Newberry County Memorial Hospital

Newberry, South Carolina

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution September 24, 2019

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

Dear Community Member:

At Newberry County Memorial Hospital (NCMH), we have spent more than 90 years providing high-quality compassionate healthcare to the greater Newberry County community. The "2019 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how NCMH will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

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

Thank You,

Bruce Baldwin
Chief Executive Officer
Newberry County Memorial Hospital

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EXECUTIVE SUMMARY

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Newberry County Memorial Hospital ("NCMH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

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

The 2019 Significant Health Needs identified for Newberry County are:

1. Mental Health – 2016 Significant Need

2. Obesity/Overweight – 2016 Significant Need

3. Alzheimer's

4. Affordability – 2016 Significant Need

5. Cancer – 2016 Significant Need

6. Diabetes – 2016 Significant Need

NCMH will develop implementation strategies for five of the six needs (Mental Health, Obesity/Overweight, Affordability, Cancer, and Diabetes) including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

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A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. *While Newberry County Memorial Hospital (NCMH) is not a not-for-profit hospital, this study is designed to comply with the same standards required of a not-for-profit hospital[2], and will help ensure the hospital is meeting the health needs of community residents.*

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

NCMH partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with IRS Guidelines

- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990). Newberry County Memorial Hospital is a governmental acute care hospital that was created by South Carolina legislative statute and is financially accountable to Newberry County. It is exempt from filing IRS Form 990.

- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay

- Surplus funds used to improve patient care, expand facilities, train, etc.

- A board controlled by independent civic leaders

- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

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[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.

- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.

- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.

- The hospital must disclose how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).

- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.

- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

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

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

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and

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[5] Section 6652

most recently adopted implementation strategy.[6]

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

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

To complete a CHNA:

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

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

(2) *a description of the process and methods used to conduct the CHNA;*

(3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*

(4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*

(5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

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

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[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) **Public Health** – Persons with special knowledge of or expertise in public health

(2) **Departments and Agencies** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) **Priority Populations** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) **Broad Interest of the Community** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.[10]

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

Data sources include:[11]

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[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Newberry County compared to all South Carolina counties	June 19, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	June 19, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	June 19, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	June 19, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	June 19, 2019	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 15 Local Expert Advisors was received. Survey responses started July 12, 2019 and ended on August 13, 2019.

- Information analysis augmented by local opinions showed how Newberry County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12] [13]

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[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments

  - The top three priority populations identified are low-income groups, older adults, and racial and ethnic minority groups

  - Access to medical care

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

In the NCMH process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

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[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]
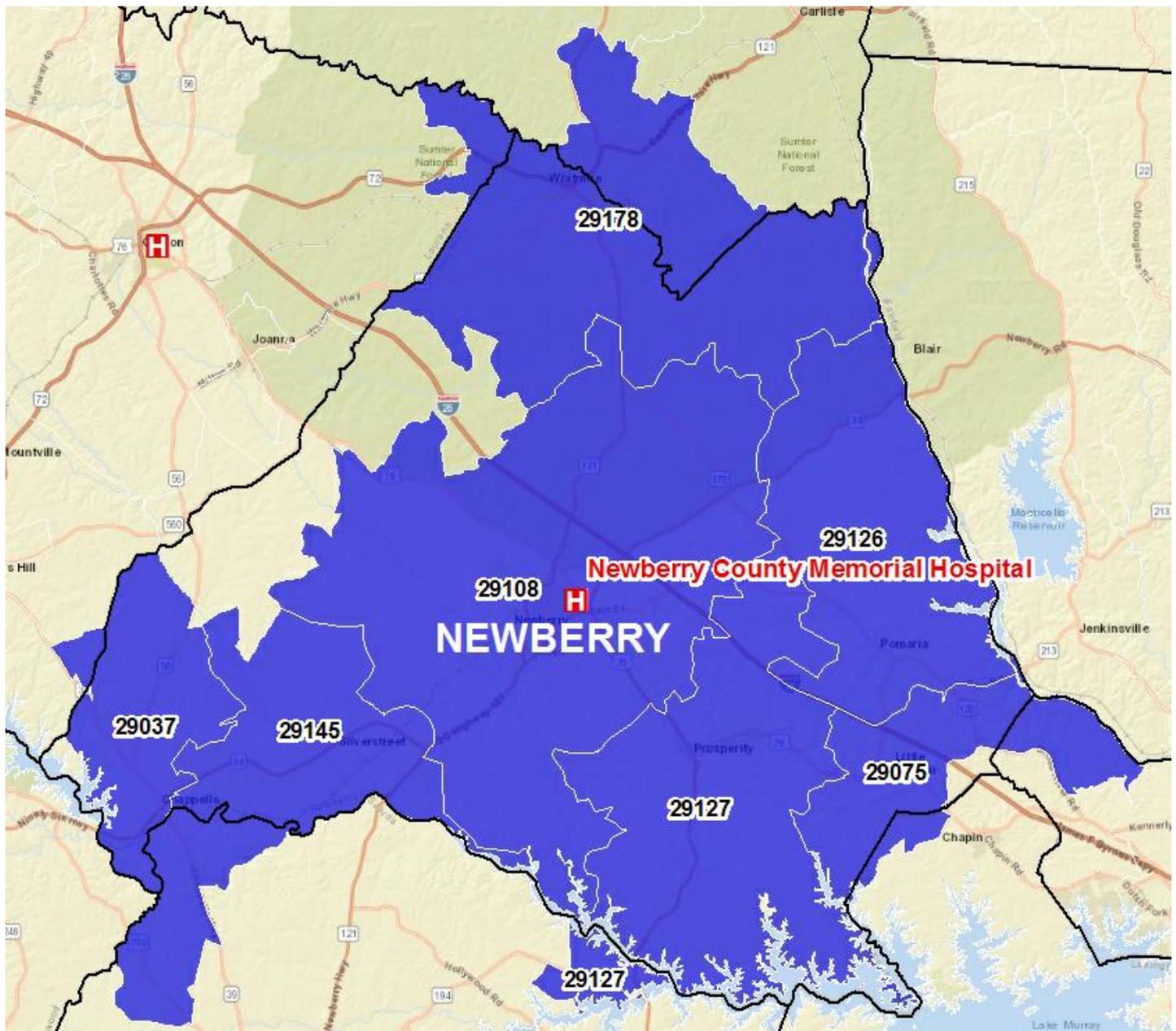
For the purposes of this study, Newberry County Memorial Hospital defines its service area as Newberry County in South Carolina, which includes the following ZIP codes:[17]

29037 – Chappells   29075 – Little Mountain   29108 – Newberry   29126 – Pomaria

29127 – Prosperity   29145 – Silverstreet   29178 - Whitmire

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[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

(Zip code 29122 is included in the above zip codes.)

