

# Community Health Needs Assessment

MIDLANDS REGION REPORT: 2022



## Contents

- 1 Introduction from Lexington Medical Center & MUSC Health - Midlands Ceo
- 2 About Lexington Medical Center and Musc Health – Midlands
- 3 Understanding The Community Health Needs Assessment (CHNA)
- 4 Methodology
- 6 Community Description and Demographics
- 8 Community Health Outcomes
- 8 2019 Community Health Needs Assessment Progress – Lexington Medical Center
- 10 Examining The Issue – Access To Care
- 11 Examining The Issue – Clinical Preventive Care
- 12 Examining The Issue – Obesity, Physical Activity And Nutrition
- 14 Examining The Issue – Mental Health
- 15 The Way Forward Together



# Introduction from Lexington Medical Center & MUSC Health

It is an exciting time in the Midlands. MUSC Health and Lexington Medical Center are committed to serving our communities and providing access to quality health care services. As providers, we must focus on your health needs to continue to progress in addressing local health care concerns.

In the Midlands, we care about our neighbors, and our organizations rely on this dedication to help us care for our communities. Together, along with your input, MUSC Health and Lexington Medical Center completed a Community Health Needs Assessment (CHNA). The information gathered in this report will help us to better understand health issues, health behaviors, social issues and other risk factors affecting the health and wellness of our neighbors, and help us make the Midlands a healthier place to live.

Together, we will share our findings using CHNA data, as well as our plans to collaborate with partner agencies to help improve medical disparities in our region.

**The top four topics from the quantitative and qualitative data will be the focus of health improvement efforts in the Midlands.**

- 1. Access to Care**
- 2. Clinical Preventive Services**
- 3. Mental Health**
- 4. Obesity, Physical Activity and Nutrition**



Matthew Littlejohn,  
MHA, FACHE  
CEO  
MUSC Health Midlands



Tod Augsburger,  
President & CEO  
Lexington Medical  
Center

# About Lexington Medical Center and MUSC Health – Midlands

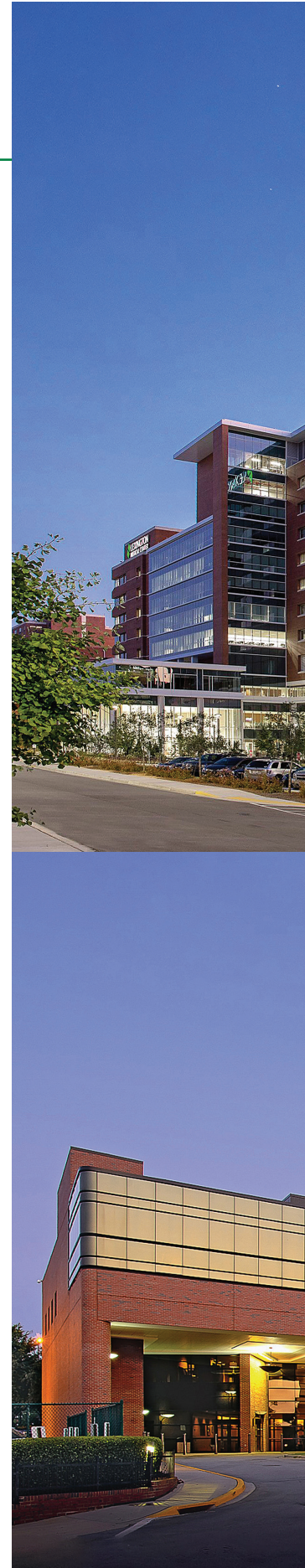
**Lexington Medical Center** is a 607-bed hospital in West Columbia, South Carolina. It anchors a health care network that includes five community medical centers and employs a staff of more than 7,800 health care professionals. The network includes a cardiovascular program recognized by the American College of Cardiology as South Carolina's first HeartCARE Center. The network also has an occupational health center, the largest skilled nursing facility in the Carolinas, an Alzheimer's care center and 70 physician practices. Lexington Medical Center operates one of the busiest Emergency departments in South Carolina, treating nearly 100,000 patients each year. The hospital delivers more than 4,000 babies each year and performs more than 25,000 surgeries.

