

# 2019 Community Health Needs Assessment

*Compiled by Hampton Regional Medical Center*



Hampton County, South Carolina  
September 2019

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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 past months, we have worked on our CHNA and, on behalf of the Board of Directors of Hampton Regional Medical Center (HRMC), I am pleased to share it with you.

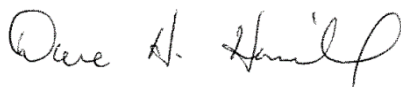
This report:

- Presents our analysis of the health issues facing the residents of Hampton County
- Incorporates input from a broad base of community leaders, healthcare experts, and residents of our county
- Discusses the impact of the CHNA completed in 2016
- 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 September 26, 2019. I hope you will take the time to carefully read this report and then let us know if you have questions, suggestions or ideas. You may email comments to us at [CHNA@HamptonRegional.org](mailto:CHNA@HamptonRegional.org). We are strongly committed to our mission: “*Compassion, Commitment and Excellence. Every Person, Every Time*”.

Sincerely,



Dave H. Hamill  
CEO

## 2019 Community Health Needs Assessment

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## Introduction and 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 (Chair)
- Lynn Bowers, Director of Human Resources, HRMC
- Kellie S. Gibson, Quality Assurance Coordinator, HRMC
- Kathy Jarrell, R.N. Nurse Administrator, HRMC
- Brittany Cooler, Communications Director
- James Chin, Strategic Directions Inc. (Consultant)

## 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 from gathered data
- Inventorying of healthcare resources available to the residents of Hampton County to address identified needs
- Creating an action plan to address high priority health needs to the extent the resources allow

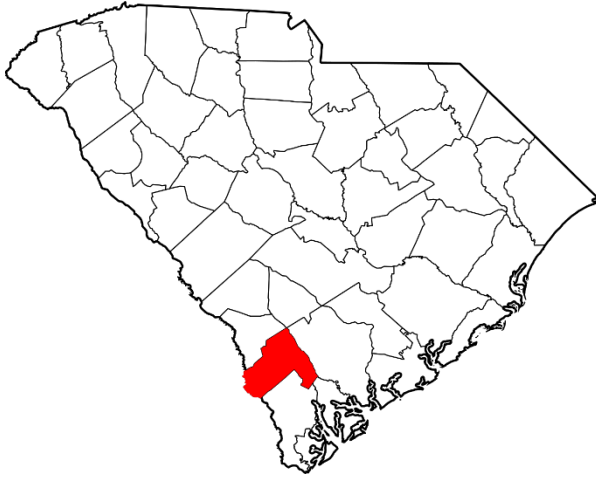
## HRMC Service Area

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

Between 2010 and 2017, the percent of HRMC's inpatients who reside in Hampton County ranged from 86% to 82%, respectively. Appendix 1 provides more detail year-by-year. Since nearly all of HRMC's patients are from Hampton County, the service area for HRMC is Hampton County; therefore, the focus of this community health needs assessment is Hampton County. The following state map (Figure 1) locates Hampton County within the state, and Figure 2 provides a detailed map of the county with its major roads and towns.

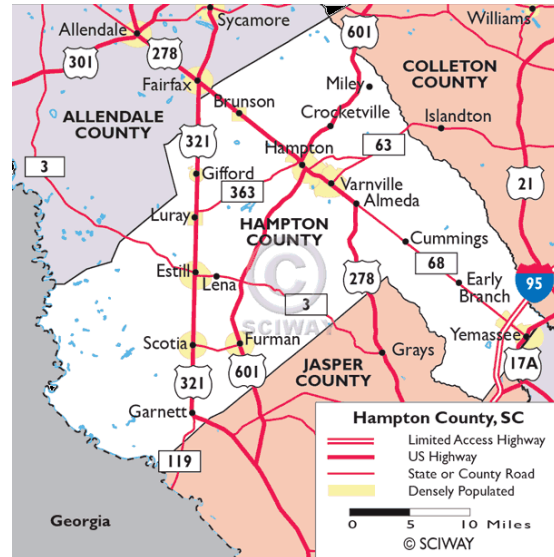
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*State of South Carolina with Hampton County highlighted:*



**Figure 1**

*Hampton County:*



**Figure 2**

## County Profile

Hampton County’s socio-demographic data is summarized below.

**Population Level.** In the 2010 Census, Hampton County had a population of 21,090. Currently its 2018 estimated population today is 19,351 and has since declined by 8.2%.

**Table 1**

POPULATION	HAMPTON	SOUTH CAROLINA	USA
Population, 2018 estimate	19,351	5,084,127	327,167,434
Population, 2010	21,090	4,625,364	308,747,508
Population, percent change, 2010-2018	-8.2%	9.9%	6.0%

From a health planning perspective, the population decline may result in a shrinking local economy, which will bring 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, especially specialty services.

**Age & Sex Distribution.** The age distribution of the population is very similar to the state and the US, so the health needs of the county are not skewed among the age groups.