During 2017, the Hospital received 78.5% of its Medicare inpatients from this area.[18]

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[18] IBM Watson Health MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	Newberry County			South Carolina			United States		
	2019	2024	%Change	2019	2024	%Change	2019	2024	%Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	40,735	42,471	4.3%	5,117,956	5,418,358	5.9%	329,236,175	340,950,067	3.6%
Total Male Population	19,951	20,823	4.4%	2,483,053	2,629,852	5.9%	162,097,263	167,921,866	3.6%
Total Female Population	20,784	21,648	4.2%	2,634,903	2,788,506	5.8%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	7,083	7,358	3.9%	979,058	1,018,646	4.0%	64,251,309	65,231,610	1.5%
Average Household Income	$61,517			$74,564			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	7,254	7,483	3.2%	925,696	950,110	2.6%	61,258,096	61,645,382	0.6%
15-17	1,553	1,600	3.0%	192,116	208,578	8.6%	12,813,020	13,319,388	4.0%
18-24	3,964	4,126	4.1%	483,712	510,415	5.5%	31,474,821	32,296,411	2.6%
25-34	4,626	4,875	5.4%	663,060	665,932	0.4%	44,370,805	43,645,423	-1.6%
35-54	9,368	9,142	-2.4%	1,259,960	1,296,985	2.9%	83,304,733	84,255,193	1.1%
55-64	5,786	5,766	-0.3%	677,744	694,161	2.4%	42,525,512	43,333,585	1.9%
65+	8,184	9,479	15.8%	915,668	1,092,177	19.3%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	16,086	16,835	4.7%	2,016,352	2,144,628	6.4%	125,018,838	129,683,911	3.7%
2019 Household Income									
<$15K	2,411			253,672			13,139,420		
$15-25K	1,798			206,450			11,333,086		
$25-50K	4,538			490,526			26,888,001		
$50-75K	2,839			359,431			21,157,116		
$75-100K	1,679			241,717			15,409,735		
Over $100K	2,821			464,556			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	27,964			3,516,432			223,690,238		
2019 Adult Education Level Distribution									
Less than High School	2,061			155,443			12,173,720		
Some High School	3,944			319,634			16,245,471		
High School Degree	9,965			1,029,314			61,068,735		
Some College/Assoc. Degree	7,311			1,062,505			64,945,355		
Bachelor's Degree or Greater	4,683			949,536			69,256,957		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	24,634			3,258,373			197,594,684		
Black Non-Hispanic	11,990			1,357,179			40,877,627		
Hispanic	3,068			296,783			60,675,779		
Asian & Pacific Is. Non-Hispanic	324			87,241			19,327,168		
All Others	719			118,380			10,760,917		

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[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Newberry County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	119.6%	36.5%	Cancer Screen: Skin 2 yr	87.1%	9.3%
Vigorous Exercise	91.4%	52.2%	Cancer Screen: Colorectal 2 yr	94.8%	19.5%
Chronic Diabetes	113.1%	17.7%	Cancer Screen: Pap/Cerv Test 2 yr	85.0%	41.0%
Healthy Eating Habits	96.2%	22.4%	Routine Screen: Prostate 2 yr	87.9%	24.9%
Ate Breakfast Yesterday	95.4%	75.4%	**Orthopedic**		
Slept Less Than 6 Hours	124.1%	16.9%	Chronic Lower Back Pain	108.2%	33.4%
Consumed Alcohol in the Past 30 Days	75.7%	40.7%	Chronic Osteoporosis	131.1%	13.3%
Consumed 3+ Drinks Per Session	114.9%	32.4%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	102.0%	83.0%
Search for Pricing Info	87.0%	23.4%	NP/PA Last 6 Months	105.7%	43.9%
I am Responsible for My Health	100.2%	90.6%	OB/Gyn 1+ Visit	80.8%	31.1%
I Follow Treatment Recommendations	100.2%	77.1%	Medication: Received Prescription	103.5%	62.7%
Pulmonary			**Internet Usage**		
Chronic COPD	130.3%	7.0%	Use Internet to Look for Provider Info	75.8%	30.3%
Chronic Asthma	100.3%	11.8%	Facebook Opinions	80.8%	8.1%
Heart			Looked for Provider Rating	74.0%	17.4%
Chronic High Cholesterol	107.8%	26.3%	**Emergency Services**		
Routine Cholesterol Screening	89.5%	39.7%	Emergency Room Use	107.1%	37.2%
Chronic Heart Failure	158.6%	6.4%	Urgent Care Use	91.3%	30.1%

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[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Newberry County to national averages. **<u>Adverse</u>** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 19.6% more likely to have a **BMI of Morbid/Obese**, affecting 36.5%

- 8.6% less likely to **Vigorously Exercise**, affecting 52.2%

- 14.9% more likely to **Consume 3+ Drinks per Session**, affecting 32.4%

- 10.5% less likely to receive **Routine Cholesterol Screenings**, affecting 39.7%

- 15.0% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 41.0%

- 8.2% more likely have **Chronic Lower Back Pain**, affecting 33.4%

- 19.2% less likely to receive **Routine OB/Gyn Visit**, affecting 31.1%

- 7.1% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 37.2%

<u>Beneficial</u> metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 24.3% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 40.7%

- 5.7% more likely to have **NP/PA Visit in the Last 6 Months**, affecting 43.9%

Leading Causes of Death[22]

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

Cause of Death			Rank among all counties in SC (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Newberry County Compared to U.S.)
SC Rank	Newberry County Rank	Condition		SC	Newberry County	
1	1	Heat Disease	26 of 46	172.0	211.8	Higher than expected
2	2	Cancer	24 of 46	162.7	192.5	Higher than expected
5	3	Stroke	28 of 46	44.8	55.6	Higher than expected
3	4	Accidents	35 of 46	60.2	49.5	As expected
6	5	Alzheimer's	3 of 46	44.9	48.7	Higher than expected
4	6	Lung Disease	25 of 46	47.9	46.2	Higher than expected
7	7	Diabetes	16 of 46	24.4	30.7	Higher than expected
8	8	Nephritis/Kidney	26 of 46	15.5	17.8	As expected
12	9	Flu-Pneumonia	26 of 46	12.2	17.4	As expected
10	10	Suicide	8 of 46	16.3	14.7	As expected
9	11	Blood Poisoning	33 of 46	14.4	13.4	As expected
11	12	Liver Disease	18 of 46	13.0	12.0	As expected
13	13	Hypertension/Renal	21 of 46	9.5	11.1	As expected
14	14	Parkinson's	8 of 46	8.7	7.6	As expected
15	15	Homicide	42 of 46	9.2	5.6	As expected

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[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

- The top three priority populations identified are low-income groups, older adults, and racial and ethnic minority groups
- Access to medical care

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[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[25]

Social Vulnerability ranks an area's ability to prepare for and respond to disasters, including disease outbreaks and human-caused threats. This index groups 15 census-derived factors into four themes that are measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability. A low vulnerability measure is best, and shows that a community has strength in resources and services to withstand stressful or hazardous events.

