



Hampton Regional
MEDICAL CENTER

Recipient of the 2012
South Carolina Outstanding Rural
Healthcare Organization of the Year

Hampton County Community Health Needs Assessment Final Report

Compiled by Hampton Regional Medical Center



Hampton County, South Carolina

August, 2013

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Message to the Community

To the Residents of Hampton County:

One of the requirements of the Patient Protection and Affordable Care Act is for not-for-profit (501(c)(3) tax-exempt) hospitals to complete a Community Health Needs Assessment (CHNA) every three years. Over the last six months, we have worked on our first CHNA and, on behalf of the Board of Directors of Hampton Regional Medical Center (HRMC), I am pleased to share it with you.

This report:

- Presents our analysis of the health issues facing the residents of Hampton County
- Incorporates input from a broad base of community leaders, health care experts, and residents of our County
- Assesses the resources available to address key health needs
- Prioritizes responses to the needs
- Outlines an implementation plan to address high priority healthcare needs to the best of our abilities

Hampton Regional Medical Center has proudly served this region for over 60 years and we continually work toward expanding and improving our services to better meet your health needs. While Federal regulations require us to conduct a CHNA, I view this study as an important effort to help focus our efforts and encourage other organizations to work with us in addressing high priority health issues.

This report was approved by the HRMC Board of Directors on August 20, 2013. I hope you will take the time to carefully read this report and then let us know if you have questions, suggestions or ideas. We are strongly committed to our mission: *"Compassion, Commitment, and Excellence. Every Person, Every Time"*.

Sincerely,

Dave Hamill
CEO

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Who Worked on this Study (Acknowledgements)

Hampton Regional Medical Center (HRMC) appreciates the efforts of everyone involved in this study: the members of the Community Health Needs Assessment Steering Committee, consultants with Strategic Directions, Inc., Hampton County Community leaders and residents, and Hampton Regional Medical Staff who assisted in the development and preparation of this Community Health Needs Assessment (CHNA).

The Steering Committee included:

- Julie Allen, Chief Financial Officer, HRMC
- Lynn Bowers, Director of Human Resources, HRMC
- Lari Gooding, Administrator, Coastal Plains
- Kevin Rotunda, Director of Imaging Services, HRMC
- Lisa Sanders, Strategic Directions Inc. (Consultant)
- Michelle Stanley, Administrative Assistant, HRMC
- Sam Tolbert, Strategic Directions Inc. (Consultant)
- Nikki Troxclair, Director of Marketing, HRMC

Why and How the Study was Conducted (Study Methodology)

The Patient Protection and Affordable Care Act requires every hospital holding IRS 501(c)(3) tax-exempt status to complete a CHNA every three years. Essentially, this covers all not-for-profit, non-governmental hospitals in the United States, which includes HRMC.

In completing this study, we followed guidelines published by the IRS. Our methodology included:

- Defining HRMC's service area (which is Hampton County)
- Compiling and analyzing data on the health needs and health services used by the residents of Hampton County
- Gathering input from persons representing the broad interests of the community served by HRMC, including those with special knowledge of or expertise in public health
- Determining and prioritizing major health issues
- Inventory of healthcare resources available to the residents of Hampton County
- Creating an action plan to address high priority health needs to the extent they can be addressed

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Who do We Serve (HRMC Service Area)

Hampton Regional Medical Center is a 32-bed hospital located in Varnville, South Carolina, and the only hospital located within Hampton County.

Over the last eight years, an average of 91% of the hospital's inpatients were residents of Hampton County, which covers the years 2004-2011 (Figures for 2012 were not available for use in this study). Appendix 1 provides more detail year-by-year. Since nearly all of its patients are from Hampton County, it is clear that the service area for HRMC is Hampton County, and the focus of this study needs to be on the health needs within the County. The following State map (Figure 1) locates Hampton County within the State and Figure 2 provides a detail map of the County showing its major roads and towns.