**Table 2**

AGE & SEX DISTRIBUTION	HAMPTON	SOUTH CAROLINA	USA
Persons under 18 years, percent, 2018	21.3%	21.8%	22.4%
Persons 65 years and over, percent, 2018	18.4%	17.7%	16.0%
Female persons, percent, 2018	48.8%	51.5%	50.8%

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**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. The rural nature of the county can present transportation challenges to residents needing healthcare services.

**Racial Mix.** Nearly 54% of Hampton County residents are African American, which is much higher than the state average of 27.1%. The higher percentage of African American residents may be indicative of a higher disease burden for hypertension, stroke, and diabetes.

**Table 3**

RACIAL MIX	HAMPTON	SOUTH CAROLINA	USA
White persons, percent, 2018 (a)	43.8%	68.5%	76.5%
Black persons, percent, 2018 (a)	53.7%	27.1%	13.4%
All Other (including two or more races)	6.6%	10.3%	28.4%

(a) Includes persons reporting only one race

**Population Stability.** The population data shows 89.0% of residents have lived in the same house for at least one year, as opposed to the state average of 84.5%. This indicates Hampton County has a more stable population with long-term commitment to the community and a deeply rooted family structure. The continuing population stability provides an opportunity for increased patient continuity and an understanding of the healthcare needs of the population of Hampton County.

**Table 4**

POPULATION STABILITY	HAMPTON	SOUTH CAROLINA	USA
Living in same house 1 year & over, percent, 2010-2014	89.0%	84.5%	85.0%
Homeownership rate, percent, 2010-2014	76.7%	68.6%	64.4%
Foreign born persons, percent, 2010-2014	2.1%	4.8%	13.1%

**Education Level.** The percent of persons 25 years of age or older with a high school or higher education level of 81.5% is significantly lower than the state percentage of 86.5% and the national average of 87.3%. The percentage of persons holding a bachelor or higher college degree is less than 1/2 of the state and US percentages. The healthcare system of 2019 has an expectation that patients and their families are knowledgeable consumers of healthcare services. The lower level of education in Hampton County presents challenges for the healthcare delivery system in terms of unhealthy lifestyle and financial resources.

**Table 5**

EDUCATION LEVEL	HAMPTON	SOUTH CAROLINA	USA
High school graduate or higher, percent of persons age 25+, 2010-2017	81.5%	86.5%	87.3%
Bachelor's degree or higher, percent of persons age 25+, 2010-2017	11.7%	27.0%	30.9%

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**Household Size and Income Level.** The household size of Hampton County is slightly higher than the state average. Per capita income and median household income are much lower and the level of poverty of 25.1% for Hampton County is much higher compared to SC (15.4%). The economic status of Hampton County residents clearly creates challenges for many residents who face financial barriers in acquiring healthcare services.

**Table 6**

HOUSEHOLD SIZE & INCOME LEVEL	HAMPTON	SOUTH CAROLINA	USA
Households, 2010-2017	7,129	1,871,307	118,825,921
Persons per household, 2010-2017	2.62	2.54	2.63
Per capita income in the past 12 months (2017 dollars), 2010-2017	\$17,676.00	\$26,645.00	\$31,177.00
Median household income, 2010-2017	\$32,147.00	\$48,781.00	\$57,652.00
Poverty level, percent, 2010-2017	25.1%	15.4%	12.3%

## 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 these services. From 2013-2017, 81% of residents discharged from hospitals received care outside of Hampton County. (At the time of this study, figures for the year 2018 were not published). The percent of patients leaving the county for outpatient surgery averaged 79%. For ED visits, the number of residents leaving the county has improved by 8%, averaging 46% over the five-year period, 2013-2017. (See Appendix 2 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; therefore, many patients are referred to specialty surgeons in larger cities to receive surgical care.

