



# Newberry County Memorial Hospital 2022

## *Community Health Needs Assessment*

Approved by Board on September 27, 2022



# Table of Contents

|  |    |
|--|----|
| Executive Summary.....   | 4  |
| Overview of Community Health Needs Assessment .....                      | 5  |
| Process and Methods.....   | 6  |
| Community Representation.....  | 8  |
| Overview of Priority Populations.....                                    | 9  |
| Community Health Needs Assessment Subsequent to Initial Assessment ..... | 10 |
| Definition of Area Served by the Hospital .....                          | 11 |
| Demographics of the Community.....                                       | 11 |
| Community Health Characteristics.....                                    | 13 |
| Methods of Identifying Health Needs.....                                 | 15 |
| Ranked Health Priorities.....  | 16 |
| Evaluation & Selection Process .....                                     | 20 |
| Overview of Priorities.....  | 21 |
| Implementation Plan Framework.....                                       | 26 |
| Implementation Strategy.....   | 27 |
| Appendix.....  | 33 |
| Detailed Demographics .....  | 35 |
| Leading Causes of Death.....   | 36 |
| County Health Rankings.....  | 37 |
| Detailed Approach.....   | 38 |
| Data Sources.....  | 44 |
| Survey Results.....  | 46 |

# A Message to Our Community

Dear Community Member:

At Newberry County Memorial Hospital (NCMH), we have spent more than 90 years providing high-quality compassionate healthcare to the greater Newberry County community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how NCMH will respond to such needs.

This document illustrates one way we are meeting our obligations to efficiently deliver medical services. 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 area organizations and agencies, can collaborate to bring the best each has to offer to support change and address the most pressing identified needs.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Bruce Baldwin  
Chief Executive Officer  
Newberry County Memorial Hospital

# Executive Summary

Newberry County Memorial Hospital (“NCMH” or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) Commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from secondary sources and determined the Significant Health Needs of the community.

***The 2022 Significant Health Needs identified for Newberry County are:***

- Mental Health
- Diet/Diabetes/Obesity
- Prevention/Chronic Disease Management: Cancer & Heart Disease

In the Implementation Strategy section of the report, NCMH addresses these areas through identified programs, resources, and services provided by NCMH, collaboration with local organizations, and provides measures to track progress.

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

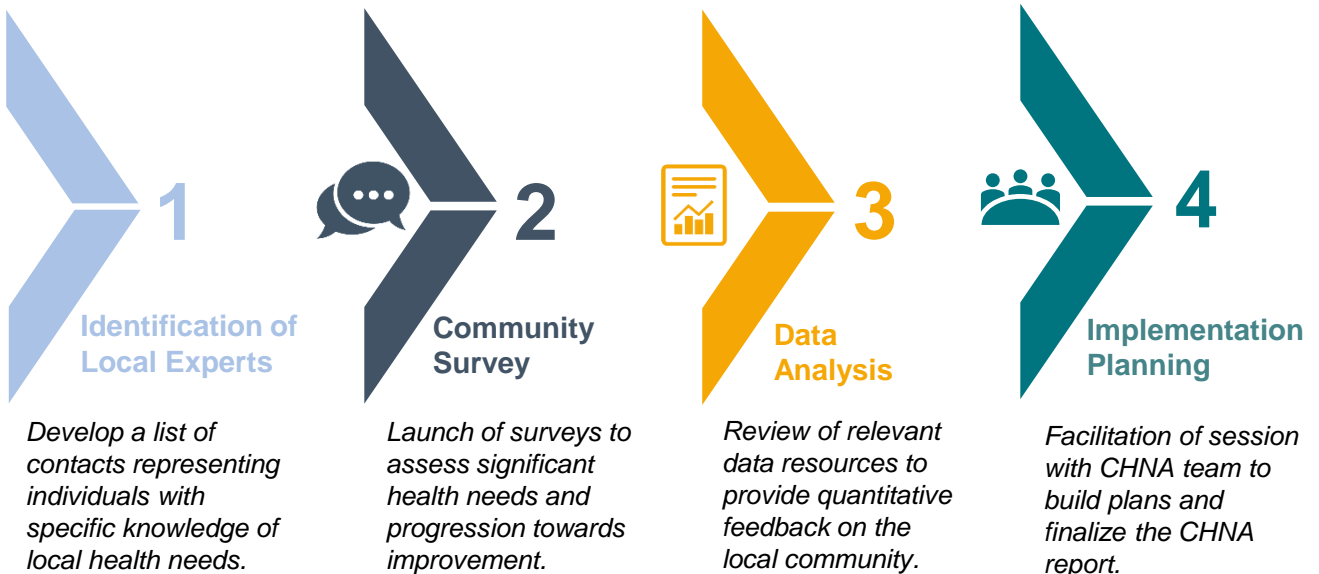
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



## Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

## The CHNA Process



# Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local expert advisors.

## Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- **Stratasan**
- [www.worldlifeexpectancy.com](http://www.worldlifeexpectancy.com)
- **Bureau of Labor Statistics**
- **NAMI**
- **Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population**
- **Centers for Disease Control and Prevention**

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 47 identified Local Expert Advisors was received. Survey responses started in February 2022 and ended in August 2022.

### **Prioritizing Significant Health Needs**

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

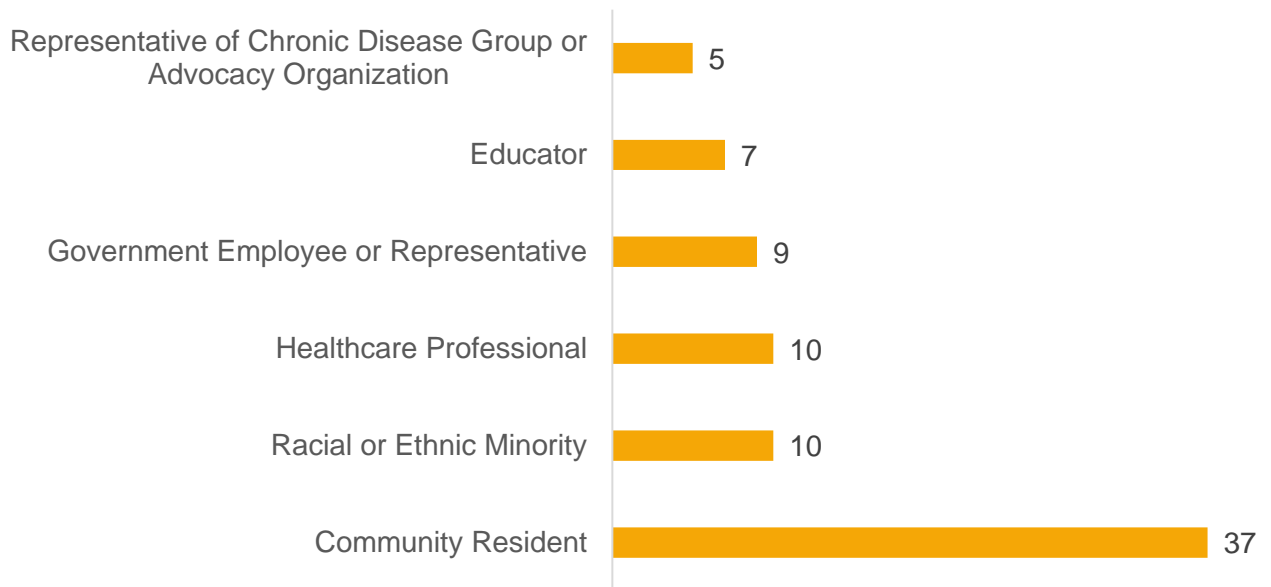
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

### **Input from Persons Who Represent the Broad Interests of the Community**

The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in an appendix to this report. Written comment participants self-identified into the following classifications:

- 1) **Government Employee or Representative**
- 2) **Chronic Disease Groups**
- 3) **Minority or Underserved Population**
- 4) **Community Resident**
- 5) **Educator**
- 6) **Healthcare Professional**
- 7) **Other** (please specify)

**Survey Question: Please select which roles apply to you (n=47)**

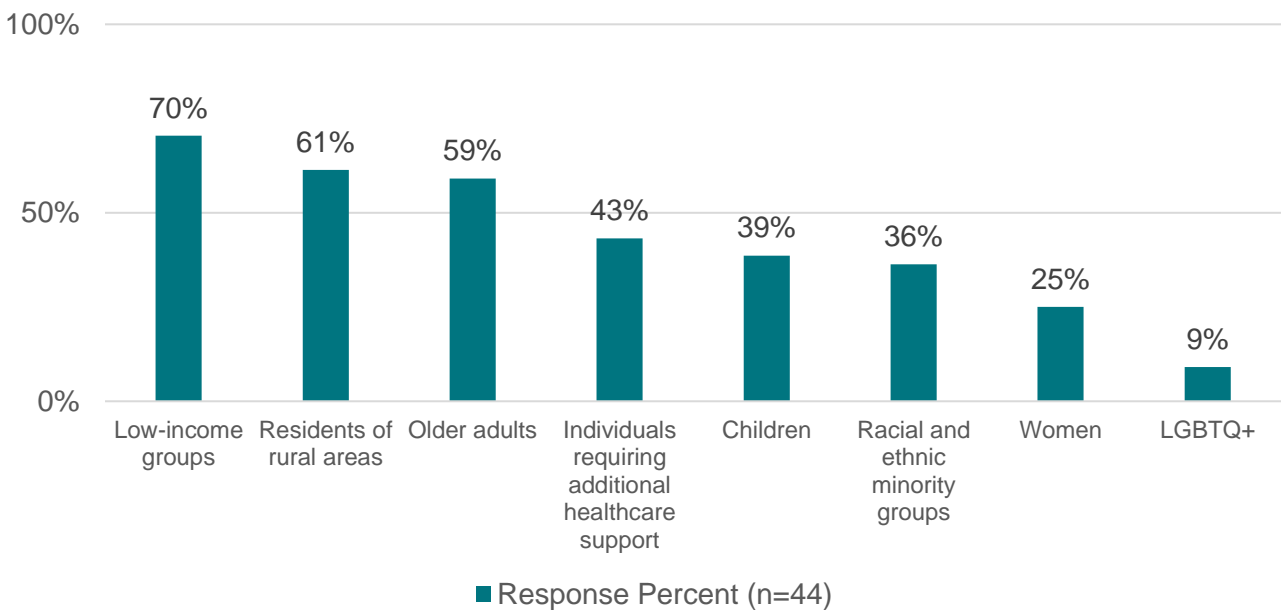




## Input on Priority Populations

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 whether they believe certain population groups (“Priority Populations”) need help to improve their condition and, if so, what needs to be done to improve the conditions of these groups.

**Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)**



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted in the following “take-away” bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and older adults
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Chronic diseases
    - Access to specialty services
    - Access to quality healthcare

## Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to NCMH's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



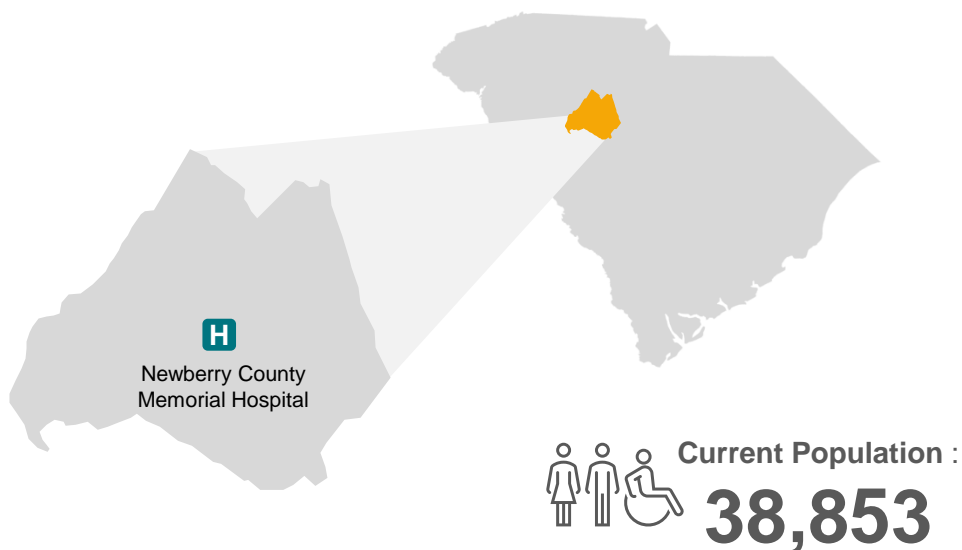
# Community Served

For the purpose of this study, Newberry County Memorial Hospital 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      29138 - Saluda

During 2021, NCMH received 72% of its Medicare inpatients from this area.

## Newberry County Demographics



### Race/Ethnicity

|                          | Newberry County | South Carolina |
|--------------------------|-----------------|----------------|
| White                    | 63.3%           | 66.0%          |
| Black                    | 28.4%           | 26.3%          |
| Asian & Pacific Islander | 0.7%            | 2.0%           |
| Other                    | 7.6%            | 5.8%           |
| Hispanic*                | 7.9%            | 6.2%           |

\*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

## Age

|         | Newberry County | South Carolina |
|---------|-----------------|----------------|
| 0 – 17  | 20.8%           | 21.3%          |
| 18 – 44 | 32.6%           | 35.0%          |
| 45 – 64 | 26.3%           | 25.3%          |
| 65 +    | 20.4%           | 18.4%          |

## Education and Income

|                                 | Newberry County | South Carolina |
|---------------------------------|-----------------|----------------|
| Median Household Income         | \$49,623        | \$55,711       |
| Some High School or Less        | 16.6%           | 11.4%          |
| High School Diploma/GED         | 35.1%           | 28.0%          |
| Some College/ Associates Degree | 28.6%           | 30.3%          |
| Bachelor's Degree or Greater    | 19.8%           | 30.4%          |

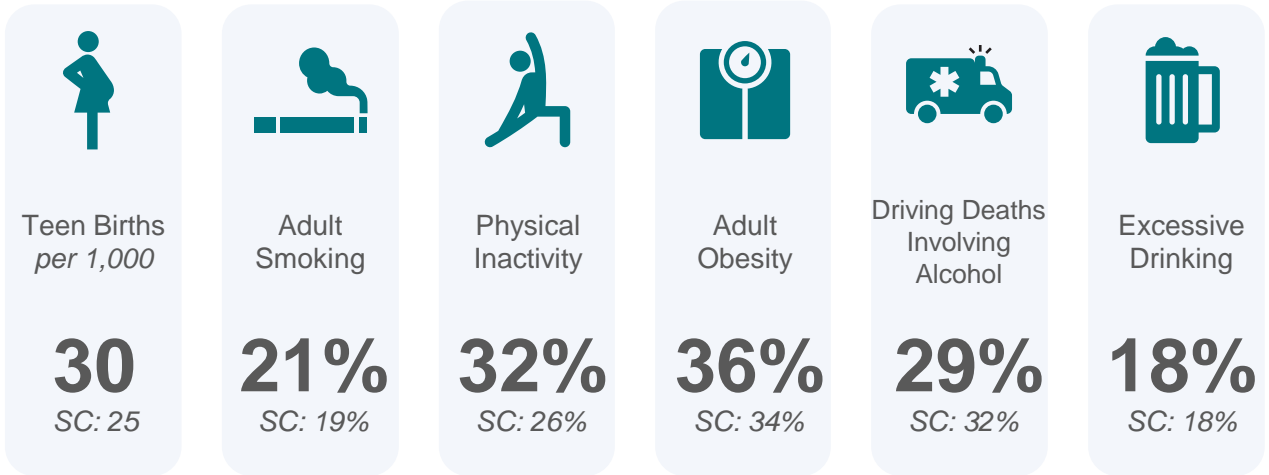
Source: Stratasan, ESRI

# Community Health Characteristics

The data below shows an overview of Newberry County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

## Health Status Indicators

### Health Behaviors



### Quality of Life

**Suicide Rate: 18**

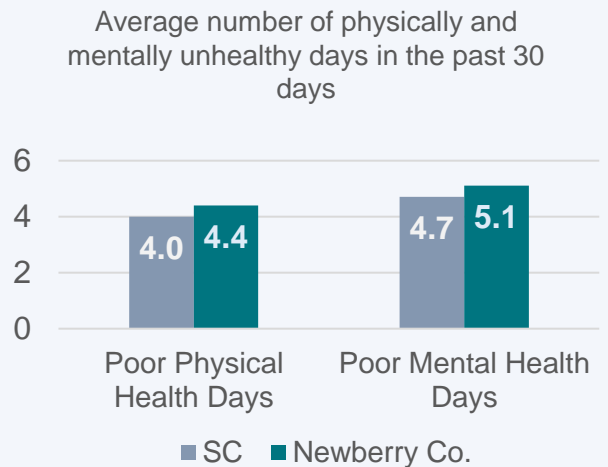
Per 100,000  
Compared to 16 in SC

**Poor or Fair Health: 22%**

Compared to 18% in SC

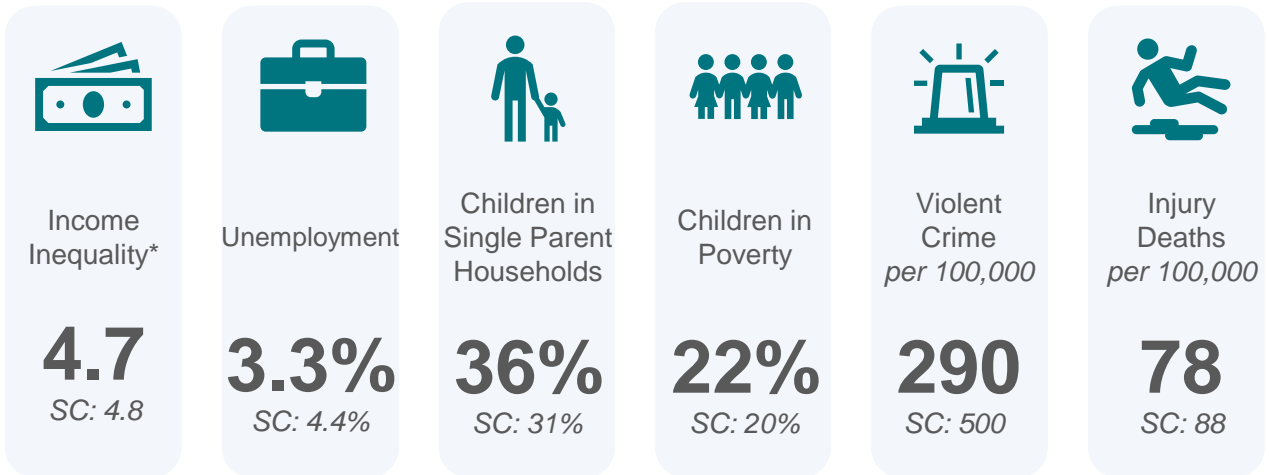
**Low Birthweight: 12%**

Compared to 10% in SC



Source: County Health Rankings 2021 Report

## Socioeconomic Factors



## Access to Health

**Uninsured: 9%**

*Compared to 10% in SC*

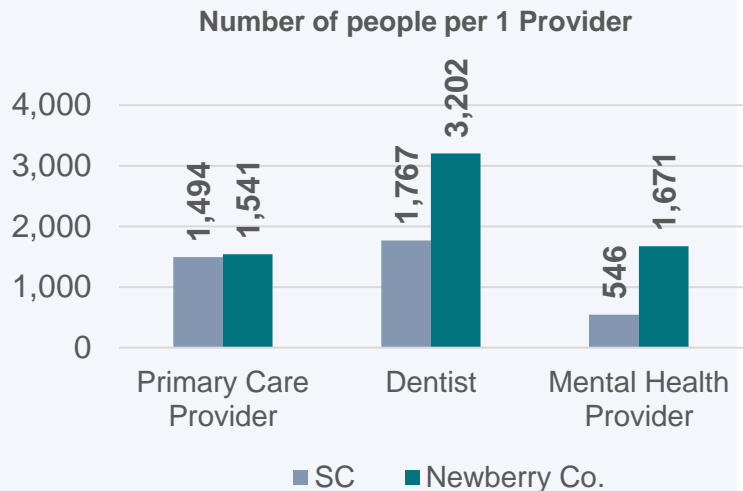
**Preventable Hospital Stays: 3,682**

*Per 100,000*

*Compared to 4,295 in SC*

**Access to Exercise Opportunities: 54%**

*Compared to 68% in SC*



## Physical Environment

  
Air Pollution  
( $\mu\text{g}/\text{m}^3$ )

**9.6**  
SC: 8.9

  
Severe Housing Problems\*\*

**12%**  
SC: 15%

  
Driving to Work Alone

**87%**  
SC: 82%

  
Broadband Access

**67%**  
SC: 78%

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratasan, ESRI

Notes: \*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

# Methods of Identifying Health Needs



## Analyze existing data and collect new data



**737** indicators collected from data sources



**47** surveys completed by community members

## Evaluate indicators based on the following factors:

- ✓ Worse than benchmark
- ✓ Identified by the community
- ✓ Impact on health disparities
- ✓ Feasibility of being addressed