Founded in 1824 in Charleston, **MUSC** is the state's only comprehensive academic health system, with a unique mission to preserve and optimize human life in South Carolina through education, research and patient care. Each year, MUSC educates more than 3,200 students in six colleges – Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing and Pharmacy – and trains more than 900 residents and fellows in its health system. MUSC brought in more than \$298 million in research funds in fiscal year 2022, leading the state overall in research funding. MUSC also

leads the state in federal and National Institutes of Health funding, with more than \$220 million. For information on academic programs, visit [musc.edu](https://www.musc.edu).

As the health care system of the Medical University of South Carolina, MUSC Health is dedicated to delivering the highest-quality and safest patient care while educating and training generations of outstanding health care providers and leaders to serve the people of South Carolina and beyond. Patient care is provided at 16 hospitals (includes owned and equity stake), with approximately 2,700 beds and four additional hospital locations in development; more than 350 telehealth sites and connectivity to patients' homes; and nearly 750 care locations situated in all regions of South Carolina. In 2022, for the eighth consecutive year, U.S. News & World Report named MUSC Health University Medical Center in Charleston the No. 1 hospital in South Carolina. To learn more about clinical patient services, visit [muschealth.org](https://www.muschealth.org).

MUSC has a total enterprise annual operating budget of \$5.1 billion. The nearly 26,000 MUSC family members include world-class faculty, physicians, specialty providers, scientists, students, affiliates and care team members who deliver groundbreaking education, research, and patient care.





# Understanding The Community Health Needs Assessment (CHNA)

According to the Patient Protection and Affordable Care Act of 2010, all tax-exempt hospitals must conduct a CHNA every three years. While only a requirement for Lexington Medical Center, MUSC Health continues to engage in the process. Both systems understand that accurate community health information is essential to identify and prioritize health needs in a particular geographic location. These identified health needs serve as a baseline for collaborative efforts within the community to improve the overall health of the population.

## The goals of this assessment were to:

- Engage community members and key stakeholders from the Midlands, especially those who represent or serve historically underserved and underrepresented populations;
- Assess and analyze the perceived health needs and issues of the region;
- Understand the individual health behaviors, risk factors and social determinants that impact health and wellness; and
- Identify existing community resources and explore opportunities for collaboration.



# Methodology

For five months, Lexington Medical Center and MUSC Health engaged GOODSTOCK Consulting, LLC to facilitate its 2022 Community Health Needs Assessment. The firm worked closely with hospital system staff to design and implement a comprehensive data collection that included quantitative and qualitative measures across two shared counties: Lexington County and Richland County. Secondary data was gathered from a wide range of local and national sources, such as the Center for Disease Control and Prevention, SC Department of Health and Environmental Control, County Health Rankings & Roadmaps and America's Health Rankings. Community members, state and local officials, major employers and community-based organizations were asked to select their top health issues and share concerns on related topics, such as children's health, digital health, physical activity and nutrition.

## Data Collection

An electronic and print survey provided by the South Carolina Department of Health and Environmental Control (SC DHEC) was shared with the community via community partners, the hospital system's staff and patient publications and listservs, and regional outpatient facilities. Special attention was given to partners that serve low-income, uninsured and other marginalized communities to ensure their inclusion. Surveys were available in English and Spanish, though no Spanish surveys were requested. Printed surveys were entered manually.

Simultaneously, interviews and focus groups were conducted to add context to the survey data. Both were facilitated by GOODSTOCK Consulting, LLC to mitigate potential bias imposed by the role or responsibility of hospital staff. Fourteen key informant interviews and one focus group are included in this report.

All interviews and focus group sessions were recorded and transcribed for qualitative analysis. Codes for this qualitative analysis were developed both deductively and inductively. The initial deductive codes were developed from the Healthy People 2020 framework as well as the County Health Rankings & Roadmaps Model. Additional deductive codes were added based on the review of the data by the coders. All inductive codes were reviewed for consistency by the lead coder prior to inclusion in the final code book.



