Allendale County Hospital

SOUTH CAROLINA OFFICE OF RURAL HEALTH
Investment. Opportunity. Health.

2022 Allendale County

COMMUNITY HEALTH NEEDS ASSESSMENT

Conducted by Allendale County Hospital
in partnership with the South Carolina Office of Rural Health

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A Message to the Community

To the Residents of Allendale County:

The Patient Protection and Affordable Care Act requires not-for-profit (501 (c)(3) tax-exempt) hospitals to complete a Community Health Needs Assessment (CHNA) every three years. Over the last several months, we completed our second CHNA. On behalf of the Board of Trustees of Allendale County Hospital (ACH), I am pleased to share this with you.

This report:

- Presents our analysis of the health issues facing the residents of Allendale 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 2019
- Assesses the resources available to address key health needs
- Prioritizes responses to the needs
- Outlines an implementation plan to address high priority health needs to the best of our abilities

This study is an important tool to focus our efforts and encourage teamwork as we address high priority health issues. Our hospital is not an island, and we look forward to the collaborative effort with other community partners as we work to improve the lives of those we serve.

Sincerely,

Lari Gooding
Chief Executive Officer
Allendale County Hospital

Introduction and Acknowledgements

The Patient Protection and Affordable Care Act requires every hospital holding IRS 501 (c)(3) tax-exempt status to complete a Community Health Needs Assessment (CHNA) every three years. The two primary objectives of this CHNA are to identify significant community health concerns in Allendale County and to address the issues by developing a Community Health Improvement Plan (CHIP) in the following months. Allendale County Hospital would like to acknowledge the contributions from the CHNA Steering Committee, Allendale County Hospital (ACH) staff, the South Carolina Office of Rural Health (SCORH), Allendale County community leaders, and residents who assisted with the development of the 2022 assessment.

The Steering Committee included:

- Lari Gooding, Chief Executive Officer, ACH
- Terri Hicks, Chief Financial Officer, ACH
- Becky Rowell, ACH
- Dustin Sease, ACH
- Kelly Wall, ACH
- Heather Tuten, ACH
- Melissa Glover, ACH
- Britton Herbert, SCORH
- Emma Jackson, SCORH
- Samantha Pace, Clemson SNAP-ed
- Shelley Thomas, Lowcountry Office for Healthy Learners
- Maggie Young, Medical University of South Carolina (MUSC) Children's Health
- Madie Orage, SC Department of Health and Environmental Control (DHEC)
- Yokina Williams, SC Department of Mental Health (DMH)
- Lottie Lewis, Town of Allendale
- Genita Green, Wholespire
- Kelsey Sanders, Wholespire

Allendale County Profile

The county of Allendale was founded in 1919 from sections of neighboring Barnwell and Hampton counties. Allendale County covers 408 square miles and is the least populous county in South Carolina. The population per square mile was 19.7 in 2020. The county seat is Allendale, with other incorporated communities being Fairfax, Ulmer, and Sycamore.

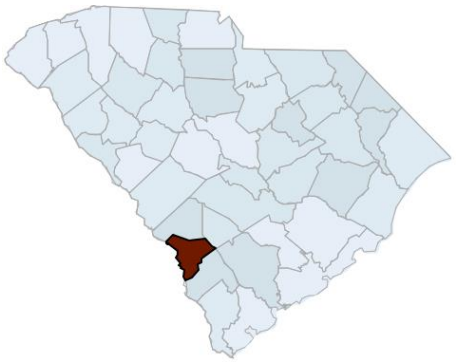


Figure 1. Map of South Carolina & Allendale County

Population

According to the 2020 Census, the population of Allendale County was 8,039. This represents a 22.84% decline in the county population since the 2010 Census counted 10,419 residents. Of these residents a slight majority are male (52.4%) with over one-fifth of the population being age 65 years and older (21.8%). Nearly three-fourths of the population (72.7%) are Black or African American alone with under a quarter (24.6%) being white or Caucasian alone. Hispanic or Latino residents represent 3.4% of the county population.

Economy

The median household income in Allendale County is $31,800 with nearly one-third (31.6%) of the population living in poverty. Under half (44.4%) of residents 16 years and older are in the civilian labor force. Over 20% of the population under the age of 65 have a disability which may prevent them from being in the workforce. Those who are working experience a median travel time to work of over a half hour (32.9 minutes).

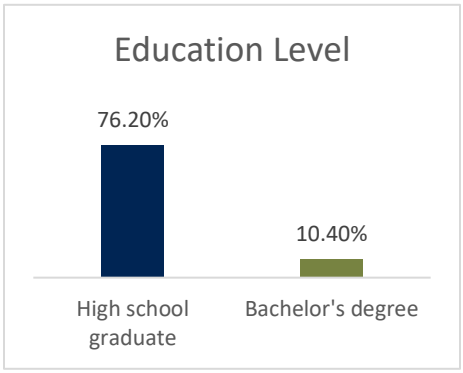


Figure 2. Allendale County Education Obtained

Housing

The median value of owner-occupied housing units in Allendale County is $53,800, but only two-thirds (67.5%) of the housing units in the county are owner-occupied. For the others, the median gross rent in the county is $651 per month. On average, there are 2.4 persons living in each household and more than nine out of every 10 people (91.5%) live in the same house as they did one year ago.

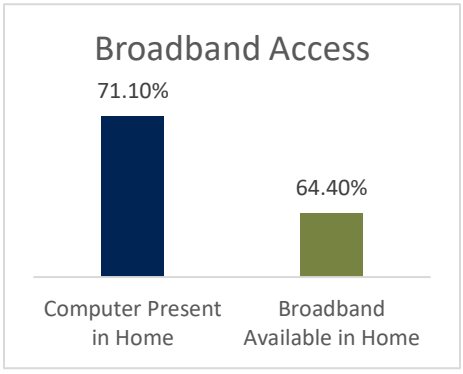


Figure 3. Allendale County Household Broadband Access

Statewide Comparison

In 2021 and 2022, Allendale County ranked 45th out of 46 counties in South Carolina for their health factors and health outcomes by County Health Rankings from the University of Wisconsin Population Health Institute. These rankings come from factors such as premature deaths, as displayed in the chart to the right.

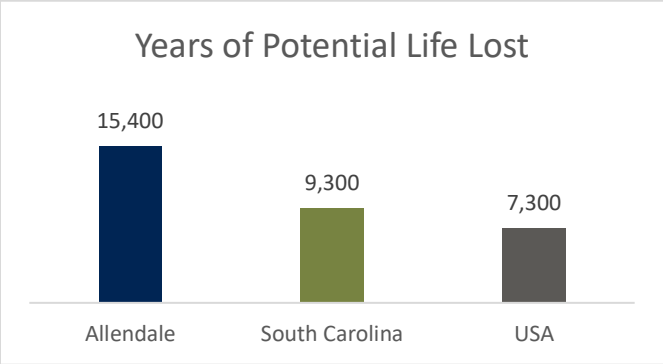


Figure 4. Allendale County Years of Potential Life Lost

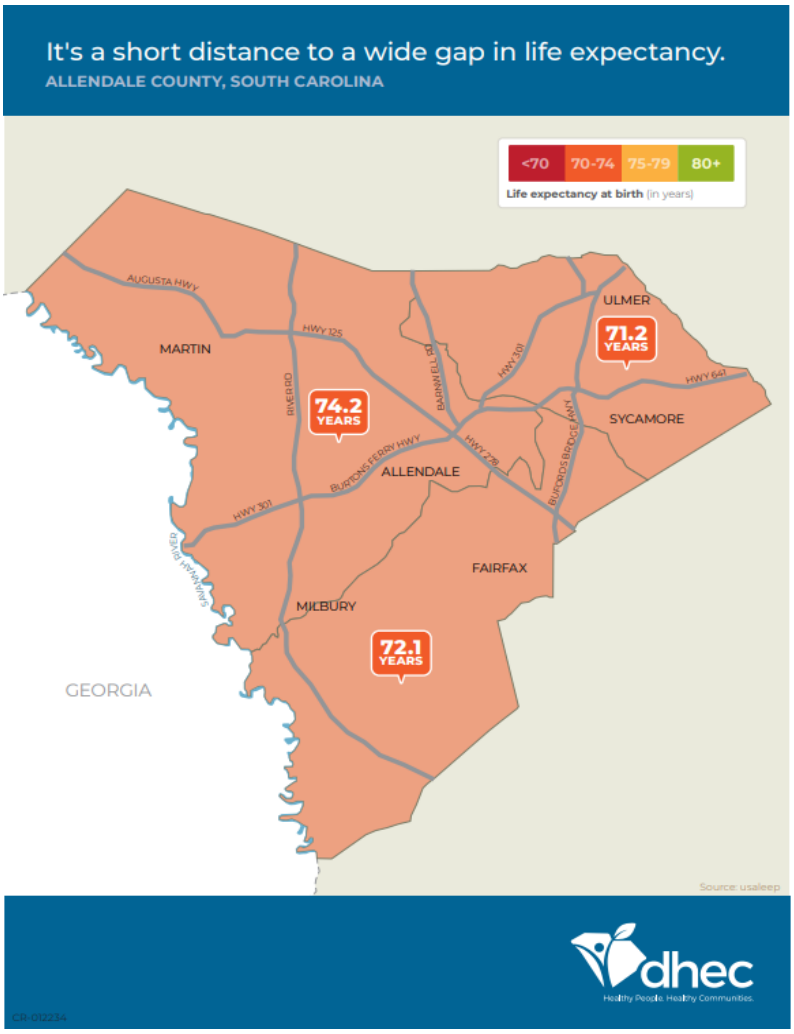


Figure 5. Live Healthy SC - Allendale County Profile

In the most recent report (2020) by the South Carolina Children's Trust comparing South Carolina counties by child well-being data, Allendale County ranked 45th out of 46 counties in South Carolina. One factor into this ranking includes the education domain for which Allendale County ranked the lowest (46 out of 46 counties).

Life expectancy in Allendale County varies across the three census tracts which comprise the county: 71.2 years, 72.1 years, and 74.2 years. All three of these life expectancies fall below the South Carolina state average (76.5 years) and the national average (77.3 years).

Allendale County Hospital Background & Service Area

Allendale County Hospital is a county owned, non-profit organization established in 1946 to serve the citizens of Allendale County, SC. The hospital was later designated as a Critical Access Hospital (CAH) and currently operates 25 beds. Services provided by Allendale County Hospital include acute inpatient care, long-term hospital care (swing bed), respite care, hospice services, pulmonary rehabilitation, and respiratory therapy. In addition, the hospital provides a full array of diagnostic imaging services; clinical laboratory services; physical, occupational, and speech therapy; and a 24-hour emergency department staffed with physicians employed by Allendale County Hospital. In October 2018, Allendale County Hospital opened an outpatient pharmacy to provide patients in the community with an option for affordable medication.

John Edward Harter Nursing Center is a 44-bed nursing home owned and operated by Allendale County Hospital. The nursing center is located on the hospital campus and provides intermediate and skilled care to the citizens of our community. The hospital takes pride in the care of its seniors. The John Edward Harter Nursing Center is known for its dedication to quality and compassionate care of the residents served. The Nursing Center was named in memory of Mr. John Edward Harter, who served as chairman of the hospital's board of trustees for more than 20 years. It opened in 1967 as a 28-bed facility and later expanded to 44 beds. The nursing center provides long-term care for both skilled and intermediate level residents. The facility was refurbished with numerous upgrades in 2008/2009 and includes 12 private rooms and 16 semi-private rooms. Residents have access to many recreational and rehabilitative activities led by a staff of professionals, volunteers, and community groups. The facility is staffed by licensed nurses 24 hours per day and a physician is available around the clock. Our commitment of providing quality healthcare to the communities we serve extends beyond the walls of our hospital. The John Edward Harter Nursing Center is an extension of our hospital and allows us to take care of one of our most precious groups, our seniors. Our outstanding staff is committed to the health and happiness of every resident and family served.

Allendale County Hospital owns and operates two federally designated Rural Health Clinics (RHCs) as well. Laffitte & Warren Medical Center located in the town of Allendale was a practice established many years ago by Dr. Luke Laffitte and Dr. Tommy Warren. Drs. Laffitte and Warren served the citizens of Allendale County as general practitioners for many years. Carolina Medical Associates located on the hospital campus in Fairfax was also a private physician practice owned by Dr. Rob Sylvester. Both practices were eventually acquired by Allendale County Hospital to continue its mission of serving Allendale County with quality, comprehensive healthcare services. Both practices are currently staffed by a board-certified family physician and board-certified family nurse practitioners. These practices allow the hospital to provide comprehensive primary care services to its local citizens.

In 2012 and 2016 the two neighboring hospitals in Bamberg and Barnwell counties closed, expanding the service area of Allendale County Hospital to include these two counties in addition to Allendale and Hampton.

Community Health Needs Assessment Process

Methodology

Allendale County Hospital (ACH) partnered with the South Carolina Office of Rural Health (SCORH) to facilitate the Community Health Needs Assessment (CHNA) process. SCORH representatives and ACH leadership met regularly both in-person and by telephone throughout the development of the CHNA. The CHNA was developed with input from a steering committee comprised of hospital and community representatives. The CHNA process also included opportunities for community members to give feedback related to assets, needs, concerns, and prioritization of health issues through thorough surveys and a community health forum.

Steering Committee

A steering committee consisting of community members, hospital staff, community leadership and SCORH representatives was convened for three meetings. These meetings were facilitated by SCORH representatives. Over the course of the three meetings, the steering committee members were introduced to the purpose of the assessment and provided input on the process direction. They received updates on the development and data collection throughout the process. At their third and final meeting, the steering committee reviewed data related to priority areas identified by the community and made a final recommendation of community health priorities. The Allendale County Hospital Board of Trustees unanimously approved the CHNA and prioritized health needs on January 17, 2023.

Members of the steering committee represented the broad interests of the community served by ACH and included representatives of health organizations, state regulatory bodies, town council, and community partners. Not all members attended all meetings. The list of steering committee members can be found in Appendix A.

Survey Methodology

A survey was developed and distributed to solicit feedback from the community regarding the perceived health needs. The survey was designed to learn of the positives within the community, understand the perceptions and attitudes about the health of the community, and learn more about the barriers for health experienced by community members. The survey mimicked the 2019 CHNA survey with two questions added based on input from the steering committee. The survey was distributed on paper and online and collected in a three-month window from September 1, 2022 – November 30, 2022. The survey questions can be found in Appendix B. The community survey was distributed by the hospital, faith-based organizations, neighborhood leaders, partner service agencies, and steering committee networks to reach community residents through convenience sampling. Surveys were distributed at local community events and taken to county administration offices. The community submitted 548 surveys for consideration in the CHNA during the development period. The full results of the survey can be found in Appendix C.

Survey Demographics

The following tables include demographic information collected from survey respondents related to their county of residence, gender, race/ethnicity, and household income. Percentages listed on the graphs are based upon the number of eligible, included responses for each question.

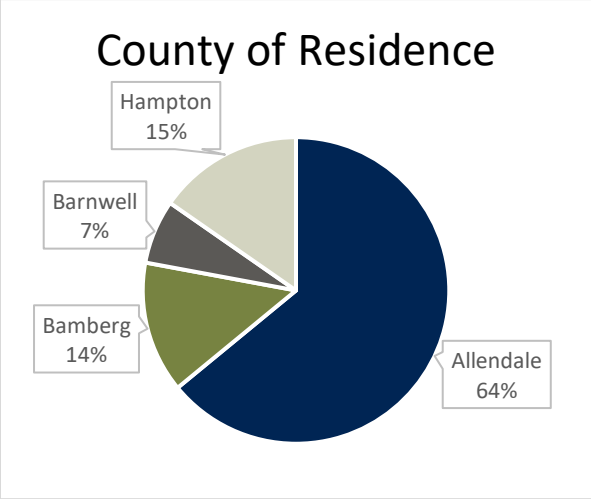


Figure 6. Survey Response: County of Residence

Allendale County Hospital resides within Allendale County and is the sole hospital. The service area for the hospital also includes Bamberg, Barnwell, and Hampton counties as detailed previously. The county of residence for the survey respondents reflects this service area. Several survey responses were received from individuals who live outside of these counties, but their responses were not included, in order to keep the information collected better representative of the service area of the hospital and community in focus through this CHNA.

The population of Allendale County is nearly split in half between men (53%) and women (47%); other counties in the ACH service area are similar in split. The survey responses skewed more heavily female (70%) than male (28%) with a slim group preferring not to answer (2%). This was expected based on the 2019 CHNA results. Male responses were compared against female responses to identify any noticeable differences which should be considered during the prioritization process. Responses were similar between genders with men tending to report a higher household income, concern for alcohol abuse, and a higher tendency to be smokers.

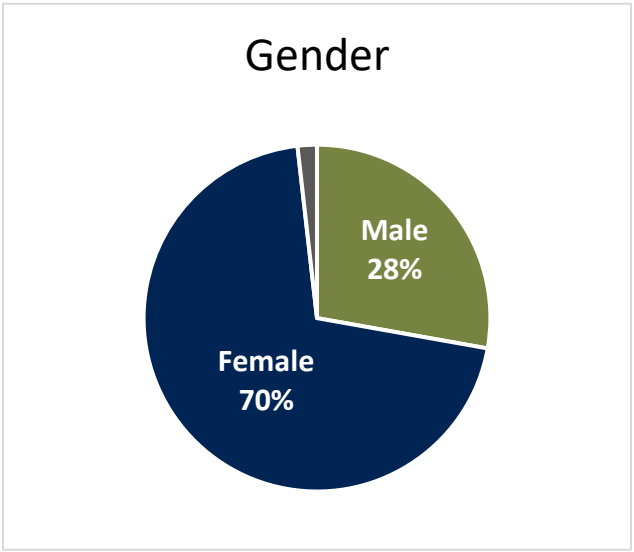


Figure 7. Survey Response: Gender

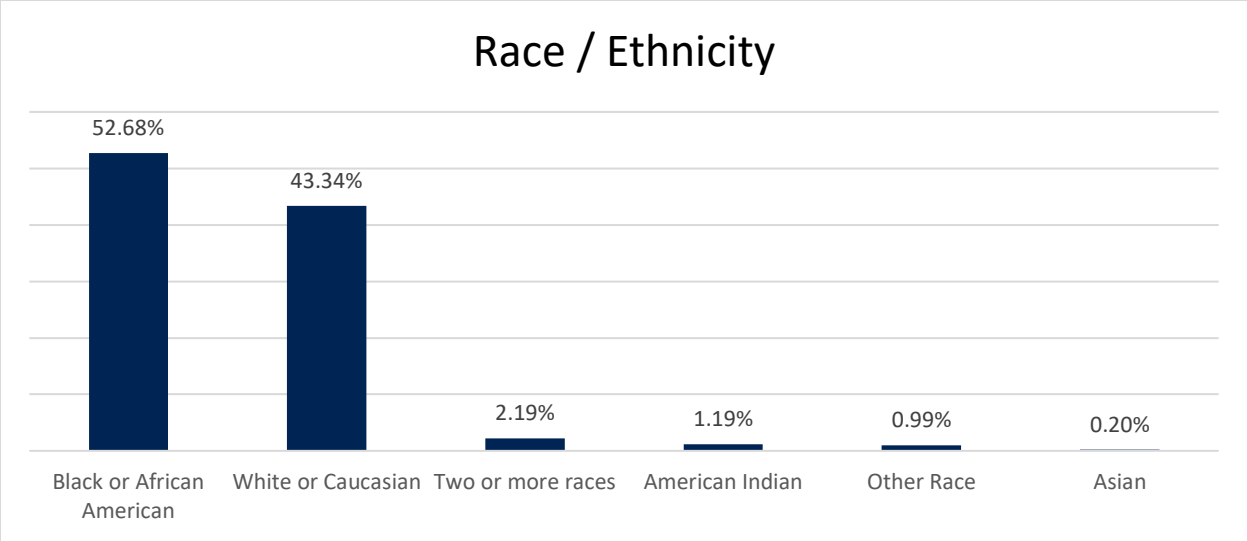


Figure 8. Survey Response: Race / Ethnicity

Over half of the survey respondents identified as Black or African American (52%) with white or Caucasian being a close second (43%). Individuals identifying as Hispanic or Latino made up 2.83% of all responses. The four counties in the ACH service area are made up of between 2.6% and 3.7% Hispanic or Latino individuals depending on the county, according to the US Census Bureau 2020 Census.

