Harrison Community Hospital

Community Health Needs Assessment
September 2019

Harrison Community Hospital

ABOUT US

Harrison Community Hospital (Hospital) is a 25 bed critical access hospital in the town of Cadiz, Ohio. The hospital is truly a community hospital. HCH was established in 1968 and the hospital saw its first patient in January 1970 and has been serving the community ever since. Harrison Community Hospital provides a wide range of quality services including MRI, vascular studies, cardiac rehab, physical, speech and occupational therapy, skilled nursing services, sleep studies, chemotherapy, women's health, and pain management. Harrison Community Hospital became an affiliate of Wheeling Hospital in 2017.

Mission

It is the mission of Harrison Community Hospital to provide the highest level of quality health care to all people of its service area. This mission, under the guidance of a community-based board of trustees, is implemented using the philosophy of reaching out to provide services as near to the populace as possible.

Values

- ➢ Compassionate Care
- ➢ Excellent Care and Hospitality
- ➢ Patient-Centered Environment
- ➢ Commitment to Staff
- ➢ Accountability

TABLE OF CONTENTS

Prepared by:

Arnett Carbis Toothman LLP
101 Washington Street, East
P.O. Box 2629
Charleston, WV 25329

Report adopted by a designated committee of the Board of Directors on September 30, 2019.

INTRODUCTION

The Community Health Needs Assessment (CHNA) of Harrison Community (Hospital) was conducted to identify health issues and needs of the community. Information from the CHNA will assist key decision makers to make a positive impact on the health of the hospital's service area. The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community.

To assist with the CHNA process and completion, Harrison Community Hospital retained Arnett Carbis Toothman LLP, a regional accounting firm with offices in West Virginia, Ohio, and Pennsylvania. The assessment was performed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals which require tax-exempt hospitals to conduct a CHNA every three years to identify the community's health needs and adopt an implementation strategy to meet those needs. In addition, community benefits must be reported on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefit activities or programs: "seek to achieve a community benefit objective, including improving access to health service, enhancing public knowledge, and relief of a government burden to improve health".

The study considered services offered by healthcare providers in the area, population trends, socio-economic demographics and the region's overall sufficiency of healthcare providers in the community. Data was obtained from numerous health organizations as well as interviews with community leaders and hospital staff. This information was used to determine the Community's future health needs. The study also reviewed the prior implementation plan to assess the progress and community feedback related to the Hospital's plan.

The assessment identified key risk factors based upon the population's medical history. Additionally, the assessment used socio-economic and demographic data to determine whether area healthcare providers adequately assess the Community's key risk factors. As part of this assessment and as prescribed by IRS section 501(r), this determination will be used in developing a forthcoming strategy to meet the Community's health

needs. Furthermore, and as mandated by IRS section 501(r)(3)(B)(ii), the assessment, as well as the Hospital's strategy to meet the Community's health needs, will be made widely available to the public on the Hospital's website.

The significant components of the CHNA include:

- Service Area Definition, Population & Vital Statistics
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators
- Access to Care
- Results of Community Participation

Research Process

- Statistical data profile of Harrison County, Ohio, and the surrounding areas.
- Online survey
- Key Informant interviews with community stakeholders

Key Areas of Opportunity

- Access to Care
- Behavioral Health
- Drug & Alcohol Abuse
- Physical Activity & Nutrition
- Public Health Education

The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service area residents. This community health needs assessment (CHNA) included both quantitative and qualitative research components including data profile and stakeholder interviews.

The data collection process utilized the following sources:

- Bureau of Business and Economic Research, College of Business and Economics, West Virginia University
- Ohio Bureau for Public Health
- Ohio Department of Health and Human Resources
- US Department of Health and Human Resources
- The Robert Wood Johnson Foundation: County Health Rankings System
- U.S. Census Bureau
- United States Department of Agriculture, Economic Research Service

Quantitative Data:

➢ Statistical Data Profile was compiled to depict the population, household, economic, education, income, vital, and other healthcare statistics.
➢ An anonymous survey was conducted online. The survey collected demographic information and health related information to assess the health status, health care access, and other needs of the community.

Qualitative Data:

➢ Interviews were conducted with key community leaders between June and August 2019. Participants represented a variety of sectors including public health and medical providers, children and youth services, community resources, and a religious organization.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Profile

Harrison Community Hospital operates a 25 bed critical access hospital in the town of Cadiz, Ohio. Harrison Community Hospital provides a wide range of quality services in this service area.

- ◊ Acute Care
- ◊ Cardio-pulmonary Therapy
- ◊ Diagnostic Imaging
- ◊ Emergency Department
- ◊ Internal Medicine
- ◊ Laboratory Services

- ◊ Physical Therapy
- ◊ Specialty Clinic
- ◊ Sleep Lab
- ◊ Surgery
- ◊ Women's Center

Community Profile

The Hospital and surrounding communities are located in Ohio, approximately two hours east of Columbus, Ohio, one hour west of Pittsburgh, Pennsylvania, and two and a half hours north of Charleston, West Virginia. The Hospital and surrounding communities are accessible by secondary roads.

SERVICE AREA, POPULATION, AND VITAL STATISTICS

SERVICE AREA

Harrison Community Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, 71% of the Hospital's patients reside in Harrison County, the Hospital's location. For purposes of the needs assessment, the Hospital's primary service area included Harrison, Jefferson and Belmont Counties in Ohio.

