

2022

Harrison County
Hospital Community
Health Needs
Assessment

Prepared by the Indiana Rural Health Association

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Process

Harrison County Hospital contracted with the Indiana Rural Health Association (IRHA) to conduct the 2022 Community Health Needs Assessment (CHNA).

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

To quantifiably describe the community, census reports were commissioned from United States Census Bureau Reports and STATS Indiana. Quantifiable statistics and reports for health-related community data were obtained from Harrison County Hospital, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, Feeding America's Map the Meal Gap report, and the Community Asset Inventory and Rankings report from Ball State University. The full versions of these reports can be viewed in Appendix A. Additional reports regarding chronic disease were pulled from the Centers for Disease Control website and the Indiana Cancer Consortium's Indiana Cancer Fact and Figures report. Excerpts from these reports can also be found in Appendix A.

Next, a focus group of Harrison County representatives was organized with the help of the Harrison County Hospital Manager of Marketing & Physician Recruiting, Sarah Dougherty. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of attendees can be found in Appendix B.

From the information obtained in the focus group, a 54-question survey was developed to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as illegal drugs, tobacco use, and transportation issues), as well as probes into the perceived need for various services and facilities in the county. The survey was widely disseminated to the residents of Harrison County through inclusion on the Harrison County Hospital's website and social media, as well as face-to-face polling at Corydon's YMCA, the Harrison County Public Library, and the local farmer's market. An online survey posted on REDCap.com was also made available to the public. The survey may be viewed in Appendix C.

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

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

Community Served

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

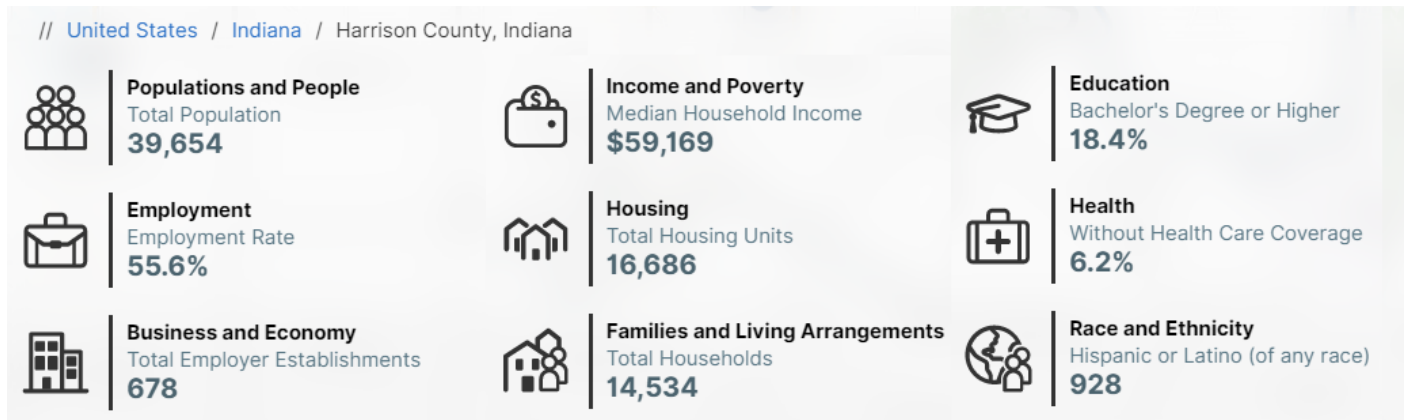
Description of Community

Physical

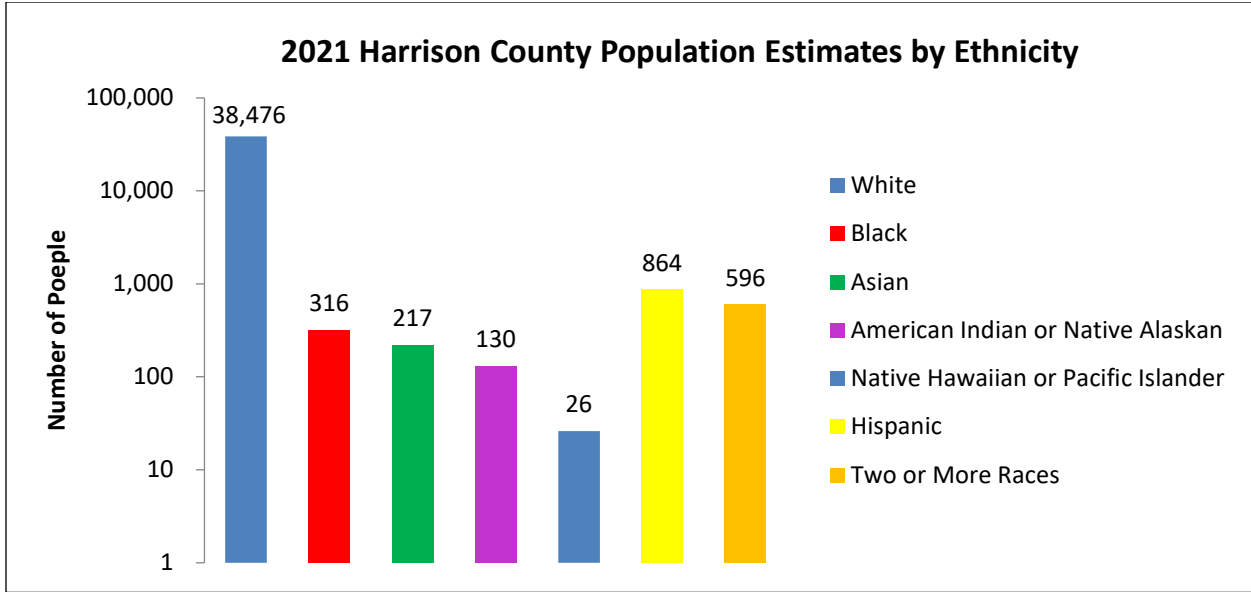
Harrison County is in the center of the southern border of Indiana. The county is largely rural and is the 14th largest county in Indiana at approximately 484.5 square miles. Harrison County's southern border is the Ohio River and the county includes portions of the Harrison-Crawford State Forest. The county is crisscrossed by various State Highways and is crossed by Interstate 64 running east to west through the center of the county. Harrison County is bordered by Floyd, Washington, and Crawford Counties in Indiana and Kentucky to the south.

