

**KershawHealth**  
**Community Health Needs Assessment**  
**FY 2012 - 2013**

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## Glossary of Terms

Community Health Needs Assessment (CHNA)	Requirement of the Patient Protection and Affordable Care Act that involves consideration from persons who represent the broad interests of the community served, including those with special knowledge of or expertise in public health.
Core Planning Committee (CPC)	A group of active and engaged community members and stakeholders, originally identified by the LiveWell Kershaw support team, whom represent diverse community groups and organizations. This committee has been continually refined over the past year to expand its reach to underserved groups needing representation and stakeholders actively engaged in selected health areas.
County Health Rankings (CHR)	A methodological system that helps counties understand the factors that influence how healthy their residents are by ranking them according to how they compare with the rest of their state. This information is provided by a partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Healthy South Carolina Initiative Scorecard	The Healthy South Carolina Initiative (HSCI) is the state recipient of a National Community Transformation Grant, funded by the Centers of Disease Control and Prevention. HSCI seeks to create healthier communities and eliminate health disparities through interventions that reduce death and disability due to tobacco use, poor nutrition, physical inactivity, and heart disease and stroke. Using a state-wide MAPP-like toolkit, the initiative has developed scorecards which compile the Community Health Status and Community Themes and Strengths Assessments for counties.
LiveWell Kershaw	A partnership between KershawHealth and the University of South Carolina's Arnold School of Public Health, formed in 2012, to help make Kershaw County, the healthiest county in South Carolina, based on the County Health Rankings.
Mobilizing for Action through Partnerships and Planning (MAPP)	A community-led strategic planning tool for improving community health. An iterative process that involves identifying and engaging key stakeholders, and empowers those individuals to identify the public health issues they face, the resources that exist, and actions they will take to address them.

National Association of County and City Health Officials (NACCHO)	A unified organization which represents all governmental local health departments, including counties, cities, city/counties, districts, townships, and tribal public health agencies serving tribal communities on reservation lands.
PhotoVoice	A data collection tool that gives the community a voice by allowing individuals to express their views and opinions on an issue through photographs they take and the captions they provide.
South Carolina Department of Health and Environmental Control (SCDHEC)	The state agency charged with protecting public health, coastal resources, and the state's land, air and water quality as authorized under multiple state and federal laws. Employees help support communities in promoting health, provide vital healthcare and other direct services, coordinate disease control, and protect public health and the environment in numerous other ways.

# **KershawHealth Community Health Needs Assessment (CHNA)**

## **PURPOSE**

As of March 23, 2010, Affordable Care Act required that all 501(c)(3) hospital organizations conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years. Failure to do so would result in an excise tax under new section 4959. KershawHealth not only complied with this provision for FY 2013, but went above and beyond to conduct a comprehensive assessment and Health Improvement Plan, while engaging the community in every step of the process.

KershawHealth has been an integral part of Kershaw County for 100 years. Our mission is still to provide all of the citizens of Kershaw County and surrounding communities with quality, cost-effective, personalized healthcare and to improve their health and well-being. This 121-bed acute care facility which is located in Camden, South Carolina works in close partnership with its affiliates, other health-related service organizations, and the community at-large, striving to develop programs and services that address community need and improve the area's overall health status.

To support this commitment, KershawHealth conducted a comprehensive assessment in conjunction with the Arnold School of Public Health (ASPH) at the University of South Carolina. The overall goals of the assessment were to identify the major health care needs, service gaps, barriers to access, and health priorities for those living in the area. As part of the assessment, ASPH compiled quantitative and qualitative information from a broad array of sources. By informing and motivating the communities involved in the assessment, KershawHealth is building collaborative relationships, leveraging existing community resources, and encouraging community dialogue. Ultimately, the purpose of the assessment is a Community Health Improvement Plan to guide the health investments for Kershaw County.

## **BACKGROUND**

Kershaw County is a rural yet richly dynamic and vibrant county located in the Midlands region of South Carolina. The overall population of approximately 62,000 is expected to increase over the next few years due to the growth of Richland County (the location of South Carolina's state capital) towards Kershaw County [1]. This will make Kershaw County the 11<sup>th</sup> fastest growing county in South Carolina [1]. Kershaw County is comprised of 72% White, 25% Black, 3% Hispanic or Latino [1].

Communities within the county include Bethune, Boykin, Camden, Cassatt, Elgin, Lugoff, and Westville. KershawHealth Medical Center is located in Camden, the county seat but they have facilities located throughout the entire county. For purposes of the assessment, the population was identified as all of Kershaw County and parts of Lancaster and Lee County with shared zip codes. The 14 zip codes included: 29009, 29010, 29020, 29021, 29032, 29045, 29058, 29067, 29074, 29078, 29128, 29130, 29175, and 29718.

LiveWell Kershaw was formed in 2012 with a goal to make Kershaw County the healthiest county in South Carolina, based on the County Health Rankings (CHR) compiled annually by the Robert Wood Johnson Foundation and the Population Health Institute at the University of Wisconsin. Eat Smart Move More Kershaw County and KershawHealth provided start-up funding for this effort.

