



GREENVILLE  
HEALTH SYSTEM

2013

# Community Health Needs Assessment



Laurens County, South Carolina

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## **Executive Summary**

### **Background**

The mission of Greenville Health System (GHS) is to, “Heal compassionately. Teach innovatively. Improve constantly.” The System’s ability to achieve this mission results from its broad, integrated offering of inpatient and outpatient services across its service areas; its academic programs, which are provided both singly and in partnership with educational institutions; and its commitment to transforming health care in the communities served through initiatives that improve quality and reduce costs.

The System is one of the largest integrated, multi-hospital systems in the Carolinas and provides tertiary referral services for Upstate South Carolina. As an integrated delivery system, a large employed physician network provides clinical, administrative, and academic leadership across the System. The facilities, programs, and support services of the System are centrally managed and operated on a coordinated basis.

GHS includes five acute-care hospitals and nine specialty healthcare facilities strategically located in various parts of Greenville County as well as the newly acquired medical campus in Laurens County. The facilities and programs of GHS provide acute care, rehabilitation, mental health, long-term care, and nursing home services. An affiliate of GHS, Partners in Health, is a separately incorporated not-for-profit entity that employs 641 physicians and 296 physician extenders in Greenville County and throughout Upstate South Carolina. GHS is the largest healthcare system in the state and the largest employer in Greenville County.

### **Overview of Community Health Needs Assessment**

For the purpose of this assessment, this report will focus on the Laurens County area which is adjacent to Greenville County. During 2012, more than 80% of all GHS Laurens County Memorial Hospital business originated from patients residing in Laurens County.

In the spring of 2012, Laurens County Health Care System initiated its first formal *Community Health Needs Assessment* (CHNA) for Laurens County. The campus was acquired by GHS in July of 2013 after which the health assessment was completed. The CHNA is designed to reach broadly into the community to identify needs, gaps, and barriers to health and health services. This provides a framework to:

- Help target community health programs and allow wellness investments to be spent more wisely.
- Give an overall indication of the community’s health compared to current and future benchmarks.
- Support more informed decisions about services, health promotion, and prevention programs.
- Allow for the increased connection of hospitals with their community and strengthen relationships with others that serve the community.
- Take a step toward the new era of managing the health of a population.

A community health needs assessment requires the use of both qualitative and quantitative data to create a fully comprehensive community profile. This assessment encompasses the use of qualitative analysis obtained through surveys and focus group sessions of community stakeholders, and quantitative analysis of community health status indicators.

### **Community Stakeholder Perspectives**

To gain community insight from local stakeholders, Laurens County Memorial Hospital enlisted the help of Step Up Laurens County (a local healthy communities initiative), the South Carolina Department of Health and Environmental Control (SCDHEC), Good Shepherd Free Medical Clinic, and Carolina Health Centers. The research gathered originated from focus groups comprised of key stakeholders and leadership interviews. Some key findings of stakeholder perspectives include:

- Demographic changes are causing challenges for the healthcare system:
  - Laurens County's population is aging: By 2017 a 24.0% increase is predicted for ages 65-74 and a 13.5% increase in ages 85 and older.
- 20% of Laurens County citizens are under and/or uninsured.
- The population of Laurens County has been impacted by high rates of disease, especially heart disease, cancer and diabetes.
- More people report postponing medical care, primarily due to cost.
- A significant population is reported to have limited access to supermarkets.
- There is a shortage of dental providers.
- Mental health is an area of concern.
- Although the infant mortality rate is low, the County has a high rate of low weight and/or premature babies.
- The public health system has an increased need for the following services:
  - Health education and promotion
  - Evaluation of population-based health services.
  - Evaluation of personal healthcare services.
  - Physician need in internal medicine, cancer care, cardiology, gastroenterology, and psychiatry.
- Laurens County needs improvement in the following areas:
  - Enhanced communication and partnership with and between communities.
  - Better education for individuals managing chronic disease.
  - Stronger parenting programs.
  - Increased access to affordable, healthy foods.
  - Health literacy/education on disease management.
  - Additional health care focus on prevention.
  - Resources for parents and others related to healthy eating and active living

## Key Health Indicators

GHS referred to a variety of data sources to analyze data and trends of numerous health indicators. These sources include the South Carolina Department of Health and Environmental Control (SCDHEC) – Division of Biostatistics, SC Behavioral Risk Factor Surveillance System (BRFSS), CDC, America’s Health Rankings, County Health Rankings, Healthy People 2020, the Community Commons CHNA tool, South Carolina Kids Count, Kaiser State Health Facts, South Carolina Community Assessment Network (SCAN), and the SC Budget and Control Board Community Profiles.

Laurens County ranked below the state average and in most cases the US averages for the following indicators of health:

- Socioeconomic indicators –
  - Poverty levels
  - Uninsured adults
  - Teenage pregnancies
  - High school graduation rate
  - Adults without adequate social and emotional support
- Clinical care factors –
  - Health Professional Shortage Area
  - Access to primary care
  - Utilization of preventive dental care
- Health Outcomes -
  - Cancer mortality
  - Prevalence in asthma, diabetes, and obesity
  - Infant mortality
  - Low birth weight
  - Colon and rectum cancer incidence and lung cancer incidence

## Identified Health Priorities

The following health indicators were prioritized as areas GHS could positively impact based on a comprehensive analysis of qualitative and quantitative data as well as consideration of existing services and resources:

- Access to Health Services – Laurens County has 68.4% of its population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA). When a shortage of providers exists along with other indicators like high rates of poverty and uninsured, the likelihood of someone getting the right care at the right time rapidly decreases.
- Maternal and Infant Health – Laurens County has high rates of teenage pregnancies and women who smoke while pregnant. These indicators increase the chances of mothers giving birth to a preterm and low-weight baby.
- Cancer – Cancer is the leading cause of death in Laurens County. The age-adjusted death rate for all cancers in the county is 198.6 (per 100,000), which is significantly higher than the Healthy People 2020 target of 160.6.