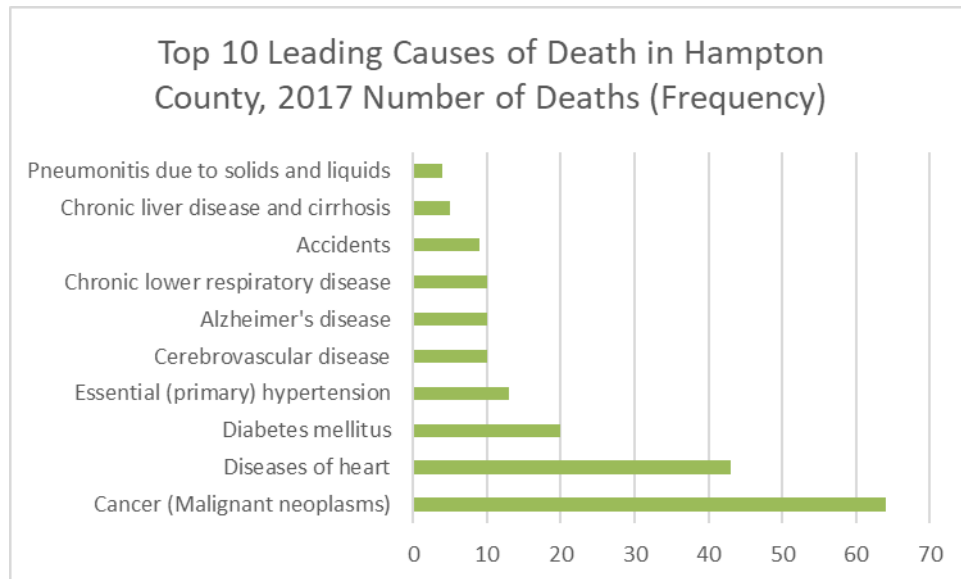
**Top Reasons for Hospitalization.** The top 25 reasons for inpatient hospitalization for Hampton County residents (excluding newborns & deliveries) are shown on the following table. The major five reasons for hospitalization within Hampton County are septicemia, heart failure, diabetes mellitus, COPD and pneumonia. The description of the reasons for hospitalizations allows for categorization by body system but does not adequately differentiate cancerous conditions within each body system.

**Table 7**

2017 Top 25 reasons for Inpatient Hospitalizations						
	Primary Diagnosis	Hampton County		Primary Diagnosis	South Carolina	
		Discharges	% of Total		Discharges	% of Total
1	Septicemia	127	5.3%	Septicemia	30,346	6.3%
2	Heart Failure	84	3.5%	Other: Chronic Obstructive	13,429	2.8%
3	Diabetes Mellitus	75	3.1%	Osteoarthritis of Knee	11,487	2.4%
4	COPD	71	3.0%	Acute Kidney Failure	11,236	2.3%
5	Pneumonia	67	2.8%	Stem Mocard Infarction	10,665	2.2%
6	Hypertensive Heart Disease	60	2.5%	Hypertensive Heart	10,059	2.1%
7	Acute Renal Failure	56	2.3%	Cerebral Infarction	9,745	2.0%
8	Cerebral Infarction	49	2.0%	Respiratory Failure	9,194	1.9%
9	Osteoarthritis of knee	45	1.9%	Atrial Fib	8,454	1.8%
10	OTH Maternal Disease	44	1.8%	OTH Maternal Disease	7,922	1.6%
11	Type 1 Diabetes	39	1.6%	Type 2 Diabetes	7,244	1.5%
12	Atrial Fib	38	1.6%	Hypertensive Heart Disease	7,109	1.5%
13	Cellulitis & Acute Lymph	28	1.2%	Maternal Care for Abnormal	6,944	1.4%
14	Acute Myocardial Infarction	28	1.2%	Pneumonia, Unspecified	6,912	1.4%
15	Other Disorders of Fluid	28	1.2%	Fracture of Femur	6,579	1.4%
16	Paralytic Ileus and Intes	27	1.1%	Chronic Ischemic Heart Disease	5,817	1.2%
17	Other Spondylopathies	27	1.1%	Osteoarthritis of Hip	5,337	1.1%
18	Other Disorders of Urinary	16	1.1%	Cellulitis and Acute Lymph	5,294	1.1%
19	Diverticular Disease of	26	1.1%	Acute Pancreatitis	5,108	1.1%
20	Pulmonary Embolism	24	0.9%	Perineal Laceration Durin	5,091	1.1%
21	Respiratory Failure	24	0.9%	Paralytic Ileus and Intes	4,856	1.0%
22	Fracture of Femur	21	0.9%	Other Disorders of Urinary	4,829	1.0%
23	Hypertensive Crisis	21	0.9%	Diverticular Disease of Intestine	4,745	1.0%
24	Maternal Care	21	0.9%	Late Pregnancy	4,380	0.9%
25	Acute Pancreatitis	21	0.9%	Other: Spondylopathies	4,136	0.9%



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



**Figure 3**

**Prenatal Care.** A review of Kids Count data reveals an improvement in healthcare for children compared to the 2016 CHNA. Data from 2017 shows a comparable rate of 33.5% compared to the state average for women with inadequate prenatal care in Hampton County.

**Table 9**

<b>Women Receiving Less than Adequate Prenatal Care</b>					
	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Hampton County</b>	40.0%	51.8%	38.0%	44.9%	33.5%
<b>South Carolina</b>	32.3%	32.9%	34.1%	33.0%	33.5%

**Obesity.** Another major healthcare issue is obesity, which is also a significant problem at the state and national level. Obesity contributes to many illnesses and diseases for adults and children. As shown in Table 10, when compared to the state average, Hampton County rates are higher with 32.9% of adults considered obese as opposed to the state's reported 31.8%. The percent of childhood obesity is significantly higher than the state level.

