Abbeville Area Medical Center

Abbeville, SC

Community Health Needs Assessment and Implementation Strategy

Adopted by Board Resolution September 27, 2021[1]

ABBEVILLE AREA MEDICAL CENTER
Smaller. Smarter. Safer.

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

Dear Community Member:

Our efforts to provide exceptional healthcare to the people of the greater Abbeville County region has long been in alignment with the needs of our community. The “2021 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how Abbeville Area Medical Center (“AAMC”) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

AAMC will continue to conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements. We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit, they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. In the development of our plan, we wanted to ensure AAMC’s values were incorporated:

- Leadership: Guiding the way to a healthy community
- Customer service: Identified our community customers and committing to treating our community with respect and dignity
- Continuous Improvement: Striving to continually improve AAMC’s performance and quality of service
- Stewardship: Dedicating AAMC to our resources to ensure AAMC will remain viable for future generations
- Teamwork: Working together to meet the needs of the community
- Integrity: Committing to ethical principles and practices in all areas of AAMC

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

Thank You,

Cindy Buck
Chief Executive Officer
Abbeville Area Medical Center

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EXECUTIVE SUMMARY

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Abbeville Area Medical Center ("AAMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

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

The 2021 Significant Health Needs identified for Abbeville County are:

In the Implementation Strategy section of the report, AAMC addresses the four areas through identified programs, resources, and services provided by AAMC, collaboration with local organizations, and provides measures to track progress.

APPROACH

APPROACH

Abbeville Area Medical Center ("AAMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

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

Project Objectives

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

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

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

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

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

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

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

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

- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

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

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*
>
> *(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
>
> *(2) members of medically underserved, low-income, and minority populations in the*

[5] Section 6652

community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

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

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

To complete a CHNA:

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

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

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

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

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

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

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

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior

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

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

Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

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

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

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

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

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

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

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

Other (please specify)

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

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

Data sources include:[11]

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

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

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

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Abbeville County compared to all South Carolina counties	April 2021	2013-2019
IBM Watson Health (formerly known as Truven Health Analytics) Esri Geoenrichment Service (accessed through Stratsan)	Assess characteristics of the Hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	April 2021	2019-2020
http://svi.cdc.gov	To identify the Social Vulnerability Index value	April 2021	2018
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	April 2021	2019

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through an online survey and written survey at the clinics, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Input from 92 community members was received. Survey responses started May 3rd, 2021 and ended on June 7th, 2021.
- Information analysis augmented by local opinions showed how Abbeville County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the

others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

conditions of these groups. .[12] [13]

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following “take-away” bulleted comments:
    - The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and older adults
    - Summary of unique or pressing needs of the priority groups:
        - Access to affordable healthcare
        - Health education resources
        - Access to healthy food options

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

In the AAMC process, the Local Experts had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then ranked each health needs importance from not at all (1 rating) to extremely significant (5 rating). The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable break point in rank order occurred. [15]

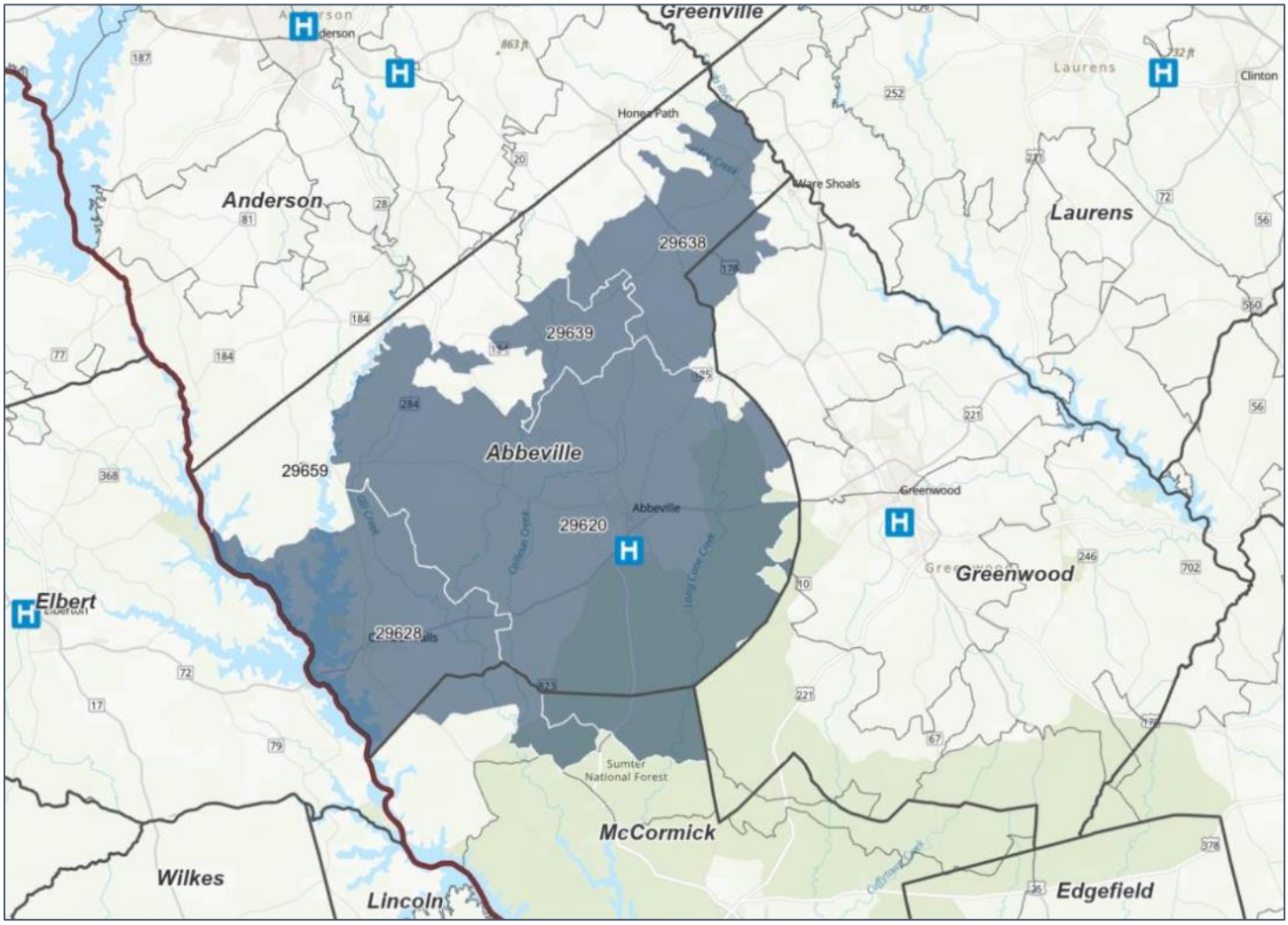
[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

Overview of COVID-19 Survey Results:

- As an addition to the survey, AAMC gathered input from Local Experts on the impacts COVID-19 has had on their community. Below you will find and overview of their feedback; See the appendix for full survey responses:
    - **Overall impact of COVID-19:** It is clear from the survey results that the community was impacted by COVID-19 personally or in their household; 40% of the surveyors reported being noticeably impacted by the pandemic and 26% reported significant daily disruption with reduced access to healthcare services or severe daily disruption, immediate needs unmet.
    - **Social Determinants of Health:** Social determinants of health have been shown to have a considerable effect on COVID-19 outcomes. The top areas respondents reported as negatively impacted by the pandemic include employment, social support systems, education, childcare, access to healthcare services and poverty. As a result of this, mental health issues have increased throughout the community.
    - **Delay in Healthcare Services:** As a result of COVID-19, 36% of surveyors reported delaying primary care, 22% reported delaying specialty care and 24% reported delaying elective care.
    - **Community Support:** There are several ways that healthcare providers, like AAMC, can support the community through these pressing times. Examples include serving as a trusted source of information and education, offering alternatives to in-person healthcare visits, connecting with patients through digital communication channels, and posting enhanced safety measures and process changes to prepare for upcoming appointments.
    - **Pressing Healthcare Services/Programs:** The healthcare services/programs identified by respondents as being most important to supporting community health throughout the pandemic are mental health, primary care, elder care, substance abuse services, and urgent care/walk-in clinics.
    - **Alternative Care Options:** Establishing alternative options to in-person care will continue to be a critical piece of the COVID response. Survey respondents believe video visits with healthcare providers, remote monitoring technologies to manage chronic diseases, virtual triage/screening options before coming to clinic/hospital, and telephone visits with a healthcare provider would be most beneficial to the local community.

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Abbeville Area Medical Center defines its service area as Abbeville County in South Carolina, which includes the following ZIP codes:[17]

29620 – Abbeville 29628 – Calhoun Falls 29638 – Donalds 29639 – Due West

29659 - Lowndesville

During, the Hospital received 97.0% of its Medicare inpatients from this area. [18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] Stratasan Medicare inpatient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community [19] [20]

Demographic Summary			
Variable	**Abbeville County**	**South Carolina**	**United States**
2021 Population	**25,799**	**5,321,206**	**333,934,112**
2026 Population	**26,013**	**5,665,411**	**345,887,495**
2021-2026 % Change	**0.8%**	**6.5%**	**3.6%**
2020 Median Household Income	**$40,950**	**$55,711**	**$64,730**
2025 Median Household Income	**$43,964**	**$61,082**	**$72,932**
2020 Median Age	**43.9**	**39.8**	**38.8**
2025 Median Age	**45.1**	**40.7**	**39.5**

	Abbeville County					*United States*
Age Group	**2021**	**2021 %Total**	**2026**	**2026 %Total**	**%Change**	**US % Change**
0-4	1,378	5.3%	1,344	5.2%	-2.5%	4.0%
5-9	1,484	5.8%	1,438	5.5%	-3.1%	1.3%
10-14	1,501	5.8%	1,561	6.0%	4.0%	1.7%
15-17	846	3.3%	946	3.6%	11.8%	3.1%
18-20	1,103	4.3%	1,135	4.4%	2.9%	1.3%
21-24	1,157	4.5%	1,075	4.1%	-7.1%	-1.8%
25-29	1,514	5.9%	1,157	4.4%	-23.6%	-6.4%
30-34	1,455	5.6%	1,441	5.5%	-1.0%	5.1%
35-39	1,400	5.4%	1,464	5.6%	4.6%	7.8%
40-44	1,377	5.3%	1,426	5.5%	3.6%	9.7%
45-49	1,531	5.9%	1,453	5.6%	-5.1%	3.8%
50-54	1,649	6.4%	1,629	6.3%	-1.2%	-3.4%
55-59	1,839	7.1%	1,725	6.6%	-6.2%	-7.4%
60-64	1,861	7.2%	1,849	7.1%	-0.6%	-1.4%
65-69	1,867	7.2%	1,800	6.9%	-3.6%	9.3%
70-74	1,605	6.2%	1,726	6.6%	7.5%	10.8%
75-79	1,045	4.1%	1,403	5.4%	34.3%	30.7%
80-84	633	2.5%	824	3.2%	30.2%	24.6%
85+	554	2.1%	617	2.4%	11.4%	9.0%
Total	**25,799**	**100.0%**	**26,013**	**100.0%**	**0.8%**	**3.6%**

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Esri Geoenrichment Service (accessed through Stratsan)

	Abbeville County				
Gender	**2021**	**2021 %Total**	**2026**	**2026 %Total**	**%Change**
Male Population	12,635	49.0%	12,782	49.1%	1.2%
Female Population	13,164	51.0%	13,231	50.9%	0.5%
Total	**25,799**	**100.0%**	**26,013**	**100.0%**	**0.8%**
Females, Child Bearing Age (15-44)	4,388	17.0%	4,224	16.2%	-3.7%
Race	**2021**	**2021 %Total**	**2026**	**2026 %Total**	**%Change**
White	18,249	70.7%	18,498	71.1%	1.4%
Black	6,780	26.3%	6,593	25.3%	-2.8%
American Indian	84	0.3%	102	0.4%	21.4%
Asian	94	0.4%	104	0.4%	10.6%
Pacific Islander	5	0.0%	5	0.0%	0.0%
Other Race	177	0.7%	224	0.9%	26.6%
Two or More Races	410	1.6%	487	1.9%	18.8%
Total	25,799	100.0%	26,013	100.0%	0.8%
Hispanic*	*449*	*1.7%*	*566*	*2.2%*	*26.1%*