Overall, Newberry County falls into the top three quartiles of social vulnerability. The area in dark blue is the area with the highest vulnerability. The light blue areas are considered to be the second highest social vulnerability, while the light green is the third

Overall Social Vulnerability
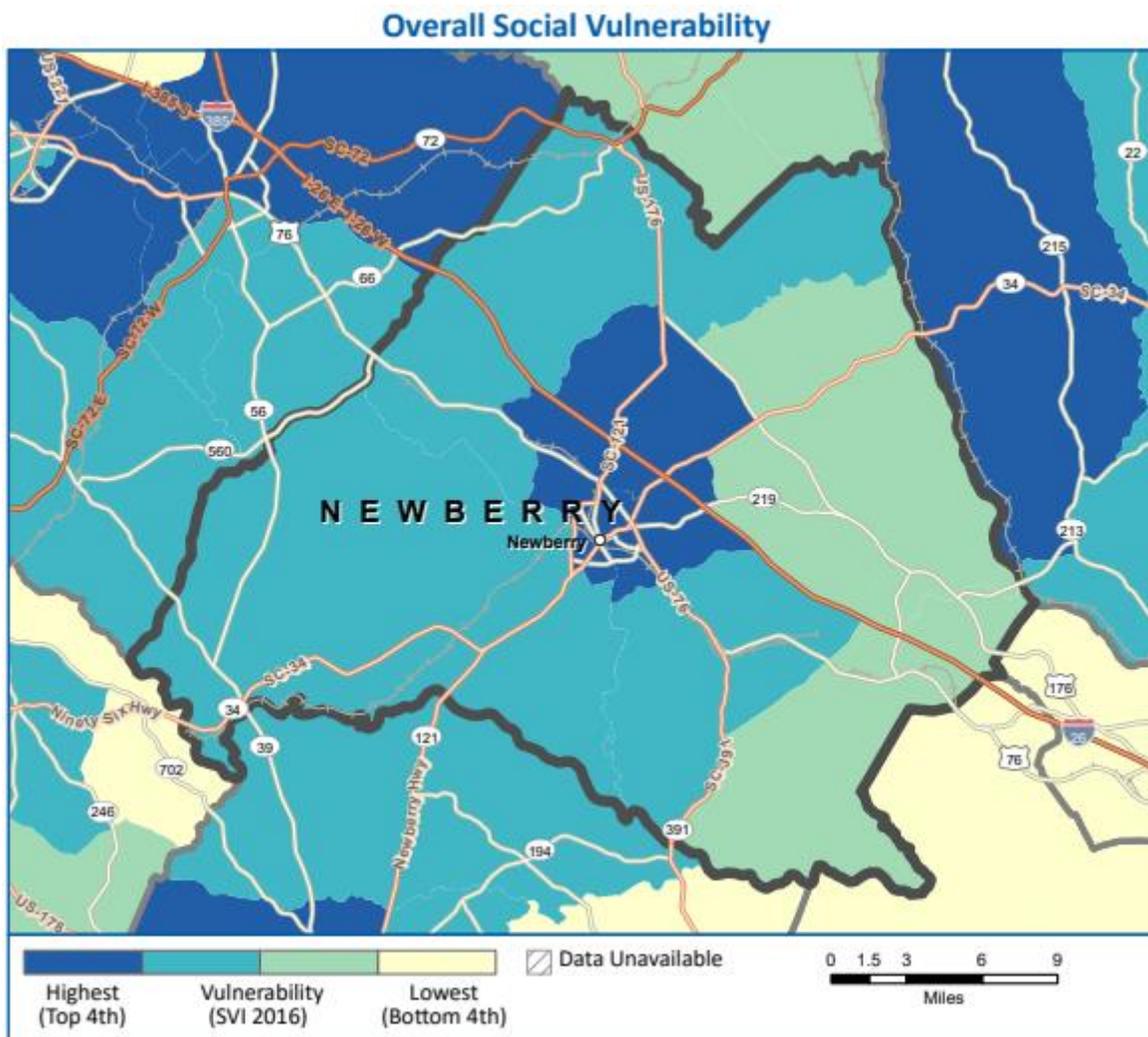
SVI Themes

Socioeconomic Status

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)
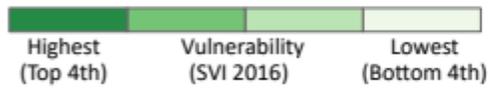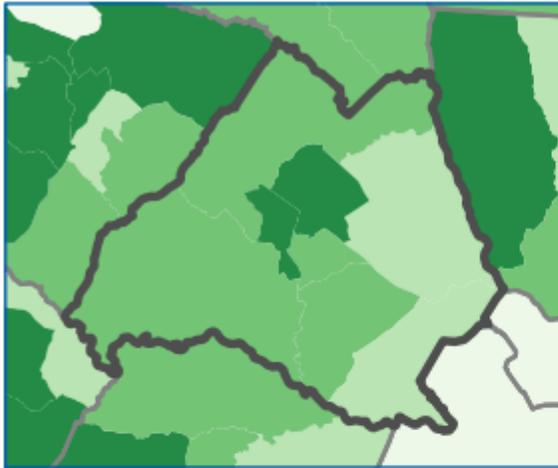
Household Composition/Disability

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)

Race/Ethnicity/Language

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)

Housing/Transportation

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)
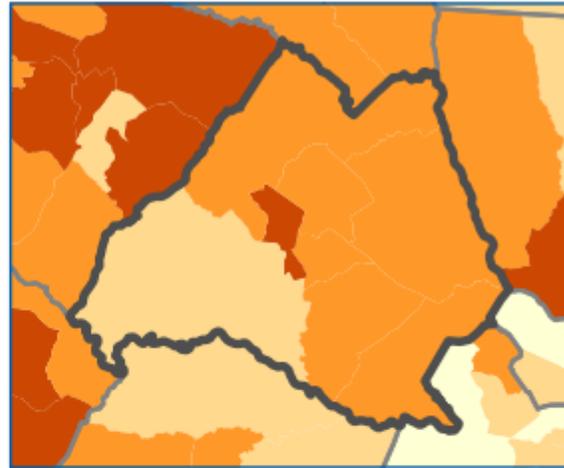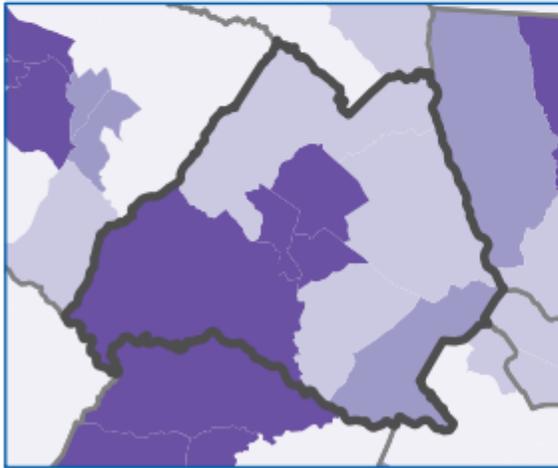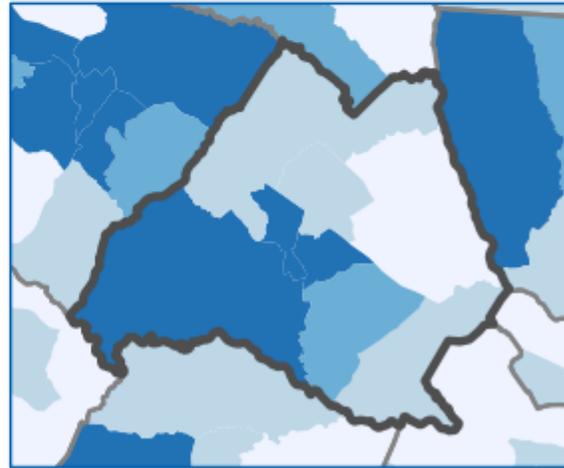
Comparison to Other State Counties[26]