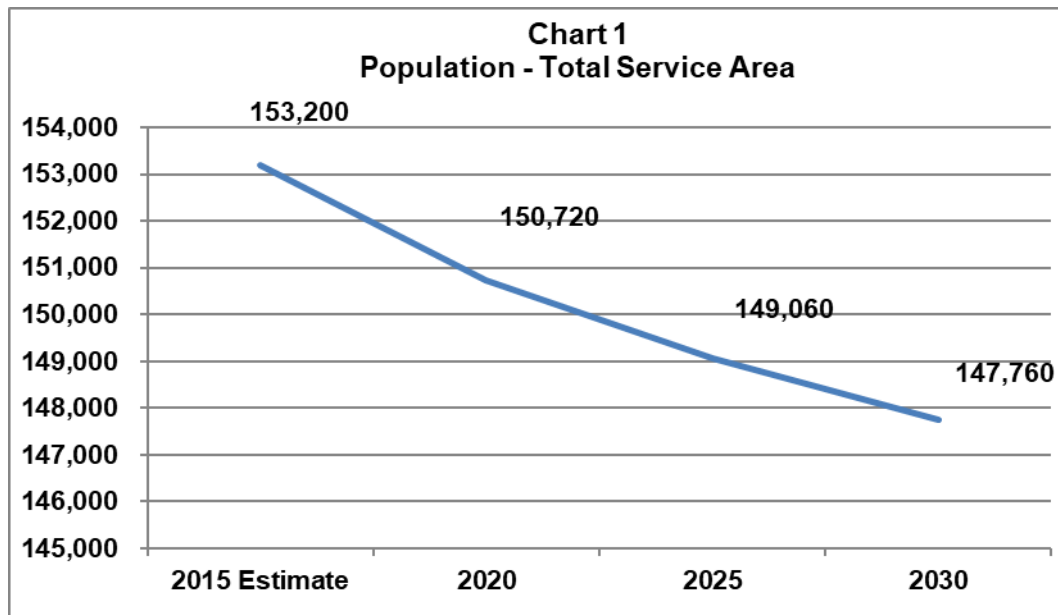| | | Exhibit 1 | | |
		Harrison Community Hospital		
		Summary of IP and OP volume by county		
		10/1/2017-9/30/18		
State	County	Volume	Percent to Total	Cumulative Percent
OH	Harrison	16,365	71%	71%
OH	Jefferson	2,758	12%	83%
OH	Belmont	1,066	5%	88%
OH	All Other	2,807	12%	100%
		22,996	**100%**	

The following map identifies the geographic location of the service area zip codes and counties.
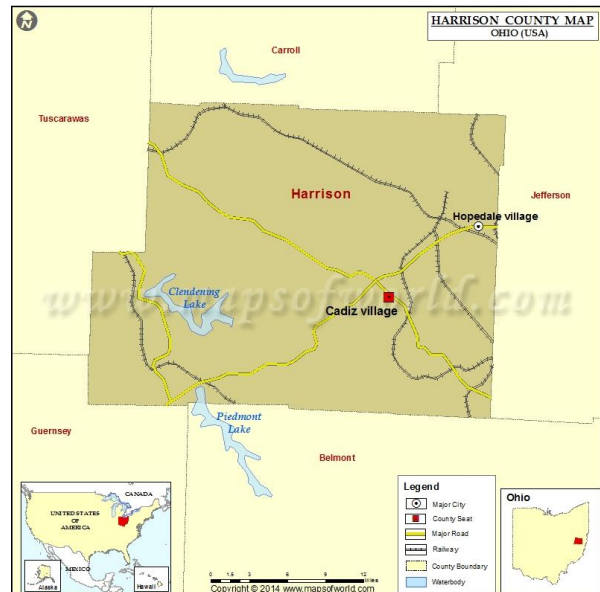
POPULATION

As shown in Chart 1, the population of the total service area is projected to steadily decline through 2030.

Table 1 includes the population detail by county service area. As shown below, Belmont County has the highest population in the service area.

County	2015 Estimate	2020	2025	2030
Harrison	15,660	15,300	15,210	15,100
Jefferson	67,780	66,540	65,580	65,330
Belmont	69,760	68,880	68,270	67,330
Total Service Area Population	**153,200**	**150,720**	**149,060**	**147,760**

Table 1: Population Projections

DEMOGRAPHIC PROFILE

Exhibit 2 presents quick facts data for the service area, state of Ohio and the United States.