## Select priority health needs for implementation plan



# Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices           | Weighted Average of Votes<br>(out of 5) |
|--------------------------|---|
| Mental Health            | 4.71                                    |
| Diabetes                 | 4.59                                    |
| Obesity                  | 4.53                                    |
| Heart Disease            | 4.42                                    |
| Cancer                   | 4.41                                    |
| Alzheimer's and Dementia | 4.37                                    |
| Stroke                   | 4.03                                    |
| Women's Health           | 3.94                                    |
| Lung Disease             | 3.73                                    |
| Kidney Disease           | 3.71                                    |
| Dental                   | 3.59                                    |
| Liver Disease            | 3.29                                    |
| Other (please specify)   | See appendix                            |



Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices                         | Weighted Average of Votes<br>(out of 5) |
|--|---|
| Education System                       | 4.47                                    |
| Healthcare Services: Prevention        | 4.41                                    |
| Access to Healthy Food                 | 4.32                                    |
| Community Safety                       | 4.27                                    |
| Access to Senior Services              | 4.26                                    |
| Healthcare Services: Affordability     | 4.24                                    |
| Access to Exercise/Recreation          | 4.12                                    |
| Healthcare Services: Physical Presence | 4.09                                    |
| Employment and Income                  | 4.03                                    |
| Affordable Housing                     | 3.91                                    |
| Social Connections                     | 3.88                                    |
| Transportation                         | 3.88                                    |
| Social Support                         | 3.85                                    |
| Access to Childcare                    | 3.79                                    |
| Other (please specify)                 | See appendix                            |

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices             | Weighted Average of Votes<br>(out of 5) |
|----------------------------|---|
| Diet                       | 4.58                                    |
| Drug/Substance Abuse       | 4.41                                    |
| Physical Inactivity        | 4.26                                    |
| Smoking/Vaping/Tobacco Use | 4.21                                    |
| Excess Drinking            | 4.09                                    |
| Employment                 | 4.03                                    |
| Livable Wage               | 3.97                                    |
| Risky Sexual Behavior      | 3.85                                    |
| Other (please specify)     | See appendix                            |

## Overall health priority ranking

| Answer Choices                         | Weighted Average of Votes<br>(out of 5) |
|--|---|
| Mental Health                          | 4.71                                    |
| Diabetes                               | 4.59                                    |
| Diet                                   | 4.58                                    |
| Obesity                                | 4.53                                    |
| Education System                       | 4.47                                    |
| Heart Disease                          | 4.42                                    |
| Cancer                                 | 4.41                                    |
| Healthcare Services: Prevention        | 4.41                                    |
| Drug/Substance Abuse                   | 4.41                                    |
| Alzheimer's and Dementia               | 4.37                                    |
| Access to Healthy Food                 | 4.32                                    |
| Community Safety                       | 4.27                                    |
| Access to Senior Services              | 4.26                                    |
| Physical Inactivity                    | 4.26                                    |
| Healthcare Services: Affordability     | 4.24                                    |
| Smoking/Vaping/Tobacco Use             | 4.21                                    |
| Access to Exercise/Recreation          | 4.12                                    |
| Healthcare Services: Physical Presence | 4.09                                    |
| Excess Drinking                        | 4.09                                    |
| Stroke                                 | 4.03                                    |
| Employment and Income                  | 4.03                                    |
| Employment                             | 4.03                                    |
| Livable Wage                           | 3.97                                    |
| Women's Health                         | 3.94                                    |
| Affordable Housing                     | 3.91                                    |
| Social Connections                     | 3.88                                    |
| Transportation                         | 3.88                                    |
| Social Support                         | 3.85                                    |
| Risky Sexual Behavior                  | 3.85                                    |
| Access to Childcare                    | 3.79                                    |
| Lung Disease                           | 3.73                                    |
| Kidney Disease                         | 3.71                                    |
| Dental                                 | 3.59                                    |
| Liver Disease                          | 3.29                                    |

# Evaluation & Selection Process

| <b>Worse than Benchmark Measure</b><br>            | <b>Identified by the Community</b><br> | <b>Feasibility of Being Addressed</b><br> | <b>Impact on Health Disparities</b><br> |
|---|---|--|--|
| <p>Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages</p> | <p>Health needs expressed in the online survey and/or mentioned frequently by community members</p>                     | <p>Growing health needs where interventions by the hospital are feasible and could make an impact</p>                      | <p>Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed</p>  |

## NCMH Health Need Evaluation

|                                 | Worse than Benchmark | Identified by the Community | Feasibility | Impact on Health Disparities |
|---------------------------------|----------------------|-----------------------------|-------------|------------------------------|
| Mental Health                   | ✓                    | ✓                           | ✓           | ✓                            |
| Diabetes                        | ✓                    | ✓                           | ✓           | ✓                            |
| Diet                            | ✓                    | ✓                           | ✓           | ✓                            |
| Obesity                         | ✓                    | ✓                           | ✓           | ✓                            |
| Education System                | ✓                    | ✓                           |             | ✓                            |
| Heart Disease                   | ✓                    | ✓                           | ✓           | ✓                            |
| Cancer                          | ✓                    | ✓                           | ✓           | ✓                            |
| Healthcare Services: Prevention | ✓                    | ✓                           | ✓           | ✓                            |

# Overview of Priorities

## Mental Health

Mental health was the #1 community-identified health priority with 82.4% of respondents ranking it as extremely important to be addressed in the community. Mental Health was ranked as the #2 health priority in the 2019 CHNA report. Suicide is the 10<sup>th</sup> leading cause of death in Newberry County and ranks 7<sup>th</sup> out of 46 counties (with 1 being the worst in the state) in South Carolina for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

|  | Newberry Co. | South Carolina |
|--|--------------|----------------|
| Average number of mentally unhealthy days (past 30 days) | <b>5.1</b>   | <b>4.7</b>     |
| Number of people per 1 mental health provider            | <b>1,671</b> | <b>546</b>     |
| Suicide mortality  | <b>15.0</b>  | <b>16.2</b>    |

Source: County Health Rankings, [worldlifeexpectancy.com](#)

## Diabetes

Diabetes was identified as the #2 health priority with 70.6% of respondents rating it as extremely important to address. Diabetes was identified as the #6 health priority in the 2019 CHNA report. Diabetes is the 7<sup>th</sup> leading cause of death in Newberry County. Newberry County has a higher rate of diabetes mortality than South Carolina.

## Diet

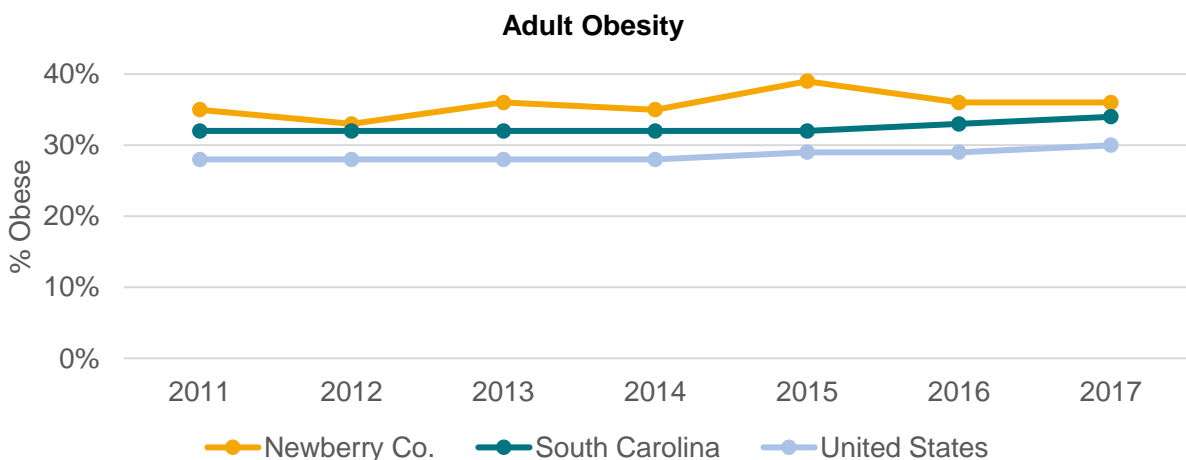
Diet was identified as the #3 health priority with 69.7% of survey respondents rating it as extremely important to address in the community. Diet was not identified as a top health priority in the 2019 CHNA report but is useful in understanding the causes of obesity in the community (#2 health priority in 2019).

## Obesity

Obesity was identified as the #4 health priority in the community-wide survey with 73.5% of respondents rating it as extremely important to address. Obesity was identified as the #2 health priority in 2019. Newberry County has higher rates of obesity and physical inactivity than South Carolina.

|   | Newberry Co. | South Carolina |
|---|--------------|----------------|
| Limited access to healthy foods           | <b>13%</b>   | <b>9%</b>      |
| Adult obesity                             | <b>36%</b>   | <b>34%</b>     |
| Physical inactivity                       | <b>32%</b>   | <b>26%</b>     |
| Access to exercise opportunities          | <b>54%</b>   | <b>68%</b>     |
| Diabetes mortality ( <i>per 100,000</i> ) | <b>30.2</b>  | <b>24.4</b>    |