While the coalition of LiveWell Kershaw is still being formed, those who have already committed to this partnership have a solid background in Kershaw County and a proven history of teamwork and collaboration. Members of the Core Planning Committee (CPC) and their respective organizations include:

- Connie Barnes, East Camden Charge of the United Methodist Church
- Joseph Bruce, Vice President, Marketing and Community Development, KershawHealth Foundation Executive Director
- Mary Anne Byrd, Kershaw County School District
- Alfred Mae Drakeford, Let's Move Camden and Kershaw County
- Karen Eckford, NBSC
- Carolyn Hammond, Kershaw County Planning and Zoning
- Carlos Harris, ALPHA Center
- Whitney Hinson, KershawHealth Community Outreach and Wellness Manager
- Warren Hix, Sandhills Medical Foundation
- Timothy Hopkins, Kershaw County School District
- Liz Horton, Kershaw County Chamber of Commerce & Visitors Center
- Shelley Janssen, MD, KershawHealth Urgent Care at Elgin
- Kelly Kavanaugh, LiveWell Kershaw Research Associate, University of South Carolina Office of Public Health Practice
- Michael Manning, Doby's Mill Elementary
- Debbie Massalon, Mental Health America of Kershaw County
- Rosalyn Moses, The Family Resource Center
- Tiffany Parnell, Vocational Rehabilitation of Kershaw County
- Amy Peebles, Kershaw County Parks and Recreation
- Lori Phillips, SC Department of Health and Environmental Control Bureau of Community Health and Chronic Disease Prevention (SCDHEC)
- Lillian Smith, DrPH, University of South Carolina Office of Public Health Practice
- Pam Spivey, Eat Smart Move More Kershaw County and United Way of Kershaw County
- Nicole Roskill, Medical University of South Carolina (MUSC)
- Andre Walker, PhD, University of South Carolina Office of Public Health Practice
- Kelly Warnock, AccessKershaw
- Rev. Ellis White, Camden First United Methodist Church
- Susan Witkowski, Community Medical Clinic of Kershaw County

Although the CPC members were highly involved in all stages of the development of the partnership and health improvement plan, additional community input was gathered at public meetings and through the assessment process. Please see Attachment A for the full list of organizations LiveWell Kershaw collaborated with on this initiative.

## **ASSESSMENT PROCESS**

### *Process Overview:*

- I. Organizing for success*
- II. Visioning*
- III. 4 assessments*
  - 1. Community Themes and Strengths*
  - 2. Community Health Status*
  - 3. Forces of Change*
  - 4. Local Public Health System*
- IV. Prioritizing Issues*

LiveWell Kershaw used a community-driven strategic interactive process for improving community health called Mobilizing for Action through Planning and Partnerships (MAPP). Facilitated by the Arnold School of Public Health at the University of South Carolina, this framework helped the CPC apply strategic thinking to prioritize public health issues and identify resources to address them. A support team consisting of Dr. Lillian Smith & Kelly Kavanaugh of the ASPH, Whitney Hinson of KershawHealth, Lori Phillips of the SCDHEC, and Nicole Roskill of the MUSC, helped to guide the MAPP process.

### **I. Organizing for Success**

Organizing for success is the first phase of MAPP. The support team identified and recruited stakeholders for the CPC. This committee, which guides and oversees the MAPP process, was broadly representative of the community and the local public health system.

### **II. Visioning**

Visioning, the second phase of MAPP guides the community through a collaborative, creative process that leads to a shared healthy vision and values for the county. For LiveWell Kershaw, this built enthusiasm for the process, set the stage for planning, and provided a common framework throughout subsequent phases. Participants identified their shared vision and common values by looking five years into the future. LiveWell Kershaw's vision became:

- make the healthy choice the easy choice,
- have an activity friendly infrastructure,
- create positive economic impact,
- focus on prevention,
- and intangible community benefits.

The benefits and potential dangers of achieving our success were then considered. From there, the group identified a list of commitments in order to make the process a success, which included:

- being optimistic
- completing a comprehensive assessment process that hits the whole community
- using best methods for the entire project
- using the most appropriate methods for open communication
- being the gatekeepers for success and keeping the results non-biased
- leading the legacy for Kershaw County to build upon

LiveWell Kershaw announced its ambitious plan to make Kershaw County the healthiest in SC at a community event October 2012. This meeting generated excitement and engagement when Kershaw County citizens learned the county was breaking new ground through positively affecting overall population health with a coordinated program for implementation and a quantifiable method for measuring progress.

### **III. 4 Assessments**

The third phase of MAPP, the four assessments, provided important information for improving community health.

#### **1) Community Themes and Strengths Assessment**

To complete the Community Themes and Strengths Assessment, LiveWell Kershaw held town hall meetings, completed a PhotoVoice project, reached out to local physicians, spoke at churches and civic organizations, and distributed a survey to get a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

#### **2) Community Health Status Assessment**

The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?". This information is provided through secondary sources such as the U.S. Census Bureau, SCDHEC, and the County Health Rankings.

The CPC considered underserved populations in its assessment process by identifying the organizations that serve them and ensure they have surveys on site to be administered, including, but not limited to, the Community Medical Clinic, Food for the Soul, urgent care centers, churches, and voting precincts in outskirts of the county. Underserved and chronic disease populations were both considered in secondary health disparity data provided by AccessKershaw – an organization that seeks to improve access for uninsured and/or low-income persons - and SCDHEC.



### **3) Forces of Change Assessment**

The LiveWell Kershaw CPC identified other leaders in the community with vital knowledge to complete both the LPHSA and FOC assessments and invited them to a community meeting on March 22, 2013. The Forces of Change Assessment (FOC) focuses on identifying factors such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Threats and opportunities were listed for social, economic, educational, medical, political, legal, ethical, technical, environmental, and scientific.