Population – Ethnicity, Age, Households, and Income

According to the 2021 estimates from the U.S. Census Bureau, the total population estimate of the county is 39,761; and the median age in the county is 42.6 years old. Females make up 49.7% of the overall populace. Minority populations make up 5.1% of the total inhabitants of the county. The median household income is \$59,169; and there are 16,805 housing units.



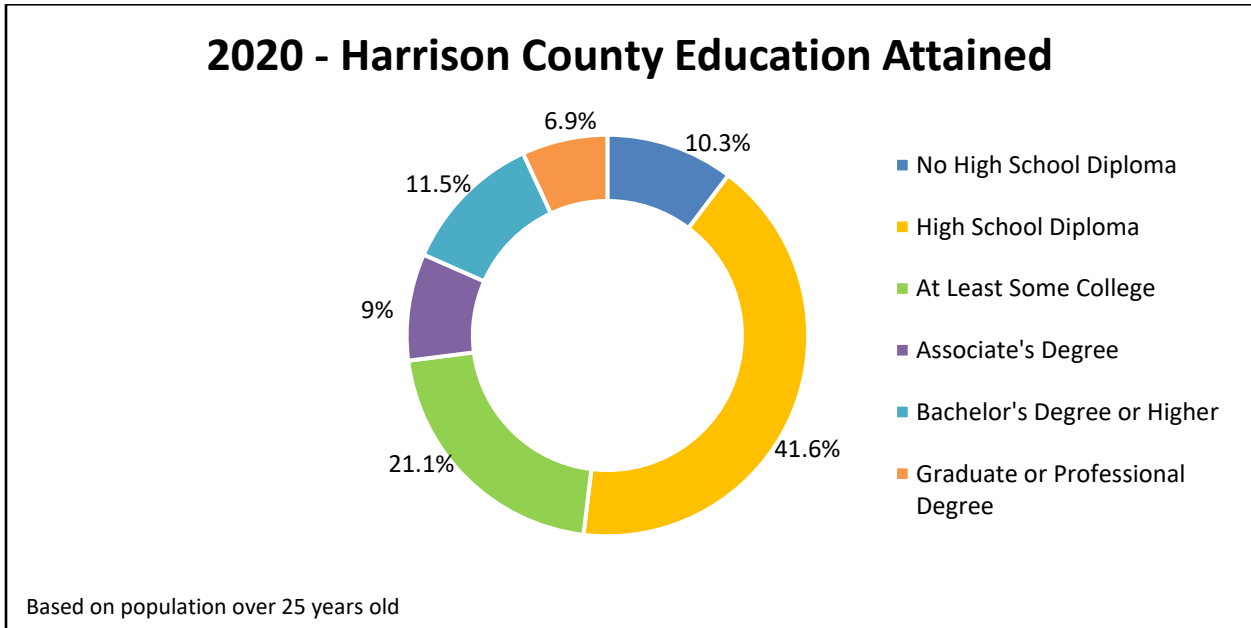
Source: U.S. Census Bureau, 2020 Decennial Census



Graph based on data from US Census Bureau

Education

The Robert Wood Johnson Foundation reports that approximately 90% of the county residents have high school diplomas compared with a statewide average of 89%. However, only 48.1% of the community has at least some college education compared with a statewide average of 63%. The educational achievements of the county earned Harrison a grade of A from the Community Asset & Inventory Report (CAIR), up from a C+ in 2012.