Ethnicity is calculated separately from Race

Household Income	**2021**	**2021 %Total**	**2026**	**2026 %Total**	**%Change**
<$15,000	2,126	20.9%	1,986	19.4%	-6.6%
$15,000-24,999	1,268	12.5%	1,238	12.1%	-2.4%
$25,000-34,999	1,004	9.9%	990	9.7%	-1.4%
$35,000-49,999	1,430	14.1%	1,360	13.3%	-4.9%
$50,000-74,999	2,048	20.2%	2,126	20.7%	3.8%
$75,000-99,999	927	9.1%	1,013	9.9%	9.3%
$100,000-149,999	808	8.0%	878	8.6%	8.7%
$150,000-199,999	399	3.9%	507	4.9%	27.1%
$200,000+	146	1.4%	148	1.4%	1.4%
Total	**10,156**	**100.0%**	**10,246**	**100.0%**	**0.9%**

Education	**2021 Pop. 25+**	**2026 %Total**
< 9th Grade	991	5.4%
High School/No Diploma	2,108	11.5%
GED	1,104	6.0%
High School Diploma	4,984	27.2%
Some College/No Degree	3,513	19.2%
Associates Degree	2,480	13.5%
Bachelor's Degree	2,187	11.9%
Grad/Professional Degree	963	5.3%
Total	**18,330**	**100.0%**

Consumer Health Service Behavior[21]

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

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

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	121.2%	37.0%	Cancer Screen: Skin 2 yr	84.0%	9.0%
Vigorous Exercise	88.5%	50.6%	Cancer Screen: Colorectal 2 yr	93.7%	19.3%
Chronic Diabetes	126.0%	19.8%	Cancer Screen: Pap/Cerv Test 2 yr	80.1%	38.6%
Healthy Eating Habits	100.9%	23.5%	Routine Screen: Prostate 2 yr	87.1%	24.7%
Ate Breakfast Yesterday	95.7%	75.7%	**Orthopedic**		
Slept Less Than 6 Hours	131.6%	18.0%	Chronic Lower Back Pain	108.3%	33.4%
Consumed Alcohol in the Past 30 Days	66.8%	35.9%	Chronic Osteoporosis	144.7%	14.6%
Consumed 3+ Drinks Per Session	127.7%	35.9%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	101.8%	82.8%
Search for Pricing Info	86.7%	23.3%	NP/PA Last 6 Months	105.4%	43.7%
I am Responsible for My Health	98.8%	89.4%	OB/Gyn 1+ Visit	75.5%	29.0%
I Follow Treatment Recommendations	100.9%	77.7%	Medication: Received Prescription	105.2%	62.6%
Pulmonary			**Internet Usage**		
Chronic COPD	140.9%	7.6%	Use Internet to Look for Provider Info	70.0%	28.0%
Chronic Asthma	99.1%	11.7%	Facebook Opinions	83.4%	8.4%
Heart			Looked for Provider Rating	67.0%	15.7%
Chronic High Cholesterol	114.0%	27.8%	**Emergency Services**		
Routine Cholesterol Screening	87.6%	38.9%	Emergency Room Use	108.3%	37.6%
Chronic Heart Failure	173.5%	7.0%	Urgent Care Use	91.7%	30.2%

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of AAMC Service Area to national averages. **Adverse** metrics ***impacting more than 30%*** of the population and statistically significantly different from the national average include:

- 11% less likely to **Vigorously Exercise**, affecting 51%
- 20% less likely to receive **Cervical Cancer Screenings Every 2 Years**, affecting 39%
- 12% less likely to receive **Routine Cholesterol Screenings**, affecting 39%

[21] Claritas (accessed through IBM Watson Health)

- 8% more likely to **Visit Emergency Room for Non-Emergent Needs**, affecting 38%
- 21% more likely to have a **BMI: Morbid/Obese**, affecting 37%
- 27% more likely to **Consume 3+ Drinks per Session**, affecting 36%
- 8% more likely to have **Chronic Lower Back Pain**, affecting 33%

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

- 33% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 36%
- 5% more likely to have **Visited NP/PA in Last 6 Months**, affecting 44%

Leading Causes of Death[22]

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

Cause of Death			Rank among all counties in SC (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Abbeville County Compared to U.S.)
SC Rank	Abbeville Rank	Condition		SC	Abbeville	
1	1	Heart Disease	38 of 46	167.0	192.4	***Higher than expected***
2	2	Cancer	26 of 46	157.2	188.7	***Higher than expected***
5	3	Stroke	21 of 46	45.4	57.1	***Higher than expected***
3	4	Accidents	40 of 46	63.2	47.7	***As expected***
4	5	Lung	27 of 46	45.7	45.1	***Higher than expected***
6	6	Alzheimer's	32 of 46	44.3	28.0	***As expected***
7	7	Diabetes	39 of 46	24.7	18.2	***As expected***
8	8	Kidney	30 of 46	15.5	17.3	***As expected***
10	9	Flu - Pneumonia	36 of 46	14.5	15.5	***As expected***
9	10	Blood Poisoning	34 of 46	15.0	13.3	***As expected***
11	11	Suicide	21 of 46	15.4	13.0	***As expected***
12	12	Liver	35 of 46	12.3	9.7	***As expected***
15	13	Homicide	25 of 46	10.1	8.2	***As expected***
14	14	Parkinson's	23 of 46	8.9	6.3	***As expected***
13	14	Hypertension	43 of 46	9.5	6.3	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

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

Priority Populations[23]

Information about Priority Populations in the service area of the Hospital is difficult to access, if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

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

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

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments:
    - The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and older adults
    - Summary of unique or pressing needs of the priority groups:
        - Access to affordable healthcare
        - Health education resources
        - Access to healthy food options

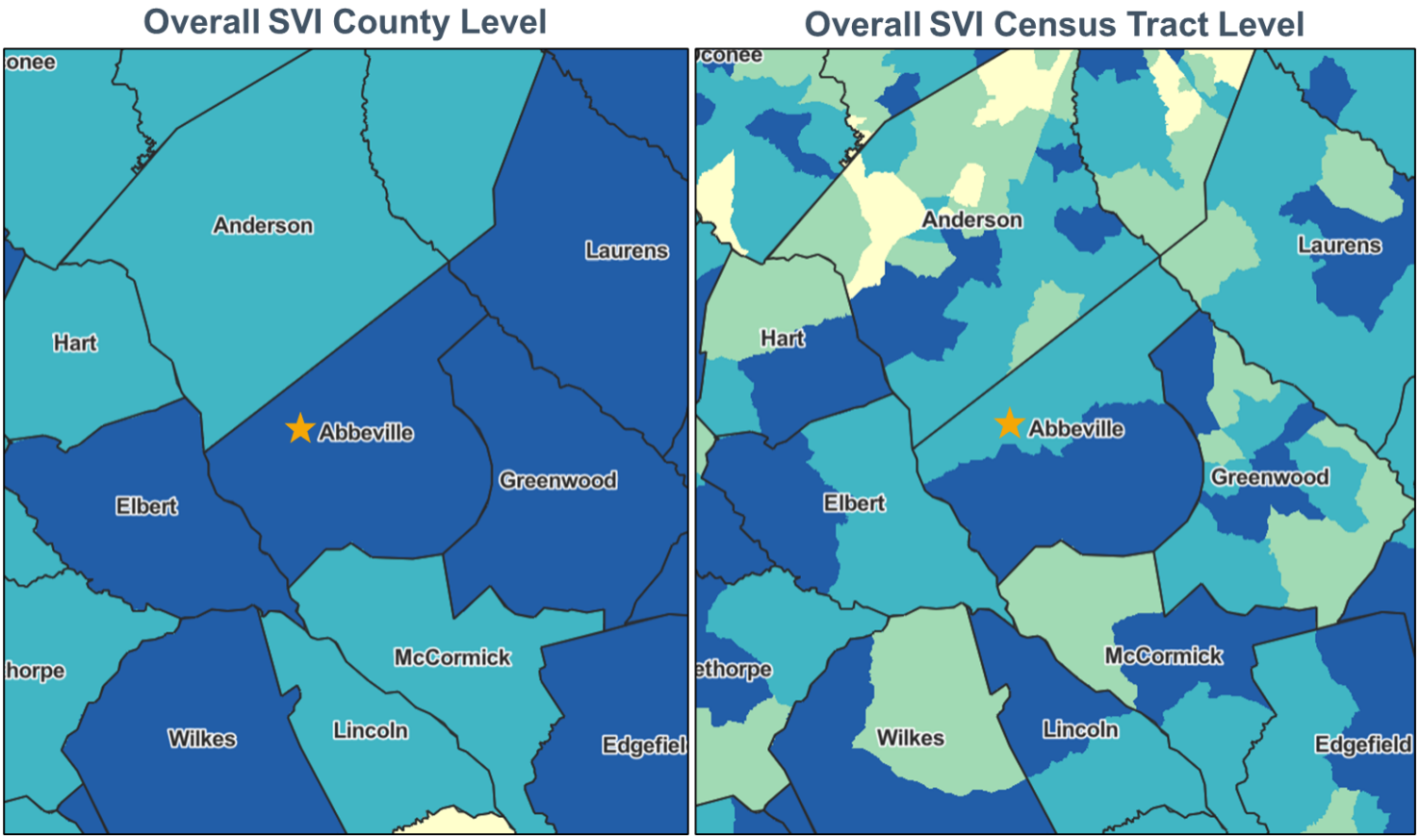
[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[25]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index uses U.S. census variables at tract level to help local officials identify communities that may need support in preparing for hazards, or recovering from disaster. Social Vulnerability ranks an area's ability to prepare for and respond to disasters. Measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability.

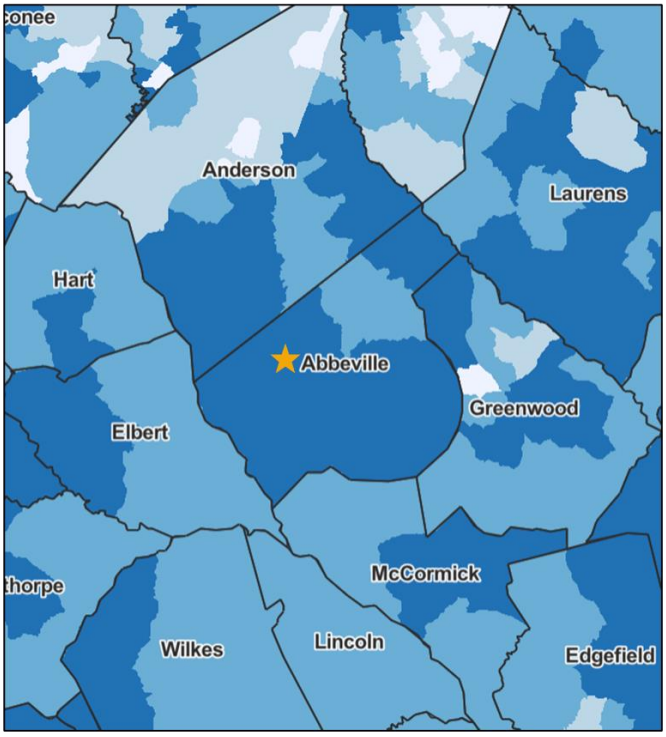
Based on the overall social vulnerability index, Abbeville County is considered to have higher levels of social vulnerability.