### **4) Local Public Health System Assessment**

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. This assessment uses the nationally recognized tool – National Public Health Performance Standards Local Instrument – to help assess the gaps and assets within the Ten Essential Services of Public Health as outlined by the Centers for Disease Control and Prevention. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?".

## **RESULTS**

### **1) Community Themes and Strengths Assessment**

A total of 836 valid surveys were included in the analyses. The majority of respondents viewed the health of their community as good (42%) or very good (39%). Survey demographics closely matched those of the Census Bureau with the exception of sex, which had slightly more females (68.4% survey; 51% Census) [1]. 68.9% of respondents were employed for wages, while 6.6% were out of work and looking for work.

Only 2.6% of respondents reported having not sought healthcare in the past year, and of those that did, most visited a setting within Kershaw County than compared to elsewhere. Specialists were the only healthcare setting that more respondents indicated they had visited outside of the county (20.3%) than within (15.9%). In the past 12 months, 39% of respondents were told by a healthcare provider they had high blood pressure. 23.6% of respondents were told they have high cholesterol and 11.4% had high blood sugar. Not having insurance was the top identified reason as to why respondents claimed that they and/or others did not seek care healthcare (44.6%).

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<sup>a</sup> 2.6% responded as "none or other". "Other" referred to any healthcare setting except dentists, emergency rooms/urgent care, family doctor, free clinics, or specialists.

The top three health concerns as identified by the community were Alzheimer's/dementia (50%); heart disease/stroke (41%); and arthritis (35%). The top three health factors identified were smoke free workplaces (50%); access to safe and affordable housing (32%); and clean environment (32%).

Respondents indicated that most people were not active more often due to personal choice (33%); not enough places to be active (29%); and not enough sidewalks (19%). The top reasons why respondents and/or others did not eat healthy food more often were due to it being too expensive (37%); eating fast food regularly (20%); and not cooking at home (19%).

## **2) Community Health Status Assessment**

According to the CHR, Kershaw County ranks 10th out of 46 counties for health outcomes and 16th for health factors [2]. Of those factors, the county ranks 11th for social and economic, 19th for health behaviors, 25th for clinical care, and 36<sup>th</sup> for physical environment [2].

### **I. Health Outcomes**

According to the South Carolina Hospital Association (SCHA), the top Emergency Room (ER) diagnoses for FY 2011 at KershawHealth was other abdomen/pelvis symptoms (1149), followed by respiratory system/other chest symptoms (1143) [3]. The top inpatient diagnosis was single liveborn (817), followed by pneumonia (313) [3]. Of the top 5 inpatient diagnoses, three were related to heart problems (chronic ischemic heart disease, heart failure, and cardiac dysrhythmias) [3]. The top three ER chronic conditions were asthma (313), chronic sinusitis (273) and diabetes mellitus (237) [3].

According to SCDHEC, from 2009-2011 accidents were the leading causes of deaths for age groups 1-14 years (33%), 15-25 years (53%), and 25-44 years (34%) [4]. Cancer was the leading cause of death for all other age groups, followed by heart disease [4]. In 2011, the overall age-adjusted death rate due to cancer was 29.7 per 100,000 compared to 20.8 per 100,000 in South Carolina [4].

SCDHEC indicates that in 2011, 41.6% of Kershaw County residents were hypertensive compared to 36.4% at the state level [4]. While the county is predominately white, the crude rate of hospitalizations for blacks was 261 per 100,000 population versus 97 per 100,000 population for whites [4]. The number of ER visits was also higher for blacks with 1,101 visits per 100,000 population costing \$470,100 in ER visits versus 152 visits per 100,000 population and costing \$139,200 for whites [4].

In 2011, the prevalence of diabetes in Kershaw County was 14.9% compared to 12% at the state level [4]. The crude rate of diabetes-related ER visits was also much higher for blacks (827 per 100,000 population) than compared to whites (231 per 100,000 population) [4].

In 2011, the age-adjusted death rate due to chronic lower respiratory disease was lower in Kershaw County (44.1 per 100,000 population) than compared to South Carolina (47.6 per 100,000)[4]. Despite this, the crude rate of ER visits in Kershaw County (1,273 per 100,000) was higher than for the state (954 per 100,000) [4]. The crude rate of ER visits for the county was also higher in blacks (1,996 per 100,000 population) than compared to whites (983 per 100,000 population) [4]. The median age of hospitalizations was also much lower for blacks (26 years) than compared to whites (64 years) (42). In

2010, 76 per 10,000 children under the age of 5 were hospitalized due to asthma, compared to 31 per 10,000 in South Carolina [5].

## II. Clinical Care

Kershaw County's primary care physician ratio is one physician for every 1,819 persons living in Kershaw County compared to one physician per 1,545 persons in South Carolina, and one physician per 1,067 persons in the U.S [2]. The ratio for dentists is 4,159 persons for every 1 dentist compared to 2,229 persons for every 1 dentist in SC and 1,516 persons for every 1 dentist in the U.S. [2]. The CHR indicate that the rate of preventable hospital stays is 74 per 100,000 population compared to 61 per 100,000 population in South Carolina and 47 per 100,000 population in the U.S. [2].