Source: County Health Rankings, worldhealthranking.com



Source: County Health Rankings

Notes: Each year represents a 3- year average around the middle year

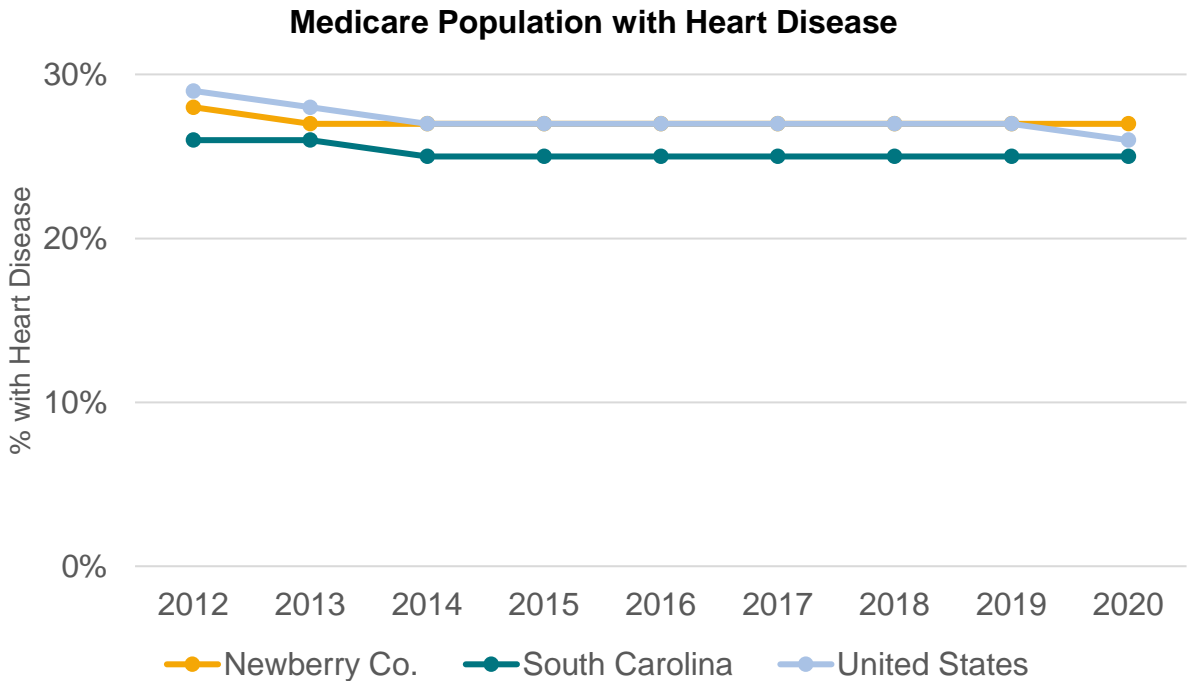
## Heart Disease

In the community survey, heart disease was identified as the #6 health priority with 54.6% of respondents rating it as extremely important to address. Heart disease was not identified as a top health priority in the 2019 CHNA report.

Newberry County has a higher death rate from heart disease than South Carolina and the United States. In the Medicare population, Newberry County fares similarly to South Carolina and the US when it comes to the prevalence of heart disease though the rate is slightly higher. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](https://www.cdc.gov)).

|                                  | Newberry Co. | South Carolina | United States |
|----------------------------------|--------------|----------------|---------------|
| Heart mortality<br>(per 100,000) | <b>206.3</b> | <b>164.0</b>   | <b>161.5</b>  |

Source: [worldlifeexpectancy.com](https://www.worldlifeexpectancy.com)



Source: *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

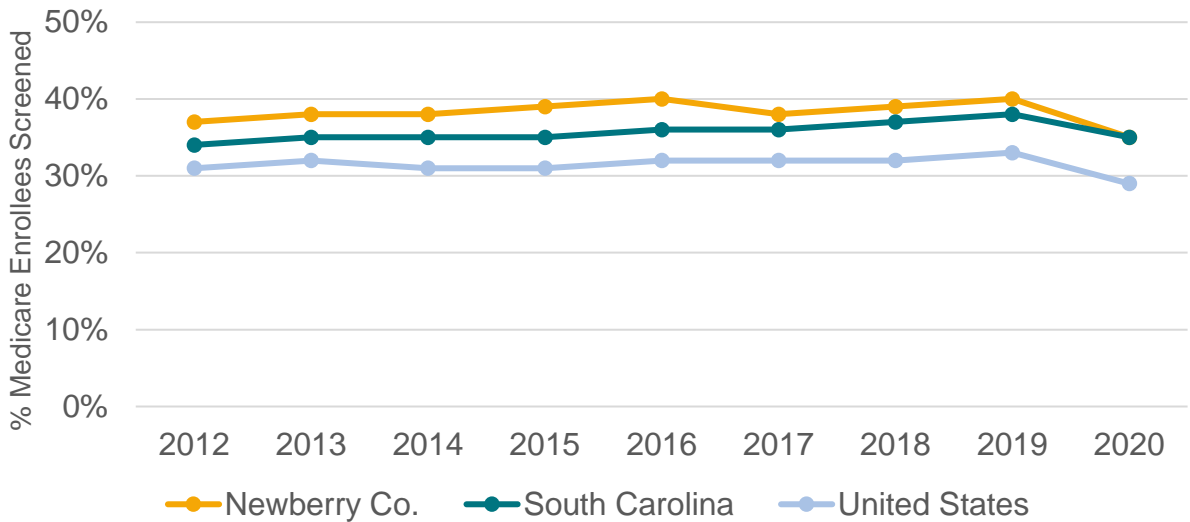
## Cancer

Cancer was identified as the #7 health priority with 61.8% of survey respondents rating it as extremely important to be addressed. Cancer was identified as the #5 health priority in 2019. Cancer is the 2<sup>nd</sup> leading cause of health in Newberry County and ranks 23<sup>rd</sup> out of 46 counties (with 1 being the worst in the state) in South Carolina for cancer death rate ([World Life Expectancy](#)).

|                                | Newberry Co. | South Carolina |
|--------------------------------|--------------|----------------|
| Cancer mortality (per 100,000) | <b>190.4</b> | <b>154.0</b>   |
| Mammography screening rate     | <b>48%</b>   | <b>47%</b>     |

Source: County Health Rankings, worldhealthranking.com

### Mammography Screening

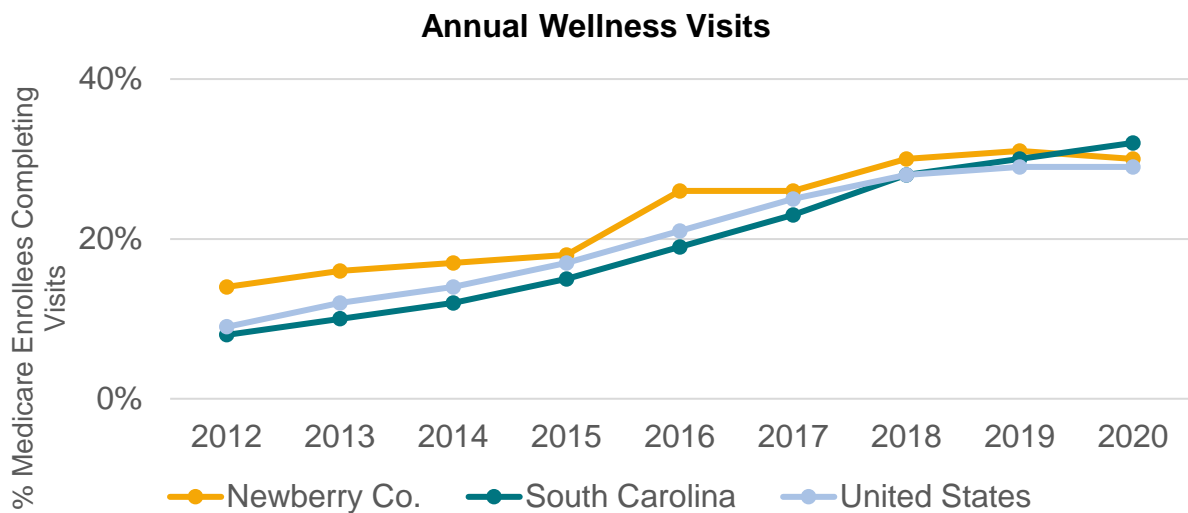
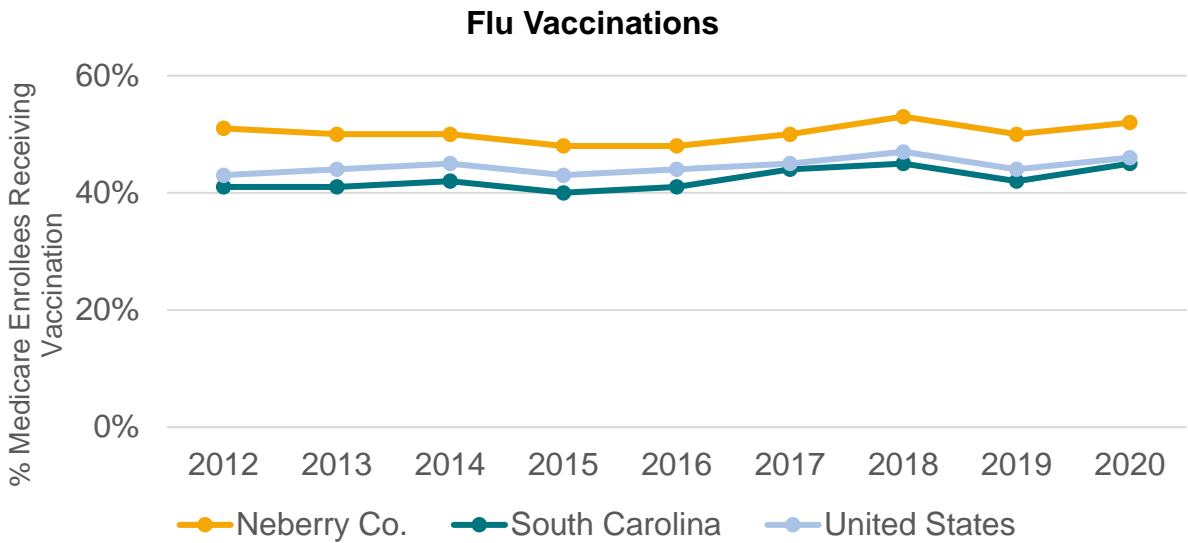




## Healthcare Services: Prevention

Preventative healthcare services was identified as the #8 health priority with 52.9% of respondents ranking it as extremely important to address in the community. Prevention was not identified as a top priority in previous CHNA reports.