State of South Carolina with Hampton County highlighted:

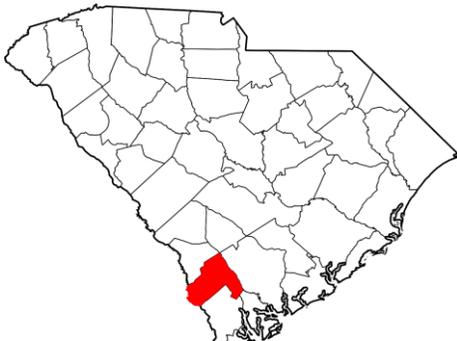


Figure 1

Hampton County:



Figure 2

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What is the Service Area Like (County Profile)

Population Level. In the 2010 Census, Hampton County had a population of 21,090, which is 1,540 persons more than the Census in 1920.

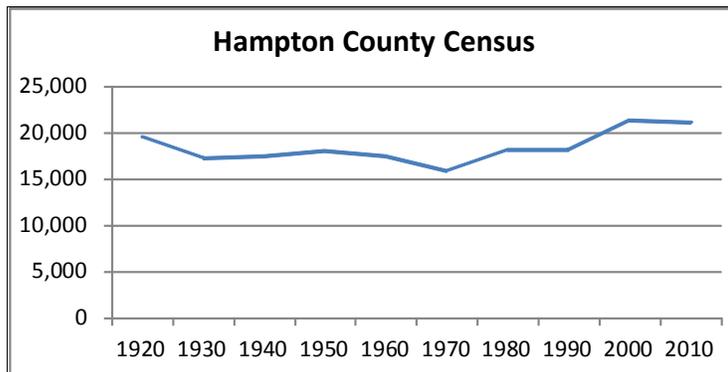


Figure 3

As shown in Appendix 2, the SC State Demographer is projecting a slight decline in population over the next 20 years. From a health planning perspective, the population is very stable but the lack of population growth also reflects a lack of economic expansion, which brings challenges in dealing with the rising cost of healthcare services. Additionally, the relatively small population is not sufficient to support a wide range of local healthcare services.

Age Distribution. The age distribution of the population is very similar to the State and US, so the health needs of the County are not skewed more to one age group versus others.

Table 1

Age Distribution	Hampton County	South Carolina	USA
Persons under 18 years, percent, 2011	23.6%	23.1%	23.7%
Persons 65 years and over, percent, 2011	13.9%	14.1%	13.3%
Female persons, percent, 2011	48.6%	51.3%	50.8%

Population Density. The County is 560 square miles and is a very rural area with a population density of 37.7 persons per square mile, which is much lower than the State average of 153.9. This characteristic can present transportation challenges to residents needing healthcare services.

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Racial mix. In regards to the ethnic diversity of Hampton County residents, almost 54% of residents are African American, which is much higher than the State average.

Table 2

Racial/Ethnic Distribution	Hampton County	South Carolina	USA
White persons, percent, 2011 (a)	44.1%	68.4%	78.1%
Black persons, percent, 2011 (a)	53.8%	28.1%	13.1%
All Other (including two or more races)	2.1%	3.5%	8.8%
(a) Includes persons reporting only one race.			

Population Stability. The population data shows 90% of residents have lived in the same house for at least one year, as opposed to the State average of 85%. This indicates Hampton County has a more stable population with long term commitment to the community and a deeply rooted family structure.

Table 3

Population Stability	Hampton County	South Carolina	USA
Living in same house 1 year & over, percent, 2007-2011	90.2%	84.7%	84.6%
Homeownership rate, 2007-2011	75.3%	69.8%	66.1%
Foreign born persons, percent, 2007-2011	2.5%	4.8%	12.8%

Education Level. The percent of persons 25 years of age or older with a high school or higher education level (77%) is significantly lower than the State (84%) or national average (85%). The percentage of persons holding a bachelor or higher college degree is less than ½ of the State and US percentage.

Table 4

Education Level	Hampton County	South Carolina	USA
High school graduate or higher, percent of persons age 25+, 2007-2011	76.6%	83.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	11.3%	24.2%	28.2%

Today, patients and their families are expected to be knowledgeable consumers of healthcare services. As a result, the lower level of education presents challenges for the healthcare delivery system.