- Heart Health – Heart disease is the second leading cause of death in Laurens County. The rate of death due to coronary heart disease per 100,000 is 126.18, much higher than the Healthy People 2020 target of 100.8.

The full report of the *GHS 2013 Community Health Needs Assessment* will be made widely available to the public and will be posted on the GHS website: [www.ghs.org](http://www.ghs.org).

### **About This Assessment**

This *Community Health Needs Assessment* serves as an important tool in identifying the health needs of Laurens County residents. The research and data collected assisted in prioritizing health needs in the community. This process ensures proper allocation of resources dedicated to the needs that would benefit most from a GHS program intervention.

This assessment encompasses the use of both qualitative and quantitative data analysis. The qualitative data was obtained through interviews, surveys, and focus group sessions. The stakeholders involved in providing input included citizens from across Laurens County, local business leaders, and organizations dedicated to improving the health and well-being of the community. The qualitative research focuses on stakeholder perceptions on health and health services in the community. The quantitative data includes the most up-to-date indicators of health from a variety of local and national resources. In the analysis of quantitative data, we looked at changes over time when possible and, in some instances, benchmarked indicators to statewide and national data sets.

### **Limitations of Data**

Although the data collected is robust and representative of a diverse group of stakeholders, some gaps in the data still exist:

- Much of the secondary quantitative data in this assessment came from the SC Behavior Risk Factor Surveillance System, which is based on 12,948 telephone interviews with South Carolina citizens. There were two major changes to the BRFSS Survey methodology in 2011 that included the expansion of calls to cell phones and the adoption of an advanced weighting method. Because of these changes, it is difficult to compare these data with the data collected in previous years.
- The quantitative data was collected at different times. For instance, cancer rates are from 2009, chronic disease statistics are from 2011, and obesity-related statistics came from 2010. This is why it is extremely important to use a variety of resources, both quantitative and qualitative, to develop a fully comprehensive assessment that paints an accurate picture of the state of health in the community today.

## **Community Served**

### **About the GHS Laurens County Medical Campus**

Laurens County Health Care System opened in 1990 and is licensed for 90 beds (76 acute and 14 skilled nursing). It is fully accredited by The Joint Commission (TJC) and retains more than 450 full-time and part-time employees and 60 volunteers.

Recognized as one of South Carolina's progressive community hospitals, the hospital is a state leader in providing innovative and informative educational programs in an effort to teach the community how to live healthfully and well.

### **About Laurens**

Laurens County is located in the northwest quadrant of South Carolina, between Columbia and Greenville/Spartanburg, two of South Carolina's most rapidly growing metropolitan areas. Laurens County lies inland about 170 miles from the port city of Charleston, on the Atlantic Ocean, and about 50 miles southeast of the Blue Ridge Mountains.

Important to any new business or resident is the health and vibrancy of the current business structure. From humble beginnings as a textile manufacturing community to the diverse industry mix of today, Laurens County has always enjoyed a climate conducive to business and economic growth.

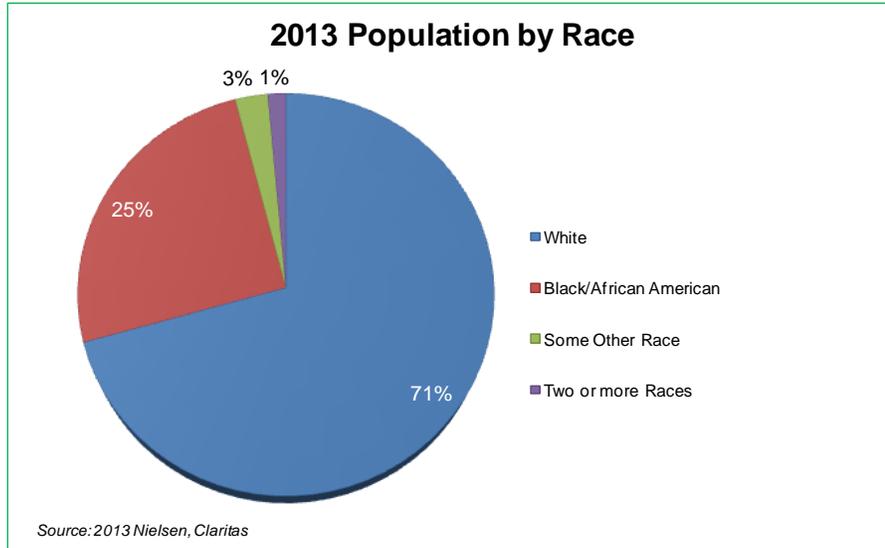
<b>Laurens County Key Demographics</b>	
Land Area, Square Miles	713.681
Total Population	66,487
Total Households	25,564
Median Household Income	\$37,089
Per Capita Income	\$17,937
Median Age	39.91
Adults Without Health Insurance	20.4%
Unemployment Rate	8.3%
2000-2010 Growth Rate	-4.4%
2013-2018 Projected Growth	0.1%

*Source: See Reference Table on pg. 24*



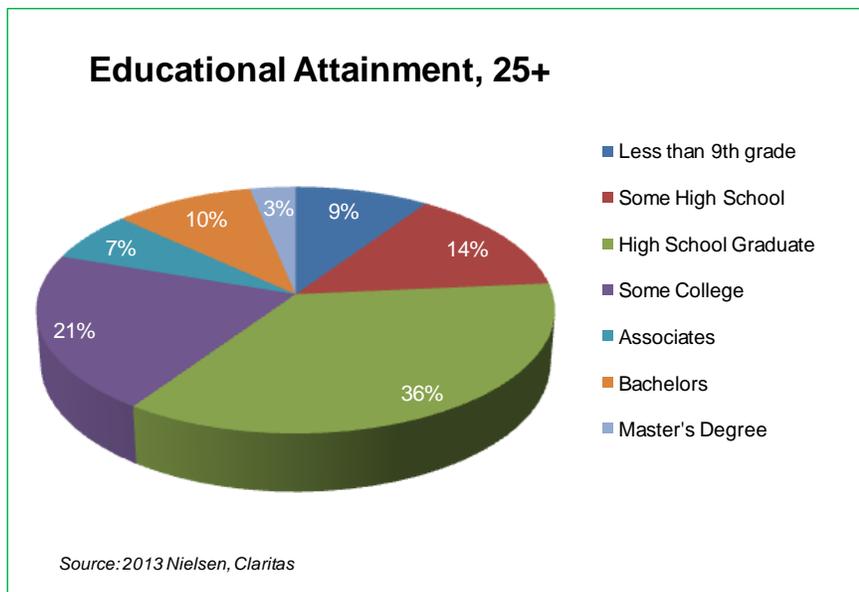
## Race

The composition of the county's population as compared to the state is relatively similar; however, the state's White population is 65% and Black/African American population is 28% as compared to Laurens County's, which is 71% and 25%.