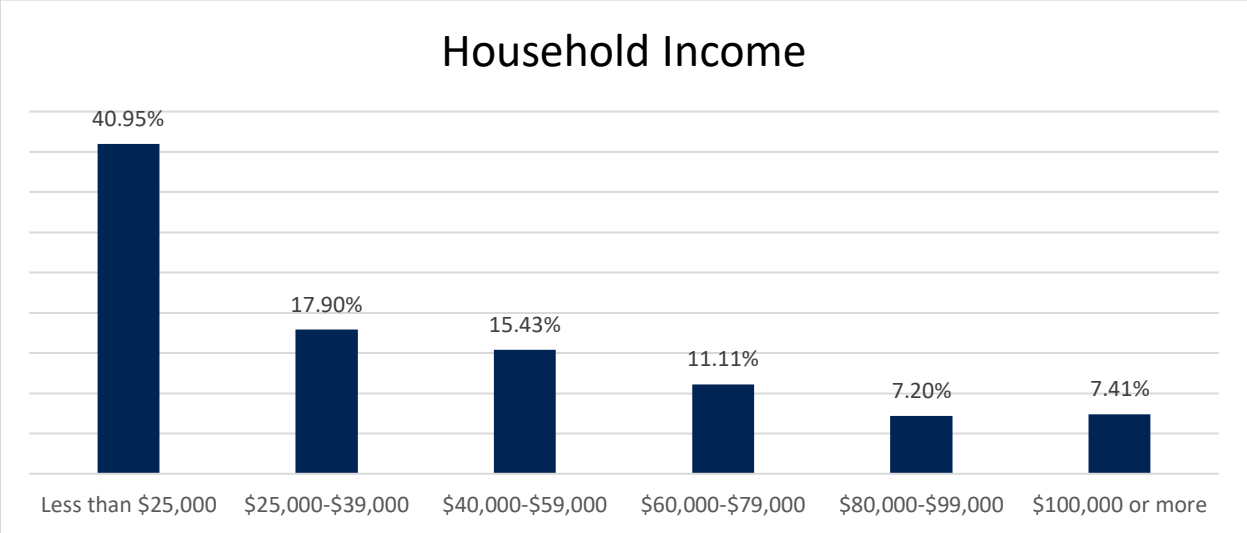


Figure 9. Survey Response: Total Household Income

The self-reported household income is in line with that of the ACH service area. The median household income in 2020 for Allendale County was $26,074 according to the US Census Bureau with 31.6% of persons living in poverty. The survey responses had over 40% of individuals reporting a household income of less than $25,000, with a household income between $25,000 and $39,000 being the next most selected answer.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues and (3) contributing causes of community health issues. Data was collected from a variety of sources, including the U.S. Census Bureau; County Health Rankings & Roadmap; SC Housing; SC Department of Employment and Workforce; and the South Carolina Department of Health and Environmental Control (SC DHEC) through Live Healthy South Carolina. Live Healthy South Carolina is a statewide collaborative to improve the health of South Carolinians. This effort, led by the Alliance for a Healthier South Carolina and supported by SC DHEC and SCORH, is responsible for the creation of the state health assessment and state health improvement plan.

Community Health Forum

On November 30, 2022, a Community Health Forum was held in the atrium of the University of South Carolina Salkehatchie campus in Allendale to inform community members of health concerns and contributing factors within Allendale and to discuss the prioritization of health issues to be addressed. There were 33 individuals present. Community members participated in a data walk through three stations covering 11 topics of health and socio-economic factors provided by SCORH. At the end of the educational sessions, community members participated in an activity to prioritize the issues presented. The community input from this session was considered in the determination of the three priorities focused on in the CHNA.

Process and Data Limitations

A survey is inherently limited by the quantity and quality of responses collected. A survey relies on the accuracy of the information provided by the respondents, which at its core may be subject to personal and structural biases. In terms of quantity of surveys collected, Allendale has the smallest population of any county in South Carolina. With such a small population there are difficulties and limitations for collecting a sample size large enough to have statistical significance. The number of surveys collected this year was five times more than the 2019 CHNA and is a testament to the dedication of steering committee members.

The demographics of the survey respondents does not perfectly mirror the demographics of the service area as convenience sampling was the available method of response collection. Midway through the survey window the demographics of respondents was reviewed and a targeted effort was established to increase responses from underrepresented demographics as compared to the community population.

Actions Taken Based on the 2019 CHNA / 2020 CHIP

Allendale County Hospital has worked diligently to address the community issues that were identified in the 2019 CHNA and associated 2020 CHIP. There were no public comments or questions received for the prior round of reports. It is important to consider the 2019 CHNA was completed only three months before the COVID-19 pandemic ushered in a national state of emergency. Both the immediate needs of the rural community and the resources available within the community to address the identified priority areas drastically changed as a result.

The 2019 CHNA identified three priority areas which were addressed in the 2020 CHIP. To maximize the resources available for the priority areas, leadership of Allendale County Hospital determined that the suggested priority area of Injury & Violence was not to be explicitly included. The activities associated with the two remaining priority areas are detailed below.

<u>Healthy Eating, Active Living and Chronic Disease</u>

Action Planned:

- Coordinate with community stakeholders to drive health improvement efforts
- Increase opportunities to eat healthy within the target area

Action Taken:

Allendale County Hospital recently submitted a grant application to a philanthropic foundation aimed at providing a Food is Medicine program. The hospital has partnered with a community organization for this opportunity to offer healthy food packages to the community. The access to healthy food options was identified as a great need by the community in the prior CHNA and this step has been taken to address the need.

<u>Education</u>

Action Planned:

- Increase practical education opportunities for the target area
- Increase positive healthcare exposure to the community youth

Action Taken:

Allendale County Hospital has been working with the local school district to reestablish the Certified Nursing Assistant (CNA) program. This program would allow students the opportunity to graduate high school with not only a high school diploma, but also a CNA certification providing a direct route to enter the healthcare workforce upon graduation. The CNA certification is an excellent starting point from which students could continue their education and advance their careers.

What Drives Health?

Good Health Depends on More Than Receiving Healthcare

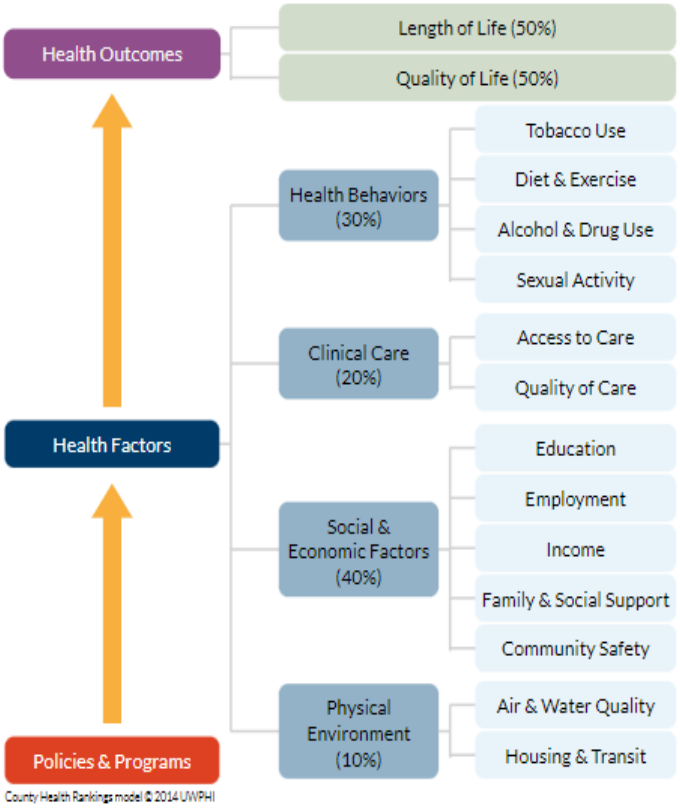


Figure 10. County Health Rankings Model, 2022

Health is often defined as an individual's physical and mental well-being. However, studies continue to show health includes more than what happens in a doctor's office or hospital. Health is a wide array of social and well-being factors that impact our quality of life. The social determinants of health – where we live, work, play, and pray – impact our well-being. Best illustrated by the County Health Rankings and Roadmaps model, how long and how well we live is impacted by our level of education, financial stability, access to healthy foods, exercise habits, quality of housing and the safety of our community. For some people, this comes easily. Essential needs and elements for a healthy lifestyle are readily available. But for others, the opportunities to make healthy choices are significantly limited. If our efforts toward advancing health in our community should include social, environmental, and economic drivers of health, we should be sure that our assessment and associated partnerships are inclusive of these factors. The social and economic influences on where we live, work, learn, pray, play, and engage all impact our opportunity to live full and healthy lives. In reviewing data related to these drivers of health, particular attention was called to education, income level, housing, and economy.

Education

In this assessment process, attention was given to K-12 education, training/educational opportunities, and post-secondary education. Allendale County has the University of South Carolina Salkehatchie campus which serves the community by offering various skill training, certificate, and degree opportunities for Allendale County residents. Both the community survey responses and community dialogue during the Community Health Forum highlighted the significance of education and how important it is for an individual's well-being, regardless of age. The future demands higher educational attainment for the local workforce to be economically competitive. Today's healthcare requires consumers to be knowledgeable of the services and care provided.

According to the Children's Trust 2020 South Carolina Child Well-Being Data Profile, 17.0% of teens ages 16-19 were not enrolled in school and not working in Allendale County. This is more than 10 percentage points higher than the state average of 6.9%. In Allendale County, the percentage of families in which the head of household lacks a high school diploma is 16.6 %.

Income Level

The economic status of an individual or household can create several challenges for their current and future health risks and well-being. Residents who face financial barriers may have limited insurance coverage or may not seek coverage due to cost, especially when a decision must be made between basic needs. Lower household income increases risk for injury, accidents, and physical abuse, and contributes to the frequency or severity of chronic conditions such as asthma, obesity, anxiety, and behavioral disorders. These challenges are present at all ages but may have lasting effects on children into adulthood.

Housing

In 2019, SC Housing conducted the South Carolina Housing Needs Assessment, a comprehensive inventory of housing assets and needs across the state. This assessment, the first since 2002, also included detailed county-level data. The document updated in 2021 was referenced in this CHNA process. According to the South Carolina Housing Needs Assessment, Allendale County experienced the greatest rate of severe renter cost burden of any county in South Carolina at 42.1%. This represents a household spending at least half their income on rent and utilities or not having any income at all. This compares to 24% for South Carolina. High housing costs can cause households to come up short in meeting their most basic needs such as food, clothing, and transportation. Known as shelter poverty, moderate-income households in Allendale County expend the greatest share of income. Among South Carolina homeowners with a mortgage from 2015-2019, nearly one in three, 31%, experienced shelter poverty. The rate of shelter poverty among mortgage holders was highest in the SC region which includes Allendale, Bamberg, Barnwell, Colleton, Hampton, and Orangeburg at 43.2%.

Economy

Every day, Allendale County residents are working or looking for work. Multiple aspects of employment may affect a person's health, including job security, the work environment, compensation, job demand, health insurance coverage and paid leave. These affect an individual's or household's ability to receive or provide care when needed. According to the community survey, higher paying employment (26.51%) was the second largest area for improvement. Education is linked directly to employment as educational attainment and skills affect the type of work people do, conditions they work in, and the income that they will earn.

Top 3 Employing Industries in Allendale County
Manufacturing
Health care and social services
Public Administration

Figure 11. Allendale County Top Employing Industries

Community Health Issues in Allendale County

Community health priorities were selected using a mixed methods approach. Primary data was collected through the Community Health Needs Survey. This community feedback was used by the steering committee in their final section of priorities. Members of the steering committee also facilitated the community health forum with community stakeholders during which steering committee members presented data and community feedback and received further feedback from the community regarding their areas of priority. From this process, the following community issues were prioritized:

- Access to health care
- Access to healthy foods
- Behavioral health
- Chronic illness
- Employment
- Injury & Violence

During the third and final steering committee meeting, members reviewed the identified community issues through the following four lenses:

- Magnitude: how "big" is the problem?
- Severity: how significant is the impact?
- Community will: is there motivation among partners to drive action?
- Feasibility: how much local control do we have over actionable improvements?

Based on this review, the final priorities selected for the 2022 CHNA were narrowed to:

- Access to health care
- Behavioral health
- Chronic illness & healthy eating

The prioritization of these three community health issues does not discredit nor devalue the other health issues within the community and/or identified by the community members. The steering committee recognizes the importance placed on all issues and hopes to see them addressed. The selection of the three areas prioritized represent areas which most align with the four lenses of review and serve as reasonable foci to drive actionable change through the Community Health Improvement Plan throughout the next three years.

Priority Area – Access to Care

The Office of Disease Prevention and Health Promotion defines access to health services as "the timely use of personal health services to achieve the best health outcomes." This is a three-step process that includes:

Since access to health care can impact one's overall physical, social, and mental health status and quality of life, mitigating the barriers to services is imperative. These barriers typically include high cost of care, inadequate or no insurance coverage, lack of availability of services, and/or lack of culturally competent care.

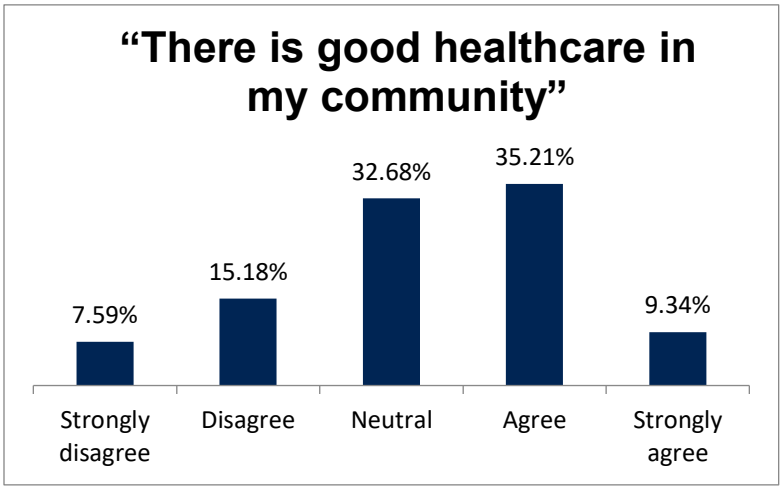


Figure 12. Survey Response: Statement Agreement

When these barriers are not addressed, accessing health services leads to unmet needs, delays in treatment, failure to get preventative service, financial burdens, and preventable hospitalizations. Feedback gathered from survey results and the community health forum identified both positive and negative perceptions regarding the healthcare system in and around Allendale County.

More than half of respondents (53%) rated themselves as having "good" or "excellent" knowledge about the health services available to the community. When asked what methods were most used to learn about available services in the community, the top three methods were: word of mouth (50%), friends/family (61%), and radio (47%). Two of the less selected options include both the health department (17%) and mailings/newsletter (13%). This highlights an important point: most respondents (53%) rate themselves as having a "good" or "excellent" understanding of the healthcare services available while a majority receive their healthcare information from unofficial sources such as "word of mouth" and "friends/family." A community may have sufficient capacity to address all the needs of the community; however, if the community is not aware of these services there will still be an access to care problem.

Lack of insurance was identified as the main obstacle in seeking medical care (74%) followed by transportation issues (64%) and inability to pay copays (58%). In a subsequent survey question, 12% of respondents conveyed they did not have any form of medical insurance – the same percentage as seen across Allendale County, according to the US Census Bureau. Similar opinions were expressed during the community health forum during which the group unanimously selected access to care as a main priority area with the focus being on lack of transportation followed by availability of services within the community.

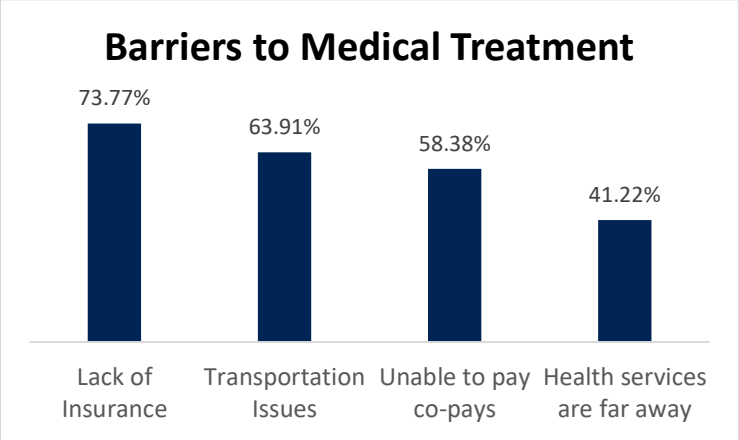


Figure 13. Survey Response: Barriers to medical treatment in community

Secondary data shows the number of persons per provider in Allendale County at 1740 persons per primary care physician being higher than the state average of 1480 persons, the number of providers available also represents a barrier to access.

The US Department of Health and Human Services (HRSA) monitors areas which are designated as Health Professional Shortage Areas (HPSA). These areas can experience a shortage in different categories for different reasons. The entirety of Allendale County and the three other counties in the Allendale County Hospital service area are fully designated as a Health Professional Shortage Area for primary care as shown in the map below. The combination of all the aforementioned factors, along with others represents a hardship for the community and further emphasizes the importance of Allendale County Hospital.

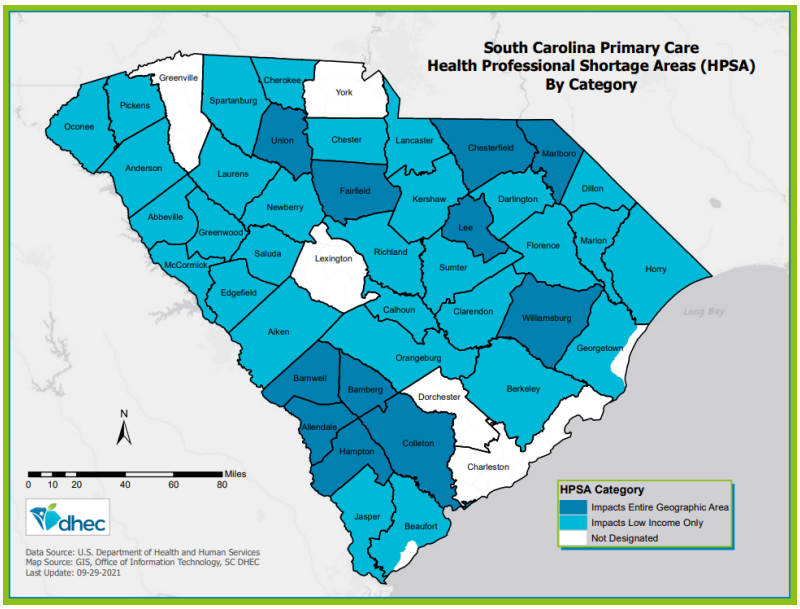


Figure 14. SC Primary Care Health Professional Shortage Areas

Priority Area – Behavioral Health

Behavioral health includes the emotions, behaviors, and biology that impact an individual's mental well-being and quality of life. This could include general mental wellness, anxiety, depression, substance use disorders and interpersonal dynamics. Behavioral health was identified as an area of need through the survey and the community health forum. It ranked as one of the top areas through community input. Key results from the community survey include:

44%	29%	57%
• Drug abuse as the most important health concern	• Mental health as the most important health concern	• Mental health as the area most in need of screening and eduction

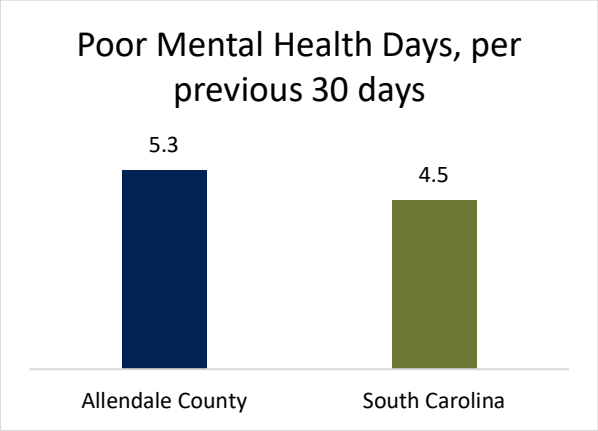


Figure 15. Poor mental health days per 30 days; BRFSS 2019

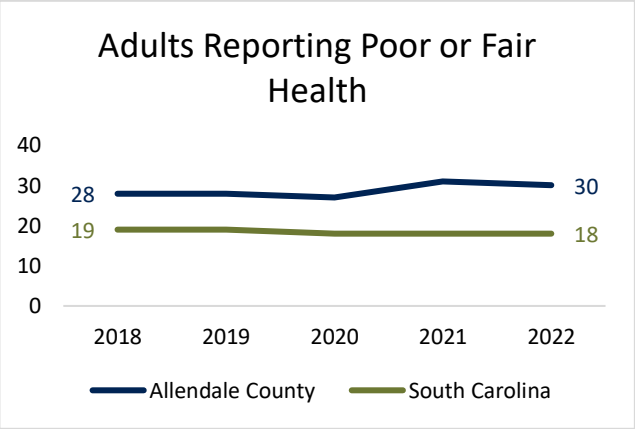
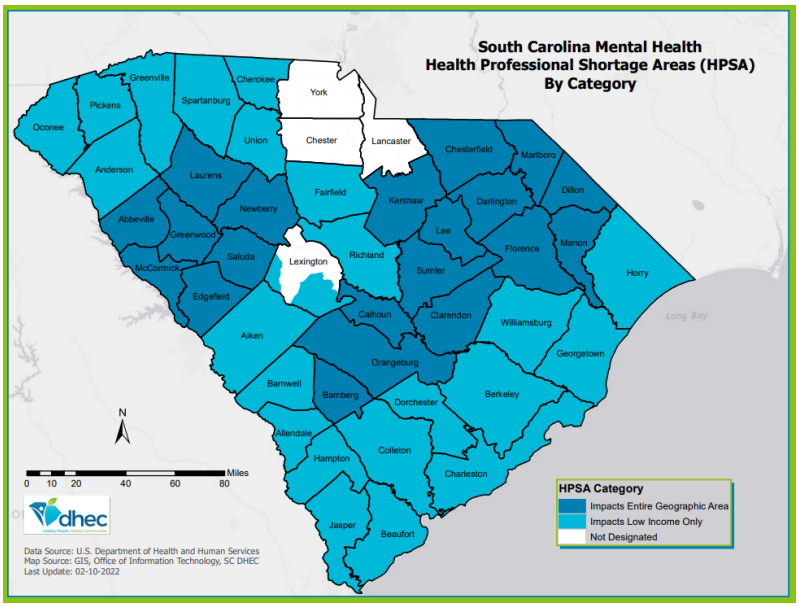


Figure 16. Adults self-reporting poor or fair health

In looking at secondary data related to mental health days, adults reported having poor mental health on 5.3 days in the past 30 days on average. In addition, when viewing the number of mental health providers available per population, there are currently 830 persons per mental health provider in comparison to the state average of 520 persons. These two metrics demonstrate the demand and lack of provider supply. The need for improved behavioral health is more than a community perception. Data collected from state and national sources on this topic identify behavioral health gaps in Allendale County. Behavioral health was identified as an area of importance from all sources of community input. The secondary data affirms that rates are higher than the South Carolina averages, and behavioral health is a severe issue that must be addressed with urgency. Taking the community input and secondary data into account, along with the estimated feasibility of addressing this broad issue with established community partners, the steering committee selected behavioral health as a priority area.