**Table 10**

<b>Nutrition, Physical Activity, and Obesity - Hampton County</b>			
<b>Children (Age 2-17)</b>	<b>Hampton</b>	<b>SC</b>	<b>US</b>
Overweight (BMI 85th-95th percentile)	18.6%	14.9%	-
Obese (BMI > 95th percentile)	21.6%	16.7%	-
60 mins or more of physical activity daily	24.7%	28.2%	-
<b>Adults (Age +18)</b>			
Overweight (BMI 85th-95th percentile)	37.4%	34.0%	35.4%
Obese (BMI > 95th percentile)	32.9%	31.8%	29.4%
60 mins or more of physical activity daily	49.7%	41.1%	49.9%

**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* at the Centers for Disease Control and Prevention (CDC). The CDC uses seven years of data (wherever possible), thus the estimates represent an average over the seven years (2008-2019). Table 11 presents 2019 Health Outcomes Data.

**Table 11**

<b>Health Outcomes</b>	<b>Hampton County</b>	<b>Margin of Error</b>	<b>National Benchmark</b>	<b>SC</b>	<b>SC Rank out of 46</b>
<b>Length of Life</b>					<b>35</b>
Premature death	11,100	9,400-12,700	5,400	8,700	
<b>Quality of Life</b>					<b>36</b>
Poor or fair health	21%	21-22%	12%	19%	
Poor physical health days	4.4	4.2-4.5	3	4.2	
Poor mental health days	4.3	4.2-4.5	3.1	4.4	
Low birthweight	13.00%	11-15%	6.00%	10.00%	

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 4.4 days per month and 4.3 poor mental health days per month, both of which have increased since the 2016 CHNA. Hampton County’s poor physical health days are slightly higher than the reported 4.2 days per month for the state. In comparison with state data, Hampton County also has a higher rate of premature deaths and low birth rate babies, and a lower level of prenatal care received by pregnant women. Appendix 3 provides the full data set outlining these findings.

## Opinions of Healthcare Experts and Community Leaders

An important part of this study was the feedback received by members of the community. Interviews were conducted with residents consisting of healthcare experts, community leaders, and residents (“respondents”). These one-on-one discussions were conducted using an interview guide and the following issues were identified as primary concerns by this broad group of people.

(See Appendix 1 for reference to the interview guide with summary):

1. The 2019 survey results identifying the leading health issues in Hampton County were essentially the same set identified in the 2016 CHNA report. **The respondents identified cancer, heart disease, stroke, chronic respiratory disease, and diabetes as the leading health issues in the county.**

With the five leading health issues identified, the respondents, in general, viewed that the current primary care physicians were capable and competent to manage these diseases, and **these diseases are likely attributed to an unhealthy lifestyle, lack of transportation, and limited access to financial resources.**

2. With the five leading health issues identified, the respondents also agreed that as the disease state progresses, the lack of specialists contributes to complications for these health care issues. Many of the respondents recognized that the population of the community were most likely not able to economically support certain specialists, but still identified the following specialists as a need, even on a part-time basis:
  - a. Cardiologist
  - b. Obstetrician
  - c. Oncologist
  - d. Pediatrician.
3. The respondents agreed that an unhealthy lifestyle contributes significantly to the identified health issues stated above. Because of this, they feel that education regarding healthy living, good nutrition, county transportation resources, and insurance coverage would be beneficial in addressing these issues. Further, they all agreed during this time of uncertainty at the hospital that it is important for the hospital to communicate all the resources and programs available to the residents in order to address any misperceptions.

## **Actions Taken Based on the 2016 Plan**

The 2016 CHNA included five areas for action. The implementation plan and the action taken are listed below:

### **1. Diabetes.**

Action Planned: Hospital will initiate a program to provide blood sugar screening for the general public and will provide follow-up education regarding the effective management of diabetes.

Action Taken: For the past three years, diabetes classes and screenings were held and conveyed on the hospital website. Physicians encouraged patients to participate in the program. As a result, since 2016, the number of residents hospitalized for diabetes has improved.

## **2. Babies & Children & Adolescents.**

Action Planned: Expand telehealth services in the ER to include pediatric services. MUSC partnership has been established, and this project is currently underway. Further, convene a group of community leaders to discuss youth issues including risky behavior prevention, unhealthy behaviors, and latch-key child problems. Staff will also look for partners to host a youth event that focuses on the identified issues.

Action Taken: Telehealth services are being done in conjunction with MUSC partnership for the past three years. Additional support is being discussed for establishing a pediatric clinic. The hospital has been proactive in outreach to the local youth and student organizations.

## **3. Health Education.**

Action Planned: Expand community education to include new programs such as obesity prevention. Continue annual health fairs and expand/grow to include outside vendors. Invite vendors that have a focus on the unmet needs of the community. Initiate discussion with school nurses on health collaboration. Improve understanding of medical terminology by providing general health information in plain language format to patients at discharge.

Action Taken: Physician Practice Administrator established a medical brochure for the patients identifying commonly used medical terms. Health fairs have been implemented but with little turn-out despite public announcements. Administration to review the health fair programs and modify as needed to improve effectiveness (See “Wellness” action under 2019 Action Plan).