**1,153**  
**Total Surveys  
Collected**



**14**  
**Total Key  
Informant  
Interviews**



**1**  
**Focus Group**



## Healthy People 2030

The health topics included in the CHNA survey and referenced during qualitative data collection efforts were drawn from Healthy People 2030, a 10-year health improvement agenda developed by the U.S. Department of Health and Human Services. Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade. The topics considered were:

- **Access to Care:** access to comprehensive, quality health care services with consideration of timeliness and insurance coverage
- **Clinical Preventive Services:** routine disease screening and scheduled immunizations to prevent and detect illnesses and diseases
- **Injury & Violence:** unintentional injuries and those caused by acts of violence to include motor vehicle accidents, homicide, domestic and school violence, child abuse and neglect, and drug overdoses
- **Maternal, Infant & Child Health:** healthy birth outcomes and early identification and treatment of health conditions among mothers and infants to prevent death or disability
- **Mental Health:** a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life
- **Obesity, Nutrition & Physical Activity:** healthful diet, regular physical activity, and achieving and maintaining a healthy weight to reduce the risk of developing a serious health condition
- **Oral Health:** identification and treatment of oral diseases, dental cavities, and oral cancers that cause pain and disability
- **Reproductive & Sexual Health:** a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity
- **Substance Misuse:** overindulgence in or dependence on an addictive substance, especially alcohol and/or drugs
- **Tobacco:** overindulgence in or dependence on tobacco and tobacco products

# Community Description and Demographics

Lexington Medical Center and MUSC Health - Midlands serve patients from two counties in the region: Lexington County and Richland County. A total of 718,444 people live in the 1,456 square mile area assessed according to the US Census Bureau, with Richland County being slightly larger. Demographics and associated social determinants of health statistics for survey participants and the region are listed.

Lexington County survey respondents were overrepresented compared to the estimated population. White, Non-Hispanic females with higher educational attainment and income were also overrepresented. Compared to Richland County, Lexington County has a higher percentage of White residents (+33.8%), higher median household income (+\$9,486), and lower percent of people in poverty (-6.0%). The health systems noted this as an opportunity to prioritize engagement and outreach strategies within Richland County, specifically among communities of color and low-income communities.



Demographics		Survey Participants	Midlands Region
County	Lexington	57%	42%
	Richland	43%	58%
Race/Ethnicity	White	77%	62%
	Black	18%	33%
	Bi- or Multi-Racial	2%	2%
	Other	3%	4%
Ethnicity	Hispanic/Latino	3%	5%
Gender	Female	85%	51%
	Male	15%	49%
	Non-Binary or Transgender	0%	N/A
Member of the LGBTQIA+ Community	Yes	5%	N/A
Age	65 Years and Older	11%	15%
Veteran	Yes	5%	7%
Educational Attainment	Less than HS Diploma	1%	9%
	HS Diploma, GED or Higher	98%	91%
Insurance Status	Uninsured	18%	11%
Household Income	\$49,999 or Less	25%	N/A
	\$50,000 - \$99,999	32%	N/A
	\$100,000 or Higher	41%	N/A
Parental Status	Parent of 1 Child or More	35%	N/A
Clinical Provider	Yes	43%	N/A

# Community Health Outcomes

Chronic diseases largely impact South Carolina’s health outcomes. National averages often rank better than the state and both service counties. America’s Health Rankings consider South Carolina to be one of the unhealthiest, ranking it 45 of 50 states. The table below provides the prevalence of the most common chronic diseases in Lexington County, Richland County, South Carolina and the United States according to the Centers for Medicare and Medicaid Services (CMS).

Chronic Disease	Lexington County	Richland County	South Carolina	United States
Diabetes	26%	29%	27%	27%
Heart Disease	28%	27%	25%	27%
Stroke	3%	3%	4%	4%

## 2019 Community Health Needs Assessment Progress – Lexington Medical Center

The CHNA conducted by Lexington Medical Center for 2019 identified three community-informed health issues: obesity, mental health and diabetes. Staff worked collaboratively to address each. Obesity prevention and care strategies were combined efficiently within the diabetes initiatives.

### Diabetes

South Carolina ranks 7th highest in the nation of the percent of adults who have diabetes. The estimated hospital charges associated with diabetes in South Carolina is \$404 million, a 60% increase over the past five years. Rates are significantly higher in rural communities and African Americans. To combat this, Lexington Medical Center continues to partner with Harvest Hope Food Bank to expand access to diabetic friendly foods around Lexington County.

### 2022 Diabetic Food Pantry Locations

- Spring Hill AME Church (Gilbert)
- United to Help (Gaston)
- Brookland Lakeview Empowerment Center (West Columbia)
- Mission of Hope (Cayce)

### 2019-2022 Outcomes

- Over 75,000 diabetic friendly meals provided over the past three years.

