



Beaufort Memorial HOSPITAL

Community Health Needs Assessment 2016
Approved and Adopted by Board of Trustees
On September 28, 2016

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2013 Community Health Needs Assessment Update

The 2103 Community Health Needs Assessment (CHNA) was adopted by the Beaufort Memorial Hospital (BMH) Board of Trustees in September 2013 and was subsequently posted on the BMH website for public availability. Community health needs were identified through both qualitative and quantitative data collection and prioritized utilizing a criteria weighting methodology. Two strategies were chosen to address the prioritized needs. What follows is a review of the implementation activities that have transpired between September 2013 and August 2016.

Strategy 1:

BMH will continue to build capacity to prevent and address chronic disease.

Implementation Activities:

Increase community awareness of Beaufort Memorial Hospital's cardiovascular care program

- Since October 2013 an ongoing stroke survivor support groups has been conducted that provides education to the community on heart disease prevention and intervention programs. The support group is open to any survivor, their family and/or caregiver and is promoted through social media and BMH marketing materials.
- Community education and screening have been offered to more than 700 community members by physicians (including cardiologists), nurses, dieticians and wellness coaches at February 2014 and 2105 "Dance for Your Health" events. Informational displays that focused on healthy eating and active living were included.
- BMH cardiologists provided community presentations on heart health and cardiac care.
- BMH Living Well magazine, published quarterly and mailed to approximately 240,000 individuals featured heart healthy related articles in 2013 and 2014. In addition, 48,000 magazines were distributed through BMH campus boxes and other sites.
- Living Well 2015 issues included interviews with cardiologists, stroke survivors, a stroke survivor's handbook, and information on LifeFit Community Health's "Freedom from Smoking Program", to address reducing risk associated with tobacco products.
- Cardiology capacity was increased in February 2014 through the acquisition of Lowcountry Medical Group and the addition of two cardiologists.
- In September 2014, BMH implemented a telemedicine program in the Emergency Department (ED) with the Medical University of South Carolina (MUSC). Consultations take place with ED physicians and MUSC neurologists regarding patients who enter the BMH Emergency

Department with possible stroke symptoms. This service provides quick access to physicians specializing in the diagnosis and treatment of stroke.

- In October 2015, BMH implemented the Healthy Kids Campaign, a primary prevention strategy to address cardiovascular disease through reducing childhood obesity in Beaufort County. This initiative utilizes a toolkit developed by the SC Medical Association's Childhood Obesity Task Force in 2015. Training and related education were offered to almost 50 pediatric providers, including school nurses. Referrals from pediatricians and others were made to LifeFit Wellness Center where children received unlimited consultations with a registered dietician and suggestions for increasing physical activities. Parents and children ages 14 and older were offered membership to the BMH LifeFit Wellness Center or Beaufort YMCA at a discounted rate. The dietitians of the area's Federally Qualified Health Center, Beaufort Jasper Hampton Comprehensive Health Services (BJHCHS), partnered with BMH and shared data on dietary consultations that had been provided to children for issues relating to weight.
- For Fiscal Year 2016 the BMH Foundation underwrote the cost of the Healthy Kids Campaign, including free consultations by BMH dietitians and toolkit materials for pediatric providers within Beaufort. The first year goal was to have at least 100 children receive at least two consultations with a registered dietician to encourage healthy eating and active living. This goal was achieved by May 1, 2016, through pediatrician referrals and the combined efforts of the hospital outpatient dietitians and BJHCHS dietitians. The program continues to serve children and families to address childhood obesity.

Implement Transitional Care Program for patients with specified chronic disease

- The Bridge to Home Program for transitional care was established in 2013 to reduce overall hospital readmissions. Funded by The Duke Endowment (TDE), initial efforts (2013-2015) included hiring a nurse practitioner to focus on preventing avoidable readmissions through targeting patients with congestive heart failure, chronic obstructive pulmonary disease, and pneumonia. Program activities include making post-discharge appointments, post-discharge home visits, medication assistance, promotion of medication reconciliation and collaboration with community agencies involved in Bridge to Home patients' care. In July 2015, a second grant was received from TDE and the program was expanded to focus on decreasing all 30 day readmissions. The program's expansion allowed the addition of a nurse and administrative assistant. The program triages patients at high and moderate risk of readmission. Patients with high risk receive a follow-up phone call within 24 hours of discharge, a home visit by a health care professional within 3 days of discharge, and a follow-up visit to their primary care provider or specialist within seven days of discharge. The hospital continues to work with the SC Hospital Association's PART program (Preventing Avoidable Readmissions Together).
- Heart healthy holiday postcards providing tips on dietary compliance during this time of year were mailed to cardiac patients in 2014-2015.
- The Bridge to Home program was featured in the 2015 Living Well magazine and was distributed to 30,000 residents.

- BMH Community Wellness through the CHiP mobile wellness van conducted over 385 community events between August 2013 and January 2016. The events, in Beaufort and Jasper Counties, provided free and reduced-cost screenings, i.e. EKG's, blood pressure and glucose checks and education on heart attack, stroke awareness, and medication reconciliation to over 9,000 residents.
- A "brown bag" campaign focused on medication reconciliation was conducted in 2014-2015. Over 10,000 bags with reminder stickers were given to patients through BMH and Beaufort Memorial Physician Practices. In addition, medication reconciliation was promoted on the BMH television channel.
- BMH patient handbooks now contain information on the importance of medication reconciliation; 10,000 are printed annually and distributed to inpatients and are available in outpatient waiting areas.

Provide and market low cost vascular screenings

- BMH Marketing and Communications conducted a mailing campaign to approximately 30,000 residents advertising \$60.00 cardiovascular disease screenings. The screenings include carotid artery, abdominal aortic aneurysm and ankle brachial index scans. Screenings are offered in Beaufort and Bluffton with results of the screenings communicated to the patient's primary care provider or clinic. A total of 1194 screenings were conducted; 540 in 2013, 365 in 2014, and 289 in 2015.

Continue involvement with Together for Beaufort County coalitions addressing chronic disease

- The following hospital employees participate on Together for Beaufort county coalitions that address quality of life indicators including, obesity, chronic disease, and access to healthcare or related issues:
 - AccessHealth Lowcountry coalition- a collaborative group addressing healthcare for uninsured adults-Mark Senn, Deborah Slazyk and Cindy Coburn-Smith. Deborah Slazyk serves as the chairman.
 - Access Mental Health coalition-Deborah Slazyk and Susan South
 - Adequacy of Prenatal Care coalition- a collaborative group to promote prenatal care and efficient documentation of such care by providers-Cindy Coburn-Smith and Cynthia Mims
 - Aging in Place Coalition a collaborative to develop services for residents in a "village concept"-Peggy Hitchcox
 - Collaborative Organization of Services for Adults- Angela Boswell, Cindy Coburn-Smith and Susan South. Cindy Coburn-Smith serves on the COSY board.
 - Community Services Organization- a collaborative of health and human services agencies addressing needs for low income residents- Angela Boswell, Peggy Hitchcox and Charisse Kline

- Eat Smart Move More Lowcountry- a collaborative to promote healthy eating and active living seeking to address obesity and chronic disease-Mark Senn and Cindy Coburn-Smith
- Sheldon Township Community Support Partnership-initiative to promote education, leadership training and healthy lifestyles for Sheldon Township residents-Cindy Coburn-Smith and Deborah Slazyk

Continue promotion of LifeFit Wellness Services

- LifeFit Wellness Services consist of a state of the art wellness facility, diabetes education center, medical nutrition therapy, cardiac and pulmonary rehabilitation services, employee health and community health improvement programs. Promotion of LifeFit Wellness Services is ongoing through articles and the Community Events section of Living Well magazines mailed quarterly, on the www.bmhsc.org website and via the “on hold” messages for the hospital and physician practices. Benefits and incentives for healthy lifestyles for hospital employees include reduced health care insurance premiums and no cost medications for chronic conditions such as diabetes, hypertension, high cholesterol, etc.
- LifeFit Wellness Services participated in large community events in 2013, 2014, and 2015 i.e. Girls Night Out and Dance for Your Health.
- In 2015 the LifeFit Wellness Center added social media as an avenue for community education and event promotion purposes. The LifeFit Community Health programs including Baby University, Freedom from Smoking and the CHiP mobile wellness van services and schedule are featured on Facebook and promoted via Twitter.

Strategy 2:

BMH will continue its support to increase access to medical care for uninsured residents.

Implementation activities:

Continue to offer assistance to the Good Neighbor Medical Clinic

- A total of \$1,153,512 in services was provided between FY 2013-FY 2015
 - During Fiscal Year 2013 BMH provided \$367,269 in services to the clinic including labs, x-rays, mammograms, other imaging and special services.
 - During Fiscal Year 2014 BMH provided \$370,110 in services including labs, x-rays, mammograms and other imaging and special services.
 - During Fiscal Year 2015 BMH provided \$ 416,133 in services including labs, x-rays, mammograms, and other imaging and special services.

Continue support of CHiP Mobile Wellness Unit (MWU) services in Beaufort and Jasper Counties

- The schedule for the MWU is posted on the BMH website and Facebook page, included in the tear-out Community Events section of the Living Well magazine (mailed to 240,000 residents and patients annually), in the “on hold” telephone messages for the BMH and physician practices. Information and schedules are also electronically displayed in the main registration area and cafeteria. Schedules are also distributed at health fairs, community events and via the hospital’s physician practices.
- The MWU served 10,915 residents during FY 2013 – FY 2015.
 - During FY 2013 the CHiP MWU served 3671 clients in Beaufort and Jasper Counties at 88 events.
 - During FY 2014 the CHiP MWU served 3953 clients in Beaufort, Jasper and Hampton Counties at 138 events.
 - During FY 2015 the CHiP MWU served 3291 clients in Beaufort, Jasper and Hampton Counties at 160 events

Promote AccessHealth Lowcountry Program

- AccessHealth Lowcountry (AHL), funded by The Duke Endowment, assists uninsured adult (19-64) residents of Beaufort and Jasper Counties with obtaining and navigating free or reduced-cost health care services. The programs’ website, www.accesshealthlowcountry.org, is hosted by BMH. Information on the program has been distributed via the Beaufort County Alliance for Human Services weekly electronic newsletter. Brochures are distributed by BMH Care Coordinators, other staff and through the ED and Beaufort Memorial Physician Partners’ offices. The AHL Advisory Council members have been given brochures and information on referrals to the program. Brochures are also distributed at community events throughout the year and noted in the annual Beaufort Memorial Hospital Report to the Community, mailed to 30,000 residents of Beaufort, Jasper and Hampton Counties.
- As a significant preventive initiative for uninsured residents, in 2015-2016 AHL received a grant to fund colon cancer screening tests fecal immunoassay tests (FIT) in the free medical clinics in Beaufort County: Beaufort Jasper Volunteers in Medicine Clinic, Good Neighbor Free Medical Clinic of Beaufort and Volunteers in Medicine of Hilton Head Island. Ninety-one tests were completed in the first six months of the initiative. AHL, BMH, Beaufort Memorial Physician Partners, Lowcountry Anesthesia, and Beaufort Pathology all participate in providing follow-up colonoscopies at no cost to these patients. The use of the FIT tests was modeled after a *Links to Care* program funded by the American Cancer Society for patients of the Beaufort Jasper Hampton Comprehensive Health Services, Inc., the local Federally Qualified Health Centers.
- BMH provided direct funding for a clinical case manager beginning in FY2016.

Continue participation in South Carolina Department of Social Services The Benefit Bank

- Participation in The Benefit Bank was discontinued in 2013 due to an annual user fee of \$2,500 imposed by The Benefit Bank. However, AHL continues to screen clients for eligibility to SC Department of Social Services programs.

Conduct SWOT Analysis regarding transportation

- A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis was conducted on February 28, 2014 in the boardroom of BMH. Clemson Extension agent Bob Guinn conducted the SWOT with representatives of the following organizations: Lowcountry Region of SC Department of Health and Environmental Control, BMH LifeFit Community Health Program, BMH AccessHealth Lowcountry program, Med-I-Assist, Coastal Empire Community Mental Health, BMH Security and Transportation, Lowcountry Council of Governments and Area Agency on Aging, BMH Medical Outpatient Social Services, Beaufort County Alliance for Human Services, Palmetto Breeze Lowcountry Transit Authority, and BMH LifeFit Wellness Services .
- SWOT recommendations were presented to the Lowcountry Transportation Coordination Steering Committee in March, 2014.
- The Lowcountry Council of Governments is partnering with AHL, the Beaufort County Alliance for Human Services, Palmetto Breeze (Lowcountry Regional Transit Authority), the United Way of the Lowcountry, and the free clinics to address medical transportation needs in the Lowcountry.

Other initiatives that have been implemented to reduce transportations barriers include:

- Bedside and home delivery of prescription medications for discharging patients.
- AHL provides several types of transportation assistance for medical appointments, including through a contract with Palmetto Breeze for public transportation, gas cards, and taxi cabs.
- The aforementioned CHIP mobile wellness van provides free and low-cost screenings throughout various locations within Beaufort and Jasper Counties.



Beaufort Memorial HOSPITAL

Our Mission:

To deliver superior health care services to our patients and to improve the health of our community.

Executive Summary

Overview

Beaufort Memorial Hospital (BMH) is a 197 bed non-profit community hospital located in Beaufort SC and the largest hospital between Charleston and Savannah, Ga. Beaufort is the second oldest city in South Carolina and is among the fastest growing areas of the state. It is part of the economic, cultural, and recreational hub of a large, growing region that encompasses parts of the Georgia and South Carolina coasts. It is located 75 miles south of Charleston, SC, 55 miles north of Savannah, GA, and 40 miles from Hilton Head Island, SC.

The hospital, established in May 1944 with 25 beds, was the first hospital in the area. Over time it has grown to encompass a medical staff of over 230 board-certified or board-eligible providers, a 14-bed inpatient psychiatric unit, and the Keyserling Cancer Center, home to the region's only linear-accelerator. Beaufort Memorial Hospital is accredited by The Joint Commission. The Keyserling Cancer Center was recently reaccredited by the American College of Surgeons Commission on Cancer and received the Outstanding Achievement Award, a status bestowed on less than 5% of the accredited facilities.

Service Area

Over 80% of Beaufort Memorial Hospital's patients reside in Beaufort County, and 56% of them predominantly in 4 zip code areas contiguous to the hospital. Patient origin data reflects the importance of BMH to its surrounding rural communities. Although Jasper and Hampton counties are not a major source of patients for BMH, a significant percentage of hospitalizations from these areas are at BMH. As a major tourist destination, vacationers and out-of-state residents are also a source of patients.

Demographics

Beaufort County continues in its rank as one of the healthiest counties in South Carolina. However, both its demographics and health status indicators are heavily influenced by affluent and healthy retirees that reside in Bluffton or Hilton Head, 25 miles south of the Broad River. Population projections suggest that Beaufort County experienced nearly 11% growth since 2010. Growth occurred across all minor civil divisions and most age categories. Geographically growth was greatest in Bluffton (25.3%) and Port Royal (13.4%); age-wise, it was in the 65 and older cohort, which continues to comprise nearly a quarter

of the county's population. The City of Beaufort also grew 6.9%, reversing the population decline that occurred between 2000 and 2010. Median household income rose among all areas except in the City of Beaufort, where income declined by 4.4% and poverty rose by 4% which now stands at 19%. Poverty also grew by 8% within Port Royal, where nearly 15% of the population is now at or below poverty. This growth in indigence is particularly concerning since BMH's draws heavily from these areas for its emergency room and inpatient populations. Lastly, there continues to be strong growth in the retirement aged, including those aged 75-84 and over 85.

Health Status and System Responsiveness

Statistically, Beaufort County ranks well on health outcomes when compared to other South Carolina counties. Overall, its residents report themselves as healthier and happier and we achieved some of the national benchmarks in these indices. Strides have been made in improving the percentages of women receiving adequate prenatal care (with the exception of 2014), reducing teenage pregnancy and reducing infant mortality. Despite improvement in health disparities, the percentage of low-birth weight babies and infant mortality continue to be double or greater for African Americans. Beaufort County adult morbidity rates no longer compare favorably to SC. The prevalence of diabetes, stroke, and hypertension are now all slightly above SC levels and significant disparities between African American and Caucasians continue, demonstrated by earlier onset of disease, greater utilization of the BMH Emergency Department, and slightly longer lengths of stay.

Although Beaufort County has achieved top rankings in health outcomes and health factors and has a resident population that makes use of preventive health measures, there are very definitive areas of concern where intervention is needed to circumvent continued increases in morbidity and potential increases in mortality, especially from preventable causes. Prevention, early detection, and intervention, keystones of public health, will continue to be vital components of the health care system in order to achieve reductions in costs, morbidity, and mortality.

Over the decades, BMH has grown in its capacity and in the complement of services available to the community. Physician recruitment and additions to service line offerings have been important additions to meeting the needs of a growing and aging population. As new technology and procedures have become safe and available, BMH has pursued these offerings, permitting its residents to obtain a more comprehensive level of care close to home and family. However, shifts in market share have been occurring, and BMH has not been as well positioned geographically to capitalize on the growth occurring south of the Broad. This will continue to be an important market and much needed to help offset the charitable costs outlaid as the community's only non-profit facility.

Concluding Comments

The future adequacy of a cost effective health care delivery system within the City of Beaufort and its immediate areas lies largely within the purview of BMH. With continued growth of poverty and uninsured, shifts and reductions in reimbursement at both the Federal and State levels, and a constrained supply of primary care providers, staying steady at the helm will be a challenge for BMH. In keeping with these challenges, the strategies and implementation plan which evolved from this assessment process attempts to balance the community's identified priorities with endeavors that are fiscally sound and in keeping with BMH's strong stewardship within Beaufort County. The depth and breadth of BMH's involvement in community coalitions positions it well to continue to affect change at all levels. With public health's growing focus on "population health management", BMH's leadership will

continue to be called upon, and its position of importance as a resource to the Lowcountry's array of health and human service agencies will likely provide ample opportunities for BMH to fulfill its mission.

