



Shriners
Children's™
Greenville

Shriners Children's Greenville
Community Health Needs Assessment
2022

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Shriners Children's At-A-Glance

Shriners Children's® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities, or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate and family-centered environment. Our patients are our priority. We take the time to care and to listen. At Shriners Children's, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Children's is to:

Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries, and other special health care needs within a compassionate, family-centered, and collaborative care environment.

Provide for the education of physicians and other health care professionals.

Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

Shriners Children's is committed to its employees and the diverse patient population which Shriners Children's serves. As a result, no person will be discriminated against because of race, religion, color, sex, sexual orientation, gender identity or expression, age, marital status, citizenship, national origin, genetic information, disability or any other protected class as outlined in applicable state or local regulations.

About Shriners Children's Greenville

Shriners Children's Greenville (SCG) is a pediatric orthopedic hospital located on the campus of Prisma Health. In 1927, the hospital opened its doors with a mission to treat children's orthopedic conditions related to polio. Nearing 100 years later, SCG continues to care for children and adolescents diagnosed with orthopedic conditions.

The hospital's medical staff includes board certified pediatric orthopedic surgeons. The medical team is supported by residents, physician assistants, nurse practitioners, prosthetists, orthotists, therapists, nurses and consulting physicians, each of whom play an essential role in our multi-disciplinary approach to care. The hospital has an in-house pediatric prosthetics and orthotics provider, a motion analysis laboratory, a radiology department and a physical and occupational therapy department. All of these services are located under one roof in an effort to provide seamless, coordinated care.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization’s community and that community’s access to services related to those issues.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury’s Office of the Assistant Secretary (“Secretary”) determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Children’s leadership.

Shriners Children’s Greenville’s Commitment to the Community

SCG’s 2022 CHNA report is intended to aid and identify the unmet health needs affecting members of our community with the goal of establishing an action plan to address those needs. This assessment has three main purposes:

- Engage community members to gain an enhanced understanding of the top health issues affecting members of our community.
- Prioritize the top community health needs (CHNs) identified from the surveys, focus group sessions, and supporting secondary data.
- Develop an action plan to serve as a guide when addressing the high priority health needs.

Our Community

For the purposes of this CHNA assessment, SCG focused on Greenville County. Greenville County is the most populous county in South Carolina with an estimated population over just over 520,000 and represents the largest proportion of SCG’s active patients. The county is home to the Greenville County School District, which is the largest school system in the state.



Population and Demographics

Information regarding the population and demographics for Greenville County are presented below. Current population demographics and changes in demographic composition over time play a defining role in the types of health and social services needed by the community.

Current Pediatric Population by Age Group

According to 2020 Census Data, children under 18 years of age make up 22.9% of the total population (n=525,534) in Greenville County. Persons under 5 years make up 6.2%. Source:

<https://www.census.gov/quickfacts/greenvillecountysouthcarolina>

Total Population by Race/Ethnicity in Greenville County

Race and Hispanic Origin	
White alone, percent	76.3%
Black or African American alone, percent(a)	18.4%
American Indian and Alaska Native alone, percent(a)	0.5%
Asian alone, percent(a)	2.7%
Native Hawaiian and Other Pacific Islander alone, percent(a)	0.1%
Two or More Races, percent	2.0%
Hispanic or Latino, percent(b)	9.5%
White alone, not Hispanic or Latino, percent	68.0%

Fact Notes:

- (a) Includes persons reporting only one race
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
- (b) Hispanics may be of any race, so also are included in applicable race categories

Source: <https://www.census.gov/quickfacts/greenvillecountysouthcarolina>

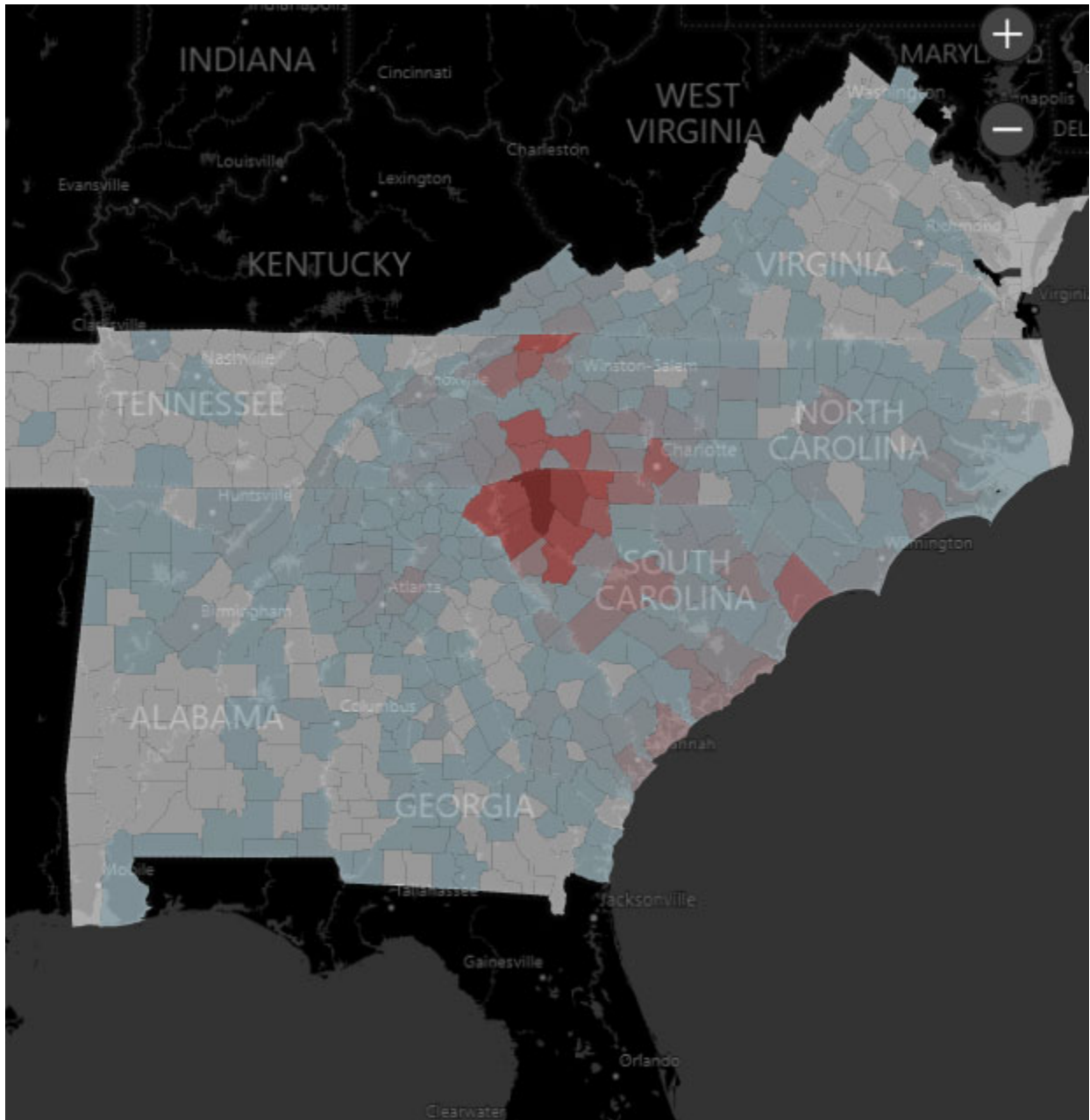
Children Under 18 by Race/Ethnicity in Greenville County

