualify for assistance, but cannot afford to go to the doctor when they are sick.
- Arthritis specialist.
- Assisted living homes in the rural areas.
- At all education levels need more info on healthy food/exercise/and parents being a positive example.
- Besides lack of health insurance for many people, which hopefully will be partially met by the Affordable Care Act, there clearly is a nutrition problem (probably due to education and cheap cost of fattening foods), judging from the amount of obesity in the county.
- Care of the elderly and/or frail in their homes.
- Children urology, children nephrology.
- Diabetes monitoring by MD at HCH. Have to go to another facility to receive care.
- Education/support for healthy food/living lifestyles.
- Elderly issues.
- Financial insurance premiums are not affordable. Paying way too much because me and my family fall outside the limits of assistance but pay a huge amount for premiums.
- Help for the working poor who don't have access to health insurance, substance abuse help.
- I don't think our hospital has a mental facility close by; lots of mental issues and our ER can't take care of Rape Victims, I have been told.
- I had to go to Floyd for an MRI; I would like to stay in my own community whenever possible.
- I'd like to see AA/NA open discussion meetings frequently offered. Alcoholics and Addicts need discussion meetings! I'd love to see detox and rehab offered locally.
- In-home elderly assistance.
- It seems that we have many people that come through the ER with some type of mental or emotional problems and they can't get the immediate or adequate help they need because Corydon doesn't have a mental health facility. They have to sit and wait for hours or even days for a bed to open up at a distant facility.
- It would be nice to have an Ortho that you could get into within a week. We also need more physicians that accept Medicaid.
- Lack of specialty care providers. Need improvements with the rush of sports physicals. Need improvements with required school vaccines.

- Letting the community know what preventive tests are available at significantly reduced prices, or free, such as mammograms, colonoscopies, etc. for those not covered by insurance. I pay most of my medical expenses with a flexible spending account. My employer offers insurance but it is very high with a high deductible.
- Many in our community do not have health insurance and Indiana is not taking advantage of federal help for Medicaid expansion to the detriment of our citizens. Our students are not being taught about the importance of a healthy lifestyle. There is a limited interest from our citizens in leading healthy lifestyles. Not enough of our citizens know about/take advantage of exceptional programs (such as our YMCA) which provide low cost opportunities to lead healthier lives.
- Mental Health Issues - we struggle with inpatient placement for these types of patients. Transportation - availability and cost.
- Mental health issues, drug addiction programs for indigent people.
- Mental health services.
- More availability for swimming for those not in a class. YMCA water is too cold, children and adults complain.
- Most anything that involves a specialist has to be met by going to New Albany, Clarksville, or Louisville.
- Needs for caregivers who need assistance caring for loved ones when they too are aging or ill, that can provide supervision and companionship so caregiver can have a break, run errands, etc. Need more Psychiatric services. More support groups: depression, pain, MS, diabetes, Alzheimer, etc... More people available to grocery shop for patients or deliver meds from pharmacies. Aging adult activities to increase socialization.
- Never been on welfare, food stamps, or Medicaid in my life, but when I DO get Medicaid (if ever) it's almost impossible to find a doctor who accepts it WHO IS ACCEPTING NEW PATIENTS!!! Extremely big problem. I know lots of people who've had that problem.
- None that I am aware of.
- Numerous elderly do not have means to get to needed healthcare services. Transport options for the community are overly stretched. Mental health issues. Medication assistance for underinsured.
- Oriental trained acupuncture.
- People without insurance or Medicaid, and no primary care, the clinic should be expanded.
- Primary care providers for "Medicaid" patients. Many PCP limit the amount of Medicaid they take pushing patients with coverage still into the ED or urgent care settings to get care for non-urgent needs and chronic condition care not suited for these areas. Also Medicaid assigns doctors to the patients and when they call are told panels are full or not taking patients. Medicaid should be calling and arranging these first time appointments that way they know the patient has a doctor.

- Pulmonologist specialty care support group meetings for cardiac/pulmonary patients. Support group meetings for caregivers.
- Specialty care. Such as spinal and neurology problems. Proper treatment to improve the problem and pain other than drugs to kill pain.
- The food choices in HCH and schools are poor.
- The healthcare needs in the community that aren't being met are due to people not being able to afford the care. There are people without jobs, there's elderly that can't afford their medications or their meals.
- The information available online about care providers in the area is very limited. There are no reviews or discussion pages where many if any of the care providers in the area can be found. Everything is dependent on talking to someone else which makes it difficult for someone new moving into the community.
- There are after-hours clinics and Family Health Center (which help). But some people don't have money for these clinics. So they go without care until it becomes an emergency and then they end up in ER with a bill that they can't afford to pay. A hundred dollars might as well be a million if you don't have any money.
- There are not enough trails, bike lanes etc.
- Those addicted to drugs are not receiving appropriate interventions.
- We still have a lot of smokers. There are a lot of psych patients who have to be sent to another county. Childhood obesity.
- Would like to see Dermatologists at the community health screenings checking for skin cancer.

Barriers that Exist:

- Any barriers that may exist are more than likely due to Political disagreements. Put those aside and the general population will benefit from ACA.
- Barriers are cost, education and time. Most people are stretching their money and seem to be stressed for time. Educating people and getting them to change habits is extremely hard to do anywhere in the world. Smoking is a good example
- Barriers are individuals who are either unwilling or do not have access to healthier choices, education - based.
- Barriers perceived lie in the fragmented education processes from K-12 in matters of healthy nutrition and exercise. It is improving but positive support is not being practiced at home. The attitudes of a rural community are further pulled away from pursuing healthier lifestyle due to income, difficult accessibility to healthier nutrition and activity.

- Barriers would be people without jobs and without money for the medications or the copayments or their portions after copayment. Even people that have jobs have fear of a large bill after they pay their copayments. I know that dentists charge large amounts of money even after the insurance has paid their portions. I'm sure people are more reluctant to get medical care dental, vision included for fear of cost even if they have a job and coverage because of the cost to them afterwards.
- Communication and participation.
- Cost to elderly already on a fixed income. Lack of approachability at provider offices. Lack of awareness from providers on what services are available in the community, and willingness to learn.
- Doctors refuse to accept new patients, especially those with payment problems. Some groups do not work with HCH for tests or services which are available here. Instead they refer to Floyd County.
- Financial ability to pay for care or insurance. Abuse of Medicaid. ER visits for inappropriate reasons, because of the lack of finances or they have a card so why not come. Tying up personnel for a true emergency.
- Financial barriers.
- Financial barriers that limit my interaction with health care providers.
- Financial barriers, lifestyle barriers.
- Financial issues.
- Financial situations where people just can’t afford to do extra and therefore doesn’t involve themselves in the community.
- Financial. Transportation.
- Financing and ignorance.
- Follow up of teachers' concerns for students' home environments.
- Government involvement/ insurance.
- Government party line voting.
- Governments lack of oversight and addressing Medicaid abuse. General community feeling of helplessness in addressing the abuses of the system. Doctors feel compelled to label ER services emergent so Medicaid will pay when the patient may not. Government dictates of healthcare/insurance needs of all.
- High cost of medical care & prescriptions.
- I am sure that finances are a barrier for some people receiving adequate health care. Also, it is difficult to reach adults with nutrition education.
- I believe it of most importance to let the Hospital run their operations without government influence.
- I do not know of specific barriers I am certain that health insurance issues, like approvals for certain procedures interfere with high quality care.
- I don't think that some people who control the monies in the county have really stopped and wondered how people make it on minimum wage. They have to pay for lodging, food, clothes, gas, and insurance. I've run the figures, it's sad. They don't have money for any healthcare.

- It seems as if our government leaders are more concerned with filling their pockets instead of helping their communities.
- Lack of communication and education from providers in all areas leaves the patient with a clueless approach to seeking care.
- Lack of easy places to get cheap health care. Laws make it hard to give cheap health care regulations drive up cost.
- Lack of information available.
- There is almost NOTHING locally for those struggling with drug and alcohol addiction or information is not available. Indiana's failure to fully participate in ACA for our most vulnerable citizens is maddening.
- Lack of insurance and the ability to obtain health insurance. Lack of interest in healthcare in general
- Lack of money.
- Lack of providers.
- Lack of reimbursement from CMS causes a lack of promotion of medical services needed in the community. Preventative programs are necessary along with encouraging community awareness and interest.
- Lack of transportation from the home.
- Limited insurance coverage.
- Many of the members of our community are low income and uneducated. Many receive government assistance and are on a fixed income. Healthy foods are more expensive. Transportation to fitness facilities is often problematic as well. A lot of people in this community (like most) would rather take medication over a lifestyle change and they lack family support which makes a lifestyle change almost impossible.
- Many people are uneducated about the cost of an ER visit or what is an appropriate complaint to come to the ER for. Many people come to the ER because they feel it is their only option if they don't have insurance. While registration does hand out paper work for the patient to fill out to help assist the patient with their bill, many don't have the faculties to complete this paperwork.
- Mental health facility to treat those with mental illnesses that are severe.
- Obama Care.
- Obesity is not seen as an urgent issue to make the general public or government take action. Collaboration between these entities could be improved to develop greater programming impact.

- One of the barriers in our county to health services is roads. Corydon is the center for everything, but the roads connecting the outlying areas are lacking. Another barrier is perception. The perception is Harrison County lacks healthcare facilities that are up to date. An additional barrier is a lack of knowledge of all the benefits the Harrison County Hospital brings to the area. Also, I think the Hospital needs to make more efforts to bring the community to the hospital. The hospital has meeting rooms that are available for community meetings. The cafeteria should produce top of the line food so the patients and families would enjoy their stay. Also, it could become a place the community came to for meals as well. Anything to draw the public to the hospital so when the need for the hospital is required the public thinks of Harrison County first.
- Other primary care providers sending patients out of our community.
- Paperwork.
- People can't afford health insurance. They do want it, but it is not cost effective.
- People need to educate themselves MORE on where their food comes from, how eating better could prevent most diseases, etc.
- Public apathy about general health - smoking, obesity in particular.
- The fact that big business and government work together and give false information about health and nutrition.
- The new changes in health insurance are confusing and potentially frightening to community members. Particularly ones who may be losing insurance through their employment and will be required to sign up through the government exchange.
- The people in the community need to understand their policies and that insurance doesn't cover everything. More providers need to accept Medicaid.
- There are "cost" barriers. I am so thankful that our hospital offers the health screenings for the community. The other barrier that comes to mind is the carelessness on the part of the community. Maybe more education would help that.
- This is a very uneducated community. Start young and reach out to schools and young mothers.
- Those of us suddenly find ourselves without medical insurance, but still NEED medical care have to jump through a million hoops to get Medicaid.
- Transportation for access. Financial resources to cover.
- Transfer of patient's current medical diagnosis, treatment and treatment plan with the patient between institutions, institutions and doctors, doctors and doctor access and availability of long term care, lack of education and access to nutrition, and physical fitness maintenance programs.
- Turf issues with hospitals and doctor affiliation.
- Way too much medicine is being prescribed for nonessential reasons. We need a better holistic resource for treatment.

Gaps in Local Services:

- Affordable health insurance.
- Also, need local occupational facility for employees that are injured at work and need medical clearance to work.
- Emphasis on nutrition and care of children, birth - five years old to promote brain development.
- Mental health service options.
- The public can be somewhat apathetic about their health - they often do not see the cost to society of obesity and smoking, etc. No cost to me = not my problem. Education to address this might be helpful.
- Transportation continues to be a major issue for our patients. Additionally, healthcare access and treatment for men who have been exposed to a sexually transmitted disease is limited as well with the closest treatment facility being located in Jeffersonville.
- Transportation for the elderly. Mental healthcare services. Support for wellness programs. Support for patients uninsured. Support for patients caring for an elderly family member at home. Support for elderly sitters.
- Transportation issues for people who cannot afford services.
- We are lacking local providers that provide certain specialty care to Medicaid patients. Dermatology care for both adults and pediatrics on Medicaid is extremely challenging. I have patients that drive to Columbus, IN and Evansville, IN. Pediatric Medicaid patients needing nephrology, endocrinology, and rheumatology must go to Louisville. For some patients, they drive over an hour each way to get to their appointment. Anthem HIP plans also pose a challenge. There are very few specialists that are HIP providers. Referrals are extremely challenging. It is more difficult to find specialists for HIP patients than Medicaid. I am also concerned about the capacity of the Harrison County Family Health Clinic. It seems that they run at full capacity most of the time. I have had patients that qualify for their program (and desperately need help) that have to go on a waiting list. I have had patients delay important medical care because they couldn't afford it and the health clinic was full.

<u>General Comments Received</u>

Participants were given the opportunity to provide any other general comments. These were the general comments received:

- Dr. Corbin is the most kind man and I have been able to see him when taken by ambulance every time. He is knowledgeable and understanding. He was not the one who transferred me in March.

- Everyone I've met at Harrison County Hospital has gone above and beyond friendliness and compassion. I have never had a bad experience in any of my visits to the hospital, either for myself or my mother.
- Friends that have no insurance and have cancer are not getting proper care is a concern. Large families with low income need assistance from the medical teams. Health Education is needed in the schools to educate the children. They are open to learning at an early age and carry the messages home with them. They will tell you that their family smoke but they can't change the family and they worry about the health hazards.
- Health Department in Meade County is running on skeleton staff due to lack of funding. Services offered have greatly declined. Physician offices, health department, and one home health agency all seem to be disconnected from one another. Health classes in the school system are almost nonexistent.
- Health insurance takes up most of my income.
- Help to have more free health information classes or groups.
- I am also very concerned about available psychiatric care. The only psychiatric provider in Harrison County, Dr. Richerson, is currently not accepting patients because she has limited hours here and has a full patient load. In my opinion, the demand for mental health services in Harrison County is great enough to employ a full time psychiatric provider. This county has numerous people that go to New Albany, Jeffersonville, Clarksville, and Louisville for psychiatric care--probably hundreds of people.
- I am hopeful that ACA will eventually solve quite a bit of ours and the Nation's problems in health care. I wish the opposition would put up or shut up as I am sick of the whining they do. At last someone made an attempt to solve problems and nothing but persecution of his plans. Ideally I wish for a single payer plan to eventually get enacted. Thanks!
- I believe our facility provides excellent care at an affordable cost. Harrison County is lucky to have such a clean and nice facility that we have I personally feel lucky to live and work here.
- I think our community is a snap shot of rural America. Most people are out of shape and do not use preventative health care due to cost.
- I think the hospital's free screenings are excellent! I just don't know if they reach the poorest members of our community, both adults and children.
- I wish there was some type of incentive, other that personal, for being healthy.
- Inability to get into a PCP when sick. Very rarely can you see your doctor on a day you are ill. Hospital owned practices do not offer evening hours with the exception of one office that has done it for years as my provider. A day a week offering evening or walk in appointments may help keep many out of ER Urgent care in neighboring counties is a high priced way to go. The retail clinics are cheaper if they will see you, only see very minimal illness CO-PAYS on urgent care high, the doctor office is the most affordable way to go allowing for consistency of care.

- It is frustrating as a nurse in the ER to have so many people come here to be seen because they don't have insurance. It is actually very sad. Lots of these people are my age that are employed, but their insurance was stopped. The elderly on fixed incomes will sometimes not get their meds filled because they can't afford it, or they will take it, every other day to stretch it out. I guess more community education is needed too. When these moments arise I tell them they have to take it as instructed or it won't do them any good. They are frustrated too because they aren't stupid it's just that the funds aren't there.
- The majority of our population is overweight and leads unhealthy lifestyles. We reward this behavior by providing free healthcare and then overcharge those who are healthy. We need to educate people and offer incentives to take better care of themselves.
- Need more events like the health fair & monthly health screening throughout the counties
- Other barrier is lifestyle - we drive everywhere; infrastructure of communities is based on the car.
- Physicians' offices are often closed for the holidays preventing patients to seek appropriate care. I understand everyone wants to be with their families on the holiday but the days before and days after are not holidays. Physicians need to take responsibility for their patients and have some availability. Just because it is the week of Thanksgiving or Christmas doesn't mean no patient will become ill or need their services.
- Please extend the services to Breckenridge County Residences like you do for Meade County Residence.
- Teen pregnancy prevention.
- The community may need to work on addiction care.
- The federal exchange for AFC does not help the average family in Indiana. Instead our premiums have gone up to help cover those who would have gone to the emergency room for their care, now we pay for them (in higher premiums). I believe because of Obamacare.
- We are very lucky to have such a wonderful hospital and ambulance service in our community. I think it is one of the best kept secrets we have in Harrison County.

National, State and County Trends

NATIONAL HEALTHCARE TRENDS SYNOPSIS

Healthcare spending continues to grow at the national level each year. The following data, obtained from the United States Census Bureau, represents the level of healthcare spending and expenditures in the United States for 2010 and 2011:

2010 Health Expenditures

- Total health expenditures increased 3.9% to $2.6 trillion.
- Healthcare represents 17.9% of the Gross Domestic Product (GDP).
- Health expenditures reached $8,402 per capita.

2011 Health Expenditures

- Total health expenditures increased 3.9% to $2.7 trillion.
- Healthcare represents 17.9% of the Gross Domestic Product (GDP).
- Health expenditures reached $8,680 per capita.

The Deloitte 2012 Survey of U.S. Health Care Consumers provided the following national health related data:

Consumers and Demographics

- Nearly 8 in 10 consumers report having a primary care provider and 3 in 4 consumers say they sought medical care from a doctor in the last 12 months.
- 76% of consumers were satisfied with their primary care provider.
- More than 4 in 10 consumers say they received care in a hospital in the last year either as an outpatient (23%), emergency (29%), or inpatient (8%).
- 65% of those who had used any type of hospital service (inpatient, outpatient, emergency) in the past year were satisfied with the care received.
- Those who were dissatisfied with their hospital care noted cost related reasons, customer service issues, and access/availability reasons.
- Over half currently use prescription medications, and nearly one-third are using over-the-counter medications.
- Nearly one-third of respondents report that compared to the previous year their household's healthcare spending increased as a proportion of their household's total spending.
- Of those who skipped care when they were sick or injured, 46% did so for cost-related reasons.
- Almost 1 in 5 insured consumers feel "insecure" that their insurance will shield them from cost-related impact.

- 52% of consumers believe that integrated health delivery systems have greater potential to reduce overall costs and spending, providing greater value to consumers and deliver better quality of care.
- 47% are willing to see a nurse practitioner or physician assistant if a physician is not available.
- 26% prefer providers who use alternative approaches/natural therapies.

AMERICAN HOSPITAL ASSOCIATION (AHA) ENVIRONMENTAL SCAN (2013)

The 2013 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

- Nearly half of Americans will develop a mental illness and 27% will suffer from a substance abuse problem during their lifetime.
- Among adults 20 or older, nearly 34% have weight levels in the obese range, and another 34 percent are classified as overweight; thus the combined prevalence of those obese and overweight is 68%.
- Among children and adolescents ages 2 to 19, nearly 17% are classified as obese and 15% as overweight; thus close to 32 percent are either obese or overweight.
- Without question, the single biggest force threating U.S. workforce productivity, as well as health care affordability and quality of life, is the rise in chronic conditions. Almost 80% of workers have at least one chronic condition. 55% of workers have more than one chronic condition.
- Depression is the greatest cause of productivity loss among workers.