Implementation Strategies

Obesity, chronic disease, and poverty/homelessness/unemployment were the three areas identified as priorities by the Beaufort community in the 2016 CHNA. Identification of these priorities was based on results from the community health needs survey, focus group and ranking in accordance with a criteria weighting method. The three strategies developed to address the priorities are:

Strategy 1:

BMH will continue to build capacity to prevent and address obesity.

Strategy 2:

BMH will continue to address chronic disease management.

Strategy 3:

BMH will support programs addressing social determinants of health.

Community Health Needs Assessment

Introduction

Beaufort Memorial Hospital (BMH) is a 197 bed non-profit community hospital located in Beaufort, SC and the largest hospital between Charleston and Savannah. The hospital, established in May 1944 with 25 beds, was the first hospital in the area. Over time it has grown to encompass a medical staff of over 230 board-certified or board-eligible providers, a 14-bed inpatient psychiatric unit, a 14-bed rehabilitation unit, and the Keyserling Cancer Center, home to the region's only linear-accelerator. Beaufort Memorial Hospital is accredited by The Joint Commission, and its vascular and cancer services were developed under an affiliation with Duke Medicine, which helped bring the latest technology and clinical trial involvement to the region's Lowcountry residents. Most recently, the Keyserling Cancer Center was reaccredited by the American College of Surgeons Commission on Cancer and received the Outstanding Achievement Award, a status bestowed on less than 5% of the accredited facilities. As of July 2016, BMH's clinical affiliation with Duke Medicine was discontinued with the initiation of an affiliation agreement with the Medical University of South Carolina (MUSC).

As with any Community Health Needs Assessment (CHNA), the characteristics of the population to be served provide the parameters for the complement of services that are needed to best meet the health and wellness requirements of the community. The cross-functional team initially established by BMH to ensure that a broad spectrum of stakeholders was represented continued to provide oversight for this 2016 update. The team included representatives from the LifeFit Community Health Department, the South Carolina Department of Health and Environmental Control, and AccessHealth Lowcountry.

This assessment will review current sociodemographic data, pertinent public health statistics, including morbidity and mortality data, and lastly, discuss the results of a recent survey and a focus group that addressed the public's perception of the community's health needs. It will conclude with the identification of specific goals and strategies for BMH to undertake in ensuring it is responsive to the needs of its community.

Beaufort Memorial Hospital Service Area

Beaufort Memorial Hospital's patients predominantly reside in Beaufort County, with smaller percentages coming from the outlying areas of Jasper and Hampton Counties. As a tourist destination, out-of-state residents are also a source of patients for BMH. During 2014, approximately 2.5% of BMH's inpatients were from out-of-state locations. However, for the purposes of this document, focus will be on Beaufort County, where over 80% of BMH's patients reside.

Fiscal Year 2014 Patient Origin Data indicated that 56% of BMH's inpatients reside in 29906, 29902, 29920, and 29907. Geographically, these areas are the City of Beaufort, Town of Port Royal, St. Helena and Lady's Islands. This is a slight shift from 2011, when 58% of BMH's patients lived within this area neighboring the hospital. The secondary service area, from which 22% of the patients originate, includes the towns of Ridgeland, Port Royal, Yemassee, Bluffton, and the zip code area known as Seabrook. Map 1 displays the primary, secondary, and tertiary areas served by BMH.

Demographic Overview

Population

Beaufort is the second oldest city in South Carolina and is part of the economic, cultural, and recreational hub of the large, growing region that encompasses parts of the Georgia and South Carolina coasts. It is located 75 miles south of Charleston, SC, 55 miles north of Savannah, GA, and 40 miles from Hilton Head Island, SC. Beaufort County, comprised of 923 square miles of land and water, is among the fastest growing areas in the State. Currently, the U.S. Census Bureau estimates that 175,852 people reside in Beaufort County, an 8% increase in residents since the 2010 census and a 45% increase since the millennium. Growth has been greatest in Bluffton and Port Royal followed by Hilton Head and the City of Beaufort. Bluffton and Hilton Head are both towns in the southern portion of the county. Bluffton has continued to have aggressive growth, increasing from approximately 1,200 people in 2000 to over 15,000 residents in 2014, with a 17.1% increase since 2010. Hilton Head has also continued to grow, with a more modest 7.9% increase. Port Royal, with a town limit slightly less than a mile from Beaufort Memorial Hospital, has also experienced continued growth since 2010 albeit at a slower pace than that seen between 2000 and 2010. Notable is the reverse in population decline within the City of Beaufort; projections indicate it has had a 6.2% increase since 2010 in contrast to an almost 5% decline between 2000 and 2010.

Table 1: Population for Beaufort & Jasper Counties

Area	2000 Census	2010 Census	Percent Change 2000-2010	2014 Estimate	Percent Change 2010-2014
Beaufort County	120,937	162,233	34.2%	175,852	8.4%
Beaufort City	12,950	12,361	-4.6%	13,130	6.2%
Bluffton Town	1,275	12,530	882.8%	15,199	17.1%
Hilton Head Island	33,862	37,099	9.6%	40,039	7.9%
Port Royal	3,950	10,678	170.3%	11,870	11.2%
Jasper County	20,678	24,777	19.8%	27,170	7.5%

Source: Low Country Council of Governments, Planning Department, October 2015

Population projections for Beaufort County over the next several years continue the upward trajectory observed in Table 1. In fact, the 2015 estimate for Beaufort County projected a population of 179,589 for 2015 (up from an original estimate of 170,640) and a revised projection for 2020 of 215,300 people, up from a previous projection of 185,220, suggesting a 14.2% change between 2010 and 2020.

As the population has increased, diversity has remained relatively unchanged. The data in Table 2 indicates that the greatest proportionate change in Beaufort County has been within the Caucasian/White Alone race category impacting the smaller increments of growth in Beaufort's Asian and American Indian/Alaskan Native populations. In terms of ethnicity, which is inclusive of all races, there was an approximate 1% decline in the Hispanic/Latino population since 2010. However, in terms of absolute numbers, the Hispanic/Latino population has grown from approximately 8,000 individuals to over 20,000 in 2014.

Table 2: Race and Ethnicity in Beaufort County: 2010, 2014

RACE/ETHNICITY	2010	2014 Estimate
African American Alone	19.3%	19.0%
Caucasian/White Alone	71.9%	77.2%
Am. Indian/Alaskan Native Alone	.3%	.4%
Asian Alone	1.2%	1.4%
Native Hawaiian or Other Pacific Islander	.1%	.1%
Two or More Races	2.1%	1.9%
Hispanic/Latino	12.1%	11.2%

Source: US Census Bureau (2010), (2014)

Demand for health services will continue to be influenced by this population growth, as will the opportunities for expansion. Service configuration will likely be heavily influenced by the age and sex composition of the population, particularly by the aging of the population seen in Table 3 below. Small dips in the preschool and high school age cohorts are overshadowed by the greater growth of those over 65. Double digit growth in the retirement aged and beyond with their expected higher utilization of healthcare services will be an important driver for service expansion.

Table 3: Population by Age for Beaufort County, 2000, 2010, and 2014

	2000 Census	2010 Census	Percent Change 2000-2010	2014 Projection	Percent Change 2010-2014
Beaufort County					
Under 5 years	8,110	10,960	35.1%	10,150	-7.4%
5 to 9 years	8,033	9,566	19.1%	9,980	4.3%
10 to 14 years	7,747	8,553	10.4%	9,400	10.0%
15 to 19 years	8,722	9,956	14.1%	9,820	-1.4%
20 to 24 years	10,002	11,756	17.5%	12,120	3.1%
25 to 34 years	16,434	20,137	22.5%	20,600	2.3%
35 to 44 years	16,433	17,534	6.7%	18,450	5.2%
45 to 54 years	14,019	18,580	32.5%	19,000	2.3%
55 to 59 years	6,397	9,886	54.5%	10,710	8.3%
60 to 64 years	6,286	12,273	95.2%	12,550	2.3%
65 to 74 years	11,329	20,137	77.7%	25,860	28.4%
75 to 84 years	5,913	9,698	64.0%	12,260	26.4%
85 years +	1,512	3,197	111.4%	4,040	26.4%

Source: U.S. Census Bureau and SC Revenue and Fiscal Affairs Office, 2016.

Beaufort's pre-school and school-aged population is comparable to the state's; its young adult (20-44) and middle-aged population are both lower (29.8% vs. 32.6% and 24.6% vs. 26.5% respectively), and in keeping with Beaufort's popularity as a retirement community, the traditional "senior citizen" population, those over 65, is significantly higher (24.5% versus 15.7%). Although the proportion of

senior citizen population has increased statewide (from 14.1% to 15.7%), the growth has been even more significant in Beaufort County (21.4% to 24.5%). Table 3 provides specific information on the number and percent of the County and State’s population for each of the age cohorts discussed above.

Table 4: Population by Age Category for Beaufort County and South Carolina, 2014

Age Group	Beaufort County		South Carolina	
	No.	Percent	No.	Percent
Under 5 years	10,150	5.9%	293,600	6.1%
5 to 19 years	29,200	17.0%	924,090	19.2%
20-44 years	51,170	29.8%	1,570,740	32.6%
45 to 64 years	42,260	24.6%	1,277,270	26.5%
65+ years	42,160	24.5%	758,440	15.7%
TOTAL	171,838	100.0	4,824,150	100.0

Source: U.S. Census Bureau and SC Revenue and Fiscal Affairs Office, 2016.

Age demographics are an important variable in the planning of future services and potential delivery sites for BMH. Beaufort, Bluffton and Port Royal continue to experience population growth. Age-specific data reflects a dip in the preschool-age population but continued growth, particularly in those over aged 65, and the old-old, with a 26.4% increase since 2010 in those over age 85. This burgeoning elderly population will be a key demographic driver for demand of healthcare services.

Economics

Beaufort County is consistently rated as one of the most desirable places to live within South Carolina and receives accolades from national publications (e.g. Money magazine, the Smithsonian magazine, Market Watch, Seaside Living, etc.) It ranks among the highest counties in both economic and public health indices. But, the presence of a significant number of affluent retirement communities masks the economic disparities that can be found in the area. Nothing quite exemplifies this as the contrast in median housing costs between Beaufort County, its minor civil divisions, and South Carolina. With an average median home value of \$137,600, median gross rent of \$784, and median household income of \$45,033, South Carolina as a whole, is more affordable than Beaufort County with an average median home value of \$272,900 and median gross rent of \$1,042. Although Beaufort County’s median household income is considerably higher at \$57,295, it is heavily weighted by the affluent areas of Hilton Head Island and Bluffton with median household incomes of \$68,437 and \$64,217, respectively. Table 5 displays the 2014 estimates of these demographic and economic indicators.

Table 5: Summary of Demographic and Economic Indicators for Beaufort County & Minor Civil Divisions, 2014

Census Data Item	South Carolina	Beaufort County	City of Beaufort	Port Royal	Hilton Head	Bluffton
Population Change 2010-2015	5.9%	10.7%	6.9%	13.4%	9.2%	25.3%
Foreign Born persons, % 2010-2014	4.8%	9.8%	6.9%	4.3%	14.6%	17.4%
High School Graduates, % persons 25+	85.0%	91.6%	89.1%	92.6%	92.8%	88.5%
% persons 25+ with Bachelor's or higher	25.3%	37.4%	39.4%	29.7%	47.2%	29.4%
Median value of owner-occupied housing unit	\$137,600	\$272,900	\$240,800	\$194,300	\$447,400	\$203,800
Median Gross Rent	\$784	\$1,042	\$809	\$996	\$1,096	\$1,356
Median HH income	\$45,033	\$57,295	\$46,915	\$46,643	\$68,437	\$64,217
Persons in poverty	18.0%	12.9%	19.0%	14.6%	9.3%	15.6%

Source: <http://quickfacts.census.gov>

X=Projections at MCD level are not available.

If we were to look only at the City of Beaufort's and Port Royal's demographics, which are two of the four areas that compose BMH's primary service area, a slightly different picture emerges. The City experienced a 6.9% increase in population between 2010 and 2015 but also experienced a 4% increase in the number of persons living in poverty (19% vs. 15%). Port Royal experienced a 13.4% increase in population and an 8% increase in the number of persons living in poverty. Overall, these areas have higher levels of poverty (19% and 14.6% versus 12.9%), a lower median household income (\$46,915 and \$46,643 vs. \$57,295) and lower median value of owner-occupied housing units (\$240,800 and \$194,300 vs. \$272,900). Table 6 displays the changes in these indicators since the 2010 census.

Table 6: Changes in Demographic and Economic Indicators for Beaufort County & Minor Civil Divisions, 2010-2014

Census Data Item	South Carolina	Beaufort County	City of Beaufort	Port Royal	Hilton Head	Bluffton
% Change in Foreign Born persons, 2010-2014	.1%	.2%	2.4%	-1.9%	-.4%	-1.8%
% Change High School Graduates, persons 25+	2.0%	1.0%	.3%	-.3%	-1.0%	-.6%
% Change persons 25+ with Bachelor's or higher	-1.3%	0.0%	1.5%	-.3%	-3.5%	-3.2%
% Change in Median value of owner-occupied housing unit	2.6%	-6.2%	8.4%	.8%	-10.7%	-15.4%
Median Gross Rent	\$784	\$1,042	\$809	\$996	\$1,096	\$1,356
% Change in Median HH income	2.5%	3.6%	-4.4%	4.5%	1.2%	13.3%
% Change in Persons in poverty	1.6%	2.4%	4%	8.0%	0.4%	0.3%

Source: <http://quickfacts.census.gov>

With the median value on an owner-occupied housing unit in Bluffton decreasing 15% since 2010 and a median household income that rose by 13%, Bluffton has become a more affordable community for home ownership. However, 15.6% of its residents live in poverty, and its median gross rent of \$1,356 is the highest of all areas within Beaufort County (see Table 6). These individual contrasts to the aggregate data are particularly important to BMH, since the City of Beaufort and the Town of Port Royal are the top two sources of inpatients for the hospital.

Table 7 provides more specific information about the growing level of poverty among children and families in Beaufort County. Although Beaufort County trends slightly below the statewide poverty rates, increases in the percent of children and families living in poverty have continued to rise since 2010. As discussed in the 2012 Together for Beaufort County Annual Report, children living in poverty are at a disadvantage for future opportunities. These disadvantages include greater infant mortality, lower birth weight, lack of early childhood care, inadequate housing, inadequate healthy food, and eventually lower scores on math and reading tests. The 2015 Kids Count data distributed by Children’s Trust of South Carolina indicates that many of the economic, education, health, and family and community indicators for Beaufort County have worsened or remained unchanged since 2013. This disadvantage can be seen in the review of morbidity and mortality statistics relevant to childhood in the following section.

Table 7: Selected Poverty Statistics for Beaufort County & South Carolina, 2014

Percent Below Poverty Level	Beaufort County		South Carolina
	2010	2014	2014
Children (People Under 18)	21.0%	23.6%	26.4%
Families with Related Children Under 18 Below Poverty	16.3%	19.0%	26.9%
Persons in Poverty, Percent	10.5%	13.9%	18.3%

Source: U.S. Census Bureau 2006-2010 American Community Survey 5-Year Estimates and 2010-2014 American Community Survey 5-Year Estimates

Community & Public Health Involvement

Beaufort Memorial Hospital is fortunate to be located within a county that has a robust configuration of health and human services agencies with a lengthy history of interagency collaboration. BMH and its employees have a track-record of providing technical support and leadership to innumerable organizations. One of the Hospital’s major commitments has been the participation in the Together for Beaufort County initiative, with employees participating on 6 of the coalitions. A historical overview and description of this important public-private partnership follows.

Community Input - Together for Beaufort County

In 2004 a group of Beaufort County leaders introduced a community indicators project called "Together for Beaufort County" (T4BC). This initiative is sponsored by the Beaufort County Human Services Alliance and is an initiative that allows all Beaufort County residents to work together to improve the County’s quality-of-life. The Alliance initially engaged a consultant to develop a series of indicators that would permit the monitoring of progress as the identified issues were addressed.