Figure 17. SC Mental Health Health Professional Shortage Areas



Looking further into the availability of behavioral and mental health services shows us Allendale, Bamberg, Barnwell, and Hampton counties are all designated as Health Professional Shortage Areas (HPSA) for mental health for the low-income population. The mental health shortage areas in South Carolina can be seen in Figure 17. The lack of access to mental health services is an issue across the state as seen by the majority of South Carolina being designated as a shortage area.

NORC at the University of Chicago in partnership with the East Tennessee State University developed the Recovery Ecosystem Index Map. This resource seeks to better understand the entire substance use disorder recovery ecosystem in a community. Counties are rated on a scale of 1 (strongest) to 5 (weakest) comprised of many different elements which go to supporting recovery. Allendale is one of only five counties in SC to rate at the lowest level (5). The breakdown of further factors which went into this rating can be seen in the figure below. There are many aspects to behavioral health and through many lenses, it is a need in the community.

Component	Score	Sub-Component	Allendale County, SC	South Carolina	United States
SUD Treatment	3	Substance Use Treatment Facilities per 100k	11.4	2.3	4.3
		Buprenorphine Providers per 100k	11.4	12.6	15.2
		Average Distance to Nearest MAT Provider (miles)	36.3	N/A	N/A
		Mental Health Providers per 100k	113.8	195.5	284.4
Continuum of SUD Support	4	Recovery Residences per 100k	0.0	0.4	1.0
		Average Distance to Nearest SSP (miles)	141.8	N/A	N/A
		NA or SMART Meetings per 100k	0.0	7.8	8.1
		Is there a Drug-Free Communities Coalition?	No	17.4%	15.6%
		Is there a Drug Court?	No	47.8%	48.2%
		State SUD Policy Environment Score (10=highest; 0=lowest)	3.0	3.0	N/A
Infrastructure and Social	5	One or More Vehicles	82.6%	94.0%	91.5%
		Broadband Access	63.5%	81.2%	85.2%
		Social Associations per 10k	5.7	10.9	8.7
		Severe Housing Cost Burden	14.3%	12.7%	13.0%

Figure 18. Recovery Ecosystem Index Map

Priority Area – Chronic Disease & Healthy Eating

Chronic diseases are long-lasting conditions (one year or more) that typically impact activities of daily living and/or require ongoing medical attention. These diseases, including cancer, diabetes, and heart disease, are the leading causes of death in the United States, and are among the leading causes of premature death in Allendale County. These diseases, as well as their associated risk factors, were commonly listed as top health concerns in the community survey results and during the community health forum. The secondary data further supported the magnitude and severity of chronic diseases in Allendale County. For these reasons, the steering committee selected chronic disease as a priority area. Chronic diseases are commonly related to lifestyle and environmental risk factors including:

What are your top health concerns?
Drug abuse
High blood pressure
Diabetes
Cancer
Alcohol use

Figure 19. Survey Response: Top health concerns

- tobacco use and exposure to secondhand smoke,
- poor nutrition and limited access to healthy foods,
- physical inactivity and limited access to safe places to be active, and
- excessive alcohol use.

Figure 20. Survey Response: Top barriers for exercise

Top 3 Barriers to Exercising
Unsafe community
Lack of motivation
Lack of gym access

Behavioral factors can contribute to the prevention of chronic disease, but it is important for us to also assess social and economic barriers. If we examine the survey results, 63% of survey respondents reported being physically active two or fewer times in the last week. The three main reasons respondents are not physically active are an unsafe community (63%), lack of motivation (60%), and lack of gym access (50%). In this example, we can see the intersection of both individual and community influences on health

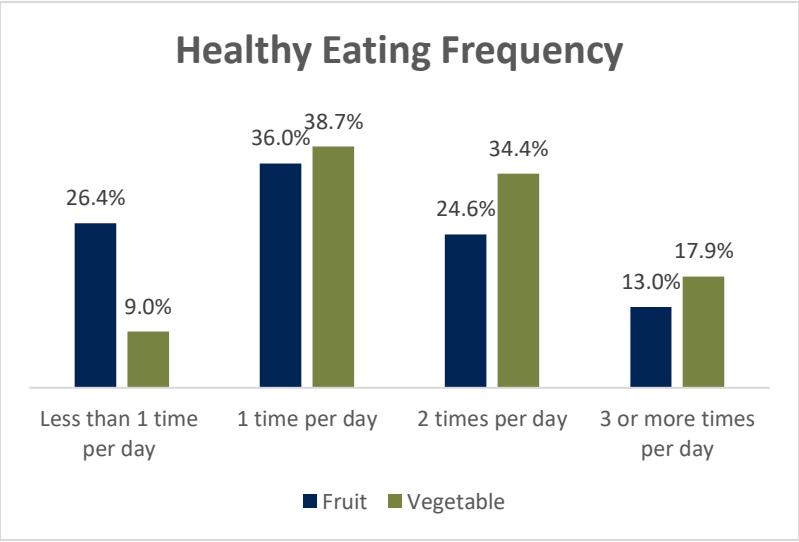
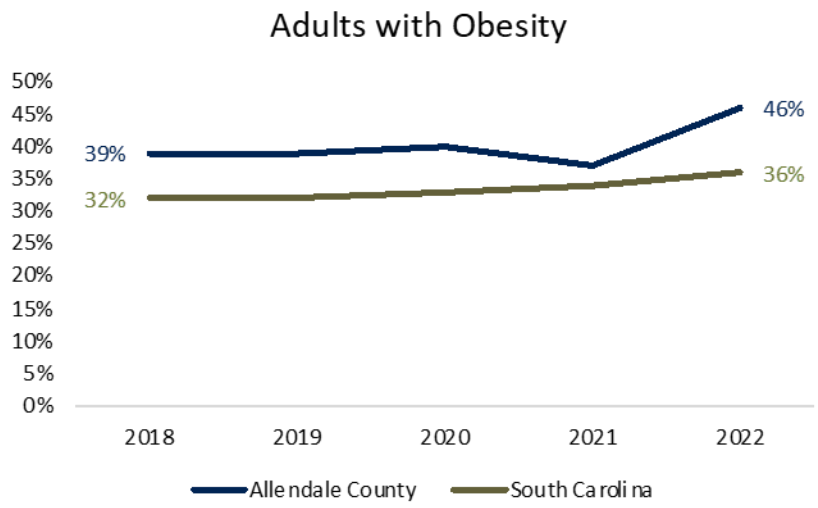


Figure 21. Survey Response: Frequency of eating fruits and vegetables

An individual's diet can play a significant role in their development and/or control of chronic diseases. Eating healthy was identified as an area of concern for Allendale County. The top three barriers to eating healthy were identified in the community survey as:

- Eat fast food regularly (52%),
- Healthy food is too expensive (49%), and
- Don't know how to eat healthy (40%).

With regard to the current state of chronic disease, the prevalence rates of obesity, heart disease, and hypertension were observed. Below is a snapshot of the current state of chronic disease in Allendale County:



46%
of adults are living with obesity

19.5%
of adults are living with diabetes

50.6%
of adults are living with hypertension

Figure 22. Adults with Obesity; BRFSS 2022

This data demonstrates the overall increase in the prevalence of obesity in Allendale County from 2018 to 2022 at both the county level and in comparison to the state average in 2022. This chronic disease data should also be viewed in relation to its risk factors that include the effects of poor health behaviors.

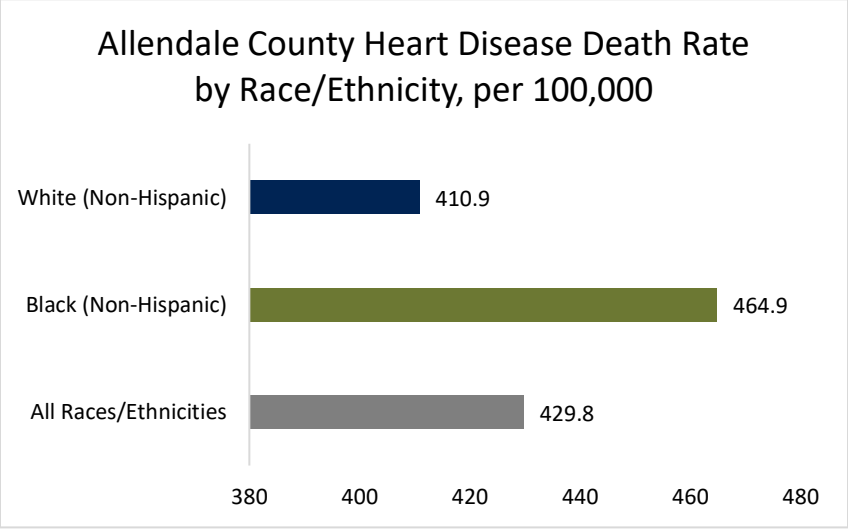


Figure 23. Heart Disease Death Rate by Race

Secondary data also shows that 13% of community members in Allendale County experience food insecurity. Additional responses collected from the survey also cited transportation and lack of grocery stores as factors contributing to these issues. It is important to take both the lifestyle and environmental factors expressed in the data collected into consideration when viewing chronic disease and healthy eating in combination. The combination of these factors creates a significant problem for the community and a reason for prioritization for this CHNA.

2023 Community Health Improvement Planning Process

The steering committee, which included staff leadership from Allendale County Hospital and members of community-based partner organizations, voted to convene a Community Health Improvement Plan (CHIP) task force beginning in January 2023. This task force will include existing steering committee members, as well as a diverse representation of multi-sector partners from across Allendale County. This process will also create opportunities for alignment among different coalitions working in the county.

Suggested CHIP partners include:

- Allendale County Hospital
- Low Country Health Care System
- Representatives from local governments
- Allendale County Schools
- Faith community representatives
- Leaders from local neighborhood associations
- Law enforcement
- Emergency Medical Services
- Wholespire Allendale County
- Allendale County Alive
- SC Promise Zone
- Southeastern Housing and Community Development
- Allendale County First Steps
- Family Solutions
- Healthy Learners
- Welvista
- SC Department of Health and Environmental Control
- University of South Carolina - Salkehatchie

Allendale County Hospital, in partnership with the task force, will routinely monitor CHIP activities and outcomes so that they can report on progress in the next Community Health Needs Assessment as was done in this document.

Technical assistance and facilitation support related to the development, implementation, and evaluation of the CHIP will be provided by the South Carolina Office of Rural Health.

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Appendix A: Steering Committee Members and Meetings

The steering committee consisted of 17 members, all with a vested interest in improving the health of the community. Seven members of the committee hold positions within Allendale County Hospital (ACH) and many live within the community being served. Other members represent state regulatory departments, local town council, community partners, and the state office of rural health.

Steering Committee Members:

Lari Gooding, Chief Executive Officer, ACH
Terri Hicks, Chief Financial Officer, ACH
Becky Rowell, ACH
Dustin Sease, ACH
Kelly Wall, ACH
Heather Tuten, ACH
Melissa Glover, ACH
Britton Herbert, SC Office of Rural Health
Emma Jackson, SC Office of Rural Health
Samantha Pace, Clemson SNAP-ed
Shelley Thomas, Lowcountry Office for Healthy Learners
Maggie Young, Medical University of South Carolina (MUSC) Children's Health
Madie Orage, SC Department of Health and Environmental Control (DHEC)
Yokina Williams, SC Department of Mental Health (DMH)
Lottie Lewis, Town of Allendale
Genita Green, Wholespire
Kelsey Sanders, Wholespire

Steering Committee Meetings:

Meeting 1 – August 31, 2022
- Process introduction and committee introduction
- Community Needs Survey planning

Meeting 2 – September 28, 2022
- Review of 2019 CHNA/CHIP
- Progress review for survey responses

Community Health Forum – November 30, 2022
- Secondary data review
- Community needs prioritization feedback

Meeting 3 – December 6, 2022
- Primary data review
- Focus area prioritization

Appendix B: Community Health Needs Assessment Sample Survey

Community Health Needs Assessment Survey

Thank you for taking a few minutes to provide your thoughts on the health concerns and conditions faced by members of your community.

The county I live in is: _____ My Zip Code is:

Community Health

I would rate the overall health of our community as:

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

How do you feel about this statement, "There is good healthcare in my community"?

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

I think the 3 most important factors for any healthy community are: (Check 3 and only 3)

☐ Acceptance of all people
☐ Access to affordable healthcare
☐ Access to childcare/after school care
☐ Access to safe places to be active
☐ Neighbors helping each other
☐ Smoke free workplace
☐ Strong faith
☐ Good schools
☐ Other (Please specify):

☐ Low crime rate
☐ Access to high quality healthcare
☐ Emergency services (EMS, fire, police)
☐ Access to affordable and healthy food
☐ Low rates of disease
☐ Clean community
☐ Good jobs/economy
☐ Good housing

I think the 3 most important health concerns in my community are: (Check 3 and only 3)

- ☐ Alcohol Use
- ☐ Alzheimer's/Dementia
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes/complications from Diabetes
- ☐ Drug Abuse
- ☐ Heart disease/Stroke
- ☐ Other (Please specify):
- ☐ High Blood Pressure
- ☐ HIV/Aids/STDs
- ☐ Infant Death
- ☐ Mental Health
- ☐ Overweight/Obesity
- ☐ Tobacco use
- ☐ Child Car Seat Safety

What keeps people in your community from seeking medical treatment (Check all that apply)

- ☐ Lack of Insurance
- ☐ Health services are far away
- ☐ Transportation issues
- ☐ Language barrier
- ☐ Other (Please specify):
- ☐ Unable to pay co-pays
- ☐ Religious beliefs
- ☐ Don't see the benefit of seeing a provider

What health screenings or education/information services are needed in your community? (Check all that apply)

- ☐ Cancer
- ☐ Blood Pressure
- ☐ Diabetes
- ☐ Exercise/Physical Activity
- ☐ Mental Health
- ☐ Eating Disorders
- ☐ Other (Please specify):
- ☐ Cholesterol
- ☐ Heart Disease
- ☐ Nutrition
- ☐ Falls Prevention
- ☐ Prenatal Care
- ☐ Emergency preparedness

Which 3 of the following services need the most improvement in your neighborhood or community? (Check 3 and only 3)

- ☐ Animal Control
- ☐ Child care options
- ☐ Elder care options
- ☐ Services for disabled
- ☐ More affordable health services
- ☐ Better/more healthy food choices
- ☐ More affordable/better housing
- ☐ Road maintenance
- ☐ Number of healthcare providers
- ☐ Other (Please specify):
- ☐ Better recreational areas (parks/community centers)
- ☐ Healthy family activities
- ☐ Counseling/mental health, support
- ☐ Positive teen activities
- ☐ Transportation options
- ☐ Availability of employment
- ☐ Higher paying employment
- ☐ Culturally appropriate health services
  What kind? _____

I think the 3 main reasons that prevent people from being physically active are: (Check 3 and only 3)

- ☐ Unsafe community
- ☐ Weather
- ☐ Lack of gym access/choices
- ☐ No community events
- ☐ Other (Please specify):
- ☐ Not enough sidewalks or bike lanes
- ☐ Lack of motivation
- ☐ Lack of time
- ☐ No parks/outdoor spaces

I think the 3 main reasons that prevent people from eating healthy foods are: (Check 3 and only 3)

- ☐ Don't usually cook at home
- ☐ Eat fast food regularly
- ☐ No community garden
- ☐ Healthy food is too expensive
- ☐ Too tired to cook after work/school
- ☐ Lack of transportation
- ☐ Other (Please specify):
- ☐ No grocery stores close by
- ☐ Don't know how to eat healthy
- ☐ Stores don't accept SNAP/EBT/WIC
- ☐ Stores don't have high quality
- ☐ No farmers market

How do you rate your knowledge of the health services that are available in your community?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

How do you learn about the health services available in our community? (Check all that apply)

- ☐ Billboards
- ☐ Community bulletins
- ☐ Health Department
- ☐ Friends/Family
- ☐ Other (Please specify):
- ☐ Mailings/Newsletter
- ☐ Presentations
- ☐ Radio
- ☐ Social media
- ☐ Television
- ☐ Website/Internet
- ☐ Word of mouth

Personal Health

How would you describe your overall health?

☐ Poor ☐ Fair ☐ Average ☐ Good ☐ Excellent

A doctor, nurse, or other healthcare provider has told me that I have the following condition(s): (Check all that apply)

- ☐ Cancer
- ☐ Hypertension (High blood pressure)
- ☐ Prediabetes (borderline diabetes)
- ☐ Chronic Kidney Disease
- ☐ Other (Please specify):
- ☐ High Blood Cholesterol
- ☐ Overweight/Obese
- ☐ Diabetes (High blood sugar)
- ☐ Heart Disease

During the past 7 days, how many times, on average, did you eat fruit each day? (Please circle)

☐ Less than 1 time per day ☐ 1 time per day ☐ 2 times per day ☐ 3 or more times per day

During the past 7 days, how many times, on average, did you eat vegetables each day? (Please circle)

☐ Less than 1 time per day ☐ 1 time per day ☐ 2 times per day ☐ 3 or more times per day

During the past 7 days, how many times were you physically active or exercised? (Please circle)

☐ None ☐ 1-2 times ☐ 3-4 times ☐ 5 or more times

Within the past 30 days, have you used any form of tobacco?

☐ Yes ☐ No

Within the past 30 days, have you used an electronic cigarette (e-cigarette) or vaped (e.g. Juul or mod)?

☐ Yes ☐ No

Have you had a routine physical exam in the past two years?

☐ Yes ☐ No

Have you received a flu shot during the past 12 months?

☐ Yes ☐ No

Do you personally have a primary care provider?

☐ Yes ☐ No

Demographic Information

What is your age? _____

Gender: ☐ Male ☐ Female ☐ Prefer not to answer

What race/ethnic group do you most identify with? (Check only one)

☐ White
☐ Black or African American
☐ American Indian
☐ Asian
☐ Two or more races
☐ Other Race

Are you Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No

What is your current employment status? (Check only one)

☐ Employed Full-time ☐ Employed Part-time ☐ Unemployed ☐ Retired

What barriers, if any, have you encountered to finding employment?

Including yourself, how many adults (18+) in your household are employed full-time, year-round?

☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

What was your total household income last year before taxes?