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Household Size and Income Level. The household size of Hampton County is slightly higher than the State but per capita income and median household income are much lower and the level of poverty is much higher.

Table 5

Income Level	Hampton County	South Carolina	USA
Households, 2007-2011	7,248	1,758,732	114,761,359
Persons per household, 2007-2011	2.72	2.52	2.60
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$16,728	\$23,854	\$27,915
Median household income, 2007-2011	\$35,914	\$44,587	\$52,762
Persons below poverty level, percent, 2007-2011	22.6%	17.0%	14.3%

This economic status clearly creates challenges to many residents who face financial barriers in getting healthcare services.

Appendix 3 presents a full summary of the sociodemographic statistics for Hampton County.

What are the Health Statistics for Hampton County (Data Analysis)

Patient Use of Local Services. Analyses of inpatient (acute) hospital discharges, Emergency Department visits, and outpatient surgeries show that many patients leave the County for services. From 2004-2011, 73% of residents discharged from hospitals received care outside of Hampton County. (At the time of this study, figures for the year 2012 are not published). The percent of patients leaving the County for outpatient surgery averaged 76%. For ED visits, many fewer residents leave the County, averaging 32% over the eight year period. (See Appendix 4 for more detail).

Since HRMC is a small primary care hospital, many patients need to go to larger hospitals for specialty care. Additionally, there are only a few surgeons practicing in Hampton County, so patients are typically referred to specialty surgeons in larger cities. As a result, patients have operations performed where the surgeons practice. Given the remoteness of the County and the distance to larger hospitals, it is surprising that 32% of the residents seek ED services outside the County.

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Top Reasons for Hospitalization. The top reasons for inpatient hospitalization for Hampton County residents (excluding newborns & deliveries) are shown on the following table. Based on the top 100 reasons identified by DRG codes, and re-categorized by similarity; the major three reasons for hospitalization within Hampton County - cardiovascular, lung, and GI disorders are consistent with the 2012 State data.

Table 6

2012 Analysis of Top 100 Reasons for Hospitalization (excluding newborns & deliveries)				
Hampton County	# of Discharges		South Carolina	# of Discharges
Cardiovascular	320		Cardiovascular	60,847
Respiratory	279		Gastroenterology	46,719
Gastroenterology	212		Respiratory	42,497
Neurology	182		Orthopedic	28,992
Kidney	156		Neurology	20,808
Other	139		Urinary/renal	19,300
Blood	127		Psychiatric	13,343
Orthopedic	76		Diabetes	5,531
Psychiatric	70		Gynecology	5,226
Gynecology	48		Maternity (non-delivery)	3,850
Diabetes	34		Cancer (Chemo)	1,187
			Other	35,107
Not in top 100	630		Not in top 100	130,763
TOTAL - All Discharges	2,273		TOTAL - All Discharges	414,170

The description of the hospitalization reason allowed categorization by body system and did not adequately differentiate cancerous conditions within each body system.

Rate of Hospitalization. The crude rate of hospitalization (as shown on the following table) identifies heart disease, chronic lower respiratory and cancer as the highest contributors to hospitalization by County residents. This data is supported with the State total of deaths.

Table 7

2011 Crude rate of hospitalizations (per 100,000)	Hampton County					State	County
	Total	Blacks	Whites	Males	Females	Total	Deaths
Hypertension	120	194	32	131	109	112	6
Heart Disease	1484	1314	1589	1523	1441	1127	37
Stroke	389	362	378	449	326	310	8
Chronic Lower Respiratory	562	476	659	551	573	342	10
Diabetes	312	503	86	206	424	203	7
All Cancers	528	485	508	617	434	326	42
Colorectal Cancer	115	97	141	131	99	41	4
Cervical Cancer	10	0	23	0	10	6	0
Lung Cancer	96	123	65	103	89	45	13
Female Breast Cancer	79	53	91	0	79	49	2
Prostate Cancer	56	53	62	56	0	52	5

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Insurance Coverage. One of the major challenges in healthcare for Hampton County is payment for services. For many residents in the Hampton County service area, the lack of adequate health insurance greatly restricts access to healthcare services and providers face great challenges in funding care to patients with limited or no ability to pay.