## Mental Health

Lexington Medical Center took a creative approach to address mental health care in our community. The needs for behavioral health services outweigh the capacity of a single organization to address them alone. Understanding this, LMC was the driver in establishing UPLIFT Lexington County, a collaborative coalition working to increase access to mental health care in Lexington County and establish a comprehensive and coordinated system of care delivery. The Duke Endowment awarded a three-year grant of \$980,000 for this work.

## Framework

UPLIFT will provide a framework to assess and expand existing behavioral health resources in the community and deliver mental health care support and training for first responders. Through this effort, partners will also work together to address barriers to care and underlying issues to improve health equity for patients. Dedicated community paramedics will partner with mental health counselors to support participating patients where they reside, helping them create tailored care plans that address their physical and mental health needs; providing coaching and guidance in accessing available care; and, ultimately, helping patients better manage needs through appropriate paths.



## Coalition Partners

- Lexington County Community Mental Health
- Serve and Connect
- Lexington County Sheriff's Department
- Lexington Medical Center
- Lexington Medical Center Foundation
- Lexington County Emergency Medical Services

## 2022 Identified Community Health Needs

The 2022 CHNA participants were asked to rank ten health topic areas (1-least important...10-most important) from Healthy People 2030, a 10-year health improvement agenda developed by the US Department of Health and Human Services. The top four topics from the quantitative and qualitative data will be the focus of health improvement efforts in the Midlands.

1. Access to Care
2. Clinical Preventive Services
3. Mental Health
4. Obesity, Physical Activity and Nutrition



## Examining The Issue – Access To Care

According to Healthy People 2030, “a person’s ability to access health services has a profound effect on every aspect of his or her health”. Access to care impacts all aspects of a person’s overall health. Three elements influence access: knowledge and ability to gain entry into the healthcare system (education and insurance coverage); available transportation services and geographic proximity; and trust and good communication with a provider (personal relationship).

Eighty-five percent of survey respondents reported that they have a primary care provider and typically get routine health care services from a physician’s office. However, 15% do not have a primary care provider or health center where they can receive routine medical care. When routine medical care and preventive measures are neglected, risk for serious, acute conditions and medical expenses rise considerably.

### Most Trusted Source for Health Information and Education

- Doctor or Healthcare Provider (81%)
- Internet (49%)
- Work (23%)
- Hospital (19%)
- Family, Friends (17%)

### Top Barriers to Accessing Services

- Cost (48%)
- Lack of Knowledge (31%)
- Access to Healthcare Facilities (8%)
- Fear (5%)



### Community Partner Spotlight: The Free Medical Clinic (Richland County)

Since 1984, the mission of The Free Medical Clinic has been to provide quality health care to low-income and uninsured residents of the Midlands at no cost. They recruit volunteer clinicians to serve a patient population that would probably have the most difficulty accessing and affording routine and specialty care. Executive Director Freddie Strange said, “the overall health of the community is driven by what we all term, the social determinants of health. In many cases that are not being addressed overall, right off the bat is housing, access to food, access to healthcare. I think our education system is lacking in that we don’t teach people how to get themselves out of the poverty cycle which brings down the overall health of the community. The folks who can afford healthcare can access it. The ones who cannot afford it have difficulty accessing healthcare.”

# Examining The Issue – Clinical Preventive Care

Forty-five percent of survey respondents rated their health as poor or fair. However, Lexington and Richland Counties are two of the state's healthiest counties based on how long people live and how healthy people feel while alive (County Health Rankings, 2022). Of 46 counties,

Lexington ranks 5 and Richland ranks 9. Routine physical exams, disease screenings and immunizations have been highlighted as critical preventive services to reduce premature death and disability. Yet, thousands of South Carolinians forgo preventive services due to a list of barriers. Technology has the potential to advance clinical care and increase community access; however, 25% of survey respondents would not be willing to use the internet to communicate with their doctor. Moreover, about 13% of households within the service do not have access broadband internet.

## Most Important Types of Health Services

- Routine Wellness Checkups (73%)
- Mental Health/Depression Care (45%)
- Hypertension/Blood Pressure Care (39%)
- Weight Loss Support (38%)
- Vaccination/Immunization (37%)

Oral health was also identified by survey respondents as a priority medical need; but was not cited by interviewees or focus groups participants. Nonetheless, routine oral healthcare is an essential component of total health and wellness. The CDC recognizes that there are still significant oral health disparities by race/ethnicity, income and insurance status. It is also important to note that medical insurance does not always include dental services.