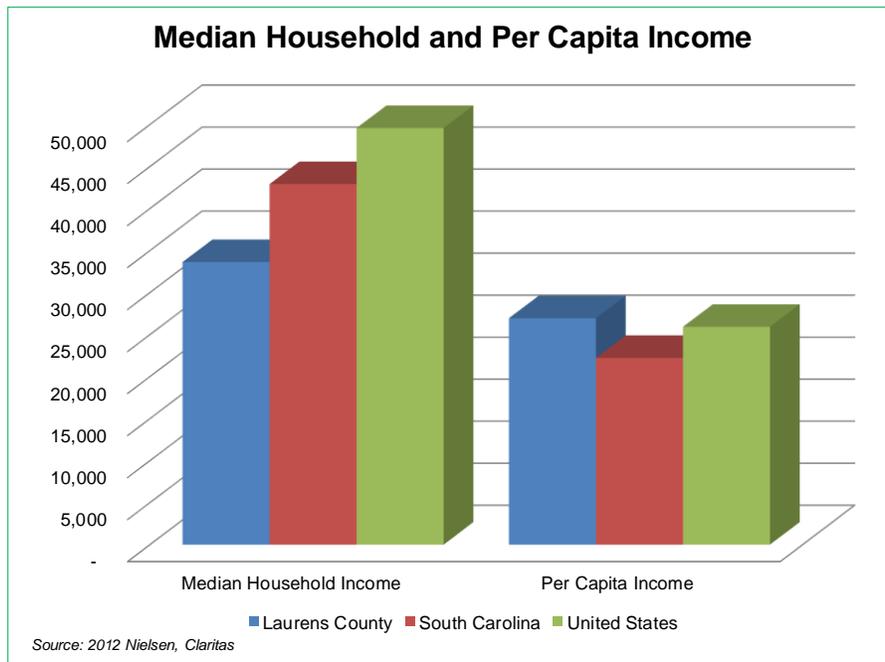
## Education

According to the SC Department of Education, the graduation rate for Laurens County in 2012 was 70%, slightly below the state rate of 74.9% and below the rate of districts with similar students, which was 78.2%. The educational attainment rate for high school graduates and individuals with a college education has slowly been improving since 2000.



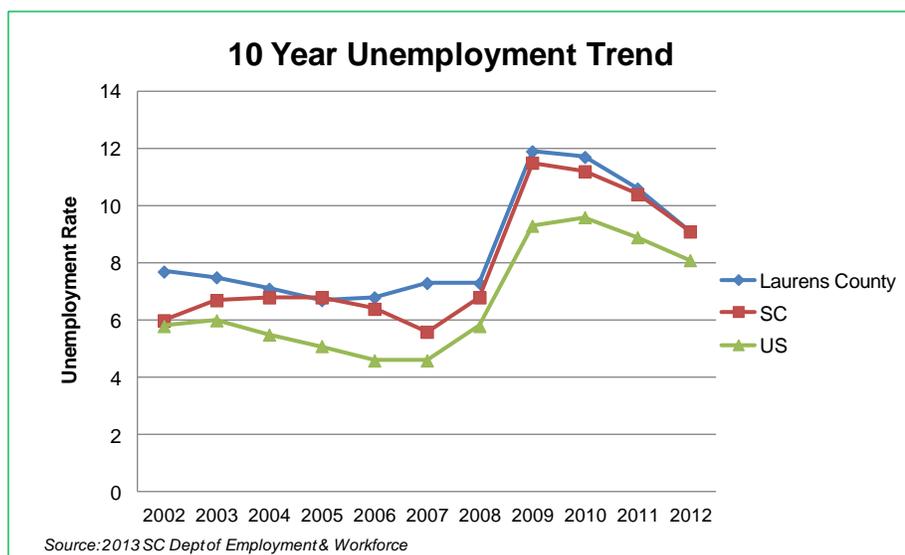
## Income and Poverty

The median household income in Laurens County is much lower than the state's and the country's although the per capita income is slightly higher. An estimated 14% of families in Laurens are living at or below the poverty level.



## Employment

The county unemployment rate of 9.1% in 2012 has been steadily dropping since it hit an all-time high of 11.9% in 2009. With more individuals re-entering the workforce, the number of uninsured has also slowly declined.



## **Community Health Profile**

### **Community Input – Qualitative Research**

Laurens County Memorial Hospital obtained qualitative data through a few different resources, including a number of focus groups, leadership interviews with physicians and healthcare professionals, and community partnership organizational meetings.

Over a period of five months beginning in April, 2012, representation from Laurens County Memorial Hospital and key stakeholders in government, education, faith-based community, public health and service organizations came together at different opportunities to study health outcomes and prioritize action steps.