For 2011, the SC Department of Health & Human Service reported 33.5% of the Hampton County population was covered by Medicaid. The categorical breakdown is as follows: Elderly (10%); Disabled Adults (15%); Other Adults (21%); Children (54%). For 2012, the uninsured population (under 65) comprised 22% of the County in comparison to 19% for the State.

Birth & Death Statistics. The following chart presents the births and deaths for residents of Hampton County for 2004-2011 as reported by the SC Department of Environmental Control.

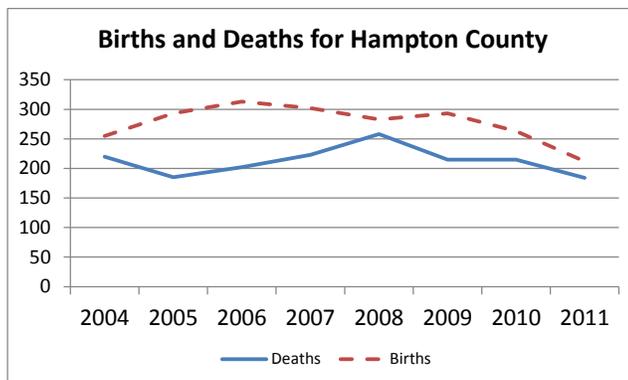


Figure 4

Both the birth rate and death rate have declined since 2009.



Leading Causes of Death. The leading causes of death identified for the County are consistent with data previously discussed. Cancer, cardiovascular disease, and diabetes continue to lead the top five causes by a large margin in comparison to other noted illnesses.

Top Ten Leading Causes of Death in Hampton County, 2011

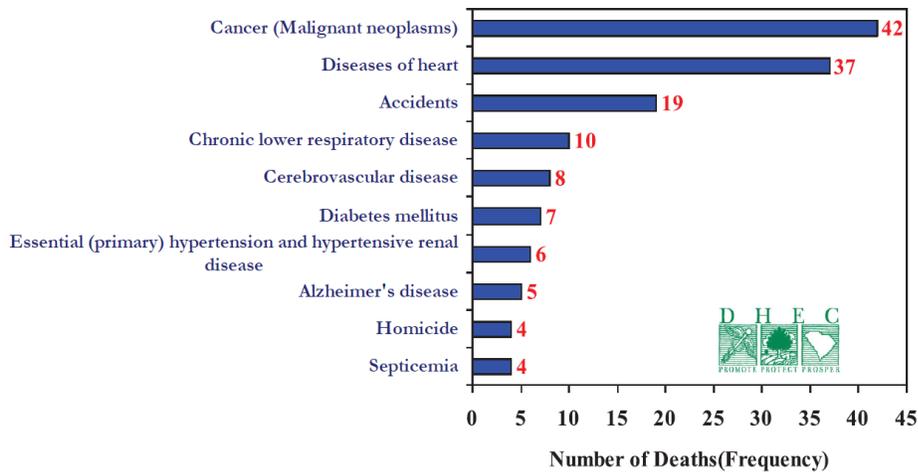


Figure 5

Of particular note is the rate of death due to accidents (ranking 3rd) and homicide (ranking 9th).

Prenatal Care. A review of Kids Count data reveals typical challenges in healthcare for children. Of particular concern is the lack of prenatal care for mothers.

Table 8

Women Receiving Less than Adequate Prenatal Care			
Hampton County	2005	2006	2007
Total	46.8%	47.3%	46.4%
White	39.3%	40.3%	40.2%
African American and Other	51.4%	52.2%	49.7%

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Obesity. Another major healthcare issue is obesity, which also is a major significant problem at the State and national level. Obesity contributes to many illnesses and diseases for adults and children. As shown on Table 10, when compared to the State average, Hampton County rates significantly higher with 39% of adults being considered obese as opposed to the State's reported 30%.