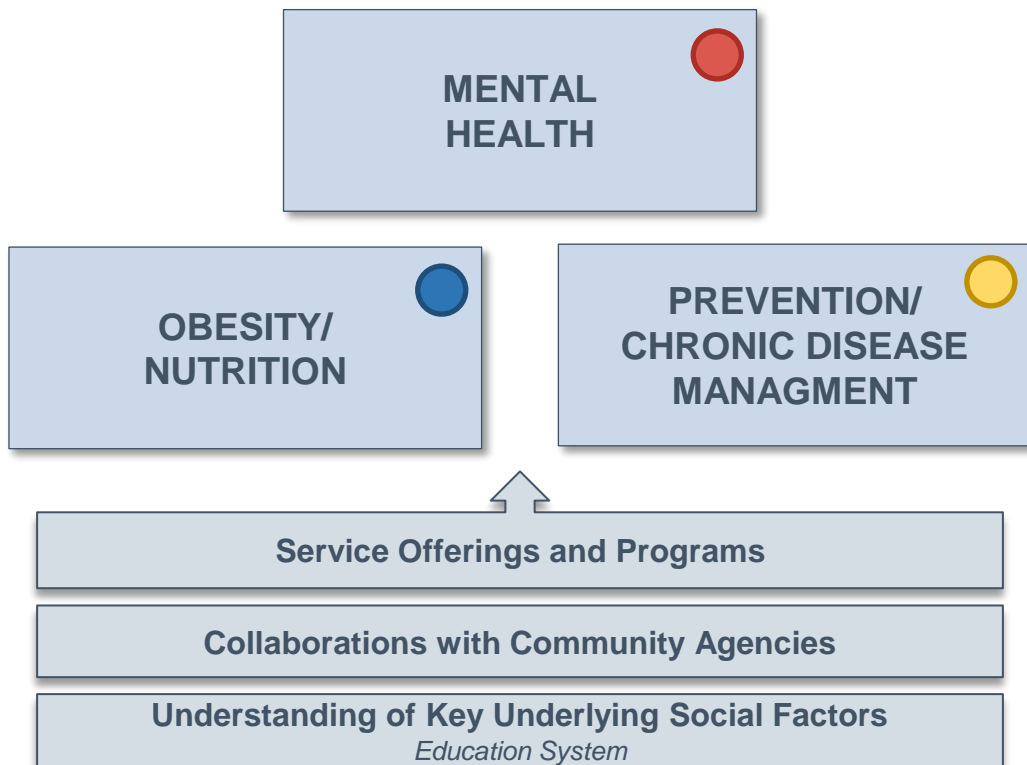
Among Medicare enrollees, Newberry County has higher rates of flu vaccinations and lower rates of annual wellness visits compared to the state of South Carolina.



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

# Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources.



# Implementation Plan Strategy

## Mental Health

### Statistics:

- Suicide is the **10<sup>th</sup>** leading cause of death in Newberry County
- **1,671** people per 1 mental health provider (SC: 546)
- Suicide death rate (*per 100,000*): **15.0** (SC: 16.2)

### Hospital services, programs, and resources available to respond to this need include:

- PET Team – contract with Palmetto Health to help with diagnosis and placement of patients presenting with mental health issues
- ED physicians are very conservative in providing narcotics
- Education and awareness materials shared on social media

### Additionally, The Hospital plans to take the following steps to address this need:

- Continuing to refer patients to local mental health services and organizations
- Develop community partnerships to address mental health through the DHAP multi-agency committee

### Identified measures and metrics to progress:

- Number of PET Team evaluations
- Number of educational materials shared on social media

**Partner organizations who can also address this need in the community:**

| <b>Organization</b>                          | <b>Contact/Information</b>  |
|--|---|
| Prisma Health                                | <a href="https://www.prismahealth.org/">https://www.prismahealth.org/</a>   |
| Eau Claire Cooperative Health Center         | <a href="http://www.ecchc.org/">http://www.ecchc.org/</a>   |
| Department of Mental Health                  | www.beckmancenter.com<br>(864) 229-7120   |
| Westview Behavioral Health                   | www.westviewbehavioral.org<br>(803) 276-5690  |
| Three Rivers Behavioral Health               | www.threeriversbehavioral.org<br>(803) 796-9911   |
| South Carolina Suicide Prevention Coalition  | <a href="http://www.preventingsuicides.org/index.php">www.preventingsuicides.org/index.php</a>                                      |
| School District of Newberry County           | <a href="https://www.newberry.k12.sc.us/">https://www.newberry.k12.sc.us/</a>   |
| Newberry County Sheriff's Office             | <a href="https://www.newberrycounty.net/departments/sheriffs-office">https://www.newberrycounty.net/departments/sheriffs-office</a> |
| South Carolina Department of Social Services | <a href="https://dss.sc.gov/contact/upstate-region/newberry/">https://dss.sc.gov/contact/upstate-region/newberry/</a>               |

## **Obesity/Nutrition**

### *Diet, Diabetes, Obesity*

#### **Statistics:**

- Limited access to healthy foods: **13%** (SC: 9%)
- Adult obesity: **36%** (SC: 34%)
- Physical inactivity: **32%** (SC: 26%)
- Access to exercise opportunities: **54%** (SC: 68%)
- Diabetes mortality *per 100,000*: **30.2** (SC: 24.4)

#### **Hospital services, programs, and resources available to respond to this need include:**

- Eat Smart, Move More – Newberry County community collaboration
- HeartFIT program with fitness center on-site including classes and trained staff to help educate on exercise; provides initial assessment; open to the public; includes discounted rates for family members and free for employees
- Provide a walking track open to the public
- Post articles on social media and website on health and wellness; success stories from wellness programs in the local newspaper (Wellness Center has its own Facebook page)
- Speaking engagements at local churches/civic clubs/Chamber of Commerce on a variety of health care topics
- Collaborate with RCA to help diabetes patients (in particular) get enrolled

#### **Impact of actions taken since the immediately preceding CHNA:**

- Added nutritional information to all food and meals served in the hospital cafeteria
- Offers SilverSneakers program – fitness and wellness program for Medicare patients

#### **Additionally, The Hospital plans to take the following steps to address this need:**

- Look to restart Eat Smart, Move More – Newberry County community collaboration
- Restart the education program “Healthy Hearts, Healthy Habits” for kindergarten and 5<sup>th</sup>-grade classes every school year
- Develop community partnerships to address obesity/nutrition through the DHAP multi-agency committee
- Begin participating in local health fairs and industrial health fairs; blood pressure checks/glucose checks/orthotics for diabetics
  - Providing educational support to local industrial business

#### **Identified measures and metrics to progress:**

- Diabetes mortality rate
- Obesity rate
- Participation in wellness programs

**Partner organizations who can also address this need in the community:**

| <b>Organization</b>                | <b>Contact/Information</b>  |
|------------------------------------|---|
| Eat Smart, Move More               | <a href="http://www.eatsmartmovemoresc.org">www.eatsmartmovemoresc.org</a>  |
| School District of Newberry County | <a href="https://www.newberry.k12.sc.us/">https://www.newberry.k12.sc.us/</a>   |
| Newberry Free Clinic               | <a href="http://www.newberryclinic.org">www.newberryclinic.org</a><br>(803) 276-6665  |
| Newberry College                   | <a href="http://www.newberry.edu">www.newberry.edu</a>  |
| Healthy Outcomes Program (HOP)     | <a href="https://msp.scdhhs.gov/proviso/sitepage/healthy-outcomes-plan-0">https://msp.scdhhs.gov/proviso/sitepage/healthy-outcomes-plan-0</a> |
| YMCA                               | <a href="https://www.newberryymca.org/">https://www.newberryymca.org/</a>   |
| Local industries                   |   |

## Prevention/Chronic Disease Management

*Cancer, Heart Disease, Preventative Care*

### Statistics:

- Flu vaccinations: **52%** (SC: 45%)
- Annual wellness visits: **30%** (SC: 32%)
- Mammography screenings: **49%** (SC: 48%)
- Cancer Mortality\*: **190.4** (SC: 154.0)
- Heart Disease mortality\*: **206.3** (SC: 164.0)

\*per 100,000

### Hospital services, programs, and resources available to respond to this need include:

- Eat Smart, Move More – Newberry County community collaboration
- Mammography technicians present at local health fairs educating on the benefits of screenings and self-exams
- Breast Cancer Awareness campaign including some free screenings
- Coordinate with Newberry Free Clinic for colonoscopies
- Continuous recruitment of primary care physicians to improve access and decrease the use of ER
- Case Management team works closely with patients to coordinate care and find resources
- Work with drug companies to find replacement drugs for Oncology patients who can't afford medications
- Joint venture with local oncologists/radiation therapist to provide chemo and radiation locally
- IV Infusion Center offered in the hospital
- HeartFIT program with fitness center on-site including classes and trained staff to help educate on exercise; provides initial assessment; open to the public; includes discounted rates for family members and free for employees

### Impact of actions taken since the immediately preceding CHNA:

- Added 3D mammography service
- Cardiology group expanded services to provide care 5 days a week compared to 1 day a week
- Partnered with local churches and local family practices to provide COVID-19 vaccines to rural residents
- 99% vaccination rate among employees and medical staff

**Additionally, The Hospital plans to take the following steps to address this need:**

- Restart offering “Freedom From Smoking” program to the community
- Begin participating in local health fairs and industrial health fairs; blood pressure checks/glucose checks/orthotics for diabetics
  - Providing educational support to local industrial business

**Identified measures and metrics to progress:**

- COVI-19 vaccination rate
- Number of mammography screenings performed
- Number of colonoscopies performed

**Partner organizations who can also address this need in the community:**

| Organization           | Contact/Information   |
|------------------------|---|
| Eat Smart, Move More   | <a href="http://www.eatsmartmovemoresc.org">www.eatsmartmovemoresc.org</a>  |
| Newberry Free Clinic   | <a href="http://www.newberryclinic.org">www.newberryclinic.org</a><br>(803) 276-6665  |
| MUSC Cardiology        | <a href="https://medicine.musc.edu/departments/dom/divisions/cardiology">https://medicine.musc.edu/departments/dom/divisions/cardiology</a>                       |
| Prisma Health Oncology | <a href="https://prismahealth.org/locations/ambulatory-labs-other/cancer-institute">https://prismahealth.org/locations/ambulatory-labs-other/cancer-institute</a> |