☐ Less than $25,000
☐ $25,000-$39,000
☐ $40,000-$59,000
☐ $60,000-$79,000
☐ $80,000-$99,000
☐ $100,00 or more

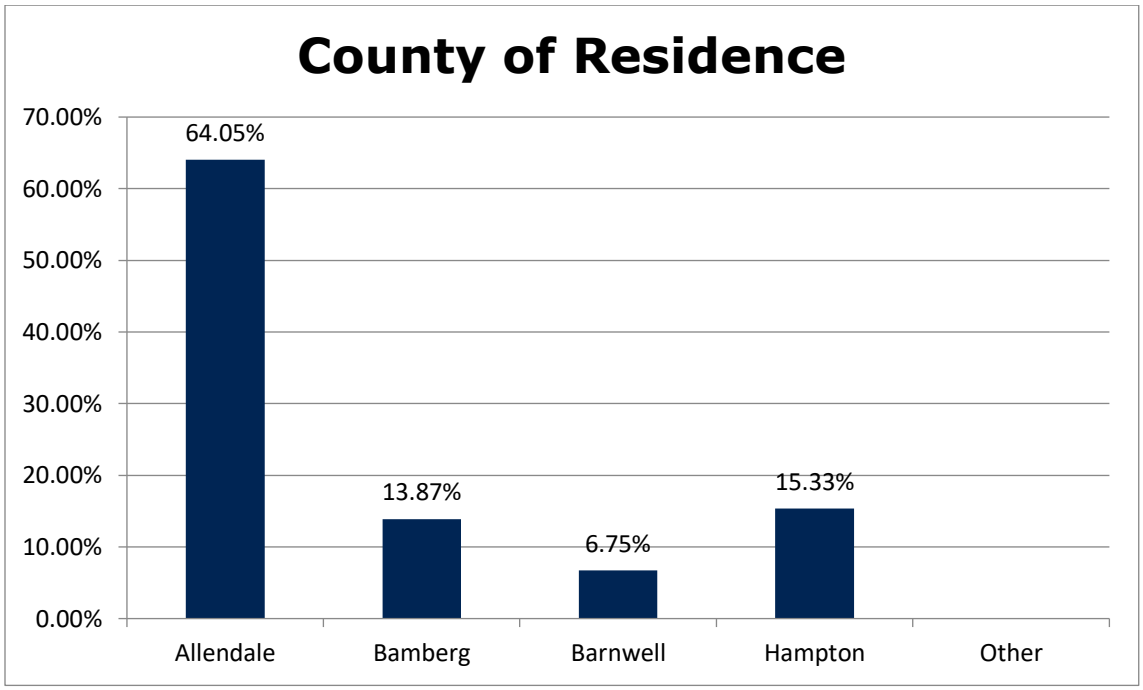
Do you currently have <u>any</u> kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare/Medicaid, or Indian Health Service?

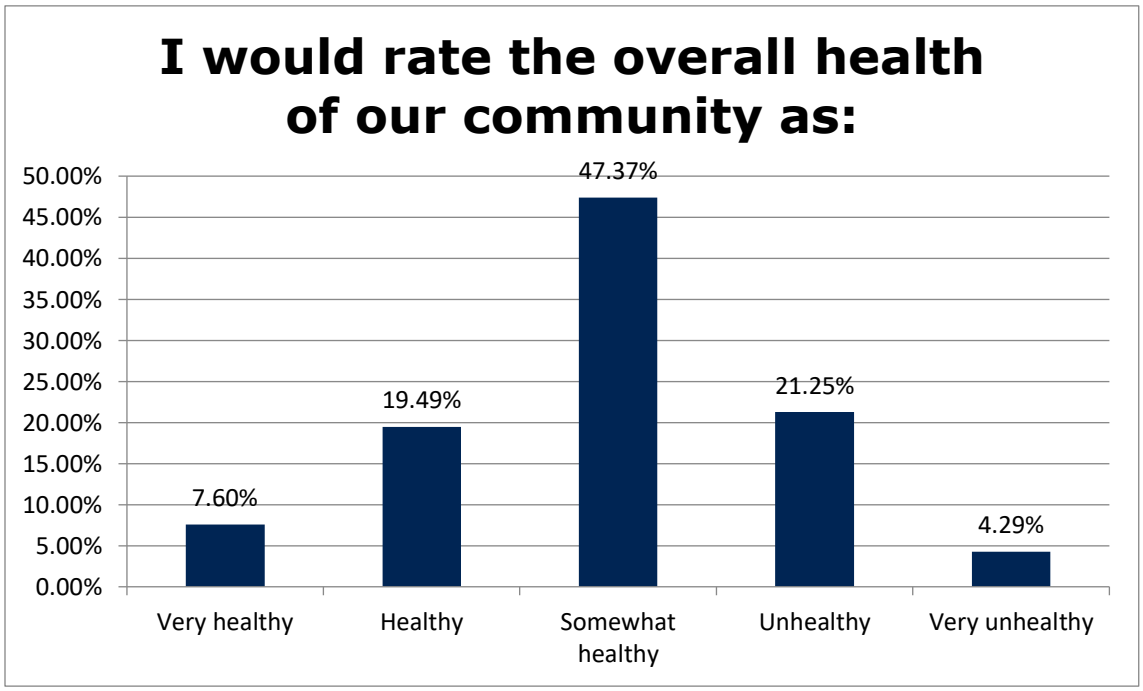
☐ Yes ☐ No

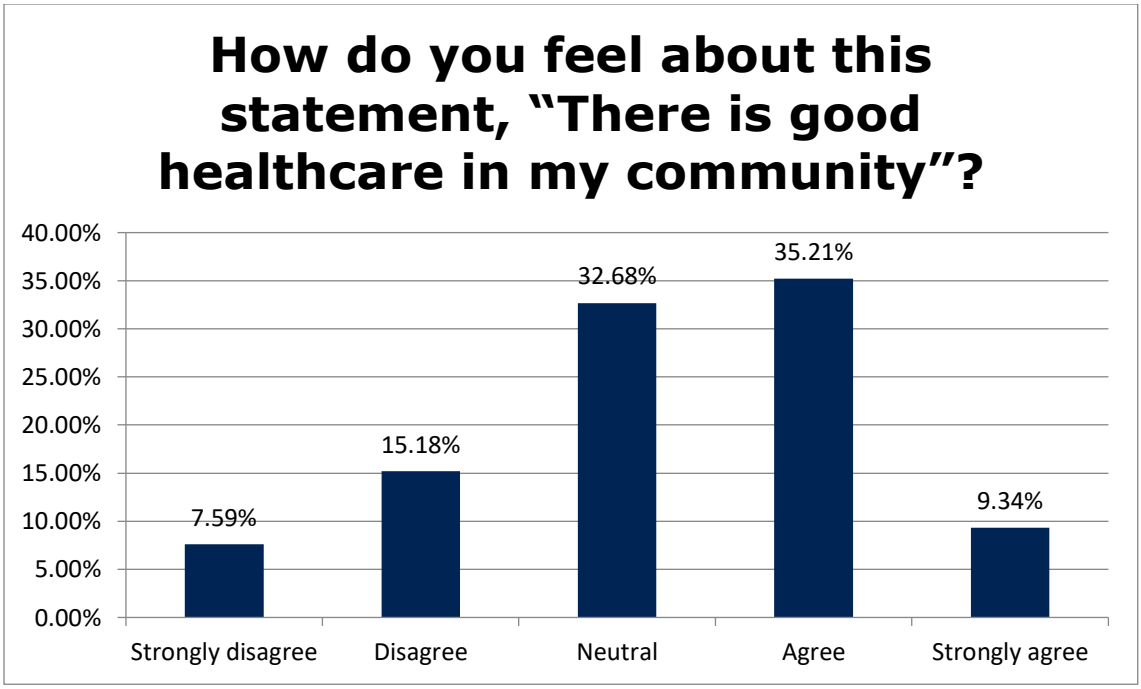
Thank you for participating in this Community Health Needs Assessment Survey. Your time and input are valued and will be utilized to improve the health of our community.

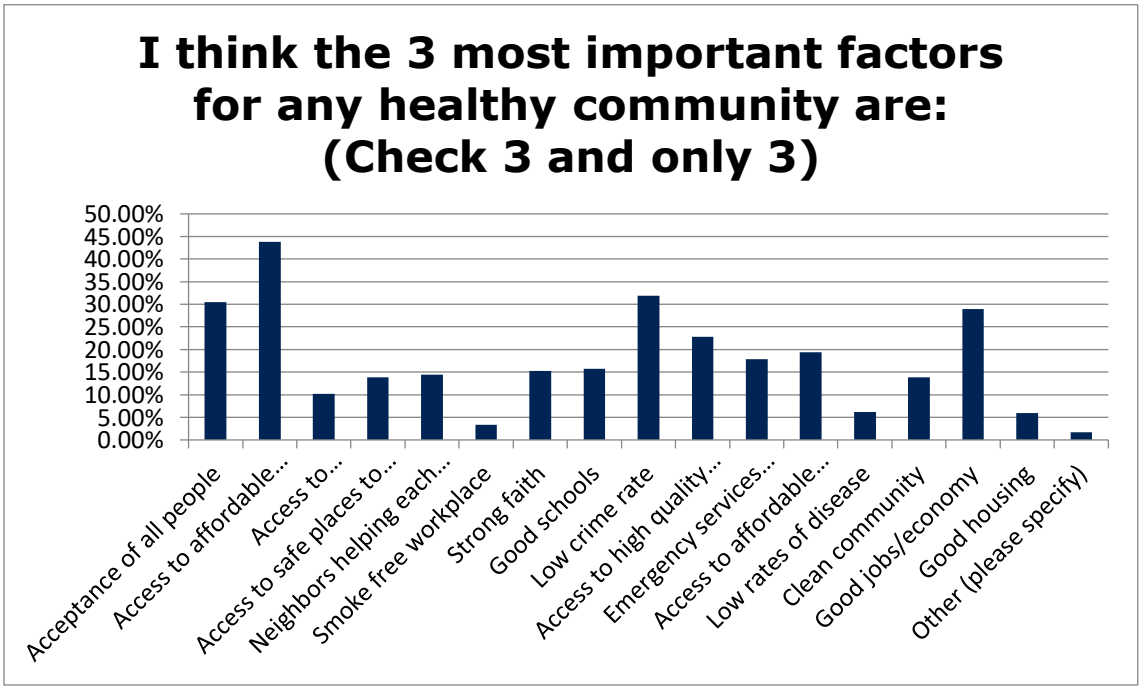
Allendale County Hospital

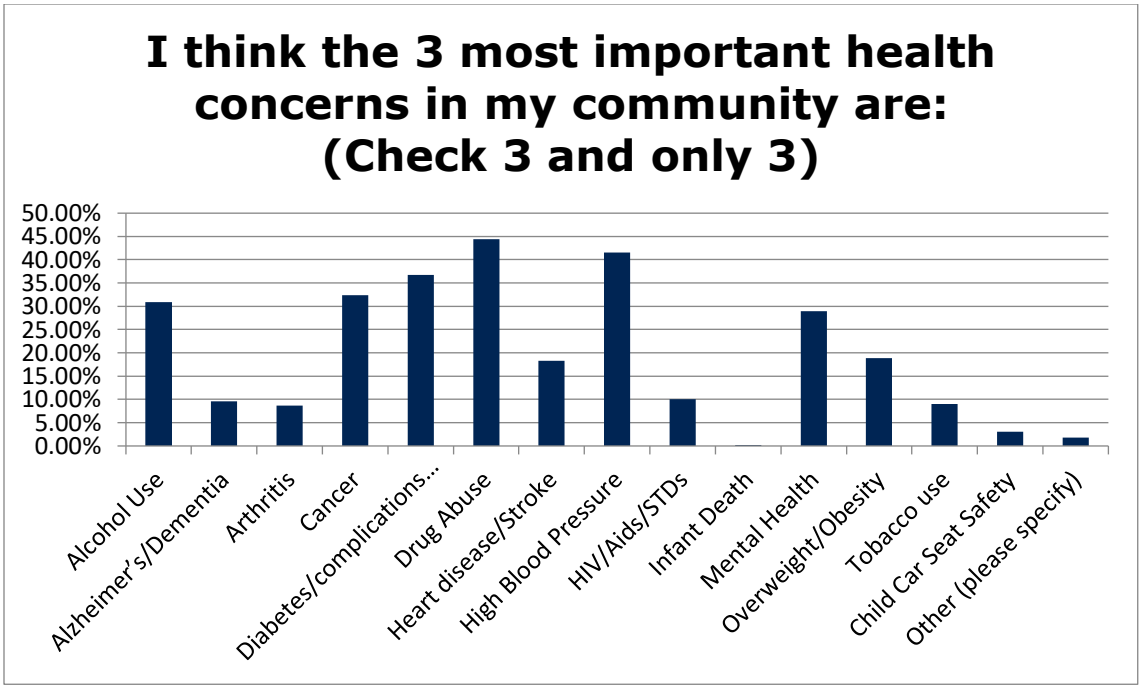
Appendix C: Community Needs Survey Responses

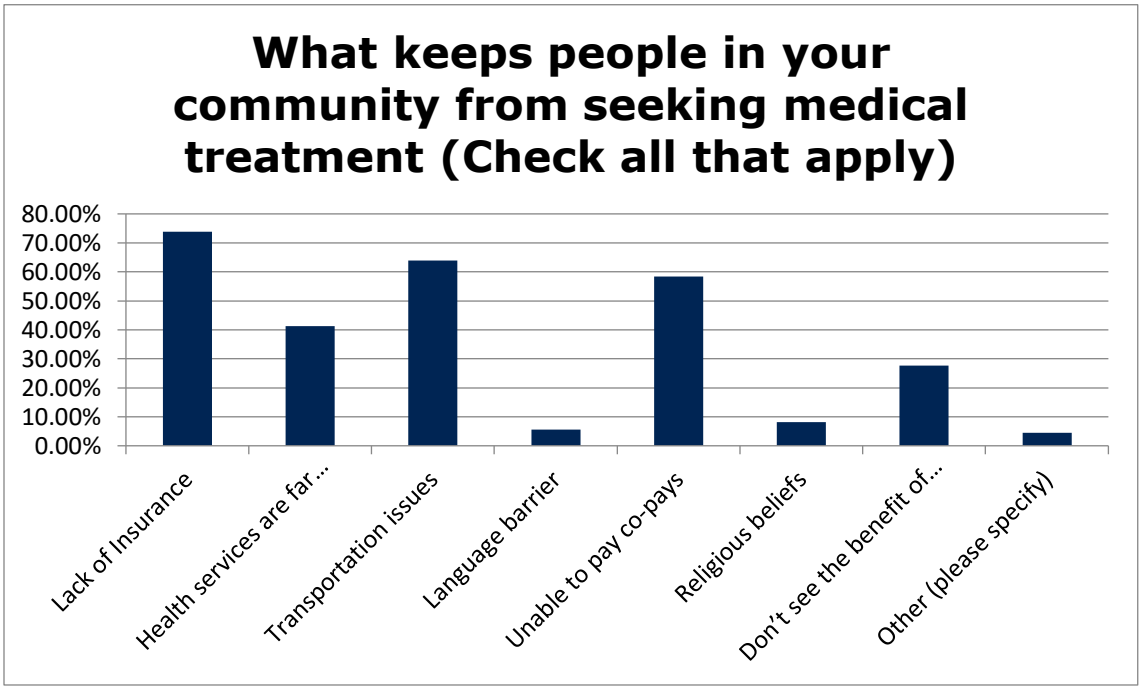


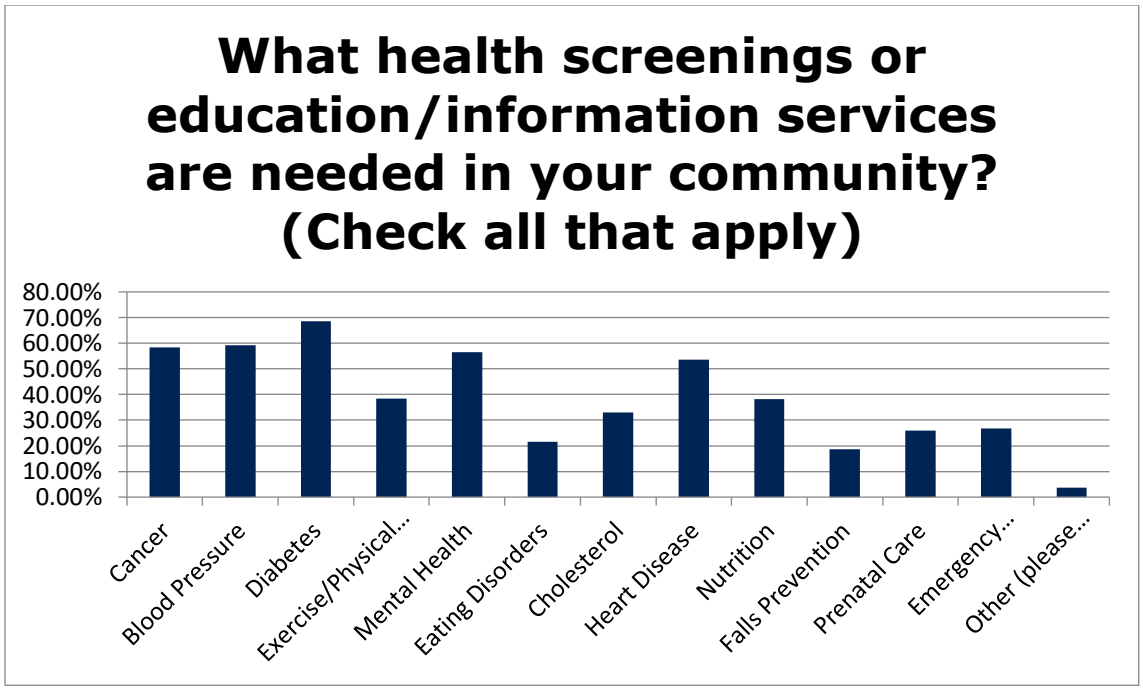


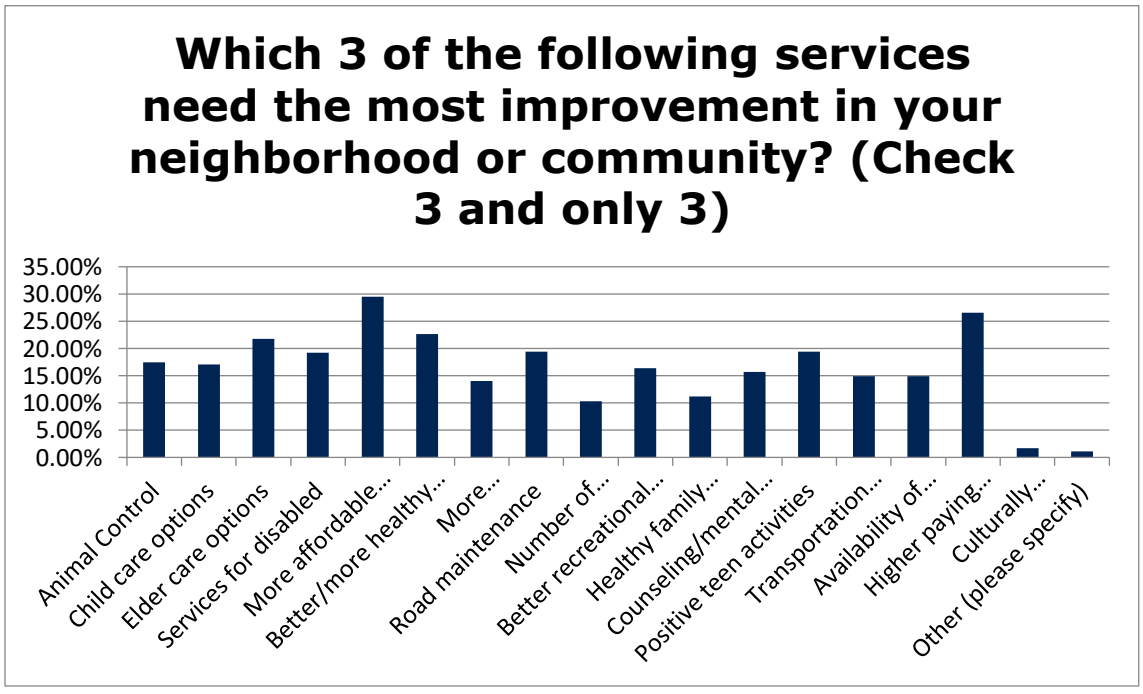

How do you feel about this statement, "There is good healthcare in my community"?
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
7.59%
15.18%
32.68%
35.21%
9.34%
Strongly disagree
Disagree
Neutral
Agree
Strongly agree

