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**NEWBERRY COUNTY MEMORIAL HOSPITAL  
NEWBERRY, SOUTH CAROLINA**

**2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND  
IMPLEMENTATION PLAN**

**ADOPTED BY BOARD RESOLUTION JUNE 25, 2013<sup>1</sup>**



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<sup>1</sup> Response to Schedule H (Form 990) Part V B 2 and section 501(r)1

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Dear Community Resident:

Newberry County Memorial Hospital (NCMH) welcomes you to review this document as we strive to meet the health and medical needs in our community.

The “2013 Community Health Needs Assessment” identifies local health and medical needs and provides a plan to indicate how NCMH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, NCMH, are meeting our obligations to efficiently deliver medical services.

As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal mandate to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You

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## EXECUTIVE SUMMARY

## Executive Summary

Newberry County Memorial Hospital (NCMH) is organized and governed as an asset of Newberry County. NCMH is a governmental organization, and as such, it is not required to provide evidence of providing an adequate amount of “community benefit” to justify retention of their not-for-profit tax status. NCMH has elected to voluntarily complete a Community Health Needs Assessment to assure it is responding to the primary health needs of its residents. This study is designed to comply with standards required of a not-for-profit hospital.<sup>2</sup> We assume NCMH acts as a not-for-profit hospital solely for purpose of producing this report. Tax reporting citations in this report do not apply to NCMH.

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining their tax-exempt status. In addition to completion of a CHNA and funding any needed improvement, a not for profit Hospital must document the following:

- Financial Assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS) and the U.S. Department of the Treasury.<sup>3</sup>

### Project Objectives

NCMH partnered with Quorum Health Resources (QHR) for the following<sup>4</sup>:

- Complete a CHNA report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response.

### Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the

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<sup>2</sup> Part 3 Treasury/IRS - 2011 - 52 Notice ... Community Health Needs Assessment Requirement ... and <https://www.federalregister.gov/articles/2013/04/05/2013-07959/community-health-needs-assessments-for-charitable-hospitals>

<sup>3</sup> As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at <http://federalregister.gov/a/2012-15537>

<sup>4</sup> Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four);
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties;<sup>5</sup> and

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<sup>5</sup> Section 6652

- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

## APPROACH

## Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identification of with whom the Hospital collaborated.
- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
  - (1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;
  - (2) Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and
  - (3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data - and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents, to note if they perceived the problems, or needs, identified by secondary sources to exist in their portion of the county.<sup>6</sup>

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report or the appendix. Data sources include:<sup>7</sup>

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<sup>6</sup> Response to Schedule H (Form 990) Part V B 1 i

<sup>7</sup> Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Newberry County compared to all South Carolina counties	April 8, 2013	2002 to 2010
www.communityhealth.hhs.gov	Assessment of health needs of Newberry County compared to its national set of “peer counties”	April 8, 2013	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital’s primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends and socio-economic characteristics;	April 8, 2013	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	April 8, 2013	2012
www.caringinfo.org and iweb.nhpc.org	To identify the availability of hospice programs in the county	April 8, 2013	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	April 8, 2013	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	April 8, 2013	2005
www.cdc.gov	To examine area trends for heart disease and stroke	April 8, 2013	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	April 8, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	April 8, 2013	2013
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	April 8, 2013	2010 published 11/29/12

In addition, we deployed a CHNA “Round 1” survey to our Local Expert Advisors to gain local input as to local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations.<sup>8</sup>

We received community input from 19 Local Expert Advisors. Survey responses started Tuesday, March 19, 2013 at 2:59 p.m., and ended with the last response on Tuesday, April 9, 2013 at 8:25 a.m.;

Information analysis augmented by local opinions showed how Newberry County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups; respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what<sup>9</sup>.

When the analysis was complete, we put the information and summary conclusions before our local group of experts<sup>10</sup> who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need; and new needs did emerge from this exchange.<sup>11</sup> Consultation with 18 local experts occurred again via an internet-based survey (explained below) during the period beginning Tuesday April 23, 2013 at 9:58 a.m. and ending Thursday May 2, 2013 at 10:20 a.m. With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provide an anonymous summary of the experts’ forecasts from the previous round, as well as reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus “correct” answer. The process stops when we identify the most pressing, highest priority community needs.

In the NCMH process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support and other needs receiving identical point allocations.

We dichotomized the rank order into two groups: high priority needs and low priority needs. The determination of the break point - high as opposed to low - was a qualitative interpretation by QHR and the NCMH executive team where a reasonable break point in rank occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any

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<sup>8</sup> Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)

<sup>9</sup> Response to Schedule H (Form 990) Part V B 1 f

<sup>10</sup> Part response to Schedule H (Form 990) Part V B 3

<sup>11</sup> Response to Schedule H (Form 990) Part V B 1 e

points to the need. When presented to the NCMH executive team, the dichotomized need rank order identified which needs the Hospital considered high responsibility to respond vs. low responsibility to respond. The result provided a matrix of needs and guided the Hospital in developing its implementation response<sup>12</sup>.

The proposed regulations provide that in order to “assess” the health needs of the community it serves, a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health needs<sup>13</sup>. The proposed regulations clarify a CHNA need only identify significant health needs and need only prioritize, and otherwise assess, those significant health needs identified. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves<sup>14</sup>. By definition, the high priority needs are deemed “Significant” needs as defined by the regulations.

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<sup>12</sup> Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

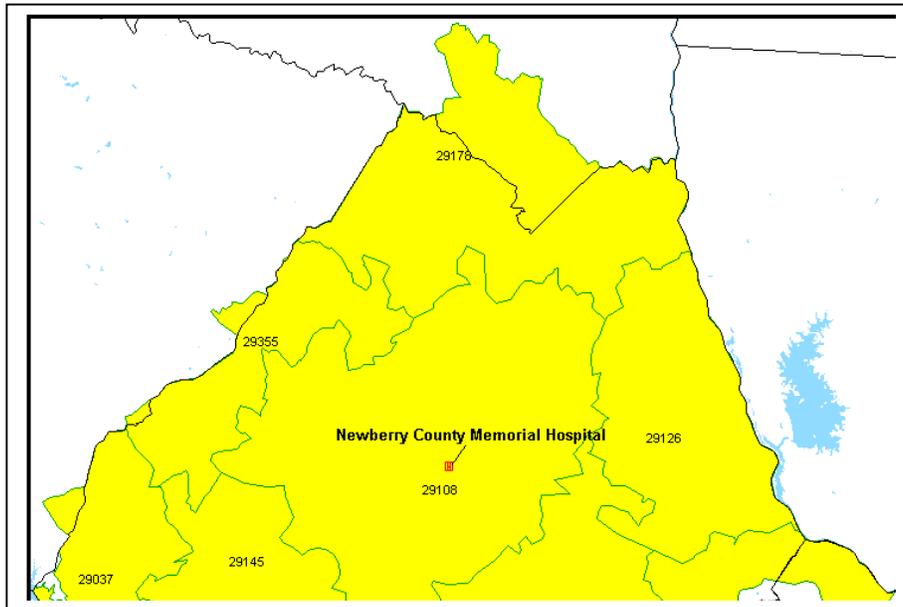
<sup>13</sup> Draft regulations page 30

<sup>14</sup> Draft regulations page 32

## FINDINGS

## Findings

### Definition of Area Served by the Hospital Facility<sup>15</sup>



NCMH, in conjunction with QHR, defines its service area as Newberry County in South Carolina, which includes the following ZIP codes:

29037	Chappells	29075	Little Mountain
29108	Newberry	29126	Pomaria
29127	Prosperity	29145	Silverstreet
29178	Whitmire	29355	Kinards

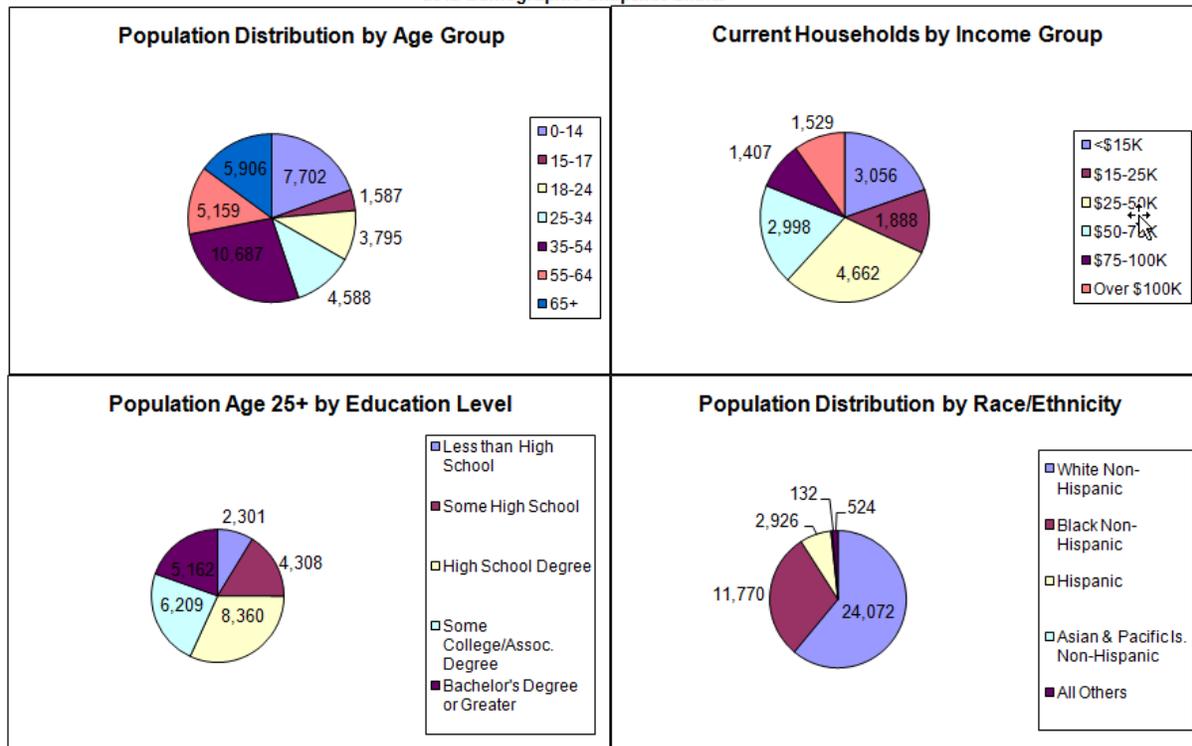
In 2011, the Hospital received 89.9% of its patients from this area.<sup>16</sup>

<sup>15</sup> Responds to IRS Form 990 (h) Part V B 1 a

<sup>16</sup> Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a



2012 Demographic Snapshot Charts



**2012 Benchmarks**  
Area: Newberry, SC - Newberry County 4.13  
Level of Geography: ZIP Code

Area	2012-2017		Population 65+		Females 15-44		Median Household Income	Median Household Wealth	Median Home Value
	% Population Change	Median Age	% of Total Population	% Change 2012-2017	% of Total Population	% Change 2012-2017			
USA	3.9%	36.8	12.9%	15.5%	20.1%	-0.9%	\$49,559	\$54,682	\$167,021
South Carolina	6.4%	37.5	13.6%	20.6%	20.1%	1.2%	\$42,583	\$52,741	\$126,907
Selected Area	2.8%	39.3	15.0%	16.3%	18.3%	-2.4%	\$39,973	\$59,294	\$102,801

Demographics Expert 2.7  
DEMO0003.SQP  
© 2012 The Nielsen Company, © 2013 Truven Health Analytics Inc.