To better understand the community, Newberry County has been compared to all 46 counties in the state of South Carolina across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Newberry County	South Carolina	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	14/46		
- Premature Death*	9,200	8,700	8,100
Quality of Life			
Overall Rank *(best being #1)*	22/46		
- Poor or Fair Health	18%	19%	17%
- Poor Physical Health Reported in 30 Days	4.2	4.2	3.9
- Poor Mental Health Reported in 30 Days	4.3	4.4	3.9
Health Behaviors			
Overall Rank *(best being #1)*	26/46		
- Adult Smoking	19%	20%	17%
- Adult Obesity	39%	32%	32%
- Physical Inactivity	29%	25%	26%
- Access to Exercise Opportunities	51%	69%	66%
- Excessive Drinking	16%	18%	17%
- Alcohol-Impaired Driving Deaths	42%	35%	28%
Clinical Care			
Overall Rank *(best being #1)*	12/46		
- Uninsured	13%	12%	10%
- Population to Primary Care Provider Ratio	1,520:1	1,490:1	2,050:1
- Population to Dentist Ratio	3,210:1	1,840:1	2,450:1
- Population to Mental Health Provider Ratio	1,750:1	610:1	970:1
- Preventable Hospital Stays	3,479	4,520	4,648
- Mammography Screening	48%	45%	40%
- Flu Vaccinations	48%	45%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	18/46		
- Unemployment	4.2%	4.3%	4.4%
- Children in Poverty	30%	22%	21%
- Children in Single-Parent Households	47%	39%	32%
- Violent Crime*	290	500	205
- Injury Deaths*	74	81	82
Physical Environment			
Overall Rank *(best being #1)*	12/46		
- Severe Housing Problems	12%	15%	14%

Per 100,000 Population

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[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Newberry County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Newberry, SC	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Newberry County measures that are WORSE than the U.S. average and had an UNFAVORABLE		
- Female Tracheal, Bronchus, and Lung Cancer*	45.6	84.8%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	68.2	55.7%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	82.3	32.0%
- Female Liver Disease Related Deaths*	17.1	34.3%
UNFAVORABLE Newberry County measures that are WORSE than the U.S. average and had a FAVORABLE change		
- Female Life Expectancy	79.0	2.0%
- Male Life Expectancy	73.7	7.9%
- Male Heart Disease*	209.4	-53.5%
- Female Stroke*	53.1	-47.2%
- Male Stroke*	63.6	-52.8%
- Male Tracheal, Bronchus, and Lung Cancer*	91.4	-30.0%
- Female Breast Cancer*	29.7	-5.1%
- Female Transport Injuries Related Deaths*	14.0	-23.4%
- Male Transport Injuries Related Deaths*	34.1	-32.2%
- Male Liver Disease Related Deaths*	25.8	-8.3%
DESIRABLE Newberry County measures that are BETTER than the US average and had a FAVORABLE change		
- Female Heart Disease*	120.5	-43.0%
DESIRABLE Newberry County measures that are BETTER than the US average and had an UNFAVORABLE change		
- Male Mental and Substance Use Related Deaths*	15.8	38.4%
AVERAGE Newberry County measures that are EQUAL to the US average and had a FAVORABLE change		
- Male Breast Cancer*	0.4	-18.0%
- Female Skin Cancer*	1.7	-5.6%
- Female Self-Harm and Interpersonal Violence Related Deaths*	9.9	-10.9%
- Male Self-Harm and Interpersonal Violence Related Deaths*	31.7	-14.8%
AVERAGE Newberry County measures that are EQUAL to the US average and had an UNFAVORABLE change		
- Male Skin Cancer*	4.9	32.0%
- Female Mental and Substance Use Related Deaths*	7.1	212.7%

*rate per 100,000 population, age-standardized

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[27] http://www.healthdata.org/us-county-profiles

Community Benefit

Worksheet 4 of Form 990 H (Newberry County Memorial Hospital exempt for filing) can be used to report the net cost of community health improvement services and community benefit operations.

"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

"Community benefit operations" means:

- *activities associated with community health needs assessments, administration, and*

- *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.

- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.

- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.

- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).

- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.

- Leverage or enhance public health department activities such as childhood immunization efforts.

- Otherwise would become the responsibility of government or another tax-exempt organization.

- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- $3,363,467

IMPLEMENTATION STRATEGY

Significant Health Needs

NCMH used the priority ranking of area health needs by Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by NCMH.[28] The Implementation Strategy includes the following:

- Identifies the rank order of each identified Significant Need

- Presents the factors considered in developing the ranking

- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term

- Identifies NCMH current efforts responding to the need including any written comments received regarding prior NCMH implementation actions

- Establishes the Implementation Strategy programs and resources NCMH will devote to attempt to achieve improvements

- Documents the Leading Indicators NCMH will use to measure progress

- Presents the Lagging Indicators NCMH believes the Leading Indicators will influence in a positive fashion, and

- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, NCMH is the major hospital in the service area. NCMH is a 90-bed, acute care medical facility located in Newberry, South Carolina. The next closest facilities are outside the service area and include:

- Prisma Health Laurens County Hospital in Clinton, SC, 30 miles (33 minutes)

- Prisma Health Baptist Parkridge in Columbia, SC, 31 miles (40 minutes)

- Wallace Thomson Hospital in in Union, SC, 36 miles (41 minutes)

- Self Regional Healthcare in Greenwood, SC, 38 miles (52 minutes)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the NCMH Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

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[28] Response to IRS Schedule H (Form 990) Part V B 3 e

Newberry County Memorial Hospital, Newberry, SC   Page 24
Community Health Needs Assessment & Implementation Strategy

1. **MENTAL HEALTH – 2016 Significant Need; Newberry County's Poor Mental Health Days Reported in 30 Days is worse than the national average; Suicide is the #10 Leading Cause of Death in Newberry County; Newberry County's Female Mental and Substance Use Related Deaths increased 212.7% from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

NCMH services, programs, and resources available to respond to this need include:[29]

- PET Team – contract with Palmetto Health to help with diagnosis and placement of patients presenting with mental health issues
- ED physicians very conservative in providing narcotics

Additionally, NCMH plans to take the following steps to address this need:

- Research providing education sessions in local schools on substance abuse/suicide/mental health
- Explore working with the South Carolina Hospital Association on their upcoming community healthy outcomes initiatives
- Explore collaboration with Blue Zones, LLC on upcoming Blue Zones project in Newberry County
    - Blue Zones are pockets around the world where people reach the age of 100 at rates 10 times greater than in the United States, helping people live longer and better lives
    - NCMH contributed to help kick off the program
- Will provide building space to Eau Claire Cooperative Health Centers opening in October 2019, which will provide additional outpatient services, like mental health, to the community
    - Because Eau Claire is a Federally Qualified Health Center, they receive grants which allows them to treat patients with less funding
- Working on launching new digital marketing that will have a focus on prevention/wellness
    - Informative articles will be published by NCMH physicians on prevention/wellness

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[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

Anticipated results from NCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NCMH intended actions is to monitor change in the following Leading Indicator:

- Number of PET Team evaluations = 324 (calendar year 2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Frequent Mental Distress – Average number of mentally unhealthy days report in past 30 days (age-adjusted) = 4.3 (SC = 4.4, Top U.S. Performers = 3.1) (2016)[30]

NCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Prisma Health		https://www.prismahealth.org/
Eau Claire Cooperative Health Center		http://www.ecchc.org/
Blue Zones, LLC		https://www.bluezones.com/live-longer-better/
South Carolina Hospital Association		https://www.scha.org/

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[30] www.countyhealthrankings.org

Other local resources identified during the CHNA process that are believed available to respond to this need:[31]

Organization	Contact Name	Contact Information
Department of Mental Health		www.beckmancenter.com (864) 229-7120
Westview Behavioral Health		www.westviewbehavioral.org (803) 276-5690
Three Rivers Behavioral Health		www.threeriversbehavioral.org (803) 796-9911
South Carolina Suicide Prevention Coalition		www.preventingsuicides.org/index.php

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[31] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. **OBESITY/OVERWEIGHT – 2016 Significant Health Need; Newberry County's Adult Obesity rate is worse than the state and US median; Newberry County's Access to Exercise Opportunities is worse than the state and US median; Residents of Newberry County are 20% more likely to have a BMI of Morbid/Obese compared to the national average, and affects 37% of the population; Diabetes is the #7 Leading Cause of Death in Newberry County; Newberry County's Female and Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths are worse than the national average, and both increased from 1980-2014 (Female: 55.7%; Male: 32.0%)**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Eat Smart, Move More – Newberry County community collaboration; Newberry County Hospital Foundation is the physical agent

- Battle of the Bulge program (weekly challenges) discounted membership rates; 30 - 50 people (2018 calendar year)

- Diabetic educator contractor provides diet education (cooking classes)

- HeartFIT program with fitness center on-site including classes and trained staff to help educate on exercise; provides initial assessment; open to public; includes discounted rates for family members and free for employees

- Provide a walking track open to the public

- Post articles on social media and website on health and wellness; success stories from wellness program in local newspaper (Wellness Center has own Facebook page)

- Participating in local health fairs and industrial health fairs; blood pressure checks/glucose checks/orthotics for diabetics
    - Providing educational support to local industrial business

- Speaking engagements at local churches/civic clubs/Chamber of Commerce on a variety of health care topics

- Present "Healthy Hearts, Healthy Habits" to kindergarten and 5th grade classes every school year

Additionally, NCMH plans to take the following steps to address this need:

- Submitting a bid on an RFP to work with the county on providing health screenings/physicals to the local fire department, rescue squad, volunteers.

- Explore working with the South Carolina Hospital Association on their upcoming community healthy outcomes initiatives

- Explore collaboration with Blue Zones, LLC on upcoming Blue Zones project in Newberry County
    - Blue Zones are pockets around the world where people reach the age of 100 at rates 10 times greater

than in the United States, helping people live longer and better lives

- o NCMH contributed to help kick off the program
- Researching federal grant program to help encourage wellness and healthy lifestyles; include schools/senior centers/physician programs
- Explore partnership with local college to promote healthy lifestyle
- Working on launching new digital marketing that will have a focus on prevention/wellness
  - o Informative articles will be published by NCMH physicians on prevention/wellness

NCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Initiated process and training for recognizing sleep issues before patients leave to send them home with sleep study materials to prevent readmissions
- Now participating in the Silver Sneakers, a program encouraging older adults to participate in physical activities that will help them to maintain greater control of their health; 104 members (2019)
- Newberry Hospital Wellness Center launched its own Facebook page where they post articles, events and classes

Anticipated results from NCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NCMH intended actions is to monitor change in the following Leading Indicator:

- Number of participants in wellness program = 534 (2018 calendar year)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult Obesity rate = 39% (SC = 32%, and Top U.S. Performers = 26%) (2015)[32]

NCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Newberry College	Athletic Trainer	www.newberry.edu
Eat Smart, Move More		www.eatsmartmovemoresc.org
Newberry Public School System		www.newberry.k12.sc.us (803) 321-2600
Newberry Academy		www.newberryacademy.com (803) 276-2760
Newberry Free Clinic	Pam Branton	www.newberryclinic.org (803) 276-6665
Local industries		
Blue Zones, LLC		https://www.bluezones.com/live-longer-better/
South Carolina Hospital Association		https://www.scha.org/

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Local fitness centers		

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[32] www.countyhealthrankings.org

3. ALZHEIMER'S – Local expert concern; Alzheimer's is the #5 Leading Cause of Death in Newberry County

Alzheimer's was selected as the #6 Significant Health Need in 2016 but Newberry decided to not develop plans to address the need because they felt they would have a greater impact putting attention and resources towards other needs for which they were better qualified to serve.

Public comments received on previously adopted implementation strategy:

- *No Implementation Plan was developed for this need in 2016, so no written public comments about this need were solicited*

NCMH does not intend to develop an implementation strategy for this Significant Need

NCMH is choosing not to respond to this need. NCMH recognizes the importance of this need and has identified current and future services, programs, and resources available to the community. However, NCMH feels they can have a greater impact by putting attention and resources toward other significant needs for which are better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	**X**
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

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

- Provided education series on Alzheimer's and Dementia (7 classes, June – Dec 2017)
- Case management connects Alzheimer's and Dementia patients with appropriate resource for care
  - Alzheimer's Association and J.F. Hawkins Nursing Home

Additionally, NCMH plans to take the following steps to address this need:

- Working on launching new digital marketing that will have a focus on prevention/wellness
  - Informative articles will be published by NCMH physicians on prevention/wellness
- Explore working with the South Carolina Hospital Association on their upcoming community healthy outcomes initiatives
- Explore collaboration with Blue Zones, LLC on upcoming Blue Zones project in Newberry County

- o Blue Zones are pockets around the world where people reach the age of 100 at rates 10 times greater than in the United States, helping people live longer and better lives
- o NCMH contributed to help kick off the program

Other local resources identified during the CHNA process that are believed available to respond to this need:[33]

Organization	Contact Name	Contact Information
J.F. Hawkins Nursing Home – Alzheimer's Care Facility		www.newberryccrc.com 2000 Springfield Circle, Newberry, SC 29108 (803) 405-1585
Blue Zones, LLC		https://www.bluezones.com/live-longer-better/
South Carolina Hospital Association		https://www.scha.org/

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[33] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

4. **AFFORDABILITY – 2016 Significant Need; Newberry County's Uninsured rate is worse than the state and US median**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Financial assistance policies, including sliding fee scale; expanded eligibility for charity care

- Adopted policy for discount for self-pay patients for up-front payers (discount is average of all payers)

- Working with Healthy Outcomes Program (HOP) collaborative with local agencies (DHEC, Health Department, Free Clinic) to identify low-income/high-needs populations to target for services (includes mental health professional)

- Staff members in ER available to help patients apply for Medicaid or access Charity Care; help patients provide medical homes at clinics or local physician offices

- ED provides emergent/urgent care regardless of ability to pay

- Hospital provides ancillary services like X-rays, surgeries, etc., to Newberry Free Clinic

- Work with drug companies to find replacement drugs for Oncology patients who can't afford medications

- Continuous recruitment of primary care physicians to improve access and decrease use of ER

- Case Management team works closely with patients to coordinate care and find resources