- *Socioeconomic Status: Majority of Abbeville County falls into the highest 25th percentile in socioeconomic status.*
- *Household Composition/Disability: Abbeville County makes up the top three quartiles for household composition/disability, with the majority of the county making up the highest 25th percentile.*
- *Minority/Language: Abbeville County has lower levels of social vulnerability in relation to race/ethnicity/language.*
- *Housing Type/Transportation: The majority of Abbeville County falls into the second highest quartile of housing type/transportation social vulnerability, with a small piece of the county in the highest quartile.*

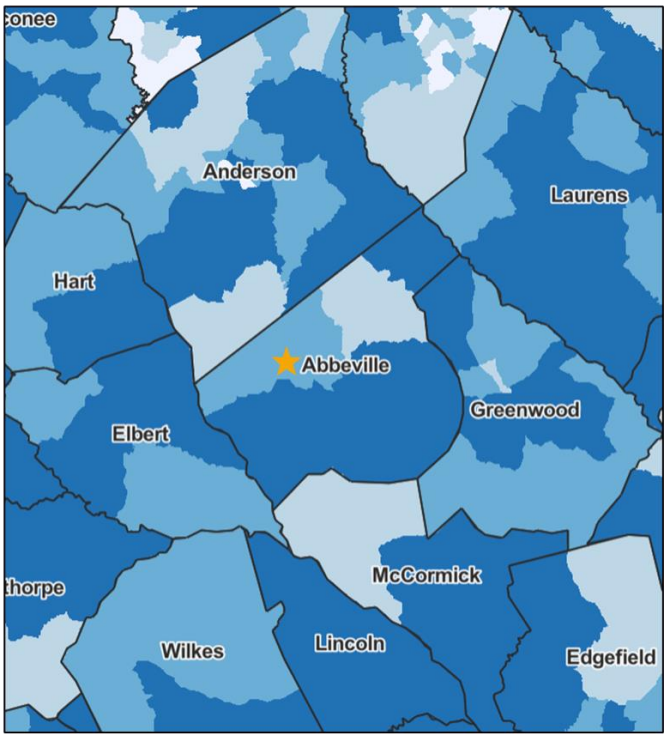


[25] http://svi.cdc.gov

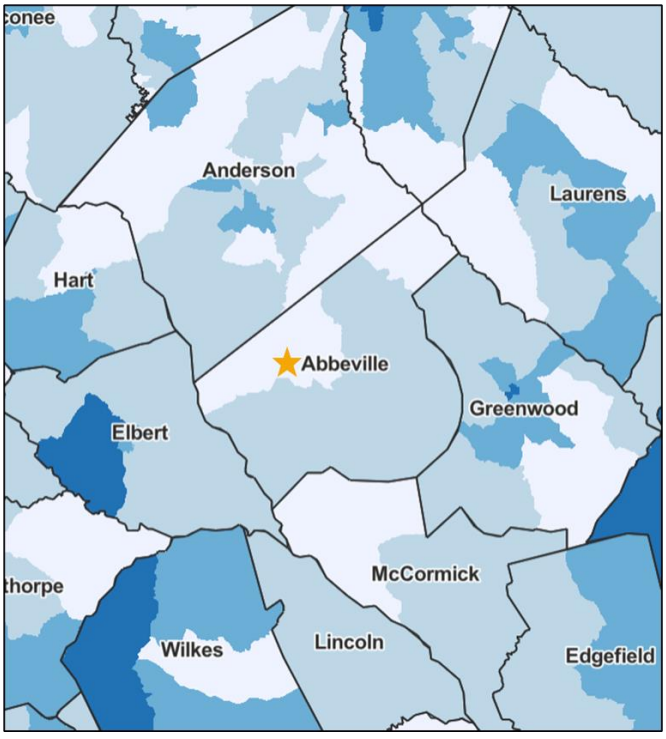
Socioeconomic Census Tract Level



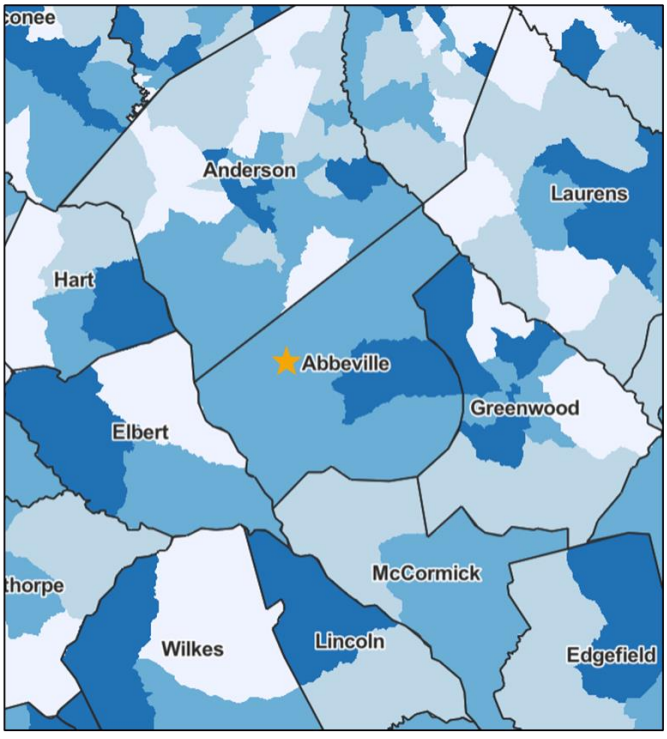
Household Composition Census Tract Level



Minority Language Census Tract Level



Housing Transportation Census Tract Level



CDC Social Vulnerability Index (SVI) – 2018 SVI Themes

Key (Legend)

Top 75% percentile | 50% to 75% percentile | 25% to 50% percentile | 0% to 25% percentile | No data available

Comparison to Other State Counties[26]

To better understand the community, Abbeville County has been compared to all 95 counties in the state of South Carolina across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. The last four areas are all Health Factors that ultimately affect the Health Outcomes of Length (Mortality) and Quality of Life (Morbidity).

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

Key (Legend)

- Better than SC and US
- Similar to SC and US
- Worse than US
- Worse than SC
- Worse than SC and US

	Abbeville	South Carolina	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***20/46***			
- Premature Death*	**9,500**	8,700	8,200	5,500
Quality of Life				
Overall Rank	***20/46***			
- Poor or Fair Health	**20%**	18%	17%	12%
- Poor Physical Health Days	**4.3**	3.9	3.9	3.1
- Poor Mental Health Days	**4.8**	4.5	4.2	3.4
- Low Birthweight	**9%**	10%	8%	6%
Health Behaviors				
Overall Rank	***20/46***			
- Adult Smoking	**17%**	19%	17%	14%
- Adult Obesity	**37%**	33%	33%	26%
- Physical Inactivity	**29%**	26%	27%	20%
- Access to Exercise Opportunities	**59%**	68%	66%	91%
- Excessive Drinking	**16%**	17%	18%	13%
- Alcohol-Impaired Driving Deaths	**30%**	33%	28%	11%
- Sexually Transmitted Infections*	**647.2**	641.6	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-19)*	**28**	27	28	13
Clinical Care				
Overall Rank	***11/46***			
- Uninsured	**13%**	13%	11%	6%

[26] www.countyhealthrankings.org

	Abbeville	South Carolina	U.S. Median	Top U.S. Performers
- Population to Primary Care Provider Ratio	**1,770:1**	1,500:1	2,070:1	1,030:1
- Population to Dentist Ratio	**8,180:1**	1,810:1	2,410:1	1,240:1
- Population to Mental Health Provider Ratio	**1,640:1**	570:1	890:1	290:1
- Preventable Hospital Stays	**2,020**	4,499	4,710	2,761
- Mammography Screening	**47%**	46%	41%	50%
- Flu vaccinations	**29%**	48%	43%	53%
Social & Economic Factors				
Overall Rank	***23/46***			
- High school graduation	**88%**	84%	90%	96%
- Unemployment	**4.0%**	3.4%	3.9%	2.6%
- Children in Poverty	**31%**	22%	20%	11%
- Income inequality**	**5.2**	4.8	4.4	3.7
- Children in Single-Parent Households	**37%**	39%	32%	20%
- Violent Crime*	**341**	500	205	63
- Injury Deaths*	**89**	85	84	58
- Median household income	**$42,400**	$42,400	$50,600	$69,000
- Suicides	**18**	15	17	11
Physical Environment				
Overall Rank	***18/46***			
- Air Pollution - Particulate Matter	**10.4 µg/m³**	10.2 µg/m³	9.4 µg/m³	6.1 µg/m³
- Severe Housing Problems***	**14%**	15%	14%	9%
- Driving to work alone	**79%**	82%	81%	72%
- Long commute - driving alone	**45%**	35%	31%	16%

***Per 100,000 Population**

****Ratio of household income at the 80th percentile to income at the 20th percentile**

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities**

IMPLEMENTATION STRATEGY

Significant Health Needs

AAMC used the priority ranking of the area health needs by the Local Expert Advisors as the primary input to develop the response and implementation plans for the community health needs.[27] The following list:

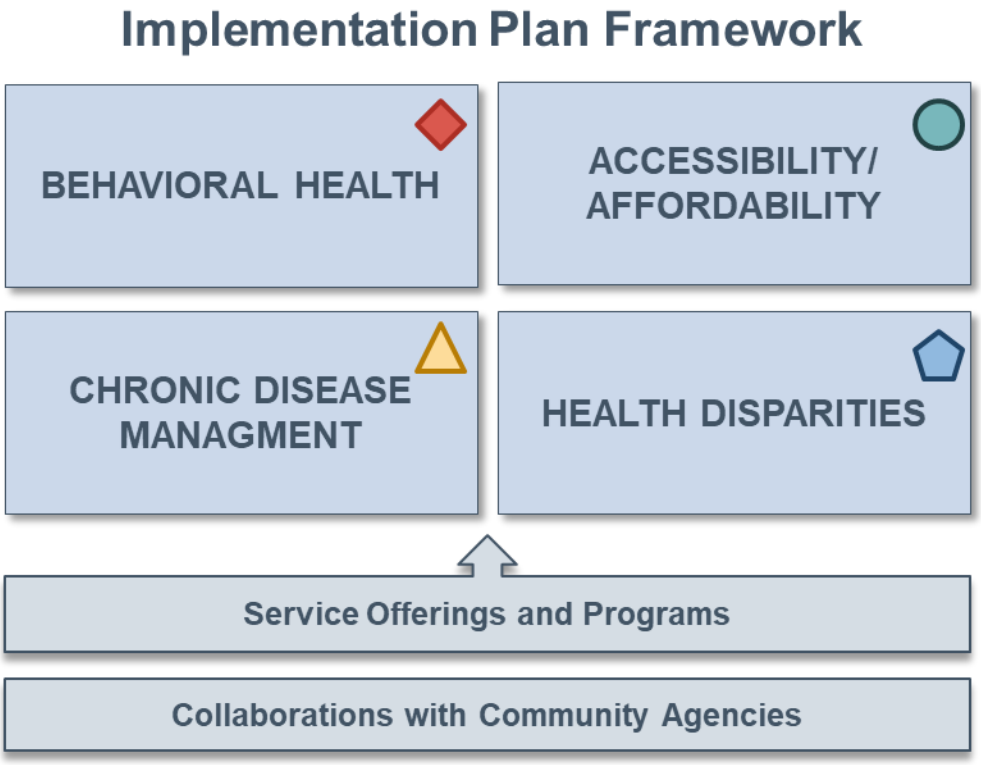
- Identifies goals established by the AAMC Admin Team in response to the identified health issues in the community
- Identifies current efforts responding to the needs
- Establishes the implementation strategy programs and resources AAMC will devote to attempt to achieve improvements
- Presents key measures tailored to the identified health needs that AAMC will use to track progress
- Identifies any potential partnerships with local organizations and presents locally available resources believed to be currently available to respond to this need.

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

CHNA Implementation Plan Overview

The Hospital has determined that the action plan to address the health needs identified in the health needs survey will be worked through the following subgroups. Additional disease specific details are further described in the full report.

- Behavioral Health
- Access to Healthcare
- Affordable Healthcare
- Obesity/Healthy Food Access
- Diabetes
- Education/Prevention
- Drug/Substance Abuse
- Heart Disease
- Social Factors



Behavioral Health	Accessibility/Affordability
Goal: *Increase access to quality mental and behavioral health treatment to prevent suicide.*	Goal: *Increase access to transportation and accessibility to the right providers.*
Current Resources: • BH services provided to the community and local college • BH counselors and PCP in centralized location • Telemedicine psychiatry offered in ED • PTSD services provided to veterans in clinic • Low-cost referral options for outpatient behavioral health care • Medication lock boxes implemented for safe medication disposal • Mental health first aid training • Be Well Abbeville task force	Current Resources: • Offers a full range of services • three primary care office locations with expanded walk-in hours • New infusion center with expanded specialty injections and infusion therapies • COVID-19 testing, vaccines, and BAM infusions • Received grant to start a public transportation program
Future Plans: • Host community events during mental health month • Federal grant for Mental Health First Aid • Research options in supporting BH needs for the youth population • Hold fundraisers to help pay for mental health services	Future Plans: • Host weekly Covid testing and vaccination clinics • Host onsite flu and Covid vaccines • Working with home health agency to establish care for antibody infusions that occur at home
Chronic Disease Management	**Health Disparities**
Goal: *Improve health status by engaging the community in screenings and educational events that promote healthier lifestyles and better self-management of health and chronic conditions.*	Goal: *Offer accessible and supportive services to achieve health equity, eliminate disparities, and improve the health of all groups.*
Current Resources: • Health Programs: Cooking Matters classes; Weight Watchers at Work; Smoking Cessation; Lunch and Learns • Offers Direct Health Program • Partner with local school to provide running club afterschool program for 3rd through 7th graders • Abbeville County Community Paramedic Program • Participate in health awareness months and offer screenings • Partnering with school on HHFK to provide further wellness education	Current Resources: • Health Programs: Silver Sneakers; Cooking Matters classes; Running Club afterschool program; Direct Health Program • Promote and offer food vouchers to the 65+ population • Operate a wellness center on the hospital campus • Support Community Garden and farmers markets and offer vouchers to the community • Provide fresh produce at UCMAC • Supporting sponsor for Farm-To-Table events
Future Plans: • Chronic Care Management Program • Hosting annual multi-screening event	Future Plans: • Offer community events that encompass health screenings: free blood pressure, blood sugar, schedule mammograms, & colonoscopies. • Hold an annual wellness “Care Fair” • Offer one-on one health education to pre-diabetic population

1. Behavioral Health

Goal: Increase access to quality mental and behavioral health treatment to prevent suicide.