As of 2010, 13.7% of Kershaw County residents who needed to see a doctor in the past 12 months could not because of cost [4]. According to the CHR (2013) 20% of adults under the age of 65 and 10% of children 18 years and younger in Kershaw County are uninsured. The Rankings also indicate that rate of preventable hospital stays in Kershaw County is 82 per 1,000 Medicare enrollees, compared to 64 per 1,000 in South Carolina and 49 per 1,000 U.S [2]

According to the University of South Carolina Institute for Families in Society, disease cluster hotspots for adults on Medicaid were identified in the following zip codes: 29009, 29010, 29032, 29067, 29175, and 29718 [6]. The Institute also identified disease prevalence rates that were reported as 'high' for adult Medicaid recipients within the following zip codes:

<b>Chronic Disease Burden</b>	29009, 29010, 29032, 29067, 29130
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	29009, 29010, 29032, 29067, 29078, 29130, 29175, 29718
<b>Cardio Vascular Disease (CVD)</b>	29009, 29010, 29032, 29067, 29128, 29130, 29175
<b>Diabetes</b>	29010, 29032, 29128, 29130
<b>Hypertension</b>	29009, 29010, 29130

The town of Westville, zip code 29175, had the highest uninsured rate in the county at 71%; however due to low population numbers the total number of uninsured (211) was lower than all aforementioned zip codes except 29074 [6]. Camden had highest total number of uninsured persons in the county (3,743) [6].

## III. Health Behaviors

The SCDHEC states that in 2011, 24% of Kershaw County adults were current smokers [7]. In 2011, Kershaw County ranked 40th for women who smoked during pregnancy at 19%, compared to 12% in South Carolina [4]. The South Carolina Campaign to Prevent Teen Pregnancy indicates that in 2011, the teen birth rate for females aged 15-19 in Kershaw County was 45 per 1,000 compared to 39 per 1,000

South Carolina and 31 per 1,000 U.S [8]. In 2010, the rate of Chlamydia in Kershaw County was 541 per 100,000 population, which was more than five times the national average (92 per 100,000) for that year [2].

Most recent data from SCDHEC indicates that as of 2011, 70% of Kershaw County adults were overweight or obese, compared to 66% within South Carolina [7]. As of 2010 30.3% of Kershaw County adults were specifically obese, compared to 31% in South Carolina and 25% in the U.S. [9]. As of 2009, the low-income preschool obesity rate for the county was 15.3% versus 11.4% for South Carolina and 14% for the U.S. [9]. In 2010, 73% of adults were not physically active during the past 30 days other than at their regular job [9] and 83.6% of adults report not eating 2 or more fruits and three or more vegetables per day [9]. According to SCDHEC, in 2011 Kershaw County adults reported only consuming a median daily serving of .99 for fruits 1.32 for vegetables [7].

#### IV. Physical Environment

Physical environment was the lowest ranked category in the CHR for Kershaw County. There are 6 recreational facilities per 100,000 population in Kershaw compared to 9 per 100,000 population in South Carolina and 16 per 100,000 population in the U.S. [2]. 55% of all restaurants in Kershaw County are fast food restaurants compared to 49% in South Carolina and 27% in the U.S. [2]. 7% of the population who are low-income do not live close to a grocery store, compared to 8% in South Carolina and 1% at the national level [2].

#### V. Social and Economic Factors

In Kershaw County, 15.8% of residents live below the poverty level [2]. The percentage is higher for children in which 27% of those under the age of 18 live in poverty compared to 14% at the national level [2]. 48% of children enrolled in public schools are also eligible for free lunch [2].

The high school graduation rate in Kershaw County is 73% [2]. 55% of adults aged 25-44 years have at least some post-secondary education compared to 70% at the national level [2]. The unemployment rate for persons 16 years and up and who are seeking work is 9.5% compared to 10.3% at the state and 5% nationally [2].

The violent crime rate in Kershaw County is 508 per 100,000 population which although is lower than the state rate (667 per 100,000 population) is much higher than the national rate (66 per 100,000 population) [2].

### **3) Forces of Change Assessment**

Approximately 40 community members attended the March 20<sup>th</sup>, 2013 meeting to complete the FOC and LPHSA. Salient FOC findings include opportunities within Kershaw County's:

- strong community organizations
- growing economy and population
- health information exchanges
- increased insurance coverage, and
- responsibility to involve marginalized populations.

Salient threats identified within Kershaw County include:

- sedentary behavior
- geographical isolation and divide
- a significant portion of residents commuting out-of-county for work
- a shortage of specialty and primary care providers
- employers who may elect to pay a penalty instead of providing health insurance coverage for employees under new Federal guidelines, and
- a lack of personal responsibility.

For the full list of results, please see Attachment B: Forces of Change Assessment Results.

#### **4) Local Public Health System Assessment**

Assets and gaps within the local public health system were identified by the LPHSA. Assets identified included:

- Diagnosing and investigating health problems and health hazards in the community.
- Developing policies and plans that support individual and community health efforts.
- Enforcing laws and regulations that protect health and ensure safety.
- Linking people to needed personal health services and assure the provision of health care when otherwise unavailable.

Gaps identified in local public health system include:

- Monitoring health status to identify and solve community health problems
- Researching for new insights and innovative solutions to health problems

### **ANALYSIS**

All survey and secondary data were compiled into two documents – the Healthy South Carolina Initiative’s County Health Scorecard for Kershaw County, and an inventory of indicators created by LiveWell Kershaw to be tracked over time. These documents, along with health disparity data obtained from SCDHEC, and results from the FOC and LPHSA were presented to the CPC. After reviewing all the data, CPC members were asked to identify the information that seemed the most significant. CPC members noted that 44.6% of survey respondents indicated that not having insurance was the top reason as to why they and/or others did not seek care healthcare more often, while the actual number of uninsured persons under the age of 65 in Kershaw County is 20% [2]. A similarity between the primary and secondary data regarding the lack of physical activity infrastructure was also pointed out, which was identified as a top concern to the community.