# Appendix

# Community Data

# Community Demographics

## Demographic Profile

|  | Newberry County |               |             |               | South Carolina   |                  |             |               | US AVG.                     |               |
|--|-----------------|---------------|-------------|---------------|------------------|------------------|-------------|---------------|-----------------------------|---------------|
|  | 2021            | 2026          | % Change    | % of Total    | 2021             | 2026             | % Change    | % of Total    | % Change                    | % of Total    |
| <b>Population</b>                      |                 |               |             |               |                  |                  |             |               |                             |               |
| <b>Total Population</b>                | <b>38,853</b>   | <b>39,661</b> | <b>2.1%</b> | <b>100.0%</b> | <b>5,321,206</b> | <b>5,665,411</b> | <b>6.5%</b> | <b>100.0%</b> | <b>3.6%</b>                 | <b>100.0%</b> |
| <b>By Age</b>                          |                 |               |             |               |                  |                  |             |               |                             |               |
| 00 - 17                                | 8,080           | 8,273         | 2.4%        | 20.8%         | 1,131,425        | 1,206,414        | 6.6%        | 21.3%         | 2.4%                        | 21.7%         |
| 18 - 44                                | 12,651          | 12,398        | -2.0%       | 32.6%         | 1,862,188        | 1,934,720        | 3.9%        | 35.0%         | 2.7%                        | 36.0%         |
| 45 - 64                                | 10,204          | 10,003        | -2.0%       | 26.3%         | 1,347,740        | 1,366,597        | 1.4%        | 25.3%         | -2.2%                       | 25.0%         |
| 65+                                    | 7,918           | 8,987         | 13.5%       | 20.4%         | 979,853          | 1,157,680        | 18.1%       | 18.4%         | 15.2%                       | 17.3%         |
| <b>Female Childbearing Age (15-44)</b> | 6,785           | 6,732         | -0.8%       | 17.5%         | 1,012,096        | 1,057,166        | 4.5%        | 19.0%         | 2.5%                        | 19.5%         |
| <b>By Race/Ethnicity</b>               |                 |               |             |               |                  |                  |             |               |                             |               |
| White                                  | 24,591          | 25,221        | 2.6%        | 63.3%         | 3,509,887        | 3,720,032        | 6.0%        | 66.0%         | 1.4%                        | 69.2%         |
| Black                                  | 11,046          | 10,857        | -1.7%       | 28.4%         | 1,400,379        | 1,455,858        | 4.0%        | 26.3%         | 4.9%                        | 13.0%         |
| Asian & Pacific Islander               | 263             | 328           | 24.7%       | 0.7%          | 104,089          | 127,698          | 22.7%       | 2.0%          | 13.6%                       | 6.1%          |
| Other                                  | 2,953           | 3,255         | 10.2%       | 7.6%          | 306,851          | 361,823          | 17.9%       | 5.8%          | 10.0%                       | 11.7%         |
| Hispanic*                              | 3,085           | 3,292         | 6.7%        | 7.9%          | 331,141          | 390,458          | 17.9%       | 6.2%          | 10.9%                       | 18.9%         |
| <b>Households</b>                      |                 |               |             |               |                  |                  |             |               |                             |               |
| <b>Total Households</b>                | 15,365          | 15,743        | 2.5%        |               | 2,085,946        | 2,225,574        | 6.7%        |               |                             |               |
| <b>Median Household Income</b>         | \$ 49,623       | \$ 52,481     |             |               | \$ 55,711        | \$ 61,082        |             |               | US Avg. \$64,730   \$72,932 |               |
| <b>Education Distribution</b>          |                 |               |             |               |                  |                  |             |               |                             |               |
| Some High School or Less               |                 |               |             | 16.6%         |                  |                  |             | 11.4%         |                             | 11.1%         |
| High School Diploma/GED                |                 |               |             | 35.1%         |                  |                  |             | 28.0%         |                             | 26.8%         |
| Some College/Associates Degree         |                 |               |             | 28.6%         |                  |                  |             | 30.3%         |                             | 28.5%         |
| Bachelor's Degree or Greater           |                 |               |             | 19.8%         |                  |                  |             | 30.4%         |                             | 33.6%         |

\*Ethnicity is calculated separately from Race

Source: Stratasan

# Leading Cause of Death


































The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. South Carolina's Top 15 Leading Causes of Death are listed in the tables below in Newberry County's rank order. Newberry County was compared to all other South Carolina counties, South Carolina state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

| Cause of Death |               |                 | Rank among all counties in SC<br>(#1 rank = worst in state) | Rate of Death per 100,000 age adjusted |          | Observation<br>(Newberry County Compared to U.S.) |
|----------------|---------------|-----------------|---|--|----------|---|
| SC Rank        | Newberry Rank | Condition       |   | SC                                     | Newberry |   |
| 1              | 1             | Heart Disease   | 26 of 46  | 164.0                                  | 206.3    | <i>Higher than expected</i>                       |
| 2              | 2             | Cancer          | 23 of 46  | 154.0                                  | 190.4    | <i>Higher than expected</i>                       |
| 5              | 3             | Stroke          | 28 of 46  | 42.2                                   | 54.0     | <i>Higher than expected</i>                       |
| 3              | 4             | Accidents       | 38 of 46  | 62.1                                   | 49.5     | <i>As expected</i>                                |
| 6              | 5             | Alzheimer's     | 3 of 46   | 37.9                                   | 46.5     | <i>Higher than expected</i>                       |
| 4              | 6             | Lung            | 28 of 46  | 43.1                                   | 44.8     | <i>Higher than expected</i>                       |
| 7              | 7             | Diabetes        | 18 of 46  | 24.4                                   | 30.2     | <i>Higher than expected</i>                       |
| 9              | 8             | Kidney          | 21 of 46  | 15.6                                   | 19.0     | <i>Higher than expected</i>                       |
| 13             | 9             | Flu - Pneumonia | 27 of 46  | 10.8                                   | 17.0     | <i>As expected</i>                                |
| 8              | 10            | Suicide         | 7 of 46   | 16.2                                   | 15.0     | <i>As expected</i>                                |
| 10             | 11            | Blood Poisoning | 35 of 46  | 13.6                                   | 13.1     | <i>As expected</i>                                |
| 11             | 12            | Liver           | 16 of 46  | 12.8                                   | 12.4     | <i>As expected</i>                                |
| 15             | 13            | Hypertension    | 15 of 46  | 8.6                                    | 11.4     | <i>As expected</i>                                |
| 14             | 14            | Parkinson's     | 8 of 46   | 8.9                                    | 8.4      | <i>As expected</i>                                |
| 12             | 15            | Homicide        | 40 of 46  | 11.0                                   | 6.1      | <i>As expected</i>                                |

\*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

# County Health Rankings




|   | Newberry  | South Carolina | U.S. Median | Top U.S. Performers |
|---|---|----------------|-------------|---------------------|
| <b>Length of Life</b>                                       |   |                |             |                     |
| Overall Rank ( <i>best being #1</i> )                       | <b>12/46</b>  |                |             |                     |
| - Premature Death*  |  <b>8,375</b>      | 8,744          | 8,200       | 5,400               |
| <b>Quality of Life</b>                                      |   |                |             |                     |
| Overall Rank ( <i>best being #1</i> )                       | <b>26/46</b>  |                |             |                     |
| - Poor or Fair Health                                       |  <b>22%</b>        | 18%            | 17%         | 12%                 |
| - Poor Physical Health Days                                 |  <b>4.4</b>        | 4.0            | 3.9         | 3.1                 |
| - Poor Mental Health Days                                   |  <b>5.1</b>        | 4.7            | 4.2         | 3.4                 |
| - Low Birthweight   |  <b>12%</b>        | 10%            | 8%          | 6%                  |
| <b>Health Behaviors</b>                                     |   |                |             |                     |
| Overall Rank ( <i>best being #1</i> )                       | <b>26/46</b>  |                |             |                     |
| - Adult Smoking   |  <b>21%</b>        | 19%            | 17%         | 14%                 |
| - Adult Obesity   |  <b>36%</b>        | 34%            | 33%         | 26%                 |
| - Physical Inactivity                                       |  <b>32%</b>        | 26%            | 27%         | 20%                 |
| - Access to Exercise Opportunities                          |  <b>54%</b>        | 68%            | 66%         | 91%                 |
| - Excessive Drinking  |  <b>18%</b>        | 18%            | 18%         | 13%                 |
| - Alcohol-impaired Driving Deaths                           |  <b>29%</b>        | 32%            | 28%         | 11%                 |
| - Sexually Transmitted Infections*                          |  <b>925</b>        | 674.9          | 327.4       | 161.4               |
| - Teen Births ( <i>per 1,000 female population ages 15-</i> |  <b>30</b>         | 25             | 28          | 13                  |
| <b>Clinical Care</b>  |   |                |             |                     |
| Overall Rank ( <i>best being #1</i> )                       | <b>18/46</b>  |                |             |                     |
| - Uninsured   |  <b>14%</b>        | 13%            | 11%         | 6%                  |
| - Population per Primary Care Provider                      |  <b>1,541</b>      | 1,494          | 2,070       | 1,030               |
| - Population per Dentist                                    |  <b>3,203</b>      | 1,767          | 2,410       | 1,240               |
| - Population per Mental Health Provider                     |  <b>1,671</b>      | 546            | 890         | 290                 |
| - Preventable Hospital Stays                                |  <b>3,682</b>     | 4,295          | 4,710       | 2,761               |
| - Mammography Screening                                     |  <b>48%</b>      | 47%            | 41%         | 50%                 |
| - Flu vaccinations  |  <b>53%</b>      | 49%            | 43%         | 53%                 |
| <b>Social &amp; Economic Factors</b>                        |   |                |             |                     |
| Overall Rank ( <i>best being #1</i> )                       | <b>16/46</b>  |                |             |                     |
| - High school graduation                                    |  <b>82%</b>      | 88%            | 90%         | 96%                 |
| - Unemployment  |  <b>2.7%</b>     | 2.8%           | 3.9%        | 2.6%                |
| - Children in Poverty                                       |  <b>22%</b>      | 20%            | 20%         | 11%                 |
| - Income inequality**                                       |  <b>4.7</b>      | 4.8            | 4.4         | 3.7                 |
| - Children in Single-Parent Households                      |  <b>36%</b>      | 31%            | 32%         | 20%                 |
| - Violent Crime*  |  <b>290</b>      | 500            | 205         | 63                  |
| - Injury Deaths*  |  <b>78</b>       | 88             | 84          | 58                  |
| - Median household income                                   |  <b>\$50,773</b> | \$56,360       | \$50,600    | \$69,000            |
| - Suicides  |  <b>18</b>       | 16             | 17          | 11                  |
| <b>Physical Environment</b>                                 |   |                |             |                     |
| Overall Rank ( <i>best being #1</i> )                       | <b>20/46</b>  |                |             |                     |
| - Air Pollution - Particulate Matter (µg/m³)                |  <b>9.6</b>      | 8.95           | 9.4         | 6.1                 |
| - Severe Housing Problems***                                |  <b>12%</b>      | 15%            | 14%         | 9%                  |
| - Driving to work alone                                     |  <b>87%</b>      | 82%            | 81%         | 72%                 |
| - Long commute - driving alone                              |  <b>36%</b>      | 36%            | 31%         | 16%                 |

\*Per 100,000 Population

\*\*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

## Key (Legend)

-  Better than SC
-  The same as SC
-  Worse than SC

Source: County Health Rankings 2021 Report

# Detailed Approach

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 tax-exempt status. While Newberry County Memorial Hospital (NCMH) is not a not-for-profit hospital, this study is designed to comply with the same standards required of a not-for-profit hospital and will help ensure the hospital is meeting the health needs of community residents. 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.