AAMC services, programs, and resources available to respond to this need include: [28]

- Behavioral health counselors and Primary Care Providers (PCPs) are locating in the same building which provides better coordination of care for the patients.
- AAMC provides behavioral health care for Erskine College students and staff.
- Telemedicine psychiatry is offered in the AAMC emergency department.
    - Services offered to veterans with PTSD through the AAMC provider clinic.
- AAMC utilizes Beckman Center for Mental Health Services in Greenwood as a referral source to offer counseling services in Abbeville School district locations.
- Initiated program with two counselors in Abbeville and one in Due West; and one psychiatrist in Abbeville County one day/week.
    - Local physicians liaise with psychiatrist in Abbeville. PCPs care for most frontline mental health needs, with referral to psychiatry.
- AAMC has several low-cost referral options for patients that need outpatient behavioral health care. AAMC works with outpatient facilities like Cornerstone, alcohol and drug abuse commission, and local non-profit through local faith-based organizations.

AAMC actions taken since the immediately preceding CHNA (2018):

- Telemedicine services increased throughout the hospital from 2018-2021.
- Increased telemedicine offering for veterans with PTSD and other mental illnesses. A veteran's task force was created lead by AAMC, and state veterans attend meetings to assist in communication, available resources, and follow-ups.
- Offer free (onsite) mental health first aid trainings through partnership with Westview Behavioral Health. Training allows health professionals the tools they need to recognize mental illness in patients, so they feel confident relaying needs to a provider.
- A $100,000 grant was received to specifically target opioid abuse in Abbeville County. Medication lock boxes for patients were purchased along with proper medication disposal bags. Partnerships were formed with local Hospice homes so that medications were properly disposed. A medication drop box was purchased and placed in three Abbeville locations: Abbeville Area Medical Center, Abbeville Police

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

Department, and Due West Police Department. The narcotics director for Abbeville County along with Amanda Morgan keep a log of these lock boxes for proper disposal. To date 412 pounds of medications have been collected and disposed of properly.

- AAMC and the community coalition, Be Well Abbeville, developed a task force designated to fight substance abuse prevention.

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

- Continue activities listed above.
- As the leader of the community coalition, AAMC and other community partners are hosting a community events during mental health month to bring mental health to the forefront. The community events will also target young adults/college and youth populations. There will be transportation available to the events.
    - For an upcoming event in September 2021, AAMC is partnering with The Be Well Abbeville coalition to host a suicide prevention movie, “The Keven Hines Effect”.
- Continue to research options in supporting BH needs for the youth population. Partnering with state and departmental agencies to offer and evidence based small group counseling program for afterschool.
    - AAMC look into obtaining another counselor specializing in child counseling.
- AAMC has applied for a grant that will cover staff, local teachers, law enforcement, faith-based organizations and children to get trained on signs and symptoms for youth/mental health cues through the SAMSA (Federal grant for Mental Health First Aid) at no cost. Covid has placed a hold on determining the status of this grant.
- The month of September is National Suicide prevention month. AAMC will hold a butterfly release for those who have lost loved ones to suicide.
- The community coalition will hold fundraisers to help pay for mental health services for youth who cannot afford to do so.
- Train family members of youth to know the signs and symptoms of mental health concerns. This will be done at our community center, faith-based organizations, and worksites.

Identified measures and metrics to track progress:

- Number of counseling visits
    - Amount raised through fundraisers each year that help pay scholarships for counseling for youth.
- Tele psych utilization in clinics (Veteran PTSD and patients with mental illnesses)
- Community participation in mental health events
    - Currently have 4 events scheduled to discuss depression, anxiety, and depression.
- Medication Disposal count
- Suicide death rate in Abbeville County

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

Organization	Contact Information
Beckman Center for Mental Health Services	Melanie Gambrell, melanie.grambell@scdmh.org
Cornerstone (Commission on Alcohol and Drug Abuse)	Betsy Royal, broyal@cornerstonecares.org
Erskine College	Cameron Hipp, chipp@abbevilleareamc.com
Bow and Arrow Center for Hope	Krissi Raines, kraines@westviewbehavioral.org
Abbeville Area Health Care Center	Adrienne Logan, alogan@abbevilleareamc.com
Be Well Abbeville	Amanda Morgan, amorgan@abbevileareamc.com

Other local resources identified during the CHNA process that are believed available to respond to this need: [29]

- Beckman Center for Mental Health Services
- Synergy Counseling

Anticipated results from AAMC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	**X**	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	**X**	
3. Addresses disparities in health status among different populations	**X**	
4. Enhances public health activities	**X**	

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

5. Improves ability to withstand public health emergency		**X**
6. Otherwise would become responsibility of government or another tax-exempt organization		**X**
7. Increases knowledge; then benefits the public	**X**	

2. Accessibility/Affordability

Goal: Increase access to transportation and accessibility to the right providers.

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

- AAMC has three primary care office locations open Monday-Fridays. AAMC expanded their hours to provide walk-in service in the mornings.
- AAMC offers a full range of services:
    - Diabetes Care: Includes a Diabetes Education Program with self-management, insulin therapy and gestational diabetes management
    - Direct Health Industrial Medicine
    - Emergency Care
    - Infusion Services
    - Inpatient Rehab
    - Med/Surg Care
    - Neurology
    - Primary Care
    - Radiology
    - Rehabilitation
    - Respiratory Clinic
    - Stress Testing
    - Surgical Services
    - Telemedicine services
    - Wellness Center
    - Wound and Hyperbaric Medicine Center
- Medical office building located next door to the hospital houses 16 providers and include primary care services, BH services, Orthopedics, BH counseling, diabetes education, and x-ray imaging.

AAMC actions taken since the immediately preceding CHNA (2018):

- New infusion center with expanded specialty injections and infusion therapies.
- Offered COVID-19 testing, vaccines, and BAM infusions to the community.
    - Over 22,000 COVID-19 tests conducted in clinics; Over 12,000 through drive-thru testing
    - ~2,500 on-site rapid test at worksites
    - 14,275 vaccines from December 2019 – August 2021
    - 463 BAM infusions February 2020 – August 2021
    - ~2,500 on-site rapid test to worksites
- Abbeville County recently received $100,000 grant to start a public transportation program. This was supported by elected County officials and our hospital board. The grant will allow patients to be transported to medical appointments and home based upon the requirements set forth by county council.

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

- Continue activities listed above.
- The community outreach department of AAMC will host weekly Covid testing and vaccination clinics where no appointment is necessary.
- The community outreach department of AAMC will host onsite flu and Covid vaccines.
- Abbeville Area Medical Center is also working with the home health agency to establish care for antibody infusions that occur at home. Due to the unpredictability of Covid rates this will help aide in keeping the hospitals from overflowing as well as keep the accessibility of care in the home of the patient.

Identified measures and metrics to track progress

- Number of Covid-19 vaccines
    - 14,275 vaccines from December 2019 – August 2021
- Number of walk-ins at Primary Care Clinics with no designated PCP
- Number of infusions completed
    - 463 BAM infusions February 2020 – August 2021

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

Organization	Contact Information
Abbeville County Director	David Porter, dporter@abbevillecountysc.com

Anticipated results from AAMC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	**X**	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	**X**	
3. Addresses disparities in health status among different populations	**X**	
4. Enhances public health activities		**X**

5. Improves ability to withstand public health emergency		**X**
6. Otherwise would become responsibility of government or another tax-exempt organization	**X**	
7. Increases knowledge; then benefits the public	**X**	

3. Chronic Disease Management

Goal: Improve health status by engaging the community in screenings and educational events that promote healthier lifestyles and better self-management of health and chronic conditions.

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

- In partnership with the Clemson Youth Learning Institute, a dietician offers Cooking Matters classes to the community. The class offers live meal preparation for attendees to learn and ask questions along the way. The local church provides attendees transportation to the local grocery store for a tour and assist in the purchasing of the necessary ingredients to make the meal.
- Partnered with Direct Health consultant (employee health) to start Weight Watchers at Work.
    - Partner with West Carolina Cooperative, which provides the meeting space to have weigh-ins, health talks, etc.
    - Offered to AAMC employees at a reduced price.
- Working with Abbeville County School District at its Diamond Hill Elementary School location to offer a running club as an afterschool program for 3rd through 7th graders. Run concluded in partnership with local Rotary, in concert with its Reindeer Run event.
- AAMC offers Direct Health Program – program with local businesses/corporations for Abbeville and surrounding counties to work with the organization to help with employee health needs.
    - Health screenings
    - Lunch and Learns to the community providing education on health topics, nutrition, mental health, better sleep, age appropriateness of screening behaviors
    - Health fairs
- AAMC medical staff leads Abbeville School Sports.
- AAMC partners with the Abbeville County EMS, with AAMC physician provides medical director oversight, to offer the Abbeville County Community Paramedic Program.
    - Supports patients in better self-management of their chronic conditions, such as diabetes, to help them access crucial resources.
    - A primary goal is to prevent the overuse of emergency services.
- The Abbeville Area Healthcare Center includes both PCPs and diabetic education under one roof.
- Offer regular blood sugar screenings to businesses, community events, churches, and senior centers. Educational material is included with proper range, and other details for record keeping.
- Partner with American Lung Association to provide approximately 4 smoking cessation 6-week classes within local businesses per year
    - Businesses provide non-smoker insurance rate to tobacco users if all smoking cessation classes are completed annually.
- AAMC non-smoking employees are provided an incentive of reduced health insurance premiums.

AAMC actions taken since the immediately preceding CHNA (2018):

- Education/Prevention:
    - Since 2018, AAMC has conducted 225 health screenings at worksites and community events. These often-included free blood pressure, blood sugar checks as well as other work site screenings.
    - Implemented Lunch and Learns to the community providing education on health topics, nutrition, mental health, better sleep, age appropriateness of screening behaviors
    - Medical staff rotated serving at school events.
    - Partnered with the school district in reference to the Healthy Hunger Free Kids Act of 2010 (HHFK) to provide further wellness education.
        - AAMC will be a leading component on the committee associated with the initiative, Coordinated School.
        - Health Advisory Committee (CSHAC). AAMC to develop a plan for success with implementing the school wellness policy.
        - AAMC to examine other programs within upstate SC area that have been successful at addressing community health issues and driven positive economic development (consider the 10 other counties in the area).
        - AAMC work to create a network/collaborative to develop a pool of resources to address appropriate needs
        - Partner with Freshwater Coast Community Foundation (FCCF) to support the Abbeville Promise program, which provides the opportunity for free higher education for any student who is a resident of Abbeville County and graduates high school. The higher education level, higher the prosperity of a person which equates to a healthier community population.
- Diabetes:
    - New medical office building, Abbeville Area Healthcare Center, was built and Certified Diabetic Educators (CDE) were moved next to the medical providers to increase quality of care.
    - There have been over 225 events done since 2018 where blood sugar checks and education were provided to the community.
- Smoking:
    - Provided approximately 4 smoking cessation 6-week classes within local business per year in 2018 and 2019.
    - Over half of AAMC employees select the non-tobacco premium health insurance.