| Quick Facts	Service Area	Ohio	United States
Exhibit 2			
Age			
Persons under 5 years, percent	5.1	6.0	6.1
Persons under 18 years, percent	19.8	22.3	22.6
Persons 65 Years and over, percent	20.7	16.7	15.6
Race and Hispanic Origin			
White alone, percent	93.7	82.2	76.6
Black or African American alone, percent	4.0	12.9	13.4
American Indian and Alaska Native alone, percent	0.2	0.3	1.3
Asian alone, percent	0.4	2.3	5.8
Native Hawaiian and Other Pacific Islander alone, percent	0.0	0.1	0.2
Two or more Races, percent	1.8	2.3	2.7
Hispanic or Latino, percent	1.2	3.8	18.1
White alone, not Hispanic or Latino, percent	92.7	79.1	60.7
Housing			
Median value of owner-occupied houseing units, 2013-2017	90,700	135,100	193,500
Median selected monthly owner costs- with a mortgage, 2013-2017	948	1247	1515
Median selected monthly owner costs- without a mortgage, 2013-2017	372	458	474
Median gross rent, 2013-2017	618	764	982
Families and Living Arrangements			
Households, 2013-2017	60,673	4,633,145	118,825,921
Persons per household, 2013-2017	2.40	2.44	2.44
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	88.73	85.10	85.40
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	2.37	6.90	21.30
Education			
High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.0	89.8	87.3
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	14.0	27.2	30.9
Health			
With a disability, under age 65 years, percent, 2013-2017	12.5	10.0	8.7
Persons without health insurance, under age 65 years, percent	7.2	7.0	10.2
Economy			
Total health care and social assistance receipts/revenue, 2012 ($1,000)	789,710	80,915,693	2,040,441,203
Total retail sales, 2012 ($1,000)	1,836,682	153,553,997	4,219,821,871
Total retail sales per capita, 2012	30,052	13,301	13,443
Transportation			
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	25.5	23.4	26.4
Income and Poverty			
Median household income (in 2017 dollars), 2013-2017	45,289	52,407	57,652
Per capita income in past 12 months (in 2017 dollars), 2013-2017	24,106	29,011	31,177
Persons in poverty, percent	13.8	14.0	12.3

Overview of the Community

➢ The residents of the Harrison Community Hospital service area are predominately White/Caucasians (93.7%) followed by Black or African American Alone (4%).

➢ English is the primary language, though 2.0% speak other than English at home.

➢ The service area has a higher percentage of those with a high school diploma as compared to the U.S.

➢ 14% of those in the service area hold a bachelor's degrees or higher as compared to the state average of 27.2%. Consequently, both are significantly less than the U.S. average of 30.9%.

➢ Housing is generally stable and comparable between the service area and the state with 89% and 85.1% living in the same house 1 year and over, respectively.

➢ The service area and the State of Ohio have a higher percentage of those at or below the poverty level than of the United States.

Chart 2 reflects the leading causes of death for residents of the service area, the State of Ohio and the United States. The leading causes of death are determined by the average rate per thousand residents. Cardiovascular disease ranks the highest among the causes of death for all of the populations, however, the service area has a significantly higher prevalence than both Ohio and the United States. Malignant Neoplasms rank second as the leading cause of death among the populations.

Chart 2: Comparison Rates for the Top Causes of Death
Rate per 100,000 Residents, All Ages
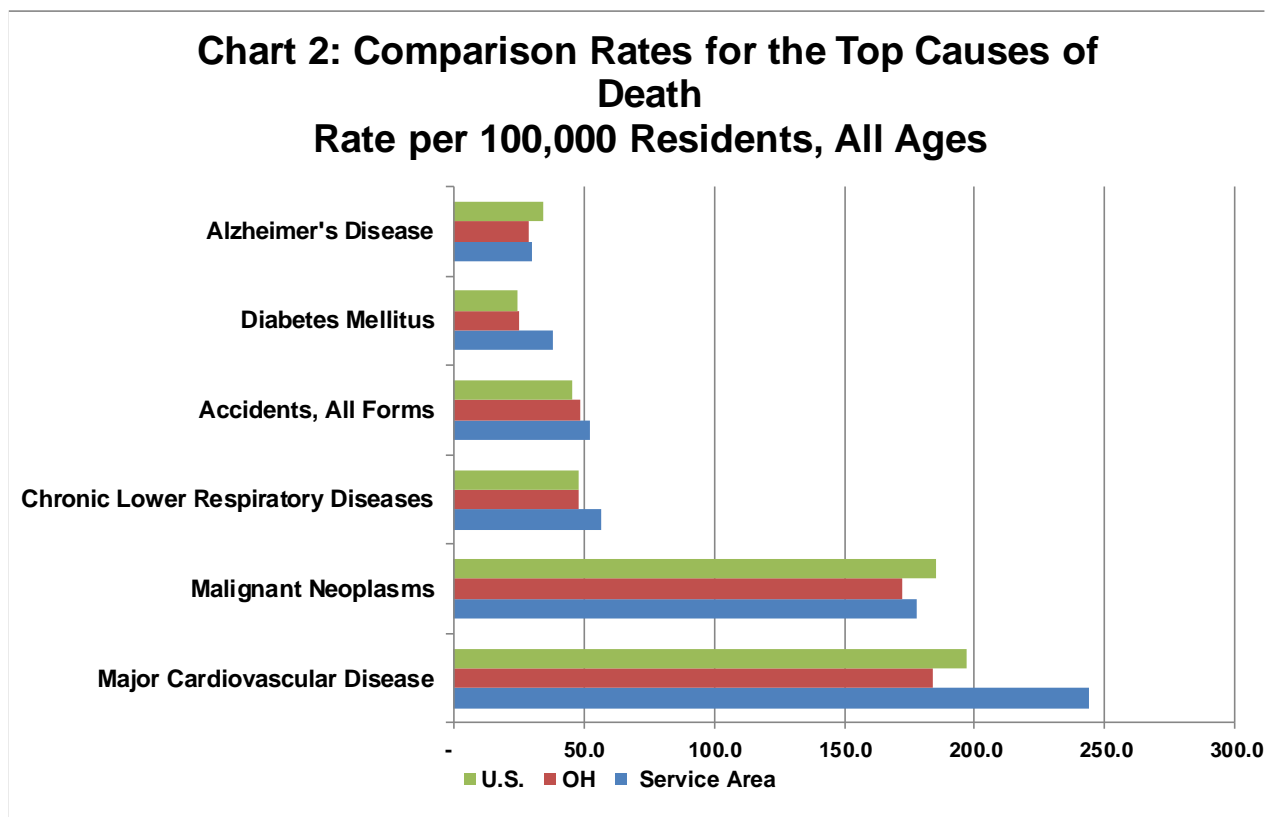
Source: Ohio Public Health Information Warehouse
Source: http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality

SOCIOECONOMIC CHARACTERISTICS

WAGES

Table 2 includes the Average Weekly Wage for the service area counties, the State and the United States. Jefferson and Belmont Counties were below the wages of the United States. The highest wage among service area counties was reported in Harrison while Jefferson County reported the lowest.

<div align="center">

Table 2: Wages

| Area	Average Weekly Wage (1)	Annualized
United States (2)	974	50,648
Ohio	1,152	59,904
Harrison	1,017	52,884
Jefferson	807	41,964
Belmont	810	42,120

</div>

(1) Average weekly wages were calculated using unrounded data.
(2) Totals for the United States do not include data for Puerto Rico or the Virgin Islands.

Source: Bureau of Labor Statistics. County Employment and Wages in Ohio-Third Quarter 2018

UNEMPLOYMENT

As shown in Chart 3, the unemployment rate for Ohio remained relatively constant during the three year period. All counties in the service area experienced a decrease in the unemployment rate from 2016-2018, however, they all remained higher than the State average.

Chart 3: Unemployment Rates 2016-2018

Source: ohiolmi.com/laus/clfe/annualaverages/2018clfe.pfd
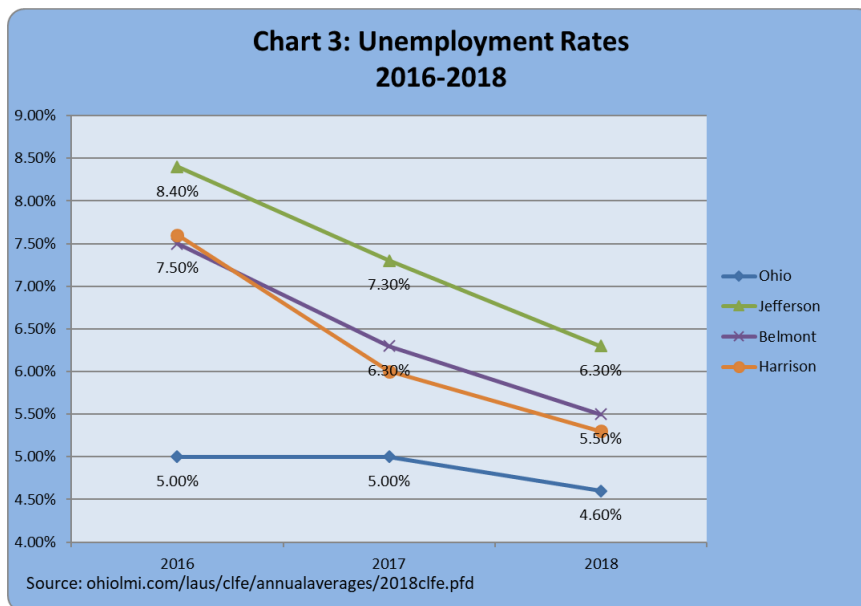
INCOME

Chart 4 presents the percentage of adults living in poverty in 2016-2017 for the service area counties, Ohio, and the United States. As Chart 4 illustrates, Harrison and Belmont counties experienced a decrease for the two year period, whereas Jefferson had a slight increase. Jefferson County had the highest percentage of adults living in poverty in 2017 at 17.6% with Belmont County as the lowest at 14.1%. The service area and the state were above the national level of 15.1% and 14.6% for the two year period with the exception of Belmont County which was consistent with the national levels.