CPC members noted the significant racial health disparities with regards to diabetes, hypertension, and chronic lower respiratory disease. They also noted the high rate of asthma hospitalizations by children and were alarmed by both the county’s high teen birth rate and the chlamydia rate being more than five times the national average (541 per 100,000 population vs. 92 per 100,000) [2].

After reviewing the all of the information, the group identified seven significant and underlying strategic issues:

- Nutrition/physical activity/obesity
- Access to appropriate care; poverty and disparities
- Smoking
- Sexual activity and teen health
- Chronic lower/respiratory disease
- Accidents

Using a prioritization matrix from the National Association of County and City Health Officials, the CPC rated each strategic issue on the following: its overall importance to the health of the community, the amount of control we have to impact that issue, the seriousness of the issue, the size of the issue, and how effective actions taken actually would be. Importance and control were ranked as “high”, “medium”, or “low”, which were coded as 3, 2, and 1 respectively. Seriousness, size and effective action were scored for each health issue on a scale of 1 (low) to 10 (high). Results were as followed:

Score	Strategic Issue
33.0	Nutrition/Physical Activity/Obesity*
30.5	Access to appropriate care*
28.5	Poverty and Disparities
27.0	Smoking*
26.5	Sexual Activity and Teen Health*
25.5	Chronic Lower/Respiratory Disease
22.0	Accidents

Of the top 5 areas, four were chosen as priority areas (\*): nutritional/physical activity/obesity; access to appropriate care; smoking; and sexual activity and teen health. Due to the broad scope of poverty and disparities, it was not chosen specifically as a priority area, but instead, was incorporated into the strategies the group would undertake within each of the 4 chosen priority areas.

With regards to chronic lower/respiratory disease, it was not specified as to how many cases were linked to smoking (first or second-hand smoke), which was selected as a priority. While no direct correlation could be made, the group felt that targeting first and second-hand smoking prevention strategies could indirectly impact this issue. Both strategic issues will continue to be monitored in future assessments.

Accidents were not chosen as an area due to its broad and inconsistent definition. Therefore it was unclear as to what types of accidents had the largest impact on health outcomes. The group also noted that with regards to motor vehicle accidents and DUI-related deaths, the Kershaw County law enforcement agencies are already targeting this area.

During our assessment process, CPC members identified several health care facilities and resources they may be able to collaborate with when implementing the plan. A list of those organizations is provided below:

Existing Health Care Facilities & Other Resources	Description
211	A call-service provider that keeps a database of a wide variety of service providers including support groups, community clinics, counselors, shelters, food pantries, and programs for seniors and many more agencies in South Carolina.
AccessKershaw	An organization founded in 2010 thanks to funding from the Duke Endowment and several partner organizations – including Kershaw Health, the Free Medical Clinic and Sandhills Medical Center. AccessKershaw works with rural and low income populations to help individuals find doctors, receive medication and food stamps, access specialists, pharmacy assistance, etc. The organization also develops needs assessments, provides case management for persons with diabetes and hypertension, and links individuals with resources, case management, and referral networks.
Charity Tracker	A web-based application provided by United Way, for shared case management used to gather and report statistical data for resource development, strategic planning, measuring outcomes, reducing duplication and disaster relief.
Christian Community Ministries	A Christian organization run by volunteers interested in helping individuals and families that have an unexpected crisis. The organization has been influential in the community by acting as a referral source for care and helping to provide funding for medicine, food, and utilities.
City of Camden	The City of Camden has been working to implement healthy policies and environmental changes that would increase health outcomes and improve the economy. The City has adopted a Complete Streets policy and has been working with ESMMKC to develop a comprehensive greenways plan. The city has also adopted a smoke-free ordinance.
Community Medical Clinic	A non-profit, charitable organization that provides healthcare to uninsured residents of Kershaw County by bringing together medical, business and individual resources. The organization assists in identifying personal health needs and assess for lower economic and financial crisis.
Department of Mental Health	A state supported facility that supports the recovery of people with mental illnesses. Counseling and prescriptions are offered

Eat Smart Move More Kershaw County	A partner agency of the United Way of Kershaw County whose mission is to make the healthy choice the easy choice for all of Kershaw County residents.
Family Resource Center	A partner agency of the United Way of Kershaw County that provides counseling, victim advocacy, support groups, community education for teen pregnancy, rape crisis, and children advocacy.
Food for the Soul	A partner agency of the United Way of Kershaw County that provides food and an occasional winter shelter for individuals and families in Kershaw County.
Hispanic Alliance	A non-profit organization that coordinates programs for Hispanic services including an HIV program.
Hispanic HIV Coalition	A component of the SCDHEC HIV Planning Committee that works to educate the Hispanic community about prevention and risks of HIV.
IMPACT Kershaw County	A community coalition that meets monthly to empower and inspire the community to improve and prosper. The group discusses health issues, services for the needy, crisis issues, transportation, and issues related to homeless veterans. Strives to eliminate the duplication of services and help better coordinate efforts county-wide.
Kershaw County Chamber of Commerce	The largest non-profit organization in the Kershaw County, which aims to unite business and professional firms to accomplish collectively what cannot be done individually. This organization helps to provide free drug cards for all residents who are uninsured or whose prescriptions are not covered by their insurance. The Chamber also provides organizations with free access to their Workplace Wellness Program toolkit as well as webinars on the new healthcare reform. They currently host public wellness classes, and are working on hosting educational sessions for the public.
Kershaw County Council on Aging	A partner agency of the United Way and Santee Lynches Council on Government, KCCA provides programs and services to promote the well-being of older adult residents of Kershaw County at the center in Camden. Services include: on-site group meals; home-delivered meals; health and wellness programs; and recreational/educational/leisure activities. Staff can help identify client needs and provide referrals to local resources.