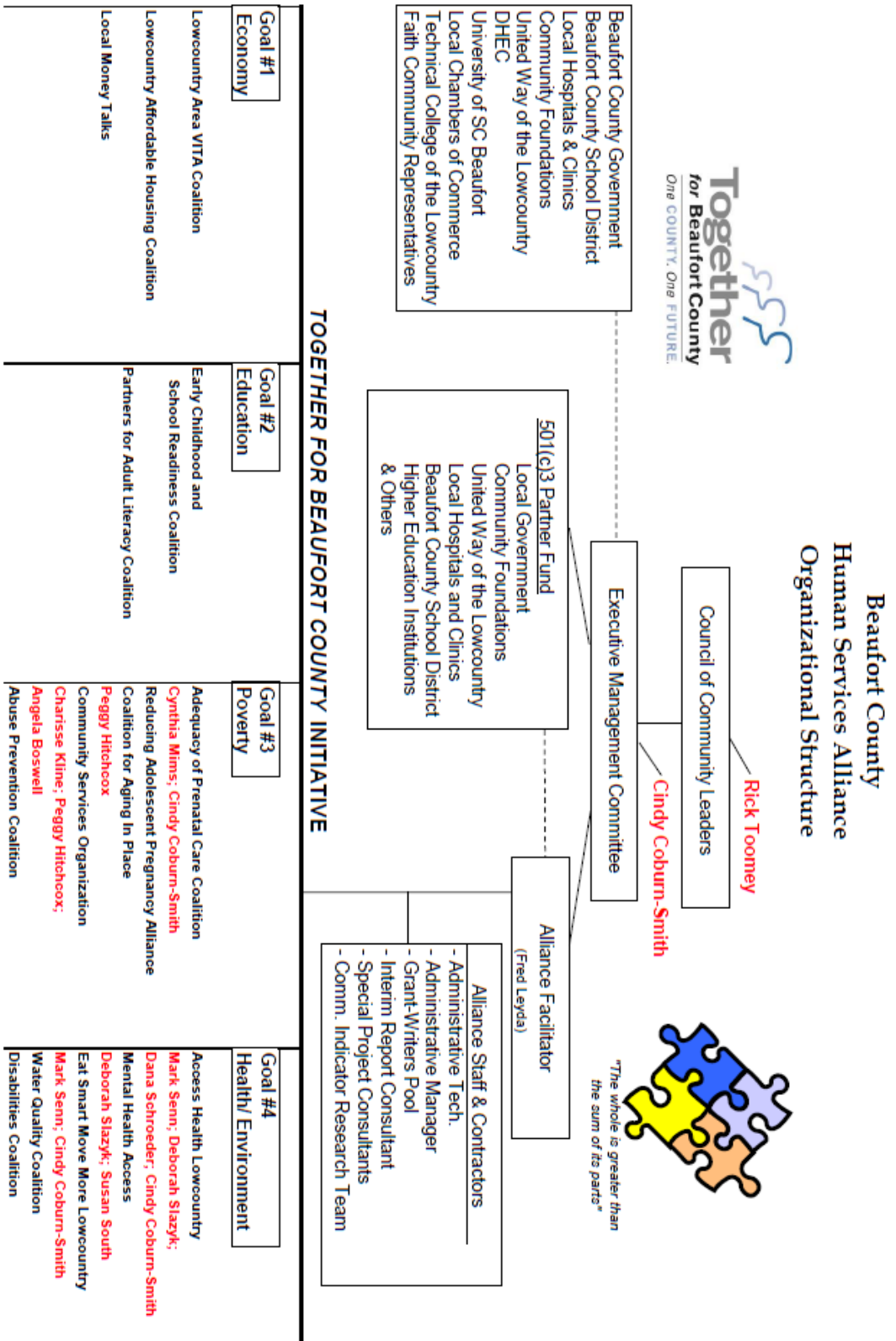
Operational definitions of four strategic goals, each with four complementary objectives, and baseline data for measurement of the objectives were delineated. The four strategic goals were:

- **Strategic Goal One:**
Together we will, with our Lowcountry neighbors, build an economy that supports a sustainable quality-of-life.

- **Strategic Goal Two:**
Together we will break the cycle of illiteracy by exceeding national education standards.
- **Strategic Goal Three:**
We will break the cycles of poverty that impact children, elderly and the working poor.
- **Strategic Goal Four:**
Together we will balance growth in a manner that promotes and protects the health of our residents.

Figure 1 (next page) displays these four goals and the associated coalitions.

Figure 1: Human Service Alliance Organizational Chart



The sharing of this information established a common ground for public, private, and nonprofit leaders to engage the public in a dialogue about how to work together to address these and other related issues. Additionally, it fostered collaborations among public, private, nonprofit and faith organizations to address gaps in services, build efficiencies, gain understanding, and address the collective responsibilities to the community shared by the human service sector.

A 2009 Interim Report highlighted the actions taken by local community groups to improve Beaufort County’s quality-of-life. In 2011, the Alliance contracted with University of South Carolina Beaufort to evaluate the progress made toward achieving the original T4BC quality-of-life objectives and present the findings at a series of public forums. Goals 3 and 4 are most closely interrelated to BMH’s mission as a non-profit, community-based hospital. Table 8 displays BMH’s current representation on the T4BC coalitions.

Table 8: Together for Beaufort County Coalitions & BMH Membership

GOAL 1: ECONOMY	BMH Membership
Lowcountry VITA Coalition	
Affordable Child Care Cost Coalition	
Lowcountry Affordable Housing Coalition	
GOAL 2: EDUCATION	
Early Childhood Coalition	
Business-Education Partnership	
Partners for Adult Literacy	
GOAL 3: POVERTY	
Community Services Organization	X
Coalition for Aging in Place	X
Reducing Adolescent Pregnancy Alliance	
Adequacy of Prenatal Care Coalition	X
GOAL 4: HEALTH	
Eat Smart Move More Lowcountry	X
AccessHealth Lowcountry	X
Mental Health Access Coalition	X
Water Quality Coalition	

Source: *Beaufort Memorial Hospital (2015)*

Community Input – SC Revenue and Fiscal Affairs Office

A community’s health is traditionally measured by an assortment of health status indicators, particularly morbidity and mortality data. In general, Beaufort County ranks among the healthiest of South Carolina’s counties. Among the state’s 46 counties, as listed in *County Health Rankings: 2016 South Carolina*, Beaufort County ranked 1st in health outcomes for length and quality of life. It also ranked 1st in health factors, a summary ranking that was based on health behaviors, clinical care, social and economic, and environmental factors. Among these four factors, Beaufort ranked 1st in health behaviors, 7th in clinical care, 7th in social and economic factors, and 32nd in physical environment. The environmental ranking at 32nd reflects a significant departure from 2012, when Beaufort County ranked 1st. This is due to a change in the factors measured. Previously there were four factors: air pollution-particulate matter days, air pollution-ozone days, access to healthy foods, and liquor store density. The new Physical Environment indice includes only one of the previous factors (air pollution-particulate

matter) and three new ones: drinking water violations, severe housing problems, driving alone to work, and long commute-driving alone. Changes in factors occurred in all indices, but did not impact other Beaufort's rankings.

The Health Factors indice continues to include behaviors such as smoking, diet and exercise, alcohol use and motor vehicle accidents, and risky sex behavior. However, a definitional or methodological change was made from "binge drinking" to "excessive drinking" and access to exercise activities, and a food environment index have been added. Clinical care was derived from measures of access to care and quality of care. Access to care continues to reflect the percent of the population that is uninsured, primary care providers to population ratios, preventable hospital stays, and diabetic monitoring and mammography screening. However, a mental health provider to population ratio has been added. In terms of socioeconomic factors, education, employment, income, family and social support and community safety statistics were all factored into the composite score.

Beaufort County's ranking as the healthiest county in South Carolina is laudable. However, just as aspects of the demographical information were influenced by the more affluent areas, such is the case with morbidity and mortality data. Additionally, this "healthy" ranking must be tempered by South Carolina's national ranking as 41st in obesity, 43rd in smoking and prevalence of diabetes and high blood pressure, 47th in high cholesterol, and 35th in cardiac disease. What follows is a review of key morbidity and mortality information for the children and adults of Beaufort County.

Infant Morbidity & Mortality Data

Nearly a decade ago, a group of Beaufort County leaders initiated a community indicators project. Four goals and four objectives for each goal were identified as priorities. Among the three goals was Strategic Goal Three – Poverty. Four objectives were identified as critical to reducing the impact poverty had on current and future generations of Beaufort County residents. Among the four objectives were three related to infants and teens. The first addressed the adequacy of prenatal care. As can be seen in Table 9, Beaufort County had a greater percentage of children born to mothers who had not received adequate prenatal care compared to the state. As a result of the focus on this health outcome indicator, an approximate 50% reduction was made in improving the percentage of mothers receiving adequate prenatal care. Although there was a significant reduction for white babies, babies born to black mothers also experienced a substantial improvement in mothers obtaining prenatal care. This downward trend has continued until 2014, when a significant increase is observed in Beaufort County for both white and black babies. It is suspected that this increase is an artifact resulting from a shift in physician practice location and hospital affiliation. Five obstetricians opened an additional practice in Hardeeville, SC and hospital affiliation shifted from BMH to Coastal Carolina Hospital with the reopening of that facility's obstetrical unit. Previous efforts to address early initiation of prenatal care revealed that accurate reporting of when prenatal care began is often negated by a failure to capture care given prior to the first visit to the delivering obstetrical provider.

Table 9: Percent of Babies Born with Less than Adequate Prenatal Care, Beaufort County, 2006-2014

Year	All	White	Black	SC - All
2006	59.0	58.9	58.8	37.8
2007	49.4	48.6	50.7	36.2
2008	44.6	43.8	45.6	35.4
2009	34.7	32.0	43.1	33.6
2010	30.0	28.6	34.3	31.9
2011	30.5	29.8	32.2	32.2
2012	30.5	29.2	35.1	31.9
2013	28.9	28.9	30.5	32.3
2014	40.6	38.8	44.9	32.9

Source: National KIDS COUNT Program, Children’s Trust of South Carolina

Another indicator of the effects of poverty on newborns is the percentage of low birth weight babies. Low birth weight, that is babies who are born weighing less than 5.8 pounds, can be a precursor to immediate acute conditions including respiratory distress syndrome, birth defects, and health issues that arise later in life, such as high blood pressure, diabetes, and heart disease. The data presented in Table 10 indicate that the percent of low birth weight babies in Beaufort County which had been increasing since 2008, decreased during 2014. This trend is observed with both white and black populations. Although there has been an increase among white babies, it has been a significantly greater problem within the black community. The number of black babies born with low birth weight is consistently 2 or more times higher than for the white population and significantly higher than the State rate (13.4 versus 9.4), respectively. The downturn in 2014 was most significant for black babies.

Table 10: Percent of Babies Born with Low Birth Weight, Beaufort County, 2006-2014

Year	All	White	Black	SC - All
2006	7.9	5.3	15.0	10.1
2007	7.7	6.1	12.8	10.2
2008	9.4	7.6	14.4	9.9
2009	9.0	7.7	12.1	10.0
2010	9.1	6.8	16.1	9.9
2011	8.8	6.5	15.3	9.9
2012	8.9	6.3	16.4	9.5
2013	9.3	6.8	16.9	9.7
2014	8.3	6.7	13.4	9.4

Source: National KIDS COUNT Program, Children’s Trust of South Carolina

Teenage pregnancy is the third indicator of poor health outcomes for babies. As can be seen in Table 11 (next page), there continues to be a downward trend within both South Carolina and Beaufort County. Since 2006, the percent of babies born to teenage mothers has decreased almost 46% in the state and 60% in the county. This downward trend is observed across both white and black populations with 50% and 33% declines, respectively.

Table 11: Percent of Babies Born to Mothers Age 15-19, 2006-2014

Year	All	White	Black	SC – All
2006	50.7	50.5	52.2	53.0
2007	54.3	49.6	62.3	53.6
2008	46.6	37.6	62.8	53.0
2009	50.2	44.5	63.6	49.0
2010	43.2	35.4	56.3	42.6
2011	40.4	33.2	50.3	39.1
2012	31.4	31.2	47.1	36.5
2013	32.9	28.1	39.0	31.6
2014	20.2	25.4	35.1	28.5

Source: National KIDS COUNT Program, Children’s Trust of South Carolina

In terms of general indices of infant health, the infant mortality rate is a universal measure utilized to compare the health of babies both globally, between countries, and provincially, between states or communities. Overall, there is a downward trajectory in infant mortality for Beaufort County. Since 2006, the infant mortality rate has declined from 8.1 per 1,000 live births to 2.4 per 1000 live births. This decline, although occurring for both white and black infants, has been more pronounced for black infants, declining from 13.4 per 1000 live births to 3.9 per 1000 live births in 2010. After an increase in 2011, the rate is again on the decline and remains lower than the overall SC rate of 6.9 per 1,000 live births.

Table 12: Infant Mortality Rate per 1000 Live births, Beaufort County, 2006-2013

Year	All Infants	White Infants	Black Infants	SC – All Infants
2006	8.1	5.9	13.4	8.4
2007	7.3	4.1	18.3	8.5
2008	4.7	3.0	9.8	8.0
2009	3.2	2.5	6.5	7.1
2010	3.7	3.8	3.5	7.4
2011	4.9	2.7	10.9	7.4
2012	4.9	5.5	3.6	7.6
2013	2.4	1.3	5.3	6.9

Source: National KIDS COUNT program, Children’s Trust of South Carolina

Childhood Risk Factors & Mortality

During fall 2008, 2009, and 2010, the Eat Smart Move More Lowcountry Coalition undertook the task of measuring the Body Mass index (BMI) of 3rd, 5th and 8th grade students in Beaufort County. Overall, in 2008, 97% of 3rd graders, 96% of 5th graders, and 83% of 8th graders were measured. During 2010, 91% of the 3rd graders, 90.4% of the 5th graders, and 83.8% of the 8th graders were measured.

Table 13: Weight Status for Students in Beaufort County Schools, 2008 & 2010

Grade	Weight Status							
	Underweight		Normal Range		Overweight		Obese	
	2008	2010	2008	2010	2008	2010	2008	2010
3	3.2	3.8	59.6	58.7	16.9	17.1	20.3	14.2
5	3.0	2.2	57.5	58.8	17.6	17.4	21.9	15.8
8	1.6	2.2	59.5	58.8	18.4	17.3	20.4	18.7

Source: Beaufort County, South Carolina, 3rd, 5th, & 8th Grade Students Body Mass Index, Fall 2008, Fall 2010;

As seen in Table 13, in both 2008 and 2010, nearly 40% of the children attending Beaufort County Schools were overweight or obese. This was particularly notable among lower socioeconomic status (SES) households. Differences among the BMI measures were found between male and female students, among different SES levels, and between white, African American, and Hispanic children. The result of this study, that childhood obesity is a severe problem in Beaufort County, was disturbing and provided the impetus for the Healthy Kids Campaign, initiated by BMH with support from the BMH Foundation. A more complete description of this initiative is available in the Update on Implementation Strategies 2013-2016, pages 5-10.

Student measurements have continued to be collected over the past several years and local consultants are currently reviewing the data. However, obesity continues to be a challenge for our community's children. According to information disseminated by the SC Department of Health and Environmental Control, Division of Chronic Disease Epidemiology, 17.5% of children aged 2-17 were classified as obese in 2013, compared to 16.7 for SC and 15.6 overweight, compared to 14.9 for SC. Healthy People 2020, which presents national objectives for improving health, has a suggested prevalence of 14.5% obesity as a benchmark for this age group.

The leading causes of death for children in Beaufort County are displayed in Table 14. Mortality statistics have calculated for a five year period: 2010-2014. The mortality rate for children 1-14 in Beaufort County is comparable to the rate for South Carolina. Slightly higher rates for Beaufort County are observed for both chronic lower respiratory disease and accidents but care must be taken to not draw conclusions due to the small number of deaths involved

Table 14: Leading Causes of Death Ages 1-14 in Beaufort County, 2010-2014

Cause of Death (ICD-9 Codes)	Number	Percent	Rate/100,000	SC Rate/100,000
All Causes	28	100	.2	.2
Malignant Neoplasms (Cancer)(C00-C97)	3	10.7%	2.2	2.1
Chronic Lower Respiratory Disease	2	7.1%	1.5	.6
Accidents (V01-X59, Y85-Y86)	10	35.7%	7.3	6.2
Homicide (X85-Y09, Y87.1)	2	7.1%	1.5	1.5
Congenital Malformations, Deformations,	2	7.1%	1.5	1.2
All Other Causes	9	32.1%		

Source: S. C. Department of Health and Environmental Control, S.C. Public Health Statistics

Adult Morbidity

The Community Health Status Indicators Project, as compiled by the U.S. Department of Health and Human Services, provides information on average life expectancy, utilization of adult preventive services, and risk factors for premature death. For Beaufort County in 2015 the average life expectancy at birth was 83.5 years of age for females and 79.2 years for males. This compares favorably to the U.S. median of 79.8 for females and 75.0 for males. This same report indicated that based on the information included in the CDC's Behavioral Risk Factor Surveillance System 84% of women over age 18 residing in Beaufort County obtained a pap smear, 85.7% of women over age 50 received a mammogram, and 50% of persons aged 50 and over obtained a colonoscopy/sigmoidoscopy. Of the senior citizen population, 70.8% of those over aged 65 received a pneumonia vaccine and 68.4% had a flu vaccine. Beaufort County's residents exceeded state percentages for these preventive measures in all categories except colonoscopy/sigmoidoscopy.

Table 15 (next page) reviews a number of other indicators of morbidity. In general, Beaufort County residents fare better than their state counterparts. However, Beaufort lags behind national benchmarks for excessive drinking and the number of uninsured and has ticked upward in both adult tobacco use and obesity. Several of these issues were ranked among the top health problems in Beaufort County on a survey conducted for this needs assessment. Diabetic screening and mammography both bear watching. Diabetic screening has declined slightly since 2013 and is lagging slightly behind SC, with both the State and Beaufort County lagging substantially behind the national benchmark of 90%. This is particularly concerning given the prevalence of diabetes within the community and implication for future morbidity and mortality.

Table 15: Selected Morbidity Data for Beaufort County, 2013 - 2015

HEALTH OUTCOMES	2013			2014			2015		
	Beaufort Co.	SC	Nat'l Bench-mark	Beaufort Co.	SC	Nat'l Bench-mark	Beaufort County	SC	Nat'l Bench-mark
MORBIDITY									
Poor or Fair Health	10%	16%	10%	10%	16%	10%	10%	16%	10%
Poor Physical Health Days	2.7	3.6	2.6	2.7	3.6	2.5	2.7	3.6	2.5
Poor Mental Health Days	2.9	3.6	2.3	2.9	3.7	2.4	2.9	3.7	2.3
HEALTH BEHAVIORS									
Adult Smoking	16%	21%	13%	17%	20%	14%	17%	20%	14%
Adult Obesity	21%	31%	25%	22%	32%	25%	22%	32%	25%
Physical Inactivity	18%	28%	21%	17%	27%	21%	17%	26%	20%
Excessive Drinking	19%	14%	7%	19%	14%	10%	19%	14%	10%
CLINICAL CARE									
Uninsured	27%	20%	11%	22%	19%	11%	22%	20%	11%
Primary Care MDs	1,552:1	1,545:1	1,067:1	1,554:1	1,535:1	1,051:1	1,556:1	1,521:1	1,045:1
Dentists	1,129:1	2,229:1	1,516:1	1,098:1	2,068:1	1,392:1	1,116:1	2,002:1	1,377:1
Diabetic Screen	85%	85%	90%	83%	85%	90%	84%	86%	90%
Mammography	77%	69%	73%	74%	67%	71%	74%	67%	71%

Source: <http://www.countyhealthrankings.org>

* Indicates data was not available

As previously mentioned, the statistical information available at the county level frequently masks the disparities found in vulnerable populations. Information available through the South Carolina Department of Health and Environmental Control included disease prevalence and hospital and emergency room data for selected chronic diseases. The prevalence of hypertension, stroke, and diabetes in Beaufort County are slightly above the SC levels and belie our status as the Healthiest County in SC. Patients are also several years older when hospitalized or seen in the Emergency Department (ED). Most startling are the contrasts between white and black populations.