The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with blue text are viewed as statistically important potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation or not being a favorable nor an unfavorable consideration in our use of the information.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
<b>Weight / Lifestyle</b>			<b>Heart</b>		
BMI: Morbid/Obese	107.2%	27.4%	Routine Screen: Cardiac Stress 2yr	91.0%	14.2%
Vigorous Exercise	95.7%	48.5%	Chronic High Cholesterol	102.1%	22.8%
Chronic Diabetes	118.2%	12.3%	Routine Cholesterol Screening	91.6%	46.5%
Healthy Eating Habits	92.0%	27.2%	Chronic High Blood Pressure	113.1%	29.7%
Very Unhealthy Eating Habits	115.6%	3.2%	Chronic Heart Disease	119.7%	10.0%
<b>Behavior</b>			<b>Routine Services</b>		
I Will Travel to Obtain Medical Care	97.8%	29.1%	FP/GP: 1+ Visit	103.5%	91.3%
I Follow Treatment Recommendations	88.0%	35.5%	Used Midlevel in last 6 Months	104.6%	43.7%
I am Responsible for My Health	93.8%	61.6%	OB/Gyn 1+ Visit	90.4%	40.4%
<b>Pulmonary</b>			Ambulatory Surgery last 12 Months	102.7%	19.8%
Chronic COPD	118.3%	6.1%	<b>Internet Usage</b>		
Tobacco Use: Cigarettes	116.4%	30.1%	Use Internet to Talk to MD	70.8%	10.3%
Chronic Allergies	106.6%	23.0%	Facebook Opinions	87.1%	9.0%
<b>Cancer</b>			Looked for Provider Rating	83.4%	12.0%
Mammography in Past Yr	100.2%	45.5%	<b>Misc</b>		
Cancer Screen: Colorectal 2 yr	96.3%	22.8%	Charitable Contrib: Hosp/Hosp Sys	94.8%	22.7%
Cancer Screen: Pap/Cerv Test 2 yr	88.4%	53.2%	Charitable Contrib: Other Health Org	89.9%	35.1%
Routine Screen: Prostate 2 yr	96.8%	30.8%	HSA/FSA: Employer Offers	94.9%	49.0%
<b>Orthopedic</b>			<b>Emergency Service</b>		
Chronic Lower Back Pain	113.1%	25.5%	Emergency Room Use	103.6%	35.1%
Chronic Osteoporosis	119.4%	11.6%	Urgent Care Use	95.2%	22.5%

## Leading Causes of Death

Cause of Death			Rank among all counties in SC (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation
SC Rank	Newberry Co. Rank	Condition		SC	Newberry Co.	
1	1	Heart Disease	27 of 46	182.1	218.8	As expected
2,9,15,19,21,26,29,30,31,32,34,35,36,42	2	Cancer	31 of 46	179.5	191.2	As expected
3	3	Stroke	29 of 46	48.9	55.4	As expected
11,23,28	4	Accidents	31 of 46	47.8	52.3	Higher than expected
4	5	Lung	20 of 46	46.6	45.9	As expected
7	6	Diabetes	5 of 46	22.5	45.1	Higher than expected
5	7	Alzheimer's	8 of 46	30.6	37.8	Higher than expected
8	8	Kidney	30 of 46	18.0	18.5	Higher than expected
13	9	Blood Poisoning	18 of 46	13.3	17.6	Higher than expected
12	10	Flu - Pneumonia	26 of 46	15.6	17.5	Lower than expected
18	11	Liver	9 of 46	10.2	14.1	Higher than expected
10	12	Hypertension	17 of 46	8.5	12.2	Higher than expected
16	13	Suicide	28 of 46	13.1	10.6	As expected
24	14	Parkinson's	10 of 46	5.8	7.4	As expected
27	15	Homicide	43 of 45	7.7	4.5	As expected

## Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.<sup>20</sup>

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

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<sup>20</sup><http://www.ahrq.gov/qual/nhdr10/Chap10.htm> 2010

- Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
- Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
- Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted; emergency department visits where patients left without being seen; and
- Access – People with a usual primary care provider; people with a specific source of ongoing care.
- Measures for which Asians were worse than Whites and getting better:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Asians were worse than Whites and staying the same:
  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
  - Access – People with a usual primary care provider.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same:
  - Heart Disease – Hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
  - Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; and

- Access – People under age 65 with health insurance.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

- Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;
  - Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted;
  - Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
  - Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:
    - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our Local Expert Advisors about unique needs of priority populations. We reviewed their response to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized as follows<sup>21</sup>:

- Children (including teens) and elderly are the at risk groups
- Diabetes and obesity are the more dominant issues
- General (greater) access for the uninsured beyond what the free clinic provides is needed
- Education and support for healthy lifestyles

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<sup>21</sup> All comments and the analytical framework behind developing this summary appear in Appendix A.

Statistical information about special populations follows:

**Access to Care: Newberry County, SC**

In addition to use of services, access to care may be characterized by medical care coverage and service availability

<b>Uninsured individuals (age under 65)<sup>1</sup></b>	<b>7,229</b>
<b>Medicare beneficiaries<sup>2</sup></b>	
Elderly (Age 65+)	5,336
Disabled	1,420
<b>Medicaid beneficiaries<sup>2</sup></b>	<b>10,159</b>
<b>Primary care physicians per 100,000 pop<sup>2</sup></b>	<b>68.7</b>
<b>Dentists per 100,000 pop<sup>2</sup></b>	<b>26.4</b>
<b>Community/Migrant Health Centers<sup>3</sup></b>	<b>Yes</b>
<b>Health Professional Shortage Area<sup>3</sup></b>	<b>No</b>

*nda No data available.*

<sup>1</sup>The Census Bureau. Small Area Health Insurance Estimates Program, 2006.  
<sup>2</sup>HRSA. Area Resource File, 2008.  
<sup>3</sup>HRSA. Geospatial Data Warehouse, 2009.

**Vulnerable Populations: Newberry County, SC**

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

**Vulnerable Populations Include People Who<sup>1</sup>**

<b>Have no high school diploma (among adults age 25 and older)</b>	<b>7,863</b>
<b>Are unemployed</b>	<b>1,326</b>
<b>Are severely work disabled</b>	<b>1,144</b>
<b>Have major depression</b>	<b>2,190</b>
<b>Are recent drug users (within past month)</b>	<b>2,073</b>

*nda No data available.*

<sup>1</sup> The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

## Findings

Upon completion of the CHNA, QHR identified several issues within the NCMH community:

### Conclusions from Public Input to Community Health Needs Assessment

Our group of 23 Local Expert Advisors participated in an on-line survey to offer opinions about their perceptions of community health needs and potential needs of unique populations.

Responses were first obtained to the question, "What do you believe to be the most important health or medical issue confronting the residents of Newberry County?" In summary we received the following commentary regarding the more important health or medical issues from 19 of those experts (Round One Survey):

- Affordability/Lack of health insurance;
- Lack of education about making proper health/wellness decisions;

- Poor health habits;
- Diabetes, obesity, and heart disease; and
- Risky behaviors including lack of exercise, smoking, and alcohol consumption.

Responses were then obtained to the questions, "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups, and/or other populations groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what." In summary, we received the following commentary regarding the most important health or medical issues:

- Children (including teens) and elderly are the at risk groups;
- Diabetes and obesity are the more dominant issues;
- General (greater) access for the uninsured beyond what the free clinic provides is needed; and
- Education and support for healthy lifestyles.

In a second survey, which was completed by 18 Local Experts, the following eight issues were identified as major concerns:

- Affordability of health care - a major concern for 78% of respondents;
- Cancer - a major concern for 78% of respondents;
- Coronary Heart Disease - a major concern for 83% of respondents;
- Obesity - a major concern for 78% of respondents;
- Maternal/Child Health - a major concern for 72% of respondents;
- Predisposing Conditions - a major concern for 56% of respondents;
- Alcohol Abuse - a major concern for 67% of respondents; and
- Diabetes - a major concern for 67% of respondents.

### Summary of Observations from Newberry County Compared to All Other South Carolina Counties, in Terms of Community Health Needs

In general, Newberry County residents fall somewhere in the middle of a ranking of South Carolina counties in terms of health status.

- In a health status classification termed "Health Outcomes", Newberry County ranks number 23 among the 46 ranked counties (best being #1). Premature Death (death prior to age 75) in Newberry County is somewhat higher, but there is no statistical significance in the difference from the state average; it is, however, significantly higher than the national goal.