Table 9

2010 Hampton County Profile-Nutrition, Physical Activity and Obesity			
	Hampton	SC	US
Adults			
Obese	38.9%	30.3%	27.7%
Not meeting physical activity recommendation	54.2%	54.6%	49.4%
Not meeting fruit and vegetable recommendation	83.1%	82.6%	76.6%
Adolescents			
Obese (HS)	N/A	16.7%	12.0%
Local Level Data			
rate (2009)	20.3%	11.4%	14.0%
Generated by: Division of Nutrition, Physical Activity and Obesity: DHEC Bureau of Community Health and Chronic Disease Prevention http://www.scdhec.gov/hs/epidata/state_reports.htm			

Morbidity and Mortality. The Population Health Institute at the University of Wisconsin (through funding from the Robert Wood Johnson Foundation) publishes health data at the county-level. The health outcomes measured include morbidity and mortality data, as well as, health behavior characteristics. The county-level estimates, based on the Behavior Risk Factor Surveillance System (BRFSS) data, are calculated for the *County Health Rankings* by staff at the Centers for Disease Control and Prevention. They use seven years of data (wherever possible), thus their estimates represent an average over the seven years (2005-2011). Table 10 presents 2012 Health Outcomes Data.

Table 10

2012 Overall	Hampton County	SC
Health Outcomes		
Mortality		
Premature death	11,866	9,075
Morbidity		
Poor or fair health	23%	16%
Poor physical health days	3.8	3.7
Poor mental health days	2.8	3.6
Low birthweight	11.8%	10.1%

Comment [NT1]: Why was this added and what it makes it relevant to the RWJF information? The correlation needs to be explained.

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Premature deaths are reported in years of potential life lost before age 75 per 100,000 population (age-adjusted). Residents of Hampton County reported poor physical health 3.8 days per month and 2.8 poor mental health days per month. Hampton County's poor physical health days are relatively consistent with the reported 3.7 days per month for the State. In comparison with State data, Hampton County has a higher rate of premature deaths and low birth rate babies and a lower level of prenatal care received by pregnant women. Appendix 5 provides the full data set outlining these findings.

What are the Opinions of Healthcare Experts and Community Leaders

Interviews were conducted with a number of local healthcare experts and community leaders. The one-on-one discussions were conducted using an interview guide (Appendix 6), so each would cover in a structured way the following topics:

- Socio-demographic needs
- Health literacy
- Chronic disease information
- Hospital services and care

The key points and areas of consensus from the interviews are summarized as follow:

1. Hampton County has a large minority population; however, there are no unique health concerns that need to be addressed. There is a wide margin of chronic disease incidence for the overall County. The income level of residents is much lower than the State average. There are no major industries in the County, often forcing residents to seek employment out of the County. Most of the residents with higher incomes live on the outskirts of town or neighboring towns.
2. The role of the hospital as a beacon of the community is recognized and respected. The rich history of Hampton Regional Medical Center allows for initiatives that help improve the health of County residents through health education programs and screenings frequently offered. Although, some residents do not take advantage of the many programs and services already being offered by the hospital.
3. Overall efficiency of the hospital and its customer service are key strengths. The primary concern of residents regarding hospital care involves streamlining the Emergency Department services to reduce patient wait times. Primary contributors to the continuity of ED care could be attributed to a lack of technology and the need for additional emergency room physicians.
4. Based upon the outcome of the interviews, weaknesses were noted regarding health care needs that are currently not being addressed such as more specialty services; additional health education and screening services; the establishment of clinics or an urgent care center to reduce ER wait time and to bring in physicians committed to staying in Hampton County.

