Tri-County Community Health Needs Assessment

Executive Summary

Analysis & Summary Prepared by

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Background

Since 2016, Trident United Way has conducted the federally mandated Community Health Needs Assessment for Roper St. Francis Hospital System.

Section 501(r) of the Internal Revenue Code was created by the ACA in 2010. This new section imposes additional/new requirements on 501(c)(3) organizations that operate one or more hospital facilities. Under section 501(r), each hospital facility operated by a 501(c)(3) organization must meet the following four general requirements on a facility-by-facility basis in order for the organization to maintain its 501(c)(3) tax-exempt status:

(1) Establish written financial assistance and emergency medical care policies

(2) Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy

(3) Make reasonable efforts to determine whether an individual is eligible for financial assistance before engaging in extraordinary collection actions

(4) Conduct a CHNA and adopt an implementation strategy at least once every three years

The final regulation (4) requires that a hospital must identify and consider the community served, assess and prioritize the needs of the community it serves, and seek input from that community. Defining the community may be done in a geographic (spatial) fashion or may identify target populations. It is expressly prohibited though to define the community in a way that excludes medically underserved, low-income, or minority communities.

In assessing health needs hospitals have flexibility in determining what needs are significant and there is no pre-specified methodology for determining the significance of need. However, a hospital must seek community input in order to match that need.

Upon completion of the CHNA, the methods, processes and community input received must be documented. These, as well as the final product, must be made public. Below a description is provided of the background, emphasis and methods used by Trident United Way to complete the CHNA on behalf of Roper St. Francis Hospital System.

Questions to be Addressed

The aim of this analysis is to address questions about the overall health of the Tri-County area, to identify specific areas of concern for Tri-County residents, and to provide insight into the effects of socio-economic and racial priors on differences in health and health concerns. The specific questions to be addressed are:

1. How does the general health of the Tri-County differ by race, income, and geography?
    a. This includes perceptions of general health, perceptions of own-health needs, perceived barriers to access and corresponding barriers in health practices.

2. What are the primary health concerns of Tri-County residents?
    a. How do these concerns vary by age, race, income status and geography?

3. How do the self-reported health habits of Tri-County residents align with guidelines from major medical organizations?

Methodology

Survey Analysis

The Community Health Needs Assessment consists of a 32 question (non-medical/social service provider) survey and a 28 question (medical/social service provider survey). The survey was delivered to residents of the Tr-County area (Berkeley, Charleston, and Dorchester counties) from January 14, 2019 to February 15, 2019. The survey was delivered in

both English and Spanish and in both paper and electronic formats. Electronic surveys were delivered to respondents using Survey Monkey™. Additionally, a series of 17 focus groups and interviews were conducted with 54 individuals who were representative of the service population of Roper St. Francis.

Table 1. Demographic Distribution of Tri-County v Survey Respondents

	Tri-County	Online Survey	Paper Survey	Total Survey	Total Sample
N	775,831	3863	1,265	5,128	3,694
Female	52.52%	85.14%	77.39%	83.31%*	81.91%*
Age 18-64	64.93%	91.29%	82.92%	89.27%*	88.87%*
Age 65+	15.10%	8.71%	7.18%	9.61%*	10.41%*
White Non-Hispanic	66.02%	69.69%	22.53%	58.17%*	59.25%*
African American	26.90%	21.02%	57.47%	30.01%*	30.28%*
Hispanic/Latino	5.73%	2.80%	14.38%	5.79%	6.78%*
Native American	0.56%	0.36%	0.55%	0.14%	0.14%
Asian	2.10%	1.45%	1.03%	1.35%	1.01%
Pacific Islander/Native Hawaiian	0.12%	0.31%	0.00%	0.25%	0.25%
Two or More Races/Other	2.24%	2.12%	2.29%	2.36%	2.29%
Veteran	5.16%	7.25%%	3.95%	6.43%	6.43%
Below Bachelors	65.89%	58.10%	8.14%	51.33%*	58.36%*[3]
Median Individual Income	$26,245	$32,090	$27,235	$30,987	$30,987

Note: Berkeley County is over-represented in the responses. Median income for respondents is the median income for the zip code of respondents (categorical response is $50,000 - $75,000). *indicated significant difference from Tri-County at p<0.05.