Chart 4: Percent of Adults Living in Poverty

Source: HealthIndicators.gov
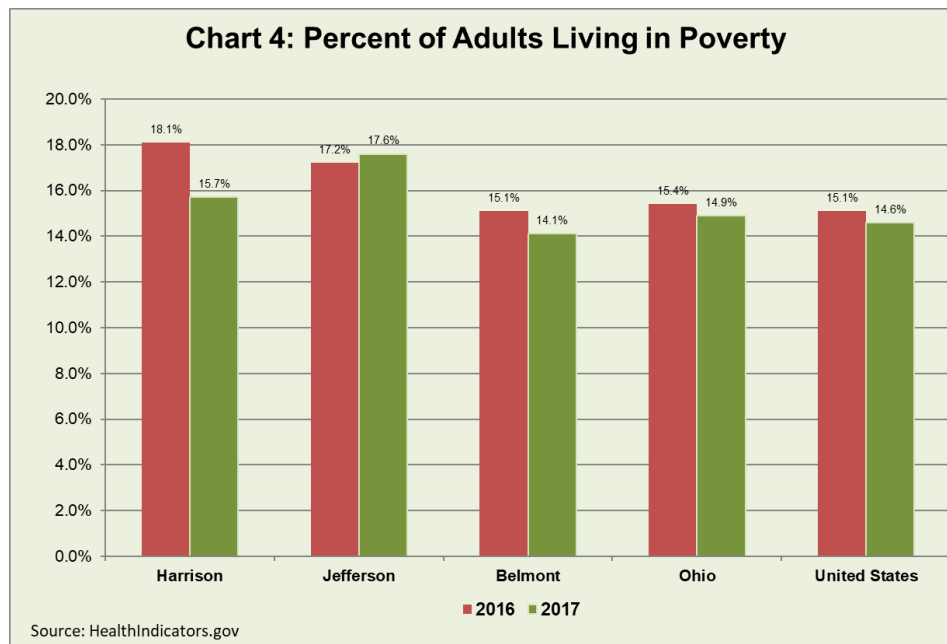
Exhibit 3
Median Household Income
2013-2017

County	State	Median Household Income
Harrison	OH	$ 46,223
Jefferson	OH	$ 43,161
Belmont	OH	$ 46,484
Total Service Area	$	45,289
State of Ohio	$	52,407
United States	$	57,652

SOURCE: U.S Census Bureau, 2013-2017 American Community Survey

Exhibit 3 presents the median household income for the service area counties, the State of Ohio and the United States. The service area counties were below the state and national level.

EDUCATION

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 4 presents the distribution of education levels for those aged 25 years and over in the service area, State of Ohio and the United States for 2013-2017. Although the service area and the state had a higher level of those with a high school diploma only when compared to the United States average, the attainment of a bachelor's or graduate degree was lower in the service area than the United States average.

Exhibit 4
Highest Level of Education Attained
2013-2017

	Service Area	Ohio	United States
Less than 9th grade	2.66%	2.90%	5.40%
Some high school	7.39%	7.30%	7.20%
High school graduate	43.11%	33.60%	27.30%
Some college	20.45%	20.50%	20.80%
Associate's degree	10.32%	8.50%	8.30%
Bachelor's degree	11.78%	17.00%	19.10%
Graduate or professional degree	4.27%	10.20%	11.90%

SOURCE: U.S. Census Bureau American FactFinder, 2013-2017 American Community Survey

HEALTH STATUS INDICATORS

County Health Rankings

Exhibits 5 and 6 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2018 for the service area, State of Ohio, and U.S. median. Exhibit 5 includes unfavorable indicators with the percentage of adults in poor/fair health, who smoke or are obese, in addition to a favorable indicator of those with access to exercise. As shown in Exhibit 5, all counties within the service area were either at or within 4% of the state performance for the negative indicators. Approximately one-fifth of the adults in the service area counties and the state are reportedly in poor/fair health or smoke while one-third are obese. With regards to access to exercise opportunities, only 30% reported adequate access in Harrison County compared to the remaining service area, State of Ohio and U.S. all reporting over 75% of the population having access to exercise opportunities.

Exhibit 5
Health Behaviors/Outcomes

Health Status Indicator	U.S. Median	Ohio	Harrison	Jefferson	Belmont
Adults in poor or fair health	16%	17%	17%	19%	17%
Adult smoking	17%	23%	21%	21%	22%
Adult obesity (BMI ≥ 30)	28%	32%	36%	36%	34%
Access to exercise opportunities	83%	85%	30%	85%	76%

Source: County Health Rankings & Roadmap 2018

Exhibit 6 includes environmental factors such air pollution, drinking water violations, housing problems and work commute information. The service area and the state compared unfavorably for air pollution and commuting to work, while comparing favorably with regards to housing problems.

Exhibit 6
Physical Environment

Environmental Factor	U.S. Median	Ohio	Harrison	Jefferson	Belmont
Air Pollution [1]	8.7	11.3	11.1	11.2	11.2
Drinking Water Violations	*	*	Yes	Yes	No
Severe Housing Problems	19%	15%	13%	11%	8%
Driving Alone to Work	76%	83%	81%	83%	87%
Long Commute - Driving Alone	35%	30%	49%	33%	27%

*Violations reported for counties: Yes - indicates the presence of a violation, No - indicates no violation.
[1]Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

Source: University of Wisconsin Population Health Institute. County Health Rankings 2018

Clinical Care

Exhibit 7 includes clinical care statistics and rankings for the service area counties, state and the United States. The service area compared favorably to the state and U.S. for those uninsured and unfavorably for preventable hospital stays. Belmont was comparable to the state for Diabetic Monitoring and Mammography Screening. Belmont performed better than other service area counties for the clinical care state ranking.

Exhibit 7
Clinical Care

Measure	U.S. Median	Ohio	Harrison	Jefferson	Belmont
Uninsured	11%	8%	8%	7%	7%
Preventable Hospital Stays	49	57	95	100	102
Diabetic Monitoring	85%	85%	74%	77%	82%
Mammography Screening	63%	61%	52%	54%	59%
Ranking for Clinical Care			86	84	78

SOURCE: http://www.countyhealthrankings.org. 2018

Mental Illness

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is charged with reducing the impact of substance abuse and mental illness on America's

communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) and is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 years or older. The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Exhibit 8 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for Ohio for 2015-2016. Ohio compared unfavorably to the nation for those with SMI or AMI.