As seen in Table 16a (next page), black patients with an inpatient stay or ED visit for hypertension, heart disease, stroke, diabetes, and chronic lower respiratory disease tend to be younger than the white patient, in fact, they are 10-20 years younger. Blacks also have a hospitalization rate that is significantly higher for hypertension, heart disease, and diabetes and somewhat higher for stroke and longer lengths of stay are observed within all disease categories with the exception of hypertension. Quite concerning is the young median age of black patients seen in the ED for chronic lower respiratory disease. The median age was 25 during 2011 and 29 during 2013.

Table 16a: Selected Data on Chronic Disease Conditions & Health Service Utilization, 2011 and 2013

Disease Category	South Carolina		Beaufort Co.		Beaufort County by Race			
	2011	2013	2011	2013	White		Black	
					2011	2013	2011	2103
Hypertension								
Prevalence	36.4%	38.4%	35.4%	39.2%				
Crude hospitalization rate/100,000	73	112	112	77	35	43	209	210
Average Length of Stay	4	5	5	5	3	4	4	4
Median Age of Patient	58	59	61	61	67	73	60	57
Crude ED visit rate/100,000	290	328	313	360	190	215	750	884
Median Age of ED Patient	53	54	59	60	72	71	53	57
Heart Disease								
Prevalence	4.3%	4.9%	4.8%	4.7%				
Crude hospitalization rate/100,000	1,127	1,064	898	793	819	753	1,148	934
Average Length of Stay	5	5	4	4	4	4	5	5
Median Age of Patient	68	68	71	71	74	73	64	64
Crude ED visit rate/100,000	97	418	134	333	131	339	117	321
Median Age of Patient	63	64	69	69	71	71	58	59
Stroke								
Prevalence	3.7%	3.8%	3.8%	4.8%				
Crude hospitalization rate/100,000	310	313	210	260	199	246	224	283
Average Length of Stay	5	5	4	4	4	3	5	7
Median Age of Patient	69	69	74	72	76	75	65	67
Crude ED visit rate/100,000	97	111	134	154	131	160	117	117
Median Age of Patient	67	66	73	71	75	72	61	64
Diabetes								
Prevalence	12.1%	12.5%	11.6%	14.0%				
Crude hospitalization rate/100,000	203	204	145	137	71	84	398	333
Average Length of Stay	5	5	5	5	4	4	6	5
Median Age of Patient	52	51	54	55	56	57	52	54
Crude ED visit rate/100,000	289	291	217	228	95	96	236	724
Median Age of Patient	53	52	54	55	62	57	54	53
Chronic Lower Respiratory Disease								
Prevalence	NA	NA	NA	NA				
Crude hospitalization rate/100,000	342	328	253	268	221	243	356	344
Average Length of Stay	5	4	5	4	4	4	6	4
Median Age of Patient	63	63	69	68	74	71	54	58
Crude ED visit rate/100,000	954	1,027	528	627	273	321	1,381	1,629
Median Age of Patient	38	40	35	37	47	49	25	29

Source: South Carolina Department of Health and Environmental Control, 2011 and 2013
 NA: Not Available.

With greater focus being given to chronic disease and chronic disease management, more specific information has been included on the prevalence of cancer within Beaufort County. Aggregated information was available for all cancer, as well as individually for colorectal, female breast, lung, and

prostate cancers. In general, disparities can be seen between races with the black population being diagnosed at slightly younger age and experiencing greater mortality with the exception of colorectal cancer, where the mortality rate was lower in 2011 and comparable in 2013.

Table 16b: Selected Data on Cancer & Health Service Utilization, 2011 and 2013

Disease Category	South Carolina		Beaufort Co.		Beaufort County by Race			
	2011	2013	2011	2013	White		Black	
					2011	2013	2011	2013
All Cancer								
Number of hospitalizations	15,242	14,136	441	417	324	315	91	85
Crude hospitalization rate/100,000	326	296	268	243	253	235	272	248
Average Length of Stay	7	7	7	6	6	6	8	6
Median Age of Patient	64	64	66	67	68	68	62	65
Age-adjusted Death rate/100,000	181.2	173.2	151.7	143.0	136.9	139.3	249.1	180.7
Colorectal Cancer								
Number of hospitalizations	1,906	1,796	63	51	48	37	13	12
Crude hospitalization rate/100,000	41	38	38	30	38	28	39	35
Average Length of Stay	8	8	10	7	8	6	14	7
Median Age of Patient	66	65	72	67	72	70	62	61
Age-adjusted Death rate/100,000	16.2	14.9	15.5	9.9	15.4	9.9	9.4	9.4
Female Breast Cancer								
Number of hospitalizations	1,177	923	34	25	21	20	12	5
Crude hospitalization rate/100,000	49	38	41	29	33	30	67	28
Average Length of Stay	3	3	4	3	5	3	3	3
Median Age of Patient	61	59	60	61	60	61	61	42
Age-adjusted Death rate/100,000	24.6	21.1	18.8	16.7	12.8	17.6	46.2	16.2
Lung Cancer								
Number of hospitalizations	2,110	2,041	47	54	35	42	12	10
Crude hospitalization rate/100,000	45	43	29	31	27	31	36	29
Average Length of Stay	7	7	7	5	5	5	10	6
Median Age of Patient	67	67	71	72	69	77	77	72
Age-adjusted Death rate/100,000	51.7	49.2	41.2	37.7	37.2	39.2	71.5	34.0
Prostate Cancer								
Number of hospitalizations	1,192	970	19	20	13	15	5	4
Crude hospitalization rate/100,000	52	42	23	24	20	22	32	25
Average Length of Stay	3	3	2	3	2	2	2	7
Median Age of Patient	62	63	64	65	66	66	62	55
Age-adjusted Death rate/100,000	23.6	21.2	17.6	14.5	13.9	12.1	59.0	40.1

Source: South Carolina Department of Health and Environmental Control, 2011 and 2013

Adult Mortality

Age-specific mortality information, by cause, for the five year period of 2010-2014 was available through the SC Office of Revenue and Fiscal Affairs. Tables 17-20 display this data for Beaufort County and South Carolina. Caution should be used in reviewing this data due to the small number of deaths in some categories. Mortality rates are often unstable when they are based on fewer than 20 deaths, and are unreliable for drawing any conclusions.

Table 17: Leading Causes of Death for Ages 15-24 in Beaufort County & South Carolina, 2010-2014

Cause of Death (ICD-9 Codes)	Number	Percent	Rate/100,000 Beaufort Co.	Rate/100,000 South Carolina
All Causes	66	100	60.0	80.0
Accidents (V01-X59, Y85-Y86)	35	53%	36.8	36.3
Suicide (X60-X84, Y87.0)	12	18%	11.0	11.6
Homicide (X85-Y09, Y87.1)	5	8%	4.6	12.9
Anemias (D50-D64)	2	3%	1.8	0.4
Diseases of the Heart (I-I09, I11, I13, I20-I51)	2	3%	1.8	3.3
All Other Causes	10	15%		

Source: S. C. Department of Health and Environmental Control, S.C. Public Health Statistics

Table 17 provides data for 15-24 year olds. As can be seen, the overall mortality rate for 15-24 year olds in Beaufort County is lower than the state's. Among the top 5 causes of death, the greatest differences are observed in homicide, anemias, and diseases of the heart. As mentioned above, caution must be exerted when data is derived from such small numbers.

Table 18: Leading Causes of Death for Ages 25-44 in Beaufort County & South Carolina, 2010-2014

Cause of Death (ICD-9 Codes)	Number	Percent	Rate/100,000 Beaufort Co.	Rate/100,000 South Carolina
All Causes	254	100	130.0	180.0
Accidents (V01-X59, Y85-Y86)	70	28%	36.6	48.0
Malignant Neoplasms (Cancer)(C00-C97)	38	15%	19.9	20.9
Suicide (X60-X84, Y87.0)	32	13%	16.7	17.5
Diseases of the Heart (I-I09, I11, I13, I20-I51)	24	9%	12.6	28.1
Homicide (X85-Y09, Y87.1)	18	7%	9.4	12.2
All Other Causes	72	28%		

Source: S. C. Department of Health and Environmental Control, S.C. Public Health Statistics

In terms of young adults, the overall mortality rate for the 25-44 year old age group is also lower than South Carolina's, 130.0/100,000 compared to 180.0/100,000. It is also consistently lower, as seen in Table 18, in the leading causes of death for this age group.

Table 19: Leading Causes of Death for Ages 45-64 in Beaufort County & South Carolina, 2010-2014

Cause of Death (ICD-9 Codes)	Number	Percent	Rate/100,000 Beaufort Co.	Rate/100,000 South Carolina
All Causes	1,086	100	520.0	780.0
Malignant Neoplasms (Cancer) (C00-C97)	397	37%	191.5	232.5
Diseases of the Heart (I-I09, I11, I13, I20-I51)	197	18%	95.0	176.5
Accidents (V01-X59, Y85-Y86)	77	7%	37.1	55.6
Cerebrovascular Disease (I60-I64, I67, I69)	44	4%	21.2	31.1
Chronic Liver Disease, Cirrhosis (K70, K73-K74)	39	3%	18.8	29.0
All Other Causes	332	31%		

Source: S. C. Department of Health and Environmental Control, S.C. Public Health Statistics

The overall mortality rate for middle-agers, those 45-64, is significantly lower than the South Carolina rate, as are the rates for the leading causes of death. The age-specific mortality rate, as seen in Table 19, for Beaufort County is 520.0/100,000 compared to 780.0/100,000 for South Carolina as a whole.

Table 20: Leading Causes of Death for Ages 65+ in Beaufort County & South Carolina, 2010-2014

Cause of Death (ICD-9 Codes)	Number	Percent	Rate/100,000 Beaufort Co.	Rate/100,000 South Carolina
All Causes	5,296	100	281.0	432.0
Malignant Neoplasms (Cancer) (C00-C97)	1,371	26%	728.0	919.7
Diseases of the Heart (I-I09, I11, I13, I20-I51)	1,075	20%	570.8	986.4
Alzheimer's (G30)	356	7%	189.0	236.4
Cerebrovascular Disease (I60-I64, I67, I69)	287	5%	152.4	273.5
Parkinson's Disease (G20-G21)	95	2%	50.4	51.0
All Other Causes	2,112	40%		

Source: S. C. Department of Health and Environmental Control, S.C. Public Health Statistics

The last age group considered is senior citizens, typically defined as those people aged 65 and over. The mortality rate for this group (281.0/100,000) is also lower than the state's (432.0/100,000), as seen in Table 20.

Beaufort County Discharges

The South Carolina Revenue and Fiscal Affairs Office website provides some general historical information on patient discharges by county and hospital and is the data source for the information that follows.

Table 21 displays information on non-military, acute care discharges to Beaufort County residents for the years 2010 through 2014. Overall, the number of Beaufort County residents hospitalized within their county of residence (Beaufort) has been steadily declining since 2010 (74% versus 66%). It appears that a greater percentage of patients are being served in Jasper County (9% up from 3%) and Charleston (12% up from 11%).

Table 21: Inpatient Discharges* Occurring Inside and Outside of Patient's County of Residence, 2010-14

County	2010		2011		2012		2013		2014	
	No.	%	No.	%	No.	%	No.	%	No.	%
Beaufort	12,040	74%	10,900	70%	10,680	68%	10,395	67%	10,947	66%
Charleston	1,550	10%	1,695	11%	1,828	12%	1,772	12%	1,787	12%
Jasper	484	3%	694	4%	877	6%	894	6%	1,313	9%
Georgia	1,940	12%	1,848	12%	1,747	11%	1,849	12%	1,848	11%
Greenville	154	1%	286	2%	351	2%	328	2%	363	2%
Total Discharges	16,370	100%	15,622	100%	15,678	100%	15,424	100%	16,494	100%

Source: S.C. Revenue and Fiscal Affairs Office

*Excludes newborns

Table 22 displays discharges for BMH and its two primary competitors: Coastal Carolina Hospital and Hilton Head Hospital. BMH continues to capture slightly over 50% of the inpatient discharges among the three hospitals in Beaufort County. However, its market share has been declining over the past four years, as has the total number of discharges, except for 2014. Consistent with the discharge information in Table 20, the greatest impact appears to be the growth of Coastal Carolina Hospital, which experienced growth of over 100% in discharges since 2010, with some portion of it likely attributable to the reopening of an obstetrics unit at this facility. Geographically, Coastal Carolina Hospital is also well-positioned to capitalize from the significant population growth in Bluffton.

Table 22: Total Inpatient Discharges by Hospital*, 2010-2014

	Total Discharges					% Discharges				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
Beaufort Memorial Hospital	9,590	8,743	8,340	7,964	8,056	62%	59%	56%	55%	51%
Coastal Carolina Hospital	1,138	1,394	1,683	1,774	2,462	7%	9%	11%	12%	16%
Hilton Head Hospital	4,735	4,691	4,928	4,830	5,326	31%	32%	33%	33%	34%
Total	15,463	14,828	14,951	14,568	15,844	100%	100%	100%	100%	100%

Source: South Carolina, Office of Research and Statistics, 2010-2014

*Excludes newborns

Service Line Outmigration

During 2014, approximately 34% or 5,547 Beaufort County residents were hospitalized outside their county of residence, referred to as “outmigration”. This total includes 1,848 and 109 patients in the neighboring states of Georgia and North Carolina, 33% and 2% respectively. Of the remainder of the 5,547 discharges, 32% were hospitalized in Charleston County, 24% in Jasper County, 7% in Greenville County, and approximately 2% scattered throughout 17 other counties in South Carolina (SC). By comparison, in 2010 there were 4,330 Beaufort County residents discharged from short-term general hospitals located outside the county. The greatest percentage of these discharges (45%) were from facilities in Georgia, followed by 36% in Charleston, 11% percent in Jasper County, 3.6% in Greenville County and 2.4% in North Carolina. The remainder of out-of-county discharges (3%) was distributed over 17 other SC counties. It should be noted that additional information related to inpatient discharges from facilities within Georgia was not within the public domain. Access to this data requires the signing of a data agreement with the Georgia Department of Community Health. Once the agreement has been approved, the data can be purchased or viewed in person at their Atlanta office.

Patient origin data for non-federal, SC acute care facilities was also available from the SC Revenue and Fiscal Affairs Office. This information provided details on acute care discharges, by hospital, by county of residence. For example, during 2014, Medical University of South Carolina (MUSC) had a total of 33,376 discharges, of which 1,576 were from Beaufort County residents. Each hospital in the state data base was reviewed for Beaufort County discharges and those with the most substantial numbers are included in Table 23. In addition, information on discharges by service category was available. Table 24 displays these discharges by service category for the preponderance of out-of-county discharges derived from Beaufort County residents. As can be seen, the greatest number of out-of-county discharges was from MUSC. In terms of service category, during 2013 and 2014, nearly 60% of the MUSC discharges were for surgical procedures, predominantly for vascular/cardiac procedures. Smaller percentages were observed for other service categories: 20% for medical, 11% pediatric, and 8% obstetrics. Psychiatric discharges almost doubled between 2010 and 2011, from 2.7% to 4.9% but dropped during 2013 (2.9%) and rose slightly in 2014 (3.7%).

The second greatest migration was to Coastal Carolina Hospital in Jasper County, primarily due to the reopening of the obstetrics unit which captured 338 discharges in 2014, up from 1 in 2013. Additional outmigration went to Greenville Memorial Hospital, Roper Hospital, and East Cooper Medical Center, the latter two both located in the Charleston area. This reflects some changes from the 2013 CHNA when greater migration was seen at Bon Secours St. Francis, Palmetto Richland and Trident Medical Center.

Table 23: Beaufort County Inpatient Discharges* for Select Hospitals by Service Category, 2013 & 2014

Hospital	No. Patients		Obstetrics		Surgical		Medical		Pediatric		Psychiatric	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
BMH	7,964	8,056	1,681	1,265	2,983	3,085	2,977	3,340	254	276	69	90
Hilton Head	4,101	4,482	579	527	1,701	1,833	1,737	2,038	7	13	77	71
MUSC	1,517	1,576	117	134	907	895	314	312	135	176	44	59
Coastal Carolina	894	1,313	1	338	294	310	586	654	0	0	13	9
Greenville Memorial	296	351	55	71	116	157	86	79	23	30	16	14
Roper Hospital	111	71	0	0	89	56	22	15	0	0	0	0
East Cooper Med. Ctr.	80	68	1	1	75	64	4	3	0	0	0	0
Total	14,963	15,917	2,434	2,336	6,165	6,400	5,726	6,441	419	495	219	243

Source: SC Revenue and Fiscal Affairs Office, 2013 & 2014

*Excludes newborns

After East Cooper Medical Center, the number of discharges from other hospitals declined sharply and was not included in Table 23 due to the small numbers.

Further examination of medical and surgical patient discharges was conducted. Table 24 displays the outmigration for surgical discharges by procedure category. Both Hilton Head and Coastal Carolina have been included in this table. Although discharges from Hilton Head are not necessarily “outmigration”, it is helpful information in understanding the health care delivery patterns of our greater community. Outmigration to Coastal Carolina has taken on greater interest with the reopening of the obstetrics unit and changes in physician practice locations.