### **Project Objectives**

NCMH partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

### **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 for those who did not have 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:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the 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 downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax 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.

### **Community Health Needs Assessment Subsequent to Initial Assessment**

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:



*“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

*...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

*“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;*

- 2) *a description of the process and methods used to conduct the CHNA;*
- 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

*... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”*

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

*“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”*

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- 3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
- 4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

**Other** (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

| Website or Data Source   | Data Element  | Date Accessed | Data Date  |
|--|---|---------------|------------|
| www.countyhealthrankings.org   | Assessment of health needs of the county compared to all counties in the state.   | January 2022  | 2013-2019  |
| Stratasan  | Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics | January 2022  | 2021       |
| www.worldlifeexpectancy.com/usa-health-rankings                                      | 15 top causes of death  | January 2022  | 2019       |
| Bureau of Labor Statistics   | Unemployment rates  | April 2022    | 2020       |
| NAMI   | Statistics on mental health rates and services  | April 2022    | 2021       |
| Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population | Health outcome measures and disparities in chronic diseases   | April 2022    | 2020       |
| Centers for Disease Control and Prevention   | Adult heart disease statistics  | April 2022    | 2019, 2021 |

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 47 survey respondents was received. Survey responses started on February 21<sup>st</sup>, 2022, and ended on August 24<sup>th</sup>, 2022.
- 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 whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the NCMH process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

# Survey Results

**Q1: Please select which roles apply to you.**

| Answer Choices   | Responses |           |
|--|-----------|-----------|
| Community Resident   | 78.72%    | 37        |
| Racial or Ethnic Minority  | 21.28%    | 10        |
| Healthcare Professional  | 21.28%    | 10        |
| Government Employee or Representative                            | 19.15%    | 9         |
| Educator   | 14.89%    | 7         |
| Representative of Chronic Disease Group or Advocacy Organization | 10.64%    | 5         |
|  | Answered  | <b>47</b> |
|  | Skipped   | <b>0</b>  |

**Q2: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)**

| Answer Choices                                      | Responses |           |
|---|-----------|-----------|
| Low-income groups                                   | 70.45%    | 31        |
| Residents of rural areas                            | 61.36%    | 27        |
| Older adults  | 59.09%    | 26        |
| Individuals requiring additional healthcare support | 43.18%    | 19        |
| Children  | 38.64%    | 17        |
| Racial and ethnic minority groups                   | 36.36%    | 16        |
| Women   | 25.00%    | 11        |
| LGBTQ+  | 9.09%     | 4         |
|   | Answered  | <b>44</b> |
|   | Skipped   | <b>3</b>  |

Unique or pressing needs of the above selected groups:

- Not to be left out about healthcare information. Preventative, proactive info and continuing care to avoid a crisis. Seniors and rural residents may not have computers, internet, etc. To have the best access to health care information.
- I feel that all of the above should be a main focus in our community. Our community as well as other communities have a vast majority of people who have unique or pressing needs that they may or may not know how to voice their concerns.
- Been able to receive all of the medical services and having the accurate knowledge and information on how to maintain a healthy life.

- Minority with insurance for hospital stay. Transportation for the elderly.
- Those who just honestly, can't afford decent health care, should be granted the needed health care. Healthy individuals are more positive and will feel good about themselves.
- The low income, rural area residents and elder population seem to have more difficulty getting the medical care they need.
- Healthcare
- Quality healthcare that is accessible. The biggest challenge in any rural community is having access to a well equipped hospital, especially in emergency cases, as well as general surgical and specialty care that would be difficult or inconvenient to travel to.
- Both groups have high levels of chronic conditions/co-morbidities. But contrary to what many in our community might believe, epigenetics is more important than genetics. In other words, changing lifestyle habits w/ respect to diet, exercise, stress, relationships/family, etc is more important than one's genes. Therefore it is of great importance that both groups need to have more opportunities/encouragement towards preventive health with respect to the above lifestyle markers/habits.

**Q3: Please share comments or observations about the actions NCMH has taken to address Mental Health.**

- Mental health is of major concern and continues to be addressed
- Mental health is the number one priority that needs attention.
- The hospital has done an excellent job addressing mental health.
- Must have treatment center for the community 24 hours, 7 days a week. NCMH beds are not appropriate. There is a social/mental crisis with youth violence.
- Mental health has been addressed but to me it appears that it is the main reason for some of the problems we face. This leads to suicide and drug abuse and other vices.
- Great awareness and concerns. Need to get the information into the communities to the ones who need the services.
- This is an area that the hospital doesn't do as well in. Definitely with mental health, obesity & affordability.
- Establishing the pet team seems to assist with the needs of mental health patients. As well as not over medicating these patients with unnecessary prescription medication.



- You have tried by proving the evaluation teams but there are few placements and little long term care. DMH is practically non existent.
- Social media outlets
- Still need to try to have better access to MD/DO psychiatric care, that is in-person
- Assistance for nurses with mental health stress from COVID-19
- At this point there has been little change as this is a statewide problem
- Mental health is a state wide problem that will take a concerted effort by all health care providers and government. The situation is critical!
- No reliable mental health counselling available in newberry. Need is even greater with covid.
- I have not witnessed these actions.
- Though they may be covered in the plan i don't remember hearing of anything publicly within the community.
- I would like to see a greater push to deal with the significant number of mental health issues in our community.

**Q4: Please share comments or observations about the actions NCMH has taken to address Obesity/Overweight.**

- Obesity/overweight is ranking along with mental health and covid contributed to both.
- With covid 19, this has causes a lot of obesity/overweight.
- Begin with kindergarten. Partner with pediatricians and early school education.
- Steps have been taken in the right direction to address issues with Obesity/Overweight.
- I believe you have all the information on the concern problem. By the number is showing, not enough people are participating.
- Not as strong as it should be in this area.
- NCMH weight challenges are usually well published in the newspaper and on social media.
- The implementation of the weight loss program as well as diabetes education that is provided through the NCMH gym facility is a great way to provide weight loss services.

- Prior to COVID things were well.
- News letters and Social Media Outlets
- Wellness center needs longer hours open.
- Healthier meal options with scan codes for calories, nutrients, etc., community garden
- Other than activities with individuals already visiting the wellness center, I am not really aware of a community campaign.
- Hospital has promoted wellness with the establishment of various programs.
- I do like the community challenges and 5k the Hospital has participated in the past that encourages weight loss and an active community!

**Q5: Please share comments or observations about the actions NCMH has taken to address Affordability.**

- Need is very important even if not affordable
- Need outweighs affordability depending on what is needed.
- Partner with free clinic to avoid ED being treating as office visit and to avoid medical crisis by getting routine, regular health care.
- I believe that the hospital tries to keep its services affordable.
- Great job, but the majority of the community is not aware.
- I think it is affordable as any, however billing services need major improvement. It is very confusing getting bills from NCMH and ER doctors.
- Good Progress
- Allowing people to apply for charity as secondary to insurance
- We are a county hospital! We are accessible to all!
- I am not aware of actions taken by NCMH to address affordability. This is a national problem and must be addressed nationally.
- Has tried to be competitive with other hospitals, but still a significant expense.
- NCMH Commercials have been good in outlining the hospitals affordability and low infection rates.
- The efforts seem as reasonable as can be given the market driven prices of medical costs.

**Q6: Please share comments or observations about the actions NCMH has taken to address Cancer.**

- This is of major concern. Needs to be addressed.
- Cancer has been and still is a disease that take a lot of lives each year.
- This has and will always be a top priority
- Need more oncologists, more treatment centers in Newberry.
- I believe the hospital has very positive steps to address the disease of Cancer.
- Your education platform is wonderful on cancer. The numbers of Newberry vs the state is too high.
- I think it is very good
- Newsletters
- Not much more to be done
- More proactive testing and measures to meet timely colonoscopies, etc
- Hospital continues to provide both radiation and chemo on and near the campus. These services are being utilized by more and more people annually
- The recruitment of Oncologist to open practice in Newberry is step in right direction.
- Added 3D mammography for better breast cancer screening. Fantastic infusion center staff.
- Though they may be covered in the plan I don't remember hearing of anything publicly within the community.
- Efforts seem reasonable and cohesive.

**Q7: Please share comments or observations about the actions NCMH has taken to address Diabetes.**

- Not sure but diabetes continues to be of concern.
- Diabetes has been addressed but leads to other health problems.
- Diabetes is a serious disease than cause other problems.
- Have weekly diabetic mandatory counselling by a diabetes educator. All diabetics will be strongly advised to attend by their physicians. Lab work should be discussed.

- Diabetes continues to be a disease that does not discriminate. It attacks the young as well as the middle aged and. We continue addressing this problem which can cause other drastic measure to be taken.
- Awesome awareness and programs for the communities. Numbers of diabetes patients are still too high in Newberry.
- Diabetes education that is provided through the NCMH gym facility is a great way to provide weight loss services
- Not aware.
- Ads and news letters
- Need certified diabetic educator and offer more community classes and at better times, ie night
- Treatment and education
- Wellness programs offer some help. Major problem is convincing public that diet can play a role in Diabetes.
- No longer offers diabetic teaching through ncmh
- Though they may be covered in the plan I don't remember hearing of anything publicly within the community.
- Efforts seem reasonable and cohesive.

**Q8: Do you believe the above data accurately reflects your community today? (Data presented in this report)**

| Answer Choices                                       | Responses |    |
|--|-----------|----|
| Yes, the data accurately reflects my community today | 77.14%    | 27 |
| No, the data does not reflect my community today     | 22.86%    | 8  |
| Answered   |           | 35 |
| Skipped  |           | 12 |

Comments:

- Health behaviors and healthcare access need much improvement.
- I felt that the numbers were higher in some areas.
- Still give us a great challenge to improve the healthcare system, in Newberry
- I do believe there are more people living here and the census underperformed.

- I want to say yes and that is why I picked that answer. However, do we need to consider the pandemic we just came out of? Do the numbers and percentages have an impact due to that?
- I believe opioids should receive more attention.
- I feel the poverty rate is much higher for children. I also believe that food insecurity is higher.