Exhibit 8
Past Year Mental Health Issues among Persons Aged 18 or Older
2016-2017

Location	Serious Mental Illness %	Any Mental Illness %
National Average	4.38	18.57
Ohio	4.95	19.85

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Illicit Drug Usage

Exhibit 9 summarizes the percentage of marijuana and illicit drug users by age group, the percentage of illicit drug dependence or abuse by age group, and the percentage of those needing but not receiving treatment for illicit drug use by age group in Ohio and the United States.

Exhibit 9
Selected Drug Use Percentages by Age Group
2015-2016

| Ohio					
Measure	**12+**	**12-17**	**18-25**	**26+**	**18+**
Illicit Drugs					
Past Month Illicit Drug Use	10.35	7.55	22.61	8.72	10.64
Past Year Marijuana Use	13.81	12.01	33.01	10.95	14.00
Past Month Marijuana Use	8.95	6.41	20.79	7.35	9.21
Past Month Use of Illicit Drugs Other Than Marijuana	3.08	2.08	6.34	2.68	3.18
Past Year Cocaine Use	1.66	0.48	4.86	1.29	1.78
Past Year Nonmedical Pain Relieve Use	4.54	3.80	7.95	4.08	4.61
Past Year Dependence, Abuse, and Treatment					
Illicit Drug Dependence	2.61	2.90	6.81	1.90	2.58
Pain Reliever Use Disorder	0.72	0.48	1.17	0.68	0.75
Needing But Not Receiving Treatment for Illicit Drug Use	7.18	4.12	15.04	6.29	7.50

United States					
Measure	**12+**	**12-17**	**18-25**	**26+**	**18+**
Illicit Drugs					
Past Month Illicit Drug Use	10.90	7.88	23.69	9.18	11.21
Past Year Marijuana Use	14.50	12.19	33.91	11.61	14.73
Past Month Marijuana Use	9.23	6.46	21.45	7.56	9.51
Past Month Use of Illicit Drugs Other Than Marijuana	3.38	2.43	7.07	2.88	3.47
Past Year Cocaine Use	2.03	0.53	5.88	1.59	2.19
Past Year Nonmedical Pain Relieve Use	4.17	3.31	7.13	3.79	4.26
Past Year Dependence, Abuse, and Treatment					
Illicit Drug Dependence	2.79	3.07	7.17	2.00	2.72
Pain Reliever Use Disorder	0.60	0.50	0.91	0.60	0.65
Needing But Not Receiving Treatment for Illicit Drug Use	2.45	2.92	6.58	1.72	2.40

Source: http://www.samhsa.gov/data/reports-by-geography?tid=672&map=1

Primary Care

This chart illustrates the number of primary care physicians and dentist for every 100,000 persons for the service area, at a national level and for Ohio. As shown in the chart, all service area counties are below the state and national benchmark for primary care physicians and dentists. With

Chart 5
Primary Care Physicians and Dentists
Rate of Provider for Every 100,000 Persons
2018

the aging population of the service area, it is expected that the demand for these health services will continue to increase.
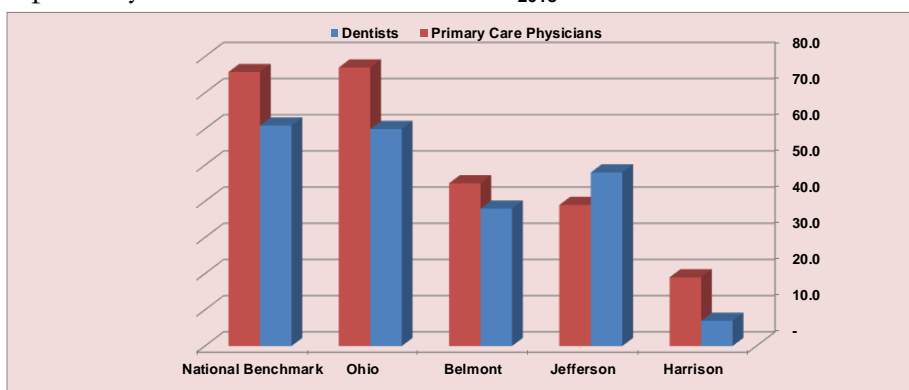
RESULTS OF COMMUNITY PARTICIPATION

ONLINE SURVEY RESULTS

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between May and August 2019.

Household

Respondents indicated the following household characteristics:

- ➢ 23% have children under the age of 18 in their household.
- ➢ 13% are caring for an elderly parent or grandparent.
- ➢ Number in household ranged from 1 to 7.

Insurance Carriers

Since the Affordable Care Act's (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage. In 2018, the uninsured rate in Ohio was 5.8%, down from 13% in 2013. Due to the new coverage options for young adults, employees may add or keep children on their insurance policy until they turn 26 years old. This has afforded coverage to over 2.3 million young adults nationwide that would have otherwise been uninsured. As part of the ACA, states were able to expand Medicaid coverage to individuals with family incomes at or below 133% of the federal poverty level. Since 2014 more than 1.26 million Ohioans have enrolled in Medicaid through the ACA expansion.