HEALTHY PEOPLE 2020

HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives.

The 2020 topics are organized into 42 areas with measurable and developmental objectives maintained by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services. Some objectives relating to the key findings discovered through this assessment are as follows:

Adolescent Health

- Increase educational achievement of adolescents and young adults.
- Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property.
- Increase the proportion of adolescents whose parents consider them safe at school.

Access to Health Services

- Increase the proportion of persons with health insurance.
- Increase the proportion of persons with a usual primary care provider.
- Increase the number of practicing primary care providers.
- Increase the proportion of persons who have a specific source of ongoing care.
- Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

Education

- Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol or other drug use; unhealthy dietary patterns; and inadequate physical activity, dental health and safety.
- Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.
- Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address the knowledge and skills articulated in the National Health Education Standards (high school, middle, and elementary).
- Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups.
- Increase the proportion of worksites that offer an employee health promotion program to their employees.
- Increase the number of community-based organizations providing population-based primary prevention services.

Health Communication and Health Information Technology

- Improve the health literacy of the population.
- Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.

- Increase individuals' access to the Internet.
- Increase social marketing in health promotion and disease prevention.

Immunization & Infectious Disease

- Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.
- Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.
- Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.
- Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year.

Injury & Violence Prevention

- Reduce physical violence by current or former intimate partners.
- Reduce sexual violence by current or former intimate partners.
- Reduce psychological abuse by current or former intimate partners.
- Reduce children's exposure to violence.
- Increase the number of States and the District of Columbia that link data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the State and local levels.

Mental Health

- Increase the proportion of children who receive treatment of their mental health problems.
- Increase the proportion of juvenile residential facilities that screen admissions for mental health problems.
- Increase the portion of persons who receive treatment for co-occurring substance abuse and mental disorders.
- Increase depression screening by primary care providers.
- Increase the proportion of homeless adults who receive mental health services for their mental health problems.
- Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs).

Substance Abuse

- Reduce average alcohol consumption.
- Decrease the rate of alcohol-impaired driving.
- Reduce steroid use among adolescents.
- Reduce past-year nonmedical use of prescription drugs.
- Reduce the number of deaths attributable to alcohol.
- Reduce the proportion of adolescents who use inhalants.

STATE HEALTHCARE TRENDS SYNOPSIS

State Mental Health Cuts

Funding varies from year to year for mental health services. From 2011 to 2012, the Indiana State Mental Health budget decreased by $24.7 million. For fiscal year 2012, the estimated loss of enhanced Federal Medicaid Match is $239 million. As such, this provides a challenge each year for mental health providers across the state. *Lack of financial resources and funding for mental health services* was one of the most prevalent findings from our primary data collection process. Lack of funding continues to be a significant barrier to meeting the needs of the community.

Community and Social Services Occupational Employment

According to historical data from the Indiana Department of Workforce Development for May 2012 and 2011, the total individuals employed in community and social service occupations for the United States were 1,882,080 and 1,890,410, respectively. Indiana comprises nearly 2% of the total. Indiana's service category shows an overall decrease between years; noting child, family, and school social workers decreased about 4%, social workers decreased 25%, and health educators decreased 17%.

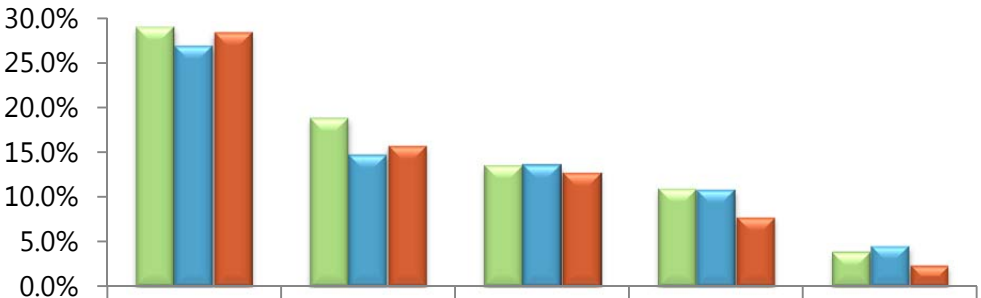
COMMUNITY AND SOCIAL SERVICE OCCUPATIONS	2011	2012
Total Community and Social Services Occupations in Indiana	**29,360**	**29,180**
Substance Abuse & Behavioral Disorder Counselors	1,080	1,110
Educational, Vocational, & School Counselors	4,370	4,370
Marriage & Family Therapists	500	680
Mental Health Counselors	860	890
Rehabilitation Counselors	1,180	1,080
Counselors, All Other	100	170
Child, Family, & School Social Workers	5,160	4,950
Medical & Public Health Social Workers	2,520	2,620
Mental Health & Substance Abuse Social Workers	1,570	1,470
Social Workers, All Other	840	670
Health Educators	1,240	1,060
Probation Officers & Correctional Treatment Specialists	2,160	2,360
Social & Human Service Assistants	4,490	4,190
Community & Social Service Specialists, All Other	2,160	1,550
Clergy	830	860
Directors, Religious Activities & Education	220	260
Religious Workers, All Other	80	120
Other, Non-disclosure Issues	0	770

EPIDEMIOLOGIC SYNOPSIS: HEALTH, MENTAL HEALTH AND ADDICTIONS CARE

Mental Health

In Indiana, approximately 3.55% or 167,523 adults live with serious mental illness (SMI), which translates into approximately 2,093 adults being affected in the service area. It is estimated 8 out of 10 children ages 9 to 17 in Indiana have a serious emotional disturbance (SED) and a Global Assessment of Functioning (GAF) Scale of less than 50. Twelve percent or 2,655 children in this Hospital's service area scored less than 50 on the GAF Scale, per Indiana Family and Social Services Administration, n.d.

The 2011 Youth Risk Behavior Survey reported a little over a quarter of Indiana students in grades 9 through 12 said they felt sad or hopeless almost every day for at least two weeks during the past 12 months. This study further found Indiana adolescents were more likely to have attempted suicide resulting in injury, poisoning, or overdose that had to be treated by a doctor or nurse, rising from previously reported 2.9% to 3.6%. Furthermore, this report found that 18.9% of Indiana adolescents thought seriously about suicide; 13.6% had made a suicide plan; and 11% reported attempted suicide, much higher than national results for these same indicators of 15.8%, 12.8%, and 7.8%, respectively.



	Felt Sad or Hopeless	Seriously Considered Attempting Suicide	Made a Suicide Plan	Attempted Suicide	Suicide Attempt Needing Medical Care
Indiana	29.1%	18.9%	13.6%	11.0%	3.9%
Kentucky	27.0%	14.8%	13.7%	10.9%	4.6%
National	28.5%	15.8%	12.8%	7.8%	2.4%

Substance Abuse

Alcohol is the most frequently used substance in Indiana; nearly half of all Hoosiers 12 years and older report current alcohol use in the past month. Of those, nearly a quarter engaged in binge drinking. The age range with the highest rates of current alcohol use in Indiana is 18 to 25 years, with nearly 6 out of 10 young adults reporting usage. Of those reporting, slightly over 40% reported binge drinking. However, rates for heavy drinking in Indiana were nearly 2% below the U.S. average. Binge and heavy drinking are consumption patterns that have been proven problematic in many ways. Another concern in Indiana is underage drinking. Almost 40% of Indiana high school students currently drink alcohol, while nearly a quarter engaged in binge drinking (*Centers for Disease Control and Prevention*, 2007). In Indiana, a little over 47% of substance abuse related admissions are due to alcohol, which is 6% more than the National average.

The prevalence rate for current illicit drug use in Indiana is slightly over 7%. The 18 to 25 year old group displays the highest rate of use slightly over 18%. Marijuana is the most frequently consumed illicit substance; about 5% of Hoosiers reporting current use. Of those Hoosiers that reported use, over 14% are 18 to 25 years old (*Substance Abuse and Mental Health Services Administration*, 2007). Among Indiana high school students, 18.9% report currently using marijuana, 3.0% report current use of cocaine, and 7% reported using methamphetamine at least once during the student's lifespan (*Centers for Disease Control and Prevention*, 2009).

Indiana's estimated prevalence rates of chronic addiction vary by age group. At nearly a quarter of all young adults, 18 to 25 year olds have the highest rate. The rate of those aged 12 to 17 is nearly 11% (slightly under 3,000 children) and for individuals 26 years and older, it is about 7.5% or (almost 17,300 adults (*Indiana Family and Social Services Administration*, n.d.). Hoosiers in the community receiving treatment for substance use/abuse disorders predominantly report alcohol as their primary drug at the time of admission (47.1%), followed by marijuana/hashish (31.1%), and cocaine/crack (6.8%). Over half of the individuals in treatment use more than one substance or polysubstance use (53.4%) (*Indiana Division of Mental Health and Addiction*, 2005). Furthermore, data shows treatment needs of some individuals are not being met: 2.59% of Hoosiers 12 years and older are in need of but do not receive treatment for illicit drug use and 7.52% for alcohol use (*Substance Abuse and Mental Health Services Administration*, 2007).

The three most commonly abused types of prescription medicines are pain relievers (opioids), central nervous system depressants (sedatives, tranquilizers, hypnotics), and stimulants (for attention deficit disorder, narcolepsy and weight loss) (*NIDA*, 2005). Among Hoosiers 12 years old or older, 2.7% reported current abuse of psychotherapeutics (prescription and over-the-counter drugs) while 7.6% abused them in the past year.

Co-occurring Disorder

Individuals who suffer from both mental illness and a substance use/abuse disorder are said to have a co-occurring disorder. According to reports in the Journal of the American Medical Association (JAMA), co-occurring disorders are very common. Roughly half of individuals who are seriously mentally ill (SMI) are affected by substance abuse; 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness; and of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs (*National Alliance on Mental Illness*, 2003). Individuals with co-occurring disorder tend to have multiple health and social problems, and many are at increased risk for homelessness and incarceration (*National Association of State Mental Health Program Directors*, 1998). Research strongly suggests that to recover from the disorder, treatment for both mental illness and addiction is necessary (*National Alliance on Mental Illness*, 2003).

The prevalence among adults with SMI to have a co-occurring disorder, i.e., SMI and chronic addiction, is estimated to be 23.2% in Indiana, which equates to approximately 13,700 individuals 18 years and older affected in the Hospital's service area (*Indiana Family and Social Services Administration*, n.d.).

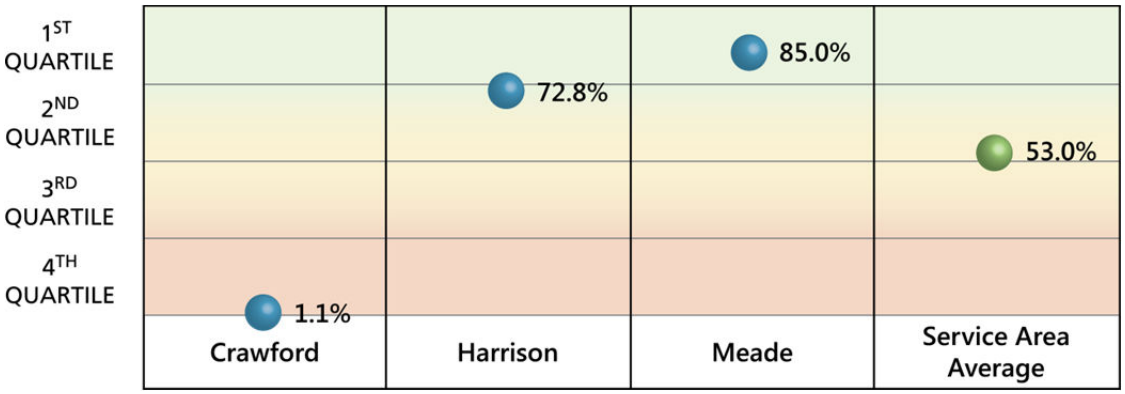
COUNTY HEALTHCARE TREND SYNOPSIS

Health Data: The County Health Rankings and Roadmap Program

Counties in the United States of America including Indiana and Kentucky have been ranked by The County Health Rankings & Roadmaps program. The ranking system includes three overall factors of Health Outcomes, Health Factors, and Policies and Programs. The Health Outcomes analyzes the factors of mortality and morbidity and give each an equal weight in the calculation. The Health Factors analyze four overall factors of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment weighted 30%, 20%, 40%, and 10%, respectively. The following is graphical depictions of data for each county, the service area, the State of Indiana and the State of Kentucky as available. The graphical representation indicates blue for the counties, green for the service area, yellow for Indiana, orange for Kentucky, and red for the national benchmark.

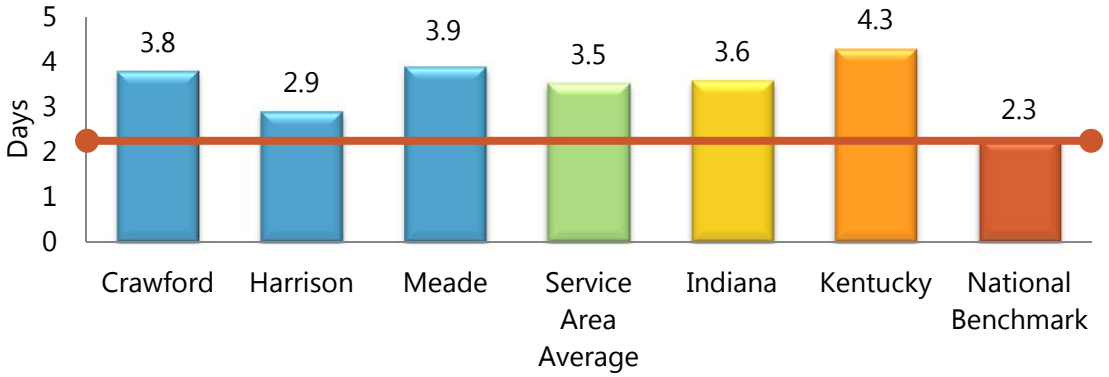
HEALTH OUTCOMES (COUNTY HEALTH RANKING DATA)

Illustrated below is the county ranking for overall health outcomes. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the least healthy county; as for Kentucky the ranking is out of 120. Health Outcomes represent the health of the county by measuring the length of time people live and how healthy people feel. Data was examined on premature death, poor health, poor physical health days, poor mental health days, and low birth weight. Overall, the 3-county area has 1 county (Meade, KY) ranked in the top 25 percentile of the counties while Harrison County, Indiana is nearly in the top 25 percentile at 72.8% while Crawford County, Indiana falls to the bottom percentile at 1.1%.



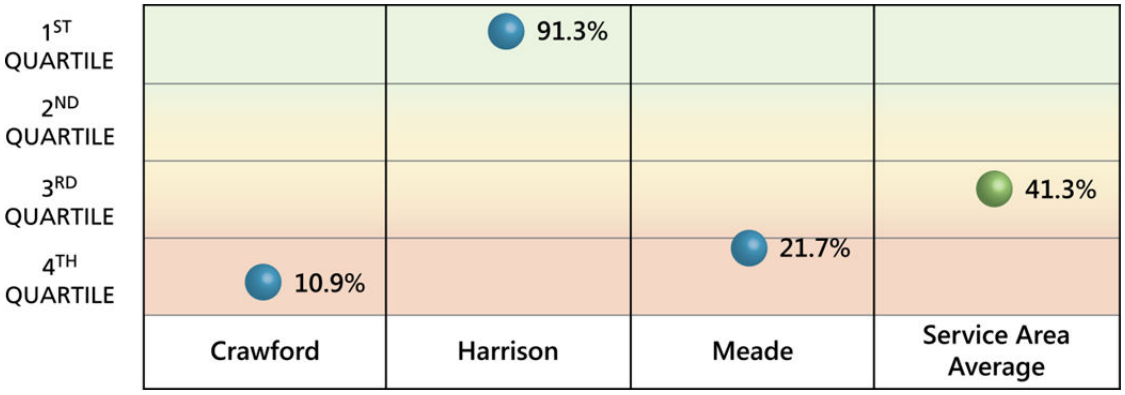
POOR MENTAL HEALTH DAYS (COUNTY HEALTH RANKING DATA)

Illustrated below is the number of days on average an adult reported their mental health was not good. The poor mental health days represent the number of responses to the question, "*Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past thirty days was your mental health not good?*" Overall, the 3-county area reports poor mental health approximately 9.6% to 13% of the month (2.9 to 3.9 days out of 30) vs. 12% in Indiana, 14.3% in Kentucky, and 7.6% nationally.



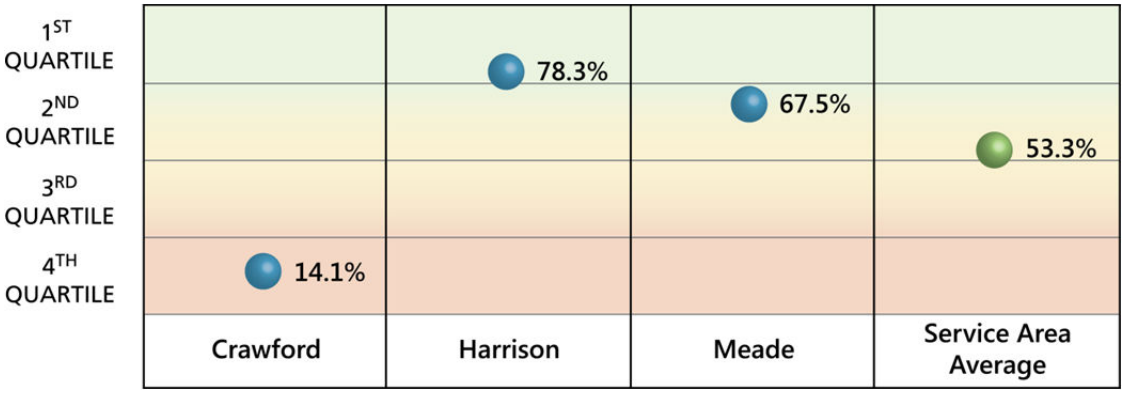
HEALTH BEHAVIORS (COUNTY HEALTH RANKING DATA)

Illustrated below is the county ranking for the overall health behaviors. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the county with the least healthy influences as for Kentucky the ranking is out of 120. Health factors represent how the county's health is influenced by measuring factors on health behaviors, clinical care, social and economic factors, and physical factors. Health Behaviors examined is data on tobacco use, sexual activity, diet and exercise, and alcohol use. Overall, based on health behaviors the 3-county area has 1 county (Harrison, IN) ranked above the top 25 percentile of the counties while the other 2 counties (Crawford, IN and Meade, KY) are in the bottom 25 percentile.