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5. Interview participants believe the hospital should provide more information about the programs and services offered to the community and increase the number and frequency of health fairs and seminars. Further discussion pertaining to the needs of children show that while most pediatric needs are being met, the youth population seems to have little regard for overall health by engaging in risky behavioral habits. When evaluating the needs of this population, more health education efforts are needed and recreational activities within the County will improve the physical and mental health of youth.
6. When asked about the needs of pregnant women, the ability to deliver babies at the local hospital was identified. However, there is an increased expense associated with the delivery of babies. Because the hospital is not staffed for maternal needs, many expecting mothers seek obstetric care outside of the County and thus delivery at hospitals outside the County. Additionally, the need for obstetrician/gynecology services will improve the lack of prenatal care for expecting mothers.
7. Hampton County has a large segment of elderly residents. Hampton Regional Medical Center has a strong relationship with the seniors of the community, being actively involved with the seniors' council. When evaluating the needs of the elderly population additional specialty doctors are needed and improved transportation services would greatly assist with getting to scheduled doctor's appointments. Travel out of town can be difficult for many senior citizens due to the increased cost incurred from having to pay for transportation. This inhibits their financial ability to pay for medical appointments and services. Further education is needed to assist with understanding medical terminology and medication compliance.

What are the Opinions of the General Community (Focus Group)

An important part of this study was a focus group survey and discussion held with a group of mostly seniors. Appendix 7 provides a copy of the focus group survey. Highlights of the survey results and the group discussion are:

1. One focus group was conducted with the Seniors Council of Hampton County. Residents participating in this study have lived or worked in the County an average of 56 years; with an average of 74 years.
2. A high percentage of participants (over 90%) acknowledged having a primary care physician or a personal doctor they see for medical care. When ill, medical treatment is often sought at a physician's office or through emergency room care within Hampton County. However, during the past 12 months over 50% of those surveyed didn't seek treatment through the ER and only 29% visited once. Majority of the population rate their health as good or fair; receiving routine checkups on a yearly basis.
3. The major reason for seeking medical treatment is high blood pressure, high cholesterol, or diabetes. In general, participants felt that poor physical or mental health kept them from doing usual activities less than 3 days during the past 30 days of evaluation.
4. In regards to the biggest health needs facing the Hampton County community, they cited lack of physicians and inability to pay for care as the top two reasons. When asked about

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health related services they're traveling out of the County to receive, 41% of respondents state cardiology followed by cancer treatment and hospital care, equally with a response of 31%.

5. Of interest, is the fact that when asked about where they prefer to seek medical treatment most responded Hampton County or Hampton Regional Medical Center because of its proximity to home. However, resident in Hampton County continue to travel outside the county even though there is an established cardiology practice in the area. Overall, the respondents believe the health care needs of the County are being met fairly well.

What are the High Priority Healthcare Issues (Prioritization)

The Steering Committee has identified the following healthcare issues as a high priority for Hampton County:

- High levels of obesity and related diseases – hypertension, stroke, diabetes
- High prevalence of Chronic Obstructive Pulmonary Disease (COPD)
- High prevalence of cardiovascular diseases
- High prevalence of cancer diseases
- Lack of prenatal care and high number of teen pregnancies
- Lack of transportation
- Limited access to care
- Need for additional physicians locally
- Poor patient compliance, especially for medications
- Health education and promotion efforts

What Resource are available to address the Issues (Inventory)

Hampton Regional Medical Center. The history of Hampton Regional Medical Center has served the residents of the County and the surrounding area for over 60 years. The hospital, then known as Hampton General Hospital, was built at a total cost of \$283,000 and dedicated on November 1, 1950. Hampton General Hospital was a county-owned facility that was governed by a board of directors selected by the Hampton County Council. This is a typical form of hospital governance and not uncommon today. The hospital was renovated and expanded over a dozen times over the years.

In 1995, Hampton County Council converted the hospital to a private, not-for-profit hospital (a 501(c)3 corporation) and turned the governance over to a community based voluntary Board of Directors. At that time, the hospital was renamed Hampton Regional Medical Center.

Under a new form of governance and under new management, HRMC has prospered and grown to become one of the County's largest employers. The hospital is at the center of a growing medical community and in 2005 was named one of the Top 100 hospitals in the United States by Cleverley & Associates.