Participants of the survey were asked to identify their health insurance coverage.

Insurance Coverage of Survey Participants

Medicare	17%
Medicaid	20%
Private Insurance	48%
Uninsured	13%
Other	3%
	100%

Dental Health Care

- ➢ Only 35% received dental care in the past 12 months.
- ➢ Barriers that prevent residents from seeing a dentist include cost and lack of insurance.

Routine Health Care

Survey participants indicated that only 75% had a primary care physician for themselves and/or their family.

Of the 75% of participants who had a primary care physician, 83% reported that they were able to get an appointment with their physician when needed, 17% said that they were unable to get an appointment. Over 95% of the participants with a primary care physician were satisfied with the quality of care received.

For those not having a primary care physician, respondents utilized the emergency room/hospital, a community health care center/clinic and urgent care center for their routine care.

30% of respondents indicated they delayed health care due to lack of money and/or insurance.

Health Issues

Participants were asked to indicate for which conditions have they or someone in their household received treatment. The top responses were high blood pressure followed by high

cholesterol and diabetes. The least selected conditions were long term acute care services, sexually transmitted diseases, and behavioral/mental health.

Condition	Response Percent
Diabetes	52.8%
High blood pressure	75.0%
Cancer	11.1%
Long term acute care	2.8%
Bariatrics/obesity	16.7%
Behavioral/mental health	5.6%
High cholesterol	66.7%
Heart disease	38.9%
Sleeping disorders	13.9%
Depression/anxiety disorders	19.4%
Sexually transmitted diseases	2.8%
Joint, bone or muscle pain	38.9%
Neurology disorders	8.3%

COMMUNITY INTERVIEW RESULTS

Input was solicited from those representing the broad interests of the community in August 2019. Discussions included the health needs of the community, barriers to healthcare access, opportunities for improvement, perception of Harrison Community Hospital and feedback on HCH's initiatives. The following organizations were selected to provide feedback.

Harrison County Health Department

Family Children First Council

Harrison County General Health District

Harrison Metropolitan Housing Authority

Help Me Grow

Ohio Department of Youth Services

Harrison County Office of Job & Family Services

Harrison Hills City School District

Harrison County Court House

Hospital Board of Directors

Input from persons who represent the broad interests of the community served by the hospital

Community Health Concerns

All stakeholders believe that there are many health related problems in the community. The most frequently identified health concern was the substance abuse epidemic and the impact it was having not only on those with the addiction but on their family, the judicial system, the foster care system, and the community in general. Also identified as serious health concerns in the community were mental health, food insecurity, obesity, and the elderly population along with the related illnesses. Contributing factors to these concerns include unhealthy lifestyles, physical inactivity, tobacco use, and lack of education to maintain healthy living standards.

Quality and Access to Services

In general, transportation and access to specialty care were cited as issues for many residents in the service area. Those living in poverty, as well as the elderly face issues in finding transportation to doctor's appointments, medical facilities, and other resources such as food banks. The participants expressed a concern with access to specialty services such as obstetrics, pediatricians, pediatric dentists, and behavioral health services.

Perception of Harrison County Hospital

Harrison County Hospital is vital to the community it serves. The stakeholders indicated that the perception of the hospital is improving and is expected to continue to improve as they recruit and retain quality providers and bring additional services to the area. The Hospital is not without its challenges but they have a lot to offer and will continue to operate as effectively and efficiently as they can to provide quality health care.

Progress on Harrison Community Hospital Initiatives

Harrison Community Hospital has been limited in recent years in its ability to dedicate financial and personnel resources to the implementation plan items identified in the 2016 CHNA due to financial challenges facesd by the hospital. Progress has been made, however, despite the limited resources available.

Identified Need: Cancer

Plan:

To promoted education of services that are available to people suffering from cancer in Harrison County.

- Providing patients with referrals to agencies who can provide assistance with those afflicted with cancer continues to be the hospitals primary means of educating the public of cancer resources that are available to them.

- Financial assistance has also been provided to cancer patients from funds raised from the "Blues for a Cure" program.

- Several referrals have been by the hospital to community hospice agencies.

Identified Need: Drug Abuse

Plan:

To reduce substance abuse and alcohol consumption and to protect the health, safety and quality of life for all.

- The hospital continues to provide support to the "Safe School/Health Student Task Force. The hospital's Director of Social Services and Utilization Review has been a member of the task force for the past five years.

- The Harrison County Drug Abuse Prevention Coalition is another local agency that the hospital is working to reduce, and hopefully eliminate, drug abuse in the community. The hospital's Director of Social Services and Utilization Review is also a member of this agency.

- The WIC (Women's, Infants & Children) program continues to provide screening for pregnant mothers for alcohol abuse so that measures can be taken for intervention if needed.

- The hospital also makes referrals to "Crossroads Counseling Services" in Cadiz, OH, a drug & alcohol addiction rehabilitation center.

Identified Need: Overweight/Obesity

Plan:

To promote health and reduce chronic disease risk through the consumption of healthy diets and to promote healthy weight loss and maintenance.

- A health fair is conducted annually by the hospital. The Dietary department of the hospital participates in the health fair by providing information to the public on healthy living and healthy eating habits.

- Healthy lifestyles workshops are provided to the public on a monthly basis.