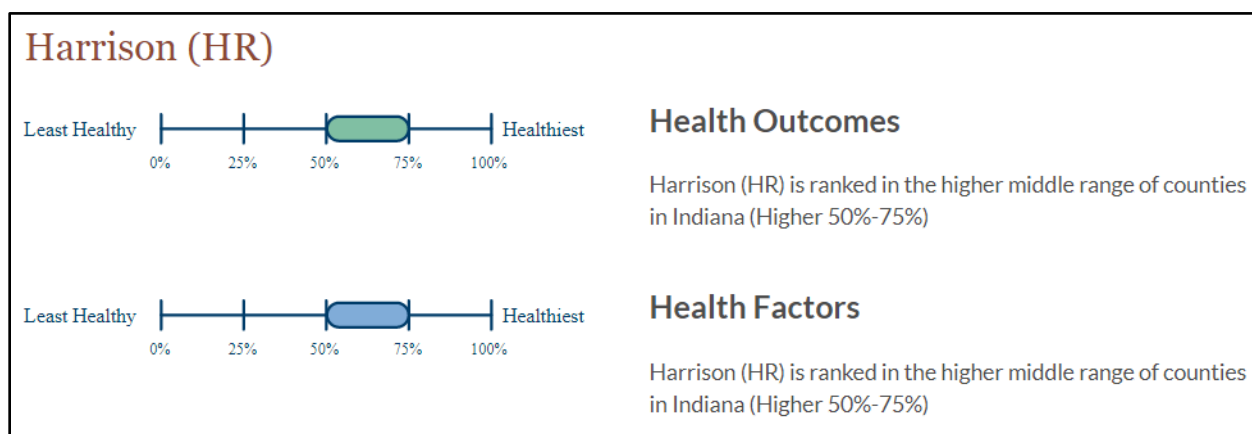
Graph based on data from US Census Bureau

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

Health Summary

The overall health grade for Harrison County from the CAIR report stands at a C, up from a C- in 2012. The CAIR provides a detailed asset inventory of variables that describe the education attainment and health of Hoosier citizens, as well as the availability of natural resources and cultural amenities. All of the data has been carefully selected from secondary sources and is reviewed as to the contribution to the quality of life for the residents within the county. The data sets have been aggregated and a grade, noted above, has been given to Harrison County.

Based on data from the 2022 County Health Rankings & Roadmaps report, Harrison County ranks 42nd in Health Outcomes and 32nd in Health Factors out of a total of 92 counties in the state.



Source: Robert Wood Johnson Foundation's County Health Rankings & Roadmaps 2022

The middling Health Outcomes ranking was based on a reported 5.1 days of poor mental health by Harrison County residents compared to national top performers at 4.0 and a state average of 4.8, as well as a high number of premature deaths at 8,900 in the county compared to the state rate of 8,600.

The Health Factors ranking of 32nd in the state was based on several factors in the categories of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

Under Health Behaviors, a slightly higher than average instance of adult smoking (at 22% of the population compared to a statewide average of 20%) and an extremely low access to exercise opportunities (at 38% compared to a statewide average 68%) negatively impacted the county's score for this category. However, a very low instance of alcohol-impaired driving deaths (at 5% of deaths compared to statewide 19%, and even outperforming the Top U.S. Performers at 10%) and low instance of Sexually Transmitted Infections (195 compared to the statewide rate of 526.3) helped bring the score back up to earn Harrison County a moderate rank of 30th out of 92 counties in Health Behaviors. It is worth noting that, while not included in the overall ranking, Harrison did have poor outcomes in both motor vehicle crash deaths (20 compared to the Indiana rate of 12) and drug overdose deaths (34 compared to Indiana's 28).

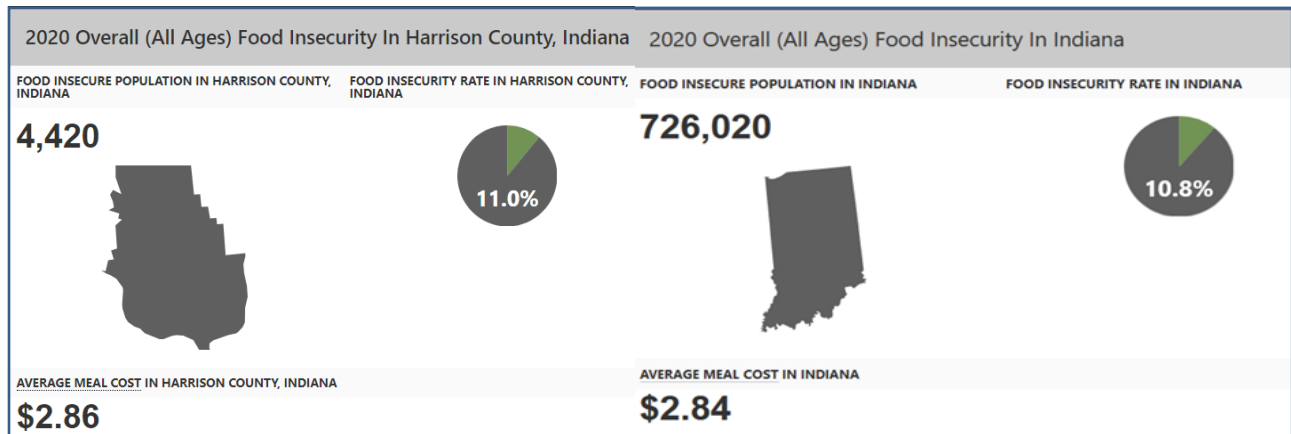
The county ranked 34th out of 92 counties on Clinical Care due in large part to the high patient-to-provider ratios in the community. The patient-to-primary physician ratio is 2250:1 compared with the statewide average of 1490:1 and the patient-to-dentist ratio is 2540:1 compared with the statewide average rate of 1720:1. The most stark and disparate ratio was the patient-to-mental health provider ratio at 3700:1 in Harrison County compared to the statewide average of 560:1. However, the Clinical Care ranking was positively impacted by average rates of uninsured people (9% compared to a 10% state average) and better-than-average rates of mammography screenings (50% compared to Indiana's average of 44%) and flu vaccinations (55% compared to Indiana's average of 52%).