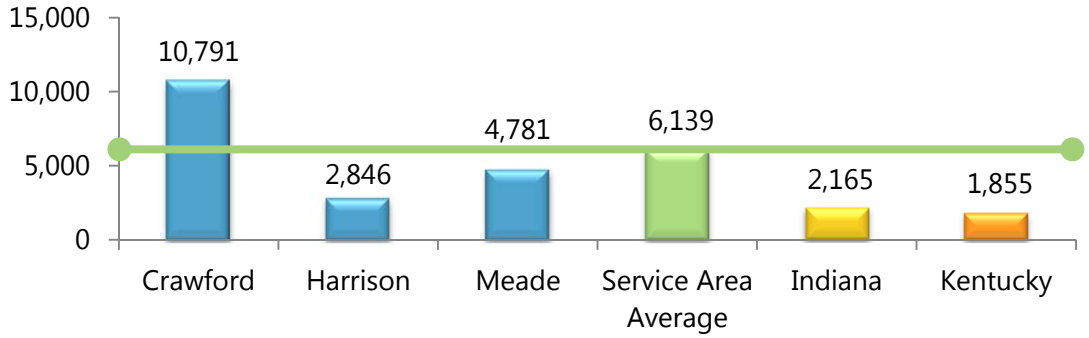
CLINICAL CARE (COUNTY HEALTH RANKING DATA)

Illustrated below is the county ranking for the overall Clinical Care. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the county with the least healthy influences; as for Kentucky the ranking is out of 120. Health factors represent how the county's health is influenced by measuring factors on health behaviors, clinical care, social and economic factors, and physical factors. Clinical Care examined is data on the population under age 65 without health insurance, ratio of population to primary care physicians, ratio of population to dentists, preventable hospital stays, diabetic screening, and mammography screening. Overall, based on the factors for access to care and quality of care, the 3-county area has 2 counties (Harrison, IN and Meade, KY) ranked near or in the top 25 percentile of the counties while Crawford County, IN is in the bottom 25 percentile of the counties.



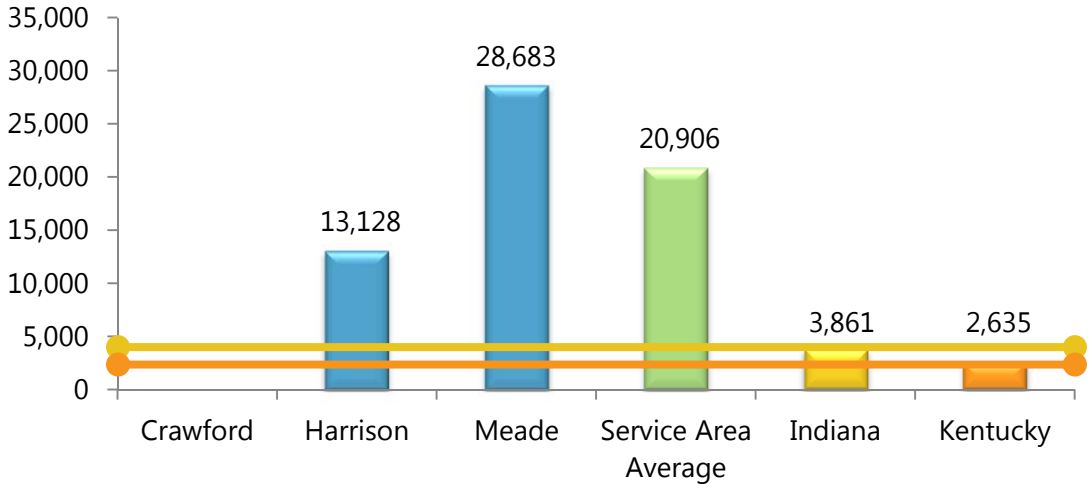
DENTIST (COUNTY HEALTH RANKING DATA)

Illustrated below is the population per Dentist. On average for the service area, there were approximately 6,139 people per dentist compared to 2,165 per dentist in the state of Indiana and 1,855 per dentist in Kentucky.



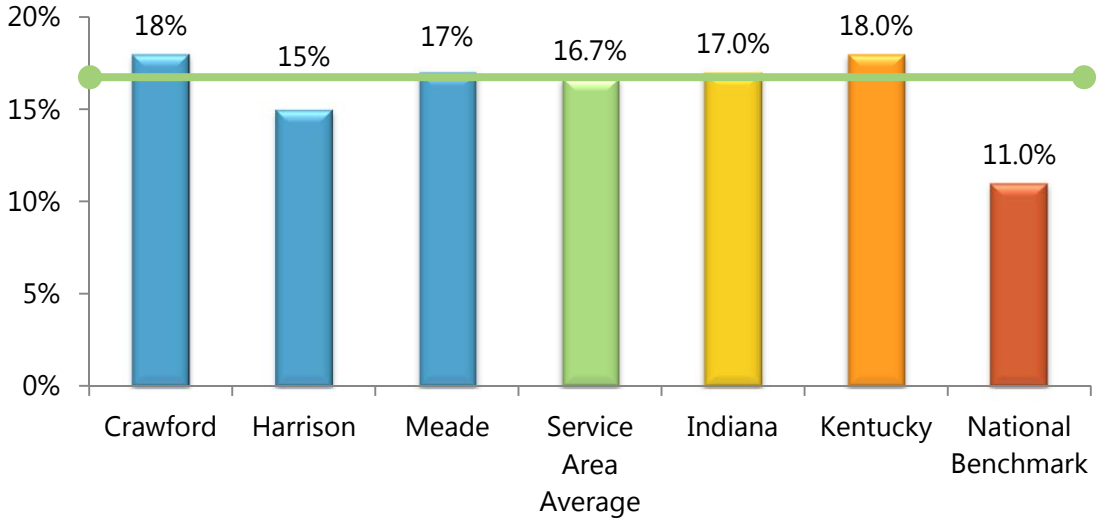
MENTAL HEALTH PROVIDER (COUNTY HEALTH RANKING DATA)

Illustrated below is the population per Mental Health Provider. The providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. Overall, the counties have a significantly larger amount of population per mental health provider compared to the states of Indiana and Kentucky.



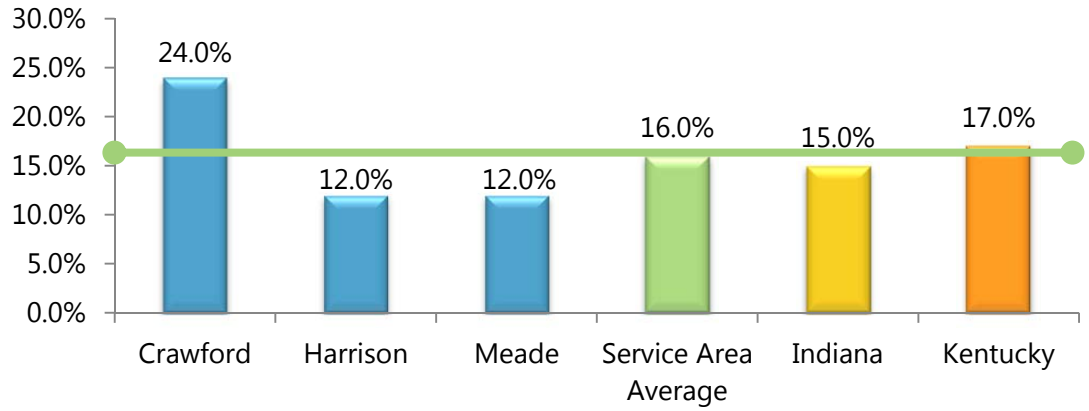
UNINSURED (COUNTY HEALTH RANKING DATA)

Illustrated below is the percentage of adults under age 65 without health insurance coverage. Overall, the 3-county area reported approximately 16.7% of adults are Uninsured compared to 17% in Indiana and 18% in Kentucky.



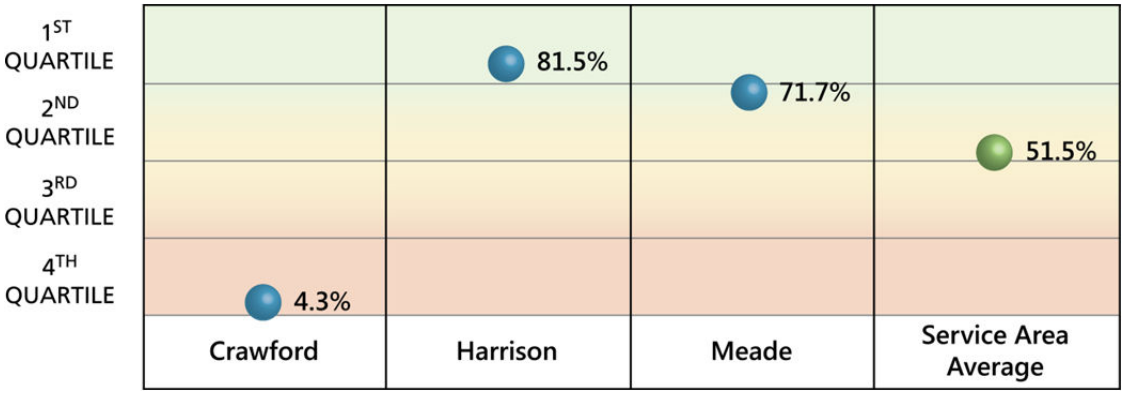
COULD NOT SEE DOCTOR DUE TO COST (COUNTY HEALTH RANKING DATA)

Illustrated below is the percentage of adults unable to see a doctor due to the cost for services. The percentage represents the number of adults who reported in the past 12 months a need to see a doctor but could not due to cost. Approximately 16% of the 3-county area Could Not See a Doctor Due to the Cost.



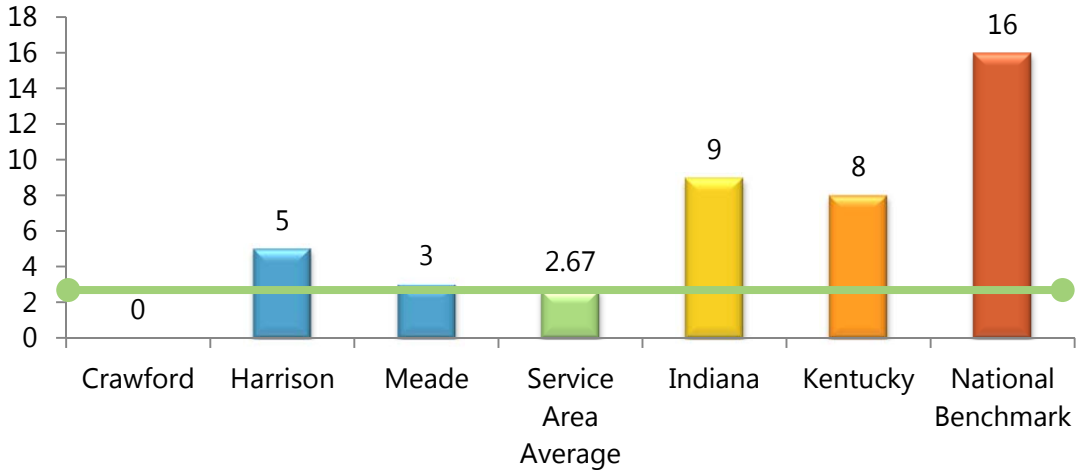
PHYSICAL ENVIRONMENT (COUNTY HEALTH RANKING DATA)

Illustrated below is the county ranking for the overall Physical Environment. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the least healthy county; as for Kentucky the ranking is out of 120. Health factors represent how the county's health is influenced by measuring factors on health behaviors, clinical care, social and economic factors, and physical factors. Physical Environment factors examined are environmental quality such as clean air and drinking water safety and built environment such as access to healthy food and recreational facilities, and number of fast food restaurants. Overall, the 3-county service area ranks in the second quartile with Meade, KY in the just below the 1st quartile and Crawford, IN in the bottom 4th quartile while Harrison, IN ranks slightly above in the 1st quartile.



ACCESS TO RECREATIONAL FACILITIES (COUNTY HEALTH RANKING DATA)

Illustrated below is the number of Recreational Facilities per every 100,000 people. There was only data for Harrison County, IN and Meade County, KY which have approximately 5 facilities and 3 facilities for every 100,000 people respectively, compared to nine facilities in the state of Indiana and eight facilities in the state of Kentucky. Postulating Crawford County, IN does not have any facilities, the average for the service area is approximately 2.67 facilities for every 100,000 people.



Health Status Synopsis

After reviewing statistical data for the service area, for Health Outcomes, Health Factors, and Clinical Care the service area was on average between or near the State of Indiana and State of Kentucky benchmarks except for motor vehicle crashes, lower sexually transmitted infections, and teen births. While the service area had more motor vehicle crash deaths, there were significantly lower sexually transmitted infections and teen births than the state data. The service area has opportunity for improvement when compared to the National benchmarks.

SERVICE AREA ANALYSIS				
	Service Area (Average)	State of Indiana	State of Kentucky	National Benchmark
Health Outcomes				
Poor/Fair Health [N]	16.3%	16%	21%	10%
Poor Physical Health Days	4.7	3.6	4.7	2.6
Poor Mental Health Days	3.5	3.6	4.3	2.3
Low Birth Weight [N]	8.5%	8.3%	9.1%	6.0%
Health Factors				
Adult Smoking [N]	24.7%	24%	26%	13%
Adult Obesity	34%	31%	33%	25%
Physical Inactivity [N]	31%	27%	32%	21%
Excessive Drinking	12%	16%	12%	7%
Motor Vehicle Crash Death Rate	27.3	13	20	10
Sexually Transmitted Infections	181	351	377	92
Teen Birth Rate	38	44	50	21
Clinical Care				
Uninsured Adults	16.7%	17%	18%	11%
Primary Care Physicians	2,317:1	1,557:1	1,588:1	1,067:1
Preventable Hospital Stays [N]	81	76	103	47
Diabetic Screening	86%	83%	84%	90%
Mammography Screening	67%	64%	62%	73%

[N] Noted the Service Area was on average between the benchmark for the two states.

Conclusion

COMMUNITY RESOURCES IDENTIFIED

The assessment identified a few community assets (See Attachment C) including the Hospital and its community benefits programs.

OVERALL OBSERVATION

Priorities for the key areas will be assessed by the board of directors and documented in the Implementation Strategy Report.

Overall priorities determined to be significant needs for the following:

- Increasing primary care physicians and critical healthcare manpower,
- Reducing overuse of hospital emergency department by non-emergency patients,
- Increasing/expanding collaboration between healthcare and social service providers
- Increasing educational awareness programs,
- Increasing the number of mental healthcare providers and professionals,
- Increasing substance abuse prevention,
- Increasing access to mental healthcare services for uninsured and under-insured, and
- Expanding transportation services to/from treatment services in the more rural areas of services area.

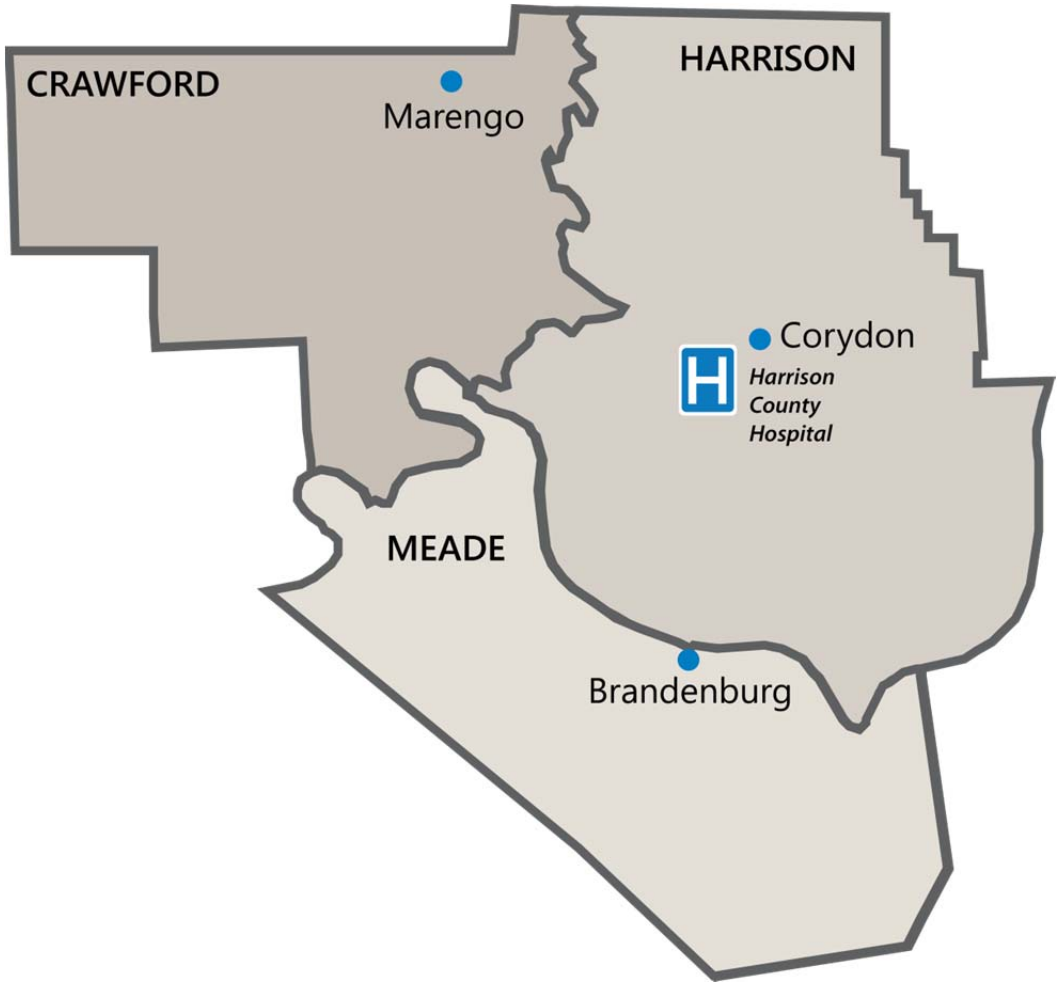
CONTACT

This assessment summary is published on the website of Harrison County Hospital, www.hchin.org. A copy may also be obtained by contacting the Hospital's Administrative Office at 812.738.4251. Please provide any feedback regarding the CHNA to info@hchin.org.

Attachments

Attachment A: Demographic Data

SERVICE AREA MAP



SERVICE AREA DEFINITION

For the purposes of analysis, Harrison County Hospital's service area included the following counties located in Indiana and Kentucky. All data is as of 2013 unless otherwise stated.