The following topics were addressed, listed with the groups participating in the discussion:

- *Laurens County Forces of Change and Strategic Issues Assessment-* Held in June, 2013- Eighteen community members from local agencies, neighborhoods, and schools met to discuss and identify forces of change for Laurens County as they relate to health and quality of life. Included were members and representatives from low income, medically underserved communities, teachers from School District #55, Laurens YMCA, elected officials, media, Laurens County Health Department, City of Laurens, Laurens County Memorial Hospital and United Way.
- *School District 55 Comprehensive and Coordinated Health Needs Assessment-* Beginning in July, 2013 representatives from each school, faith-based communities, registered nurses in schools, and the YMCA reviewed the CHNA and prioritized actions.
- *Community Needs Report to the Board* – The final community health needs assessment data was presented and discussed by LCMH Board of Trustees and Administrative staff in August 2013.
- *Prioritizing for a Healthy Laurens County-* Held in September, 2013. Results of the 2013 CHNA report were presented to Step Up Laurens County Board, members of the school districts, YMCAs, service organizations, Presbyterian College School of Pharmacy, and elected officials to discuss and prioritize results.

When affiliation occurred with GHS in July, 2013, the decision was made to base the Implementation Action Plan on priority health needs that would benefit most from the resources and expertise that Greenville Health System brings to the table. Maternal and Infant Health, Cancer, Access to Services, and Heart Health became the major priorities of action to benchmark and measure over the next three year period. All four of these efforts resulted in top choices for action during focus group brainstorming sessions.

## Laurens County Health Indicators – Quantitative Research

GHS referred to a variety of data sources to analyze data and trends of numerous health indicators. These sources include the South Carolina Department of Health and Environmental Control (SCDHEC) – Division of Biostatistics, SC Behavioral Risk Factor Surveillance System (BRFSS), CDC, America’s Health Rankings, County Health Rankings, Healthy People 2020, the CHNA tool, South Carolina Kids Count, Kaiser State Health Facts, South Carolina Community Assessment Network (SCAN), and the SC Budget and Control Board Community Profiles.

Located in one of the unhealthiest states in the nation, Laurens County has many issues that need to be addressed.

### Socioeconomic Indicators of Health

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
<b>Socioeconomic Indicators</b>	Population in poverty* (100% FPL)	19.1%	21	17.0%	-
	Population receiving Medicaid	27.5%	19	16.8%	-
	Uninsured population (adults under 65 years old)	20.4%	28	20.0%	0%
	Teenage pregnancies	62.5	39	51.9	36.2
	High school graduation rate	64.9	-	66.0	82.4
	Adults without adequate social and emotional support	26.8%	-	22.2%	-

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; \* Poverty level 5-year estimate (2007-2011); Sources: CDC, SC DHEC, SC DHHS, SC Dept. of Education, US Census Bureau

Certain social and economic factors can impact a community’s ability to engage in healthy behaviors.

- Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
- The percentage of the population that is enrolled in Medicaid can be used to assess vulnerable populations who may have a greater need for additional services.
- Lack of health insurance is a key driver of health status. Individuals without insurance often put off getting the care they need.
- The high school graduation rate is relevant because low levels of education are often linked to poverty and poor health.
- The rate of teen births is important because teen parents have unique social, economic, and health support needs.
- Adequate social or emotional support is essential to ensuring good mental health

Ensuring access to social and economic resources provides a foundation for a healthy community.

## Access to Health Services

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
Access to Health Services	Percentage of population living in a geographic area designated as a "Health Professional Shortage Area" (HPSA)	68.4%	-	50.5%	-
	Adults age 18 and older who self-report that they do not have at least one person they think of as their personal doctor or healthcare provider	17.3%	-	17.1%	16.10%
	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	18.6%	28	16.8%	4.2%

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; Sources: CDC, DHEC, US Census Bureau

Physical access to care significantly impacts the health status of the individuals who reside within the community. Laurens County has 68.4% of its population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA). This means there is a shortage of primary medical care, dental or mental health professionals. According to 2011 data released by the U.S. Health Resources and Services Administration, there are approximately 32 primary care providers serving the entire Laurens County population giving it a primary care provider rate of 48.09 (per 100,000 population) which is much lower than the state's rate of 74.60. This indicator is important because a shortage of primary health professionals leads to access and health status issues. When a shortage of providers exists along with other indicators like the percent of uninsured and poverty rate, the likelihood of someone getting the care they need at the time they need it rapidly decreases.

## Clinical Preventive Services

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
<b>Clinical Preventive Services</b>	Pneumococcal vaccine (65+)**	63.6%	20	67.8%	90%
	Flu vaccine (65+)**	76.2%	43	68.6%	90%
	Adults age 18 and older who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year	35.6%	-	34.2%	-
	Diabetes management - Hemoglobin A1c Test (percentage of diabetic Medicare patients who have an A1c test in the past year)	79.7%	-	84.5%	-
	Adults aged 18 and older who self-report that they are not taking medication for their high blood pressure	24.1%	-	18.2%	-
	Colon cancer screening (percentage of adult men age 50 and older who self-report they have ever been screened for colon cancer)	53.8%	-	59.4%	-

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; \*\*Rates calculated on a 3 year rate (2008-2010); Sources: CDC, DHEC, PHSIS, Division of Biostatistics, and Dartmouth Atlas of Healthcare

There are a number of tests, screenings, and vaccinations that when performed on a routine basis or when recommended can prevent harmful risks associated with chronic disease. These risks can contribute to costly hospitalization and sometimes even death that otherwise might have been avoided. Laurens County's rates in the measures above could indicate a lack of access to important screenings or lack in proper disease management education.

## Maternal, Infant, and Child Health

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
<b>Maternal, Infant, and Child Health</b>	Infant mortality (per 1,000 live births)	4.9	9	7.4	6.0
	Low weight births	9.9%	21	10%	7.8%
	Preterm births	12.3%	26	11.5%	11.4%
	Births to unmarried mothers	59.9%	-	46.9%	-
	Births to mothers with a 12th grade education or less	60%	-	43%	-
	Births to mothers who breastfed	41%	9	66%	81.9%
	Women who smoked during pregnancy	20.7%	44	11.5%	1.4%

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; \*\*Rates calculated on a 3 year rate (2008-2010); Sources: CDC, DHEC, PHSIS, and Division of Biostatistics

Laurens County ranks higher than most other counties in a number of risk factors that affect maternal and infant health. It has one of the highest teen pregnancy rates and is ranked 44 out of 46 for having the highest percentage of women who smoked during pregnancy. These indicators increase the likelihood of mothers giving birth to a preterm and low weight baby.