Self-reported health status measures show Newberry County residents having values not significantly different than the state average although all are above the national goals;

- In another health status classification "Health Factors," Newberry County is close to the state average, ranking number 18 among the 46 South Carolina counties. "Social and Economic Factors" are overall at close to state averages. "High School Graduation" is about the same as the state average; however, "Some College" at 47% is significantly lower than state average (58%) and national average (70%). "Unemployment" is slightly lower than state average but almost double national goal. Even though there is no significant difference from state average for "Children in Poverty," Newberry County has seen a sharp increase over the past three years. "Violent Crime Rate" is just about half the rate of South Carolina, but still far higher than national goal;
- "Clinical Care" metrics are at or better than the state average except for two factors: 1) "Population to Dentist Ratio" which is 73% higher (worse) than the state average and more than double the national goal; and 2) "Preventable Hospital Stays" which are significantly lower (better) than state averages, although still higher than national goal;
- Except for "Teen Birth Rate" and "Sexually Transmitted Infections," both of which are much higher than state averages, "Healthy Behaviors" are insignificantly different from the South Carolina averages. All values, however, are significantly unfavorable to the desired national goal levels.
- "Physical Environment" shows Newberry County at #11 of 46 South Carolina counties (#1 being best) and factors are mixed in comparison to state. The worst factor is "Daily Fine Particulate Matter" which is significantly worse than state average and national goal. "Access to Recreational Facilities" is about the same as the state but only half the national goal. "Drinking Water Safety" is better than state and meets the national goal. Only 6% of Newberry residents have "Limited Access to Healthy Food" compared to 8% for South Carolina, however, this falls far short of the national goal (1%). At 35% the "Percent of Fast Food Restaurants" is better than state (49%) but far higher than national goal (27%);
- Health Factor conditions where improvement remains to Newberry achieving national goals include:
  - Adult Smoking;
  - Adult Obesity;
  - Physical Inactivity;
  - Excessive Drinking;
  - Motor Vehicle Crash Death Rate;
  - Sexually Transmitted Disease;

- Teen Birth Rate;
- Uninsured;
- Population to Physician Ratio;
- Population to Dentist Ratio;
- Preventable Hospital Stays;
- Diabetic Screening;
- Mammography Screening;
- Education;
- Unemployment;
- Children in Poverty; and
- Inadequate Social Support.

### Summary of Observations from Newberry County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Newberry County is compared to its national set of Peer Counties and compared to national rates make the following observations:

UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers:

- Low Birth Weight (<2500g);
- Very Low Birth Weight (<1500g);
- Premature Births(<37 weeks);
- Births to Women under 18;
- Births to Unmarried Women;
- Infant Mortality;
- Neonatal Infant Mortality;
- Colon Cancer;
- Motor Vehicle Injuries; and
- Stroke.

SOMEWHAT A CONCERN observations because occurrence is EITHER above national average OR above Peer group average:

- Breast Cancer (Female);
- Lung Cancer;
- Black non-Hispanic Infant Mortality; and
- Unintentional Injury.

BETTER PERFORMANCE than peers and national rates:

- Births To Women Ages 40 to 54;
- White non-Hispanic Infant Mortality;
- Post-neonatal Infant Mortality;
- Coronary Heart Disease;
- Suicide.

## Conclusions from the Demographic Analysis Comparing Newberry County to National Averages

Newberry County in 2012 comprises 39,424 residents. During the next five years, it is expected to see a population increase of 2.8% to achieve 40,516 residents. This growth is slower than anticipated state (6.4%) and national (3.9%) growth. The population is older and has a lower median income than the state or national comparisons. 15% of the population is age 65 or older, higher than the state and national. In terms of ethnicity, 61.1% are non-Hispanic White; 29.9% are non-Hispanic Black; Hispanics constitute 7.4% of the population; 0.3% are Asian or Pacific Island origin; and 'All Others' make up just 1.3% of the population. Females ages 14 to 44 comprise 18.3% of the population, slightly more than the percentage in SC (20.1%) or the nation (20.1%).

The following areas were identified comparing the county to national averages. Metrics impacting more than 25% of the population and which are statistically significantly different from the national average -- all are considered adverse findings unless otherwise noted:

- *I am responsible for my health* - 6% below average impacting 62% of the population;
- *Obtained a Pap/ Cervix test in last 2 years* - 12% below average impacting 53% of the population;
- *Obtained routine Cholesterol Screening* - 8% below average impacting 47% of the population;
- *Had 1+ OB/Gyn Visit* - 10% below average impacting 40% of the population;
- *Follow treatment recommendations* - 12% below average impacting 36% of the population;
- *Tobacco use* - 16% above average impacting 30% of the population;
- *Chronic high blood pressure* - 13% above average impacting 30% of the population;

- *BMI Morbid Obesity* - 7% above average impacting 27% of the population;
- *Healthy eating habits* - 8% below average impacting 27% of the population; and
- *Chronic lower back pain* - 13% above average impacting 26% of the population.

Situations and Conditions statistically significantly different from the national average, but impacting less than 25% of the population include -- all are considered adverse finding unless otherwise noted:

- *Chronic Allergies* - 7% above average impacting 23% of the population;
- *Routine Cardiac stress screen past two years* - 9% below average impacting 14% of the population;
- *Chronic diabetes* - 18% above average impacting 12% of the population;
- *Chronic osteoporosis* - 19% above average impacting 12% of the population;
- *Chronic heart disease* - 20% above average impacting 10% of the population;
- *Chronic COPD* - 18% above average impacting 6% of the population; and
- *Very unhealthy eating habits* - 16% above average impacting 3% of the population.

## Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Newberry County found:

- Palliative Care (programs focused not on curative actions but designed to relieve disease symptoms, pain and stress arising from serious illness) exists in the county;
- Hospice Care (programs to provide comfort care during terminal stage of disease) exists in the county;
- Ranking the causes of death in Newberry County finds the leading causes to be the following (in descending order of occurrence):
  1. Heart Disease #1 cause of death statewide and in county -218.8 deaths/100,000 ranking #27 (#1 rank = worst in state) among 46 SC counties;
  2. Cancer # 2 cause of death statewide and in county- 191.2/100,000 ranking #31 SC county - as expected;
  3. Stroke #3 cause of death statewide and in county -55.4/100,000 ranking #29 SC county - as expected;
  4. Accidents #4 cause of death in county, statewide #11 – 52.3/100,000 ranking #31 SC county - higher than expected; statewide Traffic Accidents #7 cause of death for males, #19for females;
  5. Lung Disease #5 cause of death in county, statewide #4 - 45.9/100,000 ranking #20 SC county - as expected;

6. Diabetes #6 cause of death in county, statewide #7 – 45.1/100,000 ranking #5 SC county - higher than expected;
  7. Alzheimer’s #7 cause of death in county, statewide #5 – 37.8/100,000 ranking #8 SC county - higher than expected;
  8. Kidney Disease #8 cause of death in county and statewide - 18.5/100,000 ranking #3- SC county - higher than expected;
  9. Blood Poisoning #9 cause of death in county, statewide #13 – 17.6 /100,000 ranking #18 SC county - higher than expected; and
  10. Flu/Pneumonia #10 cause of death in county, statewide #12 - 17.5/100,000 ranking #26 SC county - lower than expected.
- Among other leading causes of death, Accidents, Diabetes, Alzheimer's, Kidney, and Blood Poisoning occur at higher than expected rate; Heart Disease, Cancer, Stroke and Lung Disease occur at expected rate; Flu/Pneumonia occurs at lower than expected rate; and
  - Life expectancy for males in Newberry County is 72.4 years compared to 74.0 for South Carolina and 76.2 for the U.S.; for females it is 78.8 years compared to 80.2 for South Carolina and 81.3 for the U.S. Newberry County ranks #19 out of 46 South Carolina counties in life expectancy for males and #23 for females (#1 being the longest life expectancy).

## EXISTING HEALTH CARE FACILITIES, RESOURCES AND IMPLEMENTATION PLAN

## Significant Health Needs

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by NCMH.<sup>22</sup> The following list:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies NCMH's current efforts responding to the need;
- Establishes the Implementation Plan programs and resources NCMH will devote to attempt to achieve improvements;
- Documents the Leading Indicators NCMH will use to measure progress;
- Presents the Lagging Indicators NCMH believes will be influenced in a positive fashion by the Leading Indicators; and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, NCMH is the major hospital in the service area. Newberry County Memorial Hospital is a 90-bed, acute care medical facility located in Newberry, South Carolina. The next closest facilities are outside the service area and include:

- Laurens County Healthcare System – 76 bed acute hospital in Clinton, SC; 23.9 miles from Newberry (34 minutes);
- Wallace Thompson Hospital - 143 bed acute hospital in Union, SC; 37.8 miles from Newberry (42 minutes);
- Fairfield Memorial Hospital - 25 bed critical access hospital in Winnsboro, SC; 38.4 miles from Newberry (45 minutes);
- Self Regional Healthcare - 414 bed acute hospital in Greenwood, SC; 39.5 miles from Newberry (48 minutes);
- Palmetto Health Richland - 649 bed acute hospital in Columbia, SC; 42.7 miles from Newberry (52 minutes);
- Lexington Medical Center - 384 bed acute hospital in West Columbia, SC; 42.9 miles from Newberry (53 minutes);

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<sup>22</sup> Response to IRS Form 990 h Part V B 1 c

- Palmetto Health Baptist - 467 bed acute hospital in Columbia, SC; 47.9 miles from Newberry (50 minutes);
- Edgefield County Hospital - 25 bed critical access hospital in Edgefield, SC; 48.3 miles from Newberry (51 minutes); and
- Sisters of Charity Providence Hospital - 56 bed acute hospital in Columbia, SC; 48.8 miles from Newberry (52 minutes).

All data items analyzed to determine significant needs are “Lagging Indicators”, measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the NCMH Implementation Plan utilizes “Leading Indicators”. Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

## Significant Needs

**1. AFFORDABILITY OF HEALTH CARE** – Lack of affordable care is a leading Local Expert concern; median household income is lower than state and national; uninsured population is 23% compared to 20% for SC and 11% national benchmark; unemployment slightly lower than SC but twice the national benchmark.

**Problem Statement: A large number of local residents have no insurance and/or limited ability to pay for health services**

**NCMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- NCMH has financial assistance policy in place;
- NCMH has an ED which provides emergent/urgent care regardless of ability to pay;
- NCMH accepts Medicaid; and
- NCMH supports the Newberry Free Clinic in a variety of ways.

