McLeod Health

The Choice for Medical Excellence

McLeod Health Cheraw

Community Health Needs Assessment (CHNA) Implementation Plan Narrative

Approved by
McLeod Health Cheraw Board of Directors September 2016

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Letter to the Community

Dear Community Members,

Health is driven by much more than what happens in the doctor's office. What determines health begins — long before illness — in our homes, schools, and jobs. Despite our genetics playing a role, we have the opportunity to make choices that can help us all to live a healthier life, regardless of our background. People whose circumstances have made them vulnerable to poor health need our help in working towards eliminating barriers that provide everyone with the chance to live a healthy life. This work cannot happen without first making use of health data, evidenced-based research, and other facts that serve as the foundation. Health research provides indicators of health status, such as the prevalence of disease and its effect in both economic and human terms. By using the Community Health Needs Assessment, we can evaluate relevant determinants of health that gives valuable insight in guiding decisions that create a pathway for improving the health of our community.

Everyone in our community should have the opportunity to make good, healthy choices (e.g., regarding smoking, diet, substance abuse, physical activity) since this can have the largest impact on future health outcomes. Wherever possible, through programs, services, public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. Research has shown that the health care system itself represents only 10-20% of determining health status, while behavioral choices account for 40% or more.

Through changes in public policy, it is possible that most people, regardless of income, could have the ability to see a doctor. Health insurance does not guarantee good health, but it does provide important access to preventative health services. It can reduce the risk of deferring needed care and the financial risk associated with receiving care. Our success in building a healthy community should be linked to collective community efforts that nurtures its families and communities. We encourage partnerships with volunteers, business, government, civic and religious institutions to join us in this work. Although we may not be able to eradicate every illness, this Community Health Needs Assessment Implementation Plan shows that there is much we can accomplish by fostering good health and addressing gaps. Health begins with healthy relationships, healthy communities, and healthy jobs, which protect us from the stress of everyday life.

Best of Health,

Mib Scoggins
Administrator, McLeod Health Cheraw

McLeod Health Cheraw
The Community Health Needs Assessment (CHNA)
Implementation Plan Narrative

Introduction

McLeod Health Cheraw (McLeod Cheraw), formerly Chesterfield General Hospital, became part of the McLeod Health system of not-for-profit hospitals on June 22, 2015. McLeod Cheraw is dedicated to creating lasting relationships and providing the Chesterfield County and Marlboro County communities in South Carolina with the highest quality health care services.

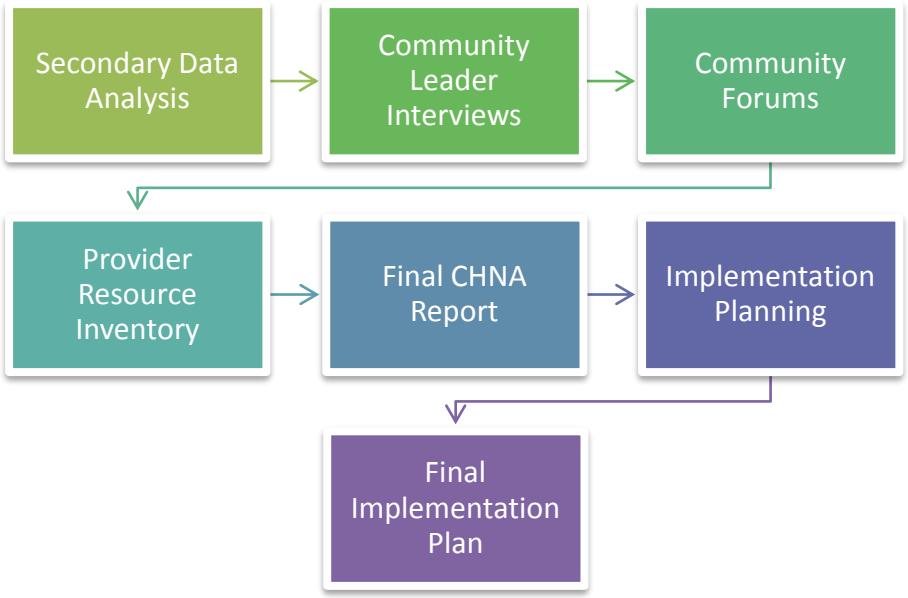
With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals are required to conduct community health needs assessments (CHNA) and to develop implementation strategies to actively improve the health of the communities they serve. To adhere to the requirements imposed by the IRS, tax-exempt hospitals and health systems must:

- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how they are addressing the needs identified in the CHNA.

The CHNA and the CHNA Implementation Plan fulfill the IRS requirements on tax-exempt hospitals and health systems.

The comprehensive CHNA process undertaken by McLeod Cheraw, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues, data related to underserved, vulnerable populations, and representatives of vulnerable populations served by the hospital. Tripp Umbach worked closely with leadership from McLeod Cheraw to oversee and accomplish the assessment with the goal of gaining a better understanding of the health needs of the region. McLeod Cheraw will make use of CHNA findings to address local health care concerns, as well as to function as a collaborator, working with regional agencies to help provide medical solutions to broader socioeconomic and education issues in the service area.

Figure 1. CHNA Process



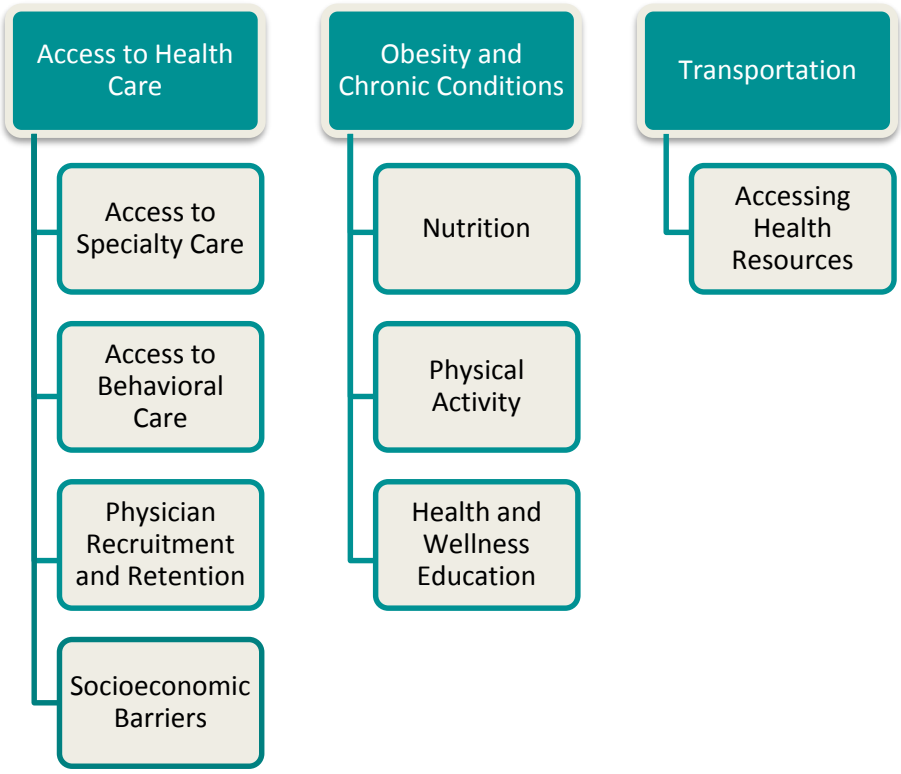
The McLeod Cheraw Community Health Needs Assessment (CHNA) Implementation Plan prioritizes the health needs identified in the 2016 CHNA and outlines a multi-year approach for addressing the identified needs during the 2016-2019 period. The community health needs assessment and implementation plan meet IRS requirements as delineated in the Patient Protection and Affordable Care Act (PPACA).

Health care organizations and systems strive to improve the health of the community they serve through collaboration with local, state and national partners as delineated in the CHNA Implementation Plan which will be conducted over a three-year period from 2016 through 2019. During this time, McLeod Cheraw will continue its coordinated approach and engagement with community partners to maximize health improvement efforts. Through collaboration with community partners, health events, programs, and initiatives are better aligned with available resources and organizational goals. With a history of leadership in community health development and outreach, McLeod Cheraw will advance efforts to ensure a sustainable impact on improving the health of the communities they serve by pursuing evidence based practices, participating in state led health initiatives and increasing availability of providers/services in the region.

Prioritized Community Health Needs

The following community health needs are based on qualitative and quantitative data and particularly from community forum feedback. Figure 2 (below) details the three prioritized need areas and key factors and considerations of each need.

Figure 2. McLeod Cheraw Prioritized Community Health Needs 2016 CHNA



A broad range of social, economic, and other environmental factors affect the health of individuals and communities. The social and economic conditions where people live, work, learn, and play are called social determinants of health. Social determinants can have a profound influence on the choices that people have in their daily lives that promote or inhibit health. Within each of the community health need areas, multiple factors must be considered. Health behaviors, education, and socioeconomic/environmental conditions greatly affect an individual's health status and ability to overcome health issues in the region.

The McLeod Cheraw CHNA noted a plethora of community health issues as well as health disparities across the study area. It is critical for health providers and community-based organizations to understand not only the regional health issues, but to be aware of where disparities occur to pinpoint what services and improvements are most needed.

Addressing the Community Health Priorities

The goals and strategic actions delineated in this CHNA Implementation Plan Narrative are developed to address each of the identified priority areas and to ensure a patient centered and community engagement approach.

Priority 1: Access to Health Care (Access to Behavioral Health Care, Access to Specialty Care, Physician Recruitment and Retention, and Socioeconomic Barriers)

ACCESS TO HEALTH CARE

The slow national and local economy since 2008 has left many across the nation without employer-sponsored health insurance and many sense an insecurity regarding their financial wellbeing. Prior to the Affordable Care Act (ACA), low income, uninsured and underinsured individuals and families struggled to gain access to health care when needed. Many individuals and families delayed seeking care because they lacked health insurance and were unable to pay out of pocket health care costs. As a result, low income and uninsured populations often seek care in the emergency room rather than through regular primary care office visits. Lack of health insurance leads many to defer or delay preventive care and early intervention with chronic conditions.

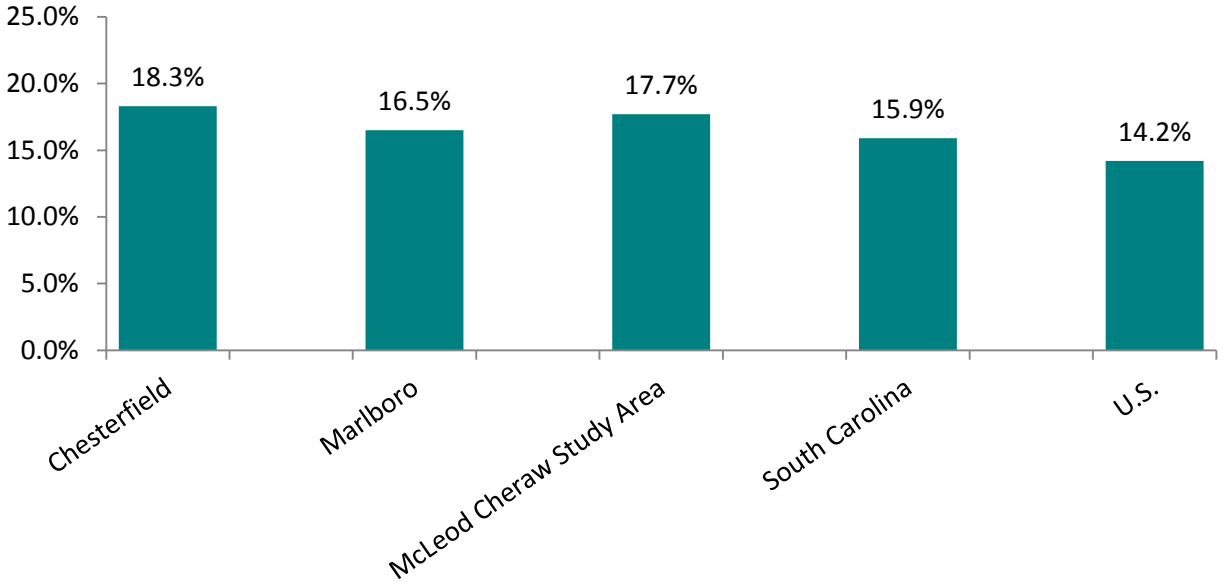
Lack of health care access is a significant issue across the state of South Carolina. The state ranks 41st in the U.S. in terms of access and affordability of care according to the Commonwealth Fund of State Health System Performance in 2015.[1] Both counties in the study area rank within the lowest ten percent (unfavorable rankings) in the state in terms of clinical care according to the 2016 County Health Rankings report, with Marlboro County having the lowest clinical care ranking in the state. The clinical care category takes into consideration the ease of accessing care and the quality of care once accessed; it also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and percentage of the population that receives a yearly dental examination.[2]

Lack of health insurance coverage is a key indicator for access to health care. People without insurance are more likely to lack a health care medical provider and are at increased risk for

[1] Health System Data Center. The Commonwealth Fund. http://datacenter.commonwealthfund.org/scorecard/state/42/south-carolina/.2015.
[2] "Digging Deeper – Clinical Care." County Health Rankings. 2016.

serious health conditions. The McLeod Cheraw study area overall has a higher percentage of uninsured at 17.7 percent than the state at 15.9 percent and U.S. at 14.2 percent (See Chart 1).[3] With a lack of access to care and health conditions being diagnosed at later stages, the uninsured and low income residents often have higher mortality rates.

Chart 1. Total Uninsured Population



Behavioral Health Care. Behavioral health is a major concern across the nation and is a top health priority in the CHNA study area. The issues affect not only the mental well-being of an individual; but also spiritual, emotional, and physical health. Unmanaged mental illnesses increase the likelihood of adverse health outcomes, chronic disease, and substance abuse partly due to a decrease in accessing medical care. Patients often deal with lengthy waiting periods, traveling long distances, and being unable to secure appointments when it comes to receiving behavioral health services.

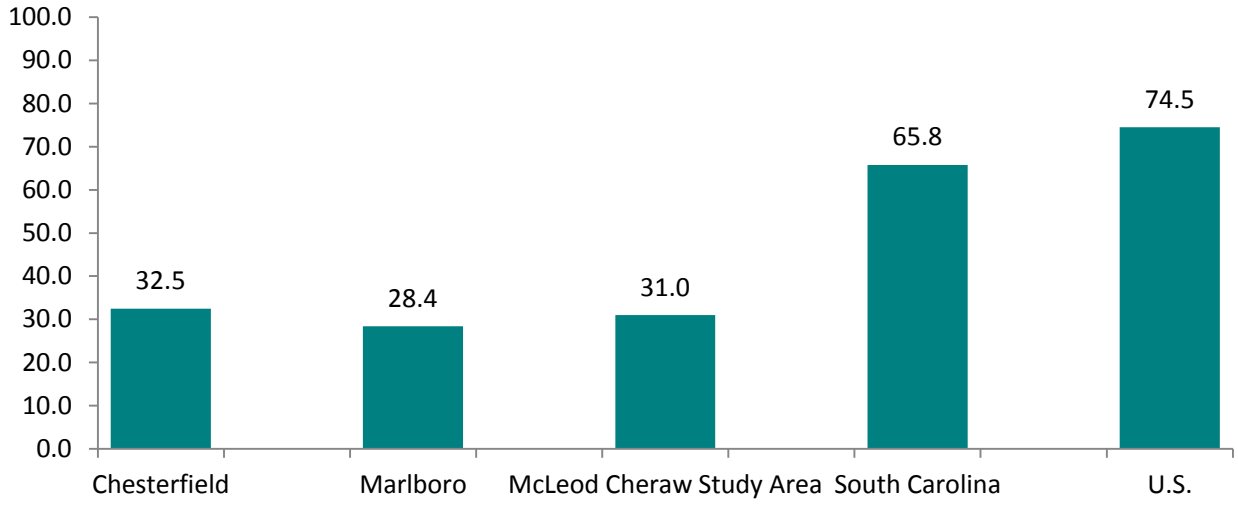
The majority of adults with mental illness received no mental health treatment in the last year, indicating a nationwide issue with individuals being able to receive proper mental health services and treatment. There is a lack of mental health providers available to United States citizens. Close to 91 million adults live in areas where there is a shortage of mental health professionals. The primary data received from residents, health professionals and community leaders across the CHNA study area showed the need for attention to mental health services.[4]

[3] U.S. Census Bureau. American Community Survey 5-Year Estimates. 2010-2014.
[4] "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.

A lack of mental health providers is noted as 75.2 mental health providers per 100,000 population, which is lower than the state rate of 97.6 and the U.S. rate of 134.1 per 100,000 population.[5] In the study area, approximately 29.0 percent of residents reported having a lack of social and emotional support. Marlboro County reported the highest rate of residents citing a lack of social and emotional support at 34.5 percent.[6] Across the state, 22.3 percent of residents dealing with behavioral health issue reported an inability to receive adequate care or treatment.[7]

Physician Recruitment and Retention. A significant physician shortage is anticipated by 2025, especially among specialty physicians. A shortfall of 28,200 to 63,700 non-primary physicians, 12,300 medical specialists, nearly 31,600 surgical specialists, and up to 20,200 other specialists is predicted.[8] In the McLeod Cheraw study area, there are significantly lower rates of primary physicians in Chesterfield County and Marlboro County compared to state and national rates (See Chart 2). [9]

Chart 2. Rate of Primary Care Physicians (PCPs) per 100,000 Population



[5] University of Wisconsin Population Health Institute, 2014. Accessed via Community Commons.
[6] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2006-2012. Accessed via Community Commons.
[7] SAMSHA. Center for Behavioral Health Statistics and Quality. July 16. 2015.
[8] Medical specialties consist of allergy & immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology & oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. Surgical specialties consist of general surgery, colorectal surgery, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery. The other specialties category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine & rehabilitation, psychiatry, radiology, and all other specialties. "Physician Supply and Demand Through 2025." Association of American Medical Colleges. 2015.
[9] U.S. Department of Health & Human Services, Health Resources and Services Administration.2012. Accessed via Community Commons.

Socioeconomic Barriers. As documented by the CHNA, barriers to care and treatment are noted as uninsured and low-income residents experience financial and medical challenges that prevent and limit access to health care. Basic necessities like food and housing become more important than receiving care. The inability to afford health insurance also plays a major role in residents choosing not to schedule medical appointments and not taking preventive care measures.

McLeod Cheraw will focus on access to behavioral health care, specialty care, physician recruitment and retention, and socioeconomic barriers through the following goals and strategies:

Goal 1: Improve access to behavioral care.

- **Strategy 1**: Provide access to psychiatrists for inpatients and ED patients through use of telehealth.
- **Strategy 2**: Place a counselor in the OB and pediatric offices to address behavioral health concerns.

Goal 2: Improve access to specialty care.

Opening of McLeod Cheraw OB/GYN Office in Bennettsville

- **Strategy 1:** Provide access through telehealth to stroke ED and inpatients to identify signs and symptoms of a stroke.
- **Strategy 2:** Continue to grow access by utilizing physicians of McLeod Regional Medical Center in areas of vascular and cardiology.

- **Action/Task:**

✓ Increase number of days heart and vascular clinics are open.

Extending days and hours of service at the heart and vascular clinics will provide greater access for patients.

- **Strategy 3:** Further development the Nurse-Family Partnership Program.

Goal 3: Add orthopedic service line.

- **Strategy 1:** Recruit a full-service orthopedic surgeon.

Goal 4: Increase number of primary care physicians serving the community.

- **Strategy 1:** Work with the South Carolina Office of Rural Health to help with recruitment of physicians.

Goal 5: Reduce socioeconomic barriers.

- **Strategy 1:** Work with coordinating counsels in Chesterfield and Cheraw counties as part of their health care subcommittees to address socioeconomic barriers.

- **Strategy 2:** Address education issues through community and occupational health fairs.

The Chesterfield and Cheraw Coordinating Councils is collaboration among health care providers, local government, and human service organizations with an aim to address identified socioeconomic barriers. Evidence shows that community-wide approaches are effective. McLeod Cheraw will work to specifically address education issues by providing community and occupational health fairs.

Priority 2: Obesity and Chronic Conditions (Nutrition, Physical Activity and Health and Wellness Education)

OBESITY

Obesity is an epidemic in the U.S. and contributes to several leading causes of death, including heart disease, diabetes, stroke, and some cancers. If present trends continue, by 2030, 86 percent of adults will be overweight; 51 percent will be obese; and nearly a third of all children will be

overweight according to the Centers for Disease Control and Prevention (2012). Total health care costs attributable to obesity/overweight are predicted to double each decade.[10]

Environmental, economic, and cultural conditions greatly influence health behaviors such as diet and physical activity and contribute to the rise in obesity rates. Obesity rates are higher among low-income adults and children and among American Indians/Alaska native, black, and Hispanic individuals. Children living in disadvantaged communities and neighborhoods are more likely to be obese.[11] Most adults in the U.S. do not meet the Physical Activity Guidelines for Americans. [12]

Obesity is particularly prevalent across the Southern U.S. The state of South Carolina is plagued by high rates of obesity, as the state had the 10th highest obesity rate in the nation in 2014.[13] Both community leaders and stakeholders cited obesity as a top health concern during the current CHNA.

CHRONIC CONDITIONS

Obesity is a key factor in preventing chronic diseases such as hypertension, heart disease, diabetes and stroke. Adults who are overweight are more likely to have hypertension and high cholesterol, both of which can lead the major health issues like heart disease and stroke. Obesity and chronic diseases have a negative effect on a person's general health and overall well-being.

Heart Disease and Hypertension

Chronic conditions that stem from obesity are prominent in the state of South Carolina and the McLeod Cheraw study area. South Carolina has the eighth highest hypertension rate in the U.S.[14] While South Carolina has high rates of chronic diseases, a number of chronic diseases are even more prevalent in the McLeod Cheraw study area, including high cholesterol, heart disease, and high blood pressure.[15]

[10] Begley, Sharon. "Fat and getting fatter: U.S. obesity rates to soar by 2030." *Reuters.* September 18, 2012.
[11] "Overweight & Obesity – Data & Statistics." Centers for Disease Control and Prevention. September 24, 2015. https://www.cdc.gov/obesity/data/index.html.
[12] "Physical Activity – Data & Statistics." Centers for Disease Control and Prevention. March 27, 2015. https://www.cdc.gov/physicalactivity/data/index.html.
[13] "The State of Obesity in South Carolina." The State of Obesity. http://stateofobesity.org/states/sc/. 2015.
[14] Ibid.
[15] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Accessed via Community Commons.

Diabetes

Nationwide, it is estimated that nearly 26 million people have diabetes—including over a quarter with the condition undiagnosed—and that 79 million people are pre-diabetic, with blood glucose levels that increase the risk of developing diabetes. The prevalence of diabetes increases with age, and nearly 27 percent of those over age 65 have diabetes. Among racial and ethnic groups, diabetes prevalence is highest for blacks.[16]

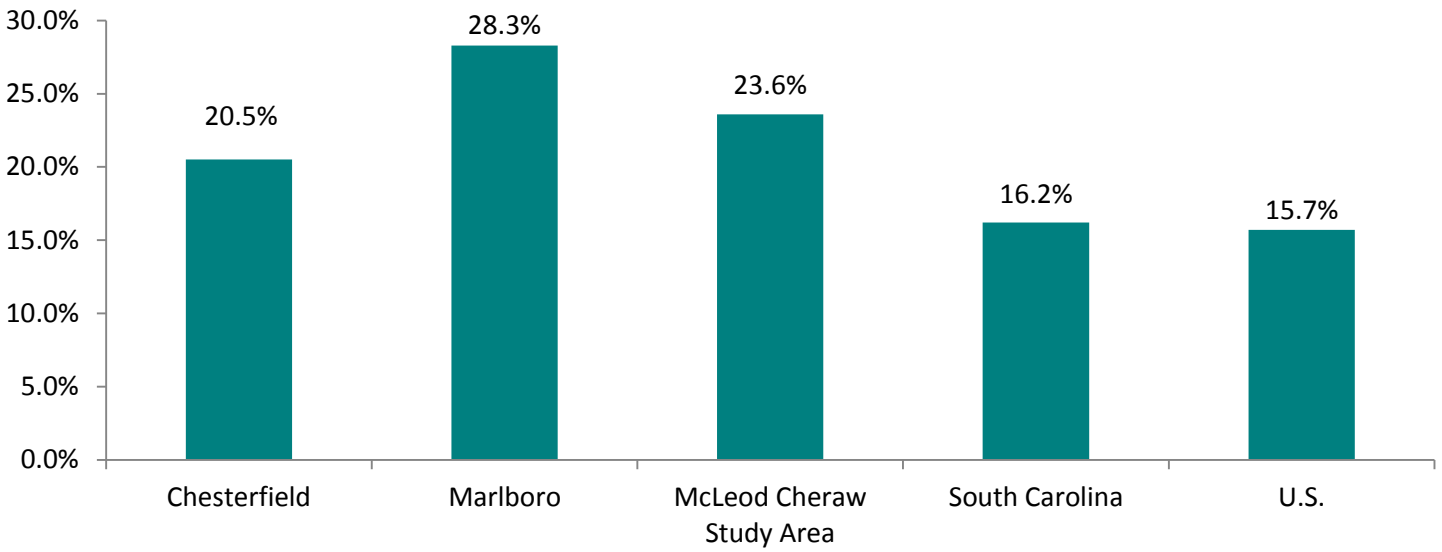
The prevalence of diabetes has risen with the rise in obesity rates, and children are increasingly affected by both obesity and diabetes. It is documented among diabetes educators that many patients are generally unaware of the seriousness of diabetes. They also note that people who are newly diagnosed are often overwhelmed, confronted with misinformation or feel they are powerless to make positive changes to control the disease

South Carolina has the seventh highest diabetes rate in the U.S at 11.2 percent. Across the McLeod Cheraw study area, 13.8 percent of the population has diabetes.[17]

Obesity and chronic conditions have a negative effect on a person's general health and overall well-being. As the McLeod Cheraw study area has higher percentages of the population with chronic diseases in comparison to South Carolina and the nation, a higher percentage of residents in the study area also report having poor or fair health than those in the state and nation. Marlboro County has the highest percentage of residents in the study area who report having poor or fair general health at 28.3 percent. 23.6 percent of the population in the study area reports having poor or fair health (See Chart 3).[18]

[16] "Diabetes – Data & Statistics." Centers for Disease Control and Prevention. December 1, 2015. https://www.cdc.gov/diabetes/data/index.html.
[17] Centers for Disease Control and Prevention. 2012. Accessed via Community Commons.
[18] Ibid.

Chart 3. Percent Adults with Poor or Fair General Health



Nutrition. Many adults and children do not eat the recommended servings of fruits and vegetables as the foods that are associated with healthful diets often cost more than unhealthy foods and are unaffordable for many low income and uninsured families. In 2015, 45.2 percent of surveyed adults reported consuming fruit less than one time daily, while 26.8 percent of adults reported consuming vegetables less than one time daily.[19] 82.1 percent of residents in the study area do not consume an adequate amount of fruits and vegetables. This percentage is higher than the percent of adults with inadequate fruit and vegetable consumption in South Carolina and U.S.[20]

[19] Centers for Disease Control and Prevention. "South Carolina State Obesity, Nutrition, and Physical Activity Report." 2015.

[20] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2005-2009 . Accessed via Community Commons .

Physical Activity. In addition to a healthy diet, physical activity is important to leading a healthy lifestyle and obesity and chronic disease prevention. Physical inactivity is responsible for one in 10 deaths among U.S. adults.[21] Among the states in the U.S., South Carolina is the 13th most physically inactive state.[22]

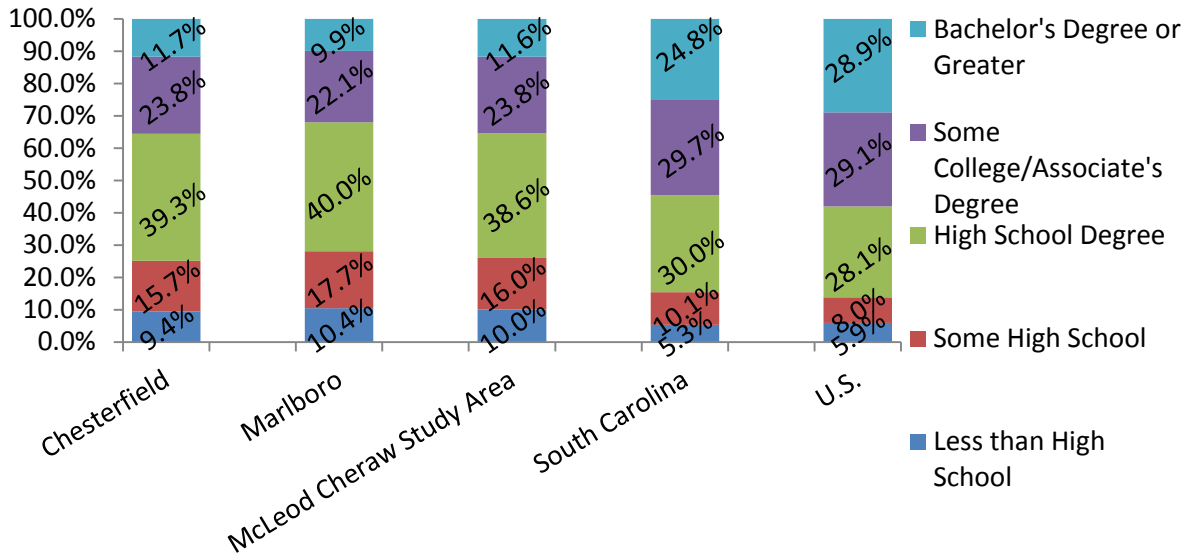
In the McLeod Cheraw study area, physical activity is not a priority for residents. The overall study area has a higher percentage of residents who fail to engage in any type of leisure time physical activity when compared to the states and nation; 30 percent of study area residents do not engage in leisure time fitness, while 24.6 percent in South Carolina and 22.6 percent in the nation do not engage in leisure time physical activity.[23]

Health Education. In the 2016 CHNA, nearly every community leader interviewed responded that residents do not make healthy eating and living priorities in part because they lack the education to understand how important these steps are to preventing chronic conditions, especially obesity and living a longer and healthier life.

In the McLeod Cheraw study area, education levels are lower than those in the state and the nation. 11.6 percent of the population in the McLeod Cheraw study area has a bachelor's degree or higher. [24] In comparison, 24.8 percent of residents in South Carolina and 28.9 percent of residents in the U.S. have a bachelor's degree or higher (See Chart 4).[25]

[21] Danaei G, Ding EL, Mozaffarian D, et al. The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors. PLoS Med 6(4): e1000058. doi:10.1371/journal.pmed.1000058, 2009. Accessed via http://stateofobesity.org/physical-inactivity.
[22] "Physical Inactivity in the United States." The State of Obesity." http://stateofobesity.org/physical-inactivity/. 2014.
[23] Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 2012. Accessed via Community Commons.
[24] For education levels, the "McLeod Cheraw study area refers to only the eight ZIP codes included in the hospital's primary service area.
[25] Truven Health Analytics, 2015.

Chart 4. Educational Attainment



Despite the wealth of knowledge and resources available through the health system, many residents are often unaware of how to access available resources and do not always know where to turn for help. In a region with overall lower education levels compared to state and national rates, residents may not know what services they need to manage their health. At the same time, providers are not always aware of where to refer patients for health services and resources.

Efforts to improve access to available resources are critical in improving health and the prevention of disease among diverse and complex populations.

McLeod Cheraw will address the rise in obesity and lack of physical inactivity resulting in a significant prevalence of chronic diseases such as heart disease, hypertension and diabetes among both adults and children through the following goals and strategies:

Goal 1: Improve the health and wellness of the community.

- **Strategy 1:** Conduct health fairs and provide health education.
- **Strategy 2**: Donate AEDs to two (2) parks and provide education on proper use of AEDs.
- **Strategy 3:** Increase enrollment of employees in McLeod Health "Healthier You" program.

Cardiac Rehabilitation

- **Strategy 4:** Revitalize the "Senior Life" program that provides health education and healthy lifestyles to the senior population.

- **Strategy 5**: Participate in the American Heart Association STEMI national initiative. This includes collaborating with first responders and hospitals to implement best practice guidelines to expedite care to cath lab.

- **Strategy 6:** Earn "Baby Friendly" status by providing education to mothers while they are in the hospital.

  - **<u>Actions/Tasks:</u>**

  ✓ Aim for Healthy People 2020 Objectives goals to teach evidence based practices – tobacco free living, pre/postnatal care, and breastfeeding.

  ✓ Support the Back to Sleep national campaign.

  ✓ Offer age-appropriate education.

  ✓ Connect low-income families to the Nurse Family Partnership community-based program.

- **Strategy 7**: Provide health education to the community through media and intranet.

  - **<u>Actions/Tasks:</u>**

  ✓ Develop health related magazine and newspaper articles.

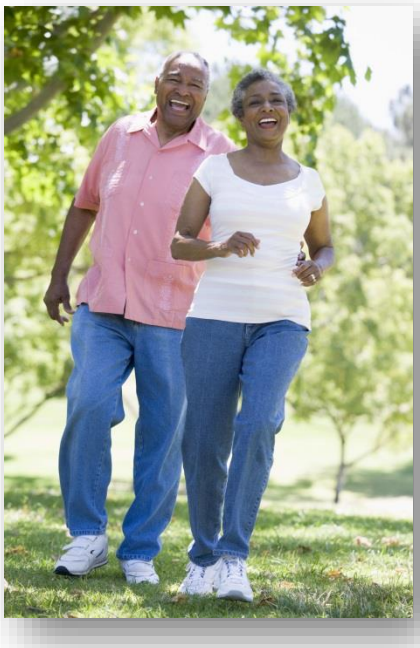
- ✓ Post health information blogs.
- ✓ Provide physician-radio presentations.
- ✓ Strengthen social media.

Community outreach through multiple means serve to provide diverse populations with the tools and information needed to recognize the signs and symptoms of chronic diseases, empowers them to become partners in better managing their health and helps prevent chronic disease such as heart disease, hypertension, and diabetes.

With an emphasis on nutrition and physical activity, McLeod Cheraw focuses on the health of their employees, their families, and community residents. Programs such as McLeod's "Healthier You" and a plethora of monthly and quarterly media publications, as well as physician delivered radio presentations, have proven to be very effective and serve to educate the public and reinforce the need for good nutrition, exercise, and healthy behaviors. Community outreach is further enhanced through community and employer based health fairs and events.

Many seniors lack social connections and become more isolated as they grow older. The Senior Life program provides a venue for seniors to become more active and to live healthier lifestyles.

Baby-Friendly is a global, evidence based initiative launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991. The initiative recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding through ten (10) steps to successful breastfeeding.



McLeod Cheraw provides comprehensive, evidence-based, maternity care with the goal to achieve optimal infant feeding outcomes and strong bonding between mother and baby. The initiative builds leadership skills among staff, promotes employee pride as well as enhanced patient satisfaction and improved health outcomes for mothers and babies.

Priority 3: Transportation (Accessing Health Resources)

Transportation

Transportation plays a vital role in accessing care and services. Residents who do not have their own means of transportation are dependent on the public transportation system. Transportation barriers can lead to missed health appointments and the delay of health care services making health management difficult for the individual and for the health provider. Further, the lack of transportation impacts an individual's ability to purchase food, maintain employment, access care, and meet the needs of everyday life.

The region has no mass transit system and the bus system is underfunded. Almost every community leader stated that the lack of transportation in the region is a major challenge for residents as it prevents residents from managing their health issues.

The following goals and strategies are designed to aid in providing transportation to residents in order to access health care services.

Goal 1: Provide access to transportation for out-patient treatment and appointments.

- **Strategy 1:** Work with state representatives to develop a solution to transportation issues.
- **Strategy 2:** Extend the LIFT Program to provide transportation to oncology patient treatments and medical appointments in communities served by McLeod Cheraw.
    - **Action**

    ✓ Apply for grant funding to expand LIFT Program into Chesterfield County.

McLeod Cheraw will work with state government officials as a means to find solutions to the transportation issues in the region. To aid patients in obtaining transportation to oncology treatments and medical appointments, McLeod Cheraw will apply for grant funding as a means to extend the LIFT program, which provides transportation to patients in the community.

Implementation Next Steps

The McLeod Cheraw CHNA Implementation Plan defines our commitment to the community, documents how the identified community needs will be met, and ensures that results and impact on the health of the community will be reported and communicated.

Efforts to measurably impact the health of the community are on-going as 2016-2019 Community Health Needs Assessment implementation strategies are aligned with the system's strategic focus and organizational goals.

Communication and continuous planning efforts are vital throughout the next few years. Information regarding the CHNA findings and implementation plan deployment will be important to residents, community groups, leaders and other organizations that seek to better understand the health needs of the communities in the McLeod Cheraw study area and how to best serve those needs. Evaluation and progress on the implementation of community initiatives will be reported at least annually and will be included in community benefit reporting.

APPENDIX A: Community Definition

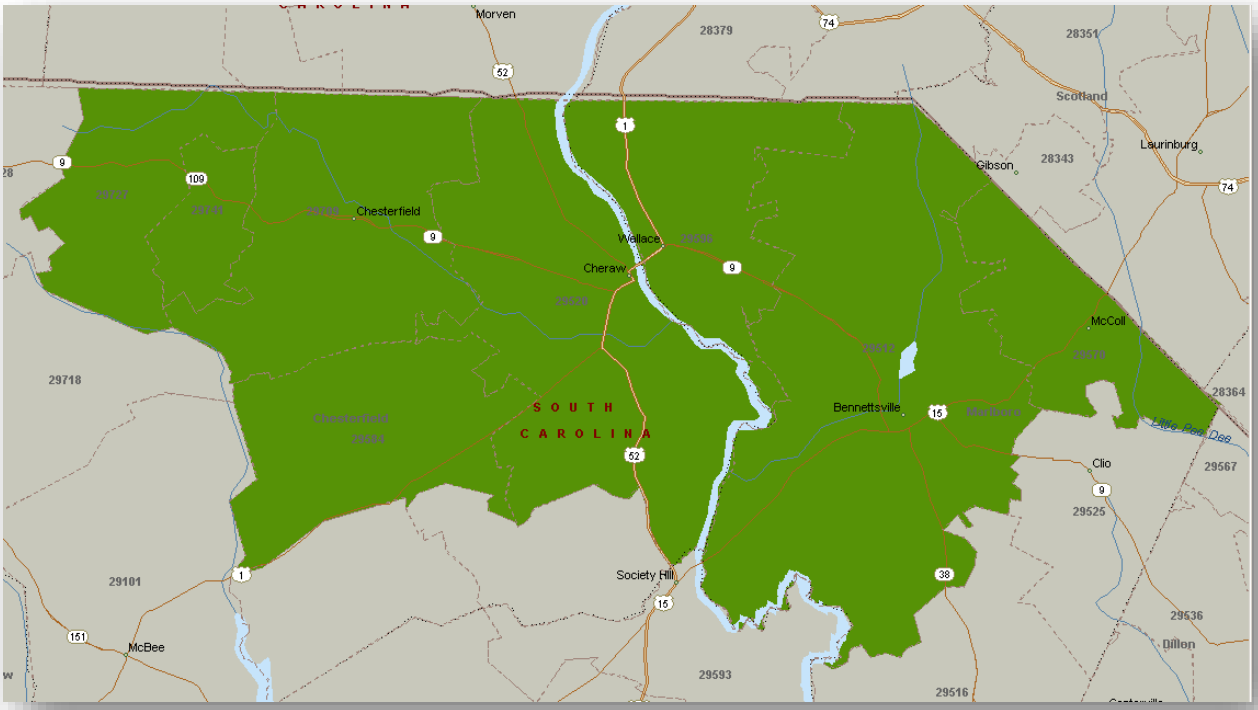
In 2016, eight ZIP code areas were analyzed for McLeod Cheraw. The eight ZIP codes represent the community served by McLeod Cheraw as the hospital's primary service area, or where approximately 80 percent of the hospital's inpatient population resides. The eight ZIP codes fall into two counties in South Carolina – Chesterfield and Marlboro (See Table 1).

Table 1. McLeod Cheraw Primary Study Area ZIP Codes

ZIP Code	City	County
29520	Cheraw	Chesterfield
29727	Mount Croghan	Chesterfield
29741	Ruby	Chesterfield
29709	Chesterfield	Chesterfield
29584	Patrick	Chesterfield
29570	McColl	Marlboro
29512	Bennettsville	Marlboro
29596	Wallace	Marlboro

The following map depicts the primary service area and the locations of the eight ZIP codes as described in Table 1.

Map 1: McLeod Cheraw Primary Service Area – 2016 Study Area Map



Source: Truven Health Analytics 2015

APPENDIX B: Community Partners

The following is a list of community organizations and agencies that will serve as important partners and resources as McLeod Cheraw works to employ the implementation strategies and reach target metrics and goals (in alphabetical order):

- American Heart Association
- Athletic trainers
- Cheraw and Chesterfield Coordinating Councils
- Community heart and vascular clinics
- County EMS
- Department of Social Services (DSS)
- Local high school sports teams
- McLeod Health Foundation
- Pee Dee Coalition
- South Carolina Department of Health and Environmental Control (DHEC)
- South Carolina Office of Rural Health
- South Carolina Parks and Recreation
- South Carolina Reach Network
- State of South Carolina
- Tri County Mental Health
- Trinity Mental Health