Location	Race	Data Type	2019	
South Carolina	Non-Hispanic White alone	Number	628,107	
		Percent	56.5%	
	Non-Hispanic Black alone	Number	346,421	
		Percent	31.2%	
	Non-Hispanic other race alone	Number	27,329	
		Percent	2.5%	
	Hispanic	Number	109,326	
		Percent	9.8%	
	Total under 18-years-old	Number	1,111,183	
		Percent	100.0%	
	Greenville	Non-Hispanic White alone	Number	73,075
			Percent	60.9%
		Non-Hispanic Black alone	Number	25,416
			Percent	21.2%
Non-Hispanic other race alone		Number	3,912	
		Percent	3.3%	
Hispanic		Number	17,570	
		Percent	14.6%	
Total under 18-years-old		Number	119,973	

Location	Race	Data Type	2019
		Percent	100.0%

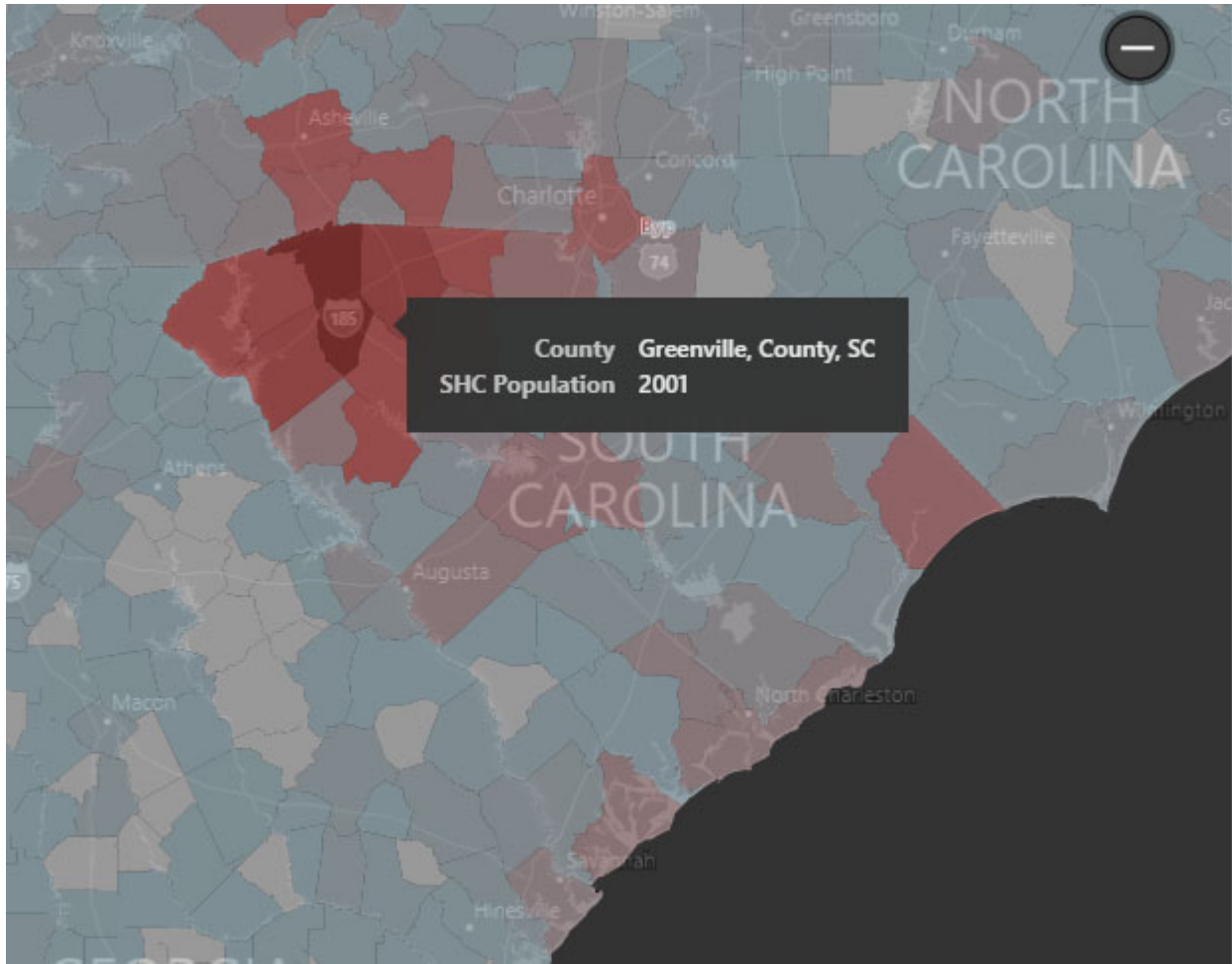
Source: <https://datacenter.kidscount.org/data/customreports/6330,42/any/compared,single#ind6129>

Active Patients



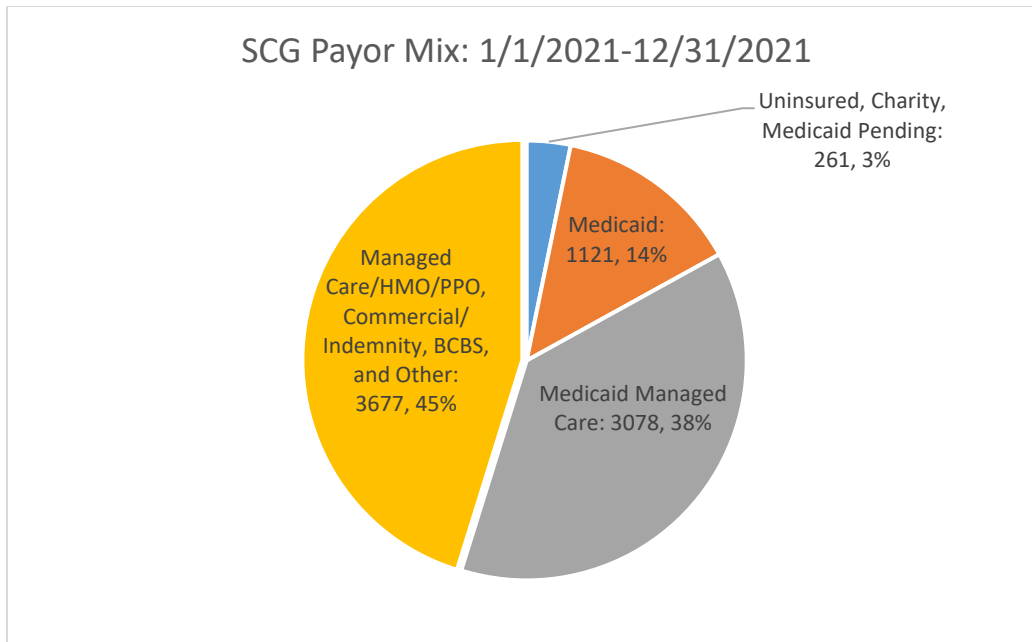
The above map represents the hospital’s 8,005 active patients by county in 2021. An active patient is defined as a patient that visited the hospital at least one time during the time period being measured. In

In addition to South Carolina, SC Greenville serves patients in the neighboring states of Tennessee, Virginia, North Carolina, Georgia and Florida.



Our hospital had 2,001 active patients from Greenville County in 2021, which represents approximately 25% of all patients treated during that year. We receive nearly 57% of our patients from the 10 Upstate counties (Greenville, Spartanburg, Anderson, Oconee, Pickens, Laurens, Abbeville, Greenwood, Cherokee and Union).