## Community Partner Spotlight: The Good Samaritan Clinic (Lexington and Richland County)

Community Partner Spotlight: The Good Samaritan Clinic started its operations in 2001 with a roster of volunteer clinicians. Still following the same volunteer model, the clinic has grown from one location to five serving four South Carolina counties to include Lexington and Richland Counties. The clinic provides medical and dental services to uninsured families.

# Examining The Issue – Obesity, Physical Activity And Nutrition

Diet, exercise and weight management are the foundations of health and wellness. A healthy balance of each greatly contributes to improved health outcomes and decreased health risks. According to County Health Rankings, 36% of adults in South Carolina are obese – 6% lower than the national rate.

Fortunately, Lexington and Richland Counties obesity and physical inactivity rates are lower than that of the state; but still higher than the country. High access to exercise opportunities were reported, though multiple barriers were cited from the community.



	Lexington County	Richland County	South Carolina	United States
Adult Obesity	31%	34%	36%	42%
Physical Inactivity	26%	26%	29%	25%
Access to Exercise Opportunities	63%	76%	65%	52%

## Top Barriers to Eating Healthy Foods

- Too Expensive (36%)
- Lack of Knowledge/Skill (17%)
- Eat Fast Food Regularly (16%)
- Too Tired After Work (11%)
- Don't Cook at Home (8%)

## Top Barriers to Being Physically Active

- Personal Choice (59%)
- Not Enough Sidewalks or Bike Lanes (24%)
- Other (6%)
- Safety (5%)
- No Community Events (3%)



## Community Spotlight: Diabetes Free SC

Diabetes Free SC (DFSC) is a long-term, statewide initiative that aims to transform the health of South Carolinians, with a particular emphasis on promoting equity, and reducing disparities in access and quality of diabetes prevention, education, and care. Launched in 2020, a key aim of this effort is to support and align existing efforts against diabetes, in order to gain efficiencies of scale and foster collaboration.

In addition, DFSC aims for population-level change through innovative strategies that take maximum advantage of new technologies to

- improve pregnancy outcomes and the health of women with diabetes;
- reduce lifelong risk of diabetes in children; and
- prevent diabetes and its complications in adults.



## Examining The Issue – Mental Health

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime (Centers for Disease Control and Prevention, 2022). In 2019, an estimated 4.89% of South Carolina adults, over the age of 18, suffered from a serious mental illness (National Survey on Drug Use & Health, 2019). For states with higher rates of access to care for mental health, there are 270 people for every mental health provider. In South Carolina, that number ranges from 7,280 to 280 people per mental health provider. Lexington County offers a mental health provider for every 591 people compared to 281 people in Richland County (County Health Rankings, 2022).

Research has proven that adults and children with undiagnosed and untreated mental health issues are at higher risk for unhealthy and unsafe behaviors. Behaviors like alcohol or drug abuse, violent or self-destructive behavior, and suicide have been noted as measurable indicators of a community's mental health.

### Most Trusted Treatments for Mental and Behavioral Health Issues

- Therapy (87%)
- Support Groups (76%)
- Medication (74%)
- Other (8%)

### Top Barriers to Mental or Behavioral Health Treatment

- Shame/Embarrassment (22%)
- Too Expensive (20%)
- Stigma (19%)
- Lack of Awareness (16%)
- No Community Resources (16%)



### Community Spotlight: MIRCI (Lexington and Richland County)

MIRCI was founded in 1960 as a social rehabilitation program offering activities that help the recovering person obtain self-confidence, become better adjusted, and live independently within the community. The agency provides adult and youth services to include benefits assistance, housing, and mental health screenings. Lexington Medical Center (LMC) Board of Directors and the LMC Foundation Board of Directors awarded MIRCI a generous \$25,000 Community Outreach Grant for 2023. MIRCI will use the funds to provide evidence-based behavioral healthcare that improves health outcomes for adults and youth experiencing or at risk of mental illness and/or homelessness.