**NCMH Implementation Plan programmatic initiatives:<sup>23</sup>**

- NCMH will participate in the insurance exchange programs when they become available;
- NCMH will review and revise Charity Care Policy;
- NCMH will evaluate the scope of practice for privileges of mid-levels within the hospital; and

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<sup>23</sup> This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 6.a. and 6.b.

- NCMH will expand enrollment in existing programs such as Medicaid via outreach/education and expedited enrollment.

**Anticipated results from NCMH Implementation Plan**

- NCMH efforts can help address the symptoms of and results from problems of affordability and access but it can do little to impact the underlying causes of this problem which stem from unemployment, limited education, adverse lifestyle choices and other factors.

**Leading Indicator NCMH will use to measure progress:**

- Volume of patient financial assistance efforts should increase from 2012 volumes.
  - 2012 Medicaid applications = 498; and
  - 2012 patients assisted by NCMH financial assistance policies =838.

**LAGGING INDICATOR NCMH WILL USE TO IDENTIFY IMPROVEMENT**

- Percent County residents uninsured 2010 = 23% (www.countyhealthrankings.org)

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County DHHS	County Human Services Center 2107 Wilson Road Newberry, South Carolina 29108	803-321-2159
Free Medical Clinic of Newberry, Inc.	2568 Kinard Street, Newberry, SC 29108	803-276-6665

**2. CANCER** – #2 cause of death, as expected, 2nd highest concern of Local Experts; Colon Cancer deaths above national and peer average; deaths from Lung and Breast Cancer higher than national but lower than peer counties.

**Problem Statement: Cancer deaths in Newberry County are higher than the national average.**

**NCMH services available to respond to this need include:**

- NCMH has radiologic and diagnostic technology to help identify cancer at an early stage;
- NCMH provides cancer treatment, both medical and radiation oncology; and
- NCMH sponsors health fairs and other screenings events as well as education on prevention.

**NCMH HOSPITAL Implementation Plan programmatic initiatives:**

- NCMH will develop general surgery center to provide cancer care;

- NCMH will provide education programs related to cancer prevention; and
- NCMH will implement outreach efforts to increase the incidence of colonoscopy screening.

**Anticipated results from NCMH Implementation Plan**

- The focus of the implementation plan is early detection of disease resulting from public/patient education. Early detection will lead to earlier intervention and better clinical outcome. It is not an unreasonable result of this implementation plan to observe an increase in disease as a result of increased awareness and earlier detection, but this should lead to lower death rates.

**Leading Indicator NCMH will use to measure progress:**

- Volume of colonoscopy and mammography exams should increase from 2012 volumes.
  - 2012 colonoscopy exams = 685
  - 2012 mammography exams = 2,829

**Lagging Indicator NCMH will use to identify improvement**

- 2010 Cancer death rate per 100,000 = 191.2

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170

**3. CORONARY HEART DISEASE** – #3 concern of Local Experts. #1 cause of death, Newberry Co ranks #27 of 46 South Carolina counties; as expected rate of death; favorable to national and peer group rates

**Problem Statement: Coronary Heart Disease is the #1 cause of death in Newberry County**

**NCMH services available to respond to this need include:**

- NCMH offers Cardiac Rehabilitation Levels 1, 2, and 3;
- NCMH offers cardiac stress testing and cardiac scoring for diagnosis of heart disease;
- NCMH collaborates with local Home Health agency to provide home heart disease monitoring;
- NCMH provides monthly education on therapeutic topics; and
- NCMH participates in a state-wide STEMI program.

**NCMH Implementation Plan programmatic initiatives:**

- NCMH will increase cardiologist as well as primary care availability.

**Anticipated results from NCMH Implementation Plan**

- More physicians should result in increased cardiac testing.

**Leading Indicator NCMH will use to measure progress:**

- Number of Stress Tests performed at NCMH:
  - 2012 value = 339
- Number of Phase 2 cardiac rehabilitation visits:
  - 2012 value = 2,018

**Lagging Indicator NCMH will use to identify improvement**

- 2010 Heart disease death rate in Newberry County = 218.8 per 100,000

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>
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**4. OBESITY/OVERWEIGHT** – #4 highest concern of Local Experts; rate higher than SC and significantly above national avg. and goal; morbid obesity 7% above national avg. impacting 27% of population; Lack of Exercise one of top risky behaviors identified by Local Experts; Physical Activity level well below national goal; Access to Healthy Foods and Ratio of Fast Food Restaurants better than SC but significantly worse than national goal; Healthy Eating 8% below national avg. for 27% of population; Very Unhealthy Eating Habits 16% above avg. for 3% of population.

**Problem Statement: Newberry has a high incidence of obesity**

**NCMH services available to respond to this need include:**

- NCMH supports recruitment of an adequate supply of primary care practitioners to address needs for obesity services;
- NCMH provides outpatient nutritional consultation with a registered dietitian;
- NCMH sponsors community-based weight loss challenge;
- NCMH hosts a weight-watchers program;
- NCMH has a walking trail available for the public; and
- NCMH has a wellness center providing medically sound exercise programs.

**NCMH HOSPITAL Implementation Plan programmatic initiatives:**

- NCMH will evaluate potential programs to address childhood obesity;
- Potential partnership opportunities will be evaluated;

**Anticipated results from NCMH Implementation Plan:**

- The assumption is increased physical activity will lead to lower body mass and avoid obesity.

**Leading Indicator NCMH will use to measure progress:**

- Number of people participating in Wellness Center:
  - 2013 enrollment = 0

**Lagging Indicator NCMH will use to identify improvement**

- 2012 County Obesity rate = 27.4%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170
Newberry County Recreation	Gerdi Lake, Director recreation@newberrycounty.net	803-321-2100
Eat Smart Move More program	<a href="http://eatsmartmovemore.org/newberrycounty/">http://eatsmartmovemore.org/newberrycounty/</a>	
Newberry County Family YMCA	Jolley Street Road, Newberry, SC 29108	803-276-9936

**5. MATERNAL/INFANT HEALTH** – #5 highest concern of Local Experts; Teen Birth Rate significantly higher than SC and national goal; Low Birth Weight slightly higher than SC avg.; unfavorable to national and peer avg. for Low Birth Weight, Very Low Birth Weight, Premature Births, Births to Women under 18, Births to Unmarried Women, Infant Mortality, Neonatal Infant Mortality; worse than national avg. for Black non-Hispanic Infant Mortality; better than peer and national for Post-Neonatal Infant Mortality, White non-Hispanic Infant Mortality and Births to Women age 40-54.

**Problem Statement: Newberry has a high incidence of low-birth-weight babies**

**NCMH services available to respond to this need include:**

- NCMH has OB/GYN, Family Practice, and Pediatric physicians on staff; and
- NCMH provides maternity/delivery services.

**NCMH Implementation Plan programmatic initiatives:**

- NCMH will add more family practice physicians to the community.

**Anticipated results from NCMH Implementation Plan:**

- NCMH efforts will result in more practitioners available to provide early prenatal care

**Leading Indicator NCMH will use to measure progress:**

- Number of family practitioners in community in 2012 = 13.5 FTEs.

**Lagging Indicator NCMH will use to identify improvement**

- 2010 Low Birth Weight Rate = 11.2%.

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170
March of Dimes	240 Stoneridge Dr Ste 206, Columbia, SC	803-252-5200

**6. DIABETES** – #8 concern of Local Experts; #6 cause of death, higher than expected and twice the SC avg.; ranked #5 SC county; chronic diabetes 18% above national avg. impacting 12% of population; diabetic screening higher than SC and just below national avg.; very unhealthy eating habits 16% above national avg. impacting 3% of population.

**Problem Statement: Death rate from diabetes in Newberry County is higher than national average.**

**NCMH services available to respond to this need include:**

- NCMH offers inpatient and outpatient care; and
- NCMH offers a certified diabetic program.

**NCMH Implementation Plan programmatic initiatives:**

- NCMH will work collaboratively with a home health agency to monitor diabetic sugars; and
- NCMH will add primary care physicians to the community to treat the disease.

**Anticipated results from NCMH Implementation Plan**

- Lower the death rate from diabetes.

**Leading Indicator NCMH will use to measure progress:**

- Number of diabetes cases treated through home health agency in 2013 = 0.

**Lagging Indicator NCMH will use to identify improvement**

- Death rate from Diabetes - 2010 = 22.5 per 100,000.

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
NCMH Wellness Center	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433
Amedisys Home Health Telehealth Program	Jason Hadley, RN BSN 184 Commerce Drive, Newberry, SC 29108	803-276-9359
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	

**7. PREDISPOSING CONDITIONS** – #6 highest concern of Local Experts; Lack of Education and Poor Health Habits were identified as top issues by Local Experts; HS graduation slightly higher than SC; Some College significantly below SC and national goal; Compliance behavior is also an issue -- Follow Treatment Recommendations 12% below national avg. impacting 36% of population; Responsible for Own Health 6% below national avg. impacting 62% of population; Newberry County poverty rate in 2010 was 18.9% compared to 28% for SC and 21.6% for the U.S.

**Problem Statement: Compliance rate needs to increase**

**NCMH services available to respond to this need include:**

- NCMH has a medical staff of qualified physicians.

**NCMH does not intend to develop an implementation plan for this need for the following reasons:<sup>24</sup>**

- Lack of expertise of competency (i.e. certain professional credential required and no such individual is in area).

**Anticipated results from Implementation Plan of others**

- The assumption is that compliance behavior is most appropriately addressed by the physician(s) attending to the health needs of each individual.

**Leading Indicator NCMH will use to measure progress:**

- None, as NCMH will not actively engage in implementation efforts but will monitor and support the efforts taken by others, including the organizations shown below as resources.

**Lagging Indicator NCMH will use to identify improvement**

- Indicator "Do Not Follow Treatment Recommendations" 2012 = 35.5%.

<sup>24</sup> Note in answer to NO for responding to Schedule H (form 990) Part V B 7

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>
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**8. ALCOHOL ABUSE** – #7 highest concern of Local Experts; Excessive Drinking was identified as one of the top risky behaviors by Local Experts; Excessive Drinking occurs at twice the national avg.

**Problem Statement: Alcohol abuse rate needs to decrease**

**NCMH services available to respond to this need include:**

- NCMH has a medical staff of qualified physicians.