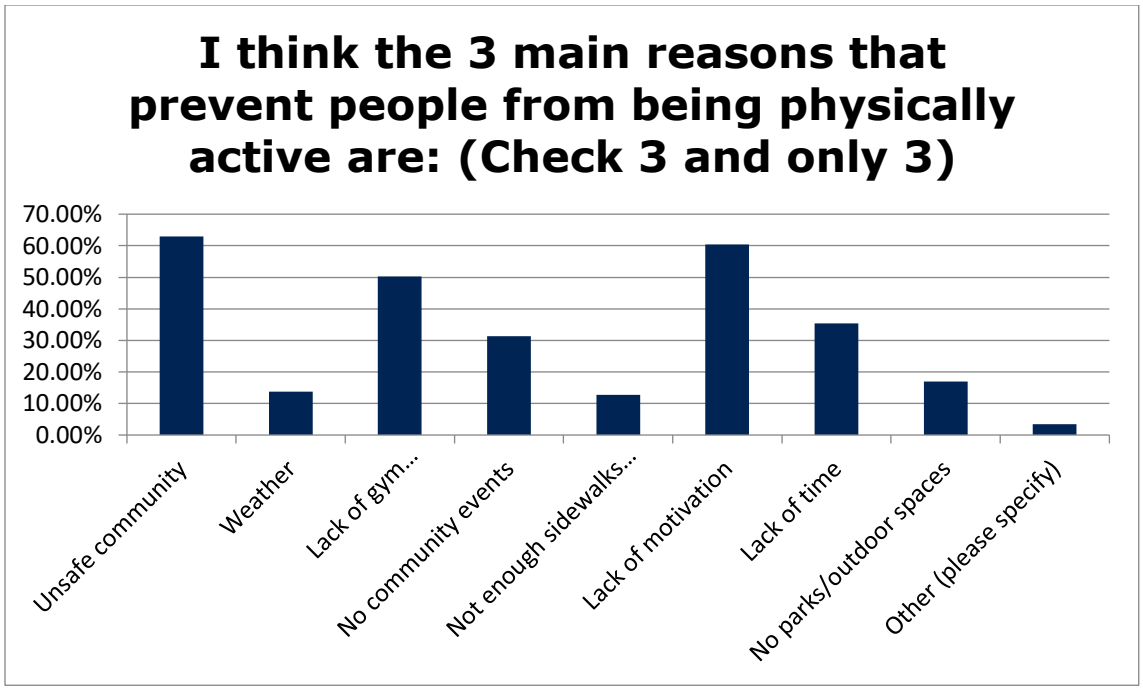

I think the 3 most important factors for any healthy community are: (Check 3 and only 3)
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Acceptance of all people
Access to affordable...
Access to...
Access to safe places to...
Neighbors helping each...
Smoke free workplace
Strong faith
Good schools
Low crime rate
Access to high quality...
Emergency services...
Access to affordable...
Low rates of disease
Clean community
Good jobs/economy
Good housing
Other (please specify)

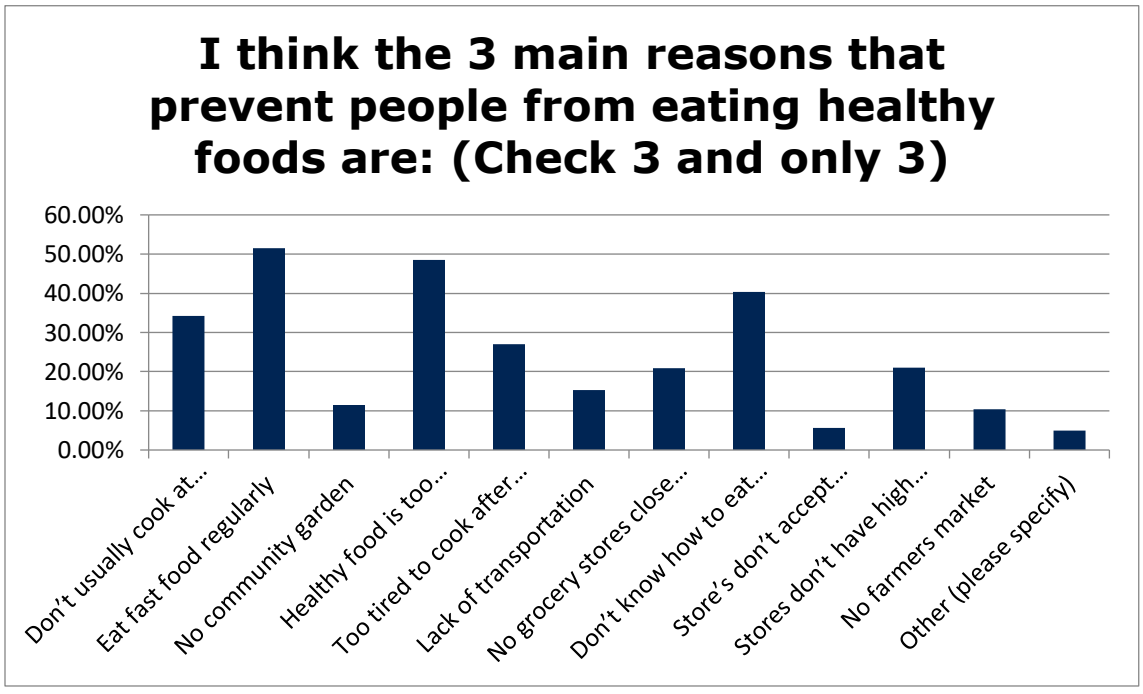

I think the 3 most important health concerns in my community are: (Check 3 and only 3)
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Alcohol Use
Alzheimer's/Dementia
Arthritis
Cancer
Diabetes/complications...
Drug Abuse
Heart disease/Stroke
High Blood Pressure
HIV/Aids/STDs
Infant Death
Mental Health
Overweight/Obesity
Tobacco use
Child Car Seat Safety
Other (please specify)

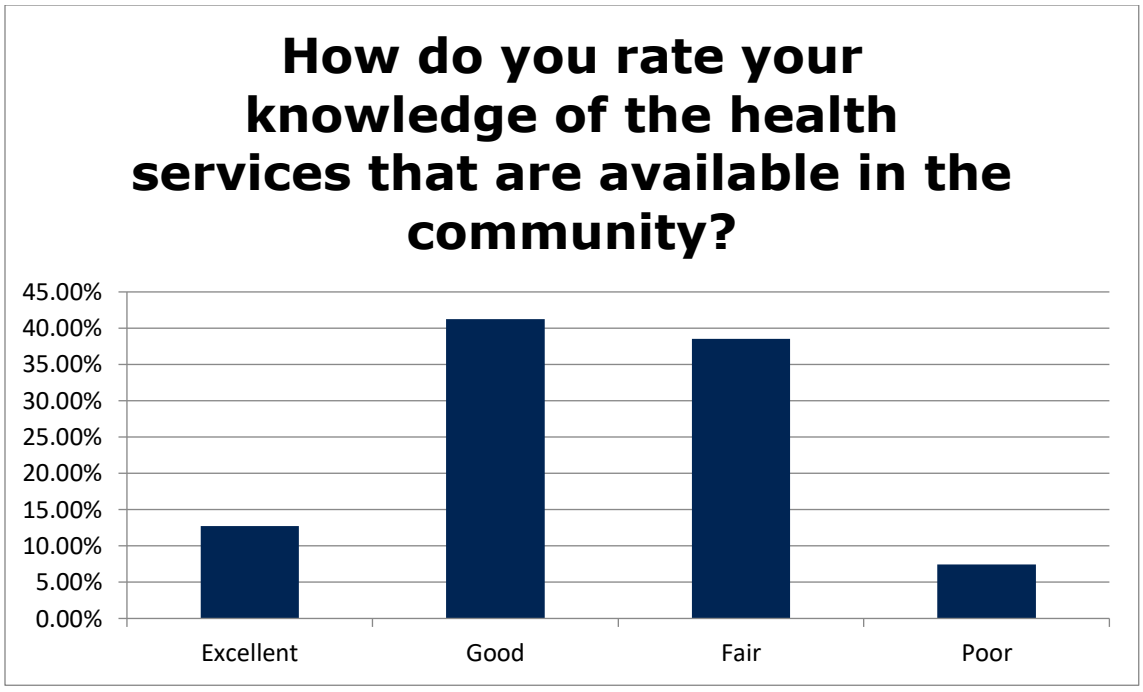

What keeps people in your community from seeking medical treatment (Check all that apply)
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Lack of Insurance
Health services are far...
Transportation issues
Language barrier
Unable to pay co-pays
Religious beliefs
Don't see the benefit of...
Other (please specify)

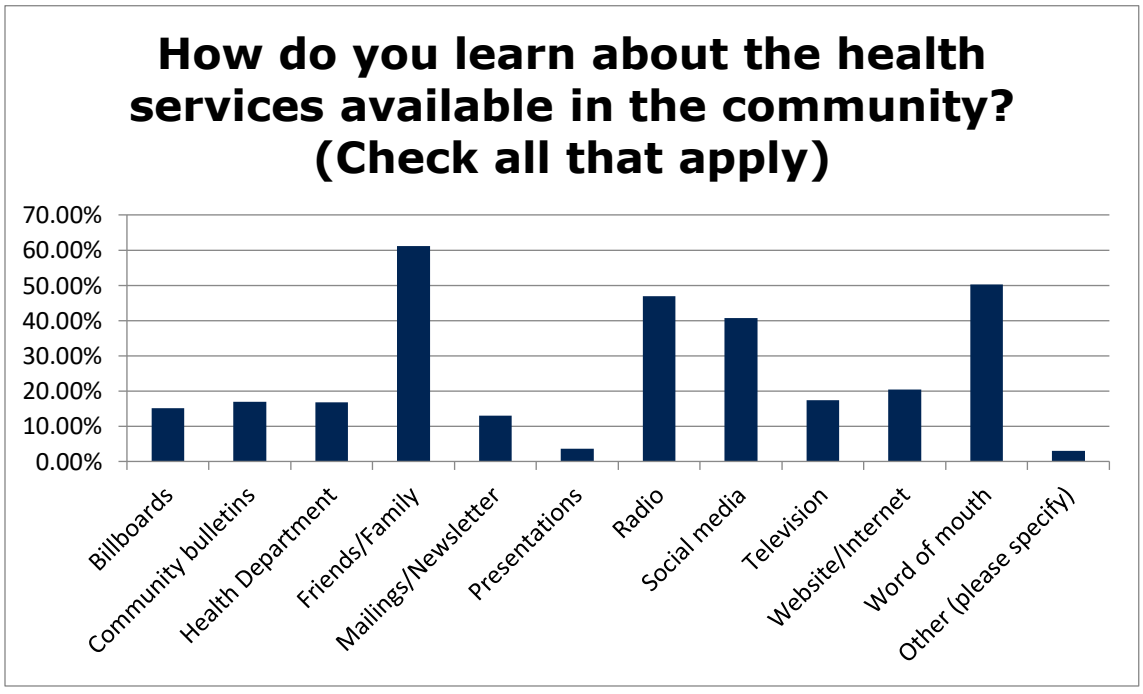

What health screenings or education/information services are needed in your community? (Check all that apply)
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Cancer
Blood Pressure
Diabetes
Exercise/Physical...
Mental Health
Eating Disorders
Cholesterol
Heart Disease
Nutrition
Falls Prevention
Prenatal Care
Emergency...
Other (please...

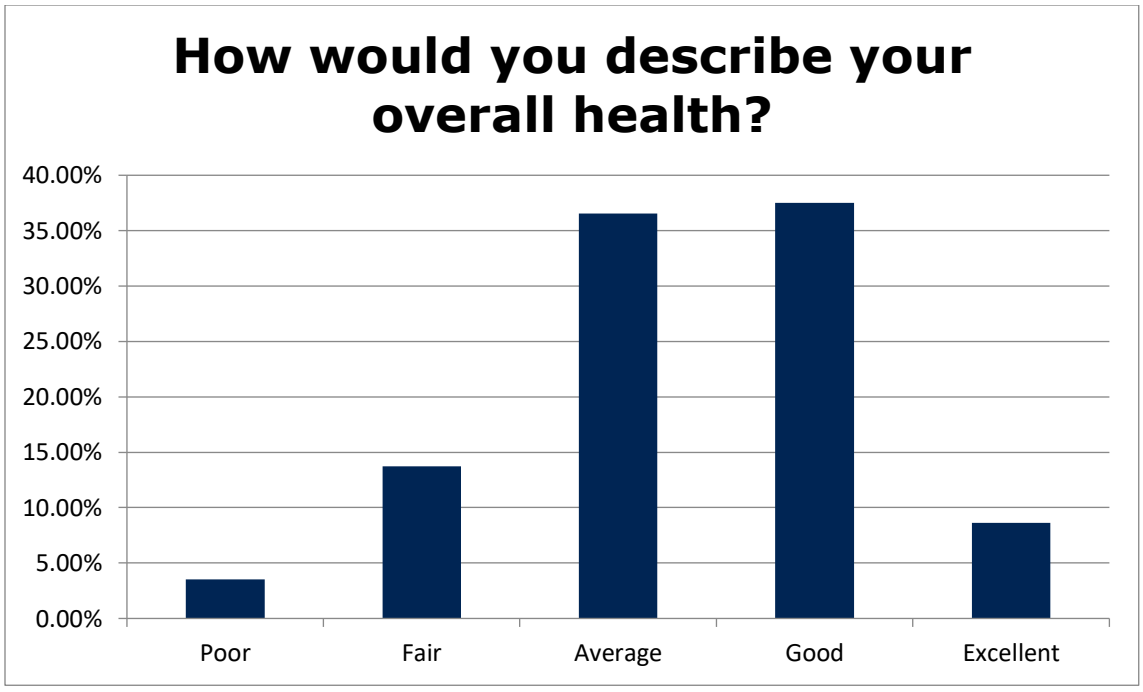

Which 3 of the following services need the most improvement in your neighborhood or community? (Check 3 and only 3)
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Animal Control
Child care options
Elder care options
Services for disabled
More affordable...
Better/more healthy...
More...
Road maintenance
Number of...
Better recreational...
Healthy family...
Counseling/mental...
Positive teen activities
Transportation...
Availability of...
Higher paying...
Culturally...
Other (please specify)

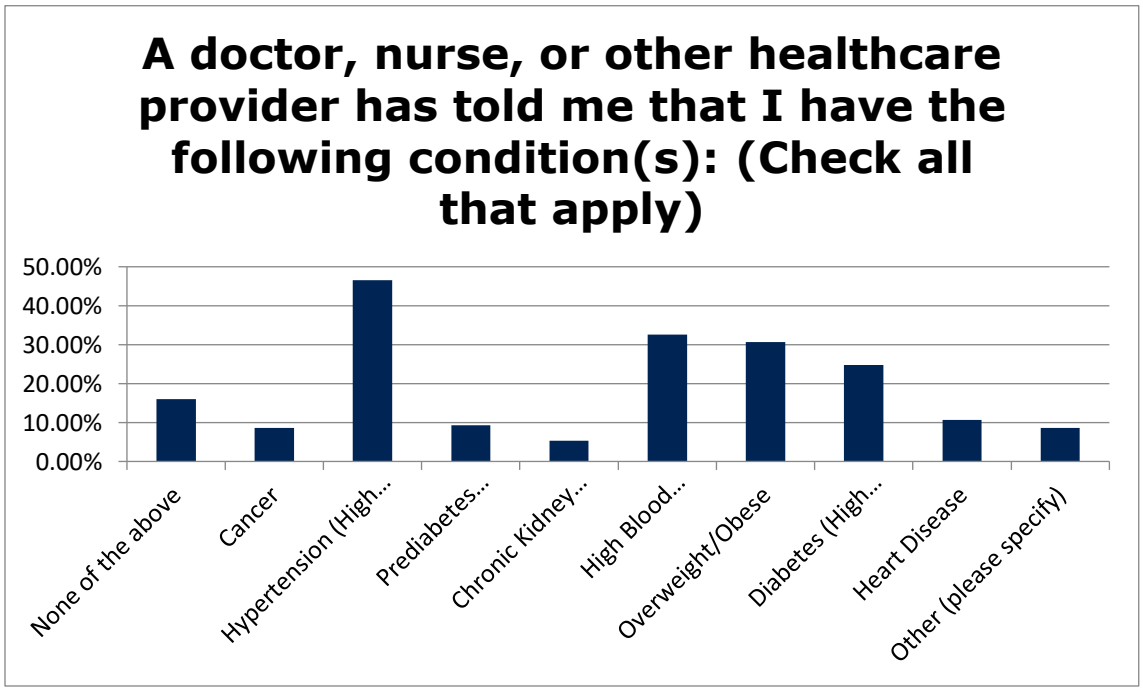

I think the 3 main reasons that prevent people from being physically active are: (Check 3 and only 3)
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Unsafe community
Weather
Lack of gym...
No community events
Not enough sidewalks...
Lack of motivation
Lack of time
No parks/outdoor spaces
Other (please specify)

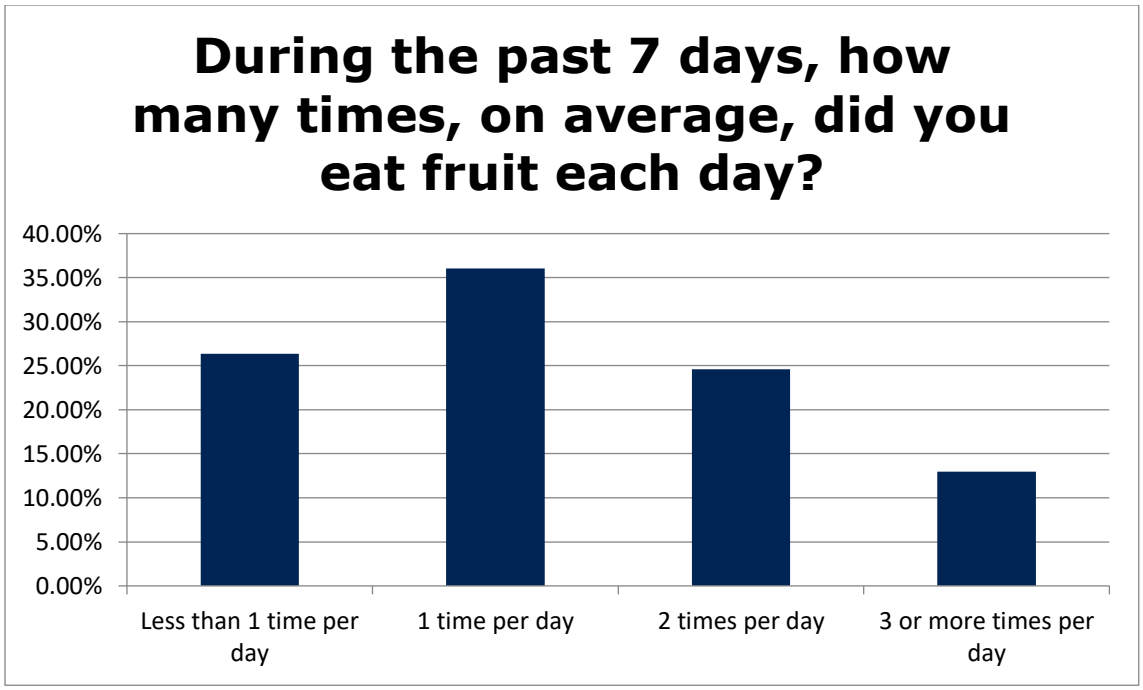

I think the 3 main reasons that prevent people from eating healthy foods are: (Check 3 and only 3)
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Don't usually cook at...
Eat fast food regularly
No community garden
Healthy food is too...
Too tired to cook after...
Lack of transportation
No grocery stores close...
Don't know how to eat...
Store's don't accept...
Stores don't have high...
No farmers market
Other (please specify)

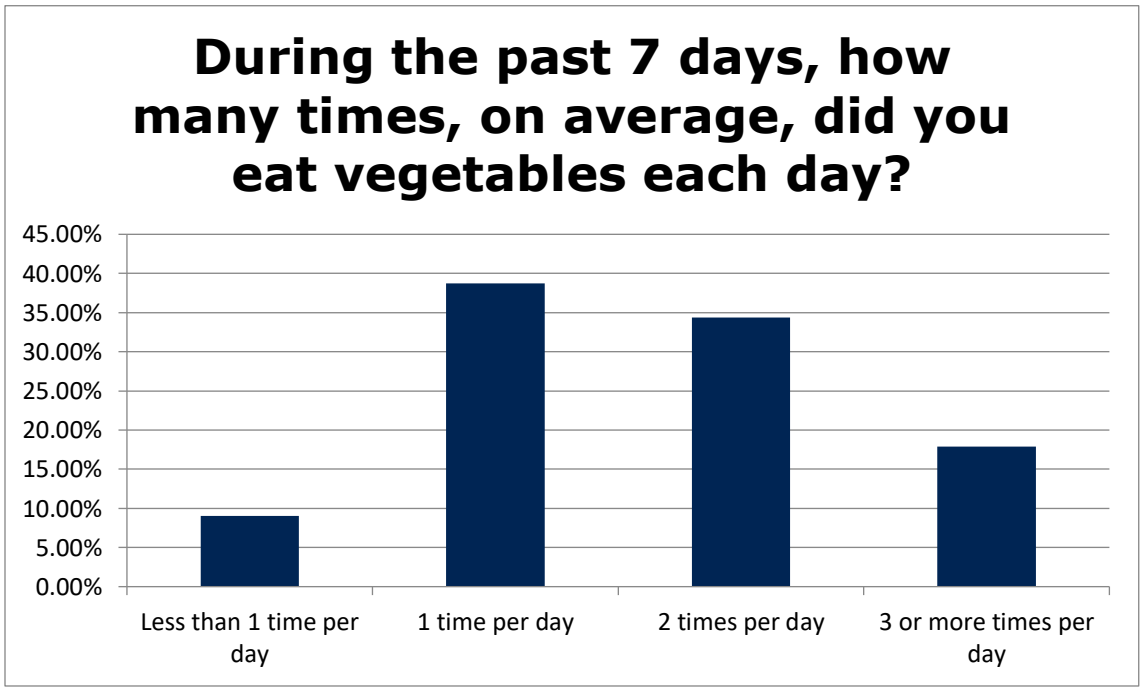

How do you rate your knowledge of the health services that are available in the community?
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Excellent
Good
Fair
Poor