1. Crawford County, Indiana
2. Harrison County, Indiana
3. Meade County, Kentucky

EXPLANATIONS & DEFINITIONS FOR SELECTED CHARTS/GRAPHS THAT FOLLOW

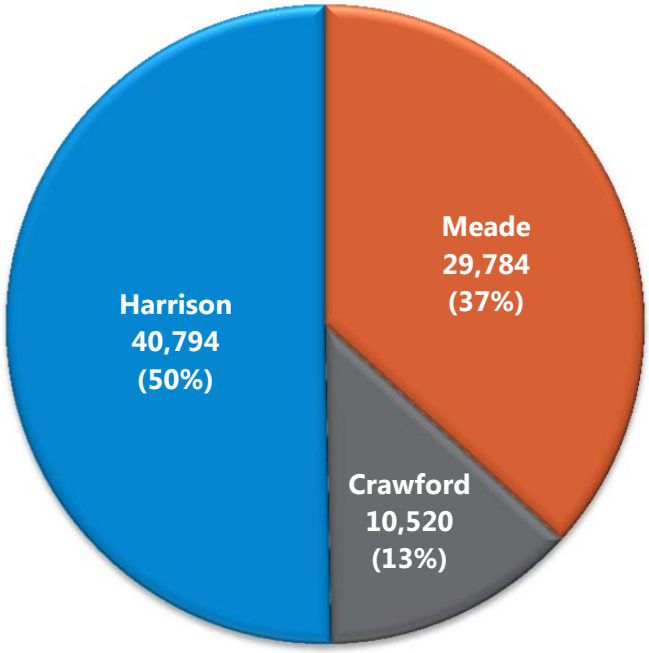
TITLE OF CHART/GRAPH	PAGE #	EXPLANATIONS & DEFINITIONS
Health Outcomes	61	Healthy Outcomes ranking is based upon mortality & morbidity rates.
Mortality	61	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Morbidity	62	Indicates poor health and the prevalence of disease in 4 separate categories.
Poor or Fair Health	62	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	63	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	63	Average number of mentally unhealthy days reported in past 30 days (age adjusted).
Low Birth Weight	64	Percent of live births with low birth weights (<2,500 grams).
Health Factors	64	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	65	An aggregate of a number of variables that include healthy behaviors, clinical care, socioeconomic factors, and physical environment factors.
Adult Smoking	65	Percent of adults who report smoking >= 100 cigarettes and are currently smoking.
Adult Obesity	66	Percent of adults who report a Body Mass Index (BMI) >= 30.
Physical Inactivity	66	Percent of adults 20 years or older reporting no leisure time physical activity.
Excessive Drinking	67	Includes both binge and heavy drinking.
Motor Vehicle Crash Death Rate	67	The number of people who die due to motor vehicle crashes
Sexually Transmitted Infections	68	Clamydia rate per 100,000 population.

TITLE OF CHART/GRAPH	PAGE #	EXPLANATIONS & DEFINITIONS
Teen Birth Rate	68	Teen birth rate per 1,000 female population, ages 15 to 19.
Clinical Care	69	Aggregate of several variables including percentage of uninsured, primary care physicians-to-population, preventable hospital days; diabetic screening, and mammography screening.
Primary Care Physicians	69	Ratio of population to Primary Care Physicians.
Mental Health Providers	70	Ratio of population to Mental Health Provider.
Uninsured	70	Percentage of the population under age 65 used in the clinical care factors ranking.
Uninsured Adults	71	Percent of the population under age 65 without health insurance.
Uninsured Children	71	Percent of the population under the age of 18 without health insurance.
Could Not See Doctor Due to Cost	72	Percent of the population who were unable to see a doctor because of cost.
Healthcare Costs	72	Average cost of Healthcare.
Preventable Hospital Stays	73	Hospital rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees.
Diabetic Screening	73	Percent of diabetic Medicare enrollees who receive HbA1c screening.
Mammography Screening	74	Percent of female Medicare enrollees who receive mammography screening.
Social & Economic Factors	74	Aggregate of factors including education level, unemployment rate; children in poverty, inadequate social support, children in single parent households, and violent crime rate.
High School Graduation	75	Percent of ninth grade cohort who graduate in 4 years.
Some College	75	Percent of adults age 25 to 44 years with some post-secondary education.

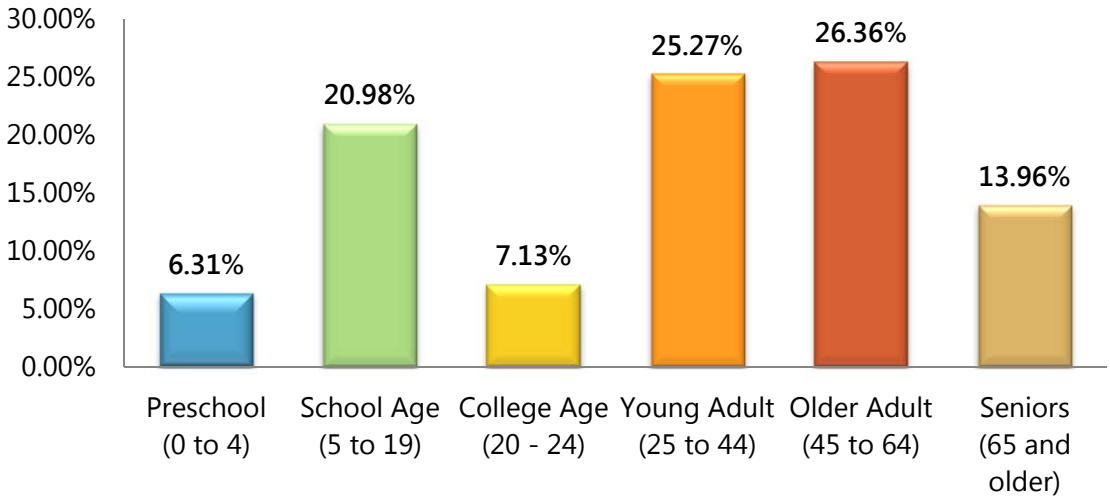
TITLE OF CHART/GRAPH	PAGE #	EXPLANATIONS & DEFINITIONS
Unemployment Rate	76	Percent of population 16+ unemployed but seeking work.
Children in Poverty	76	Percent of children under 18 in poverty.
Inadequate Social Support	77	Percent of adults without emotional/ social support.
Children in Single-Parent Households	77	Percent of children who live in a household headed by a single parent.
Violent Crime Rate	78	Annual crimes per 100,000 in population.

Source: www.countyhealthrankings.org

COUNTY POPULATION BREAKDOWN

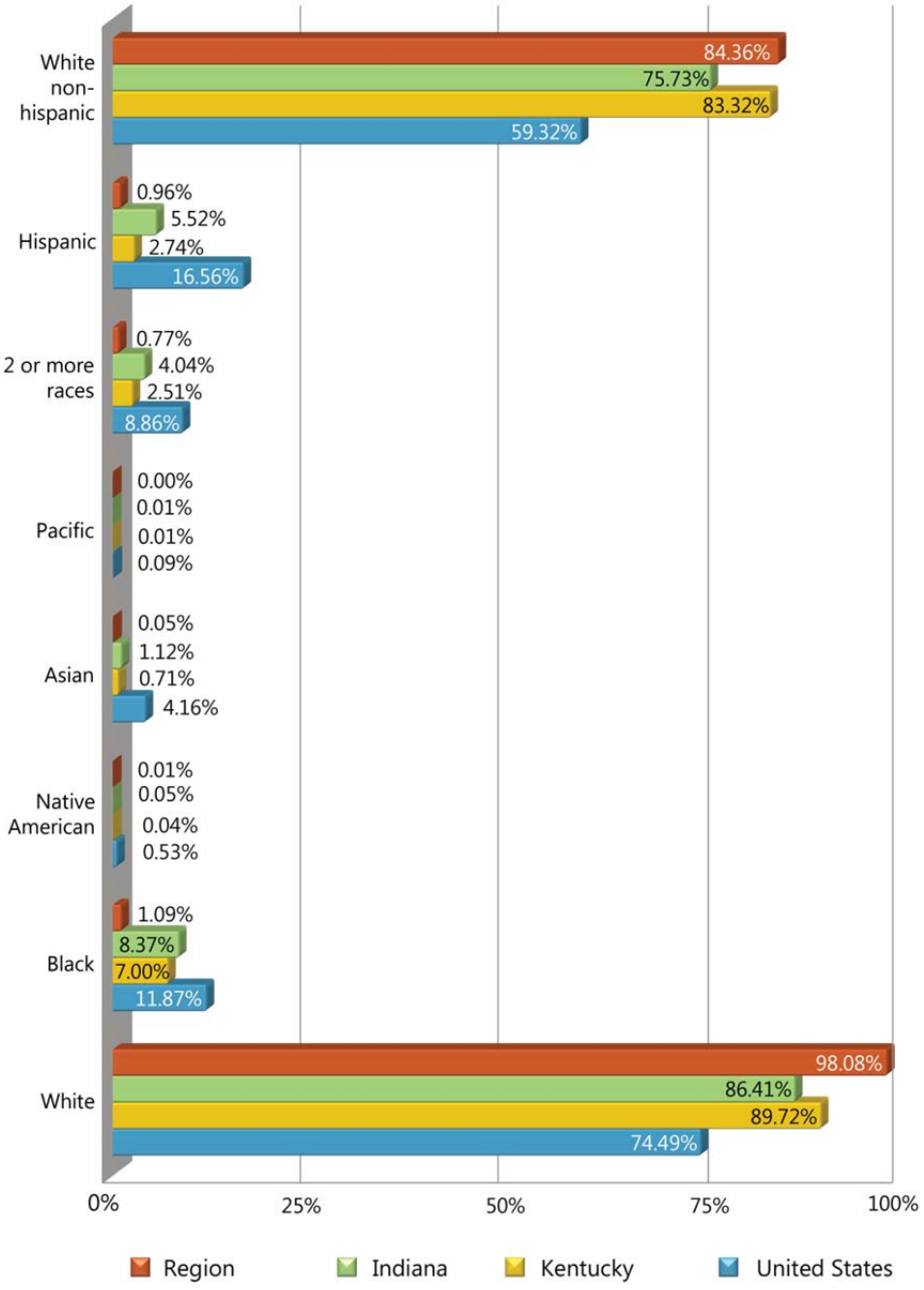


AGE POPULATION DISTRIBUTION



This graph displays the total population of the Hospital's service area by age cohort. (Source: http://quickfacts.census.gov)

POPULATION ESTIMATES BY RACE



This graph displays the total population of the Hospital's service area by race. (Source: http://quickfacts.census.gov)

SERVICE AREA ANALYSIS

	Crawford	Harrison	Meade	Service Area	State of Indiana	State of Kentucky
Population 2013	10,520	40,794	29,784	81,098	6,603,083	4,432,994
0 to 4 years	651	2,374	2,090	5,115	469,673	308,190
5 to 9 years	701	2,632	2,048	5,381	483,134	307,507
10 to 19 years	1,461	5,433	4,737	11,631	931,320	582,466
20 to 24 years	743	2,830	2,209	5,782	449,846	287,546
25 to 64 years	5,405	21,537	14,924	41,866	3,324,739	2,281,933
65 years and more	1,559	5,988	3,776	11,323	944,371	665,352
Median Age	42.7	43	42.8	42.8	42.7	42.7
Female Persons	50%	51%	49%	50%	51%	51%
Non-white population	3.1%	3.4%	1.2%	2.6%	19.1%	13.0%
Median household income	$37,674	49,551	$48,485	$45,237	$46,410	$41,141
Homeownership rate	84.20%	84.70%	71.40%	80.10%	71.10%	69.50%
Median value of owner-occupied housing	$86,200	$124,500	$111,700	$107,467	$123,300	$118,700
Persons below poverty level	18.50%	11.90%	15.40%	15.27%	14.10%	18.10%
Civilian labor force	9,429	10,482	4,327	24,238	3,155,000	2,097,100
Persons per square mile (2010)	35.1	81	93.6	70.0	181.0	109.9
Land Area (square miles)	305.64	484.52	305.42	1,095.58	35,826.11	39,486.34
Educational Attainment						
No high school diploma	967	2,345	1,750	5,062	382,906	300,804
High school graduate or equivalent	3,577	11,343	7,151	22,071	1,504,338	987,495
Some college, no degree	1,127	6,230	4,603	11,960	866,012	577,977
Associate degree	351	1,861	1662	3,874	315,182	192,610
Bachelor degree	486	2,642	1357	4,485	611,431	353,907
Master degree or higher	439	1,308	1033	2,780	341,306	240,824
Health Outcomes (State Rank)	91	25	18	-	-	-
Mortality	89	26	22	-	-	-
Morbidity	90	26	22	-	-	-
Poor or fair health	20%	12%	17%	16%	16%	21%
Poor physical health days	5.7	3.5	4.8	4.7	3.6	4.7
Poor mental health days	3.8	2.9	3.9	3.5	3.6	4.3
Low birth weight	9.5%	7.7%	8.2%	8.5%	8.3%	9.1%

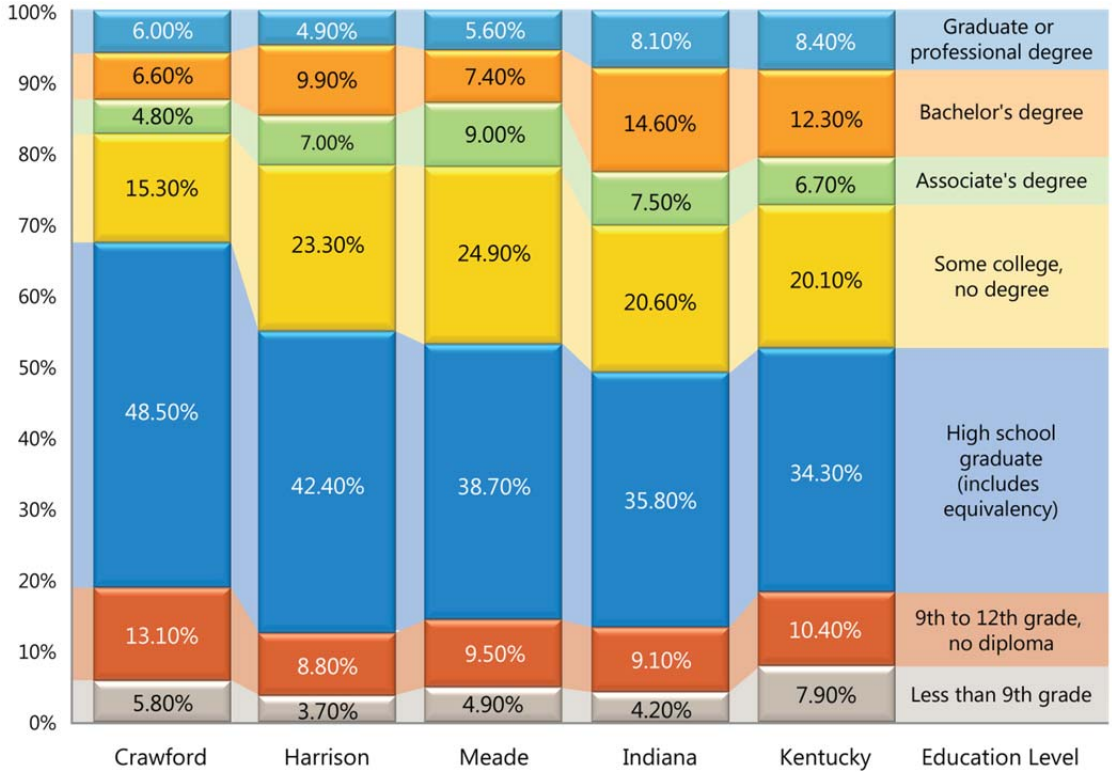
This chart displays data relating to the general healthcare status of the population and several factors impacting it by county as compared to the Hospital's total service area and the states of Indiana and Kentucky. See pages 56 – 78 for graphical depictions and additional explanation of select charted data above. (Source: http://quickfacts.census.gov; http://www.bls.gov)

SERVICE AREA ANALYSIS (CONTINUED)

	Crawford	Harrison	Meade	Service Area	State of Indiana	State of Kentucky
Health Factors (State Rank)	88	14	54	-	-	-
Health behaviors	82	8	94	-	-	-
Adult smoking	24%	16%	34%	25%	24%	26%
Adult obesity	37%	30%	36%	34%	31%	33%
Physical inactivity	31%	29%	32%	31%	27%	31%
Excessive drinking	8%	20%	8%	12%	16%	12%
Sexually transmitted infections	159	170	213	181	351	377
Teen birth rate	43	34	37	38	41	50
Clinical Care (State Rank)	79	20	39	-	-	-
Uninsured adults	18%	15%	17%	17%	17%	18%
Primary care physicians	0	2,317	0	772	1557	1588
Dentists	10,791	2,846	4,781	6,139	2165	1855
Preventable hospital stays	86	76	77-99	81	76	103
Diabetic screening	84%	87%	75-91%	86%	83%	84%
Mammography screening	63%	71%	55-74%	67%	64%	62%
Socioeconomic Factors (State Rank)	88	17	34	-	-	-
High school graduation	87%	92%	87%	89%	86%	78%
Some college	35%	56%	59%	50%	59%	56%
Unemployment	10.9%	8.3%	12.7%	10.6%	9.0%	9.5%
Children in poverty	30%	17%	22%	23%	23%	27%
Inadequate social support	25%	21%	18%	21%	20%	20%
Children in single-parent households	30%	24%	29%	28%	32%	33%
Physicial Environment (State Rank)	32	90	91	-	-	-
Air pollution-particulate matter days	13.2	13	13.1	13.2	13	13.1
Drinking water safety	0%	39%	0%	13%	2%	11%
Limited access to healthy foods	4%	1%	7%	4%	6%	5%
Access to recreational facilities	0	5	3	2.7	9	8
Fast Food Restaurants	18%	67%	63%	49%	50%	54%

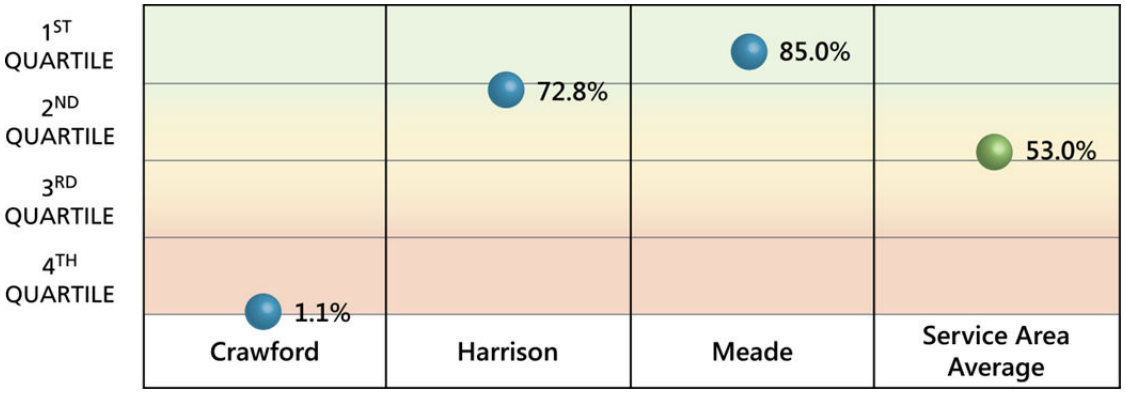
This chart displays data relating to the general healthcare status of the population and several factors impacting it by county as compared to the Hospital's total service area and the states of Indiana and Kentucky. See pages 56 – 78 for graphical depictions and additional explanation of select charted data above. (Source: http://quickfacts.census.gov; http://www.bls.gov)