**NCMH does not intend to develop an implementation plan for this need for the following reason(s):<sup>25</sup>**

- Lack of expertise of competency (i.e. certain professional credential required and no such individual is in area).

**Anticipated results from Implementation Plan of others**

- The assumption is that alcohol abuse is most appropriately treated by professionals trained in this specific area.

**Leading Indicator NCMH will use to measure progress:**

- None as NCMH will not actively engage in implementation efforts but will monitor and support the efforts taken by others, including the organizations shown below as resources.

**Lagging Indicator NCMH will use to identify improvement**

- Indicator "Excessive Drinking Rate" 2010 = 14%.

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
Westview Behavioral Health	800 Main Street, Newberry, SC 29108	803-276-5690
NCMH Behavioral Health	1240 Hunt Street, Newberry, SC 29108	803-405-7434

<sup>25</sup> Note in answer to NO for responding to Schedule H (form 990) Part V B 7

## Other Needs Identified During the CHNA Process

**9. Smoking/Tobacco Use** – Identified as a top risky behavior by Local Experts; rate higher than SC and significantly higher than national goal; 16% above avg. for 30% of population.

**Problem Statement: Tobacco use in Newberry is high**

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Medical staff	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
NCMH Wellness Center	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433

**10. Sexually Transmitted Diseases** – Rate almost twice that of SC and more than ten times the national goal.

**Problem Statement: Sexually transmitted infections need to decline**

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Newberry County Health Department	520 Wilson Rd, Newberry	803-321-2170
Newberry County School District	1539 Martin Street, Newberry, SC 29108	803-321-2604

**11. Physicians** – ER Use 3.6% above average impacting 35% of population; population to physician and population to dentist ratios both unfavorable to national avg.

**Problem Statement: More primary care physicians are needed in the community**

**NCMH services available to respond to this need include:**

- NCMH has an active physician recruitment program.

**NCMH Implementation Plan programmatic initiatives:**

- NCMH will continue to add physicians to the community.

**Anticipated results from NCMH Implementation Plan**

- More physicians will be available to serve the community

**Leading Indicator NCMH will use to measure progress:**

- Number of physician recruitment visits in 2013 = 0.

**Lagging Indicator NCMH will use to identify improvement**

- Number of physicians recruited in 2013 = 0.

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

Medical staff	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>
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**12. Priority Populations** – For Heart Disease the death rate is 34% higher for Blacks than for Whites; For Stroke the death rate is 88% higher for Blacks than for Whites; Black non-Hispanic Infant Mortality is worse than national avg. and peer counties; Poverty rate higher than SC and national; Childhood poverty also higher than SC and national and his increased sharply over the past three years.

**Problem Statement: Death rate from Heart Disease and Stroke in the Black population needs to decline**

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

NCMH Regional Tele-health Stroke Program	2605 Kinard Street, Newberry, SC 29108	803-276-7570
Free Medical Clinic of Newberry, Inc.	2568 Kinard Street, Newberry, SC 29108	803-276-6665
Local Physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	

**13. Blood Pressure (High)** – #12 cause of death in Newberry; higher than expected death rate; 13% above avg. impacting 30% of population.

**Problem Statement: The death rate from High Blood Pressure needs to be reduced**

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

Local Physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>
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**14. Accidents** – #4 cause of death, higher than expected and #31 ranked county in SC out of 46 counties; higher than SC rate; Motor Vehicle Deaths well above national goal and leading cause of death in ages 15 - 24; Unintentional Injury lower than national avg. but higher than peer counties.

**Problem Statement: Motor vehicle accidents are too high**

**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

Newberry County Sheriff's Department	520 Wilson Rd, Newberry	(803) 321-2211
South Carolina Department of Public Safety	<a href="http://www.scdps.gov">www.scdps.gov</a>	
Newberry Police Department	1507 Nance Street, Newberry, SC 29108	(803) 321-1010

**15. Cholesterol (High)** – Routine screening rate 6% below avg. impacting 47% of population; Chronic High Cholesterol slightly above national avg. impacting 23% of population; heart disease #1 cause of death in Newberry and ranked #27 worse county in SC.

**Problem Statement: More Cholesterol reduction efforts are needed in the community.**

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	

**16. Elderly Care** – Although not a top issue, it was identified by some Local Experts as an issue; both Hospice and Palliative Care are available in Newberry County

**Problem Statement: More health services for the elderly should be available in Newberry County**

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
South Carolina Lieutenant Governor's Office on Aging	1301 Gervais Street Suite 200, Columbia, SC 29201 <a href="http://www.aging.sc.gov">http://www.aging.sc.gov</a>	803-734-9900
Newberry County Council on Aging	1300 Hunt Street, Newberry, SC 29108	803-276-8266
JF Hawkins Nursing Home	2000 Springfield Cir, Newberry, SC 29108	866-232-1428
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	

**17. Mental Health/Suicide** – Suicide #13 cause of death, ranked #28 county in SC and slightly lower than SC avg.; suicide rate favorable to both national avg. and peer counties; Inadequate Social Support slightly worse than SC and significantly worse than national avg.; Poor Mental Health Days slightly above SC and significantly higher than national goal.

**Problem Statement: Deaths from suicide need to be reduced**

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Three Rivers Behavioral Health	9900 Gracern Road, Columbia, SC	803-772-6500
South Carolina Suicide Prevention Coalition	2600 Bull Street, Columbia, SC 29201 <a href="http://www.scdhec.gov">www.scdhec.gov</a>	803-898-DHEC (3432)
Newberry County Department of Mental Health	2043 Medical Park Dr, Newberry, SC 29108	803-898-8581

State Mental Hospital	2414 Bull Street, Columbia, SC 29202	803-898 - 8581
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**18. Alzheimer's** – #7 cause of death, higher than expected; above SC avg.; #8 ranked county in SC.

**Problem Statement: Alzheimer's support is needed in the community.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
South Carolina Alzheimer's Association	3223 Sunset Blvd Ste 100, West Columbia, SC	803-791-3430
JF Hawkins Nursing Home	2000 Springfield Cir, Newberry, SC 29108	866-232-1428

**19. Stroke** – #3 cause of death, as expected and ranked #29 in SC and higher than SC avg.; Chronic Hypertension 13% above avg. for 30% of the population; unfavorable to both peer counties and national avg.

**Problem Statement: Deaths from Stroke need to be reduced.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>	
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>

**20. Dental** – Although not a top issue, was cited by Local Experts as an issue; ratio of population per dentist unfavorable to SC and almost twice (worse) the national avg.

**Problem Statement: Preventive dental care should be readily available in the community.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170

**21. Chronic COPD/Pulmonary** – #5 cause of death, as expected and lower than SC avg.; Chronic COPD 18% above national avg. impacting 6% of the population; Tobacco Use 16% above national avg. impacting 30% of the population; Chronic Allergies 7% above national avg. impacting 23% of the population.

**Problem Statement: Smoking cessation efforts are needed in the community.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170

NCMH Wellness Center	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	

**22. Flu/Pneumonia** – #10 cause of death, lower than expected and higher than SC avg.; ranked #26 county in SC.

**Problem Statement: Deaths related to flu need to decrease; vaccination rate needs to increase**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170
Newberry County Memorial Hospital	2605 Kinard Street, Newberry, SC	803-276-7570
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
Long's Drugs	1729 Main Street, Newberry, SC 29108	803-276-2936
Rite Aid Pharmacy	2723 Main Street, 2723 Newberry, SC 29108	803-276-7668
Prosperity Drug Company	101 N. Main Street, Prosperity, SC	803-364-2310

**23. Life Expectancy/Premature Death** – Premature deaths (prior to age 75) not significantly above SC avg. but significantly above national goal; no major increase - trend similar to SC; male life expectancy is 1.6 years below SC and 3.8 years below national; female life expectancy 1.4 years below SC and 2.5 below national avg.

**Problem Statement: Premature deaths need to decrease**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803-321-2170
NCMH Wellness Center	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	

**24. Physical Environment** – Water Safety better than SC and meeting national goal; access to recreational facilities about the same as SC but about half the national goal; access to healthy food better than SC but worse than national goal; percentage of fast food restaurants lower than SC but higher than national goal.

**Problem Statement: Healthy eating should be promoted in the community.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County Health Department	2111 Wilson Rd Newberry, SC 29108	803- 321-2170
NCMH Wellness Center	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433
Newberry County Recreation	Gerdi Lake, Director recreation@newberrycounty.net	803-321-2100
Eat Smart Move More program	<a href="http://eatsmartmovemore.org/newberrycounty/">http://eatsmartmovemore.org/newberrycounty/</a>	
Newberry County Family YMCA	Jolley Street Road, Newberry, SC 29108	803-276-9936

**25. Kidney Disease** – #8 cause of death, higher than expected and slightly higher than SC avg.; ranked #30 worse county in SC.

**Problem Statement: Kidney related deaths need to decrease.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
NCMH Wellness Center	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433
Amedisys Home Health Telehealth Program		803-276-9358

**26. Low Back Pain** – 13% above national avg. impacting 26% of the population.

**Problem Statement: Back care education is needed in the community.**

<b>Other Local identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
Local pain clinic (Palmetto Bone and Joint Clinic - Dr. Dan Sheehan)	2605 Kinard St Suite 105, Newberry, SC 29108	803-321-6254
NCMH Wellness Center and Physical Therapy Department	2605 Kinard St. Suite 100, Newberry, SC 29108	803-405-7433

**27. Blood Poisoning** – #9 cause of death in Newberry; higher than expected and above SC avg.

**Problem Statement: Deaths from blood poisoning need to decrease.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
NCMH ED	2605 Kinard Street, Newberry, SC 29108	803-276-7570

**28. Chronic Osteoporosis** – 19% above national avg. impacting 12% of the population; physical inactivity slightly worse than SC and significantly worse than national goal.