A high number of injury deaths in Harrison County (96 versus the state rate of 85), a low rate of social associations (only 7.2 compared to an average of 12 statewide), and a low percentage of residents with at least some college (53% compared to the state average of 63%) combined to secure another middling ranking of 36th out of 92 counties in Social and Economic Factors. Contributing positively to the ranking, the county has a lower-than-average unemployment rate (6.3% compared to Indiana's average of 7.1%), a lower number of children living in poverty (12% compared to Indiana's average of 15%), a lower number of children living in single parent households (17% compared to Indiana's average of 25%), and a lower rate of violent crime (82 compared to Indiana's rate of 385).

The Physical Environment score was especially low for Harrison County, resulting in a ranking of 75th out of 92 Indiana counties. The low ranking is due to a combination of air pollution-particulate matter (9.7 average density of fine particulate matter compared to a statewide average of 9.1) and a long commute to work while driving alone (58% compared to the state average of only 32%) While not included in the overall Physical Environment score, the county did boast an exceptionally low traffic volume (26 compared to 385 in the rest of the state) and a high percentage of homeownership (83% compared to the statewide average of 63%).

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

Feeding America's *Map the Meal Gap* study reported that in 2020, 4,420 people were food insecure in Harrison County, with a rate of 11%. This is slightly higher than the Indiana statewide rate of 10.8%. The average meal cost in the community is \$2.86. This is marginally more expensive than the average meal cost for the state of \$2.84, but less than the average meal cost nationally of \$3.25. It is worth noting that these numbers are from 2020 and will likely be exacerbated by the inflation that is currently being experienced in 2022.



Data visualization from Feeding America's Map the Meal Gap 2020

Primary and Chronic Diseases

Harrison County Hospital generated a report of the Most Common Diagnosis for discharges from August 1, 2021, through August 31, 2022. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for each diagnosis resulted in an additional report to identify the issues that were most often seen in low-income, disabled, and/or older populations. (*Note: It is important to understand the key characteristics of the Harrison County Hospital population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

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

- COVID-19 – 1758 cases (54.89% Medicare or Medicaid)
- Encounter for screening mammogram for malignant neoplasm of breast – 1684 cases (54.57% Medicare or Medicaid)
- Essential (primary) hypertension – 1637 cases (64.81% Medicare or Medicaid)
- Encounter for general adult medical examination without abnormal findings – 1224 cases (47.88% Medicare or Medicaid)
- Type 2 diabetes mellitus without complications – 1218 cases (67.32% Medicare or Medicaid)
- Chest pain, unspecified – 887 cases (61.44% Medicare or Medicaid)
- Urinary tract infection, site not specified – 735 cases (72.24% Medicare or Medicaid)
- Unspecified abdominal pain – 648 cases (58.80% Medicare or Medicaid)
- Shortness of breath – 614 cases (76.87% Medicare or Medicaid)
- Acute pharyngitis, unspecified – 583 cases (44.43% Medicare or Medicaid)

The lists of all discharge diagnoses and top 25 diagnoses with payer mix report are found in Appendix A.