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

- Continue activities listed above.
- Implemented a Chronic Care Management Program that will eventually benefit more 2,000 residents of Abbeville County. The plan will be offered to the community members with certain chronic diseases.

The program will include monthly calls to patients to discuss issues ranging from transportation, medication, allergies, symptoms management and health care provider visits.

  - AAMC physician practices have hired two chronic care nurses to make monthly calls to a selected patient population. This population must have two or more chronic diseases. The focus areas identified by AAMC are diabetes, hypertension, COPD, and CHF as the top diseases to manage. For a more personalized plan and better coordination of care, AAMC care nurses are developing individualized care plans for each patient.

- AMC to host annual multi-screening event (education and wellness focused).

Identified measures and metrics to track progress

- Education program and event participation
- Monitor updated care plans for patients enrolled in Chronic Care Management Program and track progress
- Chronic Disease rates

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

Organization	Contact Information
Abbeville County School District	Connie Cunningham, ccunningham@acsdsc.org
Freshwater Coast Community Foundation (FCCF)	Wilder Ferrei, wferrei@clemson.edu

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

- Clemson Extension

Anticipated results from AAMC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	**X**	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	**X**	

3. Addresses disparities in health status among different populations	**X**	
4. Enhances public health activities		**X**
5. Improves ability to withstand public health emergency	**X**	
6. Otherwise would become responsibility of government or another tax-exempt organization		**X**
7. Increases knowledge; then benefits the public	**X**	

4. Health Disparities

Goal: Offer accessible and supportive services to achieve health equity, eliminate disparities, and improve the health of all groups.

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

- Promote and offer food vouchers to the 65+ population, particularly during food market time (June to October).
- Operate a wellness center on the hospital campus, with access available to employees and the community.
    - Free access with physician recommendation.
    - Silver Sneakers program is available for seniors through partnership with health insurance provider.
- Support a Community Garden, with most of the food distributed through the United Christian Ministries of Abbeville County (UCMAC).
- In partnership with the Clemson Youth Learning Institute, a dietician offers Cooking Matters classes to the community. The class offers live meal preparation for attendees to learn and ask questions along the way. The local church provides attendees transportation to the local grocery store for a tour and assist in the purchasing of the necessary ingredients to make the meal.
- Working with Abbeville County School District at its Diamond Hill Elementary School location to offer a running club as an afterschool program for 3rd through 7th graders. Run concluded in partnership with local Rotary, in concert with its Reindeer Run event.
- Support the local farmer's markets.
- Support the offering of produce boxes to local businesses and hospital employees.
- AAMC offers Direct Health Program – program with local businesses/corporations for Abbeville and surrounding counties to work with the organization to help with employee health needs.
    - Health screenings
    - Lunch and Learns to the community providing education on health topics, nutrition, mental health, better sleep, age appropriateness of screening behaviors
    - Health fairs
- AAMC medical staff leads Abbeville School Sports.
- AAMC partners with the Abbeville County EMS, with AAMC physician provides medical director oversight, to offer the Abbeville County Community Paramedic Program.
    - Supports patients in better self-management of their chronic conditions, such as diabetes, to help them access crucial resources.
    - A primary goal is to prevent the overuse of emergency services.

AAMC actions taken since the immediately preceding CHNA (2018):

- 400 food vouchers have been given out and used each year. There are three active farmers markets in

Abbeville County.

- Increase in employee wellness visits during 2019 (2020 had low participation due to COVID-19).
- Several pounds of fresh produce were given out at UCMAC in 2018 and 2019 (2020 had low participation due to COVID-19).
- Partnered with WCTEL and received more participates to start a group. Meetings held at WCTEL each week and a reduced price was given to AAMC and WCTEL employees.
- Partnered with ACSD to offer a running club as an after-school program to 3rd-7th graders.
- Received a $1,000 grant to offer nutrition education classes with cooking demonstration for low-income population.
- Supporting sponsor for Farm-To-Table events.

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

- Continue activities listed above.
- Offer community events that encompass health screenings: free blood pressure, blood sugar, schedule mammograms, & colonoscopies.
    - Hold an annual wellness “Care Fair” where it is open to the public for health screenings.
- Offer education to pre-diabetic population. AAMC nurses to create care plans and proper nutrition information in a one-on-one setting with the patients.

Identified measures and metrics to track progress

- Employee wellness visits
- Education program and event participation
- Wellness center visits
- Food voucher distributed annually
- Access to healthy food rates

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

Organization	Contact Information
United Christian Ministries of Abbeville County (UCMAC)	Connie Norman, cnorman@abbevilleareamc.com
Clemson Youth Learning Institute	Sharon Lone, sharonl@clemson.edu
First Presbyterian Church	Mandy Brown, busybees@abbevillepres.org

Organization	Contact Information
Haigler St. Church of Christ	Stephanie Bradshaw, haiglerstreetcoc@gmail.com
Direct Health (employee health)	Jenny Moore, jennifermoore@abbevilleareamc.com
West Carolina Cooperative	Marie Titus, marie.titus@wctel.com
Health Insurance Provider partnered with for Silver Sneakers program	866-259-7683 Partnerservices@tivityhealth.com
Abbeville County School District	Connie Cunningham, ccunningham@acsdsc.org
WCTEL	https://www.wctel.com/

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

- Clemson Extension
- Fresh Coast Community Foundation

Anticipated results from AAMC Implementation Strategy

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

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[30]

1. Behavioral Health
2. Accessibility/Affordability
3. Chronic Disease Management
4. Health Disparities

Significant needs where hospital did not develop implementation strategy[31]

1. None

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

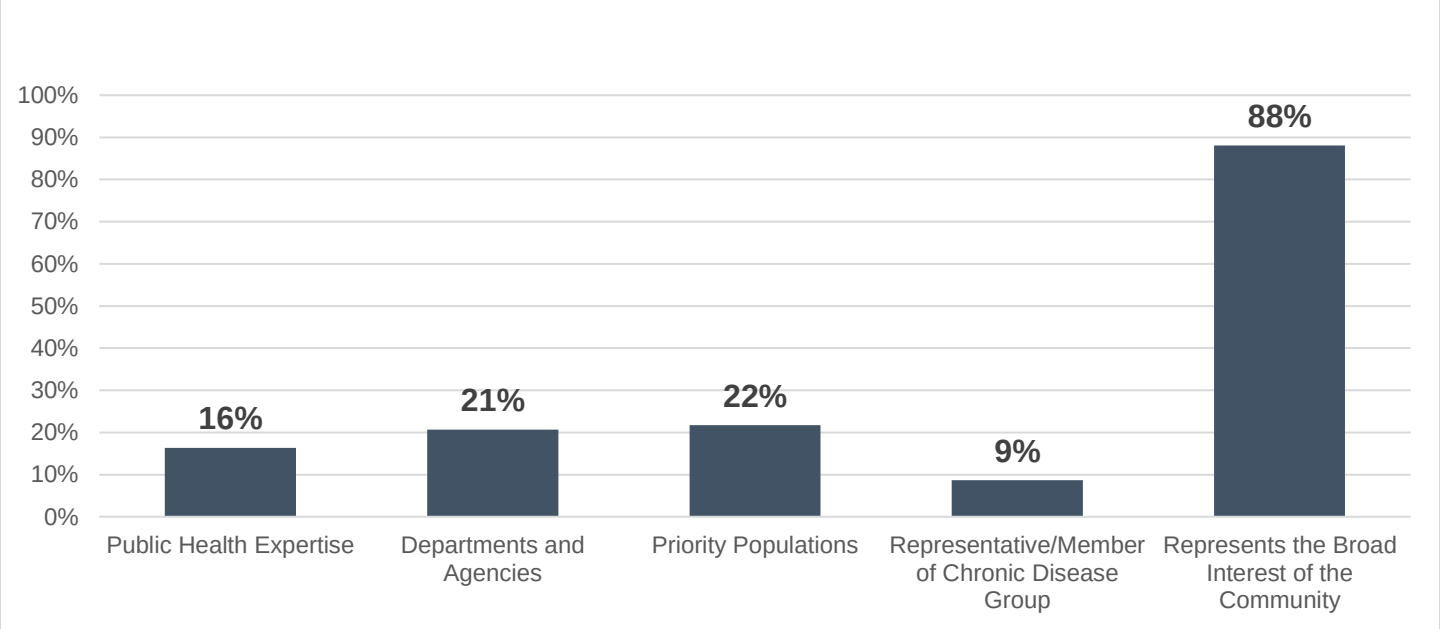
[30] Responds to Schedule h (Form 990) Part V B 8
[31] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

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

Hospital solicited written comments about its 2018 CHNA.[32] 92 individuals responded to the request for comments. 65 responses were received from local expert advisors identified by the hospital and 27 responses from the general community. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.[33]



Congress defines "Priority Populations" to include:

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

[32] Responds to IRS Schedule H (Form 990) Part V B 5
[33] Responds to IRS Schedule H (Form 990) Part V B 3 g

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**
   - *Uninsured, Access to medical and mental healthcare, access to food supply, opportunity for exercise*
   - *Education about what is available in our community, programs to reduce cost, and preventative education / programs are especially important in communities like ours.*
   - *Pre- and post- natal care, basic access to healthcare, access to healthy foods and educational resources to promote healthy living, resources to improve health literacy*
   - *Significant amount of diabetes and other cardiovascular risk factors*
   - *Many racial and ethnic minority groups including low-income groups, women, and children do not seek care in our county even if they have Medicaid or Medicare.*
   - *Access to care, insurance, food needs, health literacy*
   - *The county is a food desert, with only one grocery store making it hard to access food.*
   - *Access to health services*
   - *Access to nutrition, health education, access to quality healthcare*
   - *Income is an issue and got worse due to COVID-19.*
   - *Lifestyle health issues – problems arising from sedentary lifestyles and undisciplined eating habits.*

In the 2018 CHNA, there were five health needs identified as "significant" or most important:

1. Obesity and Access to Healthy Food
2. Behavioral Health
3. Prevention/Wellness Education
4. Smoking
5. Physical Activity
6. Diabetes
7. Substance/Drug Abuse

3. **Please share comments or observations about the actions AAMC has taken to address Obesity and Access to Healthy Food.**

- *Prior to Covid, hospital staff were highly involved with community initiatives, such as the Be Well Abbeville coalition that was working to address various health issues. Even during the height of the pandemic, hospital staff assisted this coalition in address health issues as safely as they could - such as supporting drive-thru food box distribution. As the pandemic's severity has lessened, the coalition has "re-launched" its planning efforts.*
  I am aware of the food bank, and the food boxes that are distributed, but I feel that is targeted at people that suffer from a lack of nutrition.
- *Designated position as Community Wellness Director - doing an excellent job. I can only address how AAMC has collaborated with UCMAC with Food Box Drives - Assistance with grant proposals. Active participant/support Be Well Abbeville Coalition - community health and wellness*
- *Hosted the Care Fair, which provided a variety of patient education, which included healthy eating*
- *In collaboration with other state organizations, distributed boxes of healthy fruits/vegetables at key sites in the county.*
- *The wellness center, as well as virtual programming and social media posts*

- *AAMC has made information readily available to members of the community for local farmers markets and provided educational cooking sessions.*
- *Healthy cafeteria options.*
- *AAMC has provided food boxes to the community and to members of the free clinic.*
- *AAMC has assisted to arrange for fresh vegetable to be available during the growing seasons at the local Wellvista clinic. Support the local farmers market with monetary. Supported several drive thru for food box handouts over the past year, which has helped those in need. AAMC has hosted a biggest looser contest for the past 3 years.*
- *Diet counseling by staff and dietary services to all age groups.*
- *Dietician provided knowledge to patients & family in regard to proper nutrition and needs within regulatory standards*
- *Great wellness center.*
- *Promoting healthy eating and active living with several community presentations. Working with the school district to promote healthy eating and providing produce boxes to the community through a partnership with the free clinic.*
- *Community awareness and also incorporated in education with high-risk group- diabetics*
- *Offering classes at worksites on healthy eating and nutrition. Offering BMI screenings at health events*
- *AAMC sends out Healthy Tips/Recipes via email addressing Healthy Eating. AAMC supports these services through UCMAC Free Clinic.*
- *Partnered with UCMAC to offer nutrition class to local groups/churches*
- *Through outreach programs placing healthy foods in stores/ areas that would be utilized by low-income people*
- *AAMC has provided community education about obesity and access to healthy food to students at our local schools and the public at local grocery stores.*
- *Direct Health program promotion of information to employers about healthy diet and exercise*
- *Teaching about gardening, nutrition, having farmers market access, and physical actives.*
- *We have a community garden that is growing fresh vegetables during the Spring, Summer and Fall. This has provided for families that would not otherwise receive or could afford to buy fresh produce.*