## **4. Access to Care.**

Action Planned: Continue partnership with MUSC in the recently established Tele-Stroke program. Create stronger collaboration in addressing mental health needs of the community. Begin offering after-hours primary care.

Action Taken: Patient centered medical homes program and after-hours physician services were implemented with favorable outcome from patients and the community. The Tele-Stroke program with MUSC has saved a number of lives.

## **5. Substance Abuse.**

Action Planned: Create dialog and collaboration with agencies with similar concerns about substance abuse. Conduct research on needs, available grants and other funding sources to combat substance abuse, including potential support through the recent Federal “Promise Zone” designation. Establish a more restrictive prescribing policy. Continue implementation of the SCRIPTS program to all prescribing areas of the organization.

Action Taken: Internal prescribing policies were implemented within the organization and the hospital continues to follow the SCRIPTS program for accountability. Further, administration has reached out to local action groups such as the *New Life Center* to broaden its outreach to the community in terms of support and grant funding.

## High Priority Healthcare Issues (Prioritization)

Based on data analysis and input from local health experts and representatives of underserved groups, the Steering Committee has identified the following three health issues as a high priority for Hampton County:

- Cancer
- Heart Disease
- Wellness.

## Resource 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. The hospital was renovated and expanded many 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 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.

Early this year, Hampton Regional Medical Center became an affiliate of MUSC in Charleston. This affiliation provides the residents of the hospital's service area easy access to the outstanding secondary and tertiary healthcare services, technology, virtually every medical specialty, and almost 800 physicians.

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 state-of-the-art 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 2016 and 2017 statistics reported by the hospital (JARS 2016 & 2017).



**Table 12**  
**HRMC Utilization**

	2016	2017
Discharges	619	578
Total Patient Days	2922	3105
Surgery Procedures	727	921
ER Visits	12934	12225

**Physicians and Other Healthcare Professionals.** SC Office for Healthcare Workforce Analysis and Planning reports the following number of Full-Time Equivalents (FTE)\* physicians seeing patients in Hampton County:

**Table 13**

<b>Physicians in 2013 (based on Primary Practice Location)</b>	<b>Hampton</b>	<b>SC</b>
Total Physicians	17	11,373
Family Medicine	8	1,807
Internal Medicine	1	1,345
Obstetrics/Gynecology	0	565
Pediatrics	2	835
General Surgery	2	438
All Other Physicians (Specialist)	3	6,108
Physicians Per 10,000 Population	8.2	24.1
Primary Care Physicians per 10,000 pop	5.3	9.6
Federal Physicians	1	275

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

**Other Health Care Resources.** There is a limited number of other healthcare resources due to 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.

## **HRMC Plan to Address Health Needs (Implementation Plan)**

HRMC proposes the following action plan to be implemented based on the prioritized healthcare issues identified. The implementation of these initiatives will enhance the overall health and well-being of Hampton County residents. The implementation goals do not cover all health needs, but do cover the areas of direct impact identified and supported by the research presented. The following list addresses each of the high priority areas of health needs by outlining action plans and resources required:

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**1. Cancer.** This is the leading cause of death in Hampton County. In 2013, HRMC recognized this disease as the number one issue to address. Since then, HRMC has developed a very successful infusion program supported by a visiting oncologist one time per week. However, the perception and statistics show that a number of Hampton county residents neither knows about the infusion program nor seeks therapy within the county.

Action Planned: Administration to review current infusion therapy program in terms of operations, outreach, referrals, resources, and promotion. Provide an amendment plan to increase the number of therapies to the residents.

**2. Heart Disease.** The second leading cause of death in Hampton County.

Action Planned and Resources Needed: HRMC intends to:

- a. Review current cardiology program and develop recommendations to improve and promote services to residents.
- b. Tie-in priority #3, Wellness, to improving health life styles through education, diet, and exercise for addressing both heart disease and diabetes.

**3. Wellness.** Unlike cancer, both diabetes and heart disease (stroke) can be prevented by encouraging a healthy lifestyle through diet and exercise. While HRMC can only address a small area of this problem that is systemic in nature (culture, education, financial resources, etc.), HRMC can attempt to promote a healthy lifestyle through its existing resources, such as dietary education, blood screening, and taking lead on community outreach programs.

Action Planned and Resources Needed: HRMC intends to:

- a. Expand community education to include new programs such as obesity prevention. Existing management staff will create and deliver new programs.
- b. Continue annual health fairs and expand/grow to include outside vendors. Invite vendors that have a focus on the unmet needs of the community. Existing staff will continue to coordinate this program.
- c. Initiate discussion with school nurses on health collaboration. Administration will host a meeting for open discussions and follow-up as appropriate.

**Unaddressed Healthcare Issues.** Unfortunately, HRMC is not able to address all of the health issues identified in this study. Substance abuse, mental health, and obstetrics continue to be major health issues. At this point HRMC has done everything within its resources to address these issues. HRMC is excited to collaborate with MUSC in addressing these issues and will move forward to improve current programs for addressing the major issues in this CHNA.