Overall, the greatest number of discharges continues to be for cardiovascular procedures, followed by orthopedics. Interesting to note, is the 15% increase in vascular/cardiac procedures performed at Hilton Head Hospital and a comparable 18% decrease in this category for MUSC. Increases at Greenville Memorial Hospital occurred in abdominal, orthopedic, nervous system, thoracic, and gynecological surgeries. Differences between the two calendar years were also observed for MUSC. Although there was little change in the total number of surgical procedures performed at MUSC, percentage-wise the changes are notable. Significant declines occurred in Vascular/Cardiac (18%), Abdominal (12%) and Thyroid/thymus procedures (50%). Most notable is the decline in breast surgery from 16 procedures in 2013 to 3 in 2014. Increases occurred in Orthopedics (35%), Nervous System (35%), Otolaryngology (16%), and Other (13%) categories.

In part, BMH has addressed the outmigration of cardiac services by changes in its service line offerings. A CON application to perform cardiac procedures on patients presenting with an ST elevated myocardial infarction (STEMI) was recently approved. This newly licensed service went “live” June 1, 2013 for emergency procedures. A further decline in the outmigration of vascular and cardiac procedures is likely to be observed in forthcoming years, particularly if BMH is approved to offer STEMI as a scheduled procedure.

Table 24: Beaufort County Surgical Patient Discharges* for Select Hospitals, 2013 & 2014

Surgical Category	Beaufort Memorial		Hilton Head		MUSC		Coastal Carolina		Greenville	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Vascular/Cardiac	826	832	526	605	269	210	29	42	34	35
Abdominal	629	663	264	275	136	120	93	82	21	28
Appendectomy	52	50	8	6	1	3	8	7	6	3
Cholecystectomy	72	86	38	28	4	4	14	13	3	1
Hernia	4	4	1	1	0	0	3	0	0	0
Orthopedics	847	848	591	639	92	124	64	63	18	25
Nervous System	61	57	24	32	109	147	8	1	9	17
Urological	86	126	71	68	46	43	35	39	3	3
Thoracic	152	138	96	83	56	54	13	26	7	16
Gynecological	44	55	11	8	34	38	2	16	2	7
Thyroid/Thymus	2	1	2	0	18	9	1	0	1	1
Otolaryngology	8	15	6	7	31	36	3	2	2	7
Tonsils & Adenoids	0	0	0	0	1	2	0	0	0	0
Plastic Surgery	8	6	4	5	9	4	4	4	1	0
Breast	25	35	8	5	16	3	1	1	1	0
Ophthalmology	0	0	3	0	4	5	0	0	0	0
Proctology	14	20	13	15	10	9	3	3	0	1
Other	143	143	34	56	64	71	14	9	8	12
Oral/Maxillary	9	4	0	0	7	8	1	2	0	0
Dental	1	2	1	0	0	5	0	0	0	1
TOTAL	2,983	3,085	1,701	1,833	907	895	294	310	116	157

Source: SC Revenue and Fiscal Affairs Office 2013 & 2014

* Excludes newborns

Table 25 displays 2013 and 2014 medical discharges for Beaufort County residents. Again, Hilton Head and Coastal Carolina have been included in the table below. There is far less outmigration for medical conditions. MUSC and Greenville continued to show increases in discharges from the 278 and 65, respectively, that occurred in 2011. Increases in medical discharges were observed for Beaufort Memorial (12%), Hilton Head (17%), and Coastal Carolina (12%).

Table 25: Beaufort County Medical Patient Discharges* for Select Hospitals, 2013 & 2014

Medical Category	Beaufort Memorial		Hilton Head		MUSC		Coastal Carolina		Greenville	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Circulatory System	681	728	423	503	68	77	152	163	23	14
Accidents/Poisoning/Violence	173	183	113	153	48	53	29	37	8	3
Digestive System	246	312	204	251	19	24	60	62	6	15
Symptoms/Ill-Defined	283	294	152	111	11	18	33	46	3	9
Nervous System	114	127	40	64	31	16	13	20	4	0
Special Conditions	1	8	0	1	38	32	1	1	7	6
Neoplasms (includes cancer)	37	30	23	35	22	14	2	5	0	3
Respiratory System	553	599	288	343	13	22	111	124	14	7
Endocrine/Metabolic System	225	268	116	133	11	7	48	25	10	6
Muscular/Skeletal System	44	69	30	38	6	5	11	12	1	0
Infection/Parasitic Diseases	153	156	67	73	13	10	34	56	5	6
Diseases of the Blood	140	158	40	40	20	23	11	15	1	1
Congenital Anomalies	0	2	1	0	0	2	0	0	0	0
Genitourinary System	248	273	200	215	9	7	63	63	2	8
Skin/Subcutaneous Tissue	79	133	40	78	0	2	18	25	2	1
TOTAL	2,977	3,340	1,737	2,038	314	312	586	654	86	79

Source: SC Revenue and Fiscal Affairs Office, 2013 & 2014

*Excludes newborns

In conclusion, BMH will continue to observe the outmigration of Beaufort County residents for medical and surgical services. As Beaufort County continues to grow and as new technology evolves, it is expected that the hospital will continue to enhance and shape its services lines to best meet the needs of the community.

Beaufort County Physician Resources

Beaufort County has three distinct medical communities, with the locus of practices conforming to the respective hospital services areas of Beaufort Memorial Hospital, Coastal Carolina Hospital, and Hilton Head Regional Medical Center. Table 23 displays the number of physicians on staff at each of the three hospitals. The listing has not been adjusted for cross-privileges nor does it reflect full-time-equivalents (FTEs).

Table 26: Physician Hospital Affiliation by Specialty, 2015-2016

Physician Specialty	Beaufort Memorial Hospital	Coastal Carolina Hospital*	Hilton Head Regional Medical Center*
Cardiology	4	9	8
Dermatology	2	1	1
Emergency Medicine	12	1	Not listed
Family Medicine	10	12	3
Gastroenterology	5	4	3
General Surgery	4	5	3
Gynecology	See Obstetrics	See Obstetrics	See Obstetrics
Hematology	0	3	1
Hospitalists	28	Not listed	Not listed
Internal Medicine	14	2	6
Interventional Radiology	5	Not listed	Not listed
Neurology	3	2	2
Nephrology	17	6	1
Obstetrics & Gynecology	11	7	3
Oncology	2	3	1
Ophthalmology	5	3	2
Otolaryngology (ENT)	1	2	2
Orthopaedics	13	8	6
Pediatrics	12	6	7
Plastic & Reconstructive Surgery	2	7	3
Psychiatry	2	Not listed	1
Pulmonology, Critical Care	1	2	2
Radiation Oncology	3	Not listed	2
Urology	2	4	4
Vascular Surgery	1	Not listed	1

**Physician count has not been adjusted for cross-privileges between the two Tenant-owned facilities. Source: Coastal Carolina Hospital website, Hilton Head Regional website, Beaufort Memorial Hospital Medical Staff Services, June 2016.*

In 2012, Beaufort County had a primary care physician to population ratio of 1,290:1 compared to a national benchmark of 631:1. This ratio includes family practitioners, internists, and pediatricians yielding 38 active primary care practitioners affiliated with BMH. However, 40% of these physicians (n=15) are pediatricians and the remaining 23 are geographically dispersed throughout the county, including Bluffton, Lady's Island, Port Royal, Sheldon, and St. Helena's Island. Growth has occurred in primary care physicians since 2013. Currently, there are 42 primary care physicians with 38% being pediatricians.

Federal Health Professional Shortage Area criteria require a 3500:1 or less ratio of population to primary care physician, including family physicians, internists, pediatricians and obstetrician/gynecologists for geographic designation as a shortage area. However, within this general definition, pockets of physician shortages exist within the BMH's secondary and tertiary service areas. This is particularly evident if children (those age 18 and under) and pediatricians are excluded from the ratio calculations. Beaufort County has a ratio of 5,096:1 when including only family physicians and internists. This is up from the 4,107:1 ratio calculated in 2013. Despite the number of primary care providers increasing over since 2013, the population has also increased and at a faster rate. Compounding the primary care capacity issues of the area is a seasonal population of tourists and migrants, both of whom have a strong presence in the summer months. Lastly, access to primary care is also impeded by geographic barriers and the challenges faced by a rural population dependent upon private transportation to obtain care.

Over the past several years, BMH has aggressively recruited physicians, particularly in primary care and psychiatry. Successful recruitment has led to the establishment of Beaufort Memorial Bluffton Medical Services and Lady's Island Internal Medicine. With the greying of Baby Boomers and the projected population growth BMH will be confronted with continued demand for primary care services and specialties best suited for the treatment of chronic disease.

Summary

Overall, health status indicators for Beaufort County reflect a population that is somewhat healthier than the rest of South Carolina. This appears to be in keeping with people's perceptions. With only 10% of the population rating their health as fair or poor, and even fewer experiencing poor physical health days (2.7%), and poor mental health days (2.9%), this is compared to the rest of the state, where 16% reported poor or fair health, 3.6 poor physical health days, and 3.7 poor mental health days. Beaufort's indicators were more aligned with national benchmarks (see Table 15).

Although Beaufort County has achieved top rankings in health outcomes and health factors and has a resident population that makes use of preventive health measures, there are very definitive areas of concern where intervention is needed to circumvent future increases in morbidity and mortality, especially from preventable causes. In particular, the overweight and obese school-aged population is an area of great concern. Excessive weight has been identified as a causal factor in the development of heart disease, diabetes, hypertension, and stroke. This is of particular importance to the black community, given the higher hospitalization rates and longer length of stays they experience.

The number of uninsured residents has also been identified as a variable that is impacting the health and wellness of Beaufort County. Despite the Affordable Care Act, the percent of uninsured in Beaufort County remains double the national benchmark. Of considerable concern is the growing percentage of individuals and families living in poverty within the Beaufort Memorial Hospital service area. This further compromises access to health care, already constrained by insufficient primary care capacity and challenges in overcoming geographic distance to obtain care. The limited access to primary care physicians may be a contributing factor in the higher rates of Emergency Department utilization for hypertension, heart disease, and stroke. Continued lack of access to adequate primary care will impede progress in reducing morbidity related to chronic disease and could ultimately lead to premature death.

Survey Assessment Process & Methodology

The quantitative analysis identified several areas of emphasis for Beaufort Memorial Hospital’s community wellness programming. Although the precision of vital statistic data can provide impartial guidance for the hospital’s resources, it is also essential to understand and be responsive to the community’s perception of what they believe are the major health needs.

Community Health Needs Survey

In keeping with BMH’s commitment to improve community health and promote wellness, a survey was conducted to gather information about the community’s perception of the major health problems and unhealthy behaviors in Beaufort County. The survey was conducted through Survey Monkey and posted on the Beaufort Memorial Hospital website for approximately 4 months, November 15, 2015 through March 18, 2016 and accessible in both English and Spanish. Paper copies of the survey were available at the BMH Birthing Center, Keyserling Cancer Center, and Women’s Imaging Center. In addition, copies were distributed through the Gullah Church Nurses Association and all BMH employees were invited to participate and received a link to the Survey Monkey site. The survey link was also posted on the Beaufort County Alliance for Human Services website. Employees of Beaufort Jasper Hampton Comprehensive Health Services, Inc. (BJHCHS) were asked to take the survey as well as students from local high schools. The survey was also administered at the January 2016 meeting of the Paula Williams Memorial Breast Cancer Support Group with 39 women in attendance.

Five hundred forty-two (n=542) individuals completed the survey. Three hundred sixty-four (364) were completed online. The remaining 178 surveys were submitted on paper and entered into the online survey data base. In all, surveys were received from 22 zip codes, with the preponderance of respondents residing in BMH’s primary and secondary service areas. Table 26 displays the survey results by zip code.

Table 27: Community Health Needs Survey Respondents by Zip Code

Group	Survey Location	Sample Size	Vulnerable Population
29902	City of Beaufort	108	Yes
29907	Lady’s Island	108	
29906	Burton	82	Yes
29920	St. Helena Island	62	Yes
29910	Bluffton	33	
29935	Port Royal	28	
29936	Ridgeland	22	Yes
29940	Seabrook	20	Yes
29909	Okatie	18	
29944	Varnville	6	
29926	Hilton Head Island	6	
29945	Yemassee	4	Yes
29916	Early Branch	3	
31322	Pooler, GA	3	
29903	Beaufort – Burton PO	2	Yes
29905	Parris Island	1	
Outside Beaufort County and/or South Carolina		20	

Total		526	
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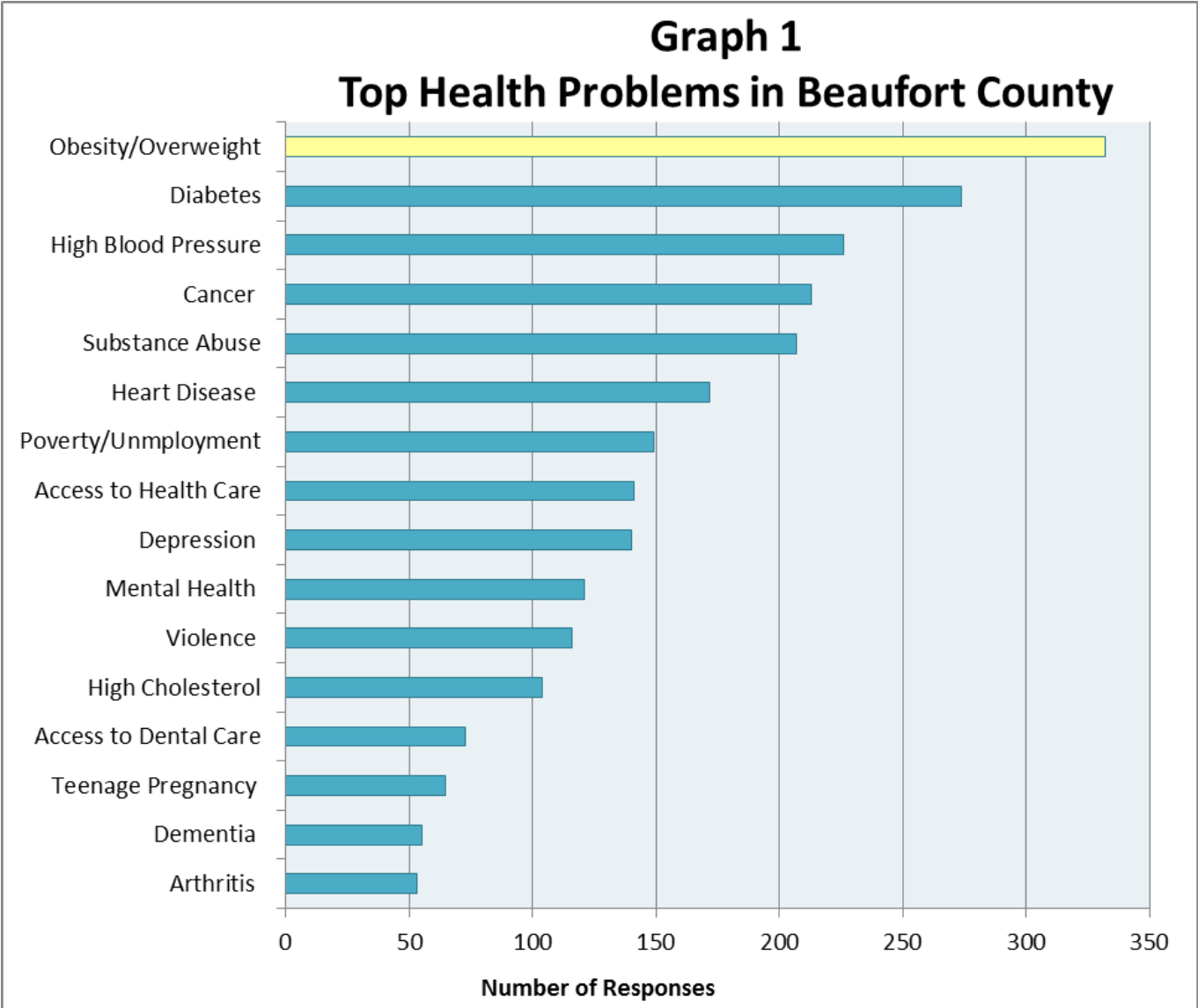
Source: Beaufort Memorial Hospital Community Health Needs Survey 2015-2016

Eighty-eight percent of the survey respondents lived within the primary (68%) or secondary (20%) service area of Beaufort Memorial Hospital. The remainder of the surveys were completed by persons who lived in tertiary areas and beyond, including several from Georgia and from as distant as Asheville, NC.