4. Please share comments or observations about the actions AAMC has taken to address Behavioral Health.

- *Access to Behavioral Health Services at AAHC for those with insurance. Still a barrier for those that are uninsured for mental/behavioral health issues.*
- *Printed nice signs for placement throughout the hospital, physician practices and Home Health. These signs were encouraging and helped patients to understand they are not alone and they do "matter" to us.*
- *Partner in the Be Well Abbeville initiative.*
- *Mental Health counselors have been helpful in schools. More mental health services are needed for the county.*
- *AAMC has provided some resources and education throughout the community regarding mental health. There are also more resources in the community due to relationships having been formed between AAMC, Abbeville, and other organizations that provide mental health support.*

- *AAMC has partnered with the Caroline project and counselors to provide suicide prevention training. We also have 2 counselors and a psychiatrist on staff to better address community needs.*
- *Behavioral health offerings through primary care practices; Partnerships through Be Well Abbeville.*
- *AAMC has helped with the transition of the Abbeville Coalition over to leadership by our Community Specialist. The Be Well Coalition formed a Substance Abuse Task Force. Our ED has also continued with the program that SCDMH supports of having Telemedicine psychiatrists available in our ED.*
- *Multiple counselors at the AAHC office to address needs of this community.*
- *The use of telemedicine has been one way AAMC has made efforts to expand behavioral health offerings.*
- *Aggressive efforts in suicide prevention through Caroline Project.*
- *Workshops and partnering with other agencies.*
- *AAMC clinicians take into account patient & family needs on Mental Health and access referrals as needed.*
- *AAMC has made reaches to better address behavioral health by connecting with resources in the community, but like all providers still has a lot of work to do. They began a community coalition which has community partners from the behavioral health field and working toward addressing this need.*
- *Stress Management presentations at worksites.*
- *Solid program in emergency department however poor placement options for those without insurance.*
- *AAMC updated/created Behavioral Health standards and policies to educate staff and patients on behavioral health. The policies provided standards of care when taking care of patient s with behavioral health needs.*

5. Please share comments or observations about the actions AAMC has taken to address Prevention/Wellness Education.

- *Direct Health very active with area employers and their employees in Abbeville to connect to AAMC as a healthcare provider - health and wellness and education. COVID affected the opportunity to have Wellness Fairs.*
- *Collaboration with Clemson University and the Best Chance Network; provided mammography and GYN access to low-income women. Encouraged an annual physical for its employees and rewarded through reduced health care premium.*
- *Wellness center is helpful. Partner more with schools and community.*
- *The wellness center and social media posts.*
- *Wellness and health events have been the primary focus, but also community business liaisons have been quite helpful.*
- *Wellness Wednesday's newsletter.*
- *There have been several events for prevention/wellness as well as monthly events for end of life planning.*
- *Our Rehab Clinic offers wellness education and exercise programs to the community.*
- *AAMC has worked through quality initiatives to get better quality scores on prevention and wellness in the practices. We have increased our scores in Breast Care by hosting Best Chance Network and screening clinic patients. AAMC has been a leader during the pandemic by early on setting up Testing Centers, a Respiratory Clinic and Vaccine Clinics. We hosted a large community event with over 20 or*

more vendors representing agencies and groups wanting to improve the prevention and wellness of community members. AAMC worked to get 5 or more individuals including physicians trained in Advance Care Planning. This group also served as our Ethics Committee during the pandemic creating protocols for the facility. We joined a grant with a local Hospice House that supported our facility to increase the number of advance care conversations and actual number of Advance Directives in our community. A trained individual hosts monthly sessions for community to come and learn about Advanced Directives.

- *Perform wellness exams on all age groups.*
- *AAMC has a great community facility to help improve the wellness of the community.*
- *Initiation of CCM. Hiring of quality director to help address wellness gaps.*
- *Education is provided to increase preventative health issues as patients/clients are admitted and discharged through interdisciplinary team members.*
- *Hospital staff have begun partnering with schools in the community to provide prevention and wellness education to students through doctors and other community resources that work in these fields.*
- *Several health fairs resulting in referrals to primary care. Health presentations done at several worksites. "Care Fair" Community Health Fair in 2019.*
- *AAMC has offered clinics to the public in relationship to this topic including the Mobile Mammogram.*
- *Wellness gym with outpatient program for seniors.*
- *AAMC promotes healthy living, especially by promoting and education staff and patients the value of vaccines. The organization also promotes hand washing and of course wearing you mask and social distancing to prevent the spread of the Covid. AAMC has clinics dedicated to providing the Covid vaccine as a way of prevention. We also screen every patient that is admitted to the hospital for their flu and PNA vaccines and provide them if they qualify for them. AAMC is able to provide discounted insurance policies if employees have an annual health screening.*

6. Please share comments or observations about the actions AAMC has taken to address Smoking.

- Through partnership with Direct Health, took education classes into local industry, teaching about smoking cessation.
- We provide smoking cessation education and handouts to all smokers. We also have affordable prescriptions for smokers to try to aide in smoking cessation.
- We have increased the offerings of cessation education to our patients in the physician clinics by increasing our quality scores in this area.
- smoking cessation questions are asked as a part of our HPI's
- Generalized education. In office counseling.
- We provided and encourage smoking cessation to all patients/clients & families that have smoking issues whether tobacco or e-cig.
- AAMC implemented a smoke-free campus.
- Patients are screened for smoking and provided education to stop smoking. they are also offered nicotine patches during their stay in the hospital. The hospital is a "no smoking" facility. Employees also get discounted rates on their insurance through the hospital for not smoking.
- Information was provided at healthcare for community. However, this seems to be an issue with AAMC staff. Cessation classes is a need.

- We do have patient education handouts that are given to patient's that are smokers

7. Please share comments or observations about the actions AAMC has taken to address Physical Activity.

- Wellness center and Physical therapy.
- AAMC has encouraged wellness through community events mostly.
- The community and staff has been encouraged regarding physical activity at wellness events. Staff also has access to a local gym.
- Exercise is discussed with the patients during there ROS questions.
- Access to wellness center. Employee competition for weight loss etc.
- Patients/Clients are evaluated with physical therapy interventions as needed w/ MD orders
- Classes at local pre-school that involved exercise and nutrition info.
- Active physical and occupational therapy programs inpatient and outpatient.
- AAMC has conducted programs such as, "The Biggest Loser," to encourage employees to maintain and active lifestyle. Employees are also given free memberships to the Wellness Center. Walking breaks are encouraged and standing desks are optional upon request.
- Gym memberships at Wellness and rehab. Alternatives at lunch for healthier choices.
- Encouragement to join wellness programs.

8. Please share comments or observations about the actions AAMC has taken to address Diabetes.

- Access to Diabetic Education at Abbeville Area Health Care Center.
- Continued Diabetes Education as an extension of Primary Care Services through the Abbeville Area Healthcare Center. This is through individual appointments and/or group diabetes education classes.
- Diabetic educators in the Health Center.
- AAMC has addressed diabetes through community events and through a grant funded initiative at the AAHC for community members facing diabetes.
- The community has been educated at wellness events and we have diabetic educators x 2 that educate diabetics on a daily basis.
- Two physicians worked on a project to bring down A1Cs to below 7 by utilizing Diabetes department and setting up referral system. They then shared their success with other clinic physicians in hopes of getting more referrals to the program.
- Development of CCM.
- Evaluations and consults are made with Diabetic education department as needed.
- Diabetes screenings in the community.
- Employed 2 fulltime diabetic educators who work in clinic.
- AAMC support these services through the UCMAC free clinic.
- AAMC has provided community education about diabetes and to students at our local schools and the public at local grocery stores and other community events. They have also, checked blood sugars of the public at certain events to educate and screen for DM.
- Diabetic Education at Abbeville Area Health Care Center. Active Diabetic Education program that has

free support groups.

9. Please share comments or observations about the actions AAMC has taken to address Drug/Substance Abuse.

- Hosted a Community Health Fair which provided the opportunity to safely dispose of unused prescription medications, thus reducing the chance for it to be "sold" on the streets and also keeping children safe from harm.
- Cornerstone partnership is helpful. More emphasis is needed in schools.
- AAMC has acquired drug return boxes and drug disposal bags for the community to use, and these are located on the AAMC campus and in the community.
- Patients are educated and counseled regarding resources for help with substance abuse/abuse daily.
- Multiple partnerships through Be Well Abbeville; Drug take back programs.
- A sub -committee of the AAMC Coalition was formed, Substance Abuse Task Force, this team has worked on Opioid Awareness and Drug Take back by installing a box at our hospital. Through the task force have gotten involved in Suicide Awareness and promoting the teaching of Mental Health First Aid, a program about learning more about Mental Health and how to provide help. A few employees including a Sr. Level Team member had training to offer support in the future.
- Substance abuse use is screened for in the ROS questions and is addressed if identified.
- Cornerstone has a Substance Abuse Task Force which is multi-agency and shares appropriate information. Has implemented a drug take back program and educated public about use of Narcan.
- We evaluate for immediate interventions and referral to OP/Inpatient clinics as needed
- Partnering with our local commission for drug and alcohol abuse to start a substance abuse task force. Partnered with local law enforcement to install a prescription drug drop box on AAMC campus .
- AAMC participates in drug disposal and drug take back operations. We provide restrictions of narcotic ordering and also screen and measure staff compliance on distributing controlled substances. Patients are provided education on how to stop substance abuse.

Appendix B – Identification & Prioritization of Community Needs (Local Expert and Community Surveys)

Survey question: Please rate each item's importance on a scale of 1 (Not at all) to 5 (Extremely) = 2018 Identified Significant Health Needs*

Local Expert Survey results:

Health Need	Significant *4 Rating*	Extremely Significant *5 Rating*	Combined *4+5 Rating*
Behavioral Health (anxiety, depression, bipolar disorder, PTSD)*	30%	57%	87%
Access to Healthcare	24%	57%	82%
Affordable Healthcare	24%	57%	82%
Obesity & Access to Healthy Food*	38%	56%	94%
Diabetes*	40%	52%	92%
Education/Prevention*	29%	52%	81%
Physical Activity*	43%	47%	90%
Drug/Substance Abuse*	38%	47%	85%
Heart Disease	46%	46%	92%
Social Factors	32%	40%	72%
Women's Health	40%	40%	79%
Cancer	33%	40%	73%
Smoking*	49%	36%	85%
Hypertension	53%	34%	87%
Stroke	46%	25%	71%
Dental	27%	25%	52%
Lung Disease	31%	21%	52%
Alzheimer's and Dementia	34%	19%	53%
Kidney Disease	28%	17%	45%
Liver Disease	21%	15%	36%
Accidents	13%	6%	19%

***2018 Significant Need**

Survey question: Of the issues listed above for Abbeville County, which 3 do you think are most important within the community?

The health issues we received the most responses on when asked to identify their top 3 most important needs were:

- *Access to Healthcare (34%)*
- *Obesity (32%)*
- *Behavioral Health (30%)*
- *Education/Prevention (27%)*
- *Diabetes (25%)*
- *Drug/Substance Abuse (25%)*
- *Affordable Healthcare (23%)*
- *Heart Disease (19%)*
- *Access to Healthy Food (17%)*

Community Survey results:

Health Need	Significant *4 Rating*	Extremely Significant *5 Rating*	Combined *4+5 Rating*
Affordable Healthcare	19%	56%	75%
Mental Health	22%	48%	70%
Diabetes	33%	41%	74%
Social Factors	30%	41%	71%
Heart Disease/Stroke	37%	37%	74%
Teen Sexual Education	15%	37%	52%
Drug/Opioid Abuse	33%	33%	66%
Smoking	26%	33%	59%

Top 3 most important health concerns/issues in the community (Abbeville County)

1. Mental Health (48%)
2. Affordable Healthcare (37%)
3. Social Factors (33%)

Top health concerns/issues among low income, underserved/uninsured individuals (Abbeville County)

1. Affordable Healthcare
2. Diabetes
3. Obesity/Overweight
4. Drug/Opioid Abuse

Suggestions for action plan to address these health concerns/issues.