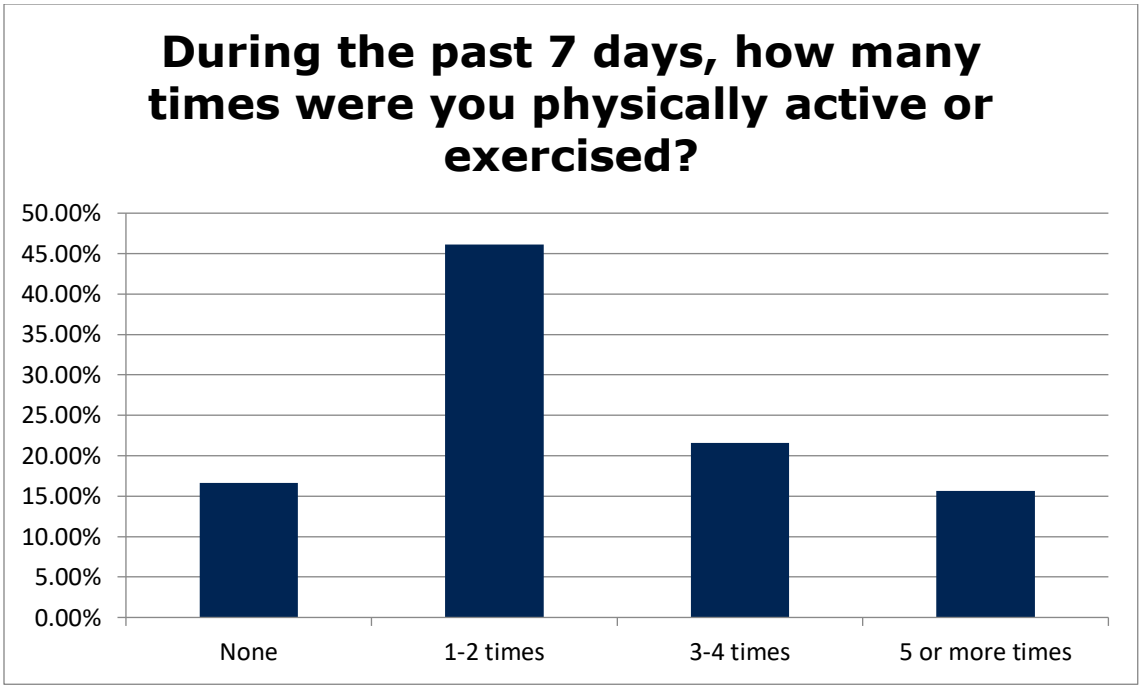

How do you learn about the health services available in the community? (Check all that apply)
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Billboards
Community bulletins
Health Department
Friends/Family
Mailings/Newsletter
Presentations
Radio
Social media
Television
Website/Internet
Word of mouth
Other (please specify)

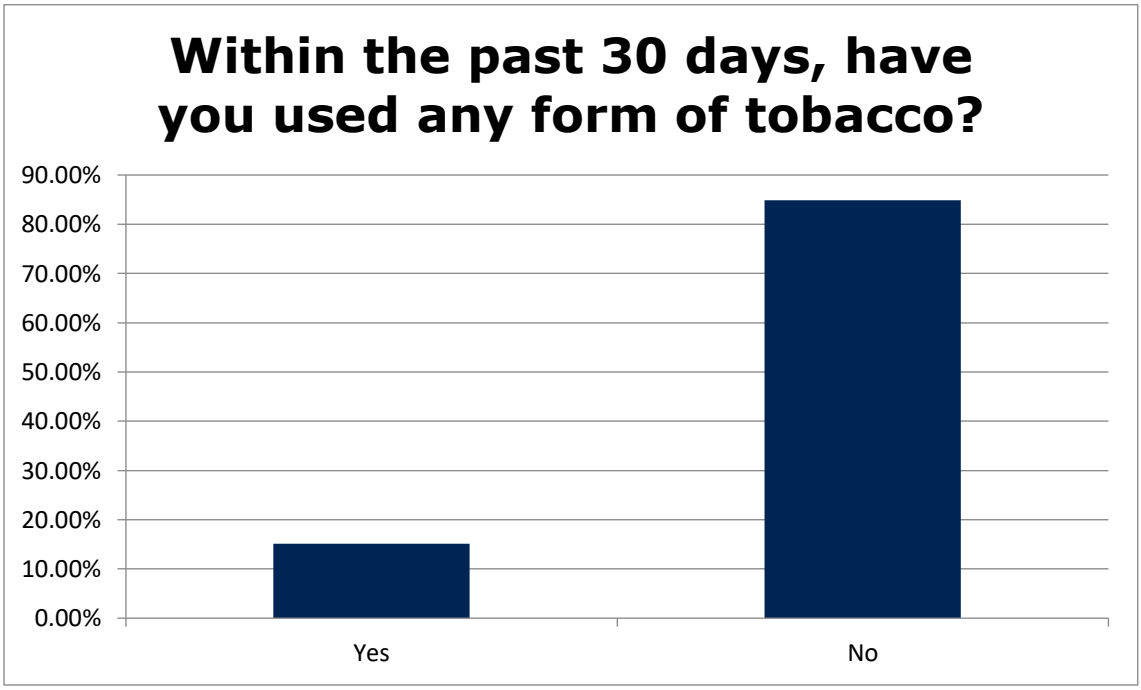

How would you describe your overall health?
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Poor
Fair
Average
Good
Excellent

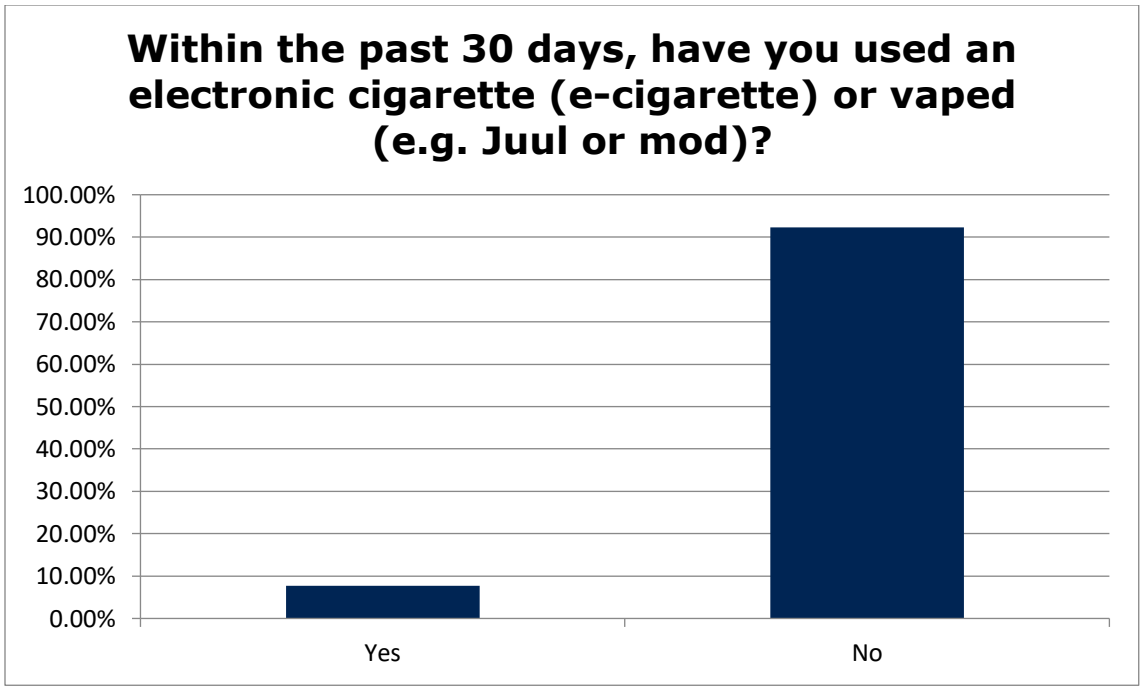

A doctor, nurse, or other healthcare provider has told me that I have the following condition(s): (Check all that apply)
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
None of the above
Cancer
Hypertension (High...
Prediabetes...
Chronic Kidney...
High Blood...
Overweight/Obese
Diabetes (High...
Heart Disease
Other (please specify)

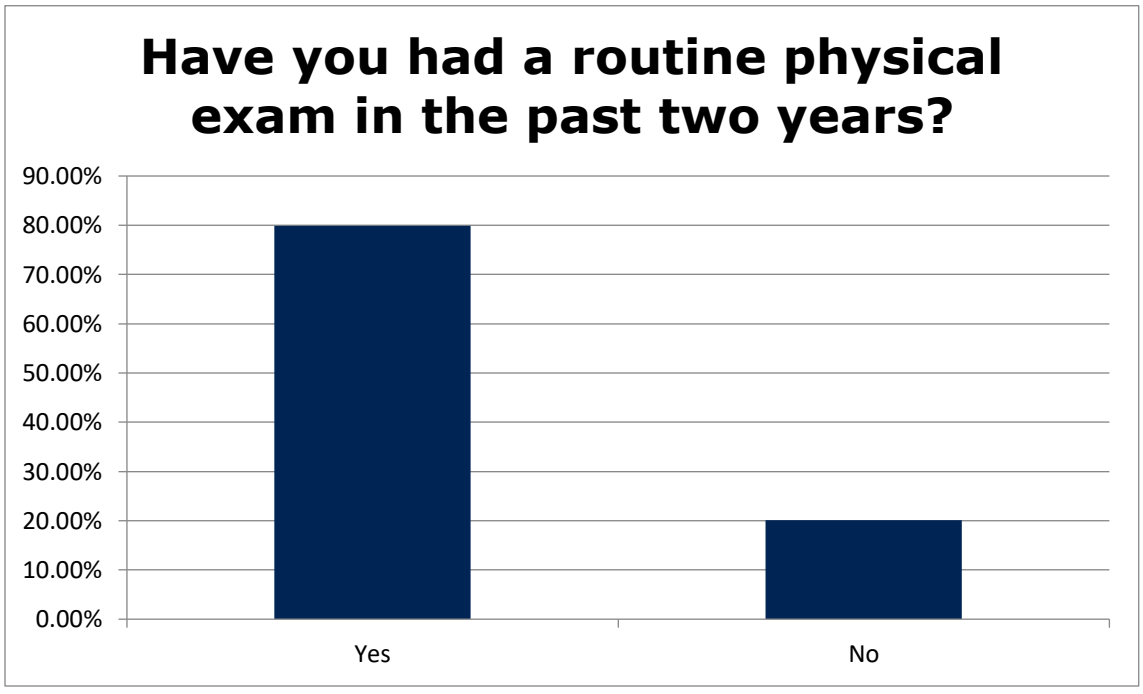

During the past 7 days, how many times, on average, did you eat fruit each day?
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Less than 1 time per day
1 time per day
2 times per day
3 or more times per day

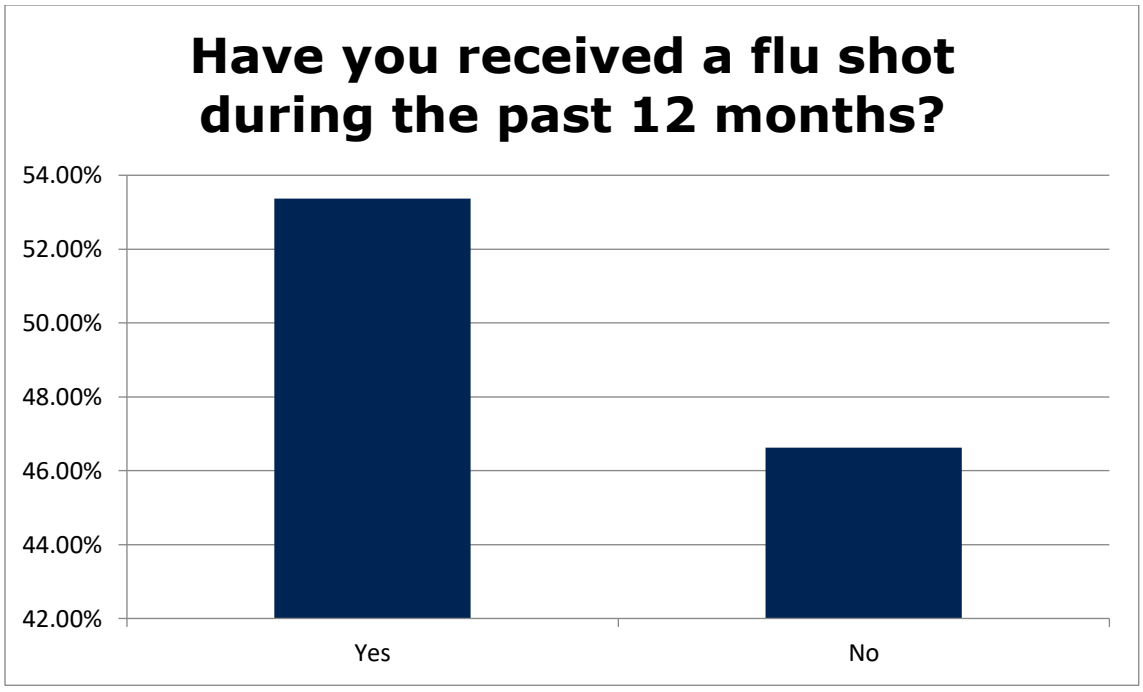

During the past 7 days, how many times, on average, did you eat vegetables each day?
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Less than 1 time per day
1 time per day
2 times per day
3 or more times per day

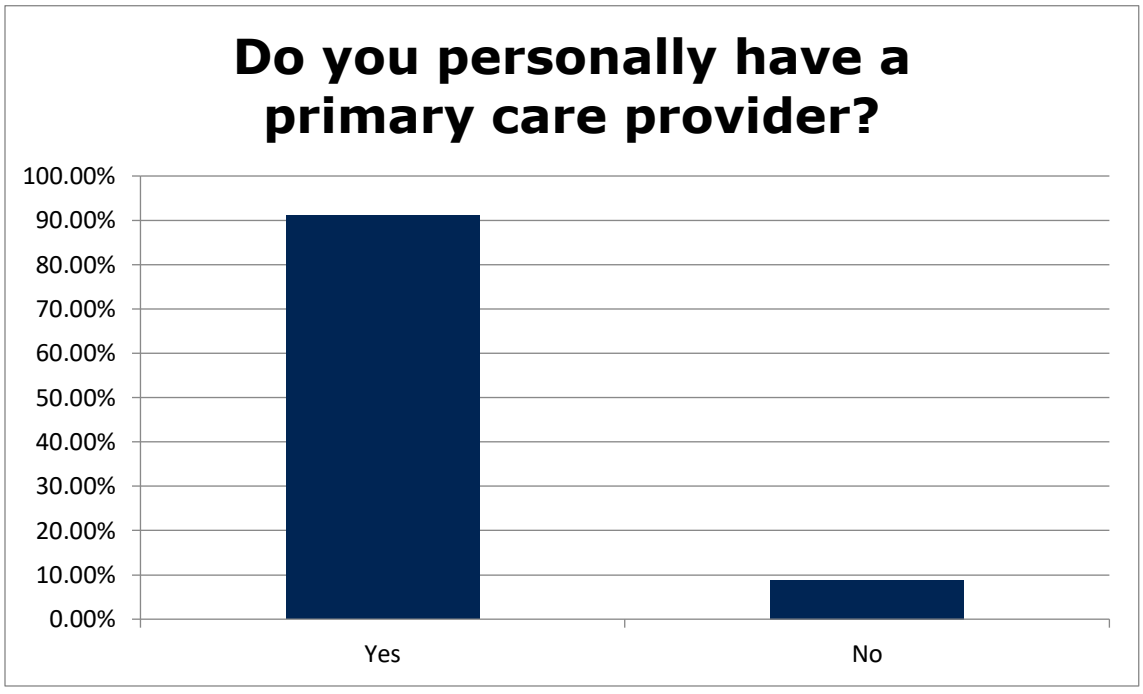

During the past 7 days, how many times were you physically active or exercised?
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
None
1-2 times
3-4 times
5 or more times

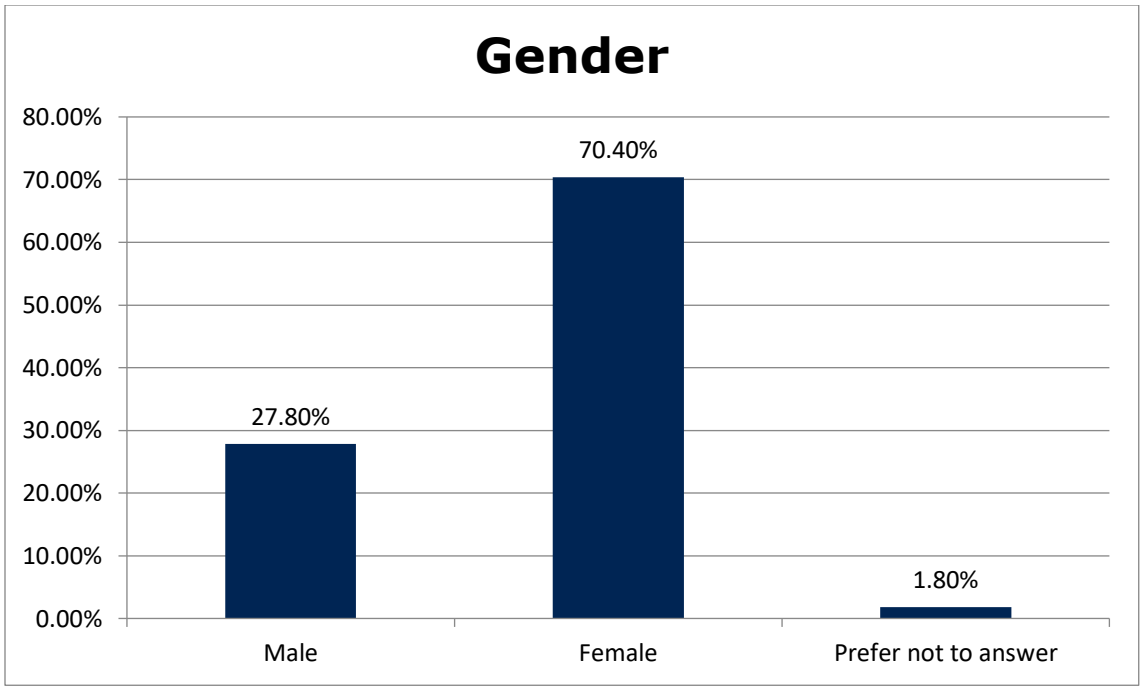

Within the past 30 days, have you used any form of tobacco?
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Yes
No

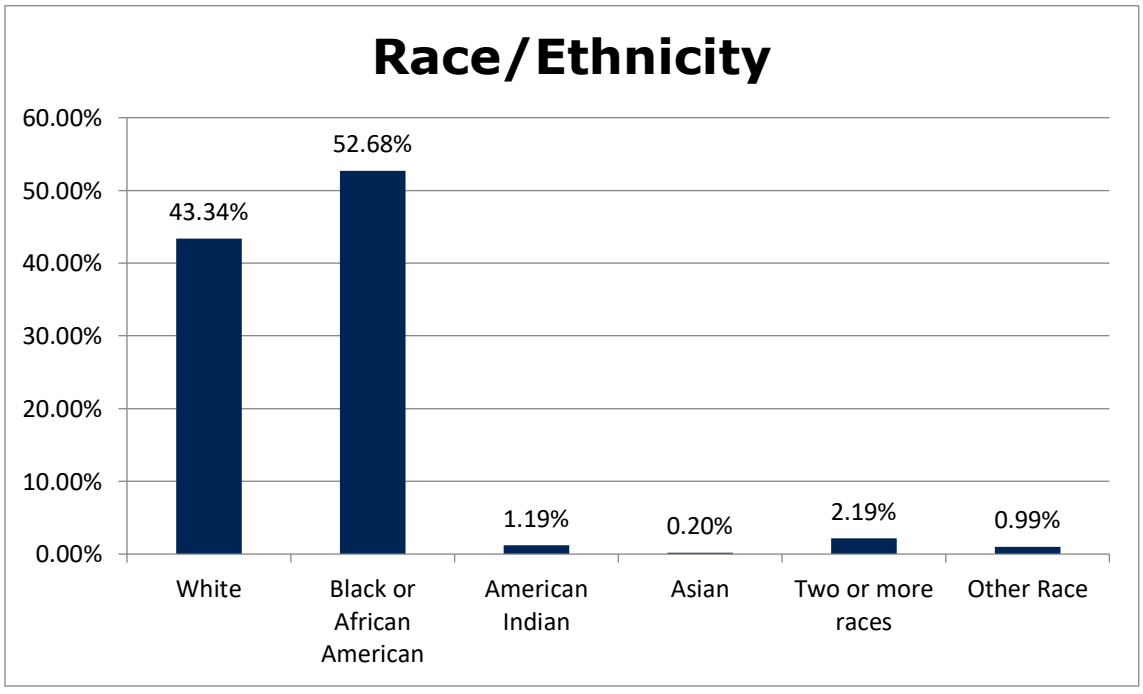

Within the past 30 days, have you used an electronic cigarette (e-cigarette) or vaped (e.g. Juul or mod)?
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Yes
No