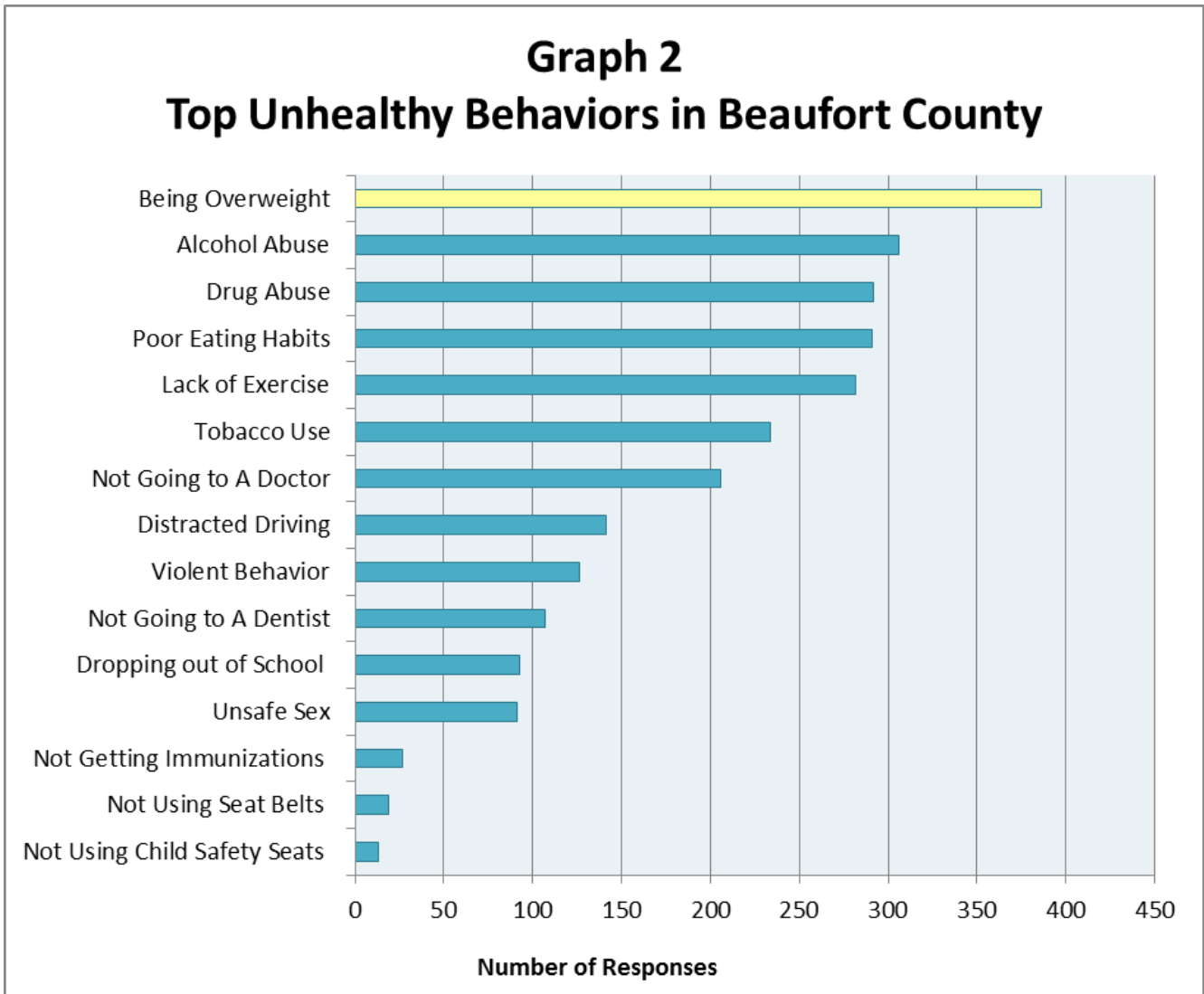
The respondents were predominantly female (85%), over 40 (66%), white (66.4%), and had a college degree (46%). Income wise, 85% of those completing the survey provide information on household income: 30% had household income under \$50,000, 35% had income between \$50,000-\$99,999 and 18% over \$100,000. In terms of paying for healthcare, 3% indicated that they are unable to pay for healthcare, 24% had Medicare or Medicaid, and the remainder was insured.

The survey inquired about what respondents thought were the 5 most significant “unhealthy behaviors” within their community. The top answer, being overweight, was cited by 74% of those answering, followed by alcohol abuse (59%), drug abuse and poor eating habits tied at 56%, and lack of exercise came in fifth at 54%. Graph 1 displays the results for all responses given in the survey.

The survey also inquired about the 5 most significant “health problems” in their community. As seen in Graph 2, obesity or being overweight was also the most frequently cited problem, with 64% of those completing the survey indicating this as a significant health problem. Diabetes (52%), High Blood Pressure (51%), Cancer (41%) and Substance Abuse (40%) are the other top health problems identified by the survey responses.



Source: Beaufort Memorial Hospital Community Health Needs Survey (2016)



Source: Beaufort Memorial Hospital Community Health Needs Survey (2016)

Focus Group

In addition to the survey, qualitative data was gathered through a focus group conducted by Dixie Slichter, coordinator of the Paula Williams Memorial Breast Cancer Support Group at Beaufort Memorial Hospital, and Brenda Hughes, Community Health Coordinator, Lowcountry Region, SC Department of Health and Environmental Control. Thirty-two (n=32) women, all members of the Paula Williams Memorial Breast Cancer Support Group sponsored by BMH, participated in a focus group that inquired about their understanding of the local public health system and more pointed questions about the needs of the group and whether they are being met. The overarching theme discerned from the group was the lack of access to services. Lack of access was defined as “the possibility to identify healthcare needs, seek healthcare services, reach healthcare resources, obtain or use healthcare services and to have health care needs fulfilled”. Research suggests there are five domains that can create obstacles

that prevent one from seeking or obtaining care. These domains include approachability, ability, availability, affordability, and appropriateness and are defined as:

- **Approachability:** People facing health needs can identify a service exists, can be reached and will have an impact on the health of the individual.
- **Ability:** Relates to the concepts of personal autonomy and capacity to choose to seek care, knowledge about healthcare options and individual rights that determine an individual's intention of seeking healthcare. Ability also relates to the challenge of ensuring that care meets the needs of socioeconomically disadvantaged and vulnerable populations.
- **Availability:** Can services be reached both physically and in a timely manner and with characteristics of the facility to produce services (i.e. location, building accessibility, transportation, hours of operation, qualification of providers)?
- **Affordability:** The economic capacity for people to spend resources and time to use appropriate services (i.e. price, travel time, perceived quality of care, provider behavior).
- **Appropriateness:** The fit between services and client needs. To expand further, this domain relates to quality of care. For example, how long does it take to diagnose a health problem and determine the correct treatment? What are the technical and interpersonal abilities of the provider?

Overall, the participants viewed the public health system favorably. Specifically mentioned was appreciation for the seamless services provided after diagnosis and follow-up treatments. There was positive feedback about the support group and the monthly Newsletter. The participants were pleased with the LifeFit Wellness Center, the breast cancer exercise program and the partnerships with the high school students and the Girl Scouts. However, the group felt that transportation is a huge issue in obtaining services and requested that the director of Palmetto Breeze meet with them to discuss their unique needs. Furthermore, information about support services needs to be more equitably shared. With regard to the specific domains that were probed during the discussion, the feedback was as follows:

Approachability:

Many of the participants reported needing utility assistance and needing to have information about the process to apply for the same.

Ability

The participants were asked if and/or how the public health system could be more effective. Overall, sentiment was that the system is doing a fairly good job. Suggestions were made that spoke to how the system could be more efficient in imparting knowledge that would improve health literacy and self-advocacy.

- Patients voicing their needs to their medical provider.
- Patients asking their local pharmacist for help.
- People who have found help need to be willing to share that information with others.
- The general public needs more information about chronic disease prevention and community resources including contact information and websites.
- Doctors' offices should have educational materials and literature available in the waiting rooms rather than exam rooms so the information is more visible.

- Information needs to be available to not just on managing chronic conditions but improving overall well-being.
- Other suggestions included information dissemination and a “where to call” handout to senior services centers and church health ministries.
- A suggestion was made that if you attend a church with a health ministry, consider having a health fair. The Beaufort Memorial Community Health Improvement Program’s Mobile Wellness Unit is available to support health fairs and offers free and low cost screenings.
- We discussed the best way to get information out to the public and comments included information flyers at the physicians’ offices. An observation was shared that people don’t seem to read much anymore but most people watch television so advertising on television would be helpful.

Availability

Availability of obtaining healthcare is largely a function of having transportation. Many of the participants do not have reliable transportation, and for those who qualify for transportation services, the intake process is intrusive. Also, patients have the additional challenge of fitting appointments with the times transportation is available. People needing transportation are told they must schedule their appointments in the morning as transportation will not be available for an afternoon appointment. This is a hindrance to effective health care as the patient is dependent on the healthcare provider to accommodate their appointment needs based on available transportation. Another issue is the intrusive manner in which transportation is provided. Clients must share personal information about their condition(s) in order to get help”; (i.e. how much do you weigh, how tall are you, why can’t you take care of your transportation, etc.).

Affordability

The participants reported needing help with drug costs. There are programs to help with prescriptions, but the information is not widely disseminated.

Appropriateness

Participants expressed concerns over the quality of care received by those who have insurance versus those that do not. The general consensus expressed was that the Public Health System does an excellent job if the individual has insurance, but people who do not have health insurance are treated differently.

Mobilizing Action through Planning & Partnerships (MAPP)

Prioritization Process

The first step in strategic planning is prioritization. Prioritizing issues allows the public health system and community to direct resources, time and energy to those issues deemed most critical and practical to address. A number of methodologies are available for this portion of the process including “Simplex”, “Nominal Group Planning”, “Criteria Weighting”, and “Hanlon”. For the purpose of BMH’s Community Health Needs Assessment (CHNA), the “Criteria Weighting” method was employed. Criteria weighting is more objective, offers numerical ranking through a mathematical process, and allows for weighting criteria differently. As a first step, criteria are established against which each issue is weighted. Consideration can be given to the magnitude of the problem, the seriousness of the consequences resulting from the issue, and the ability to evaluate outcomes from interventions. The relative significance of each criterion is assigned a value and these values are then utilized as weights in the ranking process. The identified issues are then ranked in accordance with the criteria and given a score, multiplied by the weight and given a “significance level”. The significance level is then utilized in ranking of priorities.

Methods

Data was collected, analyzed and disseminated from a variety of sources. Data was scored, based on an evidence-based prioritization process similar to the one described above.

Data from the Community Health Survey 2016 was the primary “driver” of the items being scored to ensure the voice of the community was captured. The measures included health problems (access to medical care, heart disease, high blood pressure, etc.) and health behaviors (diet, exercise, etc.). Respondents were instructed to check-off what they considered to be the five most important health problems and the five most important unhealthy behaviors in Beaufort County. Measures used in the survey were grouped into categories, or constructs (i.e. chronic disease, obesity, access). The categories were ranked based on the percentages of responses received for each measure. Additionally, qualitative data was captured in the Community Health Survey in order to give respondents another outlet to express their opinions. A total of 542 residents were surveyed, spanning in age from high school students to senior citizens. Surveying opportunities were strategically chosen to ensure inclusion of vulnerable populations. Surveys were distributed on BMH’s website, the Women’s Imaging Center, the Birthing Center, Keyserling Cancer Center, the Gullah Church Nurses and students at local high schools.

Scoring was based on three criteria: 1.) ability to evaluate outcomes of implemented strategies, 2.) size, and 3.) seriousness of the health problem. Within each criterion, numerical ratings were assigned. For example, to evaluate outcomes, scores are based on what data is available (anecdotal, baseline, trend). The size of the health problem is based on the percentage of the population affected by a particular problem. To evaluate the seriousness of a health problem, scores are based on the impact of a health problem (i.e. the nature of the problem, does it cause long term illness, death rates, hospitalizations, economic and community impact, etc.).

Results

The top three health problems identified through the ranking process (in descending order) were obesity, chronic disease, and poverty/unemployment/homelessness. While statistically not included in the top three health problems, access to care had a large percentage of responses (26.96%) and research suggests that socioeconomic status is linked to the ability to access healthcare. The health problems are also reflected in the top five unhealthy behaviors: obesity/overweight, substance abuse, poor eating habits, lack of exercise and not getting preventative care. To further justify the results of the ranking process and results, respondents were asked if they had ever been told by a doctor or nurse if they had ever been diagnosed with a health condition. The results of this measure revealed the top diagnoses were: hypertension, obesity/overweight, high cholesterol and arthritis. Qualitative analysis further supports the results of the survey with the top three health problems being overweight/obesity, chronic disease and access to healthcare. Although obesity is not, in and of itself, excessive compared to SC and national benchmark, it is a precursor to other chronic diseases. Table 25 displays the prioritization of the needs

Category*	Description	Number of Responses**	Percentage	Ranking
Obesity	Being overweight/obese, exercise, eating habits	332	63.48%	1
Chronic Disease	Hypertension, diabetes, heart disease, stroke, cancer, high cholesterol, etc.	1029	Combined multiple data sets	2
	Diabetes	274	52.39%	
	Cancer	213	40.73%	
	Heart Disease	172	32.89%	
Poverty	Homelessness/unemployment	149	28.49%	4
	Access to Health Care	141	26.96%	
	Access to Dental Care	73	13.96%	
Substance Abuse***	Alcohol, drugs, tobacco	207	39.58%	3

Table 28: Prioritization of Health Needs

**A total of 542 responses were received. The categories that are yellow reflect the top 3 responses and percentages based on survey responses.*

*** The number of responses is greater than the sample size due to the “check-off” nature of the surveys, in which participants could respond to multiple questions.*

****Beaufort Memorial Hospital currently does not have a service line to address chemical dependency/addiction. Even though this received a ranking of three, the strategies for the 2016 CHNA will not cover substance abuse.*

Community Health Resource Inventory

In accordance with the IRS proposed regulations governing the submission of a Community Health Needs Assessment, an inventory of existing community resources available to address the needs identified in the CHNA Survey was developed and is displayed in Table 29. Table 30, which follows on page 61, delineates the identified needs, whether it is being addressed by Beaufort Memorial Hospital or other community resources.

Table 29: Community Health Resource Inventory

	Name of Resource	Description	Population Served
1.	ABLE – The Disabilities Foundation of Beaufort County	A non-profit organization that supports special services for individuals with developmental disabilities. ABLE grants fund a summer programs for disabled children and a mentoring program for adults.	Beaufort County
2.	Access Network	Care management for persons affected by HIV-AIDS, their families, friends, care-partners, emergency assistance for medication, housing, utilities, nutrition, and transportation. Free counseling and testing.	Beaufort, Colleton, Hampton and Jasper Counties
3.	AccessHealth Lowcountry of Together for Beaufort County	AccessHealth Lowcountry is a program to help citizens ages 19 to 64 to find medical care with providers who offer free or sliding fee scale services. They work with low income, uninsured adults, ages 19-64, in Beaufort and Jasper counties. In addition to helping citizens find a primary care provider, they assist with prescription drugs and transportation.	Beaufort and Jasper Counties
4.	Adequacy of Prenatal Care Coalition of Together for Beaufort County	The Adequacy of Prenatal Care Coalition works to increase the percentage of births reported as having received adequate prenatal care throughout Beaufort County. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely and are less likely to have other serious problems related to pregnancy.	Beaufort and Jasper Counties
5.	Affordable Housing Consortium	Beaufort County’s Affordable Housing Consortium is addressing the need to accommodate workforce housing development in high density areas.	Beaufort County
6.	AGAPE Family Life Center	Provides a food bank, clothing, GED classes, life skills, after school programs, summer camp, exercise classes, facility rentals.	Jasper County; any county for GED classes
7.	Al-Anon Family Group	The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems.	Beaufort County
8.	Alcoholics Anonymous	Alcoholics Anonymous® is an international fellowship of men and women who share their experience, strength and hope with each other that	Beaufort County

		they may solve their common problem and help others to recover from alcoholism.	
9.	American Cancer Society	Services for all cancer diagnoses. Provides access to referrals for financial assistance, temporary housing, wigs, transportation and prescription assistance.	Nationwide non-profit available to all cancer patients and their caregivers
10.	American Red Cross – Palmetto Chapter	Disaster Services – 24/7 single family and large disasters provides emergency food, shelter, and emotion support; Disaster Preparedness and Education; Service to the Armed Forces – 24/7 emergency communications, counseling, financial assistance, and other services to members of the Armed Forces, veterans and military families; Lifesaving Blood; CPR, First Aid and AED certifications; Babysitting and Caregiving training; Swim and Water Safety; and International Service, which includes family tracing during disasters and conflicts.	Disaster – Colleton, Hampton, Jasper, and Beaufort Counties Armed Forces – All counties in South Carolina
11.	AMIkids Beaufort	A national non-profit organization that provides troubled youth the support they need to become great people.	Beaufort County
12.	BabyNet – South Carolina’s Early Intervention System	Provides evaluation and assessment for infants and toddlers with developmental delays.	Beaufort, Jasper, Hampton and Colleton Counties
13.	Beaufort and Jasper County School Districts Wellness Policies	School districts are focused on tobacco-free people and places, delicious and affordable healthy food environments, and access and opportunity for physical activity throughout the day.	Beaufort and Jasper Counties
14.	Beaufort and Jasper Counties Sheriffs’ Offices	Partners with the South Carolina Department of Public Safety and law enforcement agencies across the Palmetto State for the annual seatbelt campaign observed during the Memorial Day weekend. The effort and enforcement focuses on the importance of using a seatbelt while driving or riding in a vehicle. Beaufort County Sheriff’s Office Crime Prevention Specialist is responsible for all community and business crime prevention initiatives within the jurisdiction of the Sheriff’s Office.	Beaufort and Jasper Counties
15.	Beaufort County Alcohol and Drug Abuse Department	A component of Beaufort County Government established under South Carolina law to help individuals and families troubled by alcohol, tobacco or other drug related problems with outpatient and prevention programs.	Beaufort County
16.	Beaufort County Department of Social Services	Provides adult protective services, child protective services, family independence, food stamps, foster care services, foster home and group home licensing, referrals for child support, emergency financial services (utilities and medicine).	Beaufort County