These risk factors demonstrate a need to focus and promote the importance of early and adequate prenatal care. Studies have found that first-time mothers who qualify for Medicaid tend to be at the highest risk for delivering low birth-weight and preterm babies. SCDHEC conducted a study of birth outcomes in 2010 and 2011 of pregnant women eligible for Medicaid. The study revealed that 19.3% of the women had low-weight births. According to SC Kids Count, the low birth-weight and very low birth-weight newborns discharged from SC hospitals represent only 6.65% of newborns discharged but account for 55.32% of the total charges.

## Nutrition, Physical Activity, and Obesity

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
<b>Nutrition, Physical Activity, and Obesity</b>	Physical activity (adults who report doing physical activity or exercise during the past 30 days other than their regular job)	72.2%	17	72.2%	67%
	Adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day	74.2%	1	80.9%	-
	Adults who are obese (20+)**	45.1%	44	32%	30.6%

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; \*\*Rates calculated on a 3 year rate (2008-2010); Sources: SC DHEC Division of Biostatistics

As seen in the table above, the percentage of adults in Laurens who are considered to be obese is close to 50% of the adult population. Almost 30% of individuals in Laurens live a sedentary lifestyle, meaning they do not participate in any leisure time physical activity. Federal physical activity guidelines for aerobic physical activity recommend getting at least 150 minutes/week of moderate intensity physical activity or 75 minutes/week of vigorous intensity. Along with adequate physical activity, it is equally important to have good nutrition habits to maintain a healthy lifestyle. According to guidelines set by DHHS, adults should consume two or more servings of fruits and three or more servings of vegetables daily. Only 25.8% of adults in Laurens County consumed at least five fruits and vegetables daily. According to the Surgeon General's 2010 *Vision for a Healthy and Fit Nation* report, obesity is associated with more than 30 major diseases, including diabetes, high blood pressure, coronary heart disease, and certain types of cancer.

## Chronic Conditions

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
Chronic Disease	Adults with Asthma	12.1%	-	12.9%	-
	Asthma related ER visits for children under 5 years	178	-	109	95.6
	Diabetes (Have you ever been told by a doctor that you have diabetes?)**	9.4%	9	10.7%	-
	Rate of death due to coronary heart disease per 100,000	126.18	-	121.71	100.8
	Hypertension (Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?)**	32.4%	12	33.4%	26.9%

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; \*\*Rates calculated on a 3 year rate (2008-2010); Sources: CDC, DHEC, PHSIS, and Division of Biostatistics

Laurens County has high prevalence rates in a number of chronic conditions which indicates a greater need for access to services and education on disease management.

- 12.1% of adults in Laurens County have asthma which is slightly below the state rate of 12.9%. But of greater concern is the number of asthma-related Emergency Room visits for children under 5 years of age. The Laurens County rate of 178 is much higher than the state rate of 109 and almost twice as much as the Healthy People 2020 goal of 95.6. When an individual is adhering to an asthma management plan, these emergency room visits are easily avoidable.
- 9.4% of adults have been diagnosed with diabetes in Laurens County which is low when compared to other counties in the state, however, is still higher than the US prevalence of 8.3%. Unmanaged diabetes can lead to many other health complications including:
  - Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
  - The risk of stroke is 2 to 4 times higher among people with diabetes.
  - Diabetes is the leading cause of new cases of blindness among adults aged 20-74.
  - Diabetes is the leading cause of kidney failure
  - 60% to 70% of people with diabetes have mild to severe forms of nervous system damage.
  - More than 60% of non-traumatic lower-limb amputations occur in people with diabetes.
- Heart disease is the second leading cause of death in Laurens County
- Roughly 30% of adults have been diagnosed with hypertension (high blood pressure), and it is estimated that another 8% of adults have hypertension but are unaware of it.

## Cancer

Category	Health Indicator	Laurens County Rate or %	Laurens County Ranking <sup>1</sup>	SC Rate or %	HP 2020 <sup>2</sup>
Cancer	Rate of death due to malignant neoplasm (cancer) per 100,000 population	198.6	22	187.8	160.6
	Age adjusted incidence rate (cases per 100,000) of males with Prostate cancer	159.6	20	158.9	-
	Age adjusted incidence rate (cases per 100,000) of colon and rectum cancer	49.3	29	44.7	38.6
	Age adjusted incidence rate (cases per 100,000) of lung cancer	83.1	33	71.9	-
	Age adjusted incidence rate (per 100,000) of females with breast cancer	113.7	19	121.4	122.0

<sup>1</sup> Ranking among all SC counties. Rank 1 means the lowest rate in the state; <sup>2</sup> Healthy People 2020 goal if available; Sources: CDC, DHEC, PHSIS, Division of Biostatistics

Cancer is the number one cause of death in the county, with the highest incidence being in breast, prostate, colon/rectum, and lung. According to a 2012 report issued by SCDHEC, prostate and breast cancer are the most commonly diagnosed cancers among men and women in South Carolina. South Carolina ranks seventh for prostate cancer deaths and 19th for breast cancer deaths in the United States. The age-adjusted death rate for all cancers in Laurens County is 198.6, which is significantly higher than the Healthy People 2020 target of 160.6.

## Community Assets Inventory

GHS understands that working collaboratively with other organizations in the community maximizes resources and eliminates the duplication of efforts committed to improving the health and well-being of Laurens County. As part of this *Community Health Needs Assessment*, it was necessary to identify existing assets in the community working toward improving the health and quality of life in Greenville. A list of programs and organizations is provided in the table on the pages that follow.

Organization	Description of Services	Website
<b>Beckman Center for Mental Health Services – Laurens Clinic</b>	Serves clients with serious and persistent mental illness. Major insurances are accepted, including Medicare and Medicaid. Staff are available to discuss payment plans for clients and their families.	<a href="http://www.beckmancenter.com/">http://www.beckmancenter.com/</a>
<b>Friendship Recovery Center</b>	This is a psychosocial rehabilitative program which specializes in community integration. Its goal is to assist mental health clients with achieving their optimal level of functioning while leading successful productive lives in the community.	