Kershaw County Department of Planning & Zoning	This county department is dedicated to promoting current and long term development standards for unincorporated Kershaw County.
Kershaw County Department of Social Services	A state funded agency helps individuals and families meet basic needs to be healthy and self-sufficient.
Kershaw County Health Department	This county department helps promote and protect the health of the public and the environment. They offer family planning, STD/HIV testing, nutritional services for women, infants and children.
Kershaw County Recreation Department	The county recreation department strives to maintain a quality parks and recreation program that benefits the community and satisfies the community and its participants. They are currently working on creating county-wide master recreation plans and has been working with several community coalitions to increase physical activity opportunities county-wide.
Kershaw County School District	The School District has been committed to improving student health through the adoption of their school wellness policies and programs including Safe Routes to School, Organ Wise Guys, and the development a Health Improvement Council comprised of both businesses and parents.
KershawHealth Home Health	A professional team of caregivers that keep individuals out of the hospital and on track to recovery by providing a wide array of services from nursing care to rehabilitation.
KershawHealth Medical Staff	Medical staff is devoted to the community and working to identify and meet the community health needs. This includes six family care physician practices within Kershaw County that have privileges with the hospital.
KershawHealth Urgent Care at Elgin	A KershawHealth facility staffed with board certified physicians. It's convenient with a full range of diagnostic technologies on site to treat non severe situations.
Lions Club	A civic organization in Bethune that has been influential in providing eye exams and glasses to schools and underserved populations.
Mental Health America of Kershaw County	A local chapter of the Mental Health America (formerly Mental Health Association) that identifies personal needs and provides counseling, referrals, care, prevention, education, and triage for mental illness.

New Day on Mill	New Day on Mill is a program at the Bethesda Presbyterian Church in Camden that provides transitional housing & life skills training for homeless single women and women with children.
Retail Pharmacies	Local pharmacies offer health services including exams, preventive care, immunizations, medications, and supplies.
Safe Kids Kershaw County Coalition	A world-wide program dedicated to preventing unintentional injuries which is the number one killer of children ages 1-14. This program is led by KershawHealth.
Safe Routes to School	A national program adopted by schools to improve the health and well-being of children by enabling and encouraging biking and walking to school. The program includes safety audits performed by South Carolina Department of Transportation, SCDHEC, school principals, and other community organization representatives. The county is seeking to fully adopt the program in all schools.
Sandhills Medical Foundation	A Federally Qualified Health Center (FQHC) with locations in Lugoff, Sumter, and McBee. Provides primary medical care and primary behavioral health care irrespective of an individual's ability to pay.
SC Works	A state organization with offices in Kershaw County, that helps South Carolina residents locate and obtain employment. The organization assists with the Mental Health America of Kershaw County to provide referrals for employment.
South Carolina Vocational Rehab Department's Camden Work Training Center	A state organization that provides individuals with physical and mental impairments that sustainably interferes with their ability to work and find employment.
The ALPHA Behavioral Health Center	A private non-profit organization that provides innovative and effective treatments, interventions, and prevention programs aimed at reducing the impact of alcohol, tobacco, and other drugs.
United Way of Kershaw County	A nonprofit organization whose mission is to the meet the human and social needs of Kershaw County. The organization seeks to break the cycle of poverty and has developed a Health Care Council that provides small community grants and planning services.

## **RECOMMENDATIONS**

On June ---the CPC met to draft out goals, objectives, and strategies targeting the four priority areas. Below are recommendations developed by the committee and additional individuals or organizations that need to be engaged going forward. Note, the priority area Nutrition/Physical Activity/Obesity was separated into two areas (physical activity and healthy eating) for the purpose of goal setting. Obesity was listed as a separate area for this purpose since it would be directly impacted by the other two areas.

<b>Priority Area: Nutrition/Physical Activity/Obesity</b>	
<b>Goal 1:</b> Get more people more active (adults and children)	
<b>Objective:</b> Adults - By 2016 decrease percentage of adults in Kershaw County who engage in no leisure-time physical activity by 5% according to the SCDHEC Coordinated Chronic Disease Fact Sheet for Kershaw County.	
<b>Strategies</b>	
<b>Employers</b> <ul style="list-style-type: none"> <li>• Flexible schedules to allow for time to exercise (walk, etc.) (Biggest Loser Competition for incentives)</li> <li>• Encourage activity on breaks</li> </ul> <b>Community</b> <ul style="list-style-type: none"> <li>• Improve neighborhood safety to encourage physical activity</li> <li>• Consider physical activity in zoning planning, land use, and transportation plans</li> <li>• Recreation department to provide a wide range of activities for all ages</li> <li>• Engage children in creative methods of physical activity in schools and child care centers</li> <li>• Develop safer infrastructure to encourage students to walk/bike to school</li> </ul>	
<b>Goal 2:</b> Increase consumption of fruits/vegetables	
<b>Objective:</b> By 2016, the median daily serving of fruits consumed by Kershaw County adults will increase by 1.0 according to the SCDHEC Coordinated Chronic Disease Fact Sheet for Kershaw County, 2011.  By 2016, the median daily serving of vegetables consumed by Kershaw County adults will increase by 1.0 according to the SCDHEC Coordinated Chronic Disease Fact Sheet for Kershaw County.	
<b>Strategies</b>	
<b>Employers</b> <ul style="list-style-type: none"> <li>• Fruits and vegetables available in snack area</li> <li>• Sponsor local market on site connecting employees with co-ops</li> </ul> <b>Community</b> <ul style="list-style-type: none"> <li>• Develop community gardens</li> <li>• Develop mobile markets to access “food deserts”</li> <li>• Partner with convenience stores to provide healthy choices (i.e. fruits/veggies)</li> <li>• Create healthy checkout lanes at supermarkets</li> <li>• Partner with churches – “fruit and vegetable swaps”; gardens</li> </ul> <b>Schools/ Child Care</b> <ul style="list-style-type: none"> <li>• Expand Farm to School program</li> <li>• Expand School Fruit and Vegetable Program</li> <li>• Develop strategies for healthy fundraising</li> </ul>	