**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](http://www.hamptonregional.org)).

## References

- County Health Rankings & Roadmaps <http://www.countyhealthrankings.org/app/south-carolina/2016/rankings/hampton/county/outcomes/overall/snapshot>
- 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/Health/docs/Epi/chronic/Hampton.pdf>
- 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>
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- 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

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1. HRMC Service Area
2. Analysis of Hospital Discharges by County of Service
3. SC County Health Rankings and Roadmaps 2019
4. Summary Results of Guided Interview Questions
5. List of Respondents

## **Appendix 1**

# **Hampton Regional Medical Center Service Area**



<b>Patient Origin for HRMC</b>											
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Total Discharges</b>	779	841	844	971	854	668	625	660	573	607	558
<b>From Hampton County</b>	724	771	757	850	772	596	546	566	485	522	459
<b>% of Total Discharges</b>	93%	92%	90%	88%	90%	89%	87%	86%	85%	86%	82%
<b>% Market of Hampton</b>	25%	28%	28%	31%	29%	23%	20%	23%	18%	18%	17%

<b>2017 Patient Origin for HRMC</b>		
<b>County</b>	<b>Discharges</b>	<b>% Market Share of County</b>
Hampton	459	17.33%
Allendale	31	1.17%
Jasper	21	0.79%
Colleton	15	0.57%
Bamberg	11	0.42%
Beaufort	8	0.30%
Orangeburg	0	0.00%
Richland	1	0.04%
Barnwell	5	0.19%

## **Appendix 2**

# **Analysis of Hospital Discharges by County of Service**

## All Hospital Discharges

Persons Hospitalized Outside County of Residence (Residents of Hampton County)											
All Discharges	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
In County	724	771	757	850	772	596	546	566	485	522	459
Out of County	2,118	1,979	1,924	1,854	1,881	1,951	2,148	1,944	2,261	2,433	2,189
<b>Total</b>	<b>2,842</b>	<b>2,750</b>	<b>2,681</b>	<b>2,704</b>	<b>2,653</b>	<b>2,547</b>	<b>2,694</b>	<b>2,510</b>	<b>2,746</b>	<b>2,955</b>	<b>2,648</b>
Percent Out of County	75%	72%	72%	69%	71%	77%	80%	77%			
<b>By County (not all shown)</b>											
Allendale	39	27	49	39	26	32	23	36	29	36	22
Bamberg	46	42	25	38	21	0	0	1	0	0	0
Beaufort	561	480	484	451	708	715	673	640	711	791	695
Charleston	507	513	547	560	545	571	561	566	534	598	603
Colleton	518	503	444	1	360	409	420	424	452	485	416
<b>Hampton</b>	<b>724</b>	<b>771</b>	<b>757</b>	<b>850</b>	<b>772</b>	<b>596</b>	<b>546</b>	<b>566</b>	<b>485</b>	<b>522</b>	<b>459</b>
Jasper	45	0	25	30	40	44	64	118	153	145	115
Orangeburg	72	107	83	86	107	89	89	71	62	50	42
Richland	81	47	31	34	33	22	32	39	41	25	19

## Outpatient Surgery Discharges

Outpatient Surgery Outside their County of Residence (Residents of Hampton County)											
Outpatient Surgery	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
In County	1,333	507	668	623	536	560	684	548	445	784	799
Out of County	2,412	2,371	2,506	2,513	2,744	2,746	2,896	3,090	3,008	3,233	2,928
<b>Total</b>	<b>3,745</b>	<b>2,878</b>	<b>3,174</b>	<b>3,136</b>	<b>3,280</b>	<b>3,306</b>	<b>3,580</b>	<b>3,638</b>	<b>3,453</b>	<b>4,017</b>	<b>3,727</b>
Percent Out of County	64%	82%	79%	80%	84%	83%	81%	85%	87%	80%	79%
<b>By County (not all shown)</b>											
Allendale	30	42	27	24	8	16	20	20	25	21	18
Bamberg	49	66	81	88	27	0	0	0	0	0	0
Beaufort	813	741	761	815	924	946	869	1,053	1,058	1,061	993
Charleston	798	823	860	833	1,001	930	972	988	971	1,022	935
Colleton	421	476	549	501	493	504	627	643	617	618	567
<b>Hampton</b>	<b>1,333</b>	<b>507</b>	<b>668</b>	<b>623</b>	<b>536</b>	<b>560</b>	<b>684</b>	<b>548</b>	<b>445</b>	<b>784</b>	<b>799</b>
Jasper	112	61	85	137	157	181	228	211	164	325	263
Orangeburg	88	61	54	37	45	60	60	64	50	68	38
Richland	45	61	43	36	32	40	36	39	45	35	38