**Problem Statement: Weight-bearing exercise programs are needed in the community.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Local physicians	<a href="http://www.newberryhospital.org/find-a-doctor">http://www.newberryhospital.org/find-a-doctor</a>	
NCMH	2605 Kinard Street, Newberry, SC	803-276-7570

**29. Illiteracy** – Lack of education was identified as a top issue by Local Experts; HS graduation slightly higher than SC; Some College significantly below SC and national goal; Adult and Childhood poverty rates higher than SC and U.S.;

**Problem Statement: Education and literacy needs to improve.**

<b>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</b>		
Newberry County School District	1539 Martin Street, Newberry, SC 29108	803-321-2600
Newberry Council on Literacy	<a href="http://www.newberryreads.com">www.newberryreads.com</a>	

**30. Unknown** – One vote was allocated to no identifiable need in order for that local expert to complete the priority determination process

## Overall Community Need Statement and Priority Ranking Score:

### Significant Needs Where Hospital Has Implementation Responsibility<sup>26</sup>

1. Affordability
2. Cancer
3. Coronary Heart Disease
4. Obesity/Overweight
5. Maternal/Child Health
6. Diabetes

### Significant Needs Where Hospital Did Not Develop Implementation Plan

7. Predisposing Conditions
8. Alcohol Abuse

### Other Needs Where Hospital Developed Implementation Plan

11. Physicians

### Other Identified Needs Where Hospital Did Not Develop Implementation Plan

9. Smoking/Tobacco Use
10. Sexually Transmitted Diseases
12. Priority Populations
13. Blood Pressure (High)
14. Accidents
15. Cholesterol (High)
16. Elderly Care
17. Mental Health/Suicide
18. Alzheimer's
19. Stroke
20. Dental
21. Chronic COPD/Pulmonary

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<sup>26</sup> The hospital in this summary listing indicates it has addressed each need identified in the CHNA and elects to develop an Implementation Strategy for selected Significant Needs. Reference Schedule H (Form 990) Part V Section B 7.

- 22. Flu/Pneumonia
- 23. Life Expectancy/Premature Death
- 24. Physical Environment
- 25. Kidney Disease
- 26. Low Back Pain
- 27. Blood Poisoning
- 28. Chronic Osteoporosis
- 29. Illiteracy

## APPENDICES



- No health insurance and some don't have good paying jobs, so they can't afford doctors visit to treat their ongoing medical illness.
- Teenage pregnancy
- Medical knowledge: I think that if we could offer more health education to the residents in general. Health fairs are great. I would love to see an affordable health wellness center here in our county, aimed at the family as a whole. We have a large population of Hispanic's in our area and that should be taken into consideration also. I would love to see a hospital become involved with our community. We send patient in all different directions from here but seldom do we see and return of interest in our county. We have blood drives, relays for life and march of dimes. We make up money for the Red Cross. But who thinks about the poor in money but wide in area space county of Saluda.
- I believe our aging population is a very important issue. Newberry County has the highest percentage of elderly citizens in South Carolina and elderly folks have more health concerns than any other age group. Vibrant and knowledgeable health care facilities are a huge benefit to this age group. Here in Newberry County, we are so fortunate to have such a great facility as our Newberry County Memorial Hospital.
- Medicare/Medicaid stability
- Lack of access to preventive health care. Lack of dental services. Lack of proper education as it relates to proper health care. Lack of funds for affordable health care.
- Lack of money/insurance for payment
- Obesity and the lack of wanting to do something about it.
- Uninsured residents and their access to affordable care and ability to pay for treatment.
- Making healthy choices regarding not only food, but alcohol, tobacco and exercise
- Providing health care to our large uninsured population.
- Quality of services, cost of services, services easy to get to for elderly clients
- Lack of adequate health insurance for a large number of people. Many of these have chronic health problems which go untreated until they reach serious stages
- Indigent care
- Lack of resources for the underinsured and uninsured.

Our second question to the Local Experts was “Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what.”



are no more than rooms with some exercise equipment in them. They also cost more than most can spend. But what do you do with the children when you go there? What kind of family activities do they have? Who is there to even teach people on the proper use of the equipment? People use to care about their neighbors and visit the elderly or home bound, but not anymore. We have a struggling Aging Center that tries to provide meals and activities for the elderly but little else is here. Our youth don't have places to go here in town. We used to joke about watching the red lights change on Saturday nights as the only entertainment. The sad thing is that now even that is illegal here. And we wonder why the teen pregnancy rate is climbing. I wish I knew how to fix all these problems. If I ever win the lottery, I will try to be some new inventive ways to educate our citizens and provide for their needs. If we had some one experienced in Writing grant, maybe we could find some funding that would help. I try to volunteer and use every opportunity I get to educate those I see in need. I do mix and mingle with everyone. A Hispanic health fair or Black American festival is a way for us to learn about our cultures so that we see we are all basically the same.

- Cancers seem to be increasing and this disease affects all citizens and all income levels. Although we have a great cancer treatment facility, they are understaffed and overworked. We need additional doctors, but mostly additional primary care physicians.
- We have a Free Medical Clinic that functions in the community, helping to alleviate the burden of indigent care, but it could use federal funding.
- High blood pressure and diabetes. The Free Medical Clinic could do more for the community if more funding was available.
- Costs affect everyone, obviously more of a problem the lower the income
- I still believe that obesity in these lower income groups are a major issue and maybe there needs to be a way to educate them on spending the federal funds (WIC type programs) on more healthy foods.
- Generally, I would imagine obesity, high-blood pressure, and diabetes are common to these groups but I cannot point to specific community evidence for this perception.
- Yes - persons who have lower incomes need more education and support regarding healthy lifestyles. School-aged children get this while at school daily through health and nutrition instruction and school-prepared meals; however, in many cases their parents (due to lack of knowledge or time or both) do not provide good nutrition and promote physical activity at home.
- I am not aware of any specific issues of the uninsured but because of many of our businesses not providing health insurance I see many uninsured each week. Thank goodness we have Medicaid coverage for most children which are not covered by private health insurance.

- Newberry seems to have a large population with diabetes, kidney disease and obesity Health insurance is not an issue in elderly because most have Medicare. But increasing cost of Medicare and other costly medical services are a concern of the elderly population.
- This is exactly the problem that I described. I believe that we need the extension of the we Medicaid Program and begin provision of some type of health care program for all uninsured. The State Government has got to see this need and adjust.
- No
- There is limited availability of care for cancer, obesity, tobacco use/addiction, diabetes and cardiovascular disease for those with low income, uninsured and underinsured.

## Appendix B – Process to Identify and Prioritize Community Need<sup>27</sup>

Community Health Need Topic	Total Points Allocated	Number of Local Experts Allocating	Cumulative Percentage of	Break Point From Higher	Need Determination
1. AFFORDABILITY	167	13	11.93%		Significant Needs
2. CANCER	130	12	21.21%	37	
3. CORONARY HEART DISEASE	108	12	28.93%	22	
4. OBESITY/OVERWEIGHT	102	12	36.21%	6	
5. MATERNAL AND INFANT MEASURES	90	11	42.64%	12	
6. DIABETES	86	12	48.79%	4	
7. PREDISPOSING CONDITIONS	81	8	54.57%	5	
8. ALCOHOL ABUSE	71	10	59.64%	10	
9. SMOKING / TOBACCO USE	59	8	63.86%	12	Other Needs
10. SEXUALLY TRANSMITTED DISEASE	56	10	67.86%	3	
11. PHYSICIANS	56	6	71.86%	0	
12. PRIORITY POPULATIONS	51	6	75.50%	5	
13. BLOOD PRESSURE (High)	50	8	79.07%	1	
14. ACCIDENTS	44	7	82.21%	6	
15. CHOLESTEROL (HIGH)	34	8	84.64%	10	
16. ELDERLY CARE	34	6	87.07%	0	
17. MENTAL HEALTH / SUICIDE	30	5	89.21%	4	
18. ALZHEIMER'S	29	6	91.29%	1	
19. STROKE	27	6	93.21%	2	
20. DENTAL	22	5	94.79%	5	
21. CHRONIC COPD / (LUNG DISEASE) / PULMONARY	13	5	95.71%	9	
22. FLU/PNEUMONIA	10	4	96.43%	3	
23. LIFE EXPECTANCY / PREMATURE DEATH	10	3	97.14%	0	
24. PHYSICAL ENVIRONMENT	8	3	97.71%	2	
25. KIDNEY DISEASE	7	3	98.21%	1	
26. LOW BACK PAIN (Chronic)	7	3	98.71%	0	
27. BLOOD POISONING	6	3	99.14%	1	
28. CHRONIC OSTEOPOROSIS (bone disease)	6	3	99.57%	0	
29. Literacy	5	1	99.93%	1	
30. Unknown	1	1	100.00%		
<b>Total</b>	<b>1400</b>	<b>14</b>			

<sup>27</sup> Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

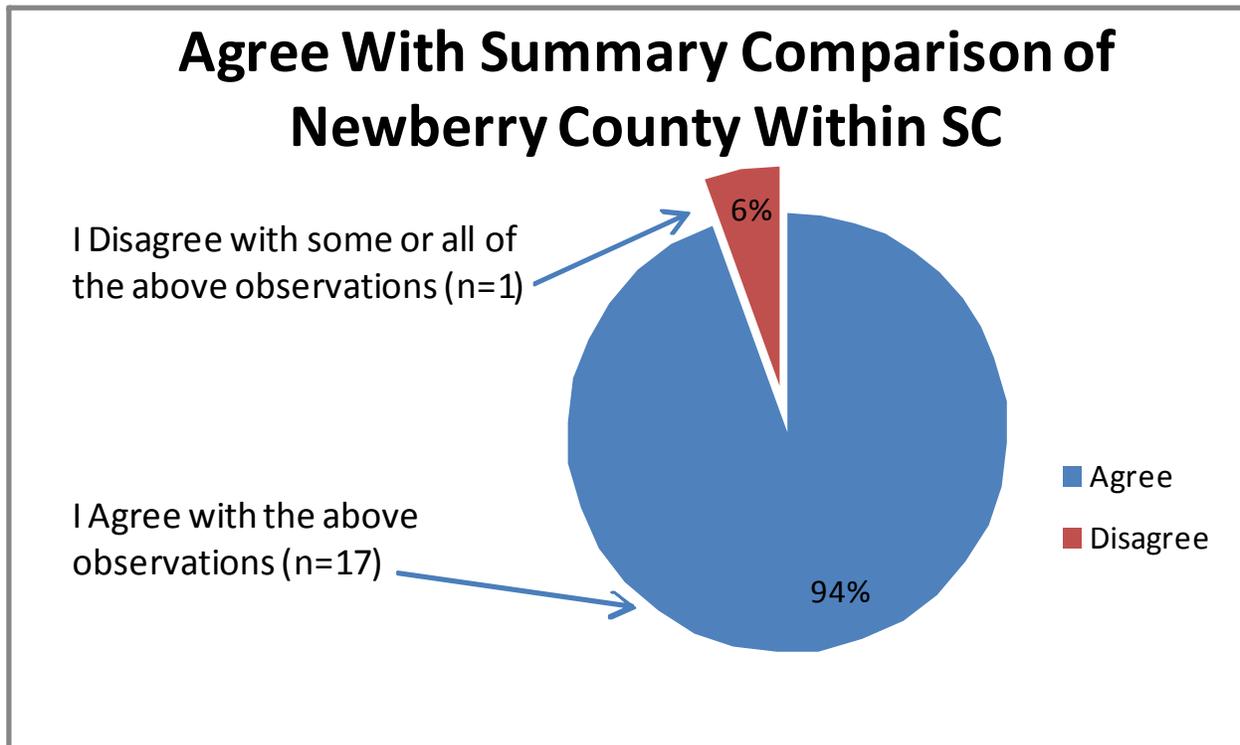
### Individuals Participating as Local Expert Advisors<sup>28</sup>