- The WIC program associated with the hospital also educates & promotes health eating with each person who utilizes the WIC services.

- The "Safe Student/Healthy Student Task Force" previously mentioned also promotes & educates on the aspects of a healthy lifestyle.

SUMMARY OF FINDINGS

The goal of the needs assessment was to identify health issues and community needs as well as provide information to key decision makers to make a positive impact on the health of the hospital's service area. Statistical data was compiled to depict demographic and economic profiles while the surveys provided additional feedback with regards to community perception of the Hospital, availability of resources and challenges as it relates to their healthcare needs.

- The aging population will contribute to the highest growth in the 65 and over age category. An increase in the 65 and older age category contributes to an increase of Medicare beneficiaries with an increased need of services.
- While only one of the service area counties experienced an increase in the percentage of adults living in poverty, all but Belmont County had higher poverty levels than the state and national averages. Many find themselves without insurance and seeking assistance from Medicaid, other programs, or simply delay medical treatment.
- Harrison County only had 30% access to exercise opportunities when cardiovascular disease was the top cause of death in the service area and the prevalence was significantly higher than state and national averages.
- Cigarette smoking was 21-22% for all service counties, just under the state of Ohio at 23%, but higher than the national average of 17%.
- The health status indicator with the highest percentage within all service areas is adult obesity. The service area and state ranged from 34%-36%, above the national median rate of 28%.

The results of the community health needs assessment's quantitative and qualitative analysis, along with the input from members of the community, appears to indicate common themes in the health needs of Harrison County and surrounding communities. These focus areas include the need for the following:

- Preventive care services;
- Substance abuse rehabilitation facilities;
- Additional Community events focusing on health related issues;
- General health education for the primary service area.

COMMUNITY HEALTH PRIORITIES

The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community. After reviewing data sources providing demographic, population, socioeconomic, and health status information in addition to community feedback, health needs of the community were prioritized. The following community health issues were also identified in the prior CHNA of HCH. These issues have been selected again as the priority health issues to be addressed:

- Chronic Disease Management
- Unhealthy Lifestyles
- Drug and Alcohol Abuse

Chronic Disease Management

Priority conditions include obesity and diabetes. Obesity and unhealthy eating and activity habits give individuals a higher risk for liver and gallbladder disease, type 2 diabetes, high blood pressure, high cholesterol and triglycerides, coronary artery disease (CAD), stroke, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems, among other conditions. Children who are obese are at risk for many of the same long-term health problems. If you have healthier habits or lose weight, your risk for these conditions is reduced.

Resources:

Harrison Community Hospital is fortunate to have personnel in the employment of the hospital who are able to provide both screening services and education for the various chronic diseases that are prominent in the area. Healthy Lifestyle workshops have been conducted on a monthly basis by the hospital in response to the lack of education available to inform the community that healthy habits can prevent many chronic diseases. Additional resources maybe needed to advertise/promote the educational opportunities that are already being offered by the hospital.

Unhealthy Lifestyles

Unhealthy lifestyle choices contribute to other health conditions. Smoking, poor nutrition, and physical inactivity are prevalent amount residents in the service area. Tobacco is the leading cause of preventable illness and death in the United States. It

causes many different cancers as well as chronic lung diseases, such as emphysema and bronchitis, and heart disease. Community culture, lack of health care coverage, and low income can lead to unhealthy lifestyle choices.

Resources:

The resources noted previously that are available to address Chronic Diseases in the community are the same resources that are available to address unhealthy lifestyle habits.

Drug and Alcohol Abuse

Abuse of alcohol and illicit drugs is costly to our nation, exacting over $400 billion annually in costs. The toll that drug and alcohol problems have on individuals is significant, as they are at increased risk for serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace. But individuals with drug and alcohol problems are not the only ones who suffer. The families, friends, and communities also suffer greatly. The abuse of alcohol and drugs leads to multiple acute and chronic adverse health outcomes, as well as a variety of negative consequences within the family unit, poor performance in school, or difficulties at work. Alcohol abuse leads to decreased inhibitions and impaired judgments that influence reckless and sometimes aggressive behavior. It also leads to high rates of motor vehicle accidents and injuries/deaths. On a chronic basis, it can lead to anemia, hepatitis and cirrhosis, pancreatitis, cognitive effects due to brain damage, fetal alcohol syndrome, low birthweight, and other poor health outcomes. Substance abuse problems commonly occur in conjunction with mental health issues.

Illicit drug use was a recurring issue of concern in many of our interviews with community members. The problems of substance abuse involve three levels of intervention: prevention, screening, and detection. These three opportunities require determined, collaborative action involving public health, education, health care, and criminal justice systems at the community level.

Resources:

The hospital currently has very limited resources in the form of medical expertise or counseling services to address the prevention, screening and detection of drug and alcohol abuse. Some screening services are available through the WIC (Women's, Infants & Children) organization. However, individuals who abuse drugs and alcohol typically don't come in contact with hospital personnel until their substance abuse issues have created a medical emergency that requires a visit to the hospital's emergency room. The hospital will continue to partner with local agencies as a referral source to these agencies for people in need.

NEXT STEPS

With the completion of the Health Needs Assessment, Harrison Community Hospital will establish an implementation plan which will use the Hospital's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of its service area.