<b>Gateway Counseling Center</b>	Gateway is dedicated to fighting the negative effects of alcohol and drug abuse in Laurens County through prevention, intervention and treatment programs. Offers Alcohol/Drug Safety Action Program (ADSAP) for relicensing DUI offenders. Fees are based on ability to pay. No one is refused services because of inability to pay.	<a href="http://www.gatewaycounseling.org/">http://www.gatewaycounseling.org/</a>
<b>Good Shepherd Free Medical Clinic of Laurens County</b>	Eligibility is limited to low-income residents of Laurens County who have no private or government medical insurance and is between the ages of 20 and 65. Services for eligible patients: Medical: Doctors and nurses provide free primary health care, and may refer patients to a network of volunteer specialists if necessary. Patients are referred to Laurens County Hospital for free radiology, lab, and rehabilitative services. A monthly gynecology clinic is held, by appointment only. Mental Health: Pastoral counseling is available. Pharmacy: Free prescriptions, including antibiotics, filled for many chronic and acute illnesses. Diabetic Education Class: Held for established patients, by appointment only.	
<b>Laurens County Cancer Association</b>	This is a non-profit organization 501(c) 3 dedicated to providing quality of life services to those facing the uncertainties of cancer in our own communities of Laurens County, SC through education, screenings and direct services. The mission of the LCCA is based on need and compassion for our fellow neighbors. Outreach efforts includes Wings of Hope Cancer Support Group.	
<b>Lakelands Family Practice</b>	This is a federally-supported Community Health Center, providing comprehensive primary and preventive health care services in areas of high need. CHC locations accept Medicaid, Medicare and most private insurances. The centers also offer a sliding fee discount program for eligible low income families. Services provided: family practice, geriatrics, women's health, diabetes education, health education.	<a href="http://www.carolinahealthcenters.org/waterloo.html">http://www.carolinahealthcenters.org/waterloo.html</a>
<b>Laurens Public Health Office</b>	Laurens Public Health Department is part of the Region 1 Public Health Office. Services include WIC supplemental foods and nutrition education for eligible pregnant and post-partum women and infants and children up to age 5; maternity care and education for pregnant women; family planning counseling and education and birth control; health screenings for HIV, STDs and TB; immunization, nutrition, lead screening, and social services. This region does not deny services due to a client's inability to pay.	<a href="http://www.scdhec.gov/health/region1/clinics.htm">http://www.scdhec.gov/health/region1/clinics.htm</a>

<b>Mental Health America – Laurens County</b>	Mental Health America, formally known as the Mental Health Association, is the oldest mental health advocacy organization in the nation. It is a grassroots, volunteer organization which educates civic groups, churches, the media, elected officials and the public about mental illness. It helps clients navigate the state mental health system and lobbies for sound mental health practices and funding in the S.C General Assembly.	<a href="http://www.mha-sc.org">http://www.mha-sc.org</a>
<b>The Safe Home</b>	Provides free and confidential information and help to victims of domestic violence. Services include: 24-hour crisis counseling, emergency shelter, victim advocacy, case management, information and referral, support groups, and children’s services.	<a href="http://www.the-safe-home.org/">http://www.the-safe-home.org/</a>
<b>Senior Options Inc.</b>	Senior Options is a private, non-profit agency established in 1972; its mission is to provide senior adults in Laurens County services which delay or prevent the need for nursing home care. Services provided include Meals on Wheels, adult day health care, Alzheimer’s group respite, diners club meals, adult retirement, the Foster Grandparent program, transportation assistance, and referral services.	
<b>United Way of Laurens County</b>	The United Way of Laurens County provides leadership in uniting the community to improve people's lives and build a vital and caring community. They support a variety of services, which includes services that nurture all children, promote the health of all people and help those who are in crisis.	<a href="http://www.uwlc-online.org/">http://www.uwlc-online.org/</a>

**Community Impact**

After taking an inventory of existing assets and resources in the community, we also felt it was necessary to create an inventory of community-wide programs/initiatives currently being offered by GHS Laurens County Medical Campus. Whenever possible, we look for ways to partner with existing organizations to maximize the outreach and impact to individuals across the county. Because of the overwhelming community response and the early successes observed, many of these programs will continue to be offered in the future.

**Access**

- Laurens County Memorial Hospital helps support the Good Shepherd Free Medical Clinic by offering free medical services to clinic patients that are referred to the hospital and also shares emergency department records with the clinic.
- LC4- Laurens County Community Care Center opened in 2013 is providing a medical home for non-emergent patients seen in our ER.
- Healthy Hispanics Wellness Program is offering educational opportunities to the Hispanic populations of Laurens County.

## **Health Promotion and Education**

- *Step Up Laurens County*- a healthy community initiative spearheaded by the YMCA, Step Up's designated board consists of representatives from healthcare, government, special needs and disabilities, the Laurens County Memorial Hospital , YMCAs, and school districts, Through this community collaborative, LCMH's CHNA was a baseline measurement for many of the strategic programs in development.
- *LIFETALK PROGRAM* – Laurens County Memorial Hospital provides a speakers' bureau to any groups interested in having qualified presenters provide interesting and up-to-date information about a wide variety of healthcare topics free of charge.
- *Lunch and Learns*- Partnership with YMCAs
- Woman's Touch Wellness Program
- Community and Business Health Screens, Health Fairs

## **Health Priorities**

GHS considered the following questions as criteria for selecting priorities and their associated strategies:

- Does the qualitative and quantitative data clearly demonstrate a need for the issue to be addressed?
- Does GHS have the resources and capacity to positively impact the issue?
- Are there existing assets/resources in the community already addressing the issue? Does GHS have any existing programs already addressing the issue? If not, are there potential partners we can align resources with to maximize the impact?
- Is the strategy selected evidence-based and measurable?
- Does the strategy support GHS' vision, mission, and values?
- What are the potential consequences to the overall health of the community if the issue is not addressed?