EDUCATIONAL ATTAINMENT



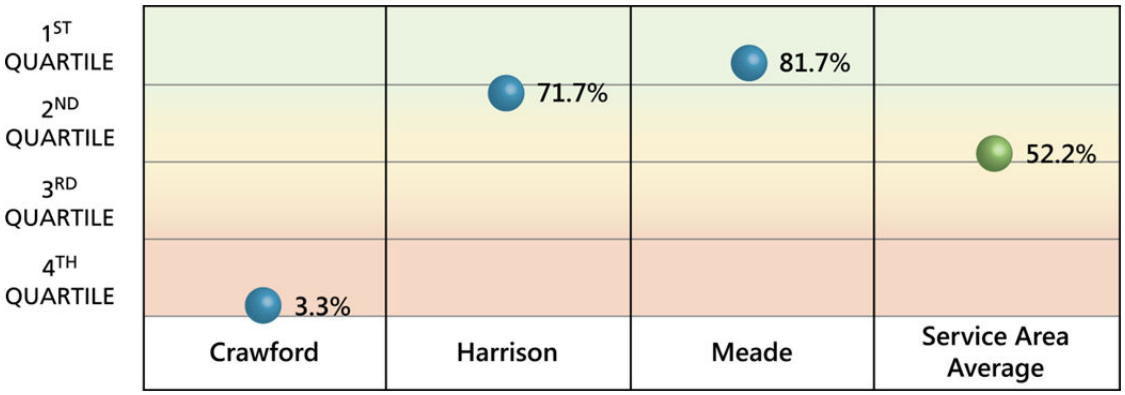
This graph displays the highest level of Educational Attainment of the population in each county in the Hospital's service area as compared to the total Service Area and states of Indiana and Kentucky. (Source: http://quickfacts.census.gov)

HEALTH OUTCOMES (STATE RANK: INDIANA 92, KENTUCKY 120)



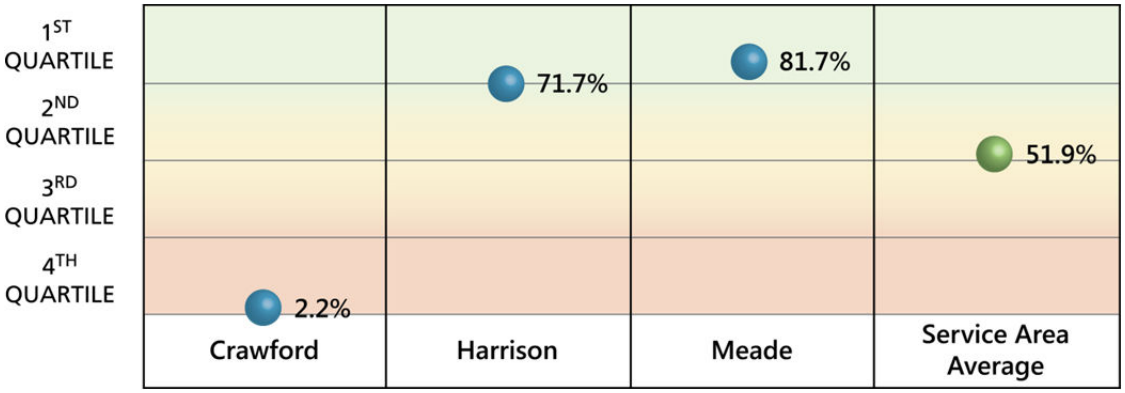
Health Outcomes is a *County Health Ranking* representing how long people live and how healthy people feel while alive. The health outcomes represent the health of the county by measuring the mortality and morbidity within each county. The 92 counties in Indiana and the 120 counties in Kentucky have been ranked to show which quartile they fall into with the first quartile being the healthiest and the fourth quartile being the unhealthiest. Refer to page 48 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

MORTALITY (STATE RANK: INDIANA 92, KENTUCKY 120)



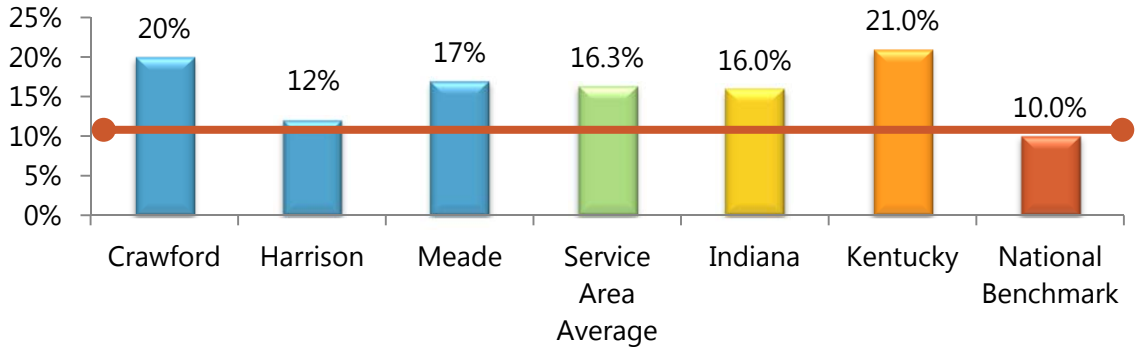
The Mortality ranking measures what is known about deaths before age 75 (premature deaths) to determine how long people are living. The counties in Indiana (92) and Kentucky (120) have been ranked. This table shows the quartile each county falls into with the first quartile representing the least amount of premature deaths and the fourth quartile representing the county with the most number of premature deaths. (Source: www.countyhealthrankings.org)

MORBIDITY (STATE RANK: INDIANA 92, KENTUCKY 120)



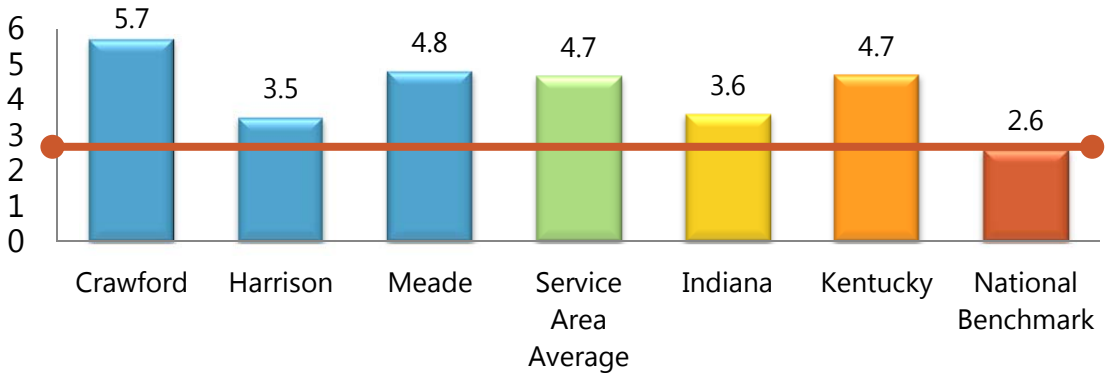
The Morbidity ranking reports a combined measure of individuals' self-reported overall health, physical health days, mental health days, and low birth weight (LBW) to provide a rank for quality of life. Indiana (92) and Kentucky (120) counties have been ranked to show where they fall based on the other counties with the first quarter representing the best ranked quality of life and the fourth quartile representing the county with the lowest ranked quality of life. (Source: www.countyhealthrankings.org)

POOR OR FAIR HEALTH



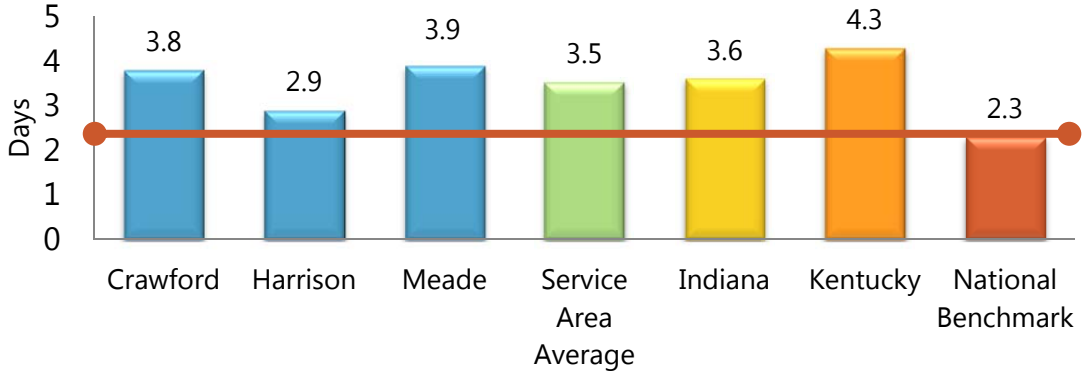
Poor or fair health (overall health) represents self-reported health status based on survey responses to the question, *"In general, would you say that your health is excellent, very good, good, fair, or poor?"* The value reported for each county is the percent of adult respondents who rate their health "fair" or "poor". Poor or fair health is one of four factors with a weight of 10% in calculating a county's overall morbidity ranking. (Source: www.countyhealthrankings.org)

POOR PHYSICAL HEALTH DAYS



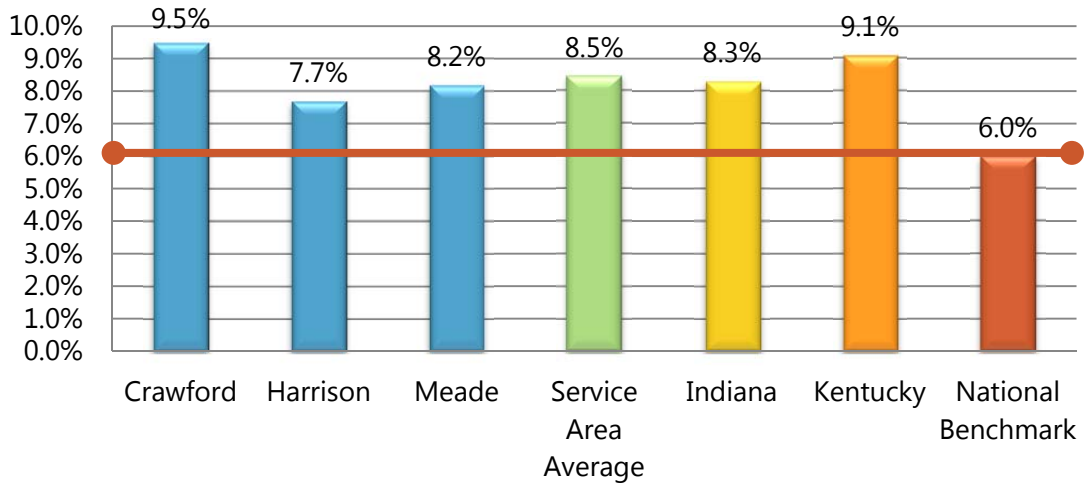
Poor Physical Health Days represents self-reported health status based on survey responses to the question, *"Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"* The value reported for each county is the average number of days adult respondents reported that their physical health was not good. Poor physical health days is the second of four factors with a weight of 10% in calculating a county's overall morbidity ranking. (Source: www.countyhealthrankings.org)

POOR MENTAL HEALTH DAYS



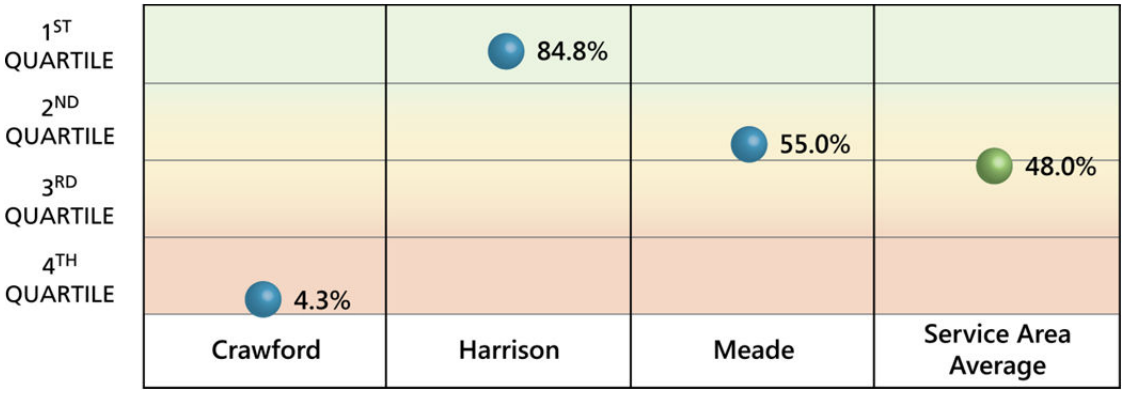
Poor Mental Health Days represents self-reported health status based on survey responses to the question, "*Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*" The value reported for each county is the average number of days adult respondents report that their mental health was not good. Poor Mental Health Days is the third of four factors with a weight of 10% in calculating a county's overall morbidity ranking. Refer to page 48 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

LOW BIRTH WEIGHT



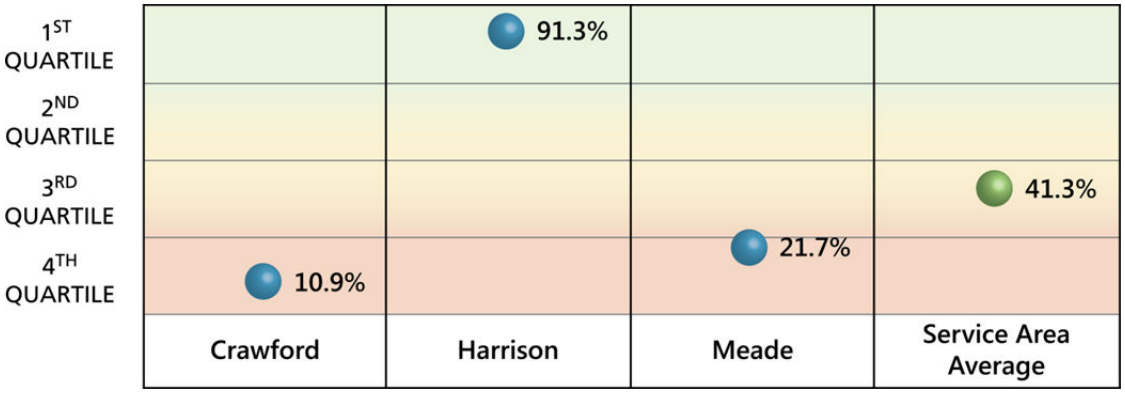
Low Birth Weight (LBW) represents maternal exposure to health risks and an infant's current and future morbidity which is an indicator for premature mortality and/or morbidity. The value reported for each county is the percent of live births with LBW (<2500 grams). LBW is the last of four factors with a weight of 20% in calculating a county's overall morbidity ranking. (Source: www.countyhealthrankings.org)

HEALTH FACTORS (STATE RANK: INDIANA 92; KENTUCKY 120)



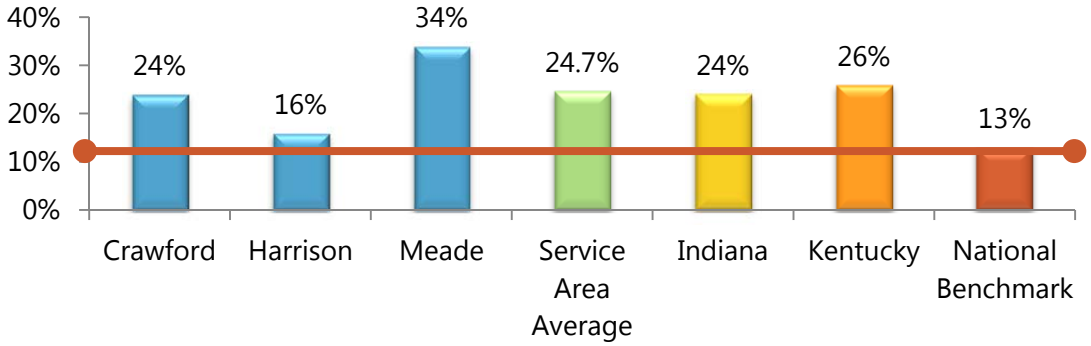
Health Factors is a *County Health Ranking* representing what influences the health of a county. The health factors are weighted measures of health behaviors, clinical care, social and economic, and physical environment factors within each county. Indiana (92) and Kentucky (120) counties have been ranked from highest to lowest composite score. The first quartile represents the highest and the fourth quartile represents the lowest composite score. (Source: www.countyhealthrankings.org)

HEALTH BEHAVIORS (STATE RANK: INDIANA 92; KENTUCKY 120)



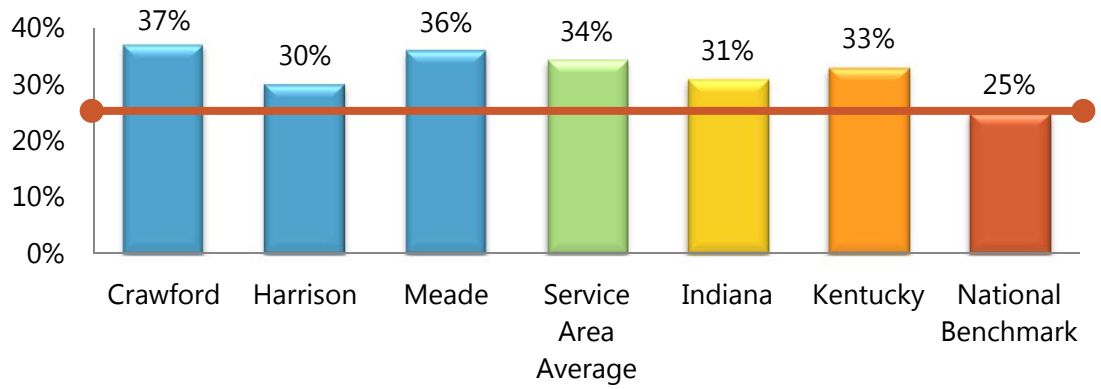
Health Behaviors consist of the following weighted factors for each county: smoking (10%), diet and exercise (10% - made up of adult obesity at 7.5% and physical inactivity at 2.5%), alcohol use (5%: excessive drinking at 2.5% motor vehicle crash death rate at 2.5%), and sexual activity (5%: sexually transmitted infections at 2.5% and teen birth rate at 2.5%). The counties in Indiana and Kentucky have been ranked by state from highest to lowest; where the 1st quartile represents the highest and 4th quartile represents the lowest composite score. The health behavior score is one of four factors with a weight of 30% in calculating a county's overall health factor ranking. (Source: www.countyhealthrankings.org)