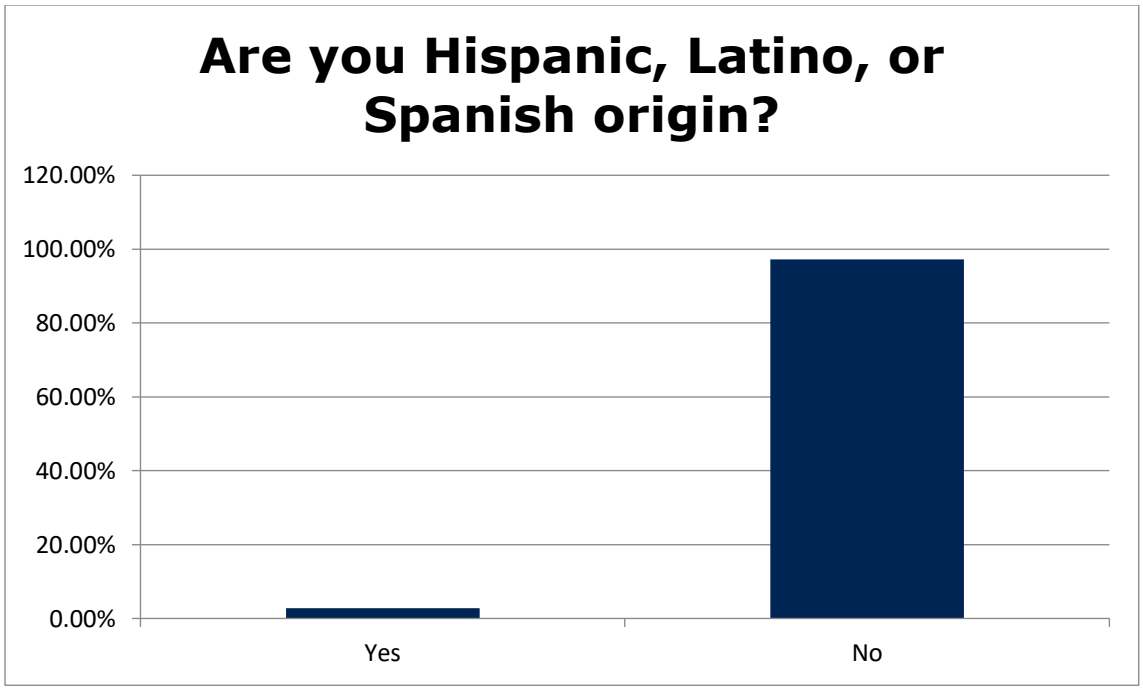

Have you had a routine physical exam in the past two years?
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Yes
No

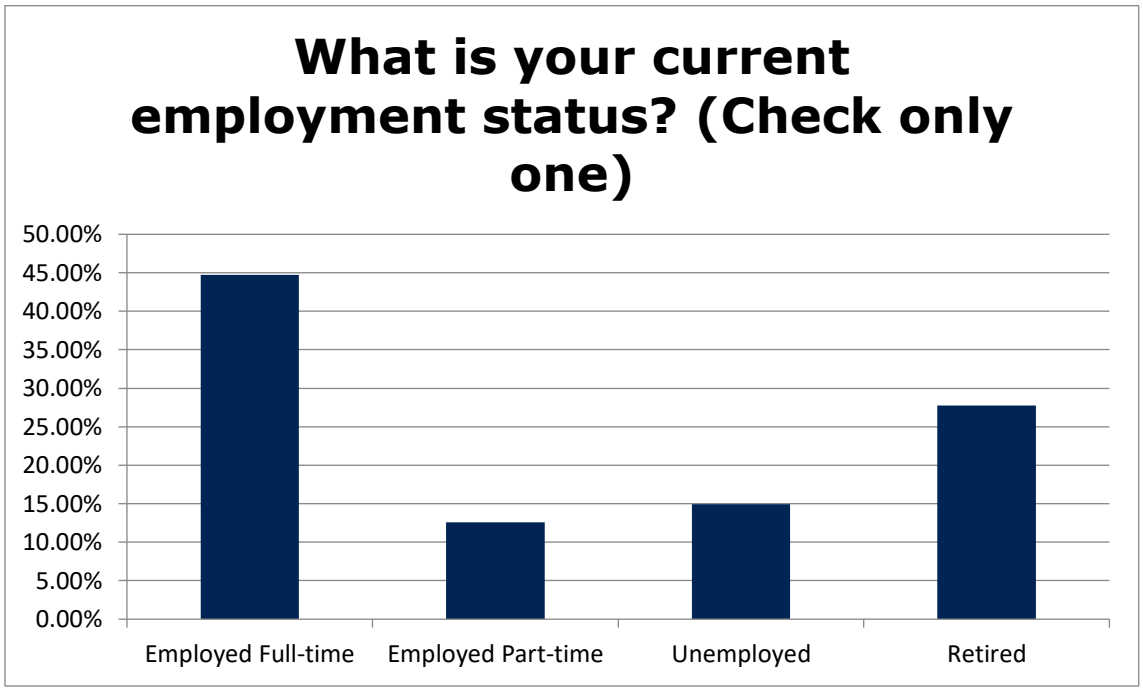

Have you received a flu shot during the past 12 months?
54.00%
52.00%
50.00%
48.00%
46.00%
44.00%
42.00%
Yes
No

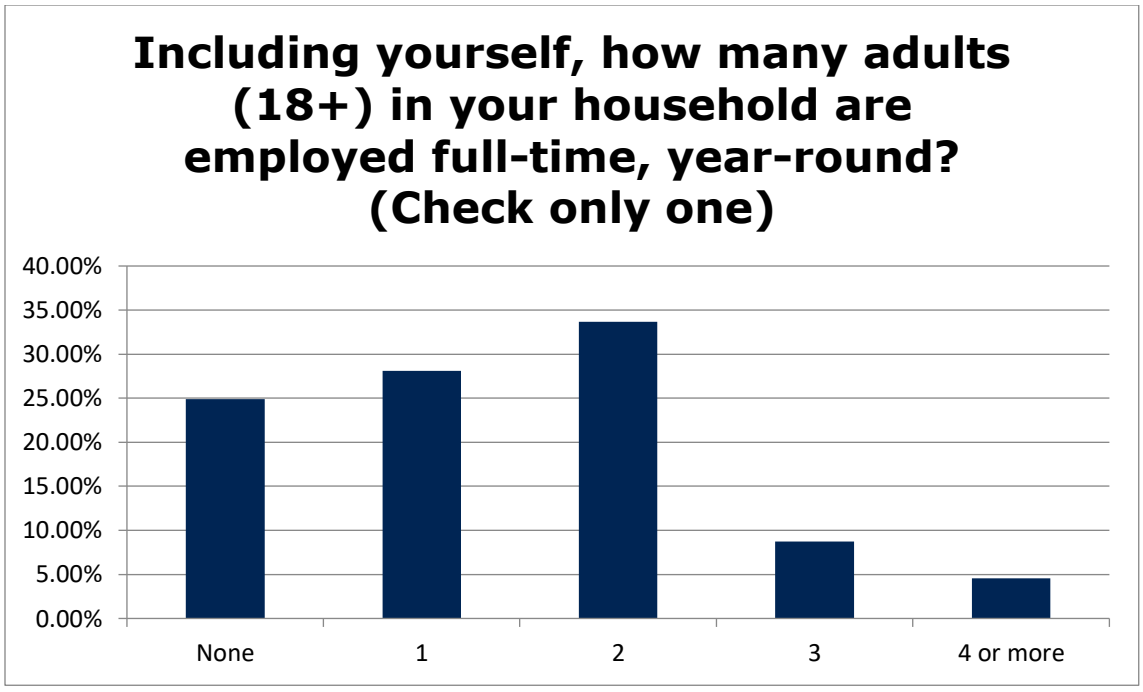

Do you personally have a primary care provider?
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Yes
No

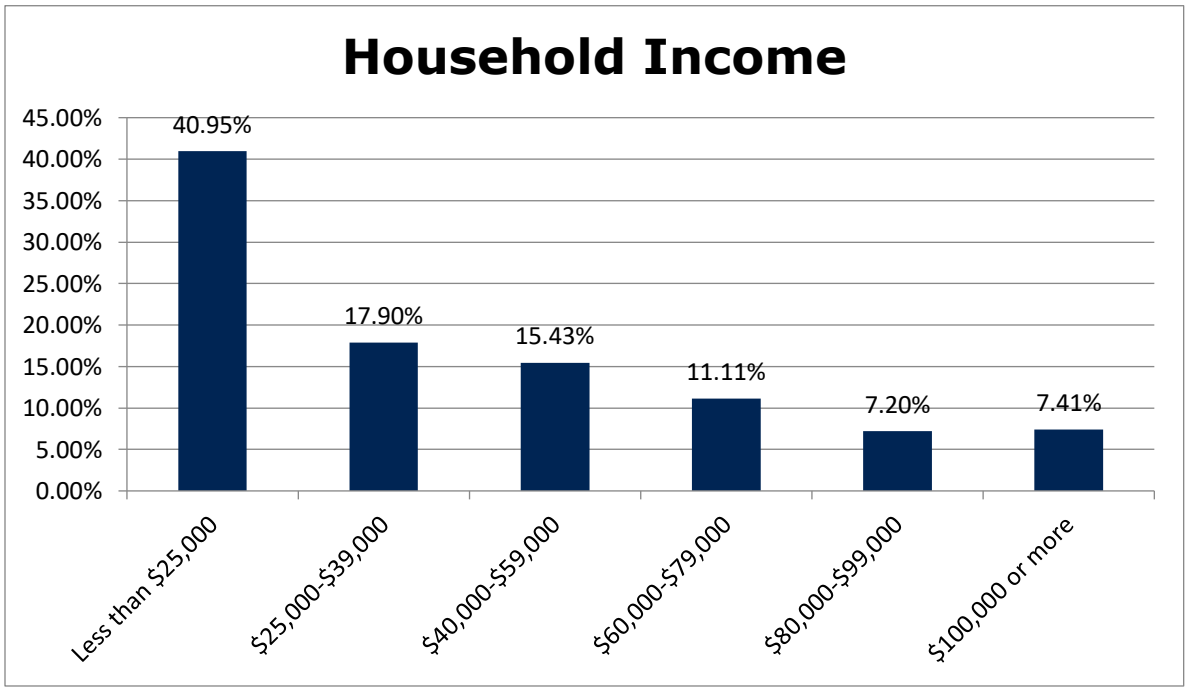

Gender
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
27.80%
70.40%
1.80%
Male
Female
Prefer not to answer

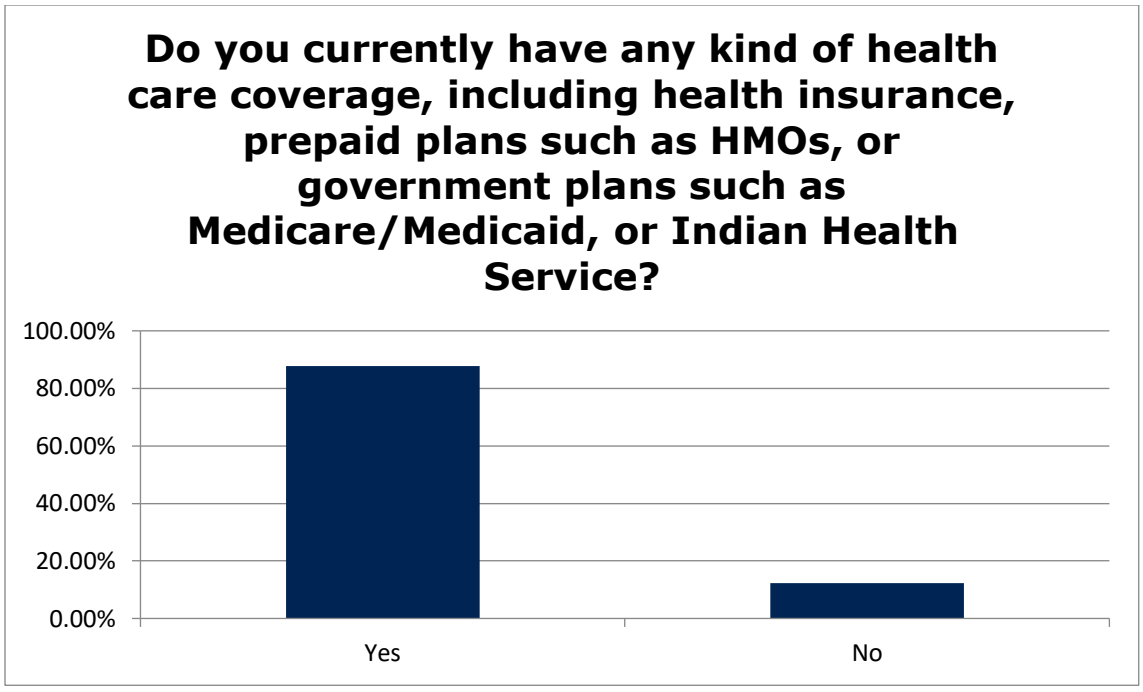

Race/Ethnicity
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
43.34%
52.68%
1.19%
0.20%
2.19%
0.99%
White
Black or African American
American Indian
Asian
Two or more races
Other Race


Are you Hispanic, Latino, or Spanish origin?
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
Yes
No


What is your current employment status? (Check only one)
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Employed Full-time
Employed Part-time
Unemployed
Retired

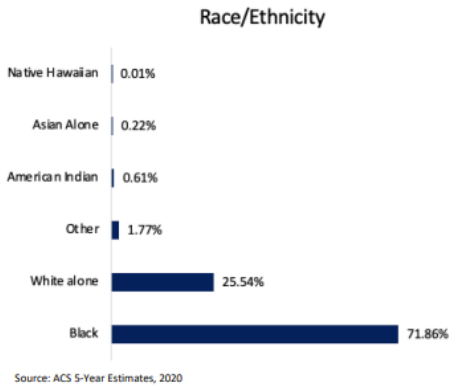

Including yourself, how many adults (18+) in your household are employed full-time, year-round? (Check only one)
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
None
1
2
3
4 or more

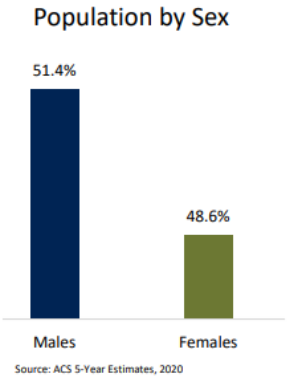

Household Income
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
40.95%
17.90%
15.43%
11.11%
7.20%
7.41%
Less than $25,000
$25,000-$39,000
$40,000-$59,000
$60,000-$79,000
$80,000-$99,000
$100,000 or more

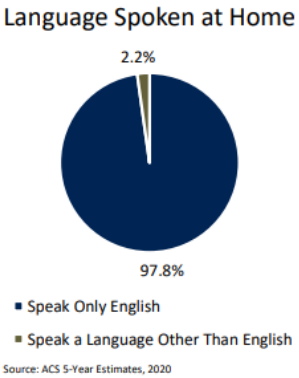

Do you currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare/Medicaid, or Indian Health Service?
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
Yes
No

Appendix D: Allendale County Health Data

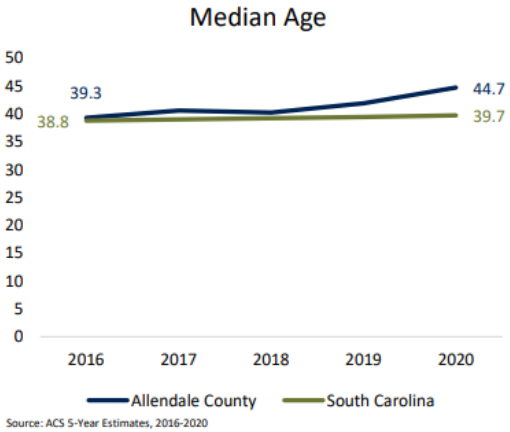
County Demographics

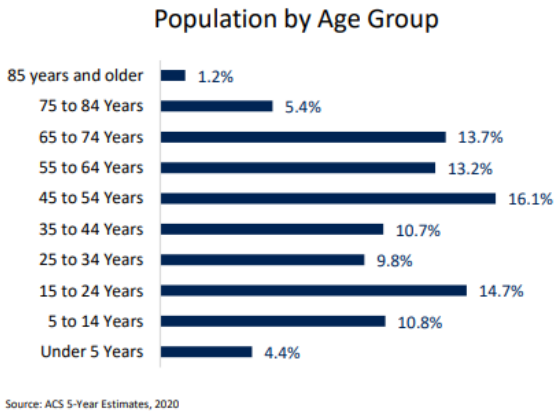




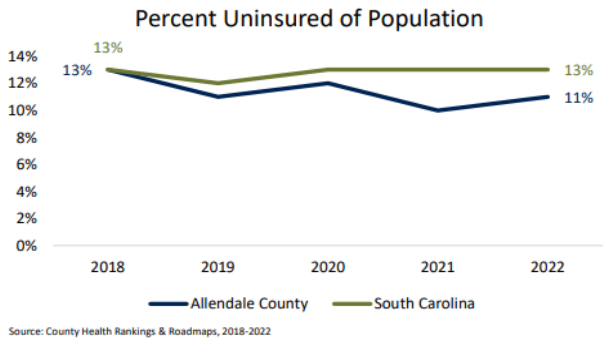


County Demographics

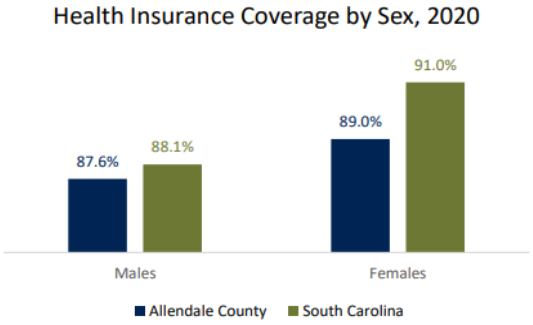




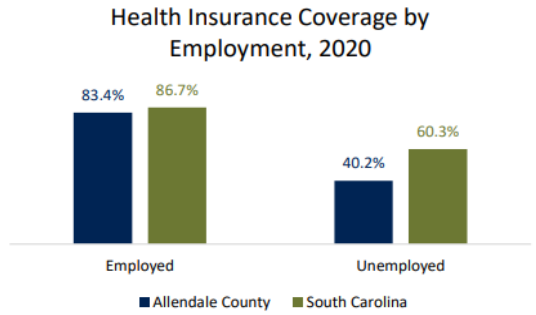
Access to Care



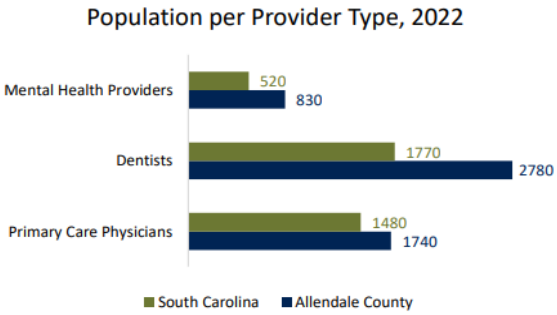
Source: County Health Rankings & Roadmaps, 2018-2022