GHS believes the following needs can benefit most from the integrated nature of our organization and our provider and community partners in the county:

### **1. Maternal and Infant Health**

Program/Initiative -Pregnancy Partners Program

Premature birth is a complex issue with no single solution. More than half a million babies are born prematurely each year in the US. In almost 40 percent of cases, the cause is unknown. The March of Dimes (MOD) completes a report every other year to grade America and then each state individually on the premature birth rates. In 2011 South Carolina's preterm birth rate was 14.1% and it scored an F on national MOD scoring ranks. Laurens County's rate was 18.5%. The Healthy People 2020 goal for preterm births is 11.4% and for low birth weight is 7.8%, Laurens County Memorial Hospital developed a program to combat premature and low birth weight babies through Pregnancy Partners. Created by staff from the Women's Life Center and funded through a grant from the March of Dimes, Pregnancy Partners is designed to assist Moms through their entire pregnancy journey, at no cost to the patient. Program components include monthly pregnancy classes focused on making healthy choices, infant/child CPR, safety in the home, the basic needs, feeding options, labor support, and postpartum-depression.

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Group classes are conducted during the second trimester. In addition monthly exercise classes, pregnancy passport booklets, goal setting gifts, and follow up during the six week postpartum period are offered.

## **2. Cancer**

Program/initiative: Wings of Hope Cancer Support Group/Laurens County Cancer Association

In an effort to reach out to all types of cancer patients, Laurens County Memorial Hospital partnered with the newly formed Laurens County Cancer Association to create Wings of Hope Cancer Support Group. This group represents all types of cancer patients, cancer survivors and those experiencing other life altering health journeys. Wings of Hope provides education, community resource education, access to services and care and spiritual and emotional support. Monthly meetings held at the hospital offer educational presentations, and support.

LCMH has also become a major contributor to the Laurens County Cancer Association's efforts to provide services to cancer patients and survivors from Laurens County. The LCCA is a non-profit organization dedicated to providing quality of life services to those facing the uncertainties of cancer in our own communities of Laurens County, SC through education, support, and direct services.

## **3. Heart Health**

Program Initiative: Community Health Screenings

With an objective to increase the number of individuals who know their numbers relating to heart health, LCMH developed programs and services to provide community outreach and access for preventative screenings and offer education and guidance to individuals at risk for heart disease.

Rocking Heart Day in February offered morning and afternoon outreach celebrations at both YMCAs beginning with free Zumba exercise classes followed by heart risk assessment, BMI and blood pressure checks. In addition on Go Red Day blood pressure checks and BMIs were offered throughout the day in our hospital's front lobby to employees and visitors.

## **4. Access to Services**

Program Initiative: Laurens County Community Care Center (LC4)

Hospital/health center collaboration between LCMH and Carolina Health Centers, LC4 was designed to connect frequent users of emergency services to a primary care medical home. Located adjacent to the hospital's new emergency complex, LC4 is a federally qualified health center, designed to improve accessibility and affordability of primary care and reduce non-emergent care in the Emergency Department.

LC4 can provide care for the following patient populations/visit types:

- Uninsured: 21.5% of residents in Laurens County are uninsured.
  - Urgent care: LCMH has over 30,000 annual visits to its Emergency Department; 75% of those are classified as minor or moderate, which in most cases can be handled outside of the Emergency Room.
  - Patients who have poorly managed chronic disease.
  - Patients with mental/behavioral health symptoms.
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During construction LC4 temporarily located on the third floor of the hospital's outpatient center and began seeing patients on December 12, 2012 with restricted hours at start-up from 1:00 – 4:00 p.m. An internal medicine physician with an established practice in the community joined LC4 on July 1, 2013 and expanded operating hours to 64 per week. He began seeing an average of 20 – 25 patients per day. Of those 25, 15 patients per day are referred by the LCMH ER.

A second full time provider (family nurse practitioner) joined the practice in October 2013 and LC4 expanded hours to 8AM – 8PM in February 2014. With construction completed, the new LC4 opened in its permanent location on April 23, 2014. LC4 operates on a “Sliding Fee Scale” or “SFS.” The fee that you pay under the SFS, if you qualify, will cover the cost of your entire visit including labs and other medically necessary services that are provided as part of your office visit.

### **Implementation Strategy**

GHS has developed a three-year implementation plan that will provide specific strategies on how GHS will address the significant health needs identified through this CHNA process. Each priority area will have specific and measurable goals, objectives, and outcomes that will be outlined in our management action plan/implementation strategy. GHS will perform this process on a three-year cycle to ensure continuous improvement within the county. A new *Community Health Needs Assessment* will be published for fiscal year 2016.

Facility	Priority Health Need	Objective	Program	Resources	Anticipated Impact on the Health Need	Measures	Partners	Baseline	2014 Goal	2015 Goal	2016 Goal
Laurens County Memorial Hospital	Maternal and Infant Health	Improved prenatal care, reduced preterm birth rates	Pregnancy Partners	Staff	Reduce the number of low birth weight and premature births in Laurens County	% of new moms delivering at LCMH who participate in Pregnancy Partners Program	March of Dimes	20% of new moms participating in program	25%	30%	35%
	Cancer Access	Provide education, community resource education, access to services, care and spiritual/emotional support to patients and survivors of all types of cancer	Wings of Hope	Staff/ Volunteer; Quarterly Catered Dinner	Identify patients diagnosed with cancer, help to navigate the health care systems and provide support services.	Number of participants	Laurens County Cancer Association	25 Participants	35	45	55
	Heart Health Access	Increase the number of individuals who receive important heart-related preventive screenings (blood pressure and BMI)	Rocking Heart Day and community health screenings	Staff, volunteers and testing equipment	Early intervention to those at risk for heart disease	Number of individuals screened	American Heart Association, YMCAs, community	100 Screenings	150	200	250
	Access To Services	To connect frequent users of emergency services to a primary care medical home	LC4 - Laurens County Community Care Center	Staff, Duke Endowment	To increase non emergent referrals from hospital ER to FQHC and create a medical home for these individuals	Increase in patient visits to LC4/ decrease in non-emergent visits to ER	Laurens County Community Hospital, Carolina Health Centers	60 Patients Referred from ER to LC4	150	200	250