- Joint venture for Oncology that provides chemo locally; local Pediatric Rehab program; visiting Cardiologists, Nephrologists, Sleep Study, Orthotics; Wound Care program with two hyperbaric chambers for diabetes patients (reduces transportation needs); ENT services

    o Started new joint venture with orthopedic surgeon who opened an ambulatory surgery center

    o Add ENT services – been in place several list

    o Started leasing space to a group that provides podiatry services to the community

    o Worked with the Mayor of Whitmire and the City Commission to implement a family practice clinic after the physician who had practiced there retired after 30 years

- Provide free screenings at local health fairs and industrial health fairs; blood pressure checks/glucose checks/orthotics for diabetics

- Added mid-levels in the ED and in family practice clinics

- Breast Cancer Awareness campaign in August including some free screenings

    o Offer discounted mammograms

- IV Infusion Center offered in the hospital, including some free services for those who can't afford

Additionally, NCMH plans to take the following steps to address this need:

- Continue above actions
- Will provide building space to Eau Claire Cooperative Health Centers opening in October 2019, which will provide additional outpatient services to the community
  - Because Eau Claire is a Federally Qualified Health Center, they receive grants which allows them to treat patients with less funding
- Continuous recruitment of primary care physicians to improve access and decrease use of ER
- Continue expanding HOP
- Working on launching new digital marketing that will have a focus on prevention/wellness
  - Informative articles will be published by NCMH physicians on prevention/wellness

NCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Staff members went through training to provide care management/coordination
  - Awaiting certification from ACO
- Hired new Primary Care physician – started August 1, 2019
- Started new joint venture with orthopedic surgeon who opened an ambulatory surgery center
- Started leasing space to a group that provides podiatry services to the community
- Worked with the Mayor of Whitmire and the City Commission to implement a family practice clinic after the physician who had practiced there retired after 30 years

Anticipated results from NCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public		X

The strategy to evaluate NCMH intended actions is to monitor change in the following Leading Indicator:

- Medicaid applications = 444 (2018 calendar year)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Uninsured Rate = 13% (SC = 12%, Top U.S. Performers = 6%) (2016)[34]

NCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Healthy Outcomes Program (HOP)	Kevin Bonds	https://msp.scdhhs.gov/proviso/site-page/healthy-outcomes-plan-0
Newberry Free Clinic	Pam Branton	www.newberryclinic.org (803) 276-6665
Resource Corporation of America (Medicaid eligibility assistance)	Elizabeth Turner	www.resource-corp.com
Eau Claire Cooperative Health Center		http://www.ecchc.org/

Other local resources identified during the CHNA process that are believed available to respond to this need:[35]

Organization	Contact Name	Contact Information
Local Home Health, DMEs		

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[34] www.countyhealthrankings.org

[35] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

5. **CANCER – 2016 Significant Need; Newberry County's Adult Smoking rate is worse than the US median; Residents of Newberry County are 15% less likely to receive Cancer Screening: Pap/Cervical Test Every 2 Years compared to the national average, and affects 41% of the population; Cancer is the #2 Leading Cause of Death in Newberry County; Newberry County's Female Tracheal, Bronchus, and Lung Cancer rates are worse than the national average, and increased by 84.8% from 1980-2014; Newberry County's Male Skin Cancer rate is average compared to the national average, but the rate increased by 32.0% from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Work with drug companies to find replacement drugs for Oncology patients who can't afford medications

- Joint venture with local oncologists/radiation therapist to provide chemo and radiation locally

- IV Infusion Center offered in the hospital, including some free services for those who can't afford

- Mammography technicians present at local health fairs educating on benefits of screenings and self-exams

- Breast Cancer Awareness campaign in August including some free screenings

    o Offer discounted mammograms

- Coordinate with Newberry Free Clinic for colonoscopies

- Sponsor for local Relay for Life

- Offer "Freedom From Smoking" program to the community

    o Program uses techniques based on pharmacological and psychological principles and methods designed to help tobacco users gain control over their behavior and break their addiction

    o 7-8 week program that is offers sessions annually throughout the year

    o Program is free to staff; $100 to community members

Additionally, NCMH plans to take the following steps to address this need:

- Exploring different 4-D mammography equipment to replace current equipment

- Working on launching new digital marketing that will have a focus on prevention/wellness

    o Informative articles will be published by NCMH physicians on prevention/wellness

- Explore working with the South Carolina Hospital Association on their upcoming community healthy outcomes initiatives

- Explore collaboration with Blue Zones, LLC on upcoming Blue Zones project in Newberry County

    o Blue Zones are pockets around the world where people reach the age of 100 at rates 10 times greater than in the United States, helping people live longer and better lives

    o NCMH contributed to help kick off the program

NCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Research offering reduced-rate mammograms

- Look at promoting February as Colon Cancer Awareness Month and have providers educate on need for colonoscopies

- Since July 2019, General surgeon employed by NCMH provides education on the importance colonoscopies to the community (churches, civic clubs, etc.)

Anticipated results from NCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NCMH intended actions is to monitor change in the following Leading Indicator:

- Number of colonoscopies performed = 589 (2018 calendar year)

- Number of mammograms performed = 2,941 (2018 calendar year)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Cancer rate = 457 per 100,000 (age adjusted cancer incidence rate)

NCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Newberry Free Clinic	Pam Branton	www.newberryclinic.org (803) 276-6665
Newberry Oncology		298 Commerce Dr, Newberry, SC 29108 (803) 321-3232
Relay For Life		http://main.acsevents.org/site/TR/RelayForLife/RFLCY16SA?pg=entry&fr_id=71089
South Carolina Hospital Association		https://www.scha.org/
Blue Zones, LLC		https://www.bluezones.com/live-longer-better/

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Local physicians		

6. **DIABETES – 2016 Significant Health Need; Newberry County's Adult Obesity rate is worse than the state and US median; Newberry County's Access to Exercise Opportunities is worse than the state and US median; Residents of Newberry County are 20% more likely to have a BMI of Morbid/Obese compared to the national average, and affects 37% of the population; Diabetes is the #7 Leading Cause of Death in Newberry County; Newberry County's Female and Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths are worse than the national average, and both increased from 1980-2014 (Female: 55.7%; Male: 32.0%)**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Eat Smart, Move More – Newberry County community collaboration; Newberry County Hospital Foundation is the physical agent

- Battle of the Bulge program (weekly challenges) discounted membership rates; 30 - 50 people (2018 calendar year)

- Diabetic educator contractor provides diet education (cooking classes)

- Free glucometers and strips available for those who don't qualify for Medicaid, but need assistance
  - Through HOP and case management
  - Free clinic

- Wellness program with fitness center on site, including classes and trained staff to help educate on exercise; provides initial assessment; open to public; free for employees and discounted rates for family member

- Provide a walking track open to the public

- Post articles on social media and website on health and wellness; success stories from wellness program in local newspaper

- Participate in local and industrial health fairs; blood pressure checks/glucose checks/orthotics for diabetics/A1C screenings

- Speaking engagements at local churches/civic clubs/Chamber of Commerce on a variety of healthcare topics

- Case Management team works closely with patients to coordinate care and find resources

- Work with Healthy Outcomes Program (HOP) collaborative with local agencies (DHEC, Health Department, Free Clinic) to identify low-income/high-needs populations to target for services (includes mental health professional)