ADULT SMOKING



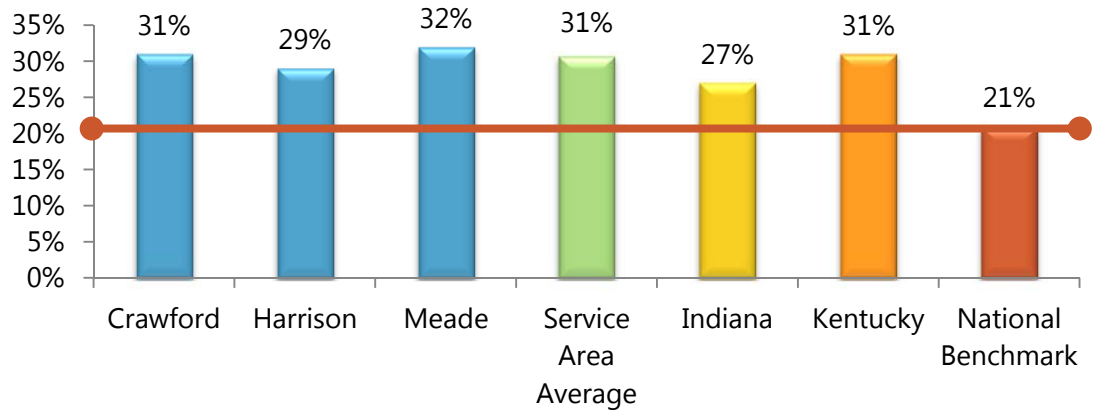
Adult Smoking represents the extent of health risk in each county related to tobacco use and is an indicator of adverse health outcomes. The value reported for each county is the estimated percent based on the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. Adult smoking rate is one of four factors with a weight of 10% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

ADULT OBESITY



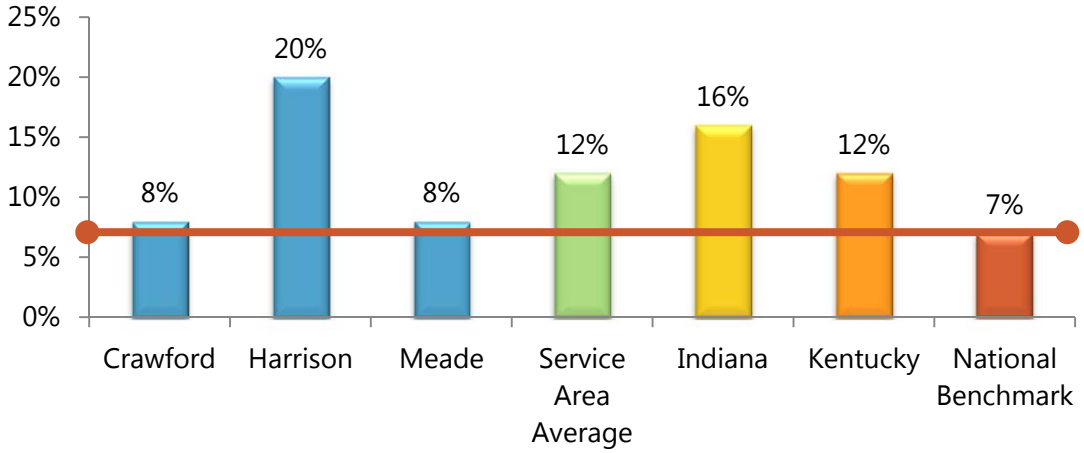
Adult Obesity represents the increased risk in each county for health conditions linked to being overweight or obese such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. The value reported for each county is the percent of adults who report a body mass index (BMI) greater than or equal to 30 kg/m2. Adult obesity rate is a portion of the diet and exercise factor with a weight of 7.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

PHYSICAL INACTIVITY



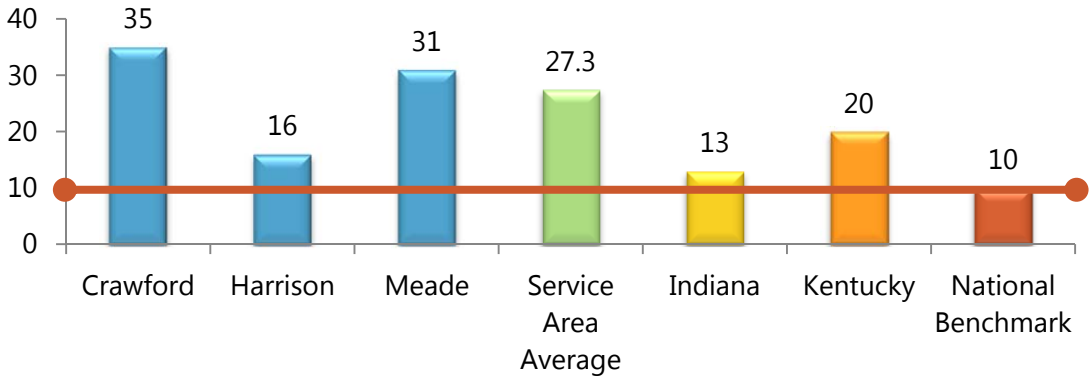
Physical Inactivity represents the increased risk in each county for health conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. The value reported for each county is the percent of adults age 20 and older reporting no leisure time physical activity. Physical inactivity rate is a portion of the diet and exercise factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

EXCESSIVE DRINKING



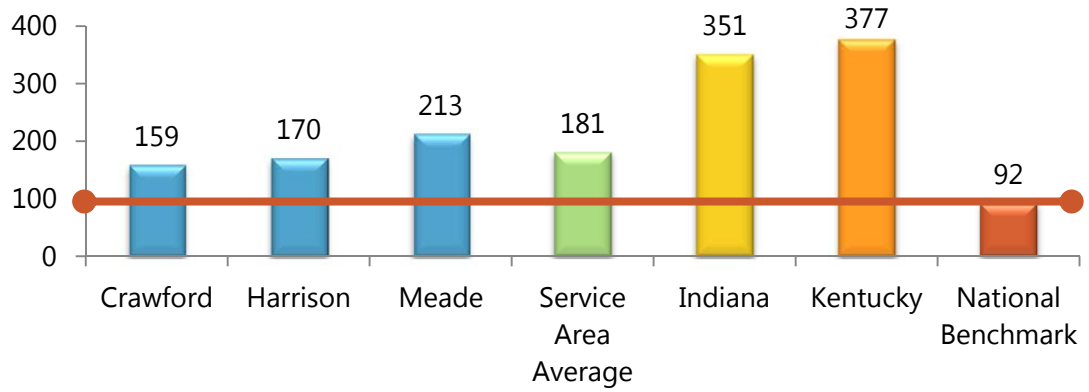
Excessive Drinking represents the increased risk in each county for adverse health outcomes due to excessive alcohol use. The value reported for each county is the percent of the adult population that reports either binge drinking (consuming more than 4 [women] or 5 [men] alcoholic beverages on a single occasion in the past 30 days) or heavy drinking (more than 1 [women] or 2 [men] drinks per day on average). Excessive drinking rate is a portion of the alcohol use factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

MOTOR VEHICLE CRASH DEATH RATE



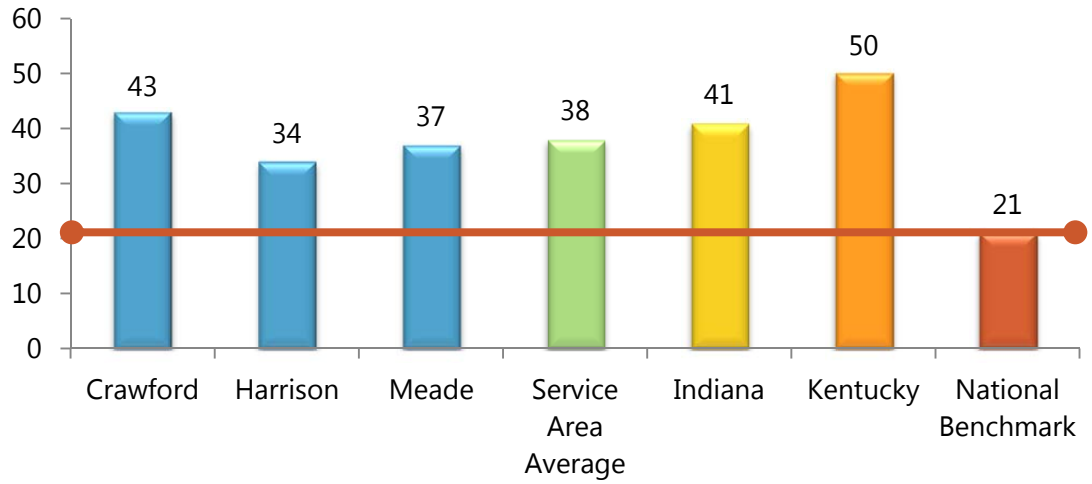
Motor Vehicle Crash Death Rate represents the increased risk in each county of mortality due to motor vehicle crashes. The value reported for each county is the number of new deaths caused by motor vehicle crashes reported per 100,000 population. (Source: www.countyhealthrankings.org)

SEXUALLY TRANSMITTED INFECTIONS



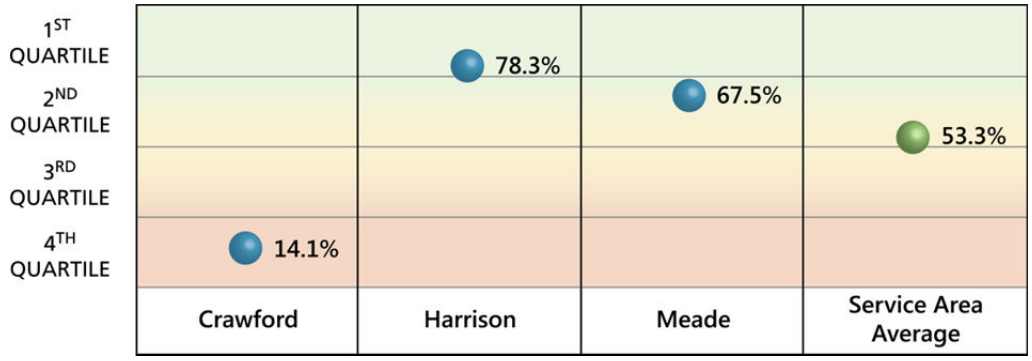
Sexually Transmitted Infections (STI) represent the increased risk in each county of morbidity and mortality due to cervical cancer, involuntary infertility, and premature death. The value reported for each county is the number of new cases of chlamydia reported per 100,000 population. STI is a portion of the sexual activity factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

TEEN BIRTH RATE



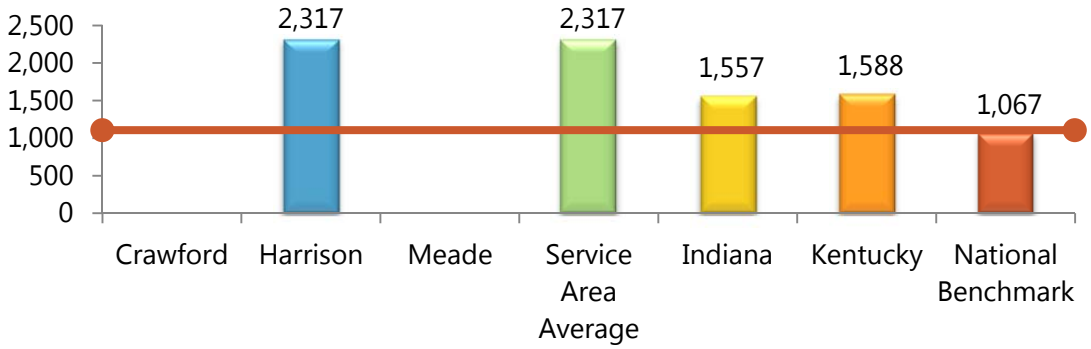
Teen Birth Rate represents the increased risk in each county for poor prenatal care and pre-term delivery due to late or no prenatal care, gestational hypertension and anemia, and poor maternal weight gain. The value reported for each county is the number of teen births per 1,000 female population, ages 15 to 19. Teen birth rate is a portion of the sexual activity factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

CLINICAL CARE (STATE RANK: INDIANA 92; KENTUCKY 120)



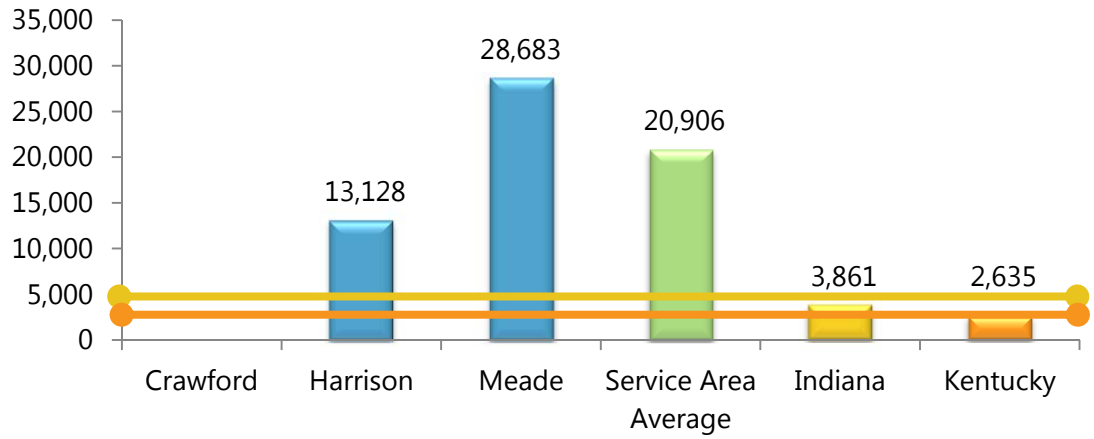
Clinical Care consists of the following weighted factors for each county: access to care (10% - made up of uninsured at 5% and primary care physicians at 5%) and quality of care (10%: preventable hospital stays at 5% diabetic screening at 2.5% and mammography screening at 2.5%). The counties in Indiana and Kentucky have been ranked for each state with the 1st quartile representing the highest and the 4th quartile the lowest composite score. The clinical care score is the second of four factors with a weight of 20% in calculating a county's overall health factor ranking. Refer to page 48 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

PRIMARY CARE PHYSICIANS (RATIO TO 1)



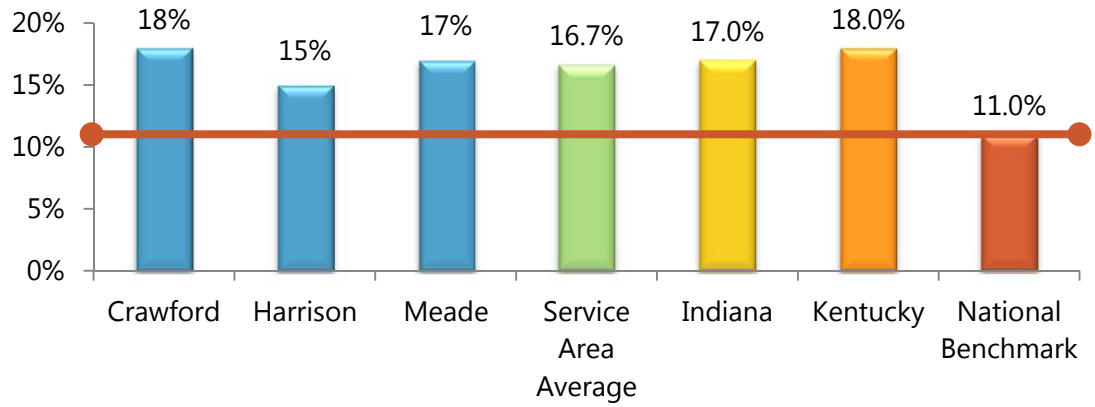
Population per Primary Care Physicians represents the rate of availability for the population to obtain essential access to preventive and primary care with appropriate referrals to specialty care. The value reported is the population per provider including practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The rate depicted is a portion of the access to care factor with a weight of 2.5% in calculating a county's overall critical care ranking. Crawford and Meade counties had unreliable or missing data. (Source: www.countyhealthrankings.org)

MENTAL HEALTH PROVIDERS (RATIO TO 1)



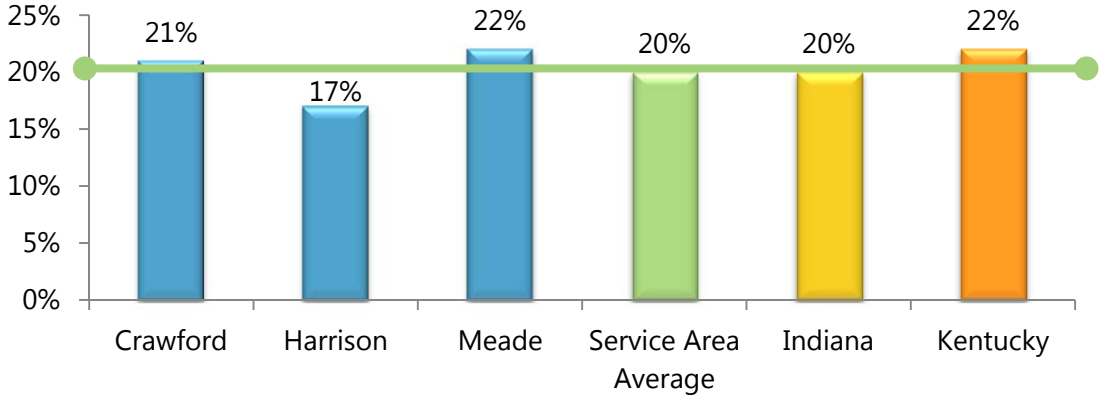
Population per Mental Health Providers represents the rate of availability for the population to mental healthcare providers including psychiatrists, child psychiatrists and psychologists actively practicing in the area. The value reported is the population per provider. Crawford County had unreliable or missing data. Crawford County was omitted from the Service Area Average calculation. (Source: www.countyhealthrankings.org)

UNINSURED



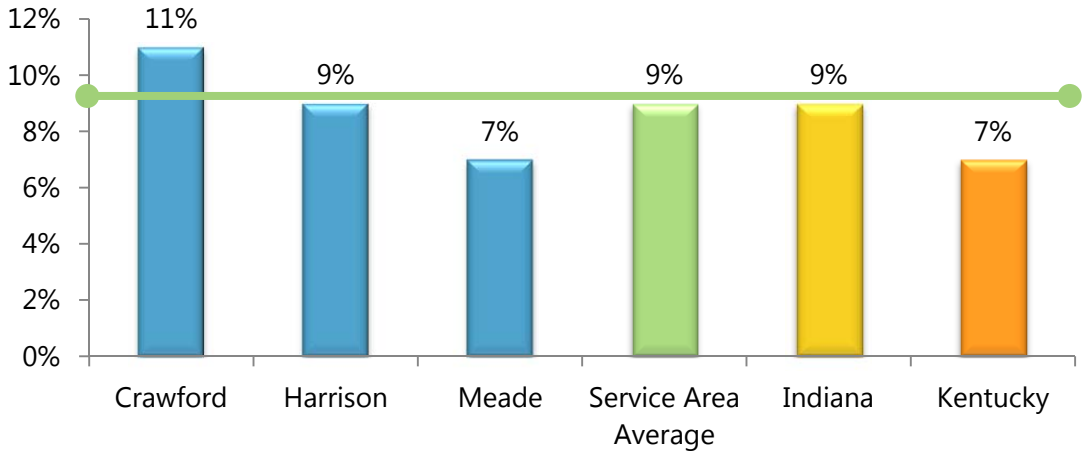
Uninsured represents the estimated percentage of the population under the age of 65 who do not have health insurance. This rate is factored at a weight of 5% in calculating a county's overall clinical care factors ranking. (Source: www.countyhealthrankings.org)