## ***References***

<b>Metric</b>	<b>Reference</b>
<b>Key demographic information</b>	Based on Claritas, Nielsen 2012 & 2013 population estimates ( <i>population, land area – square miles, income, age, growth rate, race and ethnicity, educational attainment</i> )
<b>Unemployed</b>	SC Department of Employment and Workforce <a href="http://maps.dew.sc.gov/ComProReport/04000045.pdf">http://maps.dew.sc.gov/ComProReport/04000045.pdf</a>
<b>Socioeconomic indicators</b>	<p>Population in poverty (100% FPL), U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates: <a href="http://www.census.gov/acs/www/data_documentation/2010_release/">http://www.census.gov/acs/www/data_documentation/2010_release/</a></p> <p>Population receiving Medicaid, SC Department of Health and Human Services, 2013: <a href="https://www.scdhhs.gov/historic/resourceLibrary/countyleveldata/1Q2Q3QSFY13/Laurens%20Medicaid%20Fast%20Facts%201Q2Q3QSFY13.pdf">https://www.scdhhs.gov/historic/resourceLibrary/countyleveldata/1Q2Q3QSFY13/Laurens%20Medicaid%20Fast%20Facts%201Q2Q3QSFY13.pdf</a></p> <p>Uninsured adults, United States Census Bureau, <a href="http://www.census.gov/did/www/sahie/data/interactive/">http://www.census.gov/did/www/sahie/data/interactive/</a></p> <p>Teenage pregnancies, Health Indicators Warehouse, 2003-2009: <a href="http://healthindicators.gov/Indicators/Births-females-15-19-years-per-1000_22/Profile/ClassicData">http://healthindicators.gov/Indicators/Births-females-15-19-years-per-1000_22/Profile/ClassicData</a></p> <p>Graduation rate, South Carolina Department of Education, 2012 District Report Cards <a href="http://ed.sc.gov/data/report-cards/2012/district.cfm?ID=2301">http://ed.sc.gov/data/report-cards/2012/district.cfm?ID=2301</a></p> <p>Adults without adequate social and emotional support, Center for Disease Control and Prevention, BRFSS, 2005-2011 <a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a></p>
<b>Access to health services</b>	<p>SC DHEC, BRFSS, 2010 <a href="http://www.scdhec.gov/data-statistics.htm">http://www.scdhec.gov/data-statistics.htm</a></p> <p>Community Commons – Health Professional Shortage Area <a href="http://www.chna.org/Home.aspx">http://www.chna.org/Home.aspx</a></p> <p>Access to primary care, U.S. Health Resources and Services Administration Area Resource File, 2011 <a href="http://arf.hrsa.gov/">http://arf.hrsa.gov/</a></p> <p>Lack of consistent source of primary care, CDC BRFSS, 2006-2010 <a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a></p>

<b>Clinical preventive services</b>	<p>Influenza and Pneumococcal vaccination rates, SC DHEC, 2008-2010 County Specific Health Indicators  <a href="http://www.scdhec.gov/administration/phsis/Biostatistics/CHIT/Laurens.pdf">http://www.scdhec.gov/administration/phsis/Biostatistics/CHIT/Laurens.pdf</a></p> <p>Dental care utilization, CDC BRFSS 2006-2010  <a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a></p> <p>Diabetes management (A1c test), Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010  <a href="http://www.dartmouthatlas.org/tools/downloads.aspx">http://www.dartmouthatlas.org/tools/downloads.aspx</a></p> <p>High Blood pressure management (adults taking medication), CDC BRFSS, 2006-2010  <a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a></p> <p>Colon Cancer Screening Rate, CDC BRFSS, 2004-2010  <a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a></p>
<b>Maternal and infant health</b>	<p>SC DHEC – SC Vital and Morbidity Statistics, 2011:  <a href="https://www.scdhec.gov/administration/phsis/Biostatistics/an_pubs/vms2011.pdf">https://www.scdhec.gov/administration/phsis/Biostatistics/an_pubs/vms2011.pdf</a></p> <p>SC DHEC – Pregnancy Risk Assessment Monitoring System Data, 1993-2010  <a href="http://scangis.dhec.sc.gov/scan/prams2/prams.aspx">http://scangis.dhec.sc.gov/scan/prams2/prams.aspx</a></p> <p>SC Kids Count  <a href="http://www.sckidscount.org/about.php">http://www.sckidscount.org/about.php</a></p> <p>SC DHEC Laurens County Biostatistics, 2011  <a href="http://www.scdhec.gov/administration/phsis/Biostatistics/CHIT/Laurens.pdf">http://www.scdhec.gov/administration/phsis/Biostatistics/CHIT/Laurens.pdf</a></p>
<b>Nutrition, physical activity, and obesity</b>	<p>SC DHEC, County Specific Health Indicators, 2008-2011  <a href="http://www.scdhec.gov/administration/phsis/Biostatistics/CHIT/Laurens.pdf">http://www.scdhec.gov/administration/phsis/Biostatistics/CHIT/Laurens.pdf</a></p> <p>SC DHEC, 2011 South Carolina Obesity Burden Report  <a href="http://www.scdhec.gov/health/epidata/docs/Obesity%20Burden%20Report%202011.pdf">http://www.scdhec.gov/health/epidata/docs/Obesity%20Burden%20Report%202011.pdf</a></p> <p>Obesity Map, SC DHEC, 2010  <a href="http://www.scdhec.gov/health/chcdp/obesity/docs/Overweight%20and%20Obesity%20county%20maps%202000-2010.pdf">http://www.scdhec.gov/health/chcdp/obesity/docs/Overweight%20and%20Obesity%20county%20maps%202000-2010.pdf</a></p> <p>The Surgeon General's <i>Vision for a Healthy and Fit Nation</i>, 2010  <a href="http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf">http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf</a></p>
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