**Q9: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

|                          | 1 | 2 | 3  | 4  | 5  | Total    | Weighted Average |
|--------------------------|---|---|----|----|----|----------|------------------|
| Mental Health            | 1 | 0 | 1  | 4  | 28 | 34       | 4.71             |
| Diabetes                 | 1 | 0 | 1  | 8  | 24 | 34       | 4.59             |
| Obesity                  | 1 | 0 | 4  | 4  | 25 | 34       | 4.53             |
| Heart Disease            | 1 | 0 | 1  | 13 | 18 | 33       | 4.42             |
| Cancer                   | 1 | 1 | 2  | 9  | 21 | 34       | 4.41             |
| Alzheimer's and Dementia | 2 | 0 | 3  | 8  | 22 | 35       | 4.37             |
| Stroke                   | 1 | 0 | 6  | 17 | 10 | 34       | 4.03             |
| Women's Health           | 1 | 1 | 7  | 13 | 10 | 32       | 3.94             |
| Lung Disease             | 2 | 1 | 10 | 11 | 9  | 33       | 3.73             |
| Kidney Disease           | 2 | 2 | 10 | 10 | 10 | 34       | 3.71             |
| Dental                   | 2 | 2 | 11 | 12 | 7  | 34       | 3.59             |
| Liver Disease            | 2 | 3 | 16 | 9  | 4  | 34       | 3.29             |
| Other (please specify)   |   |   |    |    |    | 1        |                  |
|                          |   |   |    |    |    | Answered | 35               |
|                          |   |   |    |    |    | Skipped  | 12               |

Comments:

- Children/youth health care education

**Q10: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)**

|  | 1 | 2 | 3  | 4  | 5  | Total    | Weighted Average |
|--|---|---|----|----|----|----------|------------------|
| Education System                       | 1 | 0 | 2  | 10 | 21 | 34       | 4.47             |
| Healthcare Services: Prevention        | 1 | 0 | 1  | 14 | 18 | 34       | 4.41             |
| Access to Healthy Food                 | 1 | 0 | 4  | 11 | 18 | 34       | 4.32             |
| Community Safety                       | 1 | 1 | 4  | 9  | 18 | 33       | 4.27             |
| Access to Senior Services              | 1 | 0 | 3  | 15 | 15 | 34       | 4.26             |
| Healthcare Services: Affordability     | 1 | 0 | 1  | 20 | 12 | 34       | 4.24             |
| Access to Exercise/Recreation          | 1 | 2 | 2  | 16 | 13 | 34       | 4.12             |
| Healthcare Services: Physical Presence | 1 | 0 | 5  | 17 | 11 | 34       | 4.09             |
| Employment and Income                  | 1 | 0 | 8  | 13 | 12 | 34       | 4.03             |
| Affordable Housing                     | 2 | 1 | 6  | 14 | 11 | 34       | 3.91             |
| Social Connections                     | 2 | 0 | 8  | 14 | 10 | 34       | 3.88             |
| Transportation                         | 1 | 4 | 6  | 10 | 13 | 34       | 3.88             |
| Social Support                         | 1 | 1 | 10 | 12 | 10 | 34       | 3.85             |
| Access to Childcare                    | 1 | 3 | 7  | 13 | 9  | 33       | 3.79             |
| Other (please specify)                 |   |   |    |    |    | 1        |                  |
|  |   |   |    |    |    | Answered | 34               |
|  |   |   |    |    |    | Skipped  | 13               |

Comments:

- Vital to community is affordable available health care.

**Q11: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)**

|                            | 1 | 2 | 3 | 4  | 5  | Total    | Weighted Average |
|----------------------------|---|---|---|----|----|----------|------------------|
| Diet                       | 1 | 0 | 1 | 8  | 23 | 33       | 4.58             |
| Drug/Substance Abuse       | 2 | 0 | 1 | 10 | 21 | 34       | 4.41             |
| Physical Inactivity        | 1 | 1 | 3 | 12 | 17 | 34       | 4.26             |
| Smoking/Vaping/Tobacco Use | 2 | 0 | 2 | 15 | 15 | 34       | 4.21             |
| Excess Drinking            | 2 | 1 | 4 | 12 | 15 | 34       | 4.09             |
| Employment                 | 2 | 1 | 7 | 8  | 16 | 34       | 4.03             |
| Livable Wage               | 2 | 1 | 4 | 16 | 11 | 34       | 3.97             |
| Risky Sexual Behavior      | 2 | 1 | 8 | 12 | 11 | 34       | 3.85             |
| Other (please specify)     |   |   |   |    |    | 1        |                  |
|                            |   |   |   |    |    | Answered | 34               |
|                            |   |   |   |    |    | Skipped  | 13               |

Comments:

- Addiction is a community problem. It affects everyone in the family, in the city.

**Q12: Overall, how much has the COVID-19 pandemic affected you and your household?**

| Answer Choices  | Responses |    |
|---|-----------|----|
| Some impact, does not change daily behavior               | 40.00%    | 14 |
| Noticeable impact, planning for changes to daily behavior | 37.14%    | 13 |
| Significant daily disruption, reduced access              | 20.00%    | 7  |
| Severe daily disruption, immediate needs unmet            | 2.86%     | 1  |
| No impact, no change                                      | 0.00%     | 0  |
|   | Answered  | 35 |
|   | Skipped   | 12 |

**Q13: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):**

| Answer Choices                  | Responses |    |
|---------------------------------|-----------|----|
| Employment                      | 70.59%    | 24 |
| Social support systems          | 70.59%    | 24 |
| Education                       | 61.76%    | 21 |
| Childcare                       | 61.76%    | 21 |
| Food security                   | 58.82%    | 20 |
| Public safety                   | 50.00%    | 17 |
| Access to healthcare services   | 44.12%    | 15 |
| Poverty                         | 41.18%    | 14 |
| Transportation                  | 38.24%    | 13 |
| Racial and cultural disparities | 23.53%    | 8  |
| Nutrition                       | 17.65%    | 6  |
| Housing                         | 11.76%    | 4  |
| Other (please specify)          | 11.76%    | 4  |
|                                 | Answered  | 34 |
|                                 | Skipped   | 13 |

**Comments:**

- Access to mental health, social services. senior citizens will be happier and healthier in their own homes. Our community needs to have a complete social network for them. Include mental support for the caregivers. If we can accomplish this, then our emergency issues like medicine issues, falls, health crisis leading to the ER can be abated.
- In person worship service.
- Use of opioids, illicit drugs and alcohol
- Church, limited access during pandemic



**Q14: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)**

| Answer Choices  | Responses |    |
|---|-----------|----|
| Primary care (routine visits, preventative visits, screenings)  | 28.57%    | 10 |
| Specialty care (care and treatment of a specific health condition that require a specialist)          | 20.00%    | 7  |
| Elective care (planned in advance opposed to emergency treatment)                                     | 20.00%    | 7  |
| Urgent care/Walk-in clinics   | 20.00%    | 7  |
| Emergency care (medical services required for immediate diagnosis and treatment of medical condition) | 20.00%    | 7  |
| Inpatient hospital care (care of patients whose condition requires admission to a hospital)           | 14.29%    | 5  |
| All types of healthcare services  | 11.43%    | 4  |
| None of the above   | 42.86%    | 15 |
| Other (please specify)  | 2.86%     | 1  |
|   | Answered  | 35 |
|   | Skipped   | 12 |

Comments:

- Sleep study

**Q15: How can healthcare providers, including Newberry County Memorial Hospital, continue to support the community through the challenges of COVID-19? (please select all that apply)**

| Answer Choices   | Responses |    |
|--|-----------|----|
| Serving as a trusted source of information and education   | 81.82%    | 27 |
| Offering alternatives to in-person healthcare visits via telehealth or virtual care                        | 66.67%    | 22 |
| Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.) | 54.55%    | 18 |
| Sharing local patient and healthcare providers stories and successes with the community                    | 51.52%    | 17 |
| Posting enhanced safety measures and process changes to prepare for your upcoming appointment              | 33.33%    | 11 |
| Other (please specify)   | 3.03%     | 1  |
|  | Answered  | 33 |
|  | Skipped   | 14 |

Comments:

- Continue to update community on WKDK monthly and the N. Observer.

**Q16: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)**

| Answer Choices  | Responses |    |
|---|-----------|----|
| Video visits with a healthcare provider   | 82.86%    | 29 |
| Smartphone app to communicate with a healthcare provider  | 62.86%    | 22 |
| Virtual triage/screening option before coming to clinic/hospital  | 57.14%    | 20 |
| Telephone visits with a healthcare provider   | 54.29%    | 19 |
| Patient portal feature of your electronic medical record to communicate with a healthcare provder                               | 51.43%    | 18 |
| Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.) | 48.57%    | 17 |
| Other (please specify)  | 2.86%     | 1  |
|   | Answered  | 35 |
|   | Skipped   | 12 |

Comments:

- We need to be careful to not let telehealth lead to less physical healthcare services in Newberry.

**Q17: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)**

| Answer Choices                         | Responses |    |
|--|-----------|----|
| Mental health                          | 77.14%    | 27 |
| Primary care                           | 68.57%    | 24 |
| Elder/senior care                      | 62.86%    | 22 |
| Chronic disease management programming | 60.00%    | 21 |
| Specialty care                         | 57.14%    | 20 |
| Urgent care/Walk-in clinics            | 57.14%    | 20 |
| Substance abuse services               | 57.14%    | 20 |
| Emergency care                         | 42.86%    | 15 |
| Pediatrics/children's health           | 42.86%    | 15 |
| Women's health                         | 37.14%    | 13 |
| EMS/Paramedic Service                  | 37.14%    | 13 |
| Other (please specify)                 | 5.71%     | 2  |
|  | Answered  | 35 |
|  | Skipped   | 12 |

Comments:

- Free medical clinic program
- Delivery of Narcan and Fentanyl Strips; MAT programming

**Q18: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.**

- All experts being on the same page saying the same thing to the public.
- Continue to give updates on the different variants that come out.
- Receiving accurate information,
- Elder care
- Continue to educate the public on the need to be vaccinated and safety tips.
- EMS/Paramedic services need to be managed by county government not by the hospital. This is a governmental service.
- Long term care and counseling for long haul patients.
- EDUCATION in a virtual world
- Actively cooperate and engage with surrounding independent hospitals for specialty resources (Lexington Medical Center, Self Regional)

- More hospital support of community physicians and employed Physician providers - no pandemic pay increase was given to physician and administrator was never seen on morning rounds. Documentation room rarely had food or beverage for physician who skipped meals to care for patients
- Test
- Data and success stories from other communities
- It would have been helpful to access the physicians and nurses in the community, and their understanding of what was happening during the pandemic - maybe forums or discussions from our local healthcare people would have been helpful instead of just what was coming for CDC or DHEC
- Vaccinations
- More mental health counselors available in school settings. Substance abuse programs aimed towards teens.
- Better and more concise local information sharing would be most beneficial. Thank you
- Address misinformation.