UNINSURED ADULTS



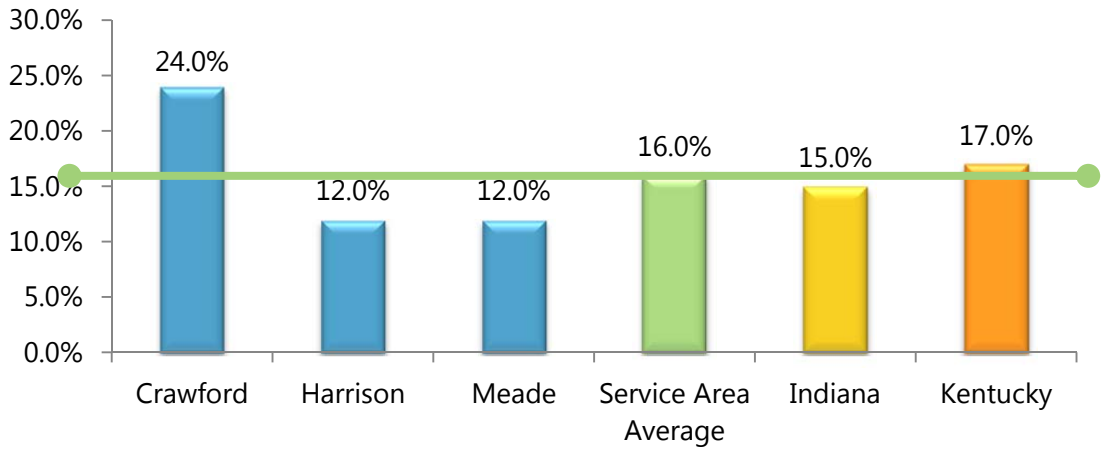
Uninsured Adults represents a significant barrier to accessing needed health care due to lack of health insurance coverage that continues to increase. The value reported for each county is the estimated percent of the population under age 65 without health insurance coverage. The uninsured adults percentage is a portion of the access to care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

UNINSURED CHILDREN



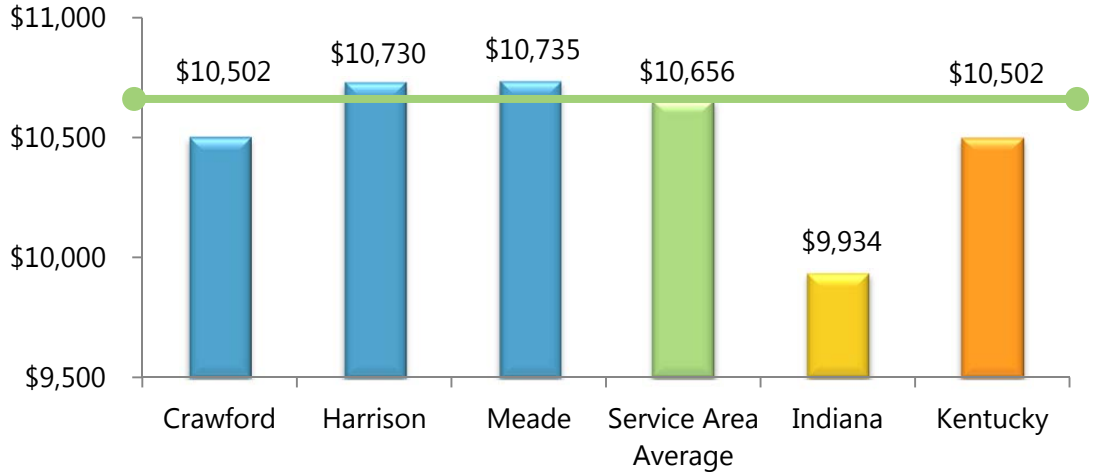
Uninsured Children represents a significant barrier to accessing needed health care due to lack of health insurance coverage that continues to increase. The value reported for each county is the estimated percent of the population under age 18 without health insurance coverage. The uninsured children percentage is a portion of the access to care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

COULD NOT SEE DOCTOR DUE TO COST



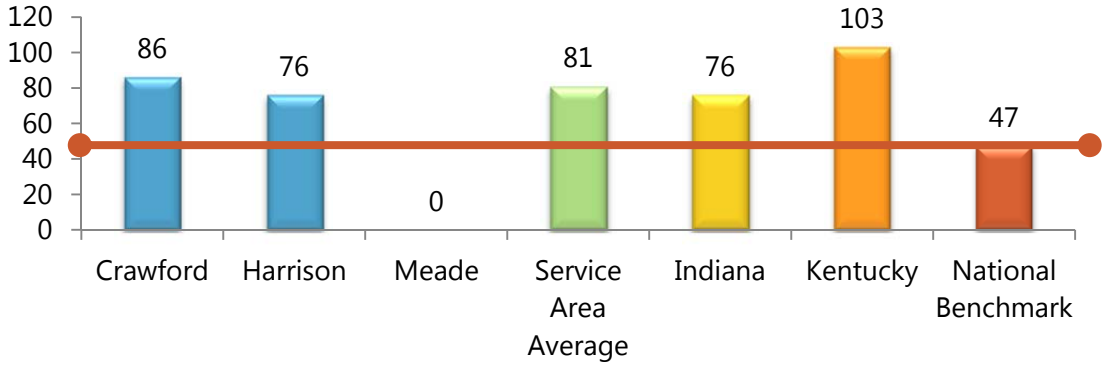
Could Not See a Doctor percentage represents the number of adults who reported in the past 12 months a need to see a doctor but could not due to cost. (Source: www.countyhealthrankings.org)

HEALTHCARE COSTS



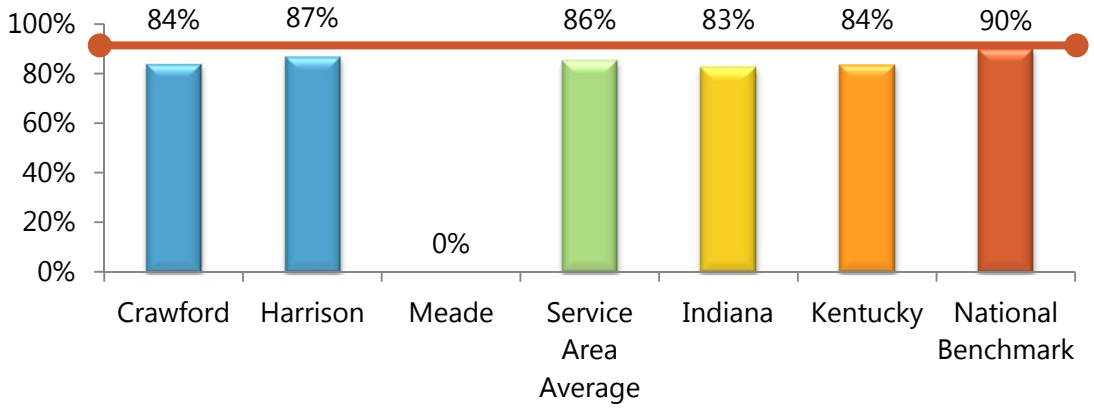
Healthcare Costs represents the price-adjusted amount of spending per Medicare Part A and B enrollee in each county. (Source: www.countyhealthrankings.org)

PREVENTABLE HOSPITAL STAYS



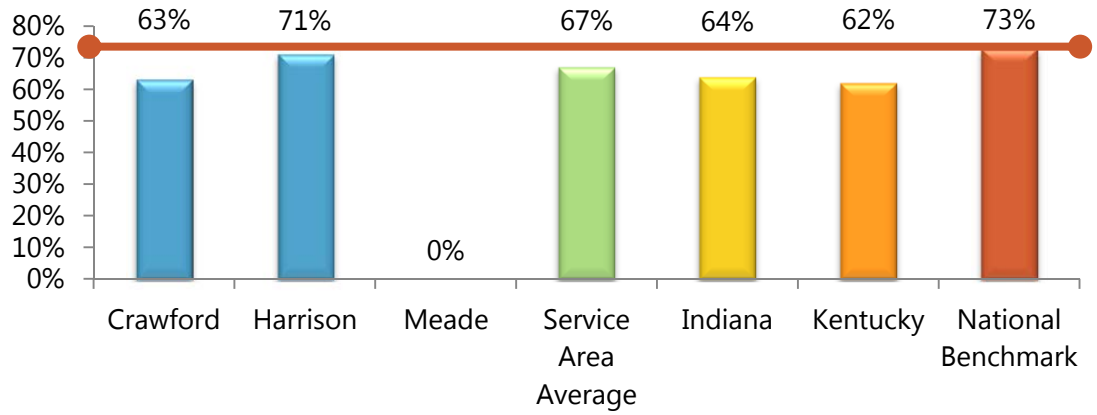
Preventable Hospital Stays represents the population's effectiveness and accessibility of primary healthcare. The value reported for each county is the number of Medicare enrollees discharged for ambulatory care sensitive conditions per 1,000 Medicare enrollees. Preventable hospital stays is a portion of the quality of care factor with a weight of 5% in calculating a county's overall critical care ranking. Meade County had unreliable or missing data. (Source: www.countyhealthrankings.org)

DIABETIC SCREENING



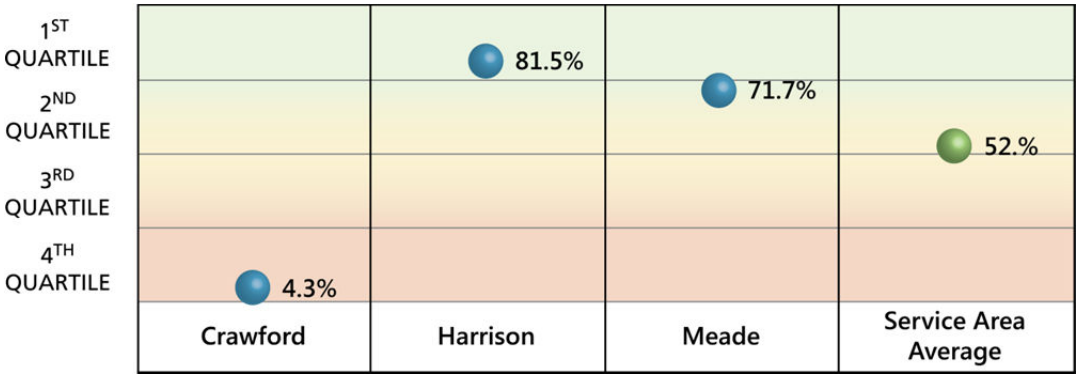
Diabetic Screening represents the standard of care by assessing the management of diabetes over the long term through an estimate of how well a patient has managed his or her diabetes with increased management programs helping to improve quality of care. The value reported is the percent of diabetic Medicare enrollees whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels. The diabetic screening percentage is a portion of the quality of care factor with a weight of 2.5% in calculating a county's overall critical care ranking. Meade County had unreliable or missing data. (Source: www.countyhealthrankings.org)

MAMMOGRAPHY SCREENING



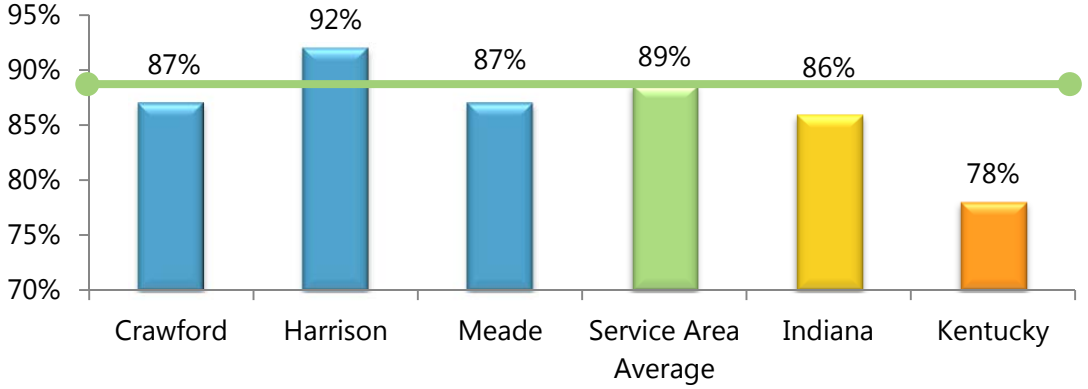
Mammography Screening represents improvement in quality of care due to suggested evidence that screenings reduced breast cancer mortality, especially among older women. The value reported is the percent of female Medicare enrollees age 67 to 69 that receive at least one mammography screening over a two-year period. The mammography screening percentage is a portion of the quality of care factor with a weight of 2.5% in calculating a county's overall critical care ranking. Meade County had unreliable or missing data. (Source: www.countyhealthrankings.org)

SOCIAL & ECONOMIC FACTORS (STATE RANK: INDIANA 92; KENTUCKY 120)



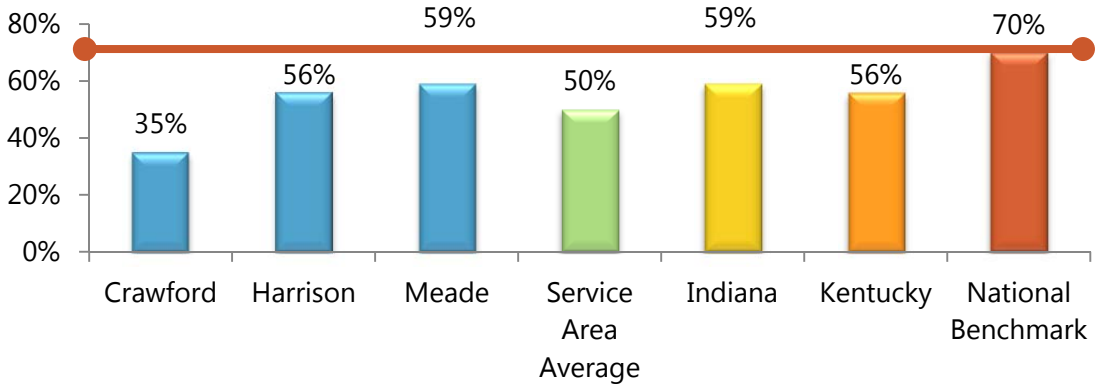
Social & Economic Factors consists of the following weighted factors for each county: education (10%: comprises high school graduation 5% and those with some college 5%), employment (10%), income (10%), and family and social support (5%: inadequate social support at 2.5% and children in single-parent households at 2.5%) factors within each county. The counties were ranked from the highest (1st quartile) to lowest (4th quartile) composite score. The socioeconomic score is the third of four factors with a weight of 40% in calculating a county's overall health factor ranking. (Source: www.countyhealthrankings.org)

HIGH SCHOOL GRADUATION



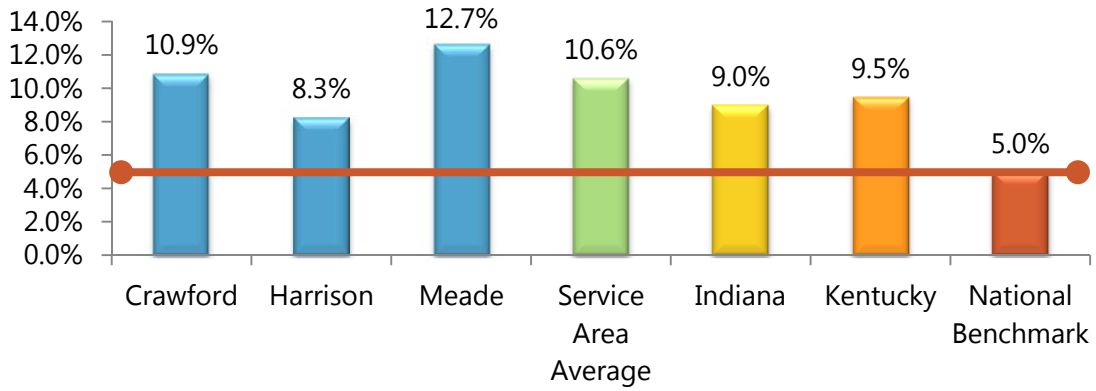
High School Graduation represents a correlation between educational attainment and improved health through improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The value reported is the percent of ninth-grade cohorts in public schools that graduate in 4 years. High school graduation percentage is a portion of the education factor with a weight of 5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

SOME COLLEGE



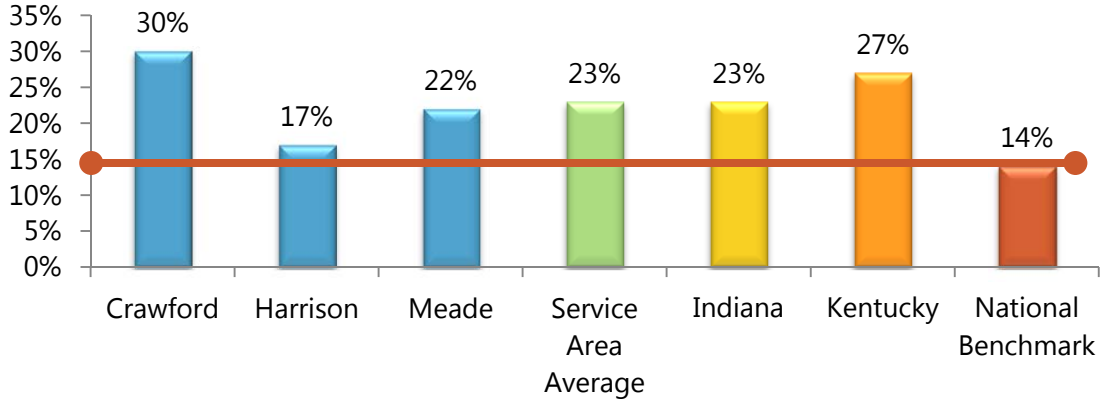
Some College represents a correlation between higher educational attainment and improved health through improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The value reported is the percent of population, ages 25 to 44 years, with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, four-year colleges including individuals pursing post-secondary education without receiving a degree. Some college percentage is a portion of the education factor with a weight of 5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

UNEMPLOYMENT RATE (2013)