<b>Priority Area: Access to Appropriate Care</b>
<b>Goal:</b> Ensure that everyone has access to primary health care
<b>Objective:</b> To identify and examine the barriers to primary health care services in Kershaw County and develop a plan by December 2014.
<b>Strategies</b>
<ul style="list-style-type: none"> <li>• Identify strategies to increase transportation</li> <li>• Establish policies that encourage cultural competency and sensitivity in staff trainings</li> <li>• Identify strategies to increase primary care in rural areas</li> <li>• Research grants for voucher-based programs</li> <li>• Collaborate with community health care centers to develop strategies that help recruit and provide equal opportunities for students working towards medical degrees (encourage various partnerships in neighboring areas)</li> <li>• Assist Sandhills Medical Foundation in educating and enrolling people in their navigation grant (income-subsidized health insurance for those in poverty)</li> <li>• Support KershawHealth's Primary Care Plan by helping to recruit primary care physicians</li> </ul>

<b>Priority Area: Smoking</b>
<b>Goal:</b> Work towards a 100% tobacco-free Kershaw County
<b>Objective 1:</b> Live Well Kershaw will implement a campaign to encourage adoption of a smoke free policy in Bethune, Elgin, and Kershaw County by 2016.
<b>Strategies</b>
<ul style="list-style-type: none"> <li>• Conduct decision maker assessments and identify a champion</li> <li>• Implement community education campaign</li> <li>• Conduct public opinion polls</li> <li>• Assess any current policies</li> <li>• Engage key stakeholders</li> <li>• Recruit and engage community supporters</li> <li>• Plan for policy implementation</li> <li>• Call South Carolina Tobacco-Free Coalition</li> </ul>
<b>Objective 2:</b> Live Well Kershaw will work with the Kershaw County School District to adopt the model tobacco free policy by 2016.
<b>Strategies</b>
<ul style="list-style-type: none"> <li>• Assess current policy and identify areas for change</li> <li>• Develop and present recommendations to decision makers</li> <li>• Conduct decision maker assessments</li> <li>• Plan implementation activities</li> <li>• Offer technical assistance during policy adoption process</li> </ul>
<b>Objective 3:</b> Live Well Kershaw will work with OB/GYN providers to complete 2 A's +R training and use fax referral system.
<b>Strategies</b>
<ul style="list-style-type: none"> <li>• Identify providers</li> <li>• Schedule meetings with providers</li> <li>• Provide Quit Line promo materials</li> <li>• Review Quit Line reports to track provider referrals</li> <li>• Conduct follow up with providers</li> </ul>

<b>Priority Area: Sexual Activity &amp; Teen Health</b>
<b>Goal:</b> To reduce the teen birth rate in Kershaw County
<b>Objective:</b> To reduce the teen birth rate in Kershaw County by 5% by 2020 as measured by the South Carolina Campaign to Prevent Teen Pregnancy.
<b>Strategies</b>
<ul style="list-style-type: none"> <li>• Educate and engage teens and adults in the prevention of teen pregnancy and the promotion of teen health (broadly defined).</li> <li>• Address faith-based community as a barrier</li> <li>• Develop strategies to address primary prevention in schools</li> <li>• Coach adult leadership</li> <li>• Educate on the correlation between sexual abuse and teen pregnancy</li> <li>• Build a network of advocates for policy change</li> </ul>

The CPC will meet to develop action plans for the recommended strategies and will develop task teams for priority areas. Stakeholders identified by the Committee within priority areas may be contacted to help assist with the implementation of strategies. The following table indicates how KershawHealth will be involved in the four strategic priorities and will leverage resources:

By the end of year one, KershawHealth will do the following to leverage resources to address selected priorities:	Obesity	Access	Smoking	Teen Health
Modify/enhance aspects of Workplace Health Initiative	✓	✓	✓	✓
Collaborate with LiveWell Kershaw on the development of an Innovation Application to DHHS that will integrate all priorities in a school based health program	✓	✓	✓	✓
Align KershawHealth's clinical resources with priorities	✓	✓	✓	✓
Develop a plan to address gaps in clinicians		✓		

In addition, KershawHealth will continue to provide support for the Core Support Team for LiveWell Kershaw through the active engagement of staff and resources.