In early 2009, Hampton Regional Medical Center became an affiliate of Roper St. Francis

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Healthcare in Charleston. This affiliation provides the residents of the hospital’s service area easy access to the outstanding secondary and tertiary health care services, technology, virtually every medical specialty, and almost 800 physicians. Last year, the hospital was selected the SC Outstanding Rural Healthcare Organization of the year.

Working under the guiding principle that people living in rural areas deserve local access to the finest medical care available, Hampton Regional is equipped with world-class medical technology, well trained, credentialed and certified clinical staff, and a medical staff that continues to expand.

Hampton Regional Medical Center provides the following list of services to residents of Hampton County and surrounding areas: Cardiology, Cardiopulmonary, Orthopedics, Primary Care, Sleep Disorders, Surgery, Rehabilitation Services, Imaging Services, Laboratories, and Social Services among others.

The following table provides 2011 and 2012 statistics reported by the hospital.

Table 11

Hampton Regional Medical Center		
	2011	2012
Admissions	901	704
Discharges	895	695
Total Patient Days	3516	2549
Total MRI Scans	644	664
Total Surgery Procedures	778	724
Total ER Visits	11669	11798

Physicians and Other Healthcare Professionals. Hampton Regional Medical Center reports the following number of Full Time Equivalents (FTE)* physicians and mid-level practitioners seeing patients in Hampton County:

Table 12

Specialty	FTEs
Cardiology	1.0
Emergency Medicine	4.0
Family Physician	6.5
Family Nurse Practitioner	6.0
General Surgery	1.0
Neurology	0.1
Ophthalmology	1.0
Orthopedic Surgery	1.0
Podiatry	0.1
Psychiatry	0.1
Radiologist	2.0

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Vascular Surgery	0.1
Total	22.9

*Note: Some physicians work part-time or operate satellite office practices.

Other Health Care Resources. There is a limited number of other health care resources due the smaller population in Hampton County. Other resources provided to County residents include services offered by the SC Department of Health and Environmental Control, SC Department of Mental Health, the Council on Aging, Beaufort Jasper Hampton Comprehensive Healthcare (A Federally Qualified Health Center), and local pharmacies. DHEC has a scope of limited services; for instance, vaccinations and clinic services are limited to Medicaid enrollees only. The County does not have a free-medical clinic.

What more can HRMC do to Address Health Needs (Implementation Plan)

HRMC proposes the following implementation and action plan based on the prioritized healthcare issues identified. The implementation of these initiatives will greatly enhance the overall health and well-being of Hampton County residents. The implementation goals do not cover all health needs but does cover the areas of direct impact identified and supported by the research presented.

1. Cancer. This is the leading cause of death in Hampton County. Currently, infusion therapy and radiation treatment require travel outside the County. HRMC recognizes this creates a significant burden and inconvenience for patients and families undergoing cancer treatment.

Action Planned: Conduct an analysis to evaluate bringing ancillary cancer services to the County. Development of an action plan could potentially involve pursuing a relationship or partnering with neighboring counties or hospital affiliates to offer more cancer services in the County, if analysis dictates

Implementation Timeline: 12-18 months

2. Cardiovascular Disease. This is the second leading cause of death and, thus, a major health issue.

Action Planned: HRMC intends to:

- Revamp and expand its existing cardiology program to optimize efficiency
- Implement more patient centered education by adding additional primary care services and providers over the next three year period, as can be supported by the hospital
- Expand Cardiac Rehabilitation Services

Implementation Timeline: 3 years

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3. Access to Care. Access to care is limited due to time availability, location availability, and financial affordability. The Patient Protection and Affordable Care Act is expected to help address the financial barrier.

Action Planned: HRMC, will:

- Offer extended office hours in its primary care practice
- Explore options for offering access to more specialty physicians in the County.
- Apply for grant to expand telehealth services at the hospital

Implementation Timeline: 6-12 months

4. Community Health Education. Many health care issues are lifestyle driven and can be helped by improved patient knowledge and motivation to make better personal choices. HRMC recognizes the need to strengthen community health education efforts within Hampton County.