## Emergency Room Discharges

Persons Visiting the ER Outside their County of Residence (Residents of Hampton County)											
ER Visits	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
In County	9,136	10,434	10,928	10,459	10,486	11,126	9,748	9,680	9,056	10,983	10,106
Out of County	4,055	3,727	4,107	4,227	5,779	6,556	7,059	7,987	8,637	9,199	9,061
<b>Total</b>	<b>13,191</b>	<b>14,161</b>	<b>15,035</b>	<b>14,686</b>	<b>16,265</b>	<b>17,682</b>	<b>16,807</b>	<b>17,667</b>	<b>17,693</b>	<b>20,182</b>	<b>19,167</b>
Percent Out of County	31%	26%	27%	29%	36%	37%	42%	45%	49%	46%	47%
<b>By County (not all shown)</b>											
Bamberg	15	32	36	43	59	15	0	0	0	0	0
Beaufort	874	742	835	864	2,085	2,447	2,631	3,007	3,245	3,536	3,357
Colleton	1,051	1,042	973	1,060	1,135	1,277	1,436	1,636	1,703	1,986	2,080
<b>Hampton</b>	<b>9,136</b>	<b>10,434</b>	<b>10,928</b>	<b>10,459</b>	<b>10,486</b>	<b>11,126</b>	<b>9,748</b>	<b>9,680</b>	<b>9,056</b>	<b>10,983</b>	<b>10,106</b>
Allendale	1,148	987	1,226	1,259	1,335	1,592	1,638	1,721	1,989	1,971	1,971
Barnwell	0	0	0	0	14	23	31	20	18	0	0
Charleston	232	278	339	301	345	353	370	490	508	496	497
Jasper	552	477	500	492	569	580	683	826	890	893	864
Orangeburg	78	76	88	79	83	82	99	69	75	94	67

## **Appendix 3**

# **SC County Health Rankings and Roadmap 2019**

## South Carolina County Health Rankings 2019

Health Outcomes	Hampton County	Margin of Error	National Benchmark	SC	SC Rank out of 46
<b>Length of Life</b>					<b>35</b>
Premature death	11,100	9,400-12,700	5,400	8,700	
<b>Quality of Life</b>					<b>36</b>
Poor or fair health	21%	21-22%	12%	19%	
Poor physical health days	4.4	4.2-4.5	3	4.2	
Poor mental health days	4.3	4.2-4.5	3.1	4.4	
Low birthweight	13.00%	11-15%	6.00%	10.00%	
<b>Health Factors</b>					
Health Behaviors	Hampton County	Margin of Error	National Benchmark	SC	SC Rank out of 46
<b>Health Behaviors</b>					<b>32</b>
Adult smoking	19%	19-20%	14%	20%	
Adult obesity	40%	35-46%	26%	32%	
Physical inactivity	31%	26-36%	19%	25%	
Excessive drinking	15%	15-16%	13%	18%	
Motor vehicle crash death rate (per 100,000)	26	18-36	9	19	
Sexually transmitted infections (per 100,000)	498.8		138	575	
Teen birth rate (per 1,000 females)	37	31-43	14	30	
<b>Health Factors</b>					
Clinical Care	Hampton County	Margin of Error	National Benchmark	SC	SC Rank out of 46
<b>Clinical Care</b>					<b>39</b>
Uninsured	15%	10-13%	6%	12%	
Primary care physicians	1,153:1		726:01:00	1,218:1	
Preventable hospital stays	6732		2765	4520	
Mammography screening	44.0%		49.0%	45.0%	
<b>Health Factors</b>					
Social & Economic Factors	Hampton County	Margin of Error	National Benchmark	SC	SC Rank out of 46
<b>Social &amp; Economic Factors</b>					<b>30</b>
High school graduation	86.0%		96.0%	84.0%	
Some college	36.0%	30-42%	73.0%	62.0%	
Unemployment	4.5%		2.9%	4.3%	
Children in poverty	35.0%	25-44%	11.0%	22.0%	
Children in single-parent households	49.0%	38-61%	20.0%	39.0%	
Violent crime rate (per 100,000)	723		57	81	
<b>Health Factors</b>					
Physical Environment	Hampton County	Margin of Error	National Benchmark	SC	SC Rank out of 46
<b>Physical Environment</b>					<b>7</b>
Air pollution-particulate matter days	10.2		6.1	10.2	
* 90th percentile, i.e., only 10% are better					
Note: Blank values reflect unreliable or missing data					
<a href="http://www.countyhealthrankings.org/app/south-carolina/2015/rankings/hampton/county/outcomes/overall/snapshot">http://www.countyhealthrankings.org/app/south-carolina/2015/rankings/hampton/county/outcomes/overall/snapshot</a>					



## **Appendix 4**

# **Summary Results of Guided Interview Questions**

**Hampton Medical Center**  
**Community Health Needs Assessment 2019**  
**Expert Opinion Interview Guide**

Date: 6/5, 6/12, 6/26, 7/17, and 8/19  
 Name of Person being Interviewed: A total of 18 interviews were conducted (Collectively to be called “Respondents”)

Role in Hampton County (HC): Varies from Politicians, Local Business Leaders, Gov’t Officials, Religious, Education, and Non-for Profits

Location of Interview (Address): Approximately more than half of the interviews were conducted at the Hospital and the balance at their offices

Interviewer James Chin

Demographic Information Of Respondents

Race	45% African American	55% White
Gender	73% Female	27% Male
Age Range	33% Senior Age	67% Middle Age

Interview Questions:

How long have you lived and worked in HC? Average: 35.94 years

Were you interviewed in 2016 for this survey? 11% recalled being interviewed in 2016.

In review of the health needs list (Attachment A), please list the **top five health care** needs of the residents of HC?  
 Cancer  
 Heart Disease  
 Diabetes  
 Accidents  
 Stroke

What percent of the population do you think leave the county for healthcare reasons? Respondents view 51% on average seek healthcare outside the county.

Name reasons people leave the county for hospital care? Perception of Hospital  
 Lack of Specialties

Which hospitals do you think they would go to?	Beaufort MUSC
How do you think the general education level of the residents compare with the state average?	56% of the Respondents view the community's education are average and 44% are below state level
How do you think the general education level of the residents affects their health care?	72% of the Respondents view the community residents' education, on average, as directly affecting their health care
How do you think the average income level of the residents compares with the state average?	83% of the Respondents view the community residents are below state level.
What health care needs are not being met for residents in the lowest level of income?	Cancer Alzheimer
What do you think could be done to better meet their needs?	Chemotherapy and Radiation Treatment Centers Access to Memory Care
What health needs of children do you think are not being met?	Diabetes, Obesity, Unhealthy Living
What do you think could be done to better meet their needs?	Recruit Pediatrician, Promote healthy lifestyle through Education
Regarding pregnant women, what needs are not being met?	No OB physician
What could be done to better meet their needs?	Recruit OB Physician or NP Consider planning a maternity unit
Regarding the elderly, what needs are not being met?	Family support in terms of daily living
What could be done to better	Education and Home Health & Financial

meet their needs?

Assistance

Regarding the African Americans, what needs are not being met?

Heart Disease,  
Diabetes,  
Unhealthy Lifestyle

What could be done to better meet their needs?

Education

Do you agree or disagree that many residents seek ER care outside the county? If so, why is this occurring?

39% of the Respondents disagree

Those that would agree view the reason is poor perception of ER and waiting time as being factors to go elsewhere.

What problems, if any, do residents have in seeing a primary care physician?

44% of the Respondents view that there are NO problems seeing a primary care physician

What problems, if any, do residents have in seeing a specialist?

28% of the Respondents view that there are problems seeing a specialist.

Which specialties need to be available today?

Oncologist, Obstetrician, & Psychiatry

In review of specific health issues cited below, tell me if they are being met (y/n) and ways the needs could be better met:

Cancer

50% of the Respondents said Yes, issue is being met. However, treatments are conducted outside the county.

Heart Disease

50% of the Respondents said Yes, issue is being met.

Stroke

67% of the Respondents said Yes, issue is being met. View the telemedicine option with MUSC as viable resource for a rural hospital.

Chronic Lower Respiratory disease	78% of the Respondents said Yes, issue is being met. View the need for a Pulmonologist.
Diabetes	72% of the Respondents said Yes, issue is being met by their local primary care physicians.
Mental Health	33% of the Respondents said Yes, issue is being met by the Local mental health facility.
Substance Abuse	50% of the Respondents said Yes, issue is being met.
Accidents	89% of the Respondents said Yes, issue is being met by the hospital's ER.
Obesity	72% of the Respondents said Yes, issue is being met. However, a need for healthy lifestyle education should be promoted.
Do you agree or disagree that there is a problem with teen pregnancies?	85% of 14 Respondents agreed, but 4 of the Respondents <b>chose not</b> to comment.
If so, what ways can this concern be addressed?	Education.
Do you agree or disagree that transportation to a health care provider is a problem?	72% of the Respondents Agreed there is a transportation problem to a healthcare facility.
If so, what ways can this concern be addressed?	Promote community county transportation options.
Additional Comments	<ul style="list-style-type: none"> <li>· Improve PR relations to the community about healthy options</li> <li>· Leadership needs to convey the progress of the new programs</li> <li>· Positive and Moving in the right direction!</li> <li>· Improve ER waiting times</li> <li>· Excited about MUSC relationship</li> </ul>



## Appendix 5

### List of Respondents

Linda Kearse	Sheila Odom	Ronald Wilcox
Beth Chafin	Felicia Hartzog	Belinda Cooler
William Koger	Shedron Williams	Catina Gadson
Marie Benton	Peggy Stanley	Rose Dobson
Dwana Doctor	Patricia Williams	Nici Bennett
Kim Wiley	Mark Cooper	Rich Hutto