17.	Beaufort County Disabilities and Special Needs	Provides family support services, residential, employment services, day programs, early intervention.	Beaufort County
18.	Beaufort County Early Childhood Coalition & School Readiness Workgroup	This coalition and workgroup build collaborative efforts to assist Beaufort County children to be healthy and ready for success upon entering school.	Beaufort County
19.	Beaufort County First Steps	Promotes the right seat, the right size, and the right use. Certified technicians inspect child car seats and demonstrate how to correctly install and use it.	Beaufort County
20.	Beaufort County Health Department, SC DHEC Lowcountry Region	Family planning, immunizations, STD testing, TB testing and WIC prenatal resources, and community health promotion.	Beaufort County
21.	Beaufort County Sheriff's Office	Special Operations Branch offers School Resource Officer's Program, Diversion Programs, Domestic Abuse Prevention Program, Gang Resistance Education and Training, Educational programs for parents, educators and community organizations, and drug awareness training for school-age children.	Beaufort County
22.	Beaufort County Youth Conference	The annual <i>Youth Conference</i> is a one day educational event planned by teens for their peers. It was developed and delivered by a partnership of Carae's Lowcountry Modeling, the Beaufort County Alcohol and Drug Abuse Department, Department of Social Services, Technical College of the Lowcountry, Beaufort Memorial Hospital, the Boys & Girls Clubs of the Lowcountry, several faith-based organizations and area teenagers.	Beaufort County
23.	Beaufort Housing Authority	Beaufort Housing Authority – Housing provided to those in need who meet eligibility guidelines.	Beaufort County
24.	Beaufort Jasper Economic Opportunity Commission	Direct assistance with utilities, emergency heating/cooling, housing rehabilitation, prescription medication assistance, rental assistance, emergency assistance with food, Youth Leadership Program, child and adult care food program, Head Start and Early Head Start. Includes assistance for cancer.	Services available to Beaufort and Jasper Counties (Poverty income guidelines)
25.	Beaufort Jasper Hampton Comprehensive Health Services, Inc.	Federally Qualified Health Centers that offer primary care, gynecology, obstetrics, pediatrics, pharmacies, WIC, nutritional consultations, mammography, migrant health programs and Ryan White (HIV/AIDS) medical services.	Eight health centers serve children and adults on a sliding fee scale in Beaufort, Jasper, and Hampton Counties
26.	Beaufort Soil and Water Conservation District	Partner with USDA Natural Resources Conservation Service (NRCS), SC Department of Natural Resources, and Beaufort County to conserve, maintain and improve our environment by promoting wise land use practices, technical assistance, providing environmental education programs, and promoting hiking and paddling trails	Beaufort County

		in Beaufort County. Key programs include the Together for Beaufort County Water Quality Committee, storm water education, school and festival outreach programs, and Eco Camp.	
27.	Best Chance Network	The Best Chance Network (BCN) program provides free breast and cervical cancer screenings for South Carolina women who meet program eligibility requirements. The BCN is primarily funded by the Centers for Disease Control and Prevention (CDC), the Prevention and Public Health Funds and state funds allocated by the South Carolina Legislature. Screening services include mammograms, clinical breast exams, pap tests, pelvic exams, human papillomavirus tests, diagnostic testing for women with abnormal screening results, support services including patient navigation and referral for treatment, and community education on breast and cervical cancer.	State of South Carolina
28.	Better Choices Better Health	Workshop for adults with ongoing health conditions such as arthritis, chronic lung disease, depression, diabetes, heart disease, high blood pressure. Workshops are 2-1/2 hours and held each week for six weeks. They support practical ways to deal with pain and fatigue; information on nutrition and exercise; help understanding how to live with difficult emotions; learning ways to talk with your doctor and family about your health.	Beaufort, Jasper, Colleton, and Hampton Counties
29.	Blueprint for Change	Outpatient psychiatric and chemical dependency counseling, assessment, individual and group therapy, medication management, psycho-therapy, professional interventions, drug screenings, Life Coaching.	Beaufort County
30.	Bluffton Self Help	Bluffton Self Help is a South Carolina non-profit charity committed to providing free food, clothing and short-term financial assistance for Bluffton area adults, while supporting them to become more self-reliant.	Greater Bluffton area of Beaufort County
31.	Bluffton Jasper Volunteers in Medicine	Clinic which provides free medical care to the uninsured of greater Bluffton and Jasper County with an emphasis on preventative medicine and health education.	Residents who live or work in Bluffton (Beaufort County) or Jasper County
32.	Born To Read	Registered 501(C) 3 non-profit charitable organization promoting early literacy in the Lowcountry. New parents are given a gift bag with a book and advice on the importance of reading to their child starting in infancy. If requested by parents, referrals are provided for obtaining a GED, attending English classes for non-English speaking parents, and help in seeking a pediatrician for their family.	Beaufort and Jasper Counties
33.	Bridge to Home Program – Beaufort	Provides coordination to ensure continuity of care for patients with defined chronic diseases when	Beaufort Memorial Hospital patients with

	Memorial Hospital (Transitional Care)	discharged from the hospital. Goals are to assist in the transition from hospital to home, provide patient education, medication, and appropriate follow-up care.	chronic diseases who reside in Beaufort, Jasper or Hampton Counties
34.	Cancer Awareness Foundation / Off Island Thrift Store	Provides financial assistance to cancer patients.	Southern Beaufort County including Hilton Head, Bluffton, and Okatie
35.	CancerCare	All cancer diagnoses – Limited financial grants for transportation, homecare, childcare, and pain medications. Also, Linking Arms Program can provide grant for breast cancer patients to help with oral medications and lymphedema supply costs. Assistance is also available for men.	Nationwide non-profit providing services to all qualifying cancer patients
36.	CancerCare Co-Payment Assistance Foundation	Provides co-payment assistance for pharmaceutical products to insured individuals who are covered by private insurance, employer-sponsored health plan, or have Medicare Part D or Medicare Advantage. Household income must be at or within 400% US Federal Poverty guidelines for people residing and receiving treatment in the United States or its territories. Financial assistance for all types of cancer.	
37.	Cancer Thrift Store of Beaufort	The Cancer Thrift Store of Beaufort is a non-profit organization that supports those affected by cancer. They provide financial help for medical costs, support, and resources.	Beaufort County cancer patients
38.	Child Abuse Prevention Association (CAPA)	CAPA Parenting classes, parent support group, adolescent pregnancy prevention and school-based education are offered in Beaufort County. Safe Sleep Education and mandated reporter serve Beaufort and Jasper Counties. The Open Arms Children’s Home for abused and neglected children serves Beaufort, Jasper, Colleton, Allendale, and Hampton Counties.	Beaufort, Jasper, Hampton, Colleton, and Allendale Counties
39.	Children’s Rehabilitative Services – South Carolina DHEC	Medical evaluation and treatment of children from birth to 21 years for conditions such as bone and joint diseases, hearing loss, cleft lip and palate, seizures, congenital heart conditions, spina bifida, cystic fibrosis, endocrine disorders, hemophilia, sickle cell disorder, developmental delays, kidney disease.	Beaufort and Jasper Counties
40.	Chronic Disease Fund	Co-payment assistance for pharmaceutical products for patients with private insurance or Medicare Part D. Patients who utilize a participating pharmacy can have their out of pocket expenses remitted by the fund directly to the pharmacy. Patients using non-participating pharmacies can submit receipts for reimbursement. Breast cancer is covered.	Nationwide non-profit providing services to all qualifying patients
41.	Citizens Opposed to Domestic Abuse (CODA)	Provides professional supportive services to victims of intimate partner abuse and their children. Conducts community education programs to	Beaufort, Colleton, Hampton, and Jasper Counties

		confront the societal norms that condone abusive behavior.	
42.	Coalition for Aging in Place of Together for Beaufort County	The Coalition for Aging in Place strives to provide mature adults living in Beaufort County with a network of support that offers the practical means and confidence to enjoy life to its fullest in the homes and communities they value.	Beaufort County
43.	Coastal Connections	Offers temporary and permanent solutions to employment needs.	Beaufort and Jasper Counties
44.	Coastal Empire Community Mental Health Center	Provides outpatient mental health assessment, counseling, crisis intervention, psychiatric treatment/therapy, and support services to adults, children, and their families who are affected by serious mental illnesses and significant emotional disorders.	Beaufort, Allendale, Colleton, Hampton, and Jasper Counties
45.	Collaborative Organization of Services For Youth	Therapeutic treatment plan coordination for youth service agencies serving Beaufort County.	Beaufort County
46.	Deep Well Project	Emergency assistance with food, rent, water and utility bills, household furnishings for families who suffer catastrophic loss, transportation, home repairs, medicine, clothing, childcare, and school supplies.	Anyone in need on Hilton Head Island, Beaufort County
47.	Disabilities Coalition	The mission of the Disabilities Coalition is to enhance the lives of persons with disabilities in Beaufort County by working together to provide, improve or expand needed services and opportunities for them and their families.	Beaufort County
48.	DragonBoat Beaufort	DragonBoat Beaufort was created by cancer survivors and is available to assist those in Beaufort County who are affected or have been affected by the disease. DragnonBoat helps with meal preparation and delivery, transportation to and from clinic appointments, daycare services during appointments, and cleaning services. Financial assistance is available in some cases.	Beaufort County
49.	Eat Smart Move More Lowcountry Coalition of Together For Beaufort County	This group works to educate, equip and motivate the Lowcountry to make the healthy choice the easy choice. Eat Smart Move More Lowcountry fulfills this through education, resources, advocacy and collaboration.	Beaufort and Jasper Counties
50.	Emergency Shelter after Dark	Call to gain assistance for shelter after dark for individuals who are homeless.	Beaufort County
51.	Family Promise of Beaufort County	Transitional housing for families in a crisis such as job loss, unexpected illness, death in family, house fire, eviction, divorce, relocation, or other challenges.	Beaufort County
52.	Family Services, Inc.	Provides financial management/protection of assets; manages day-to-day financial obligations for individuals who are on a fixed income; promotes home ownership for low and moderate income housing which includes first time homebuyers'	State of South Carolina

		workshops, credit analysis, reverse mortgage counseling, and default counseling; behavioral health services and Employee Assistance Programs.	
53.	Farmers' Markets	Locally grown produce is offered to residents, to encourage selecting healthy and nutritional foods. Many markets participate in the SNAP and WIC Farmers Market Nutrition program.	Beaufort and Jasper Counties
54.	Farm Worker Health Program	Beaufort Jasper Hampton Comprehensive Health Services Leroy E. Browne Medical Center on St. Helena Island is a federally funded program that provides medical, dental and social services.	Migrant and seasonal farm worker population in the Beaufort, Jasper and Hampton Counties
55.	Florence Crittenton Programs of SC	Residential program for single pregnant women and teens provides medical, educational, and counseling services.	All single pregnant women and teens from across South Carolina
56.	Franciscan Center (St. Francis Center)	The Franciscan Center is a Diocese of Charleston outreach program to serve the poor and underserved residents.	Beaufort County
57.	Fresh Start Healing Heart	An organization providing safe housing, immediate needs, case management and support to victims of commercial sexual exploitation and labor trafficking. Works to educate the community on human trafficking through materials, education sessions and fund raising.	State of South Carolina
58.	Friends With Wheels	Provides transportation for medical appointments by appointment	Hilton Head, Bluffton, occasionally Beaufort, Hardeeville, Okatie, Savannah, Charleston
59.	Good Neighbor Free Medical Clinic of Beaufort	Faith-based organization serving very low-income, uninsured adults to provide medical treatment and visits for health education, prescription assistance and pastoral care. Diagnostic tests, laboratory services and medications prescribed by the Clinic's health care providers are made available through Beaufort Memorial Hospital and pharmaceutical company patient assistance programs.	Serves uninsured Beaufort County residents
60.	Gullah Church Nurses Association	Provides basic life support certification, conducts workshops in health education on diabetes, nutrition, HIV/AIDS, hypertension, breast cancer and other health related subjects.	Beaufort and Jasper Counties (predominately African American churches)
61.	Healing Waters Mission and Wellness Center	Provides spiritual growth and development and life skills on health and safety. Assess and provide for social and health needs of the community with a food and clothes pantry. Provides free HIV counseling and testing. Assists with the free school out lunch program throughout the state.	Beaufort County
62.	HealthWell Foundation	The HealthWell Foundation reduces financial barriers to care for underinsured patients with chronic or life-threatening diseases. Offers assistance for the specific condition of breast cancer.	Nationwide non-profit providing services to all qualifying patients
63.	Help of Beaufort	Provides emergency assistance, food, clothing and sometimes financial assistance.	Beaufort, Jasper, and Hampton Counties

64.	Hilton Head Regional Habitat for Humanity	Non-profit housing ministry for low to very low income families. Provides a 30-year mortgage at 0% interest for the cost of construction.	Hilton Head, Bluffton, Ridgeland, Hardeeville
65.	Hope Haven of the Lowcountry	24/7 rape crisis hotline, hospital/medical accompaniment, court accompaniment, counseling, forensic interview for alleged cases of child sexual and severe physical abuse.	Beaufort, Jasper, Hampton, Colleton, and Allendale Counties
66.	Jasper County Department of Social Services	Provides adult protective services, child protective services, family independence, food stamps, foster care services, foster home and group home licensing, referrals for child support, emergency financial services (utilities and medicine).	Jasper County
67.	KidFest	KidFest is a large one-day event held each spring to celebrate Child Abuse Prevention Month and Month of the Military Child. KidFest involves 60+ different community agencies and businesses and provides an opportunity for community families to learn about various services available in the Beaufort area.	Beaufort County
68.	Komen Lowcountry	Komen Lowcountry provides funding programs that support those in the fight to save lives and educate individuals about breast cancer risk factors, the importance of early detection and the resources that are available to help them.	Beaufort, Jasper, Hampton, and Colleton Counties
69.	LifeFit Wellness Center – Beaufort Memorial Hospital	Community fitness facility, LifeFit Wellness Center that focuses on disease management and prevention through a case management philosophy. Offers lab screenings and evaluation of risk factors, customized exercise program, group classes, access to a registered dietician and discounted prices for massage therapy and personal training.	Residents of Beaufort County; scholarships are available
70.	Lions Club – Beaufort	A charitable organization that focuses on the visual needs of community residents. Provides financial assistance for eye glasses for low income local residents. Also provides eye screenings in local private and public schools from nursery through high school as well as at local health fairs.	Beaufort
71.	Lowcountry Affordable Housing Coalition	The Lowcountry Affordable Housing Coalition is a group of governmental, non-profit, and private organizations working together to make housing more affordable for Lowcountry residents.	Beaufort, Colleton, Hampton, and Jasper Counties
72.	Lowcountry Area Coalition	Formed with the assistance of the Internal Revenue Service to expand the single largest anti-poverty program offered by the federal government – VITA, the Volunteer Income Tax Assistance program.	Beaufort County
73.	Lowcountry Community Action Agency	Provides financial assistance for utility bills, medications, rent, mortgage, food, shelter.	Colleton and Hampton Counties
74.	Lowcountry Council of Governments	Provides caregiver support, information, education and services, offers information and referral assistance to seniors and caregivers, provides	Beaufort, Jasper, Hampton, Colleton Counties

		insurance counseling assistance and referral for elders. A service coordinator conducts new client intake and assessments for group dining meals, home delivered meals, and home care as well as coordination of services for eligible persons.	
75.	Lowcountry Habitat for Humanity	Non-profit housing ministry for low to very low income families. Provides a 30-year mortgage at 0% interest for the cost of construction.	Beaufort, Jasper, Hampton, and Colleton Counties
76.	Lowcountry Regional Transportation Authority D.B.A. Palmetto Breeze	The Palmetto Breeze provides a wide variety of public transportation and contract services. Palmetto Breeze's Lowcountry Mobility Management provides Medicaid beneficiaries and veterans transportation for medical appointments. Cancer patients in need of transportation to medical treatment and not eligible for Medicaid may contact the Transportation Solutions Manager at the American Cancer Society.	Beaufort, Colleton, Hampton, and Jasper Counties
77.	Marine Corps Community Services	Information and referral, substance abuse programs, family counseling, child and spouse abuse reporting and case management.	Marine Corp services available to enlisted, veterans, and dependents
78.	Meals-on-Wheels	Provides a hot, mid-day meal 5 days per week.	Beaufort County
79.	Med-I-Assist Program	A Patient Prescription Assistance Program designed to assist patients who have no prescription insurance coverage and are unable to afford their prescription medication.	Beaufort and Jasper Counties
80.	Medical University of South Carolina College of Dental Medicine	Offers dental care at adjustable fees based on services provided by Dental Student Clinics, graduate Residency Clinics, and Dental Faculty Practices.	General Public
81.	Mental Health Access Coalition of Together for Beaufort County	In an effort to increase the availability and accessibility of mental health resources in our community, this group has defined two priorities: transportation and education.	Beaufort and Jasper Counties
82.	Mental Health America Beaufort/Jasper – Island House	Operates a psychiatric rehabilitation program which helps adults with severe and persistent illness work on the recovery goals of their choice. Program members work towards enhancing their psychological, social and living skills and moving towards a future of their choice. This is a Medicaid funded program that also provides limited scholarship slots and a private pay option.	Beaufort and Jasper Counties
83.	Mobile Wellness Unit – Beaufort Memorial Hospital	The Community Health Improvement Program (CHiP) van is a 40 foot healthcare mobile unit that provides free and low cost screenings and some immunizations to neighborhoods, businesses, schools, churches, senior citizen centers, and other organizations. Also provides free skin cancer screenings, free clinical breast exams, and low cost prostate cancer screenings.	Beaufort and Jasper Counties
84.	Morris Village Alcohol and Drug	A state-run facility that provides inpatient substance abuse treatment services to chemically	State of South Carolina