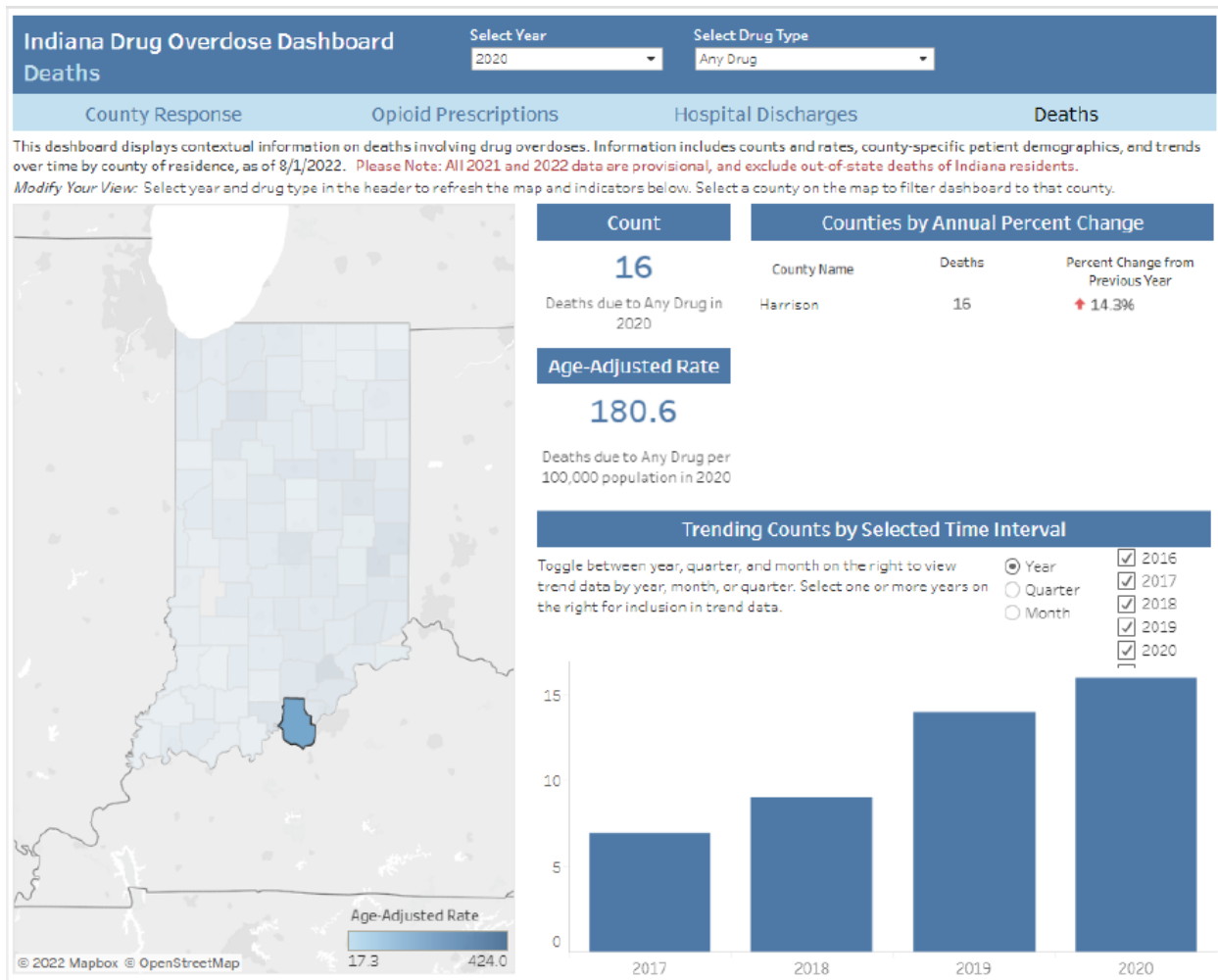
The cancer rates in Harrison County are slightly lower than most counties when compared to the state average. The rate of all cancers (per 100,000 people) in Harrison County comes in at 446.3 compared to a statewide rate of 457.9. On the negative side, Harrison County also comes in above average on colon/rectum cancer (46.1 versus a statewide rate of 41.7) and lung cancer (88 versus a statewide rate of

69.9). However, on the positive side, Harrison County comes in below average on rates of breast cancer (121.5 versus a statewide rate of 124.5) and is actually the lowest in the state of Indiana in rates of prostate cancer (42.3 versus a statewide rate of 96.5).

The Centers for Disease Control and Prevention Division for Heart Disease and Stroke Prevention reports that Harrison County comes in above both the state rate (65.9 per 1,000 Medicare beneficiaries) and the national rate (60.7 per 1,000 Medicare beneficiaries) at 67 hospitalizations for all Cardiovascular Disease. The Harrison County Cardiovascular Disease death rate is 216.2 per 100,000 people which is lower than both the national rate of 217.9 and the Indiana rate of 238.9. The stroke death rate in the county is 38.4 which is lower than the state rate of 40.4, but higher than the national rate of 37.7.

Regarding diabetes, the CDC's Diabetes Data & Trends report relates that Harrison County comes in below the state average (9.1) and well below the national average (11.2) in rate of diabetes for individuals 20 years old or older. The county has an age-adjusted rate of only 8.9.

The CDC's National Center for Health Statistics report on drug overdose deaths in the United States shows that there were 2,321 deaths from all drug overdoses in Indiana in 2020. According to the Drug Overdose Dashboard from the Indiana Department of Health, the age-adjusted state rate of overdoses from all drugs in Indiana is 146.4. Harrison County significantly exceeds the state average with an age-adjusted rate of 180.6.



Data visualization from IDOH Drug Overdose Dashboard, 2020

Portions of the four Center for Disease Control reports and Indiana Department of Health dashboard can be found in Appendix A.

Existing Healthcare Resources

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

- After Hours Care of Harrison County Hospital
- Ajay Kandra, MD
- Amedisys
- American Home Healthcare Services, LTD
- Anytime Fitness