Source: ACS 5-Year Estimates, 2020

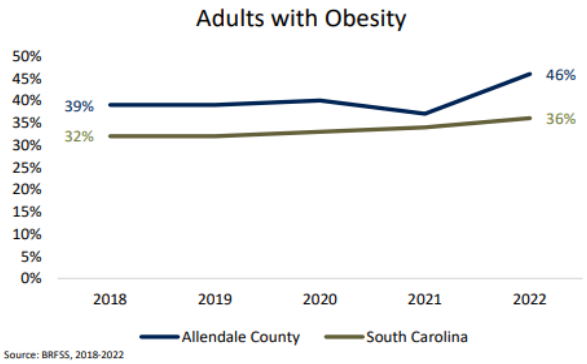


Source: ACS 5-Year Estimates, 2020

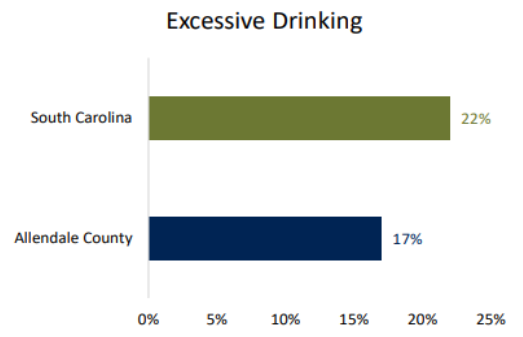


Source: County Health Rankings & Roadmaps, 2022

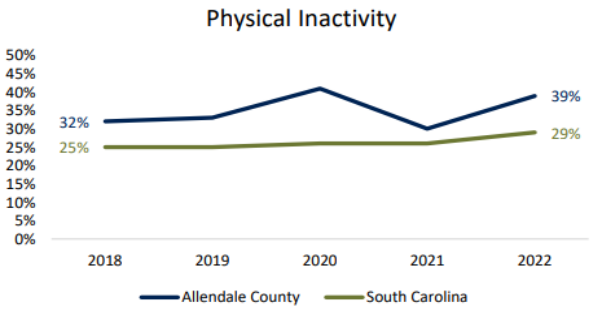
Chronic Disease



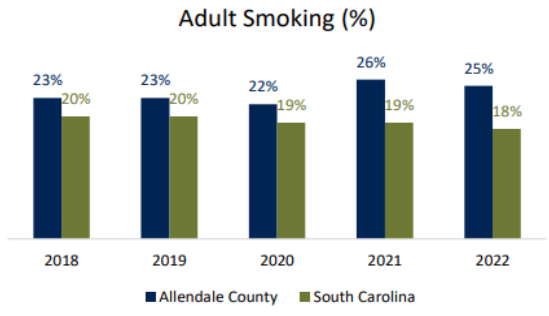
Source: BRFSS, 2018-2022



Source: BRFSS, 2019



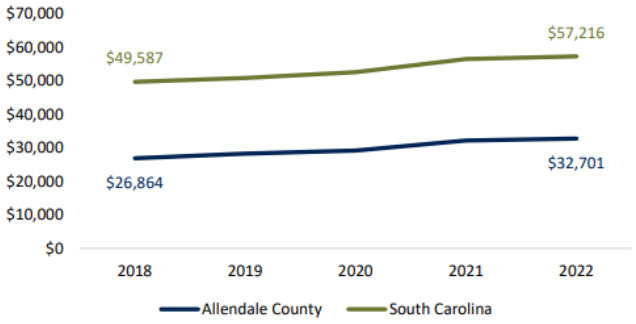
Source: BRFSS, 2018-2022



Source: BRFSS, 2018-2022

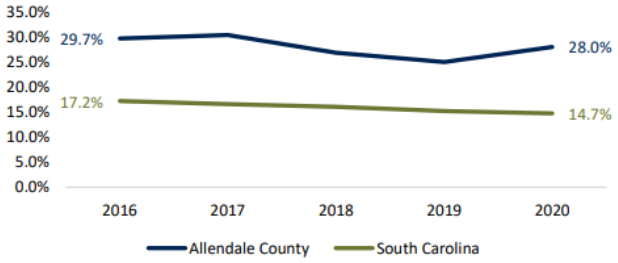
Population Health

Median Household Income



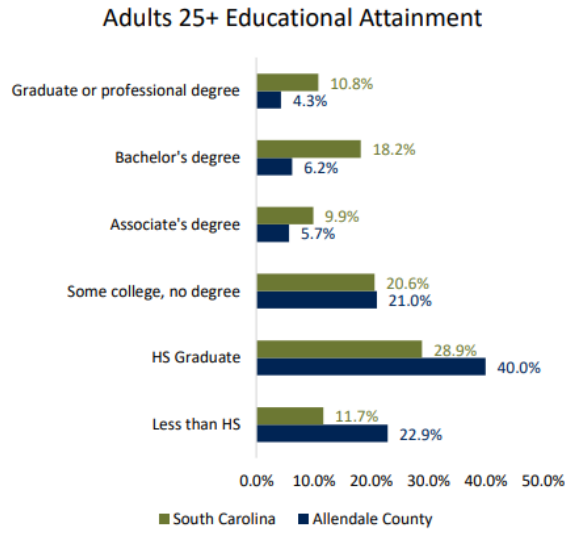
Source: County Health Rankings & Roadmaps, 2018-2022

Poverty Level



Source: ACS 5-Year Estimates, 2020

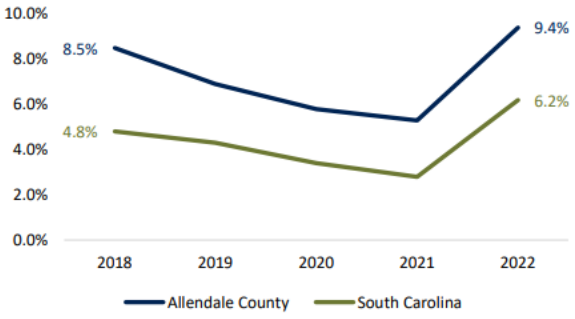
Adults 25+ Educational Attainment



Source: ACS 5-Year Estimates, 2020

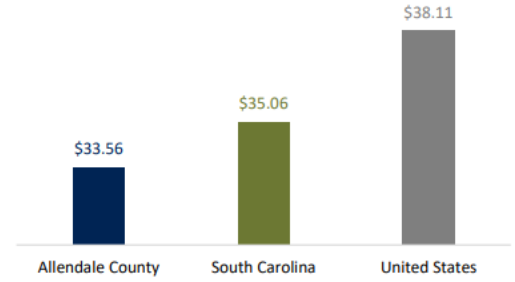
Healthy Communities

Unemployment Rate



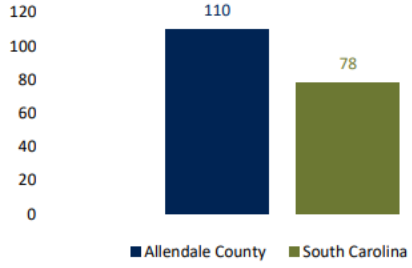
Source: CDC, 2018-2020

Living Wage



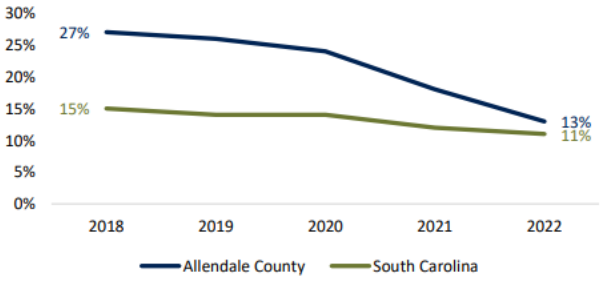
Source: The Living Wage Calculator, 2021

COVID-19 Mortality Rate



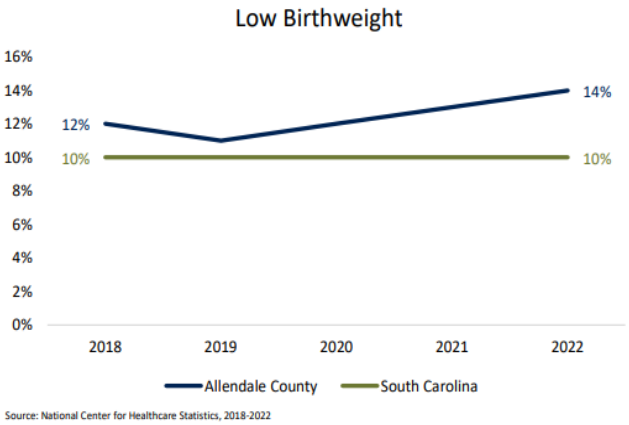
Source: NCHS, 2020

Food Insecurity

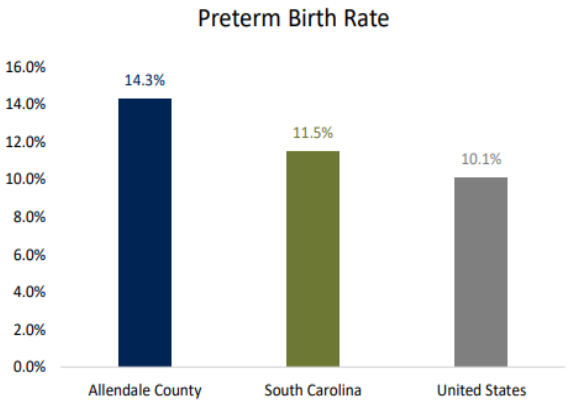


Source: Map the Meal Gap, 2019

Healthy Mothers & Infants

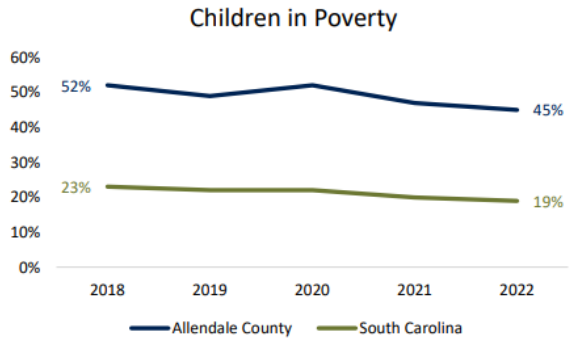


Source: National Center for Healthcare Statistics, 2018-2022

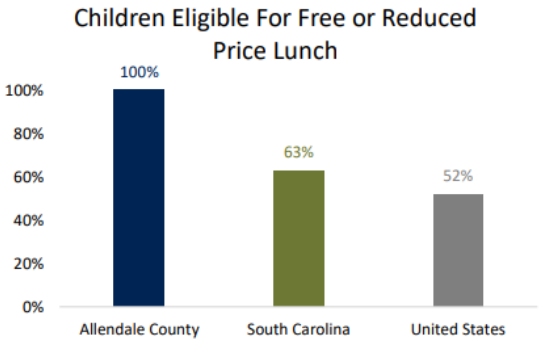


Source: National Center for Healthcare Statistics, 2022

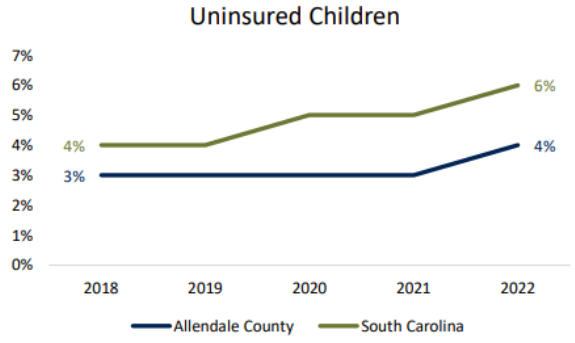
Healthy Children & Adolescents



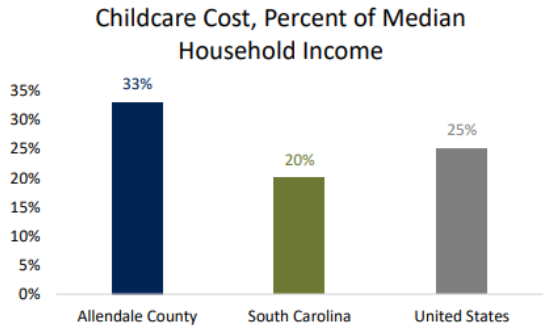
Source: County Health Rankings & Roadmaps, 2018-2022



Source: National Center for Education Statistics, 2019-2020



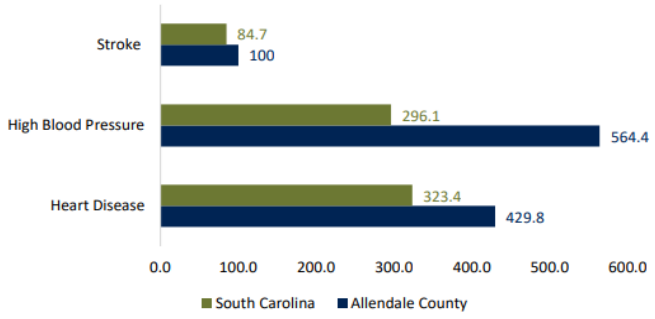
Source: County Health Rankings & Roadmaps, 2018-2022



Source: County Health Rankings & Roadmaps, 2018-2022

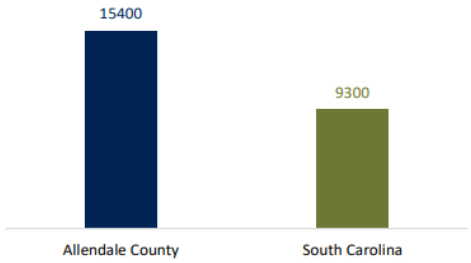
Healthy Adults

Death Rate, per 100,000



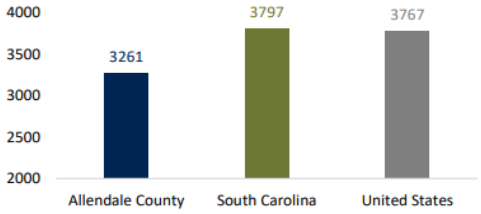
Source: CDC, 2018-2022

Years of Potential Life Lost before 75, per 100,000



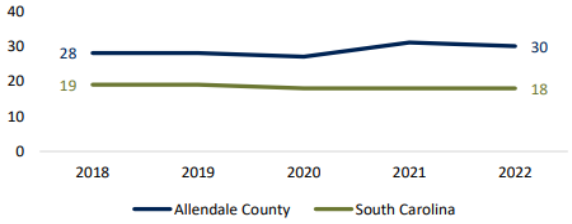
Source: NCHS, 2018-2020

Preventable Hospital Days



Source: County Health Rankings & Roadmaps, 2018-2022

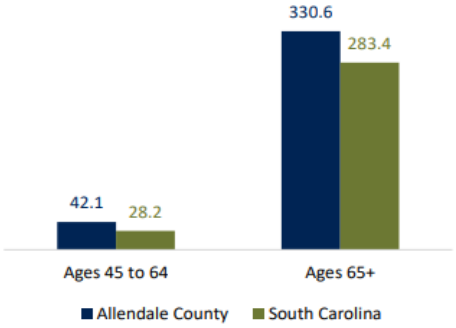
Adults Reporting Poor or Fair Health



Source: County BRFSS, 2019

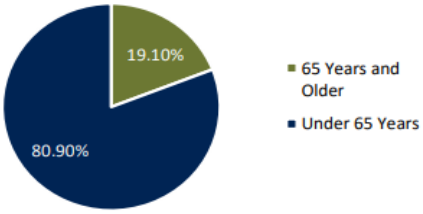
Healthy Aging

Stroke Death Rate, per 100,000



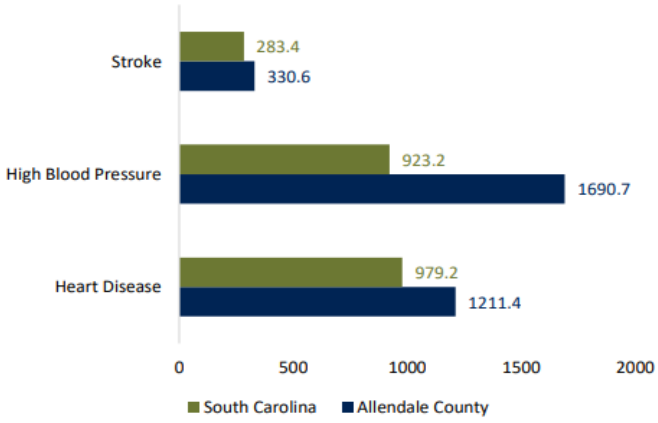
Source: CDC, 2018-2020

Adults 65+ Allendale County, 2020



Source: ACS 5-Year Estimates, 2020

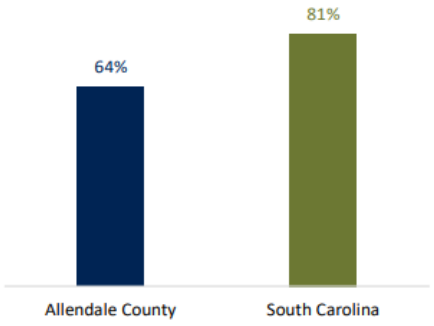
Adults 65+ Death Rate, per 100,000



Source: CDC, 2018-2020

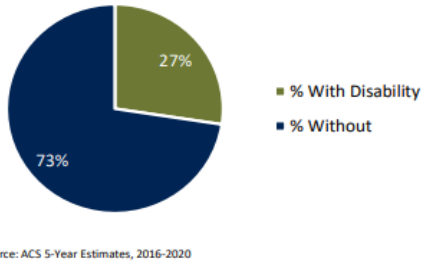
Health Equity

Broadband Access



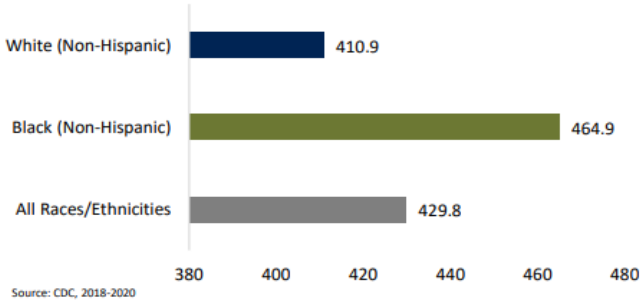
Source: ACS 5-Year Estimates, 2016-2020

Allendale County Disability Status, 2020



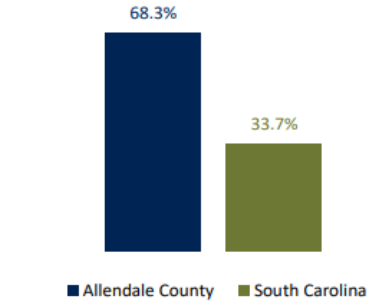
Source: ACS 5-Year Estimates, 2016-2020

Allendale County Heart Disease Death Rate by Race/Ethnicity, per 100,000



Source: CDC, 2018-2020

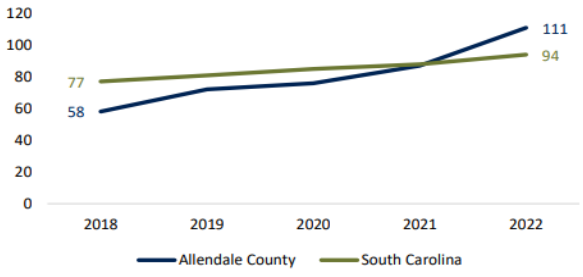
Percent Rural



Source: County Health Rankings & Roadmaps, 2018-2022

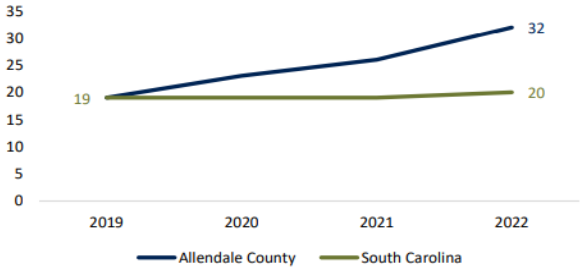
Injury

Injury Death Rate, per 100,000



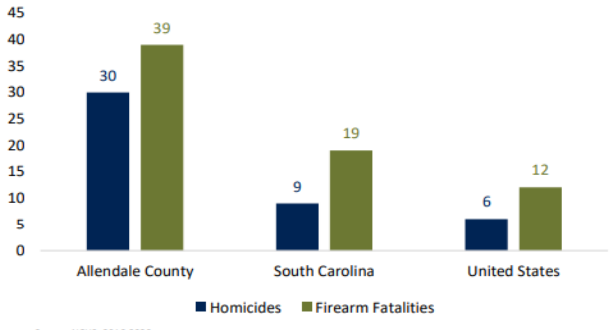
Source: NCHS, 2018-2022

Motor Vehicle Mortality Rate, per 100,000



Source: NCHS, 2019-2022

Death Rate by Injury Type, per 100,000



Source: NCHS, 2016-2020

Appendix E: Request for Public Feedback

Public comment in response to the 2022 Community Health Needs Assessment is welcome and can be submitted to the Administration Department at Allendale County Hospital:

Administration
Allendale County Hospital
1787 Allendale-Fairfax Highway
Fairfax, SC 29827

(803) 632-3311

Appendix F: Publication Date & Version History

12/31/2022 – Version 1.0 Published to website and available on-site.

01/17/2023 – Version 1.1 (Current Version)