## **EVALUATION & MONITORING**

LiveWell Kershaw's support team has been collaborating with 211 and Charity Tracker to see if we can capitalize on their pre-existing systems to track implementation activities in the county. The programs already have numerous organizations and their services listed, and would be a cost-effective method of monitoring activities. An action plan for monitoring and evaluation activities will be developed by the CPC.

## **CONCLUSION**

The recommendations provided represent broad viewpoints from the Kershaw County community as well as support gathered from secondary public health sources. The partnership has encouraged conversations between groups of individuals that have not previously worked together before and has identified many assets they can capitalize on. These recommendations provide the county with a roadmap as to where it wants to go and will help encourage current and future activities to align, preventing performance gaps in reaching our overall goal in improving health outcomes.



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**Attachment A: Organizations LiveWell Kershaw collaborated with on this initiative – page 1**

AccessHealth  
ALPHA Center  
ATEC  
Baron DeKalb Elementary  
Bethune Lion's Club  
Blue Cross Blue Shield of SC  
Camden Clinic of Chiropractic  
Camden First United Methodist Church  
Camden High School  
Camden Kiwanis  
Camden Police  
Camden Rotary  
Central Carolina Technical College  
Charity Tracker  
Christian Community Ministries  
Chronicle Independent  
City of Camden Fire Department  
Community Medical Clinic of Kershaw County  
DHEC Region 4  
Doby's Mill Elementary  
East Camden Charge of the UMC  
Eat Smart Move More Kershaw County  
Food for the Soul  
God's Deliverance Center  
Harvey Galloway, Blue Cross Blue Shield  
Invista  
KC Current  
Kershaw County Board of Disabilities  
Kershaw County Chamber of Commerce and Visitors Center  
Kershaw County Dept of Planning and Zoning  
Kershaw County Dept of Social Services  
Kershaw County Government  
Kershaw County Recreation Department  
Kershaw County School District  
KershawHealth  
KershawHealth Foundation  
Laurie Slade Funderburk, SC House of Representatives  
Let's Move  
Lugoff Elementary  
Medical University of South Carolina  
Mental Health America of Kershaw County  
Midway Elementary  
NBSC  
Safe Routes to Schools  
Sandhills Medical Foundation  
SC DHEC

**Attachment A: Organizations LiveWell Kershaw collaborated with on this initiative – page 2**

SC Hospital Association  
SC Tobacco-Free Collaborative  
Vocational Rehabilitation of Kershaw County  
Sentinel Health Partners  
Shine for Girls  
St. John's Methodist Church  
The Compassion Network  
The Elgin News  
The Family Resource Center  
TruVista  
United Way of Kershaw County  
University of South Carolina Office of Public Health  
UTI  
Vincent Sheheen, SC Senator  
West Wateree Rotary Club  
WPUB

**Attachment B: Forces of Change Assessment Results – page 1**

<b>Social Issues</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Sedentary behavior</li> <li>• Social media</li> <li>• Rural county/isolation</li> <li>• Decrease in work ethic</li> <li>• Lack of knowledge and interest in personal health</li> </ul>	<ul style="list-style-type: none"> <li>• Greater awareness of personal healthcare responsibility</li> <li>• Social media</li> <li>• Aging population</li> <li>• Recreational programs</li> <li>• Increase in Hispanic migration</li> <li>• Strong community organizations</li> </ul>

<b>Economic Factors</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Businesses closing</li> <li>• Underemployed</li> <li>• Working 2 jobs</li> <li>• Increased gas prices</li> <li>• Healthcare cost and uncertainty of future</li> <li>• Large portion of residents work out of county</li> </ul>	<ul style="list-style-type: none"> <li>• Growing economy</li> <li>• Growth in West Wateree</li> <li>• Improved rec facilities at schools (tracks, etc.)</li> <li>• Education on opportunities for various streams of income</li> </ul>

<b>Educational Factors</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Commuting workforce leaves county</li> <li>• Not enough exercise</li> <li>• Lack of vending machines may limit spending, therefore decreasing vending-related school funding</li> <li>• Lack of walking access to school sites</li> </ul>	<ul style="list-style-type: none"> <li>• Less vending machines</li> <li>• No more bake sales</li> <li>• New breakfast and lunch requirements</li> <li>• Increase in online classes nationwide</li> <li>• School district getting better</li> </ul>

<b>Medical Factors</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Too few specialty providers</li> <li>• Too few primary care providers</li> <li>• Access to primary care</li> <li>• Not focused on prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Health information exchange</li> <li>• Focus on population health for reimbursements</li> <li>• Increase coverage</li> <li>• Free clinic</li> <li>• WIN van could be used more throughout KC</li> </ul>

<b>Political Factors</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• Medicaid expansion – costs of program</li> <li>• East-West divide in county</li> <li>• Nothing gets done, no responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Strong politicians at state level</li> </ul>

**Attachment B: Forces of Change Assessment Results – page 2**

<b>Legal Factors</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"><li>• Employers may elect to pay penalty vs. health insurance coverage for employees</li><li>• Emergency Medical Treatment and Labor Act</li><li>• Health Insurance Portability and Accountability Act (HIPPA)</li><li>• Electronic Medical Records</li></ul>	<ul style="list-style-type: none"><li>• Changes in SNAP</li></ul>

<b>Ethical Factors</b>	
<b>Threats</b>	<b>Opportunities</b>
<ul style="list-style-type: none"><li>• (none listed)</li></ul>	<ul style="list-style-type: none"><li>• Responsibility to involve marginalized citizens (poor, elderly, immigrant) in process</li></ul>