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

Dr. John McCollum
Dr. John Norton
Dr. John Reinoehl
Dr. Joseph Finizio, Neurosurgery
Dr. Joseph Sauer
Dr. Josh Hill, Podiatry
Dr. Julie Didat, Optometry
Dr. Kerrin Dunn
Dr. Kevin Kline, Orthopedics
Dr. Maria Glass
Dr. Megan Landis
Dr. Michael Bonacum
Dr. Michael Brown, ENT
Dr. Mitchell Campbell, Spine Surgery
Dr. Richard Brown
Dr. Saima Khan, General Surgery
Dr. Scott Cobel
Dr. Stephen Bodney, General Surgery
Dr. Steven Perkins
Dr. Sujitra Tongprasert
Family Health Centers of Southern Indiana
First Steps of Southern Indiana
Gentiva
Golden Guardians
Harrison County Community Services
Harrison County Health Department
Harrison County Hospital
Harrison County Hospital EMS
Harrison County Hospital Rehabilitation and Physical
Therapy
Harrison County Hospital Senior Care
Harrison County Lifelong Learning
Harrison Health & Rehab
Harrison Springs Health Campus
Hoosier Uplands Home Health Care and Hospice
Hosparus
Indian Creek Health & Rehab
Jacqueline M Caffrey, APRN
Jennifer L Murphy, APRN
Joan L Melton, APRN
Katrina's Elderly Care
KORT Physical Therapy
Kristina S Gunter, PA-C
Kristy L Hulen, APRN
LifeSpring Mental Health Services

Lincoln Hills Development Corp
Meadow View Health and Rehabilitation Center
Medco Center
Michelle M. Wheatley, APRN
Nicole R Windell, APRN
Norton Prompt Care at Walgreens
Our Father Provides
Patoka Family Healthcare
Patricia J Corzine, APRN
Purdue Cooperative Extensions
Salvation Army
Sandra D Lemmel, APRN
Sierra E Nash, APRN
Stephanie R Ollis, APRN
The Willows
Todd Dickey Nursing & Rehab Center
Toni L Collins, APRN
Trilogy
Vibrant, Inc.
VNA Nazareth Home Care
VNA of Perry County
Walgreens-Corydon
Walgreens-New Salisbury
Walmart Pharmacy
YMCA of Harrison County

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

Identifying Health and Service Needs

A focus group of Harrison County representatives was organized with the help of Harrison County Hospital Manager of Marketing & Physician Recruiting, Sarah Dougherty. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of attendees can be found in Appendix B.

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

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

Access to primary, family care, men’s healthcare, and specialists
Mental health – in-patient; SUD; behavioral
Workforce – aging population; recruitment/retention
Transportation – medical; non-medical; services for persons with disabilities; walkability
Broadband
Prevention education; activities
Affordable housing; low-income; homelessness
Childcare

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

The identified areas of greatest need were used to create a 54-question survey which addresses demographics, county issues, community services, and amenities, and can be found in Appendix C. The survey was widely disseminated to the residents of Harrison County via online and offline methods. Notices were placed in community bulletins, the local newspaper, and through inclusion on the Harrison County Hospital’s website. The online version was available on the hospital website and through their social media accounts on a publicly available survey posted to REDCap.com. Face-to-face polling was also implemented at Corydon’s YMCA, the Harrison County Public Library, as well as the local farmer’s market. To conduct the in-person survey, two members of the IRHA staff greeted all county residents as they approached the business and asked for their participation in the survey. Hard copies of the survey were also left at some locations around Harrison County, as well as Harrison County Hospital for anyone who preferred to complete a paper copy of the survey. The general public was alerted to take the online polls through Harrison County Hospital newsletters and social media accounts, and an announcement in the local newspaper.

At the end of polling, there were a total of 265 responses comprised of 259 online responses and 6 in-person responses. Nearly half (46.7%) of the respondents were from zip code 47112, respondents were fairly evenly distributed between 28-75 years of age, a vast majority (95%) identified as white, and an overwhelming majority identified as female (90%).

Respondents were first asked to provide some basic demographic data. Next, they were asked to assess the effect of various factors on their community by selecting “very negative impact, some negative impact, no impact, some positive impact, or very positive impact.” Then, the next portion of the survey required respondents to assess the need for various services and facilities in their community by selecting “no need, slight need, no opinion either way, definite need, or extreme need.” Finally, there was a section for open comments if there was anything else the respondent wanted to share.

When asked “how do the following issues impact the health of your community,” the top responses by all respondents were (on a 5-point scale with 0 being a very negative effect and 5 being a very positive effect):

1. Stigma associated with Substance Use Disorder – 2.41
2. Stigma associated with mental health – 2.46
3. Cost of housing – 2.49
4. Cost of mental/behavioral health services – 2.58

- 5-7. Cost of childcare services – 2.59
 - Access to transportation for individuals with disabilities – 2.59
 - Cost of treatment for Substance Use Disorder – 2.59
- 8. Aging population of the community – 2.60

When asked “do you see a need for the following in your community,” the standout responses were (on a 5-point scale with 0 being no need and 5 being an extreme need):

- 1. Affordable, reliable high-speed Internet services – 4.18
- 2. Affordable housing – 4.17
- 3. Mental/behavioral health services – 4.16
- 4. In-patient treatment for mental health – 4.12

There was only a difference of 0.04 variance between the fifth highest identified need and the eleventh highest in the survey results. Therefore, despite the higher rankings of the items above, the following items were too closely prioritized by the community to exclude and should be considered for intervention, as well.