- Collaborate with RCA to help diabetes patients (in particular) get enrolled in Medicaid

Additionally, NCMH plans to take the following steps to address this need:

- Continue above activities
- Working on launching new digital marketing that will have a focus on prevention/wellness
    - Informative articles will be published by NCMH physicians on prevention/wellness
- Explore working with the South Carolina Hospital Association on their upcoming community healthy outcomes initiatives
- Explore collaboration with Blue Zones, LLC on upcoming Blue Zones project in Newberry County
    - Blue Zones are pockets around the world where people reach the age of 100 at rates 10 times greater than in the United States, helping people live longer and better lives
    - NCMH contributed to help kick off the program

NCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Newberry Hospital Wellness Center launched its own Facebook page where they post articles, events and classes
- Now participating in the Silver Sneakers, a program encouraging older adults to participate in physical activities that will help them to maintain greater control of their health; 104 members (2019)
- Started leasing space to a group that provides podiatry services, including wound care, to the community

Anticipated results from NCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate NCMH intended actions is to monitor change in the following Leading Indicator:

- Number of glucose checks provided at health fairs = 60 (2018 calendar year)
- Number of A1C screens provided at health fairs = 60 (2018 calendar year)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Diabetes Deaths = 30.73 deaths per 100,000 (16th worst among 46 peer counties; US avg. 21.45) (2017)[36]

NCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Local Health Agencies		
Healthy Outcomes Program (HOP)	Kevin Bonds	https://msp.scdhhs.gov/proviso/site-page/healthy-outcomes-plan-0
Newberry Free Clinic	Pam Branton	www.newberryclinic.org (803) 276-6665
Resource Corporation of America (Medicaid eligibility assistance)	Elizabeth Turner	www.resource-corp.com
South Carolina Hospital Association		https://www.scha.org/
Blue Zones, LLC		https://www.bluezones.com/live-longer-better/

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
American Diabetes Association		http://www.diabetes.org/in-my-community/local-offices/columbia-south-carolina/?referrer=https://www.google.com/

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[36] https://www.worldlifeexpectancy.com/usa/south-carolina-diabetes

Other Needs Identified During CHNA Process

7. **Substance Abuse – 2016 Significant Need**

8. **Coronary Heart Disease – 2016 Significant Need**

9. **Physical Inactivity – 2016 Significant Need**

10. **Alcohol Abuse**

11. **Education/Prevention**

12. **Stroke**

13. **Lung Disease**

14. **Accessibility**

15. **Hypertension**

16. **Tobacco Use**

17. **Chronic Pain Management**

18. **Suicide**

19. **Flu/Pneumonia**

20. **Kidney Disease**

21. **Women's Health**

22. **Liver Disease**

23. **Accidents**

24. **Dental**

25. **Write in: Vaping, e-cigarettes**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[37]

1. Mental Health – 2016 Significant Need

2. Obesity/Overweight – 2016 Significant Need

4. Affordability – 2016 Significant Need

5. Cancer – 2016 Significant Need

6. Diabetes – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy[38]

3. Alzheimer's

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

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[37] Responds to Schedule h (Form 990) Part V B 8
[38] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Newberry County Memorial Hospital solicited written comments about its 2016 CHNA.[39] 15 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.**

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	6	6	12
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	4	7	11
3) **Priority Populations**	6	6	12
4) Representative/Member of **Chronic Disease Group** or Organization	1	10	11
5) Represents the **Broad Interest of the Community**	12	1	13
Other			0
Answered Question			15
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**

- *access to primary care and resources to afford high cost of health care and medications*

- *few medical personnel who are caring for Geriatric population and those with Disabilities and Special Needs*

- *access to care: transportation, affordability; willingness to engage in care*

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[39] Responds to IRS Schedule H (Form 990) Part V B 5

In the 2016 CHNA, there were seven health needs identified as "significant" or most important:

1. **Obesity/Overweight**
2. **Affordability**
3. **Cancer**
4. **Coronary Heart Disease**
5. **Diabetes**
6. **Physical Inactivity**
7. **Mental Health and Substance Abuse**

3. **Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?**

	Yes	No	Response Count
Obesity/Overweight	13	1	14
Affordability	12	1	13
Cancer	11	1	12
Coronary Heart Disease	13	0	13
Diabetes	14	0	14
Physical Inactivity	14	0	14
Mental Health and Substance Abuse	13	0	13

Comments:

- *We have a problem in Newberry County as well as the state with treatment and care of mental illness. It appears as if when they do get help they are stabilized and released back into the community with little follow up care. I hear quite often that the condition in well controlled provided the patient takes the medication. This population is quite likely to stop medication and relapse unless they are followed closely.*

- *As an employee of the local school district, mental health is a top priority for the students beginning in elementary school.*

6. **Please share comments or observations about the actions NCMH has taken to address <u>OBESITY/OVERWEIGHT</u>.**

- *I understand that classes conducted have been well attended*

- *Wellness center has made strides in helping members become aware of weight issues in regard to overall health.*

- *No relationship with YMCA*

- *Wellness Center and promotion of 5K*

- *No change from previous*

- *partnership w/ ESMM and schools to develop summer challenge to increase physical activity and healthy eating*

- *You have the Wellness Center and have done some good initiatives to help fight obesity (Battle of the Bulge) - would HIGHLIGHT THE WELLNESS CENTER even more and provide more services through it*

- *For all of the needs, I am curious if all of the action plan steps were carried out.*

- *so much of the community is overweight/obese*

7. **Please share comments or observations about the actions NCMH has taken to address <u>AFFORDABILITY</u>.**

- *Some progress has been made in physician recruitment, but we are way behind the curve on this one and will have to put together a better recruitment package going forward as physicians will still be aging out faster than new ones come in*

- *Continue to recruit doctors for various areas and partner with neighboring hospitals to share physicians*

- *No change from previous*

8. **Please share comments or observations about the actions NCMH has taken to address <u>CANCER</u>.**

- *Oncology and chemotherapy are still well received although chemo is starting to decline in numbers apparently do to new methods of treatment*

- *Having an oncologist in Newberry has helped with our citizens receiving medical care.*

- *continues strong relationship with Newberry Oncology*

- *No change from previous*

9. **Please share comments or observations about the actions NCMH has taken to address <u>CORONARY HEART DISEASE</u>.**

- *Wellness center offers both exercise and training classes*

- *Programs initiated by the wellness center both to the members and through outreach through physicians speaking to civic groups.*

- *Strong cardiac rehab program*

- *Increased number of visiting cardiologists*

10. **Please share comments or observations about the actions NCMH has taken to address <u>DIABETES</u>.**

- *Wellness center offers both exercise and training classes*

- *Diabetic education classes no longer offered at the wellness center*

- *No change from previous*

11. **Please share comments or observations about the actions NCMH has taken to address <u>PHYSICAL INACTIVITY</u>.**

- *wellness center exercise and classes as well as sponsorships of races and walks throughout the county*

- *Wellness. Center and outreach programs throughout the community.*

- *No relationship with YMCA*

- *No change from previous*

- *Providing exercise classes at Wellness Center, have sponsored races. Again, I think you could do more through the Wellness Center than is being done at this time*

12. Please share comments or observations about the actions NCMH has taken to address <u>MENTAL HEALTH & SUBSTANCE ABUSE</u>.