Payor Mix



Community Health Profile in Greenville County

Social determinants of health are environmental conditions that affect access to health care. This section will cover some of the indicators that influence children’s access to healthcare in Greenville County. The data was collected from the following Data USA website, which shows data from 2019 in Greenville County: <https://datausa.io/profile/geo/greenville-county-sc>

Median Household Income: \$64,412

Median Property Value: \$215,500

Poverty Rate: 11.5%

Children Under Age 18 With No Parent In The Labor Force (Percent):

Location	Data Type	2011 - 2015	2012 - 2016	2013 - 2017	2014 - 2018	2015 - 2019
South Carolina	Percent	9.2%	9.2%	8.9%	8.6%	8.2%
Greenville	Percent	7.1%	6.6%	6.9%	5.9%	5.9%

Source: <https://datacenter.kidscount.org/data/customreports/6330/any>

Annual unemployment rate: In December, 2021, the unemployment rate in Greenville, Mauldin and Easley, South Carolina, was 2.9%. Source:

https://www.bls.gov/eag/eag.sc_greenville_msa.htm#eag_sc_greenville_msa.f.2

Number of children living in poverty: The United Way of Greenville County’s Community Health Needs Assessment in 2020 notes that “...the number of children living below the poverty threshold in Greenville County ranged from a high of 27,354 in 2011 to a low of 17,093 in 2018. Almost one in four children lived below the poverty threshold from 2011 and 2013.”

Source: <https://www.unitedwaygc.org/wp-content/uploads/2021/07/Community-Needs-Assessment-UWGC.pdf>

Percent of children with no health insurance: According to the 2020 Census Bureau, 13.3% of Greenville County residents under 65 years do not have health insurance. In the state of South Carolina, 5.8% of children do not have health insurance. Source:

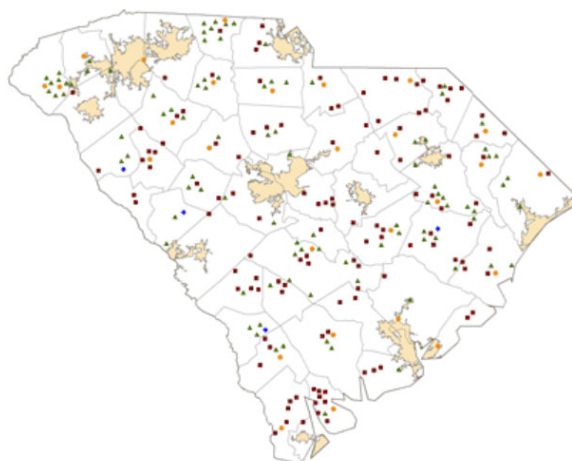
<https://kidshealthcarereport.ccf.georgetown.edu/states/south-carolina/>

Family and Community Indicators in Greenville County

Rural South Carolina

South Carolina is still largely a rural state. “South Carolina covers 30,109 square miles, with a 2020 estimated population of 5,118,425 people – with 728,561 living in rural South Carolina (USDA-ERS).”

South Carolina Rural Healthcare Facilities



*Sites located outside of Urbanized Areas according to data.HRSA.gov. January 2022.

“10.8% of South Carolina residents lack health insurance (Kaiser, 2019). According to the USDA Economic Research Service, the average per capita income for South Carolina residents in 2020 was \$48,021, with the rural per capita income at \$40,315. The ERS reports, based on 2019 ACS data, that the poverty rate in rural South Carolina is 20.6%, compared with 12.8% in urban areas of the state. 17.7% of the rural population has not completed high school, while 11.6% of the urban population lacks a high school diploma according to 2015-2019 ACS data reported by ERS. The unemployment rate in rural South Carolina is 7.0%, while in urban South Carolina, it is 6.1% (USDA-ERS, 2020).”

Source: <https://www.ruralhealthinfo.org/states/south-carolina#:~:text=According%20to%20the%20USDA%20Economic,urban%20areas%20of%20the%20state.>

Process and Methods

SCG provides a wide spectrum of orthopedic care to the children and adolescents of our community. The hospital treats common conditions with high prevalence, such as fractures and sports injuries as well as orthopedic complications related to complex, low-prevalence conditions such as cerebral palsy, scoliosis and spina bifida.

Partnering with Prisma, SCG is afforded access to resources and expertise that does not exist in our specialty hospital. For example, Care Coordination Institute (CCI) provides services and solutions to meet the evolving needs of clinically integrated networks and accountable care organizations who are fully engaged in population health management. They have been instrumental in the design and formation of instrument selection and the methodology of data collection.

The survey provided to the community consisted of 45 questions that aimed to identify areas of need across the community as well as more detailed demographic information from survey respondents. Data was collected across seven counties in South Carolina. For purposes of this CHNA assessment, Shriners Children’s Greenville will only focus on the responses from Greenville. **All primary data from the survey from all counties can be viewed in the Exhibits section at the end of this report.** When this data is combined with secondary data, a comprehensive understanding of the unmet needs can be used to better understand the community SCG serves.

Key Findings

Access Variables	SCG Community need	SCG Strategic Plan	SCG Resources Available	Community Impact (High - Low)
Mental Health	Y	N	N	High
Overweight and Obesity	Y	N	N	Medium
Heart Disease and Stroke	Y	N	N	Medium

SCG recognizes that there are other identified unmet needs within the identified community population; however, due to the specialty nature of Shriners Hospitals for Children (its mission, vision and values), its staffing and available resources, SCG is unable to care for these immediate needs. SCG is integrally connected with many resources in the community to refer patients and families should patients require attritional assistance. Our Care Management department works closely with county and local health departments, Child Protective Services, institutions and agencies to help families find the assistance they need.

Based on the results above, and given our mission and the resources we have available, SCG has chosen to focus its 2022 CHNA Action Plan on access to unmet healthcare needs related to the following topics:

- Continue to provide monthly outreach clinics
- Advance our telehealth capabilities by increasing available service line (dietary, behavior health) resources

- Keep our new-patient appointment wait times to a minimum
- Expand scheduling grids to allow more patients to be seen in clinic.
- Continue to work with healthcare providers and referral sources
- Seek alternative payment arrangements with insurance company’s and/or employers
- Enhance community awareness and education
- Continue to grow our injury care services
- Utilize full time dietician to manage healthy weight and wellness of our pediatric population
- Continue to measure patient outcomes beyond the acute care event
- Provide multidisciplinary care through our care management team
- Deliver our care regardless of insurance and a family’s ability to pay

Action Plan

2019 Action Plan

Objective: Access to Orthopedic Care			
Action Step	Accountability	Timeline	Desired Outcome
Conduct monthly outreach clinics	SCG	Ongoing, with annual evaluation	Provide better access to new and established patients in outer lying areas.
Advance our telehealth capabilities	SCG	Ongoing, with annual evaluation	Provide better access to care for certain appointment types. Reduce travel time and expenses.
Keep our new-patient appointment wait times to a minimum	SCG	Ongoing, with annual evaluation	Offer competitive and timely appointment options.
Continue to work with healthcare providers and referral sources	SCG	Ongoing, with annual evaluation	Ensure that healthcare providers and referral sources know how to provide their patients seamless access to our services. Ensure they understand the services we provide and mission.

Keep the community aware and educated about the services we provide	SCG	Ongoing, with annual evaluation	Ensure the general public is aware of our mission, services and how to access them.
Continue to develop our injury care services	SCG	Ongoing, with annual evaluation	Provide the community with another option for injury care regardless of a family's insurance or ability to pay.
Continue to work with the Fraternity on transportation	SCG	Ongoing, with annual evaluation	Ensure transportation is not the reason a child goes without the orthopedic care they need.
Continue to accept self referrals	SCG	Ongoing, with annual evaluation	Provide access to our care no matter how they are referred to our hospital.
Provide access to wrap around care through effective care management	SCG	Ongoing, with annual evaluation	Ensure families are connected to the wraparound care they need as it relates to the orthopedic condition we are treating.
Deliver our care regardless of insurance and a family's ability to pay	SCG	Ongoing, with annual evaluation	Ensure that a family's resources do not determine whether or not their child receives the orthopedic care they need.

2019 Performance Measures

Outreach clinics

In order to serve our mission to care for more kids in more places, especially rural areas, SCG advertised and ran three monthly outreach clinics (Hendersonville, NC; Bluffton/Okatie, SC; Spartanburg, SC). Due to COVID-19, SCG temporarily shut down these clinics for approximately 18 months. In 2021, the hospital reopened the outreach clinic in Hendersonville, SC, and relocated from Bluffton, SC, to a new location in Okatie, SC.

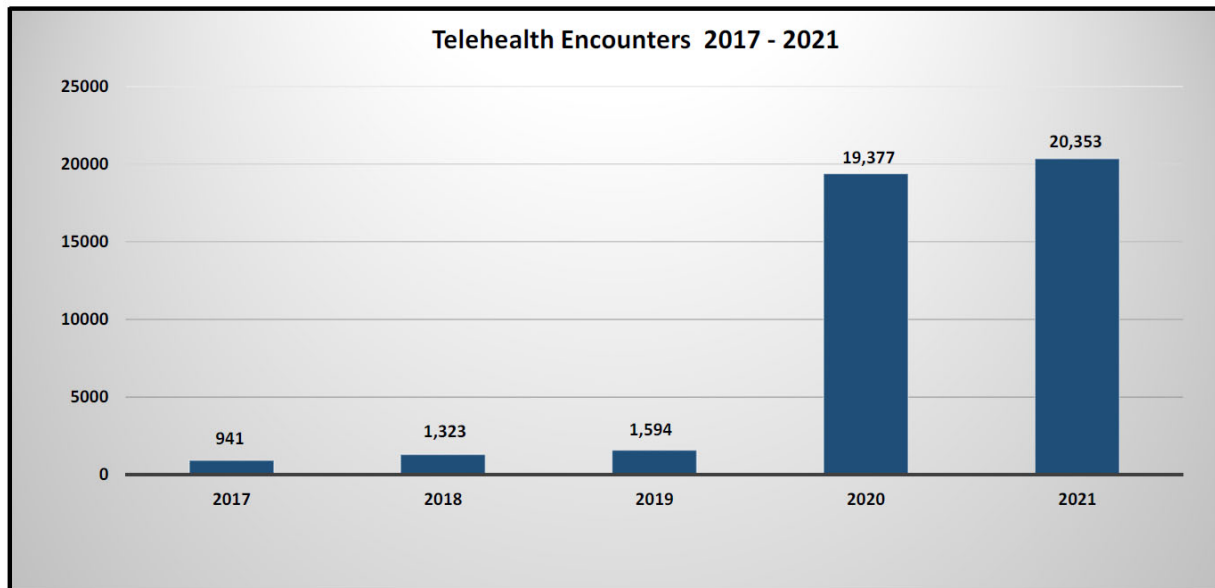
Hendersonville Orthopedics Clinic
 Blue Ridge Health
 2579 Chimney Rock Rd.
 Hendersonville, NC 28792
 Monthly clinic schedule:
 Second Wednesday of every month
 8 a.m. – 12 p.m.

Okatie Orthopedics Clinic
 122 Okatie Center Blvd.
 North
 Okatie, SC 29909
 Monthly Clinic Schedule:
 First Friday of every
 month
 8 a.m. – 12 p.m.

Spartanburg Orthopedics Clinic
 New location coming soon!

Telehealth

Since 2017, the telehealth program at Shriners Children’s Greenville has grown. In 2021, our telehealth program’s encounters was the largest since 2017 with a total of 20,353 visits. First-time appointments are strongly encouraged to take place via telehealth, which allows the hospital to best determine the patient’s plan of care. In addition, there has been an advancement in the telehealth handheld devices used, which has allowed medical staff to see more patients via telehealth.



New-patient appointment wait times

In order to improve patient wait times, SCG did the following:

- Developed and standardized intake process, including patient specific criteria and scripting for the following:
 - New patient
 - Established patient
 - Telehealth new patient (PA)
 - Telehealth established (MD)
- Enhanced Scheduling Grid flexibility
- Implemented a New Telephone System with Hold Capacity
- Applied Ongoing Measures:
 - Average Workday for Intake to Scheduled Appointment

- % of Appointments Scheduled Day after Intake

Summary Data Q1 2019 - Q4 2021	
Workdays (Number of days from intake to patient being scheduled)	
Total Patients	10260
Average # of days	12.33
Average# of days <20	2.76
Mode	1.00
Scheduled Within 30 days	94%
Scheduled Within 20 days	93%
Scheduled Within 10 days	88%
Scheduled Within 5 days	81%
Scheduled 1 Day After Intake	52%
Scheduled on the Day of Intake	N/A

Healthcare workers and referral sources

SCG Business development physician liaisons' responsibilities include:

- Education on programs, physicians, processes and services
- Assistance with referrals, access and communication
- Support for service concerns and timely issue resolution
- Coordination of physician-to-physician consultations

The total number of referrals (self/community referrals and provider referrals) in 2021 was 4,263, which resulted in a 18.5% increase compared to 2020's total referral numbers. The total number of provider referrals in 2021 was 3,076, which resulted in a 15.1% increase from 2020's provider referral numbers.

Rural areas in all six catchment states (SC, NC, VA, TN, GA, AL) were the focus of these referral efforts.

Community awareness/education

SCG's business development team, in conjunction with the marketing and communications division, is responsible for educating the community about the hospital's resources across six catchment states (SC, NC, VA, TN, GA, AL). In addition to visiting and meeting with medical practices, the business

development team hosted community presentations (in person and virtually), and participated in community events in order to share the mission of the hospital. Lastly, the team hired a new team member in June 2021, in order to meet the needs of the hospital’s service areas.

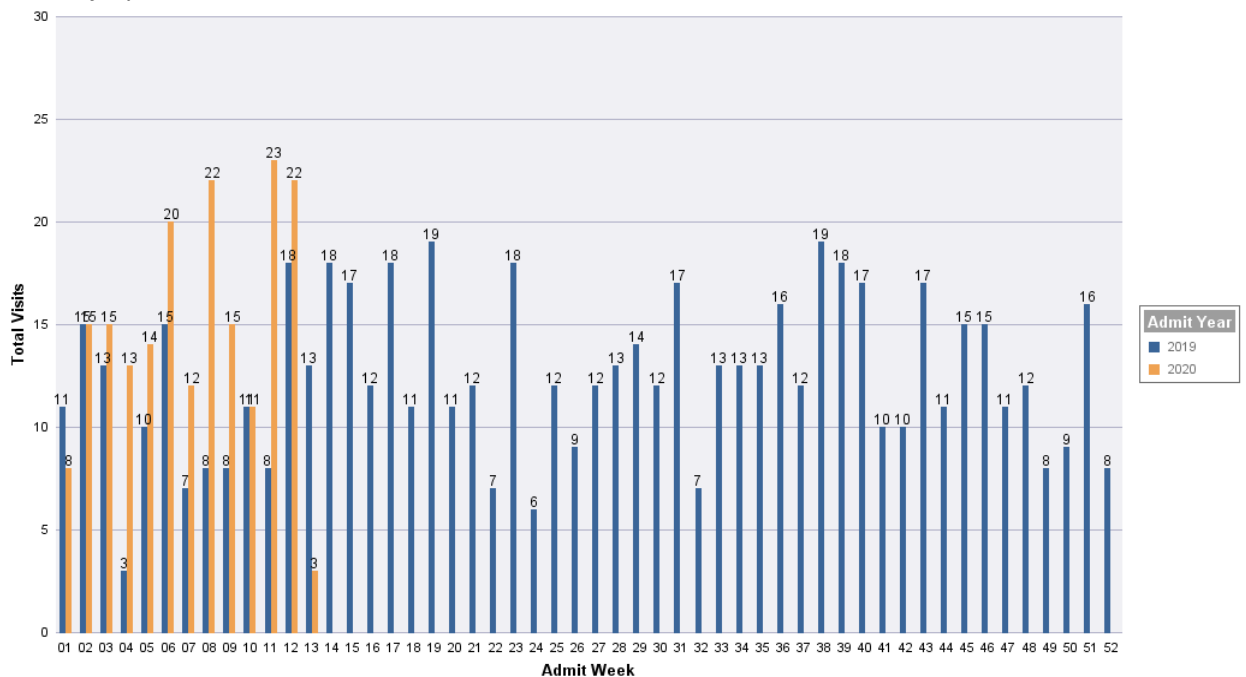
Through ongoing earned media, SCG kept the public aware of our services using the following platforms: print and broadcast media, radio and community events. During all opportunities, SCG’s commitment to care regardless of ability to pay was a stated talking point – ensuring all community members were aware there were no financial barriers, regardless of insurance or employment status.

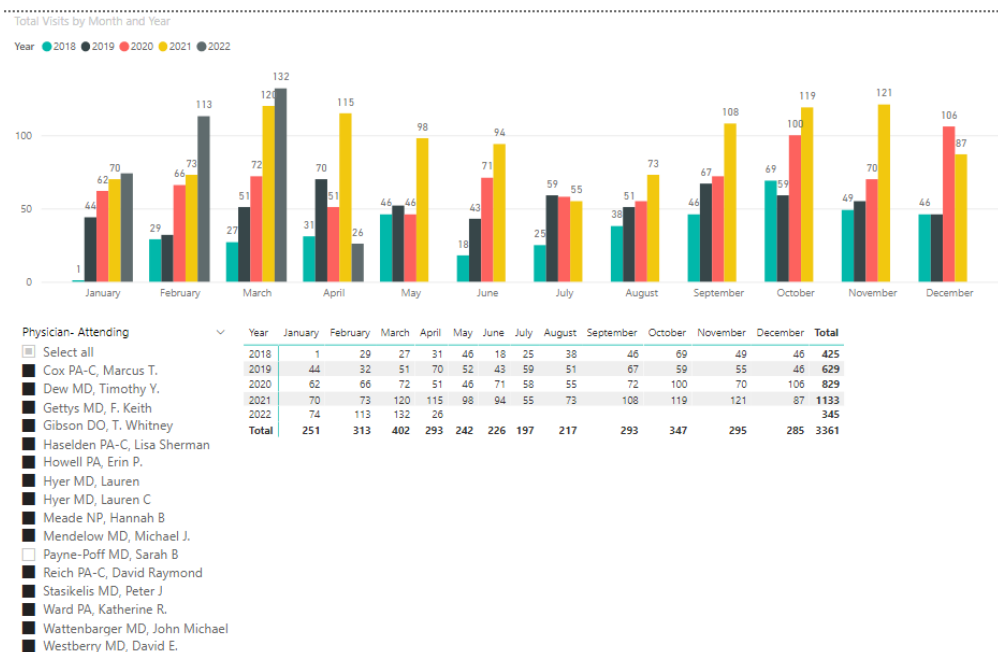
Paid media was also utilized to meet this objective using the following mediums: print and broadcast advertisements, branded content and digital advertisements. These campaigns educated the public regarding services offered including injury care, scoliosis and spine care, as well as cerebral palsy and other conditions. To comprehensively educate the public about the services we provide, SCG’s treatment of over 85 different orthopedic conditions as well as multi-disciplinary facets of care (X-ray, rehabilitation, motion analysis and prosthetics/orthotics) were included in the messaging points.

Injury care development

The Business Development and Marketing and Communications teams at SCG have worked to promote the injury care clinic locally, both internally and externally. As a result, our injury care clinic treated 1,135 patients in 2021 – a 43.7% increase compared to the previous year.

➤ 2020 injury care data





➤ 2021 data review

- March-June: Avg. # of IC patients/mo: 106
 - 80% of visits door to door in under 90 minutes
 - Total outpatient volume (18 weeks: 4803)
- July-October: Avg # of IC patients/mo: 70
 - 65% of visits door to door in under 90 minutes
 - Total outpatient volume (18 weeks (estimated): 4,647

Transportation

Thanks to the support of the Shriners Fraternity, our “Roadrunner” drivers continue to provide free transportation for patients and their families to and from our hospital and outreach clinics within our six-state catchment area. In 2021, these volunteers drove 431,998 total miles.

Self-referrals

In addition to provider referrals, SCG continues to accept community/self-referrals. In 2021, our community referrals made up 27.9% of total referrals. There was a 28.4% increase in 2021 community referrals compared to 2020 due to outreach and community education efforts across our catchment area.

Wraparound care

Patients and families are connected to the wraparound care they need as it relates to the orthopedic condition we are treating through coordination with the patients’ medical home, closing the loop with the referring provider, and referring patients for further care outside of Shriners Children’s Greenville. Patient’s primary care physicians and referring providers receive clinical notes of the treatment being provided at Shriners Children’s. RN Care Managers coordinate care with the patient’s primary provider

during surgical episodes of care to obtain needed health information and for potential post-operative needs locally. Referrals are made to specialty providers for care that are outside of orthopedics but beneficial for further treatment of the patient’s condition.

Provide care regardless of ability to pay

SCG delivers care regardless of insurance and a family’s ability to pay. Insured, noninsured and international patients receive the orthopedic care they need within the hospital. No patient is denied access to orthopedic care that can be treated at Greenville and within the complexity of the diagnosis. Families have access to a financial counselor to assist with access to charity care and assistance programs.

Written Comments on 2022 Community Health Needs Assessment

Shriners Children’s Community Health Needs Assessment and implementation was made widely available to the public on Shriners Children’s website at <https://www.shrinershospitalforchildren.org/shc/chna>

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.

2022 Action Plan

Objective: Access to Orthopedic Care			
Action Step	Accountability	Timeline	Desired Outcome
Continue to provide monthly outreach clinics	SCG	Ongoing, with annual evaluation	Provide better access to new and established patients in outlying areas.
Advance our telehealth capabilities by increasing available service line (dietary, behavior health) resources	SCG	Ongoing, with annual evaluation	Provide better access to care for certain appointment types and reduce travel time and expenses, utilizing handheld devices and improved technology in the comfort of the patient’s home.

Keep our new-patient appointment wait times to a minimum	SCG	Ongoing, with annual evaluation	Offer competitive and timely appointment options.
Expand scheduling grids to allow more patients to be seen in clinic.	SCG	Ongoing, with annual evaluation	Return grids back to pre-COVID-19 volume.
Continue to work with healthcare providers and referral sources	SCG	Ongoing, with annual evaluation	Ensure that healthcare providers and referral sources know how to provide their patients seamless access to our services. Ensure they understand the services we provide and our mission.
Seek alternative payment arrangements with insurance companies and/or employers	SCG	Ongoing, with annual evaluation	Alternative payment models will allow for streamlined care through navigation.
Enhance community awareness and education	SCG	Ongoing, with annual evaluation	Ensure the general public is aware of our mission, services and how to access them.
Continue to grow our injury care services	SCG	Ongoing, with annual evaluation	Provide the community with another option for injury care regardless of a family's insurance or ability to pay.
Utilize full time dietician to manage healthy weight and wellness of our pediatric population	SCG	Ongoing, with annual evaluation	Dietician to meet on a regular basis (in person or telehealth) to track the progress of appropriate patients.

Continue to measure patient outcomes beyond the acute care event	SCG	Ongoing, with annual evaluation	Continue to strive >= 90% compliance on Promis surveys Patient outcomes involving physical, mental and social health of our pediatric population.
Provide multidisciplinary care through our care management team	SCG	Ongoing, with annual evaluation	Ensure families are connected to the wraparound care they need as it relates to the orthopedic condition we are treating.
Deliver our care regardless of insurance and a family’s ability to pay	SCG	Ongoing, with annual evaluation	Ensure that a family’s resources do not determine whether or not their child receives the orthopedic care they need.

Conclusion

2022 Community Health Needs Assessment Report Available Online or in Print

The 2022 Community Health Needs Assessment is available at <https://www.shrinerschildrens.org/en/community-health-needs>.

Exhibits

EXHIBIT 1

CHNA Survey



2022 Community Health Needs Assessment Survey

Dear community member,

During the next several months, Prisma Health will conduct a Community Health Needs Assessment (CHNA) to identify ways we can collaborate with community organizations and leaders to help improve the overall health and wellness of individuals living in our hospital service areas. Your answers to this CHNA Survey will help us understand what is important and how we can better serve the residents of our community.

The CHNA is designed to identify health and social needs such as food, transportation, housing and resources, along with strategies to address the healthcare needs of underserved communities. This CHNA, required with the passage of the Affordable Care Act, will include interviews with state and local elected officials, major employers, community members, and community organizations that provide health services. Along with the interviews, our team will also conduct surveys through prepaid mailings, door-to-door, online and at local organizations, agencies, businesses, and community events.

Once the assessment is completed, we will work with our partners to analyze the results, determine gaps in services and decide how Prisma Health may be able to collaborate to meet high-priority community needs.

Prisma Health will NOT be able to determine the identity of anyone who has completed the survey. Once all data is compiled, we will share the results of the completed report on PrismaHealth.org/CHNA. Previous reports and information about the CHNA also are provided on this website.

Sincerely,

A handwritten signature in black ink that reads "Angela Jenkins". The signature is fluid and cursive.

Angela Jenkins
Vice President, Accountable Communities and Community Health
Prisma Health

2022 Community Health Needs Assessment Survey

Your answers will help us create a healthier community. If you prefer to complete this survey online, please visit PrismaHealth.org/CHNA.

If you already completed this survey, please do not take it again.

PART 1: Your information and community

1. Which county do you live in?
 - Greenville
 - Laurens
 - Lexington
 - Oconee
 - Pickens
 - Richland
 - Sumter
2. Your home ZIP code: _____
3. How many people live in your home (including yourself): _____
4. What is your age?
 - Under 18
 - 18–24
 - 25–34
 - 35–44
 - 45–54
 - 55–64
 - 65+
5. How do you describe your gender identity?
 - Male
 - Female
 - Non-binary
 - Transgender (male to female)
 - Transgender (female to male)
 - Prefer to self-identify: _____
 - Prefer to not answer
6. Which race and ethnicity category do you identify with? Check all that apply.
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or other Pacific Islander
 - Asian
 - Hispanic, Latinx or Spanish origin
 - Non-Hispanic, non-Latinx or non-Spanish origin
 - More than one race
 - Other: _____
 - Prefer not to answer
7. What is your living situation? Check all that apply.
 - I own my home.
 - I rent my home.
 - I live with family or friends.
 - I live in temporary housing (such as shelter, hotel, motel, transitional housing).
 - I am homeless.
 - Other/Prefer not to answer.
8. What is your current employment status? Check all that apply.
 - Full-time work
 - Part-time work
 - Self-employed
 - Out of work and not currently looking for work
 - Out of work and looking for work
 - A homemaker
 - Student
 - Retired
 - Unable to work
 - Disabled
 - Seasonal or migrant work
 - Other: _____
9. Have you served on active duty in the United States armed forces?
 - Yes
 - No
 - Currently enlisted
10. What was your total family income last year before taxes? Please choose only one.
 - Less than \$10,000
 - \$10,001–\$20,000
 - \$20,001–\$30,000
 - \$30,001–\$40,000
 - \$40,001–\$50,000
 - \$50,001–\$60,000
 - \$60,001–\$70,000
 - \$70,001–\$80,000
 - \$80,001–\$90,000
 - \$90,001–\$100,000
 - \$100,000+
11. What is the highest level of school, college or vocational training you finished? Please choose only one.
 - Less than a high school diploma
 - High school diploma (or GED)
 - Some college, no degree
 - Associate degree
 - Bachelor's degree
 - Graduate degree (master's, doctorate)
 - Other: _____

12. Please rank the top THREE health concerns in your community. Write 1 for your top concern, 2 for your second-highest concern and 3 for your third-ranked concern.

- _____ Access to reliable internet
- _____ Alcohol use
- _____ Alzheimer's/Dementia
- _____ Arthritis
- _____ Asthma
- _____ Cancer
- _____ COVID-19
- _____ Diabetes
- _____ Drug use
- _____ Heart disease/Stroke
- _____ High blood pressure
- _____ HIV/AIDS
- _____ Infant death
- _____ Injury/Violence
- _____ Kidney disease
- _____ Mental health (anxiety, depression, etc.)
- _____ Overweight/Obesity
- _____ STI/STD (Sexually transmitted infection/disease)
- _____ Tobacco use
- _____ Other: _____

13. What types of health services are most important to keep you healthy? Check all that apply.

- Alzheimer's/Dementia care
- Cancer care
- Colorectal care or screening
- Dental care
- Diabetes care
- Disease outbreak prevention
- Drug and alcohol misuse
- Emergency preparedness
- Fall prevention for the elderly
- Heart disease care
- HIV/AIDS
- High blood pressure services
- Maternal/Infant services
- Mental health/Depression care
- Nutrition for prenatal care
- Quitting smoking or other tobacco products
- Routine wellness checks (mammogram, cholesterol, immunization, well child)
- STI/STD (Sexually transmitted infection/disease)
- Suicide prevention
- Telehealth
- Vision care
- Weight loss support
- Other: _____

14. What is the MAIN reason that prevents people in your community from receiving preventive care (mammograms, cancer screenings, flu shots, etc.)? Please choose only one.

- Access to facilities
- Cost
- Discrimination
- Fear (such as medical bias or what the diagnosis might be)
- Lack of health knowledge
- Other: _____

15. Which of the following are challenges in your community to healthy eating? Check all that apply.

- Don't cook at home
- Eat fast food regularly
- May not know how to eat healthy
- No community gardens
- No farmers market
- No grocery store nearby
- Stores don't accept SNAP/EBT/WIC
- Stores don't have quality fruits and vegetables
- Too expensive
- Too tired after work
- Other: _____

16. Over the past week (seven days), how often did you eat fresh fruits and vegetables (not frozen or canned)?

- None
- Once
- Twice
- Three times
- Four times
- Five or more times

17. Over the past week (seven days), how many times were you physically active (defined as exercising for at least 60 minutes)?

- None
- Once
- Twice
- Three times
- Four times
- Five or more times

18. Which reasons prevent people from being physically active in your community? Check all that apply.

- Access to community centers or facilities
- Access to parks
- Lack of community events
- Not enough sidewalks or bike lanes
- Personal choice
- Safety of community (streetlights, crime, etc.)
- Other: _____

PART 2: Children's health

Please answer the following about the children in your community.