	Addiction Treatment Center	dependent adults struggling with addiction and co-occurring mental health disorders.	
85.	National Alliance on Mental Illness (NAMI)	Free education courses and support groups for individuals with mental illness, and for their families and caregivers. Community outreach programs include free Crisis Intervention Training for law enforcement; free mental health education programs including Parents and Teachers as Allies (for public and private schools); and In Our Own Voice presentations by people who have experienced mental illness.	Beaufort County
86.	Neighborhood Outreach Connection	Focuses on low income families from all major ethnic groups. Identifies distressed neighborhoods and offers assistance and encouragement to struggling individuals and families in low income neighborhoods with education, healthcare, and workforce development.	Beaufort County
87.	New Life Center Commission on Alcohol & Other Drug Abuse	Outpatient treatment for addictions, prevention programs, adolescent counseling, red ribbon campaign, employee assistance programs.	Jasper and Hampton Counties, South Carolina and active duty military
88.	Office of Early Childhood, Parenting & Family Literacy	Provides parent education, early childhood services and Parents as Teachers home visitation programs. Parent Information and Resource Centers provide adult literacy, child assessments, interagency collaboration, and case management for parents of young children.	Beaufort County
89.	Office of Ocean and Coastal Resource Management – SC DHEC	Environmental engineer handles storm water, waste water and water supply permits. Regulates development in eight coastal counties, dock permits, erosion control devices, and all Atlantic Ocean development.	Beaufort, Jasper and Colleton Counties
90.	Our Lady's Pantry (St. Peter's Catholic Church)	Provides emergency food assistance. Eligibility to receive food from the pantry is based on the requirements set by Lowcountry Foodbank.	Lowcountry of South Carolina
91.	Partnership for Adult Literacy	Work group focused on increasing enrollment in adult education and literacy programs.	Beaufort County
92.	Partnership for Prescription Assistance (PPA)	Partnership for Prescription Assistance offers a single point of access to more than 475 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies.	Nationwide non-profit providing services to all qualifying patients
93.	PASOs Family and Community Health Programs	Helps the Latino community and service providers work together for strong and healthy families. This is done through education, support, and grassroots leadership development.	Beaufort and Jasper Counties
94.	Patient Access Network Foundation	Assists patients who cannot access the treatments they need due to out-of-pocket health care costs including deductibles, co-payments, and co-insurance. Offers assistance for breast cancer.	Nationwide non-profit providing services to all qualifying patients

95.	Patient Advocate Foundation's Co-Pay Relief Program	Provides direct co-payment assistance for pharmaceutical products to insured patients (including Medicare Part D beneficiaries) who financially and medically qualify. Includes assistance for breast cancer	Nationwide non-profit providing services to all qualifying patients
96.	Penn Center – Program for Academic and Cultural Enrichment (PACE)	The PACE program fosters youth development programs for Sea Island children ages 14 months – 17 years. Instruction focuses on education, social, environmental and cultural development and enrichment. Also provides tutoring for 4 th through 8 th grade students.	Beaufort County
97.	Physical Activity Resources	Locally owned organizations that offer fitness equipment and programs include Anytime Fitness, City Fit, Earth Fit, the LifeFit Wellness Center, the Omni, and the YMCA of Beaufort County. The YMCA also serves families. Walking trails are available at several locations in Beaufort County, including the Spanish Moss Trail, and one on the BMH campus. Recently, a pedestrian area was included on the new McTeer Memorial Bridge that crosses the Intercoastal waterway.	Residents of northern Beaufort County (service area of Beaufort Memorial Hospital)
98.	Pink Fund	The Pink Fund is a public charity that distributes short-term financial aid for basic living expenses on behalf of breast cancer patients who have lost all or a part of their income during active treatment. Payments are made directly to the patient's creditors.	Nationwide non-profit providing services to breast cancer qualifying patients
99.	Pregnancy Center and Clinic of the Low Country	Free and low cost services for prenatal care up to 16 weeks, testing for pregnancy and sexually transmitted diseases, guidance, education, support and parenting classes, infant equipment.	Beaufort and Jasper Counties
100.	Radiance Women's Center	The Radiance Women's Center is a non-profit pregnancy care center offering free pregnancy testing, options counseling, limited ultrasounds, STI testing, referrals, abortion recovery, and pregnancy and parenting classes.	Women of Beaufort and Jasper Counties
101.	St. Francis Center	Assistance with utilities, medicine, emergency home repair, migrant outreach, food assistance.	Beaufort County
102.	Salvation Army – Emergency Financial Assistance Program	Assists residents with rent/mortgage, lodging, utilities, food and those who have experienced a house fire.	Beaufort, Jasper, Hampton Counties
103.	Second Helpings	Non-profit agency that collects surplus food from grocery and other stores and distributes it the same day to agencies who serve the needy. The Food Network serves Hilton Head, Bluffton and Beaufort.	Helps agencies serve the Lowcountry of South Carolina
104.	Senior Services of Beaufort County	Home delivered meals, transportation, group dining, homemaker services, and health wellness programs.	Beaufort County
105.	Share Our Suzy	Provides a bridge for the financial gap from diagnosis to remission of breast cancer. Funds are available to provide assistance with wigs,	South Carolina

		prosthetics, childcare, gas cards, utility bill assistance, medication assistance and more.	
106.	Sheldon Township Community Support Partnership	Grassroots coalition formed in 1998 by BMH and SC DHEC Lowcountry region to address educational and economic diversities in the Sheldon Township of northern Beaufort County. This group has received numerous grants which have funded educational resources, leadership development, and health promotion in local area churches. The group was instrumental in facilitating a bond issue leading to a new high school with access to free technical college courses, healthcare for local students, the establishment of a local library branch, and an expansion of a Head Start facility.	Residents of Sheldon Township, northern Beaufort County (Census Tract #1)
107.	Sisters Network Inc.	A national African American breast cancer survivorship organization that provides financial assistance to breast cancer survivors while undergoing radiation or chemotherapy treatment. Assistance includes utility bills, medical bills, rent, and mortgage.	Nationwide non-profit providing services to all qualifying breast cancer patients
108.	South Carolina 2-1-1	Resource for finding assistance in local communities. 2-1-1 keeps a database of a wide variety of service providers including support groups, community clinics, counselors, shelters, food pantries, programs for seniors, and many more agencies in South Carolina. 2-1-1 can be called anytime, 24 hours a day, 365 days a year to link to vital services in the community. They can also be reached toll free at 1-866-892-9211. The service is free and available in multiple languages.	State of South Carolina
109.	South Carolina Department of Natural Resources	Hunter education program provides training on the responsibility and ethics in the field, as well as firearms safety. Oversees the conservation efforts of the South Carolina state government.	State of South Carolina
110.	South Carolina Office of Victim Assistance	Helps with filing for compensation fund, advocacy and support, referrals, training and technical assistance. Benefits can be paid up to \$15,000 for medical costs, counseling costs, lost wages or loss of support, burial/funeral costs. Crime must have cause physical injury or emotional trauma; victim must not have been engaged in illegal activity.	State of South Carolina
111.	South Carolina Vocational Rehabilitation Department	Vocational assessment and counseling. Helps those with disabilities prepare for, achieve, and maintain employment.	State of South Carolina
112.	Spanish Moss Trail	The Spanish Moss Trail is a rails-to-trail greenway project owned by Beaufort County, SC and located in the heart of northern Beaufort County. Beaufort Memorial has partnered with the City of Beaufort to provide the trail for walking, biking, and jogging. The BMH Board dedicated a portion of hospital	General Public

		property to the City as the path provides a health-related community benefit, especially as it will eventually connect the existing wellness trail on the Hospital's main campus to the Spanish Moss Trail.	
113.	State Seat Belt Law	“Buckle Up South Carolina.” Under the law, a law enforcement officer has the authority to stop a driver if the officer has a clear and unobstructed view of a driver or occupant of a motor vehicle not wearing a safety belt or not secured in a child restraint system.	State of South Carolina
114.	Stork’s Nest Program	A collaborative project of Zeta Phi Beta Sorority, March of Dimes, and BMH to improve the health of babies by preventing birth defects and infant mortality through research, community service, education, and advocacy. This incentive program encourages pregnant women to participate in prenatal education and receive regular prenatal care to earn points that can be spent on baby items.	Beaufort County
115.	United Way of the Lowcountry	An online directory of community resources, including assistance for healthcare and transportation. Works to be the leading force for social change to improve basic needs, education, health and financial stability outcomes. Maintains a HelpLine to connect citizens with a network of resources and services right here in the Lowcountry.	Beaufort and Jasper Counties
116.	Urgent Care Centers	Private or franchised care centers that offer daily primary care and some lab/imaging services.	Facilities in northern Beaufort County such as Doctors Care, AFC Urgent Care and Lowcountry Urgent Care that serve families as a for-profit fee for service healthcare entity.
117.	Volunteers In Medicine	Free medical clinic that provides free and low cost medical, dental and mental health services to families and individuals who otherwise have no access to quality-driven healthcare. Services include immunizations, physical exams, general medicine, dental care and a wide variety of specialized services.	Men, women and children who live or work on Hilton Head Island and Daufuskie Island in Beaufort County. (Also known as VIM Hilton Head)
118.	Volunteers in Medicine Bluffton Jasper	Provides free medical care in a compassionate and professional manner to the uninsured of greater Bluffton and Jasper County. Volunteers in Medicine emphasize the use of retired medical professionals to provide quality healthcare services in two free clinics.	Bluffton and Jasper County (Also known as Bluffton Jasper VIM)
119.	Water Quality Coalition	This local work group, pulled together by the Beaufort Soil and Water Conservation District, involves numerous stakeholders in water quality issues both governmental and non-governmental	Beaufort County

		who collaborate on problems and solutions. The collaboration has led to developing the Intergovernmental Agreement Plan, the Storm-water Implementation Committee, and the County & Municipality Water Quality Monitoring Committee.	
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Source: United Way of the Lowcountry, Beaufort County Library downloaded 3.18.2016. Beaufort Memorial Hospital, 2016.

BMH’s commitment to being an authentic community-based hospital is reflected through the leadership and support it provides to community initiatives which foster the health and wellness of its service area and the larger community. This commitment includes supporting the local government and local wellness coalitions in their efforts to impact the health and wellness of the community, particularly with respect to social issues which the hospital is not in a position to directly impact. Table 28 (next page) lists the needs that were identified through the quantitative and qualitative sections of the CHNA. As required, indication is provided as to whether a need is being “addressed” or “not addressed” by BMH. The third, and last column, inventories the resources currently addressing the need. The numbers in parentheses correspond to the resource inventory provided in Table 29.

Table 30: Identification of Needs, BMH Involvement, & Resources Addressing Need

Identified Need	Addressed/Not Addressed by Hospital	Explanation of Addressed/Unaddressed Need (Item Number in Resource Inventory)
Chronic Diseases	Addressing	Beaufort Memorial Hospital CHiP Wellness Unit (83) Beaufort Memorial Hospital LifeFit Wellness Services (69) Beaufort Memorial Hospital Transitional Care Program (33) Better Choices, Better Health (28) Eat Smart, Move More Lowcountry Coalition (49) Gullah Church Nurses Association (60) Other Physical Activity Resources (97) Sheldon Township Community Support Partnership (106)
Obesity	Addressing	Beaufort & Jasper County School Districts Wellness Policies (13) Beaufort Memorial Hospital LifeFit Wellness Services (69) Beaufort Memorial Hospital Transitional Care Program (33) Eat Smart, Move More Lowcountry Coalition (49) Farmers’ Markets (53) Other Physical Activity Resources (97)
Access to Medical Care	Addressing	AccessHealth Lowcountry (3) Beaufort Jasper Hampton Comprehensive Health Services (25) Beaufort Memorial Hospital CHiP Mobile Wellness Van (83) Beaufort Memorial Hospital Transitional Care Program (33) Bluffton Jasper Volunteers in Medicine Clinic (31) Good Neighbor Medical Center (59) Med-I-Assist (79) The Farm Worker Health Program (54) United Way of the Lowcountry Helpline & Palmetto Breeze (105) Urgent Care Centers (116) Volunteers in Medicine Hilton Head (117) Volunteers in Medicine Bluffton and Jasper (118)

Prenatal Care (infant death, teen pregnancy)	Addressing	Adequacy of Prenatal Care Coalition (4) Beaufort County Health Department, SC DHEC Lowcountry Region (20), Beaufort Jasper Hampton Comprehensive Health Services, Inc. Beaufort Jasper Economic Opportunity Commission (24) Radiance Women’s Center (100) Child Abuse Prevention Association (38) Florence Crittenton Programs of SC (55) PASOs Family & Community Health Programs (93) Pregnancy Center & Clinic of the Low Country (99) Stork’s Nest Program (113)
Substance Abuse (tobacco, alcohol, drugs)	Not Addressing (except for tobacco)	Al-Anon Family Group (7) Alcoholics Anonymous (8) Beaufort County Alcohol and Drug Abuse Department (15) Beaufort County Youth Conference (22) Beaufort Memorial Hospital LifeFit Wellness Services (69) Blueprint for Change (29) Coastal Empire Community Mental Health Center (44) Collaborative Organization of Services for Youth (45) Morris Village Alcohol and Drug Addiction Treatment Center (84) Mental Health Access Coalition (81) New Life Center Commission on Alcohol & Other Drug Abuse (87) Behavioral Health Branch, Marine Corp Community Services (77)
Violence (child abuse, domestic violence, rape, youth violence, violent behavior)	Not Addressing	Beaufort County Department of Social Services (16) Beaufort County Early Childhood Coalition (18) AMIKids (11) Child Abuse Prevention Association (38) Citizens Opposed to Domestic Abuse (41) Hope Haven of the Lowcountry (65) Jasper County Department of Social Services (66) KidFest (67) Penn Center – Early Intervention Program (96) Behavioral Health Branch, Marine Corp Community Services (77)
Injury (firearm, suicide, distracted driving, seat belts, car accidents)	Not Addressing	Beaufort and Jasper Counties Sheriffs’ Offices (14) South Carolina Department of Natural Resources (109) South Carolina Office of Victim Assistance (110) State Seat Belt Law (113)
Poverty (homelessness, unemployment, dropping out of school)	Addressing	Beaufort County Early Childhood Coalition (18) Beaufort Housing Authority (23) Beaufort Jasper Economic Opportunity Commission (24) AMIKids (11) Bluffton Self Help Inc. (30) Coastal Connections (43) Deep Well Project (46) Emergency Shelter after Dark (50) Family Promise (51) Help of Beaufort (63) Lowcountry Area Coalition (72) Neighborhood Outreach Connection (86) Partnership for Adult Literacy (91) Second Helpings (103)

		The Affordable Housing Consortium (5) The Coalition for Aging in Place (42)
Infectious Disease (STDs, HIV/AIDs, Immunizations)	Addressing	Access Network (2) Beaufort County Health Department, SC DHEC Lowcountry Region (20) Beaufort Jasper Hampton Comprehensive Health Services (25) Beaufort Memorial Hospital CHiP Mobile Wellness Van (83) Gullah Church Nurses Association (60) Med-I-Assist (79) Volunteers In Medicine Hilton Head (117)
Dental (access, not going to the dentist)	Addressing	AccessHealth Lowcountry (3) Beaufort Jasper Hampton Comprehensive Health Services (25) Good Neighbor Medical Clinic (59) Medical University of South Carolina College of Dental Medicine (80) The Farm Worker Health Program (55) Volunteers In Medicine Hilton Head Island (116)

Implementation Strategies

Beaufort Memorial Hospital conducted a community health needs assessment in 2016. This implementation strategy documents the efforts of the hospital to address and prioritize the community health needs identified in this 2016 CHNA.

The strategy identifies the means through which the hospital plans to address needs that are consistent with the hospital's mission as part of its community benefit program from 2016-2019.

Beyond the programs discussed in the strategy, the hospital is addressing many of these needs simply by providing care to all, regardless of ability to pay. Health needs and resources may change, so a flexible approach is proposed in the development of the strategy to address needs identified in this 2016 CHNA.

The CHNA strategy with action plans is organized according to identified priorities which are based on the responses of a diverse range of stakeholders to include patients, family advocates, focus group participants, clinicians and students as the most pressing community health needs. The intent of the strategy is to establish realistic expectations for what the hospital and partners can do to address the identified needs of:

- Obesity
- Chronic Disease
- Poverty/unemployment/homelessness
- Access to care

Strategy 1:

BMH will continue to build capacity to prevent and address obesity

Implementation Activities:

- Provide physical activity and other lifestyle change programs for the community, including employees through LifeFit Wellness Center.
 - Promotion of the free memberships to employees (available since January 2014)
 - Provide financial assistance for the LifeFit Wellness Center membership (consistent with the BMH financial assistance guidelines)
 - Continue to provide broad range of physical activity opportunities though group fitness classes, personal training, yoga, spinning, and other types of offerings.
- Enhance BMH childhood obesity Healthy Kids Campaign in partnership with pediatric providers.
 - Develop physical activity opportunities for children in a group setting
 - Enhance Healthy Kids Campaign program in southern Beaufort County via LifeFit dieticians at Bluffton Medical Services
- Continue and increase participation in the South Carolina Medical Association Childhood Obesity Task Force.
 - Implement use of toolkit in Spanish when available for pediatric providers from SCMA Childhood Obesity Task Force.

- Provide updates on BMH Healthy Kids Campaign efforts to SC Medical Association Obesity Task Force.
- Participate in community efforts to promote healthy eating and active living.
 - Provide education to school district personnel on childhood obesity concerns in Beaufort and Jasper Counties.
 - Engage in community activities to promote physical activity and healthy eating through the CHiP Mobile Wellness Van, community partners, and other LifeFit Wellness Services.

Strategy 2:

BMH will continue to address chronic disease management

Implementation Activities:

- Increase community awareness of chronic disease prevention
 - Promote CHiP mobile wellness van and screening services
 - Provide low cost vascular screenings
 - Increase promotion of Diabetes Care Center
 - Expand efforts regarding tobacco cessation program
 - Engage “MY BMH” patient portal for specific disease prevention and education efforts to specific populations
- Support AccessHealth Lowcountry in the chronic disease prevention opportunities
 - Engage AccessHealth Lowcountry nurse in health education as well as screening of clients
 - Identify for disease prevention/intervention efforts with AHL nurse
 - Partner with other healthcare providers for screenings related to chronic disease prevention
- Enhance BMH Population Health programming
 - Capture employee health efforts addressing chronic disease pathways
 - Expand employee wellness participation via employee health
 - Promote the CHiP mobile wellness van and screening capabilities
 - Continue support of BMH colorectal screening outreach efforts
 - Continue involvement with Together for Beaufort County coalitions and other community partners
 - Continue support of Bridge to Home transitional care program and AccessHealth Lowcountry

Strategy 3:

BMH will support programs addressing social determinants of health.

Implementation Activities:

- Increase support of AccessHealth Lowcountry

- Support United Way and other agencies' participation in partnerships regarding health care transportation
- Improve support of Good Neighbor Free Medical Clinic of Beaufort through collaborative programmatic efforts

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