Organization	Position	Expertise
Newberry Electric Cooperative	CEO	Resident and Hospital User
Lutheran Church of the Redeemer	Chairman of the Social Ministry Committee	Retired elementary teacher
Newberry County First Steps	Executive Director	Early Childhood Education
Resource Corporation of America	Patient Support Representative	Patient Assistance
Emanuel Family Clinic	MD	Family Physician
School District of Newberry	ESOL teacher	Educator of English Language Learners; Long Term Resident
Newberry County	Economic Development Director	Local economic development
Ise Newberry inc	VP	Manager of an industry
Emmanuel Family Clinic Saluda	Office Manager	Long term resident working in medical field
NCMH	Chairman of Trustee Boardj	Retired Educator Science
Newberry County School District	Superintendent	Education
Newberry County Chamber of Commerce	Exec. Dir.	Representative of Chamber Members
School District of Newberry County	Director of Middle & Secondary Ed.	Education
Westview Behavioral Health Services	CAST Coordinator	Long term resident
Komatsu America Corp	General Manager	Manufacturing - Resident of Newberry
Lt. Mtn. Fam. Health	Physician	Long term Physician in Community
Family Court	Judge	Legal
School District Of Newberry County	School Nurse Coordinator	Public Health
Emmanuel Family Clinic	Assistant	hispanic representative
PASOs Program	Program Coordinator	Public Health
Newberry County Council on Aging	Executive Director	Director of Aging and Transportation Services
Newberry County Council	Chairman	Educator
SCDHEC	Newberry County Site Manager	Public Health

<sup>28</sup> Responds to IRS Schedule H (form 990) Part V B 3

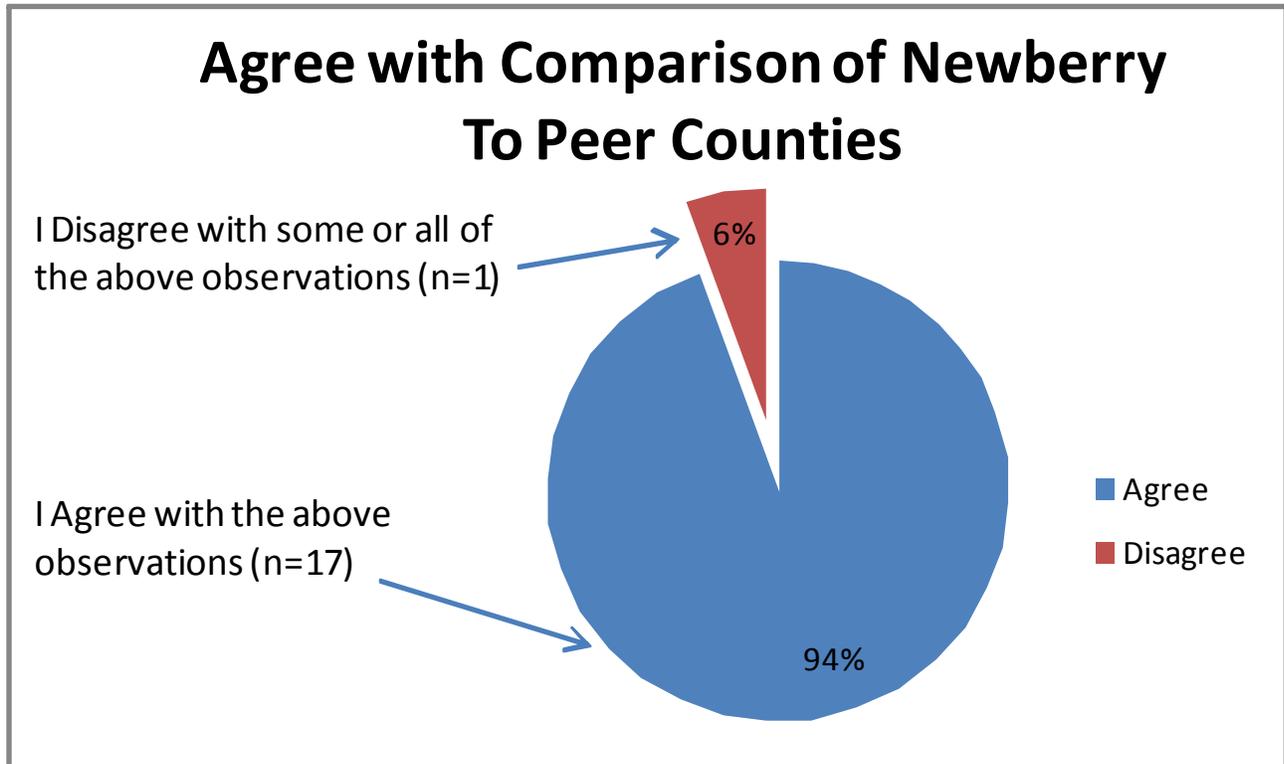
### Advice Received from Local Experts

Q. Do you agree with the observations formed about the comparison of Newberry County to all other State counties?



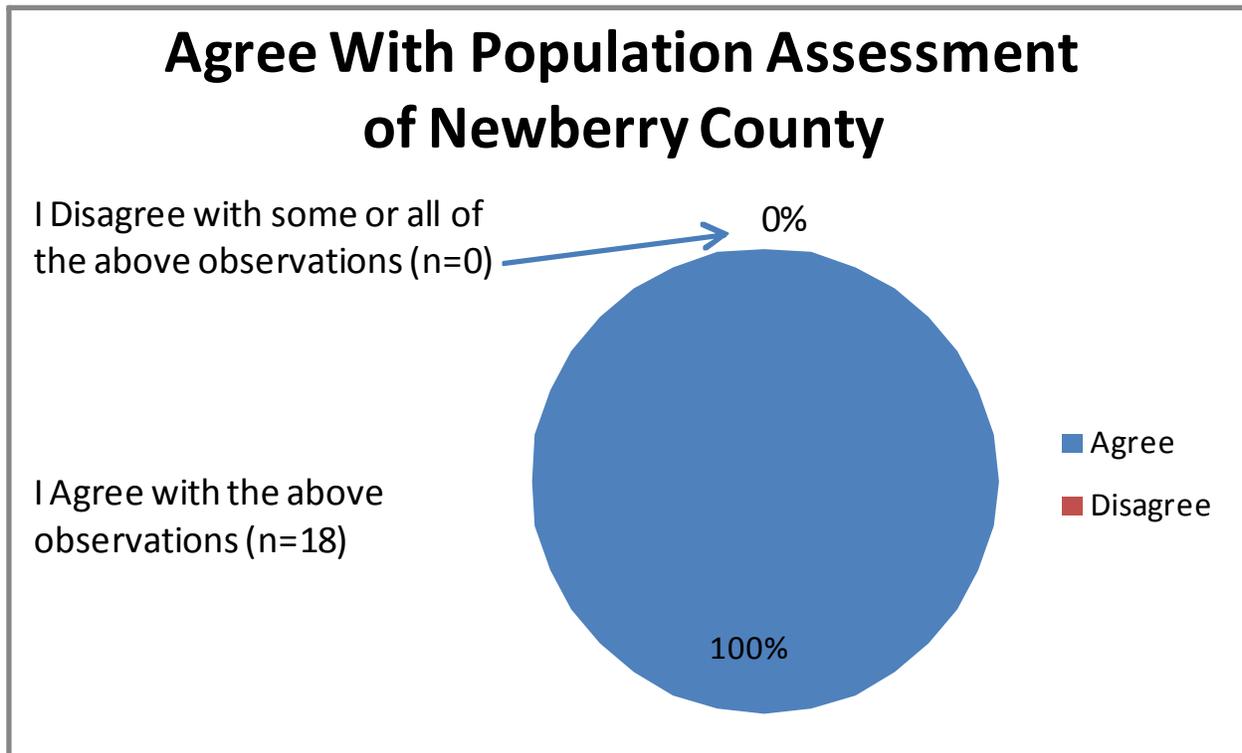
- Education is available both Tech School and 4 YR College level. Newberry County has available recreation facilities. The YMCA a gym downtown and programs at the city and county level. Newberry County also has adequate Social Support from State Level to Charity Organizations
- If we correct half of these we will still have a big job ahead of us. A major hurdle is lack of education goals in a large part of the population.
- I agree with some of the above observations