19. Which reasons prevent children in your community from being physically active? Check all that apply.
- Access to facilities
 - No community or organized events
 - Not enough physical activity at school.
 - Not enough sidewalks or bike lanes
 - Parent schedule
 - Safety of community
 - Other: _____
20. Which of the following are reasons that prevent children in your community from eating healthy foods? Check all that apply.
- Eat fast food regularly
 - May not know how to eat healthy
 - No community gardens
 - No farmers market
 - No grocery store nearby
 - Parents don't cook at home
 - Parents too tired after work
 - Stores don't accept SNAP/EBT/WIC
 - Stores don't have quality fruits and vegetables
 - Too expensive for parents
 - Other: _____
21. How many children 18 years of age or under live in your home in the following age categories:
- 0–4
 - 5–11
 - 12–14
 - 15–18
 - No children live in my home (if so, skip to PART 3: Your health)
22. Does your child receive free or reduced lunch?
- Yes
 - No
 - Not sure
23. Was there a time in the LAST 12 MONTHS when children in your home needed MEDICAL care but did NOT get the care they needed?
- Yes
 - No (if no, skip to #25)
 - Not sure
24. What is the MAIN reason they didn't get the medical care they needed? Please choose only one.
- Can't afford it/Costs too much
 - I don't have a doctor
 - I don't have health insurance
 - I don't know where to go
 - I had transportation problems
 - I had trouble getting an appointment
 - Other: _____
25. Was there a time in the LAST 12 MONTHS when children in your home needed DENTAL care but did NOT get the care they needed?
- Yes
 - No (if no, skip to #27)
 - Not sure
26. What is the MAIN reason they didn't get the dental care they needed? Please choose only one.
- Can't afford it/Costs too much
 - I don't have a dentist
 - I don't have dental insurance
 - I don't know where to go
 - I had transportation problems
 - I had trouble getting an appointment
 - Other: _____
27. Was there a time in the LAST 12 MONTHS when children in your home needed MENTAL HEALTH care but did NOT get the care they needed?
- Yes
 - No (If no, skip to #29)
 - Not sure
28. What is the MAIN reason they didn't get the mental health care they needed? Please choose only one.
- Can't afford it/Costs too much
 - I don't have a doctor/counselor
 - I don't have health insurance
 - I don't know where to go
 - I had transportation problems
 - I had trouble getting an appointment
 - Other: _____
29. Check all the health issues children in your home have faced. Check all that apply.
- My children have not faced any health issues.
 - Allergies
 - Asthma
 - Autism
 - Behavioral health/Mental health
 - Birth-related (such as low birthweight, prematurity or prenatal)
 - Bullying
 - Child abuse/Child neglect
 - Children overweight
 - Children underweight
 - Dental problems (such as cavities, root canals, extractions or surgery)
 - Diabetes/Pre-diabetes/High blood sugar
 - Sexually transmitted disease
 - Teen pregnancy
 - Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports)
 - Using drugs or alcohol
 - Using tobacco, e-cigarettes or vaping
 - Other: _____

30. Do any children in your home ...? Check all that apply.

	Yes	No	Not sure
Eat fast food every week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat at least 3 servings of fresh fruits and vegetables every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise at least 60 minutes every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get at least 8 hours of sleep every night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know how to swim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need regular access to a school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive all shots to prevent disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay home from school 5 or more days a year because of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a car/booster seat (under age 8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a bike helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3: Your health

31. How do you pay for most of your healthcare? Please choose only one.

- Commercial or employer-provided health insurance (HMO, PPO)
- Indian Health Services
- Medicaid or Medicaid HMO
- Medicare or Medicare HMO
- TRICARE
- Veterans Administration
- I pay cash (no insurance)
- Some other way: (describe) _____

32. Do you have one person you think of as your personal doctor or healthcare provider?

- Yes
- No
- Unsure

33. Which of the following tests/screenings/procedures are routine in your personal health? Check all that apply.

- A1c or fasting blood glucose
- Annual physical or well check
- Blood pressure check
- Cholesterol screening
- Colonoscopy
- Dental cleaning/X-rays
- Flu shot
- Mammogram
- Vision screening
- None of the above

34. What is your level of agreement with the following statement? *I am comfortable using the internet to talk with my doctor (video visit, online chat, other online options).*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not sure
- No reliable internet

35. Has a doctor, nurse or other healthcare provider told you that you have the following? Check all that apply.

- Alcohol use or substance use disorder
- Depression/Anxiety
- High blood pressure
- High blood sugar (pre-diabetes, diabetes)
- High cholesterol
- Overweight/Obesity
- None of the above

36. What is your MAIN form of general transportation? Please choose only one.

- Family or friend
- Personal automobile (car, truck, motorcycle)
- Public transportation (bus)
- Taxi/Ride-share company (Uber, Lyft)
- Walk/Bicycle
- Other: _____

PART 4: Your social and behavioral health

37. In the LAST 12 MONTHS, have you or any family member you live with been unable to get any of the following when it was really needed?

	Yes	No	I don't know
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine or any healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

38. Has lack of transportation kept you from any of the following:

	Yes	No	I don't know
Medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting things you need for daily living (such as food, clothes or prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How often do you see or talk to people you care about and feel close to (such as talking to friends on the phone, visiting with family or friends, going to church or club meetings)?

- Less than once a week
- 1 to 2 times a week
- 3 to 5 times a week
- 6 or more times a week

40. In the LAST 12 MONTHS, how often were you worried that your food would run out before you got money to buy more?

- Often
- Sometimes
- Never

41. In the LAST 12 MONTHS, how often did your food run out and you did not have money to get more?

- Often
- Sometimes
- Never

42. Do you feel physically and emotionally safe where you currently live?

- Yes
- No
- Unsure

43. What is your level of agreement with the following statement?

I could easily get treated for a mental health illness or substance abuse disorder.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Prefer not to answer

44. Whether it was diagnosed or not, do you believe YOU or SOMEONE IN YOUR HOUSEHOLD has experienced the following? Check all that apply.

	Yes	No	I don't know
Alcohol use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Below is a list of potential barriers to behavioral health services. Behavioral health treatments and services help people with common mental illnesses and substance use disorders. Indicate your level of agreement for YOUR COMMUNITY.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not sure
Cost of behavioral health care/No insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of behavioral health resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of cultural competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of trained behavioral health staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long waiting lists to access care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious/Cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stigma of seeking help for behavioral issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to and from services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For tracking purposes only, each survey needs a unique ID. Please provide your first initial, last initial and date of birth (ex: PH08071954). _____

Thank you for your time in completing this survey. Again, your identity will remain anonymous, but your answers will help us create a healthier community.

Quantitative data collection: Surveys

In all, 7,613 surveys were submitted across the Midlands and Upstate markets. While most were submitted electronically (93.2%), paper surveys also were submitted (6.8%). Surveys were available in English, Spanish and Vietnamese, and promoted via email and postcards with QR codes. Surveys and postcards were distributed throughout the community at satellite locations and general community gathering spots (grocery stores, schools, etc.) from March 18 to June 9, 2022.

To ensure a clean dataset, people who did not note age, race, gender or education level were excluded from the sample (n=304). Those under age 18 and those with ZIP codes that were not included in the latest census data (n=100) also were excluded. Due to low sample sizes, non-binary, transgender and self-identified respondents (n=40) also were excluded. Prisma Health recognizes this as a barrier to fully understanding the health concerns for the greater LGBTQ community and has noted strategies for 2025 to improve its outreach and data collection strategy.