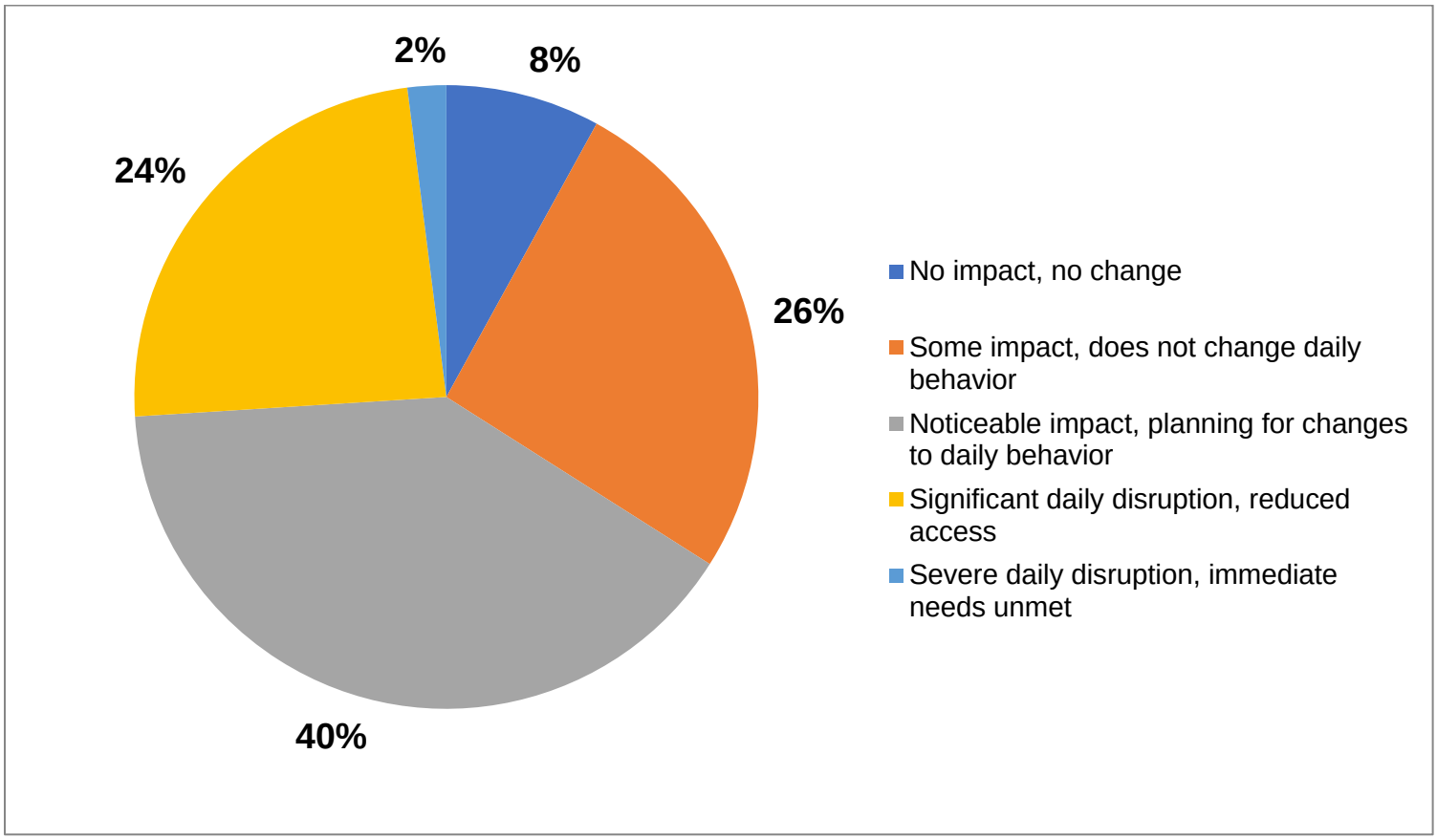
- Further education, making it more accessible, publishing in all areas
- Educate the community
- Help with education on prevention, how to care for diagnosed people

Areas that are blocking improvements from the community

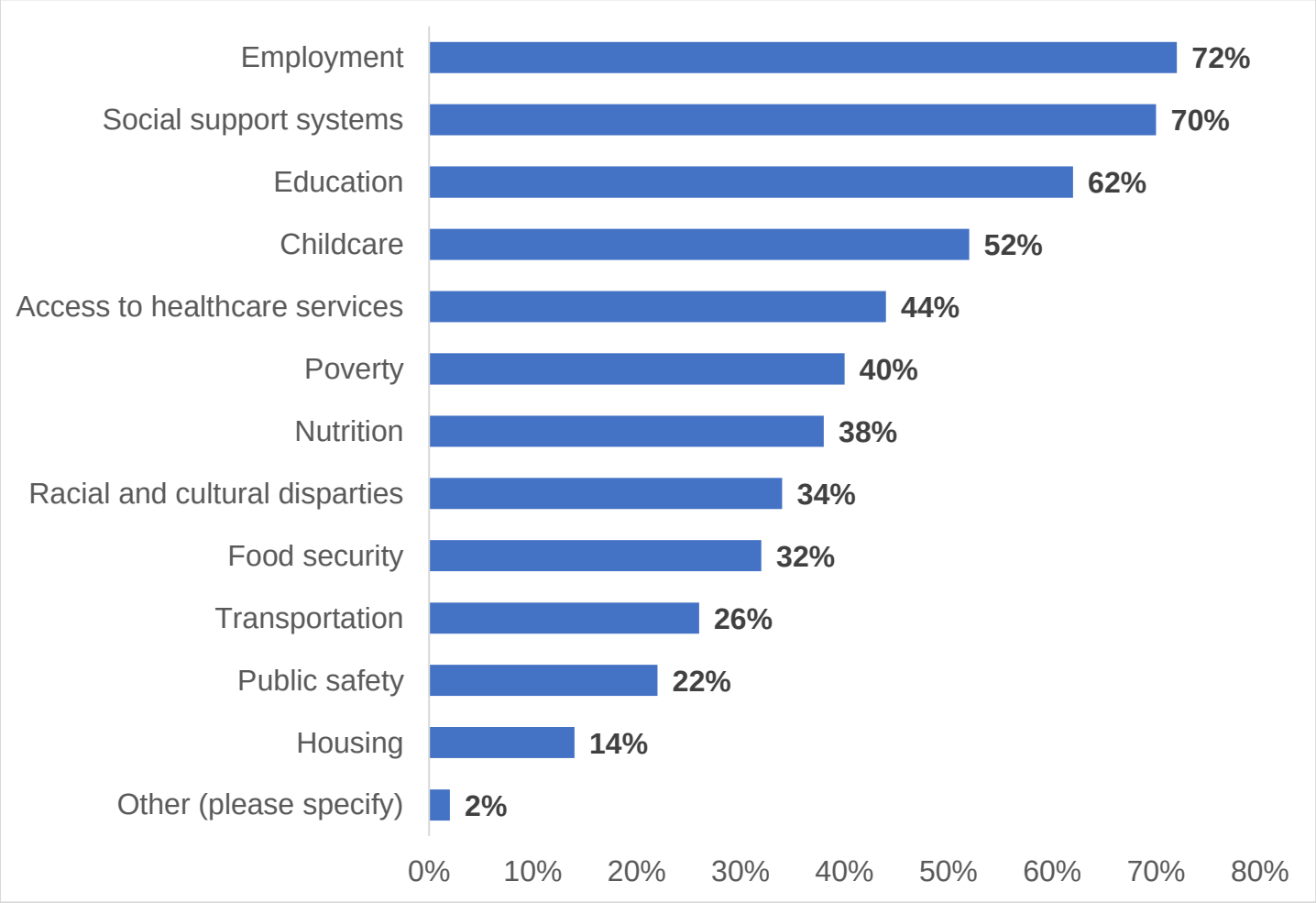
- Income
- Inability/lack of change
- Social factors/Poverty

Local Expert COVID-19 Impacts

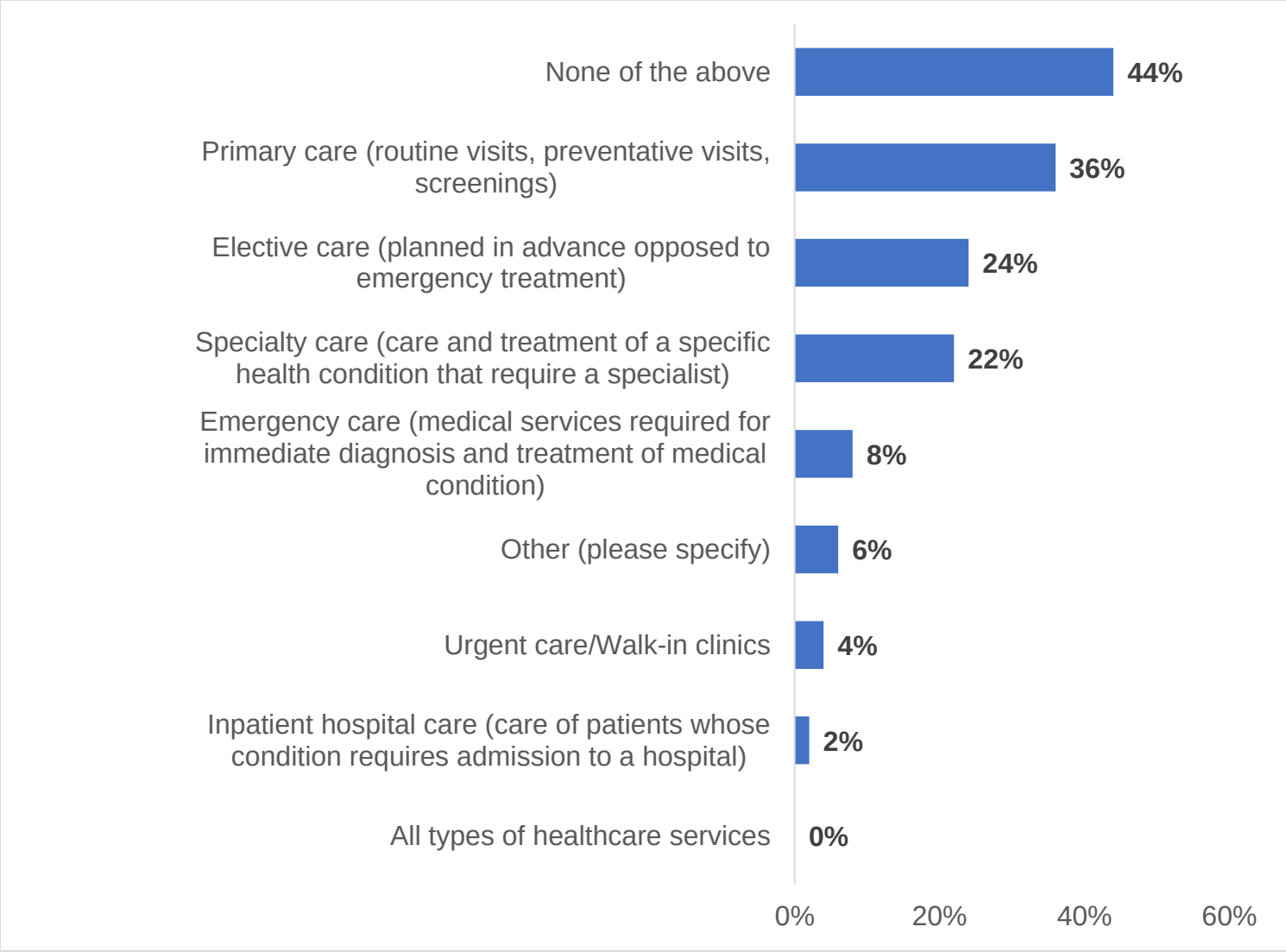
Question: Overall, how much has the COVID-19 pandemic affected you and your household?