Summary of Findings for Question 1

In total we find significant differences in rates of Diabetes diagnosis and health behaviors and Diabetes control among diabetics. Additionally, we find significant differences in

[3] Note that those who have obtained a bachelor's degree or higher are under-represented in the sample relative to the Tri-County area. This is likely due to the survey methodology. However, given the service population of Roper St. Francis this aligns relatively well. Roper's disproportionate share rate is in the 31st percentile among all US hospitals reporting (ratio of 0.0480, per CMS IPPS SSI Calculations, 2017). Given that 19.32% of those between 18 and 64 with less than a college degree also have public insurance coverage (Bureau of Labor and Statistics 2017), the sample aligns relatively well to the target population give that, within the sample, 18.9% of the 18 – 64 year olds with less than a bachelor's degree also claim to have Medicaid.

health behaviors among the general population based on race/ethnicity, income and geography. County level differences explained between 12% and 17% of all variation across respondents. These grouped results indicate the existence of general health disparities between counties. Among individuals, the racial/ethnic differences, even after controlling for income, persists. African Americans and Hispanic/Latinos tend to have less positive health behaviors than their White peers. Aside from frequency of exercise, Hispanics tend to have the least positive health behaviors of all race/ethnic groups.

Summary of Question 2

The same top five concerns arose from 2016 within the 2019 CHNA however their order of concern shifted: Access to Care (1), Obesity, Nutrition and Physical Activity (2), Maternal, Infant and Child Health (3), Mental and Behavioral Health (4), and Clinical Preventative Services (5). Part of this shift is likely due to the survey methodology – seeking input from the community where they are, e.g. churches, social service organizations and clinics, as opposed to the 2016 methodology of surveying in hospitals and clinics. For 2019, there was variation based on race/ethnicity in the bottom four responses, however all race/ethnic groups agreed that Access to Care was their primary concern

The consistent ranking of these concerns as the top five for Tri-County residents indicates the generalized nature of these concerns across the community, while the variation in ranking by race and geography may point to disparities in services or differences in lifestyle given county level differences. For example, Berkeley is a predominantly rural county with a larger proportion of Food Deserts than Charleston or Dorchester. As such, the access to healthful foods suggests a greater reliance on fast food and non-grocery foods in these areas – both of which are linked to higher rates of obesity and Diabetes.

Summary of Question 3

When examining the medical screenings and how well they meet medical standards from professional associations, there is significant variation between racial/ethnic groups in general and among racial/ethnic groups within counties. In general, Whites tend to receive recommended screenings at a higher rate than any other race. There are a few exceptions to this, i.e. Diabetes screening, bone density screenings and STI/HIV screenings. Hispanic/Latinos tend to have the lowest rates of recommended screenings among all groups. Examining differences of race within the counties, Charleston County tends to have the highest rates of recommended screenings across all race/ethnic groups. There are a few exceptions to this, i.e. Dorchester tends to have higher crude rates in bone density, STI/HIV screenings and Cholesterol screenings across all race/ethnic groups. Given that the response rate in Dorchester was not representative of Dorchester County though, these likely have causes more related to specific respondent characteristics rather than being representative of the county as a whole.

Recommendations

Given the findings herein, a number of recommendations for improving health outcomes across the Tri-County are offered, both in terms of increasing health equity and general health. Note that these recommendations are not meant to be exhaustive and mutually exclusive given that the elements of overall health tend to overlap. They should be taken as general recommendations to improve the top five specific areas identified in both the 2016 and 2019 CHNA.

1. Access to Care
    a. *Provide information and technical assistance to providers, stakeholders and community members on the availability of insurance coverage and sign up options*. Given the

significant differences between demographic groups on the nature of concerns, i.e. transportation versus insurance, and the significant lack of knowledge around access within the Medicaid population, there is a clear need for information to reach these communities.

b. *On the transportation front, there is a need for outreach to both city and county level transportation providers as well as individuals in the community regarding the need for transportation options to access healthcare.* The significant negative effects on personal health rating and the differences seen in minority communities related to transportation (not driving one's self) demonstrate this need. This recommendation would include mapping access points that provide transportation services to health care facilities, both for profit and not-for-profit providers.

2. Clinical Preventative Services
    a. *Expand knowledge of, and access to, vaccination services for all individuals.*
    b. *Expand knowledge of positive health behaviors as they relate to diabetes prevention and identify the barriers to those positive health behaviors.*
    c. *Conduct education and outreach events to the Tri-County area and specific demographic groups regarding benefits of cancer screenings.*
3. Obesity, Nutrition, and Physical Activity
    a. *Conduct education campaigns both in schools and at workplaces regarding fruit and vegetable consumption as well as the noted benefits of fresh fruit and vegetable consumption.*
    b. *Identify other gaps and barriers to increasing physical activity. The focus group identify lack of access to facilities as a barrier as well as concerns over safety.*
    c. *Partner with school and other public and religiously affiliated facilities to provide community access to physical activity.*
4. Mental and Behavioral Health

a. *Better assess public awareness of mental and behavioral health as well as substance abuse.*

b. Given the gaps in understanding of mental health issues and the patterns of stated access for mental health treatment, *there should be a coordinated education campaign to increase understanding of mental health and the treatment options for mental health.*

5. Maternal, Infant and Child Health

a. *Expand understanding on how to provide access to prenatal care for all women.*

b. *Increase community awareness of reproductive health and family planning options, resources and information.*