7,095 Total electronic surveys collected

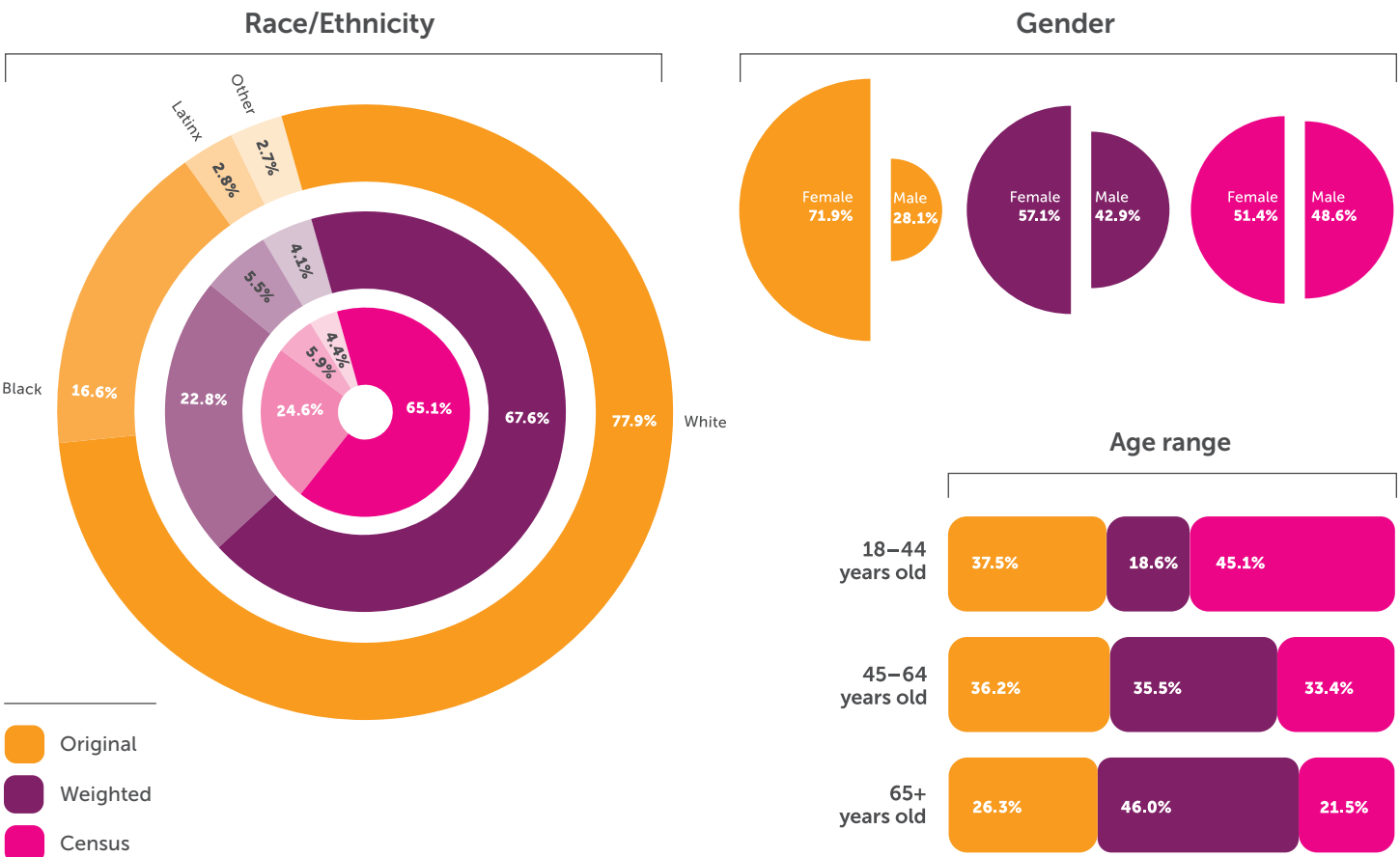


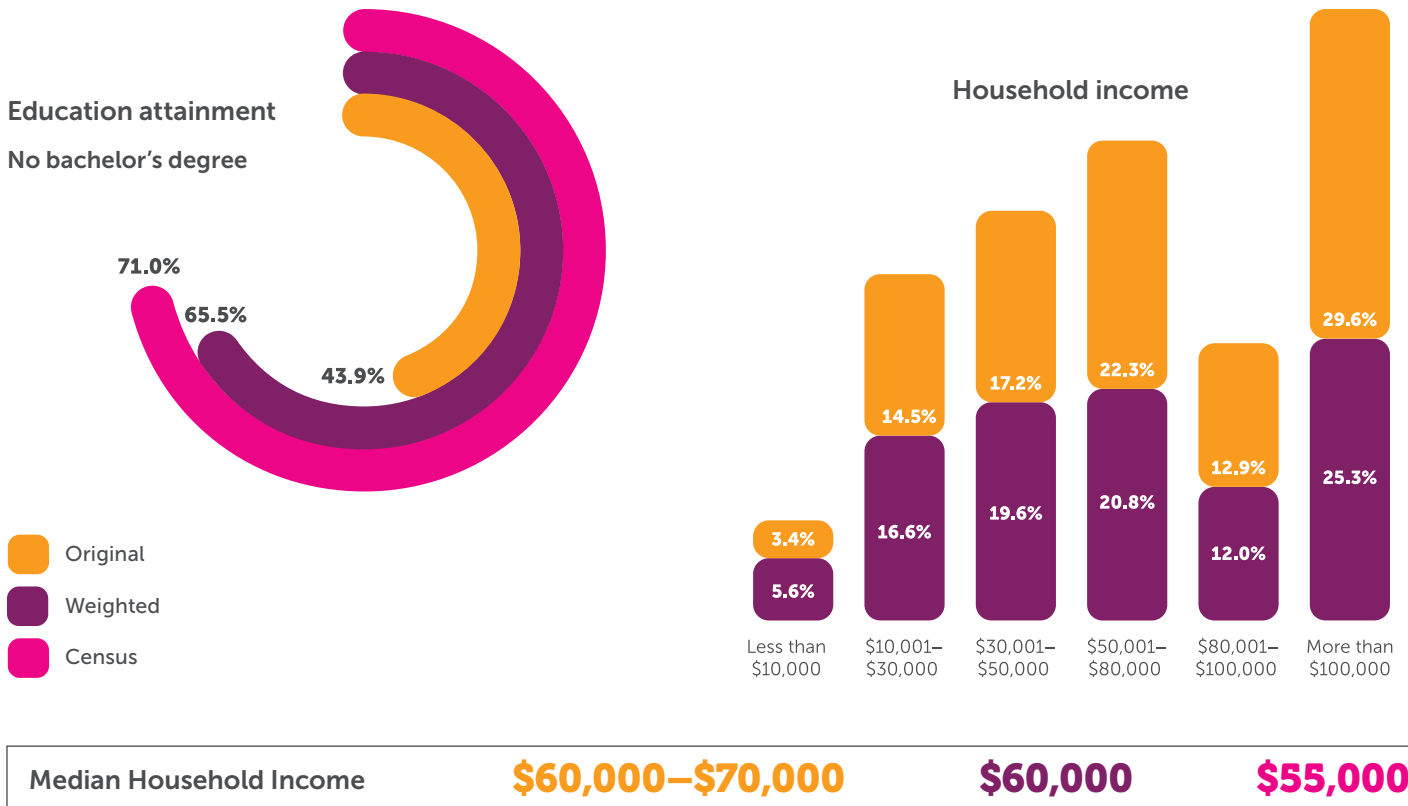
518 Total paper surveys collected

Total surveys collected 7,613	Data sample size 7,169 (94.2%)
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COVID-19 regulations and restrictions prevented traditional outreach methods that have garnered higher minority representation. Community-based events hosted in the past that were canceled or moved to a virtual platform posed a significant engagement barrier. To address this concern, survey responses were weighted to better reflect the demographic and socioeconomic characteristics of the population’s census data.

Demographic and socioeconomic summary of survey respondents






Qualitative data collection: Interviews and focus groups

Collection of qualitative data included interviews and focus groups facilitated April to May 2022. Key informant interviews and focus groups were conducted by GOODSTOCK Consulting, LLC, to reduce potential bias imposed by the role or responsibility of hospital staff. Fourteen focus groups and 42 key informant interviews were conducted for this study. Participants were drawn from both the Midlands and Upstate markets to include community members, professional community partners, providers/clinicians and hospital administrators.

All interviews and focus group sessions were recorded and transcribed for qualitative analysis. Codes for this qualitative analysis were developed both deductively and inductively.

Initial deductive codes were developed from the Healthy People 2020 framework and the County Health Rankings & Roadmaps model. The County Health Rankings & Roadmaps model compares the health of nearly all counties in the United States to others within its own state, and supports coalitions tackling the social, economic and environmental factors that influence health. Other deductive codes were added based on data review by the coders. All inductive codes were reviewed for consistency by the lead coder before being included in the final code book.

 **42** Total key informant interviews

 **14** Total focus groups