Question: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community (please select all that apply):



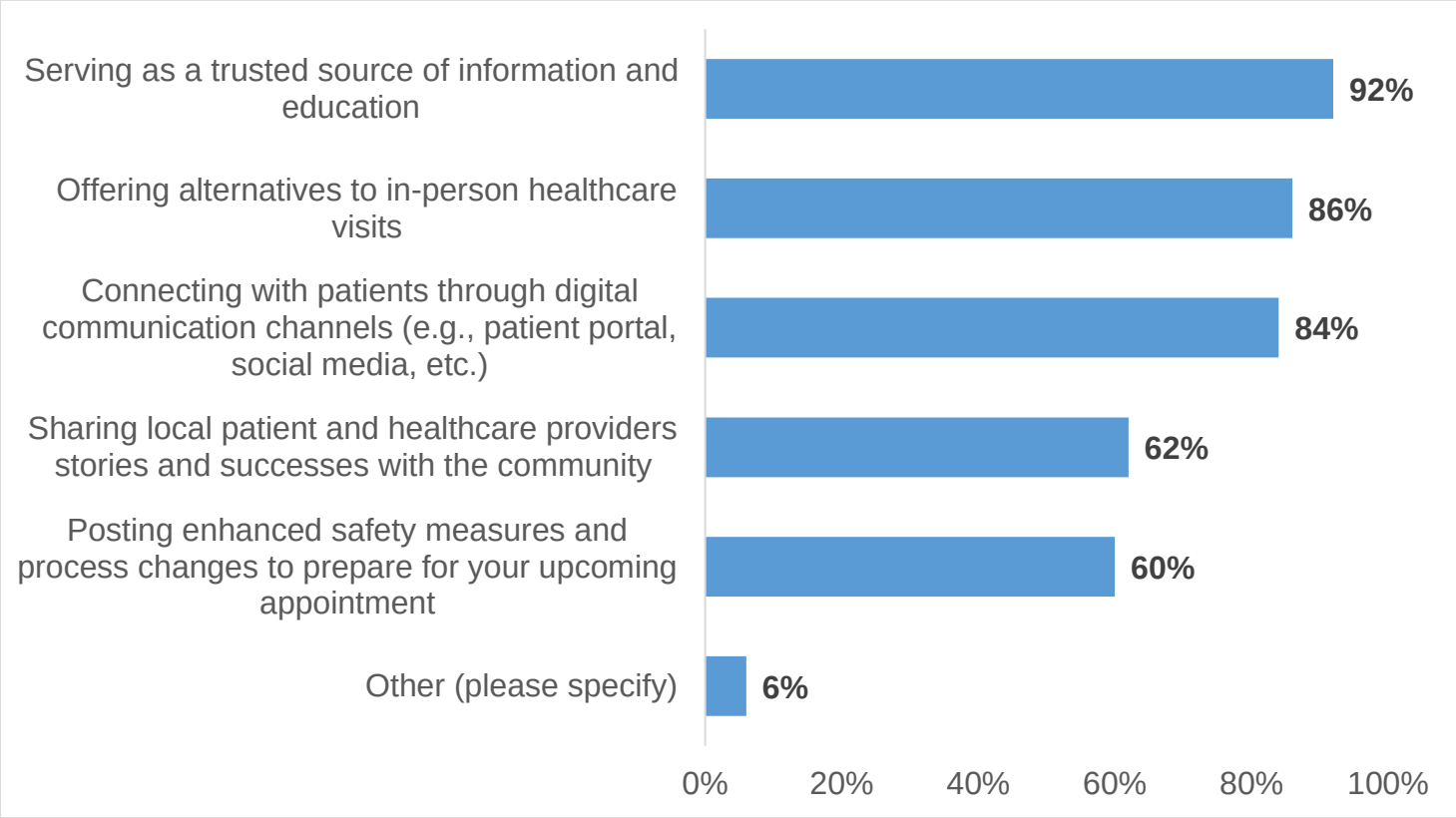
Question: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)



Comments:

- *Dental care*

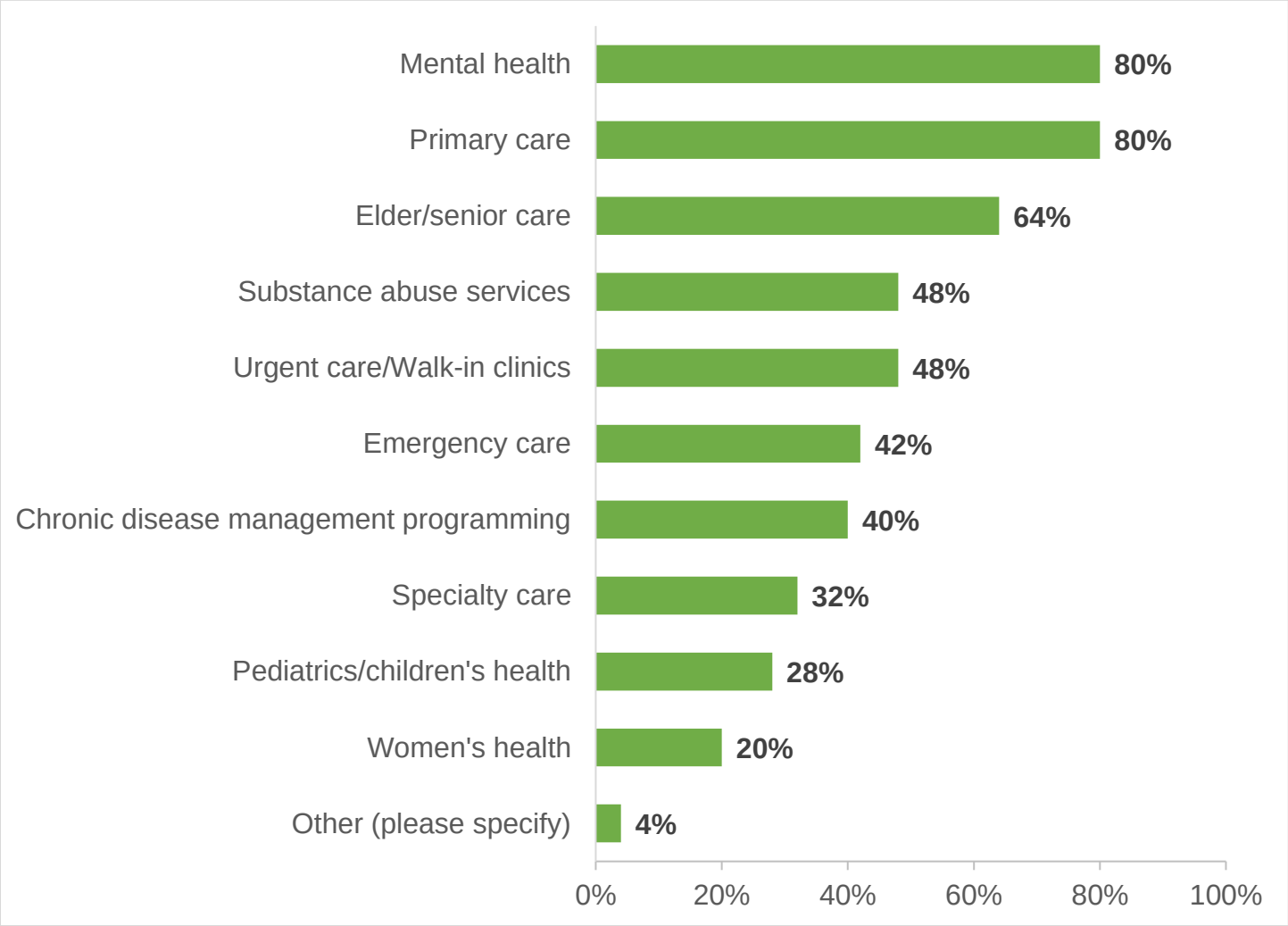
Question: How can healthcare providers, including Abbeville Area Medical Center, continue to support the community through the challenges of COVID-19? (please select all that apply)



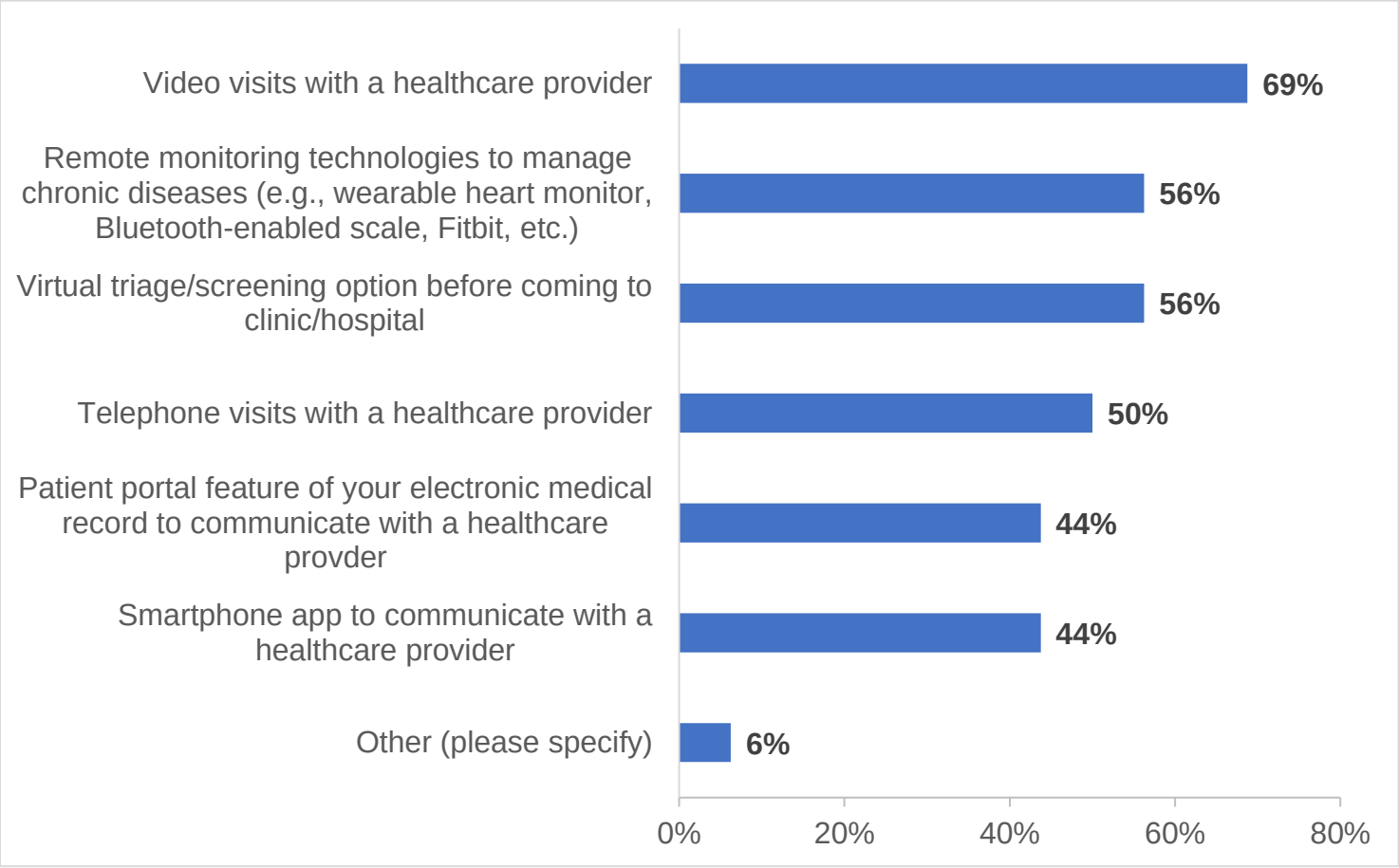
Comments:

- *Provide Covid screening and food distribution*
- *Maintaining availability and accessibility; ease of scheduling appointments*

Question: What healthcare services/programs will be most important to supporting community health as the pandemic continues to unfold? (please select all that apply)



Question: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)



Comments:

- *So many of our citizens, especially our elderly, do not have consistent internet access at home (or computer skills), that I think telephone visits would be most helpful*
- *Many patients actually don't have smartphones or even the internet, so we need to keep that in mind.*

Question: Please share resources and solutions that would help you and community get through the COVID-19 crisis.

Comments:

- *A virtual app for AAMC to improve communication and access for all patients would benefit most people in the community.*
- *More partnering with local faith community to work on vaccinations in minority populations.*
- *Continue to offer safe measures & prevention of covid to avoid the spreading throughout the community.*
- *Continue information from hospital regarding facts around covid-19 in our community.*
- *Aggressive education by Primary Care Physicians with regards to COVID-19 Vaccination.*
- *Offering clinics/vaccinations/testing etc.at sites other than the hospital.*
- *Health systems must stay abreast of technology changes and act quickly to address patient's needs.*
- *More Education and easier access.*