Q. Do you agree with the observations formed about the comparison of Newberry County to its Peer counties?



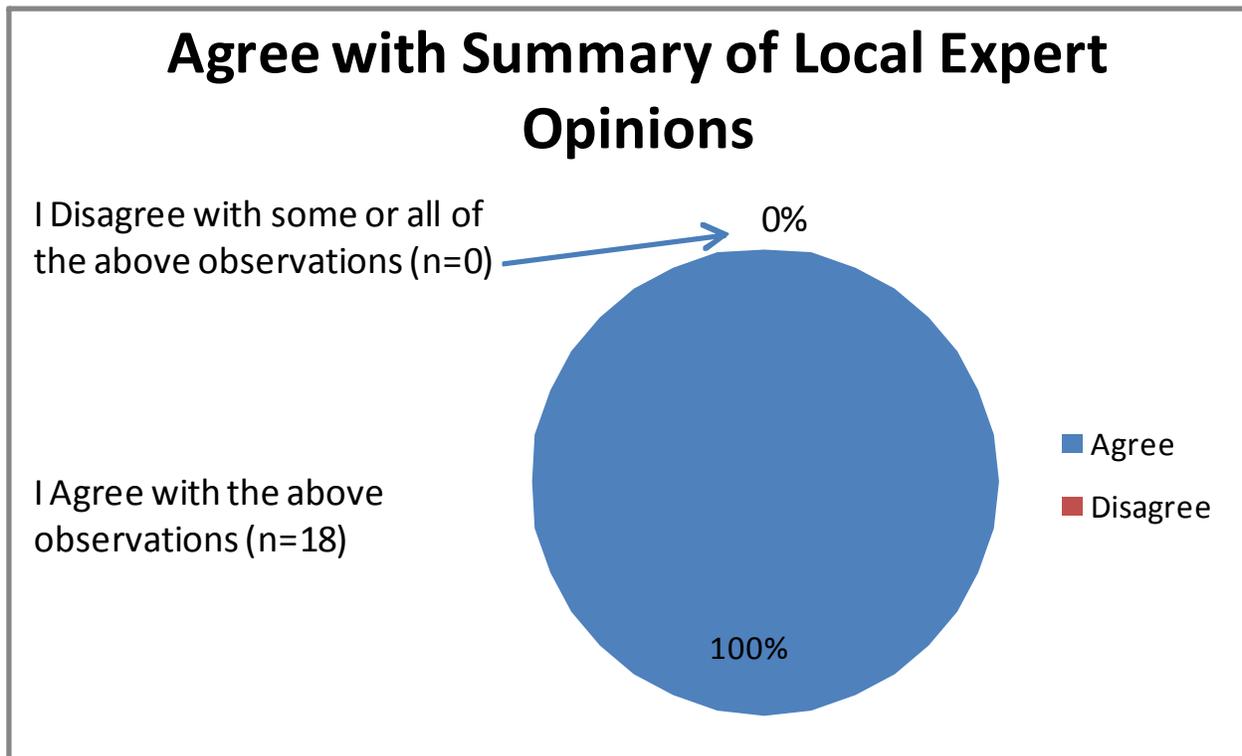
- Heart Disease is a leading cause of death in Newberry County. If heart disease and Coronary Heart Disease are the same I don't see how we fare better than State.
- Again a large factor is low level of education values in many families. I have noticed that more people are having colonoscopies.

Q. Do you agree with the observations formed about the population characteristics of Newberry County?



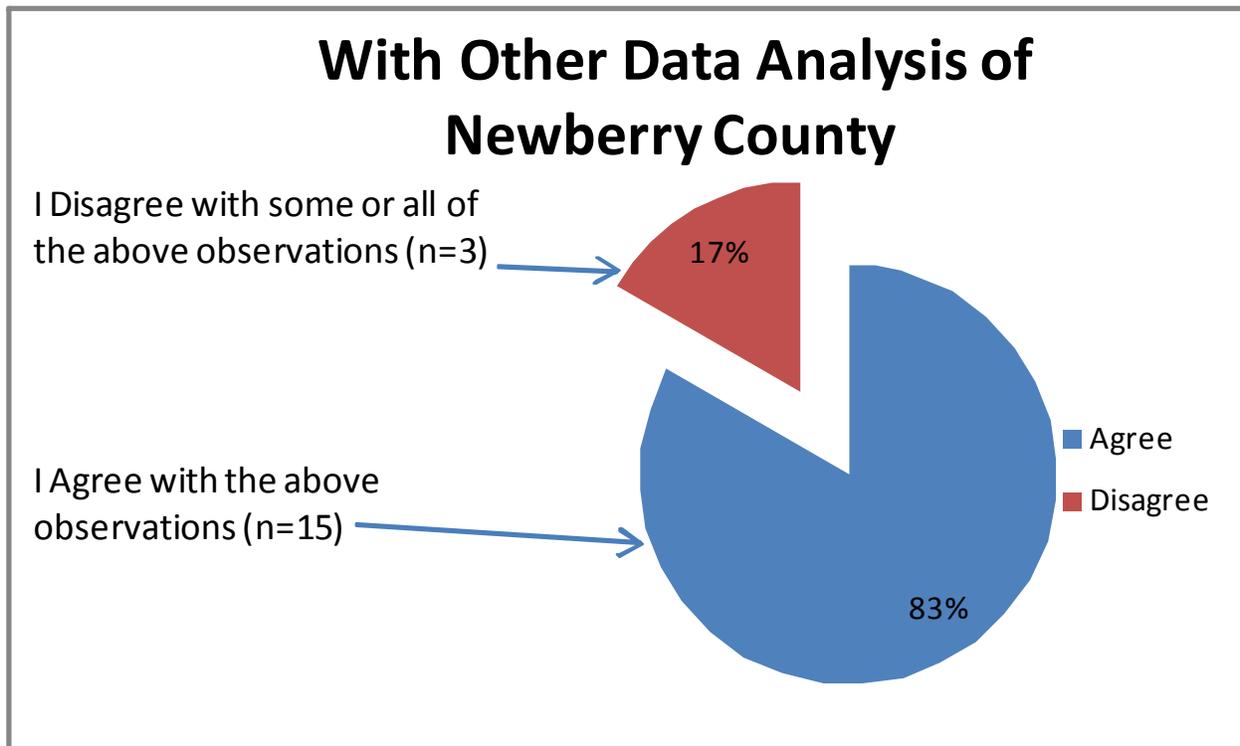
- If these questions had been broken down by the populations you would see why the problems exist Social Economic Value of Education. A teacher would know.
- I agree with some of the above observations

Q. Do you agree with the observations formed about the opinions from local residents?



- I wonder if the alcohol use should be switched with the tobacco use. The flagrant attitude of our society regarding the far reaching effects of alcohol consumption/abuse among all socioeconomic groups would seem to be a larger problem to me.
- I believe I have answered the problem.
- I agree with most of the above observations.

Q. Do you agree with the observations formed about the additional data analyzed about Newberry County?



- I do believe there is a shortage of Health Professionals but the death rates are increased due to the number of Nursing Homes in Newberry. People come to Newberry in the final stages of life for assisted living facilities and in the past few years Newberry has become somewhat of a retirement community
- I don't understand how the death rate for heart disease is overall in the county at 392.5 per 100,000 when the rate for whites is 392.5 and blacks at 525 and blacks make up approximately 1/3 of the population in Newberry County.
- I question how the death rate for heart disease is the same for whites as the overall death rate for all races when the death rate for blacks is 525.4 as the black population is approximately 1/3 of total county population
- Same comments

## Appendix C –Illustrative Schedule H (Form 990) Part V B Potential Response

### Illustrative IRS Schedule H Part V Section B (form 990)<sup>29</sup>

#### Community Health Need Assessment Answers

1. *During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9*

Illustrative Answer – Yes

*If "Yes," indicate what the Needs Assessment describes (check all that apply):*

- a. A definition of the community served by the hospital facility*
- b. Demographics of the community*
- c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community*
- d. How the data was obtained*
- e. The health needs of the community*
- f. Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups*
- g. The process for identifying and prioritizing community health needs and services to meet the community health needs*
- h. The process for consulting with persons representing the community's interests*
- i. Information gaps that limit the hospital facility's ability to assess the community's health needs*
- j. Other (describe in Part VI)*

Illustrative Answer – check a. through i. Answers available in this report are found as follows:

- 1. a. – See Footnotes #12 (page 9) & #15 (page 11) & #16 (page 11)
- 1. b. – See Footnote #17 (page 12)
- 1. c. – See Footnote #22 (page 28)
- 1. d. – See Footnote #7 (page 6)

<sup>29</sup> Questions are drawn from 2012 f990sh.pdf Forms and may change when the hospital is to make its 990 h filing

- 1. e. – See Footnote #11 (page 8)
- 1. f. – See Footnote #9 (page 8)
- 1. g. – See Footnote #12 (page 9) & #27 (page 51)
- 1. h. – See Footnote #8 (page 8) & #27 (page 51)
- 1. i. – See Footnote #6 (page 6)
- 1. j. – No response needed

**2. *Indicate the tax year the hospital facility last conducted a CHNA: 2013***

Illustrative Answer – 2013

See Footnote #1 (Title page)

**3. *In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If “Yes,” describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted***

Illustrative Answer – Yes

See Footnotes #10 (page 8) & #28 (page 52)

**4. *Was the hospital facility’s Need Assessment conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Part VI.***

Illustrative Answer – No

**5. *Did the hospital facility make its CHNA widely available to the public? If “Yes,” indicate how the Needs Assessment was made widely available (check all that apply)***

- a. *Hospital facility’s website*
- b. *Available upon request from the hospital facility*
- c. *Other (describe in Part VI)*

Illustrative Answer – check a. and b.

The hospital will need to obtain Board approval of this report, document the date of approval, and then take action to make the report available as a download from its web site. It may also be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

**6. *If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):***

- a. *Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA*
- b. *Execution of an implementation strategy*
- c. *Participation in the development of a community-wide plan*
- d. *Participation in the execution of a community-wide plan*
- e. *Inclusion of a community benefit section in operational plans*
- f. *Adoption of a budget for provision of services that address the needs identified in the CHNA*
- g. *Prioritization of health needs in its community*
- h. *Prioritization of services that the hospital facility will undertake to meet health needs in its community*
- i. *Other (describe in Part VI)*

Illustrative Answer – check a, b, g and h.

6. a. – See footnote #23 (page 29)
  6. b. – See footnote #23 (page 29)
  6. g. – See footnote #12 (page 9)
  6. h. – See footnote #12 (page 9)
7. *Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?*

Illustrative Answer – No

Part VI suggested documentation – See Footnote #24 (page 35), #25 (page 36) & #26 (page 44)

8. a. *Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?*
- b. *If “Yes” to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?*
- c. *If “Yes” to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?*

Illustrative Answers – 8.a, 8 b, 8 c – No