- 5. In-patient Substance Use Disorder – 4.05
- 6. Additional non-medical/public transportation – 4.04
- 7-8. Education reducing stigma with mental health services – 4.03
 - Treatment for Substance Use Disorder – 4.03
- 9. Skilled workers for available positions – 4.02
- 10-11. Education reducing stigma associated with Substance Use Disorder – 4.01
 - Additional healthcare services for senior citizens – 4.01

The vast majority of responses in the open comments portion of the survey dealt with availability of providers, cost/affordability, mental health, and Substance Use. A sampling of the comments from the survey is below and the full results of the survey can be found in Appendix C. All comments have been left as originally submitted unless they have been edited for length.

Open comments regarding availability of providers:

- “There needs to be more physicians to choose from. The physicians also need to stop dropping patients if they haven't been seen in three years. Healthy people are being punished for not going to doctor and then when they need to go, the physician won't see them because they haven't been in the office for three years. It's very frustrating when you try to stay healthy and that one time when you do get sick, you can't get anyone to help”
- “I miss my doctor Clunie and now Melissa is leaving really don't want to change doctors”
- “Primary care MD's are a critical need in Corydon. Geriatric MD needed.”
- “We definitely need additional healthcare options in our community. Though primary care and urgent care are probably the most pressing needs, we need enough of every type of healthcare that I don't think there's pretty much anything that wouldn't help.”

Open comments regarding cost/affordability:

“In this world, at the moment, nothing is affordable. For my family, I personally would love to have other mental health options for in or out patient care in Harrison County. Also, it is a major need for apartments or rentals with more than 2 bedrooms that are affordable for families.”

“Insurance costs are out of control. Even with insurance I can't afford the deductible to get needed health issues taken care of...”

“Harrison County Hospital is over priced compared to others in the area.”

“Mostly OK, but too expensive”

“We need affordable and accessible healthcare...”

Open comments regarding mental health:

“The biggest improvement needed is access to mental health care. There are not a lot of choices in the community. It is hard to find that care from someone you don't know or who may not have a bias opinion towards you. Education about mental health is needed along with a diverse and open source for help.”

“We need more than one psychiatrist in the area. The only one we have is at lifesprings and it's very difficult to get into them. I think overall we have mental health care providers that are great, but we cannot support the mental health needs in the respect of medication management...”

“From experience, I know 100% that Harrison County needs a mental health facility for inpatient (not solely for substance abuse, but all mental health issues) as well as a need for more outpatient options...”

“Mental health care is a crisis in the community that is linked to the substance abuse and other things such as homelessness and unemployment.”

Open comments regarding substance use:

“Desperately need....treatment center for substance/drug abuse patients.”

“too many drugs in community and too much drug exposure to teens and younger”

“Either alone or in partnership with other organizations, Harrison County Hospital should bring more mental health and substance abuse help to the county.”

“Definitely need substance abuse treatment centers!”

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

Summary of Findings

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

Identified Needs

- Mental Health – availability, affordability, stigma
- Substance Use – treatment availability, in-patient services, affordability, stigma

- Cost and Availability of Support/Infrastructure – childcare, housing, transportation, health care

Resources and Opportunities

The team from IRHA is pleased to serve Harrison County Hospital. IRHA has worked with the Leadership team at the hospital for many years and highly respect the accomplishments made in many areas of healthcare services that greatly contribute to the health needs of the residents in Harrison County. Growth and improvement in any area of need begins with education and collaboration. Rural communities must join together and align the resources of community organizations and community members to address areas of need and explore opportunities.

To aid Harrison County Hospital in the creation of an action plan, the IRHA has made preliminary suggestions for addressing the defined areas of need. ***Please note these are *opportunities* for improvement and *recommendations* for further consideration. These are only *suggestions* and should not be considered requirements nor complete solutions.

Based on the findings of this project, the IRHA would like to offer recommendations to respond to the areas identified by members of the community. Those recommendations for consideration are below:

- **Mental Health – availability, affordability, stigma**
 - Collaborate with regional behavioral and mental health providers to enable telehealth treatment options. Examples include:
 - LifeSpring: <https://www.lifespringhealthsystems.org/>
 - Bloomington Meadows: <https://www.bloomingtonmeadows.com/>
 - Mental Health of America (IN): <https://mhai.net/>
 - IU and their IN Behavioral Health Access Plan for Youth: <https://medicine.iu.edu/psychiatry/clinical-care/behavioral-health>
 - IN Medicaid: <https://www.in.gov/fssa/dmha/apply-for-services/mental-health-services/>
 - Collaborate with IU and their IN Behavioral Health Access Plan for Youth at their website: https://is.gd/behappy_registration
 - Utilize IRHAHelp! (<https://irhahelp.indianaruralhealth.org/>)
 - Organize support groups for peers, including recovering patients, encouraging them to include their families and friends.
 - Pursue National Health Service Corp designation, or leverage existing designation, to recruit mental health providers.
 - Work with local employers to encourage employee insurance plans coverage for mental health services.
 - Evaluate insurance coverage with state programs for the indigent with mental health issues. Contact Indiana Rural Health Association for navigation services or ClaimAid (<http://claimaid.com>), among others.
 - Explore use of telehealth options for mental health providers, including Access Physicians (<https://accessphysicians.com/>) or contact IRHA regarding the Upper Midwest

Telehealth Resource Center (<https://www.indianaruralhealth.org/services/upper-midwest-telehealth-resource-center/>)

- Collaborate with various suicide prevention organizations (American Federation of Suicide Prevention, etc.). Topics may include:
 - How to identify individuals who are thinking about suicide
 - How to provide support to survivors
- Host events to provide education with parents, educators, clergy, etc. Focus on how to identify signs of possible suicide ideation.

- **Substance Use – treatment availability, in-patient services, affordability, stigma**

- Create extensive education and awareness teams:
 - Educational classes for families
 - Educational classes for people with OUD/SUD
- Coordinate with service groups and faith-based community to publicize, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, etc.
- Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices.
- Collaborate with other regional rural hospitals to share providers in a network of educational meetings. Create and host educational meetings in various communities to provide education to identify those at risk, treatment options, and other resources.
- Collaborate with local agencies, police, EMS, and other public service organizations to discuss and provide education, prevention, and discussion. Convey the idea that community problems require community response and resources.
- Bring activity focused organizations together to expand and promote activities for all ages, expand the list of alternative activities.
- Explore online educational services, telehealth, etc. to bring professional counselors to local provider offices, schools, and any other places patients and families may already be engaging.
- Collaborate with local providers to host mental health and educational events.
- Work with local organizations such as a YMCA, Boys and Girls Clubs, etc. to expand and promote activities for all ages, expand the list of alternative activities.
- Include hospital providers to present on the impact and effects of Substance Use Disorder, the causes as well as the long-term impact on health.
- Collaborate with local agencies to explore deeper means of solutions and recovery as a collective team, including, but not limited to, local law enforcement, local judicial system representatives, local employers, EMS providers, local clergy, and healthcare providers.
- Explore strategies to draw users of illegal drugs into recovery, and back to an engaged participant in their community.
- Engage recovering patients into presentations; share stories, experiences.
- Work with various organizations, service groups, and faith-based community to market, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, etc.
- Offer specific drug education classes:

- Methamphetamine
 - Over-the-counter medications
 - Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices (see “Mental health treatment and facilities” section above for examples).
 - Collaborate with community organizations to create safe activities for all ages and help avoid boredom.
- **Cost and Availability of Support/Infrastructure – childcare, housing, transportation, health care**
 - Transportation:
 - Collaborate with regional hospital Foundations for shared joint projects.
 - Consider local fundraising event to acquire a vehicle for non-emergency transportation.
 - Partner with local businesses, offer advertising on the vehicle, let them sponsor rides.
 - Collaborate with local clergy or other organizations who serve the elderly.
 - Organize neighborhood “Ride Share” programs to organize localized solutions to assist with transportation needs for non-emergency medical appointments.
 - Partner with non-profit organizations like LifeLine Pilots who provide cost-free non-emergency transportation for longer distance medical care needs (<https://lifelinepilots.org/>).
 - Support for Childcare:
 - Utilize IRHAHelp! (<https://irhahelp.indianaruralhealth.org/>)
 - Survey childcare programs available through local churches and other faith-based organizations who serve families.
 - Inquire with local schools regarding after-school programs. Provide assistance to them to help organize programs to provide care.
 - Inquire with local community organizations such as a YMCA, Boys and Girls Club, etc. to participate in children related activities and programs.
 - Connect with the local Chamber of Commerce regarding childcare programs that would be a benefit to their employees. Most businesses need employees, make this a joint effort to benefit all parties.
 - Support for Teens:
 - Create a community-wide stakeholder group of all constituents to identify activities for teens that includes local business, school staff, law enforcement, civic groups, faith-based groups, etc. to accept the challenge of creating opportunities for teens to grow.
 - Collaborate with commercial businesses, both for profit and non-profit organizations including the local Chamber of Commerce. Explore opportunities for teens to get involved where they can learn basic skills, earn a modest income, and support the local employer.

- Explore potential mentoring programs for high school students to learn from on-site programs in local organizations.
 - Encourage local business to financially support teen activity organizations such as 4H, Scouts, Boys or Girls Club, YMCA, or similar activity-based organization.
 - Encourage local law enforcement to host activities for teens, such as recreational athletic events, family games (Kids vs “Cops & Pops”), etc.
 - Work with local schools to offer a tutoring program as both students and tutors.
- Support for Housing
 - Explore relationships with local large businesses and schools (as employers) and local builders to joint venture on property acquisition and home construction projects.
 - Meet with other IRHA hospital members who have developed housing construction for hospital employee projects.
 - Review projects across the nation where local hospitals have launched programs to develop housing. (St. Luke’s in Hailey, ID, University of CO Health), etc.
 - Collaborate with local real estate services and explore large local homes on the market that could be divided into multiple living units.
 - Explore options from the National Center for Healthy Housing (<https://nchh.org/resources/financing-and-funding/federal-funding-of-healthy-housing/>)

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

The hospital has earned the trust and respect of many local residents. Through a focused effort involving collaboration of hospital leadership and community leaders to improve health outcomes, lives will be changed. This can be leveraged with providers, local businesses, and community service organizations to explore the suggested and other ideas to enhance the quality of life for Harrison County residents.