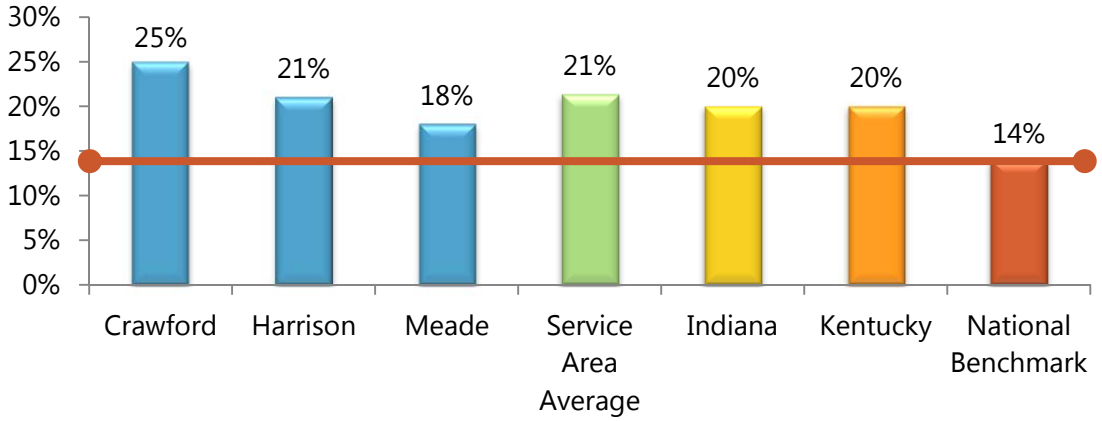
Unemployment Rate represents the population that may be at risk for various health concerns associated with unemployment that can lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. The value reported for each county is the percent of the civilian labor force, 16 years or older, who is unemployed but seeking work. Unemployment percentage is the second of five factors with a weight of 10% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

CHILDREN IN POVERTY



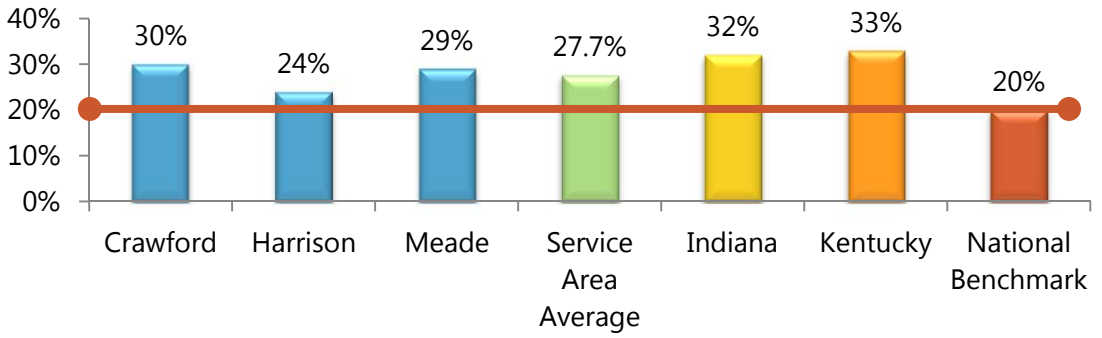
Children in Poverty (income factor) represents increased risk in children of morbidity and mortality due to risk of accidental injury and lack of health care access. Poverty can result in negative health consequences, such as increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. The value reported for each county is the percent of children under age 18 living below the Federal Poverty Line. Children in poverty percentage is the third of five factors with a weight of 10% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

INADEQUATE SOCIAL SUPPORT



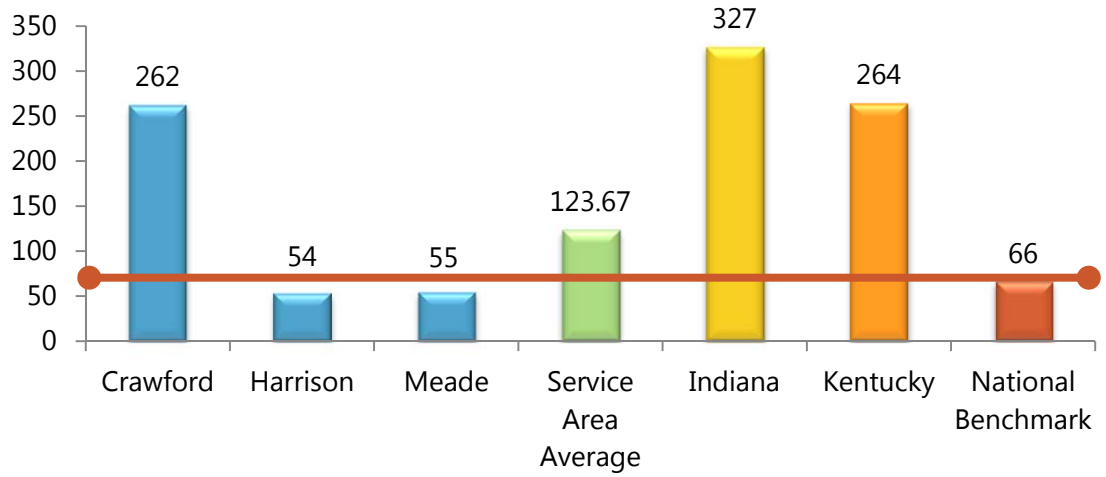
Inadequate Social Support represents increased morbidity and early mortality for individuals without a strong social network. The social and emotional support measure is based on survey responses to the question, *"How often do you get the social and emotional support you need?"* The value reported for each county is the percent of adult population that responds that they "never," "rarely," or "sometimes" get the support they need. Inadequate social support percentage is a portion of the family and social support factor with a weight of 2.5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

CHILDREN IN SINGLE-PARENT HOUSEHOLDS



Children in Single Parent Households represents adults and children at risk for adverse health outcomes such as substance abuse, depression, and suicide and unhealthy behaviors such as smoking and excessive alcohol use. The value reported for each county is the percent of all children in family households who live in a household headed by a single parent. Children in single-parent households percentage is a portion of the family and social support factor with a weight of 2.5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

VIOLENT CRIME RATE



Violent Crime Rate represents crimes that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The rate depicted is the number of violent crimes committed per 100,000 in population in each county for the year compared to the number of violent crimes carried out for the same year in the states of Indiana and Kentucky. (Source: www.countyhealthrankings.org)

Attachment B: Questionnaires

Community Health Needs Assessment
Harrison County Hospital, 1141 Hospital Dr. N.W., Corydon, IN 47112
Focus Group 2013

HARRISON COUNTY HOSPITAL
An affiliate of NORTON HEALTHCARE

Part A. Perception, Insight and general understanding

1. List the first hopital or health services organization that comes to mind.

Name:_____

2. What hospital is located closest to where you live?

Name:_____

3. What hospital or health service organization do you think of for providing the following?

Attribute	Name
Care that is convieniently located	
High quality care	
Friendly, compassionate, personal care	
Care that is reliable and trustworthy	
Excellent physicians	
Services that promote health education, wellness and prevention	
High visibility of services	
High technology	
Outpatient care	
Behavioral health services	

4. What degree are you aware of healthcare services available in your community? (Check one)

☐ Completely aware ☐ Somewhat aware ☐ Not aware

5. How do you generally describe the health status of your community? (Check one)

☐ Excellent ☐ Good ☐ Fair ☐ Poor

6. Do you have a primary healthcare provider? (Check one) ☐ Yes ☐ No

7. What are the most significant healthcare issues in this community? (Check up to 3 in each category.

Access Issues
- ☐ Affordable health insurance
- ☐ Affordable healthcare prices
- ☐ Mental health services availability
- ☐ Addiction care service availability
- ☐ Primary care provider availability
- ☐ Specialty care provider availability
- ☐ Healthy food availability
- ☐ Financial issues

Lifestyle/Health Information
- ☐ Health promotion services lacking
- ☐ Mental health education lacking
- ☐ Addiction care education lacking
- ☐ Places to exercise lacking
- ☐ General health education lacking
- ☐ Community events lacking
- ☐ Lack of community interest
- ☐ Other: _____

Community Health Needs Assessment
Harrison County Hospital, 1141 Hospital Dr. N.W., Corydon, IN 47112
Focus Group 2013

HARRISON COUNTY HOSPITAL
An affiliate of NORTON HEALTHCARE

8. What types of communication medium do you find the most credible for hospital or healthcare information as well as education on health promotion topics including prevention and wellness? (Check all that apply)

☐ Television	☐ Billboards	☐ Seminars	☐ Internet
☐ Radio	☐ Direct mail	☐ Social media	☐ Brochures
☐ Television	☐ Billboards	☐ Seminars	☐ Internet
☐ Newspaper	☐ Newsletter	☐ Community programs	☐ Other

9. What is your county of residence and years you have resided in the community?

☐ Perry ☐ Spencer ☐ Hancock ☐ Other _____ Years: _____

Part B. OPTIONAL - Harrison County Hospital is interested in learning more about its community members. This will be helpful for the hospital to understand the community members it is serving.

10. What is your gender? ☐ Male ☐ Female

11. What is your age? ☐ 18 29 ☐ 30 39 ☐ 40 49 ☐ 50 59 ☐ 60 - 69 ☐ 70 79 ☐ 80+

12. What is the highest level of education you have attained?

☐ Middle school	☐ Trade/Technical school	☐ Associate's degree	☐ Graduate School
☐ High school	☐ Some college	☐ Bachelor's degree	
☐ Other: _____			

16. What is your race?

☐ African-American	☐ Asian	☐ Caucasian
☐ Latino/Spanish	☐ Native American	☐ Other: _____

17. How many persons are in your family household?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 8+

18. What is your gross annual income?

☐ $0 - $11,170	☐ $23,051 - 27,010	☐ $38,891 - 50,130
☐ $11,171 - 15,130	☐ $27,011 - 30,970	☐ $50,131 - 75,090
☐ $15,131 - 19,090	☐ $30,971 - 34,930	☐ $75,091 - 90,050
☐ $19,091 - 23,050	☐ $34,931 - 38,890	☐ $95,051+

Thank you for participating!

Page 2

Community Health Needs Assessment

Harrison County Hospital, 1141 Hospital Dr. N.W., Corydon, IN 47112

Community Input 2013

Part A. Community Member Needs - Harrison County Hospital is interested in learning more about its community members' perceptions, insight and opinions regarding healthcare needs as part of the Community Health Needs Assessment. the feedback you provide will help the hospital determine what healthcare services are needed in this community and what gaps may exist in services offered to meet those needs. (Please complete this survey and return to our surveyors, Blue & Co., LLC using the attached prepaid envelope)

1. **Are you aware of the health care services available in your community? (Check one)**

☐ Completely agree ☐ Somewhat aware ☐ Not aware

2. **How do you generally describe the health status of your community? (Check one)**

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. **Are the health care needs currently being met in your community? (Check one)**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

4. **What are the three (3) most significant health care prevention, access, treatment and/or awareness needs in this comjunity? (Check up to 3)**

☐ Affordable health insurance
☐ Affordable healthcare prices
☐ Mental health services abailability
☐ Addiction care service availability
☐ Primary care provider availability
☐ Specialty care provider availability
☐ Healthy food availability
☐ Financial issues
☐ Lifestyle/Health information
☐ Health promotion services lacking
☐ Mental health education lacking
☐ Places to exercise lacking
☐ Food and nutrition education
☐ General health education lacking
☐ Community events lacking
☐ Lack of community interest
☐ Other

5. Please list any healthcare needs not being met:_____

6. **Healthcare providers work well together and coordinate care in this community? (Check one)**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

7. **There are barriers that exist in government, the general community, public health community, or healthcare provider community that prevents us from creating a healthier community. (Check one)**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

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8. Please share any barriers: _____

_____

9. Please share any other general comments: _____

_____

10. What is your county of residence? ☐ Harrison ☐ Crawford ☐ Meade, KY ☐ Other

11. How many years have you resided in the community? _____

12. What is your Zip Code? _____

Part B. OPTIONAL - Harrison County Hospital is interested in learning more about its community members. This will be helpful for the hospital to understand the community members it is serving.

13. What is your gender? ☐ Male ☐ Female

14. What is your age? ☐ 18 29 ☐ 30 39 ☐ 40 49 ☐ 50 59 ☐ 60 - 69 ☐ 70 79 ☐ 80+

15. What is the highest level of education you have attained?

☐ Middle school ☐ Trade/Technical school ☐ Associate's degree ☐ Graduate School
☐ High school ☐ Some college ☐ Bachelor's degree
☐ Other: _____

16. What is your race?

☐ African-American ☐ Asian ☐ Caucasian
☐ Latino/Spanish ☐ Native American ☐ Other: _____

17. How many persons are in your family household?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 8+

18. What is your gross annual income?

☐ $0 - $11,170 ☐ $23,051 - 27,010 ☐ $38,891 - 50,130
☐ $11,171 - 15,130 ☐ $27,011 - 30,970 ☐ $50,131 - 75,090
☐ $15,131 - 19,090 ☐ $30,971 - 34,930 ☐ $75,091 - 90,050
☐ $19,091 - 23,050 ☐ $34,931 - 38,890 ☐ $95,051+

Thank you for participating!

Please return the survey to Blue & Co., LLC
One American Sq., Ste. 2200, Indianapolis, IN 46282

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Community Health Needs Assessment
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Special Expertise Questionnaire 2013

Name: _____ Date: _____ Title: _____

Are you affiliated with the hospital? ☐ Yes ☐ No

If you are affiliated, please explain: _____

Which of the following roles do you provide to the community?

(Mark all that apply)

- ☐ Board Directors/Trustee
- ☐ Organization Officer, leader, or management member
- ☐ Person with special knowledge of or expertise in public health
- ☐ Representative of Federal, tribal, regional, State or local health department
- ☐ Representative of other department or agency with current relevant health needs data
- ☐ Community leader or representative
- ☐ Member or representative of medically underserved, low income, minority population
- ☐ Other:

Please explain Special Knowledge/Expertise: _____

May we disclose your name, title, special knowledge and affiliation in our report? ☐ Yes ☐ No

Please read the following questions and mark your appropriate response about the community's health needs. Please choose the top services needing attention.

1. Health Services that support healthy behaviors including prevention and treatment (examples of topics below) are too limited to meet the needs of the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

2. Should any of the following services (related to prevention and/or treatment) receive priority for attention in the community?

☐ Alcohol	☐ Diabetes	☐ Heart Disease and Stroke	☐ Physical Activity
☐ Arthritis	☐ Domestic Violence		☐ Pregnancy and birth
☐ Asthma	☐ Drugs	☐ Mental Health	☐ Tobacco
☐ Cancer	☐ Elderly Wellness	☐ Nutrition	☐ Other
☐ Child Abuse	☐ Family Health	☐ Oral Health	
☐ Crime	☐ Family Planning	☐ Overweight & Obesity	

3. Health Services that prevent injuries (examples of topics below) are too limited to meet the needs of the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

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HARRISON COUNTY HOSPITAL
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4. **Should any of the following services (related to prevention) receive priority for attention in the community?**

- ☐ Brain injury prevention
- ☐ Disability
- ☐ Drowning
- ☐ Emergency Medical Services
- ☐ Falls
- ☐ Motor Vehicle Crashes
- ☐ Occupational Health and safety
- ☐ Poisoning
- ☐ Suicide
- ☐ Violent and Abusive Behavior
- ☐ Other

5. **Health Services that prevent epidemics (examples of topics below) are too limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

6. **Should any of the following services (related to prevention) receive priority for attention in the community?**

- ☐ Disease investigation
- ☐ HIV/AIDS prevention
- ☐ Sexually Transmitted Infection prevention
- ☐ Disease control & surveillance
- ☐ Immunizations / Vaccinations
- ☐ Tuberculosis (TB) prevention
- ☐ Other

7. **Health Services that protect against environmental hazards (examples of topics below) are twoo limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

8. **Should any of the following services (related to protection) receive priority for attention in the community?**

- ☐ Drinking Water Protection
- ☐ Food Safety Protection & Control
- ☐ Hazardous Material Control
- ☐ Hazardous Waste Control
- ☐ Healthy Homes
- ☐ Lead Poisoning Control
- ☐ Radon Control
- ☐ Radiological Health
- ☐ Vector (disease carrying animals) control
- ☐ Other

9. **Health Services that prepare for, response to, and recover from public health emergencies (examples of topics below) are too limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

10. **Should any of the following services (related to prep/response/recover) receive priority attention in the community (check all that apply and circle top 3)?**

- ☐ Community Networks
- ☐ Emergency Planning
- ☐ Emergency Response
- ☐ Recovery Planning
- ☐ Risk Communication (communication before, during & after a crisis)
- ☐ Surge Capacity (capacity to handle an emergency along with regular services)
- ☐ Other

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11. Health Services that strengthen the public health infrastructure (examples of topics below) are too limited to meet the needs of the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

12. Should any of the follwing services (related to strength of PHI) receive priority for attention in the community (check all that apply and circle top 3)?

☐ Access to Quality Health Services
☐ Equal Opportunity
☐ Health Insurance
☐ Medical Care
☐ Transportation
☐ Workforce Development
☐ Other

13. Funding for mental healthcare services is too limited to meet the needs of the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

14. Some members of the community do not have access to mental healthcare because they do not have health insurance or their insurance does not provide mental healthcare coverage and they cannot pay for services.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

15. It is crucial to establish more mental healthcare services in the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

16. There is a need to expand/establish Hispanic services in the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

17. Educational programs and campaigns to increase awareness about mental healthcare issues in the general pulic are needed.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

18. Are there any other gaps in the local health service system you are aware of?_____

_____

_____

19. Comments for any of the issues / other comments?_____

_____

_____

Thank you for completing this survey. If you have any questions, please contact our Blue & Co., LLC representative below.

_____

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Attachment C: Existing Resources

Available resources representative of the majority health services in the community:

COMMUNITY RESOURCES

Crawford and Harrison Counties, Indiana
- Harrison County Health Department
- Crawford County Health Department
- Family Health Center of Harrison County
- Comfort House
- After Hours Care of Harrison County
- Butt Drugs
- CVS Pharmacy, Corydon
- Walgreens Pharmacy, Corydon
- Wal-Mart Pharmacy, Corydon
- Corydon Nursing & Rehab
- Harrison Health & Rehab
- Indian Creek Health & Rehab
- Cedar Court
- Golden Guardians
- Katrina's Elderly Care
- Hoosier Uplands Home Health Care and Hospice, Crawford County
- Vibrant, Inc., Crawford County
- Hosparus
- Indiana Department of Child Services, Corydon
- Food Pantries
  - A Bountiful Harvest, New Salisbury Christian Missionary Church
  - St. Mary's – Breaking Bread
  - Our Father Provides, Oasis Ministry Center
  - Corydon Baptist Church
  - Victory Baptist Church
  - Laconia United Methodist Church
- Lifespring of Harrison County
- AA/NA, The Next Step
- Big Brothers/Big Sisters, Corydon
- Blue River Services, Inc.
- Harrison Community Services
- YMCA of Harrison County
- Harrison County Education Learning and Progress Center
- Harrison County Lifelong Learning
- Lincoln Hills Development Corp.
- Harrison County Ambulance
- Harrison County Wheelchair Van

Kentuckiana Transport, LLC
LifeSpan
Right at Home

Meade County, Kentucky
Lincoln Trail Home Health
Amedysis

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