- *Relationship with Newberry Mental Health is nonexistent. NCMH closed down behavioral health and no psychiatrist available in Newberry.*

- *Supports the school district in evaluating students with mental health needs*

- *None that I am aware of*

- *Westview is the county authority for substance prevention and treatment. We would be glad to partner.*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Mental Health*	153	9	15.3%	15.3%	Significant Needs
Obesity/Overweight*	125	8	12.5%	27.8%	
Alzheimer's	93	8	9.3%	37.1%	
Affordability*	72	7	7.2%	44.3%	
Cancer*	72	7	7.2%	51.5%	
Diabetes*	72	7	7.2%	58.7%	
Substance Abuse*	63	7	6.3%	65.0%	Other Identified Needs
Coronary Heart Disease*	61	7	6.1%	71.1%	
Physical Inactivity*	36	4	3.6%	74.7%	
Alcohol Abuse	34	5	3.4%	78.1%	
Education/Prevention	33	6	3.3%	81.4%	
Stroke	33	5	3.3%	84.7%	
Lung Disease	28	4	2.8%	87.5%	
Accessibility	22	4	2.2%	89.7%	
Hypertension	21	4	2.1%	91.8%	
Tobacco Use	16	4	1.6%	93.4%	
Chronic Pain Management	10	2	1.0%	94.4%	
Suicide	10	2	1.0%	95.4%	
Flu/Pneumonia	9	2	0.9%	96.3%	
Kidney Disease	8	2	0.8%	97.1%	
Women's Health	8	3	0.8%	97.9%	
Liver Disease	6	2	0.6%	98.5%	
Accidents	5	2	0.5%	99.0%	
Dental	5	2	0.5%	99.5%	
Write in: Vaping, e-cigarettes	5	1	0.5%	100.0%	

*=2016 Significant Needs

Individuals Participating as Local Expert Advisors[40]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	6	6	12
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	4	7	11
3) **Priority Populations**	6	6	12
4) Representative/Member of **Chronic Disease Group** or Organization	1	10	11
5) Represents the **Broad Interest of the Community**	12	1	13
Other			0
Answered Question			15
Skipped Question			0

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[40] Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

**Question: Do you agree with the comparison of Newberry County to all other South Carolina counties?**
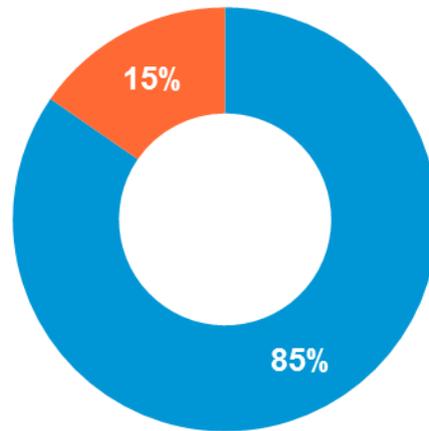
■ Yes, the data accurately reflects my community today
■ No, the data does not reflect my community today

Comments:

- *I have not studied in other data in regards to this. I would therefore have to assume that what you have posted is correct*

- *I question the per cent uninsured. I would expect the percentage uninsured to be higher based on what I see in my work.*

- *I would believe the vaccination rate would be higher at this time.*

- *mental health data appears outdated*

- *I think we are doing a better job w/ flu vac. and mammogram screenings with much work left to do with influencing heath behaviors and mental health provider ratios as the data suggests.*

- *The data looks fairly accurate but i seriously doubt that the area is ranked 26th for healthy behavior. I would suspect out of 46 regions for the Newberry region to be in the bottom quarter.*

**Question: Do you agree with the demographics and common health behaviors of Newberry County?**
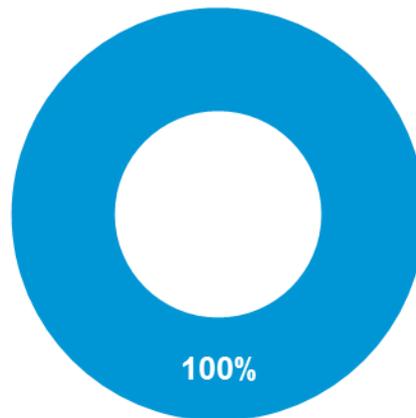
■ Yes, the data accurately reflects my community today
■ No, the data does not reflect my community today

Comments:

- *same comment - don't believe that Newberry region rigorously exercising is only 9% less than average. I would have expected significantly lower*

**Question: Do you agree with the overall social vulnerability index for Newberry County?**
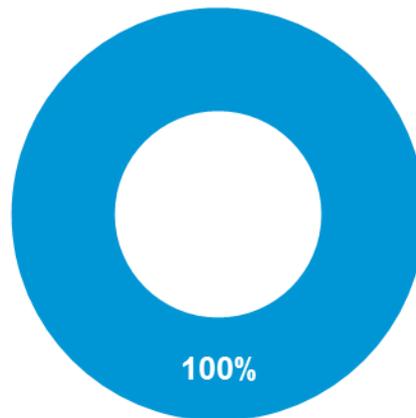
- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *The areas with the highest population density and the largest low income housing show consistently the most vulnerability.*

**Question: Do you agree with the national rankings and leading causes of death?**
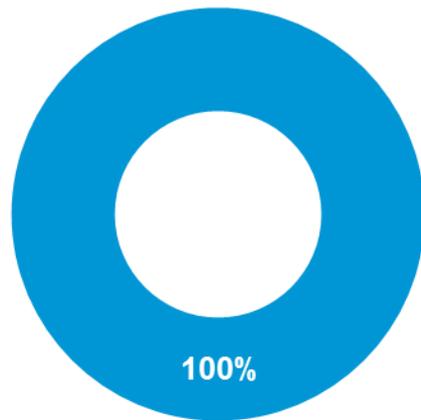
100%

■ Yes, the data accurately reflects my community today
■ No, the data does not reflect my community today

Comments:

- *N/A*

Question: Do you agree with the health trends in Newberry County?
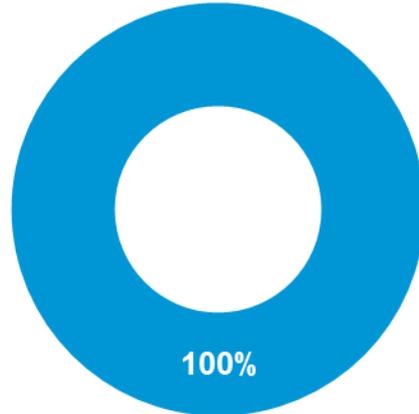
100%

■ Yes, the data accurately reflects my community today
■ No, the data does not reflect my community today

Comments:

- *Life expectancy seems worrisome - so low at 74 & 79. The increase in heart disease and strokes is really worrisome and undoubtedly related to obesity.*

Appendix C – National Healthcare Quality and Disparities Report[41]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chart books are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.

- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.

- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.

- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.

- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).

- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

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[41] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.

- Patient Safety: More than two-thirds of patient safety measures were improving overall.

- Healthy Living: More than half of healthy living measures were improving overall.

- Effective Treatment: More than half of effective treatment measures were improving overall.

- Care Coordination: Half of care coordination measures were improving overall.

- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[42] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.

- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.

- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.

- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.

- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.

- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

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[42] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf