



McLeod Health

The Choice for Medical Excellence

McLeod Loris and McLeod Seacoast

**Community Health Needs Assessment (CHNA)
Implementation Plan Narrative**

Approved by

McLeod Loris Seacoast Community 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,

Dick Tinsley
Administrator, McLeod Loris and McLeod Seacoast

McLeod Loris and McLeod Seacoast The Community Health Needs Assessment (CHNA) Implementation Plan Narrative

Introduction

McLeod Loris is a not-for-profit, 105-bed hospital serving northern Horry County, South Carolina, and southern Columbus County, North Carolina. The hospital has more than 120 physicians on active and affiliate medical staff representing more than 32 specialties and is accredited by The Joint Commission. McLeod Seacoast is a not-for-profit, 50-bed hospital that serves residents in Brunswick County, North Carolina; Columbus County, North Carolina; and Horry County, South Carolina. McLeod Seacoast specializes in general surgery, joint replacement surgery, emergency care, critical care, cardiac/pulmonary rehabilitation, and physical, occupational and speech therapies.

McLeod Loris and McLeod Seacoast are members of McLeod Health, a not-for-profit health care system dedicated to improving the health of the communities it serves in 15 counties throughout South Carolina and North Carolina.

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:

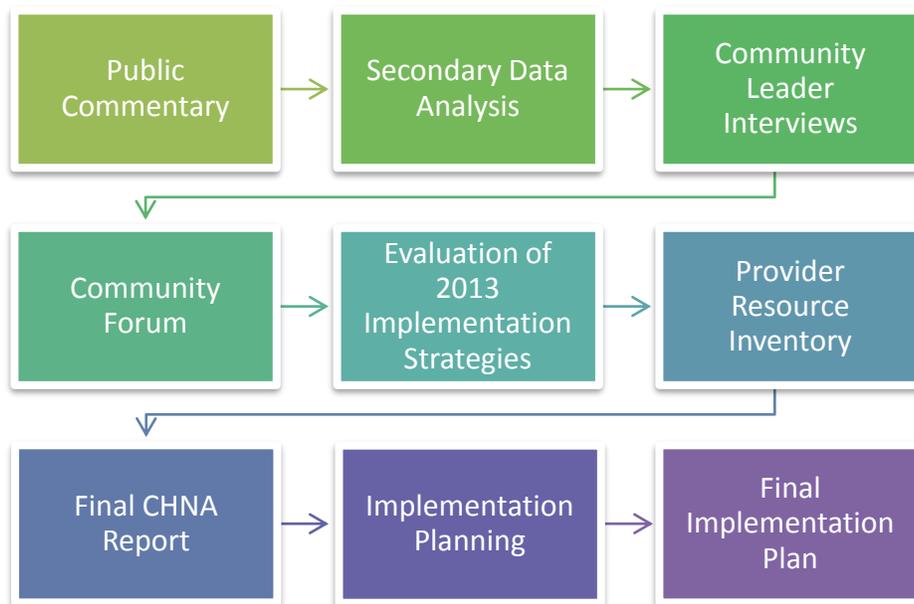
- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how they are addressing the needs identified in the CHNA.

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 Loris and McLeod Seacoast, 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 hospitals. Tripp

Umbach worked closely with leadership from McLeod Loris and McLeod Seacoast to oversee and accomplish the assessment with the goal of gaining a better understanding of the health needs of the region. McLeod Loris and McLeod Seacoast will make use of CHNA findings to address local health care concerns, as well as to function as a collaborator, working with community and regional agencies to help provide medical solutions to broader socioeconomic and education issues in the service area.

Figure 1. CHNA and Implementation Planning Process



The McLeod Loris and McLeod Seacoast 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).

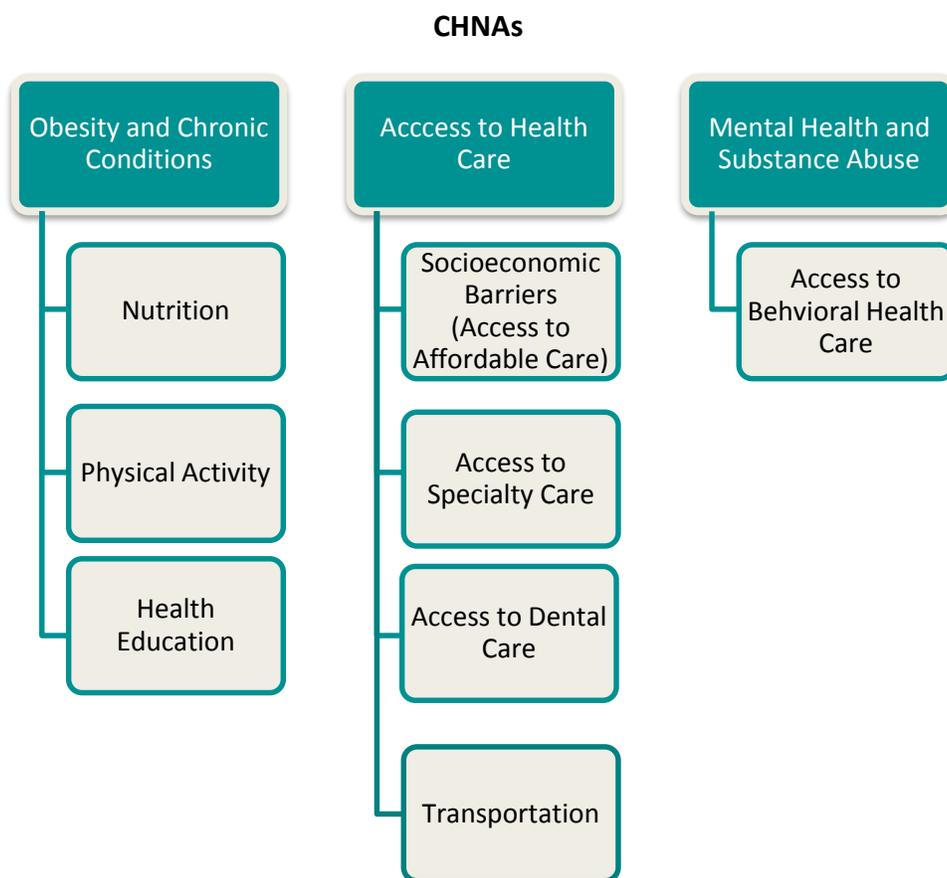
Health care organizations and systems strive to improve the health of the community they serve through collaboration with local, state, and national partners as delineated in the CHNA Implementation Plan, which will be conducted over a three-year period from 2016 through 2019. During this time, McLeod Loris and McLeod Seacoast will continue their 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 Loris and McLeod Seacoast 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. Prioritized Community Health Needs for McLeod Loris/McLeod Seacoast 2016



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 Loris and McLeod Seacoast CHNAs 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: Obesity and Chronic Conditions (Nutrition, Physical Activity, and Health 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.¹

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.² Most adults in the U.S. do not meet the Physical Activity Guidelines for Americans.³

¹ Begley, Sharon. "Fat and getting fatter: U.S. obesity rates to soar by 2030." *Reuters*. September 18, 2012.

² "Overweight & Obesity – Data & Statistics." Centers for Disease Control and Prevention. September 24, 2015.
<https://www.cdc.gov/obesity/data/index.html>.

³ "Physical Activity – Data & Statistics." Centers for Disease Control and Prevention. March 27, 2015.
<https://www.cdc.gov/physicalactivity/data/index.html>.

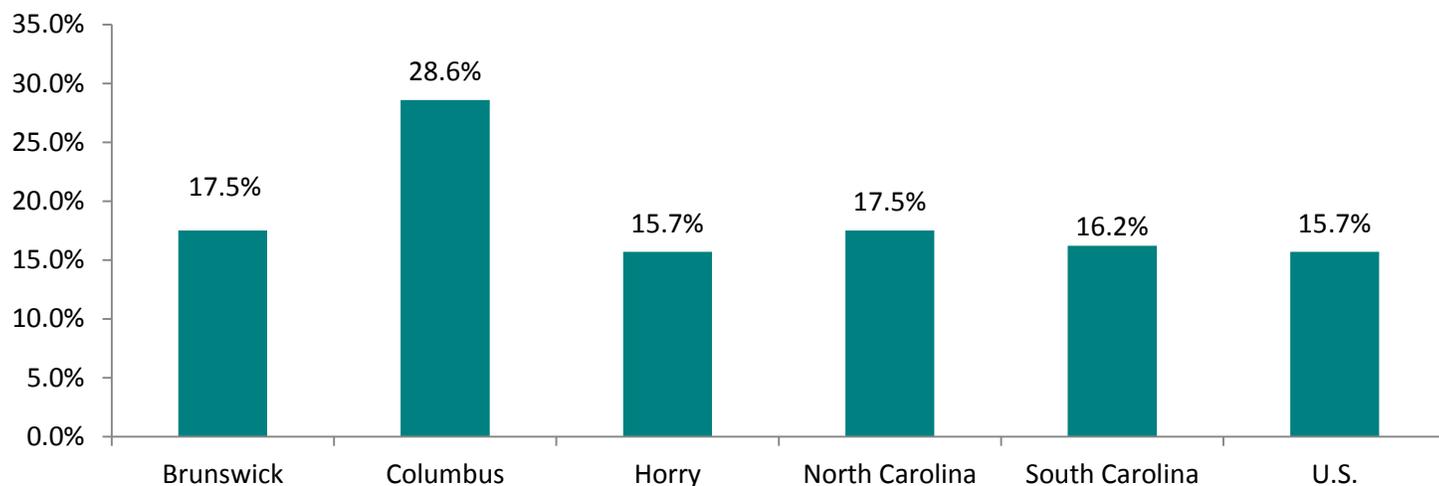
Obesity is particularly prevalent across states in the southern part of the U.S. The state of South Carolina is plagued by high rates of obesity, as the state had the 10th highest obesity rate in the nation in 2014. North Carolina had the 24th highest obesity rate in 2014.

Both community leaders and stakeholders cited obesity as a top health concern during the previous 2013 CHNA process. The obesity rates in the McLeod Loris and McLeod Seacoast study areas closely mimic those in the states and U.S., as both study areas have obesity rates (or BMI above 30.0) that are close to 30 percent of the population. Among the counties, adult obesity is highest in Columbus County with 30.8 percent of the population being obese.⁴

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 to 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. It is noted that the counties that experience the highest rates of obesity and chronic conditions also report higher percentages of residents with poor or fair health (See Chart 1).

Chart 1. Percent Adults with Poor or Fair General Health



⁴ Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. 2012. Accessed via Community Commons.

Columbus County has the highest percent of adults who are obese at 30.8 percent and also has the highest percentage of adults who report having poor or fair general health at 28.6 percent of the population. This percentage is significantly higher than the other counties, states, and U.S.⁵

Heart Disease and Hypertension

Chronic conditions that stem from obesity are prominent in South Carolina, North Carolina, and the study area. South Carolina has the eighth highest hypertension rate in the U.S. while North Carolina has the 11th highest hypertension rate in the nation.⁶ While both South Carolina and North Carolina have high rates of chronic diseases, a number of chronic diseases are even more prevalent in the study area.

- 46.1 percent of the population in the McLeod Seacoast study area has high cholesterol; a greater percentage of the population in the study area has high cholesterol compared to North Carolina (38.5 percent), South Carolina (41.5 percent), and U.S. (38.5 percent).⁷
- 6.4 percent of residents in the study area have heart disease. This percentage is higher than the states (4.6 percent in North Carolina and 4.6 percent in South Carolina) and nation (4.4 percent).⁸ Community leaders frequently mentioned heart disease as a chronic disease concern. Heart Disease also was a top concern in the 2013 McLeod Loris and Seacoast CHNA.
- The study area has a higher rate of mortality due to heart disease compared to North Carolina, South Carolina, and the U.S. The mortality rate due to heart disease in the study area is 198.5 per 100,000 population.⁹

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

⁵ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2009-2013. Accessed via Community Commons.

⁶ "The State of Obesity in South Carolina." The State of Obesity. <http://stateofobesity.org/states/sc/>. 2015.

⁷ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2011-2012. Accessed via Community Commons.

⁸ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2011-2012. Accessed via Community Commons.

⁹ Centers for Disease Control and Prevention. Behavioral Risk Surveillance System. 2009-2013. Accessed via Community Commons.

age, and nearly 27 percent of those over age 65 have diabetes. Among racial and ethnic groups, diabetes prevalence is highest among African Americans.¹⁰

The rise of diabetes prevalence corresponds 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. 15.0 percent of the population in the McLeod Seacoast has diabetes, while 11.2 percent of the population in South Carolina, 10.2 percent in North Carolina, and 9.1 percent in the U.S. has diabetes.¹¹

Residents who are living in poverty and are uninsured oftentimes face challenges accessing care for health conditions associated with diabetes due to the cost of care, which can result in higher rates of hospitalizations due to diabetes complications. A majority of community leaders who were interviewed and participated in the forum, as part of the CHNA, identified access to health care as the top health need for the populations they served.

Many deaths that are attributed to chronic disease are considered to be premature—before age 75—because of behaviors like smoking, poor diet, lack of physical activity, and substance abuse, as well as social and environmental factors. In the U.S., people with lower incomes are more likely to die prematurely than those with higher incomes. Life expectancy at birth is the number of years a newborn can expect to live if the current age-specific death rates stay the same for his or her life. In South Carolina, life expectancy is 76.5 years. Life expectancy in North Carolina is 77.8 years.¹²

Nutrition. Many adults and children do not eat the recommended servings of fruits and vegetables as the foods that are associated with healthy 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.¹³ Both Brunswick and Horry counties have high percentages of residents who do not eat the recommended amount of fruit and vegetables per day (five or more servings) with 87.1 percent and 86.0 percent, respectively, of

¹⁰ “Diabetes – Data & Statistics.” Centers for Disease Control and Prevention. December 1, 2015.

<https://www.cdc.gov/diabetes/data/index.html>.

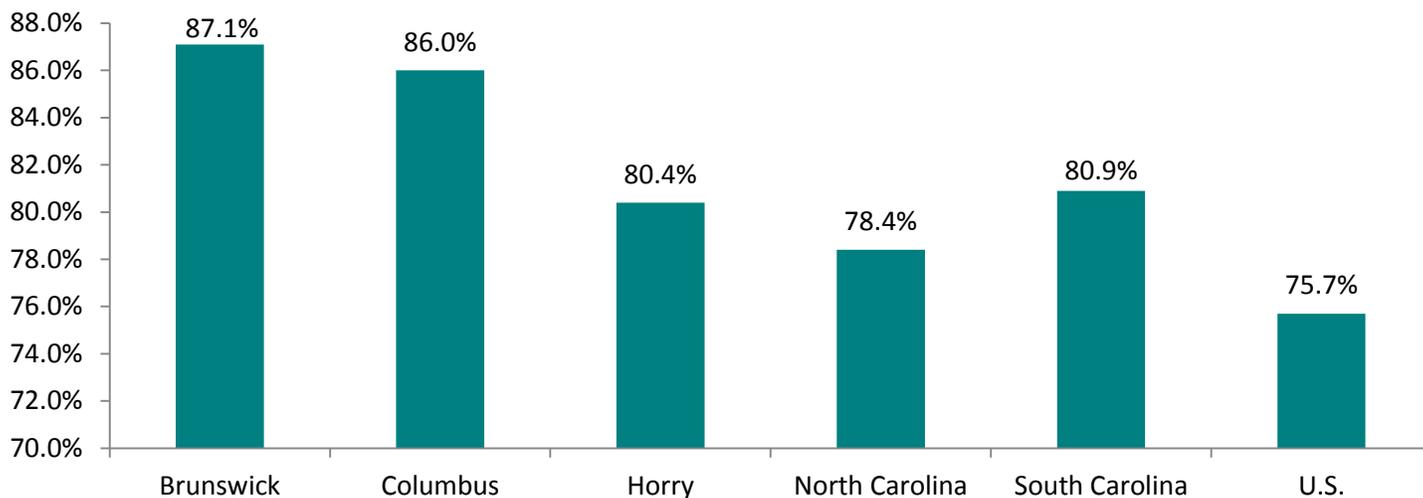
¹¹ Centers for Disease Control and Prevention. 2012. Accessed via Community Commons.

¹² “Lifespans in U.S.A. States Ranked From Longest to Shortest.” ABC13 News. <http://abc13.com/health/which-states-citizens-live-the-longest-or-shortest/151639/>.

¹³ Centers for Disease Control and Prevention. “South Carolina State Obesity, Nutrition, and Physical Activity Report.” 2015.

residents who do not consume the recommended serving. These percentages are higher than those in North Carolina (78.4 percent), South Carolina (80.9 percent), and U.S. (75.7 percent) (See Chart 2).¹⁴

Chart 2. Percent Adults with Inadequate Fruit and Vegetable Consumption



Physical Activity.

In addition to a healthy diet, physical activity also 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.¹⁵ Among the states in the U.S., South Carolina is the 13th most physically inactive state, while North Carolina falls in the middle as the 25th most physically inactive state.¹⁶



Health Education. Both in the 2013 and the 2016 CHNAs, nearly every community leader interviewed responded that residents do not make healthy eating and living a priority because

¹⁴ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2005-09. Accessed via Community Commons.

¹⁵ 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>.

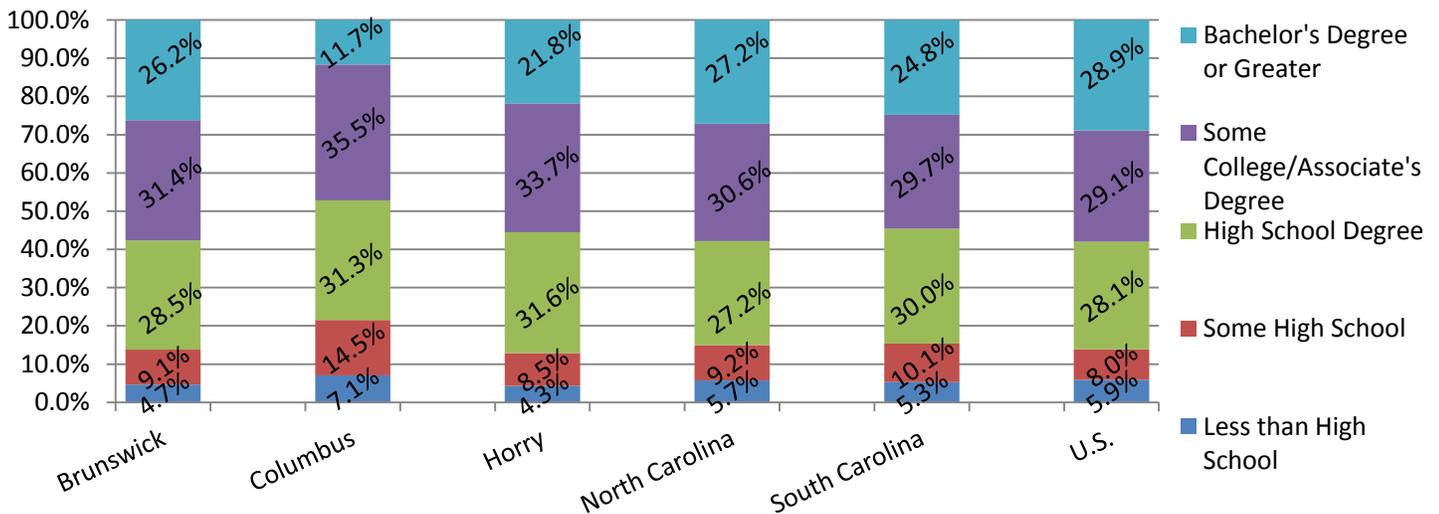
¹⁶ "Physical Inactivity in the United States." The State of Obesity." <http://stateofobesity.org/physical-inactivity/>. 2014.

they lack the education to understand how important these steps are to preventing chronic conditions, especially obesity and living a longer and healthier life.

Where lower education levels exist in the study area, rates of obesity and chronic conditions are higher. Columbus County has lower educational attainment levels and higher rates of obesity and chronic disease compared to the rest of the study area counties, states, and nation. 7.1 percent of the population in Columbus County has less than a high school degree. At the same time, 11.7 percent of the population in Columbus County has a bachelor’s degree or greater; this is significantly less than the nationwide average of 28.9 percent (See Chart 3).

Chart 3. Educational Attainment

The following goals and strategies will serve to help address high levels of obesity and chronic diseases in the communities of McLeod Loris and McLeod Seacoast:



Goal 1: Prevention of chronic disease such as diabetes, heart disease, and high blood pressure.

McLeod Loris and McLeod Seacoast will address the high rates of obesity and poor behaviors associated with obesity, including improper nutrition and physical inactivity, through the following strategies. These strategies will serve to alleviate obesity and the prevalence of chronic diseases in the community.

- **Strategy 1:** Provide health education and screenings through health fairs.
- **Strategy 2:** Provide public health information through articles and speakers series events that focus on educating the community on chronic diseases and prevention.



McLeod Seacoast Expo

Despite the wealth of knowledge and resources available through the health system, many residents are often unaware of steps they need to take in order to lead healthier lives and prevent chronic diseases. In collaboration with the American Red Cross and other community organizations, McLeod Loris and McLeod Seacoast will work to hold five to 10 health fairs and events each year, where the hospitals will look to provide health screenings and education to community residents. Evidence shows that health screenings are very effective in helping to prevent chronic diseases.¹⁷

McLeod Loris and McLeod Seacoast also will work with local media to publish approximately 12 to 15 articles each year that focus on educating the community on chronic diseases and prevention. McLeod Loris and McLeod Seacoast also will host speakers’ series with hospital physicians as a means to provide health education to local residents. Media outreach and speaker series events provide residents with the tools and information needed to recognize the signs and symptoms of chronic diseases and empowers them to become partners in better managing, as well as preventing diabetes, heart disease, and hypertension.

Goal 2: Improve the overall health and wellness of the community.

- **Strategy 1:** Expand the “Healthier You” Program to McLeod Loris and McLeod Seacoast employees, which will fall in line with the South Carolina Hospital Association’s Working Well Initiative.
 - **Action/Task:**
 - ✓ Use the South Carolina Hospital Association’s Working Well Initiative as an example of implementing healthier practices among hospital employees.

¹⁷ Healthy People 2020.

- **Strategy 2:** Provide nutritional cooking demonstrations and grocery store education through the hospitals’ Medical Nutrition Therapy program.
- **Strategy 3:** Emphasize physical activity as important to overall health and wellness.
 - **Actions/Tasks**
 - ✓ Host Fitness Challenge and 5K Walk at McLeod Loris.
 - ✓ Provide orientation classes to new members at the McLeod Loris Health & Fitness Center.
- **Strategy 4:** Deliver health education to new mothers and parents.
 - **Actions/Tasks**
 - ✓ Continue McLeod Loris Pregnancy Celebration to deliver presentations and information to expecting parents.
 - ✓ Provide online child birthing and breastfeeding classes to reach a wide array of community members.
- **Strategy 5:** Explore offering occupational health programs to local businesses.

Hospitals within the McLeod Health System have found “Healthier You,” a physician-led care management program, as a beneficial tool for employees to better understand their health and have the tools to manage their health needs. Expanding the Healthier You program to McLeod Loris and McLeod Seacoast will allow employees at these hospitals to utilize services of the

Healthier You program, which includes a Health Risk Assessment and education and consultation. Evidence shows that employer-sponsored health promotion programs are effective in improving the health of employees.¹⁸

As the hospitals find ways to educate and empower their employees to take control of their health, the hospitals will do the same for community residents through nutritional cooking demonstrations and grocery store educational programs. McLeod Loris and



McLeod Loris/Seacoast 5K

¹⁸ Healthy People 2020.

McLeod Seacoast will utilize the Medical Nutrition Therapy program to help provide nutritional education in the community. McLeod Lorris and Seacoast also will deliver health education to new mothers and parents through the Safe Sleep Program and efforts of the Nurse Family Partnership. Evidence shows the effectiveness of social support interventions in increasing physical activity throughout a community. An emphasis on physical activity through an annual Fitness Challenge and 5K Walk and orientation classes at the fitness center will provide residents with the opportunity to better understand the value of physical activity.

Priority 2: Access to Health Care (Socioeconomic Barriers to Health Care, Specialty Care, Dental Care, and Transportation)

ACCESS TO HEALTH CARE

The slow national and local economic growth since 2008 has left many across the nation without employer-sponsored health insurance and many sense an insecurity regarding their financial well-being. 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.

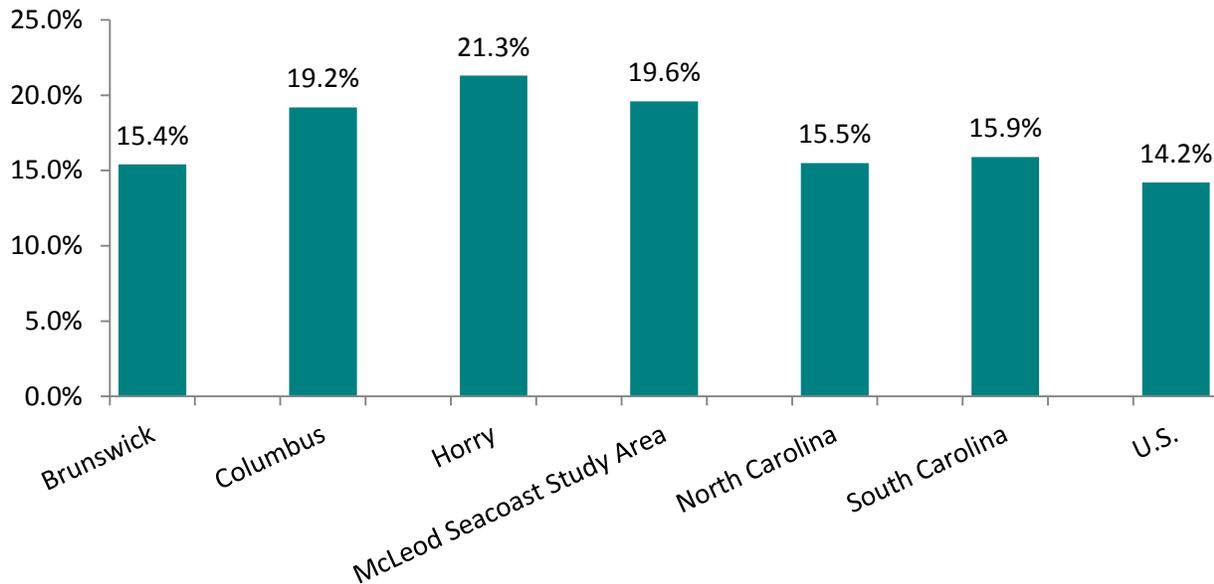
Socioeconomic Barriers. As documented by the CHNA, barriers to care and treatment are noted as uninsured and low income residents experience financial and medical challenges that prevent and limit access to health care. Basic necessities like food and housing become more important than receiving care. 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.

Insurance allows residents to access timely and appropriate care. Those who lack insurance are significantly less likely to have a consistent and usual source of health care.¹⁹ Having a consistent source of health care or health provider is pivotal to an individual managing his or her health issues. Looking at American Community Survey estimates, 19.6 percent of the population in the McLeod Seacoast study area is uninsured. This percentage is higher than the uninsured population in North Carolina (15.5 percent), South Carolina (15.9 percent), and the nation (14.2 percent) (See Chart 4).²⁰

¹⁹ "Health Insurance and Access to Care." National Center for Health Statistics. November 2015.

²⁰ U.S. Census Bureau. American Community Survey. 2010-2014.

Chart 4. Total Uninsured Population



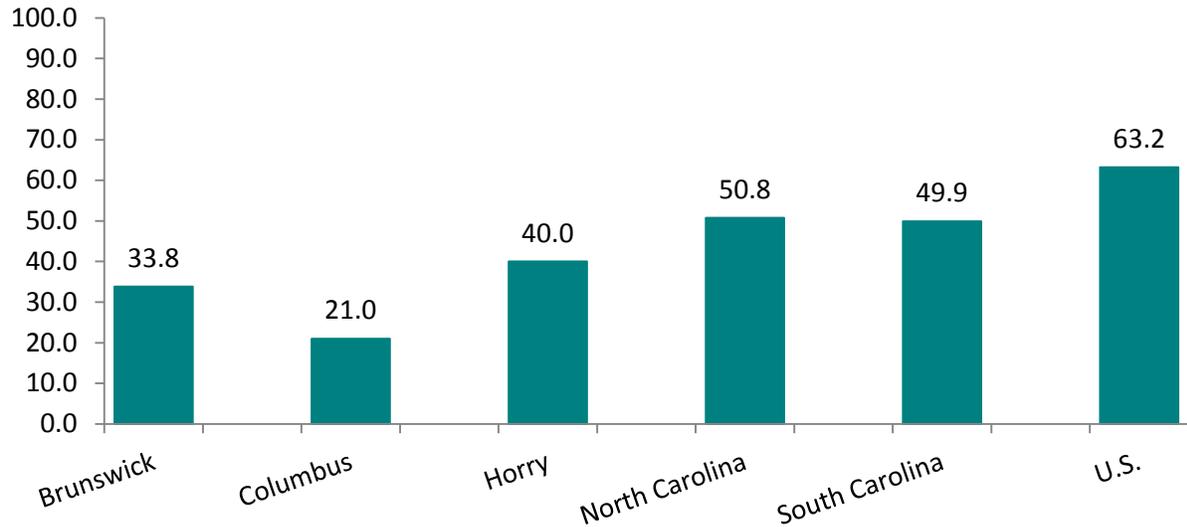
Specialty Care. By 2025, there is predicted to be a shortfall of 28,200 to 63,700 non-primary physicians, including up to 12,300 medical specialists, up to 31,600 surgical specialists, and up to 20,200 other specialists.²¹ It becomes particularly hard for residents who lack insurance or cannot afford to pay out-of-pocket costs to access specialty care services. It is important for residents to be able to obtain specialty care services to properly manage their health issues; this is especially critical in a region with high levels of chronic diseases.

Dental Care. Access to dental care is a challenge as well, particularly for uninsured adults. The biggest barrier to dental care and preventive dental services is most frequently reported through community health needs assessments as financial barriers or cost. Many Americans cannot get the dental care that they need, resulting in a detrimental effect on their overall health and productivity.

The rate of dentists in the counties that comprise the McLeod Loris and McLeod Seacoast study areas is less than the rate in the states and U.S. Columbus County has the lowest rate of dentists with 21.0 per 100,000 population (See Chart 5).

²¹ 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.

Chart 5. Rate of Dentists per 100,000 Population



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.

To address access to health care, McLeod Loris and McLeod Seacoast will focus on socioeconomic barriers, specialty care, dental care, and transportation through the following goals and strategies.

Goal 1: Reduce socioeconomic barriers to receiving health care.

- **Strategy 1:** Recruit new physicians and expand primary care offices to underserved areas.
- **Strategy 2:** Partner with Little River Medical Center to provide dental services to low-income families.
- **Strategy 3:** Assist cancer patients with financial barriers to accessing care through HOPE Fund from McLeod Health Foundation.

- **Strategy 4:** Provide Language Lines translation services in the hospital for non-English speaking patients.

Finding ways to expand service offerings and alleviate financial barriers for the community's underserved population is essential to improving residents' ability to obtain care. Partnering with and supporting key community health service organizations, such as Little River Medical Center, will allow for McLeod Loris and McLeod Seacoast to address some of the socioeconomic barriers to accessing care on a larger scale. Little River Medical Center has programs that provide medical and dental services for uninsured individuals and families for fees based on household size and income.

Utilizing funding from the HOPE Health Fund through the McLeod Health Foundation will help patients, particularly those battling cancer, to access specialty oncology services and treatments. Providing Language Lines translation services will prevent language barriers from hindering residents from obtaining needed hospital care and will allow residents to have a clearer understanding of their health issues and treatments.

Goal 2: Improve access to specialty care.

- **Strategy 1:** Partner with Palmetto Care Connections and the Medical University of South Carolina (MUSC) to provide telemedicine and stroke care.
- **Strategy 2:** Ensure hospital pediatricians are on-call to provide care to families.

Telehealth, or the electronic exchange of telemedicine, allows for patients to receive medical advice, care, and referrals with added convenience and cost efficiency. Telehealth will allow for a greater number of residents in the McLeod Loris and McLeod Seacoast study areas to be able to access specialty care in a time efficient, less costly manner. The hospitals will be working with Palmetto Care Connections, a telehealth provider in South Carolina, to help with providing this service in the community, as well as MUSC to provide telehealth and stroke care.

McLeod Loris and McLeod Seacoast also will work to make certain that families can readily access pediatricians when children are sick and need immediate attention or consultation. The hospitals will take steps to ensure that hospital pediatricians are on-call to provide health services to children and families.

Goal 3: Improve transportation to health care services.

- **Strategy 1:** Offer taxi vouchers for the targeted patient population.
- **Strategy 2:** Assist cancer patients with accessing transportation to treatments through HOPE Fund/McLeod Health Foundation.

Residents who lack their own form of transportation are dependent on public transportation or other travel means to access health services and resources. In an area that lacks an adequate public transportation infrastructure, taxi vouchers and HOPE funding will allow underserved residents to obtain transportation to access health care services, without having to pay for a taxi service.

Priority 3: Mental Health and Substance Abuse (Access to Behavioral Care)

BEHAVIORAL HEALTH

Behavioral health is a major concern across the nation and is a top health priority in the McLeod Loris and McLeod Seacoast study areas. Behavioral health, which includes mental health and substance abuse, affect not only the mental well-being of an individual; but also spiritual, emotional, and physical health. Unmanaged mental illnesses and substance abuse issues increase the likelihood of adverse health outcomes and chronic disease. Patients often deal with lengthy waiting periods, traveling long distances, and being unable to secure appointments when it comes to receiving behavioral health services.

MENTAL HEALTH

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.²² The primary data received from residents, health professionals, and community leaders across the CHNA study areas showed the need for attention to mental health services.

SUBSTANCE ABUSE

In many instances, mental illness and substance abuse go hand-in-hand; among the 20.2 million adults in the U.S. with a substance abuse issue, approximately 10.2 million also have a co-occurring mental health issue.²³ In particular, prescription drug abuse has become a growing concern in the McLeod Loris and McLeod Seacoast communities. South Carolina has the 11th highest rate in the country for prescribing painkillers, with 102 prescriptions written for every 100 patients.²⁴

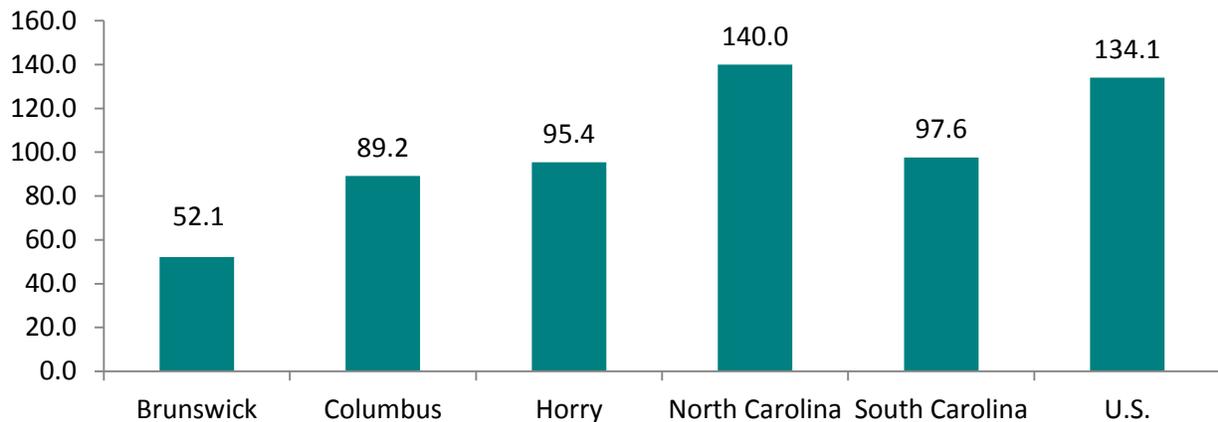
²² "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.

²³ "Mental Health by the Numbers" National Alliance on Mental Illness. 2016.

²⁴ Centers for Disease Control and Prevention. Vital Signs Report. 2014.

Access to Behavioral Care. Managing behavioral health issues is essential, as mental health and substance abuse can have detrimental effects on the health of individuals and communities. Untreated mental illness and substance abuse addictions prevent individuals from leading every day lives, which includes obtaining an education and having a stable job, both of which are important to an individual’s well-being as well as the overall health of a community. The rate of behavioral health providers, cost of care, and uninsured levels play a role in a person’s ability to receive behavioral health care. Community leaders during the CHNA process cited the need for more behavioral health care providers as mental illness and substance abuse become increasingly prevalent in the region. The counties that comprise the McLeod Loris and McLeod Seacoast study areas have a lower rate of mental health providers in comparison to South Carolina, North Carolina, and U.S. (See Chart 6).²⁵

Chart 6. Mental Health Providers per 100,000 Population



The primary focus of the following goals and strategies address improving access to behavioral health services in the community.

Goal 1: Improve access to behavioral health services.

- **Strategy 1:** Partner with Waccamaw Mental Health to find placement for mental health patients.
- **Strategy 2:** Contract with an independent psychiatrist to serve in the emergency department when needed.
- **Strategy 3:** Create new psychiatric room at McLeod Loris and McLeod Seacoast.

²⁵ University of Wisconsin Population Health Institute. County Health Rankings. 2014. Accessed via Community Commons.

- **Strategy 4:** Offer tele-psych services through the SC Department of Mental Health.
- **Strategy 5:** Improve access to health care services and medications for uninsured adults throughout Horry County.
 - **Action**
 - ✓ Provide representatives onsite at McLeod Loris and McLeod Seacoast to assist patients with signing up for the program.
- **Strategy 6:** Encourage employees to use the Employee Assistance Program (EAP) for mental health and substance abuse assistance.

The need for more behavioral health care providers was strongly emphasized by community leaders during the McLeod Loris and McLeod Seacoast CHNA studies as mental illness and substance abuse has become increasingly prevalent in the region. Treatment of mental health is often reactive in the form of crisis intervention through hospital emergency rooms rather than proactive practices. Additional barriers to mental health services include out-of-pocket costs/insurance coverage, negative social stigmas, and lack of health education. Many residents who have mental health issues also tend to have multiple behavioral diagnoses, making it even more essential for those in need to have access to and receive continuous treatment.

McLeod Loris and Seacoast will take a proactive approach to combatting the behavioral health issues in the community by partnering with Waccamaw Mental Health to find proper placement for mental health patients, where patients can receive care and treatment tailored to their mental health needs. Having an independent psychiatrist in the emergency departments of Loris and Seacoast, as well as creating a psychiatric room at both hospitals will provide the hospitals with tools to provide additional behavioral health care services within their own facilities.

The use of tele-psychiatry services has greatly enhanced access to specialty providers for rural and underserved residents. In the absence of a readily available specialist and providers, tele-psychiatry can be an effective tool for patient evaluation and facilitating access to care within a rural setting. The SC Department of Mental Health and Palmetto Care Connections will serve as an important community resource for this initiative.

McLeod Loris and McLeod Seacoast also will encourage and support programs that provide mental health and substance abuse assistance to residents and employees. Loris and Seacoast will continue to partner with AccessHealth Horry, which helps uninsured residents in Horry County find reduced-fee medical care and prescription drug assistance. Loris and Seacoast will work with AccessHealth to enroll residents in HOP; this program will help residents dealing with frequent mental health and substance abuse find a health care provider and health services to

treat their behavioral health issues. The Employee Assistance Program (EAP) at Loris and Seacoast helps to provide similar mental health and substance abuse assistance through matching employees with the proper health care treatment services, as evidence shows work site based interventions are highly effective.

Implementation Next Steps

The McLeod Loris and McLeod Seacoast 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 Loris and McLeod Seacoast study areas 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, seven ZIP code areas were analyzed for McLeod Loris. The seven ZIP codes represent the community served by McLeod Loris as the hospital's primary service area, or where approximately 80 percent of the hospital's inpatient population resides. The seven ZIP codes fall into one county in North Carolina (Columbus) and one county in South Carolina (Horry) (See Table 1).

Table 1. McLeod Loris Primary Service Area ZIP Codes

ZIP Code	City	County	State
28430	Cerro Gordo	Columbus	North Carolina
28432	Clarendon	Columbus	North Carolina
28439	Fair Bluff	Columbus	North Carolina
28463	Tabor City	Columbus	North Carolina
29569	Loris	Horry	South Carolina
29581	Nichols	Horry	South Carolina
29545	Green Sea	Horry	South Carolina

10 ZIP code areas were analyzed for McLeod Seacoast. The 10 ZIP codes represent the community served by McLeod Seacoast as the hospital’s primary service area. The 10 ZIP codes are located in Brunswick, North Carolina; Columbus, North Carolina; and Horry, South Carolina (See Table 2).

Table 2. McLeod Seacoast Primary Study Area ZIP Codes

ZIP Code	City	County
28420	Ash	Brunswick
28452	Longwood	Brunswick
28455	Nakina	Columbus
28467	Calabash	Brunswick
28468	Sunset Beach	Brunswick
28469	Ocean Isle Beach	Brunswick
28470	Shalotte	Brunswick
29566	Little River	Horry
29568	Longs	Horry
29582	North Myrtle Beach	Horry

The following maps depict the primary service areas of McLeod Loris and McLeod Seacoast.

Map 1: McLeod Loris – 2016 Study Area Map



Map 2. McLeod Seacoast – 2016 Study Area Map



APPENDIX B: Community Partners

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

- AccessHealth Horry
- American Red Cross
- Chambers of Commerce
- Children’s Trust of South Carolina
- Independent Psychiatrist
- Let’s Go! SC
- Little River Medical Center
- Local businesses
- Local Churches
- Local grocery stores
- Local media
- Local Schools
- Local taxi companies
- Medical University of South Carolina (MUSC)
- McLeod Health Foundation
- Nurse Family Partnership – South Carolina
- Palmetto Care Connections
- Registered dieticians
- South Carolina Department of Mental Health
- South Carolina Hospital Association
- Waccamaw Mental Health