Action Planned: Several initiatives will be implemented over the next fiscal year to include:

- Initiate an annual Health Fair to increase public health knowledge
- Create a committee tasked with identifying new health education and awareness programs
- Identify and develop communication channels to provide increased patient education.

Implementation Timeline: 6-12 months

5. Obesity Awareness. Clearly, this is a national issue that affects the health of individuals in many negative ways and is a major health problem in Hampton County.

Action Planned: Existing educational programs will be expanded to include a stronger, more robust obesity and chronic disease component and information regarding dietary needs.

- Offer diabetes and nutritional counseling by the hospital's Certified Diabetes Educator.

Implementation Timeline: 6-12 months.

6. Patient Non-Compliance. Healthcare providers indicate many patients are not compliant with directives from primary care physicians, fail to keep scheduled appointments, and/or do not take medications as prescribed. This greatly impacts the health of patients and the effectiveness and efficiency of the health delivery system.

Action Planned: HRMC proposes to:

- Develop a coordinated system that provides a consolidated list of medications and dosage for their patients
- Provide patient opportunity for education to inform County residents about the importance of medication compliance and provide tips to assist with prescription management and oversight

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- Optimize opportunity education opportunity regarding medical and medication compliance

Implementation Timeline: 12-24 months

7. Prenatal Care. The need for adequate prenatal care is a national and State priority, but addressing this problem is very challenging in small, rural areas that cannot attract OB specialists. Furthermore, Hampton County does not generate enough births for HRMC to consider establishing a maternity program.

Action Planned: HRMC intends to:

- Encourage at least one OB physician to open a satellite office in the County
- Increase educational programs geared towards reducing teen pregnancy
- Collaborate with healthcare providers in Allendale, Bamberg and Barnwell Counties to establish a maternal-child health program with MUSC

Implementation Timeline: 24-36 months

Unaddressed Healthcare Issues. Unfortunately, HRMC is not able to address all of the healthcare issues identified in this study.

- **Transportation.** Hampton County has no mass public transportation system and many patients face difficulties in traveling to obtain health care services. HRMC recognizes there are several medical transportation choices available to County residents. However, patient eligibility for the services limit the use by the broader population due to cost. As a result, many residents and patients are unable to get transportation for healthcare appointments inside and outside of the County. Numerous groups, state and federal grants, have attempted to address the transportation issue.
- **Limited Financial Access.** HRMC cannot address the individual healthcare burdens of residents of the County. However, the hospital provides a significant amount of unfunded care to patients at the hospital. No one has ever been denied care for emergency medical services.

Follow-up. HRMC will annually provide an update regarding its progress to address health needs as noted in this document by publishing a report on its website (www.hamptonregional.org).

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References

- County Health Rankings & Roadmaps <http://www.countyhealthrankings.org/app/south-carolina/2012/hampton/county/1/1>
- HRSA Area Resource File <http://arf.hrsa.gov/>
- Centers for Disease Control and Prevention, National Center for Healthcare Statistics <http://www.cdc.gov/nchs>
- SC Budget and Control Board, SC Kids Count <http://www.sckidscount.org>
- SC Department of Health and Environmental Control, Epidemiological Data <http://www.scdhec.gov/epidata/>
- SC Department of Health and Environmental Control, Public Health Data <http://www.scangis.dhec.sc.gov/scan/>
- SC Department of Health and Environmental Control, Vital Statistics <http://www.scdhec.gov/data-statistics.htm>
- SC Office of Research and Statistics <http://www.ors.gov>
- SC Office of Healthcare Workforce Analysis and Planning, SC Health Professions Data Book <http://officeforhealthcareworkforce.org/>
- SC Rural Health Research Center <http://rhr.sph.sc.edu/>
- US Census Bureau <http://www.census.gov/>
- USDA Economic Research Service <http://www.ers.usda.gov/Data/>

Appendices

1. HRMC Service Area
2. SC ORS Population Data
3. Summary of the Sociodemographics of Hampton County
4. Analysis of Hospital Discharges by County of Service
5. SC County Health Rankings and Roadmaps 2012
6. CHNA Interview Guide
7. Focus Group Survey

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