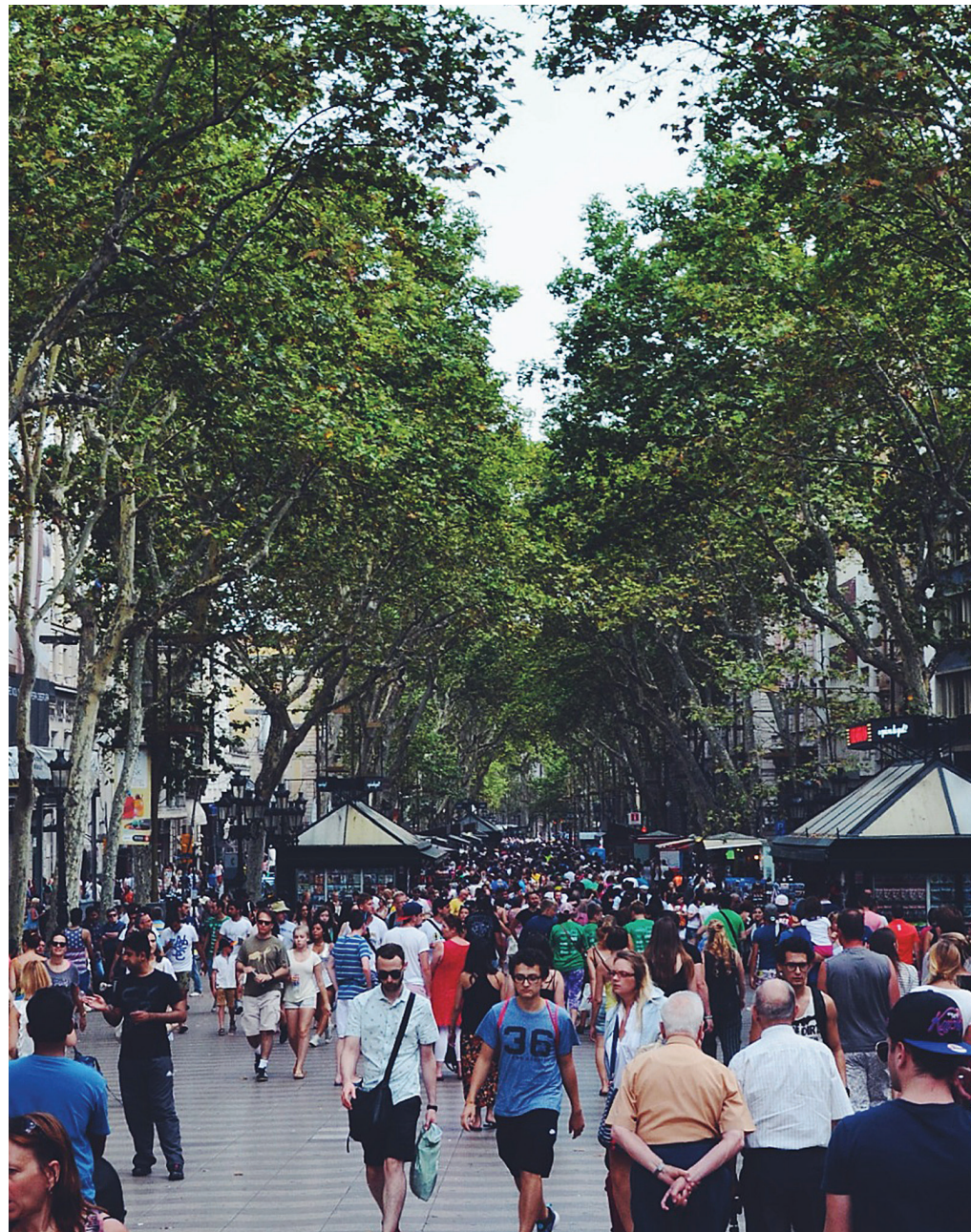
# The Way Forward Together

Over the past three years, the American healthcare system has been forced to reevaluate its practices and processes. COVID-19 created a medical crisis that exasperated the system's cracks and gaps. During conversations with key leaders and community members, five roles of the hospitals systems were reported:

- **Ensure/increase access to healthcare;**
- **Promote/lead collaboration;**
- **Communicate about services/activities available;**
- **Effectively engage communities; and**
- **Reduce healthcare costs.**

The community reported that while there are many community groups or associations working on these issues, they are disconnected and competitive versus collaborative. One respondent said, "They are only interested in their own neighborhoods." There were mixed feelings about the level and quality of community engagement. However, more effective engagement could lead to greater consistency in how it is perceived.

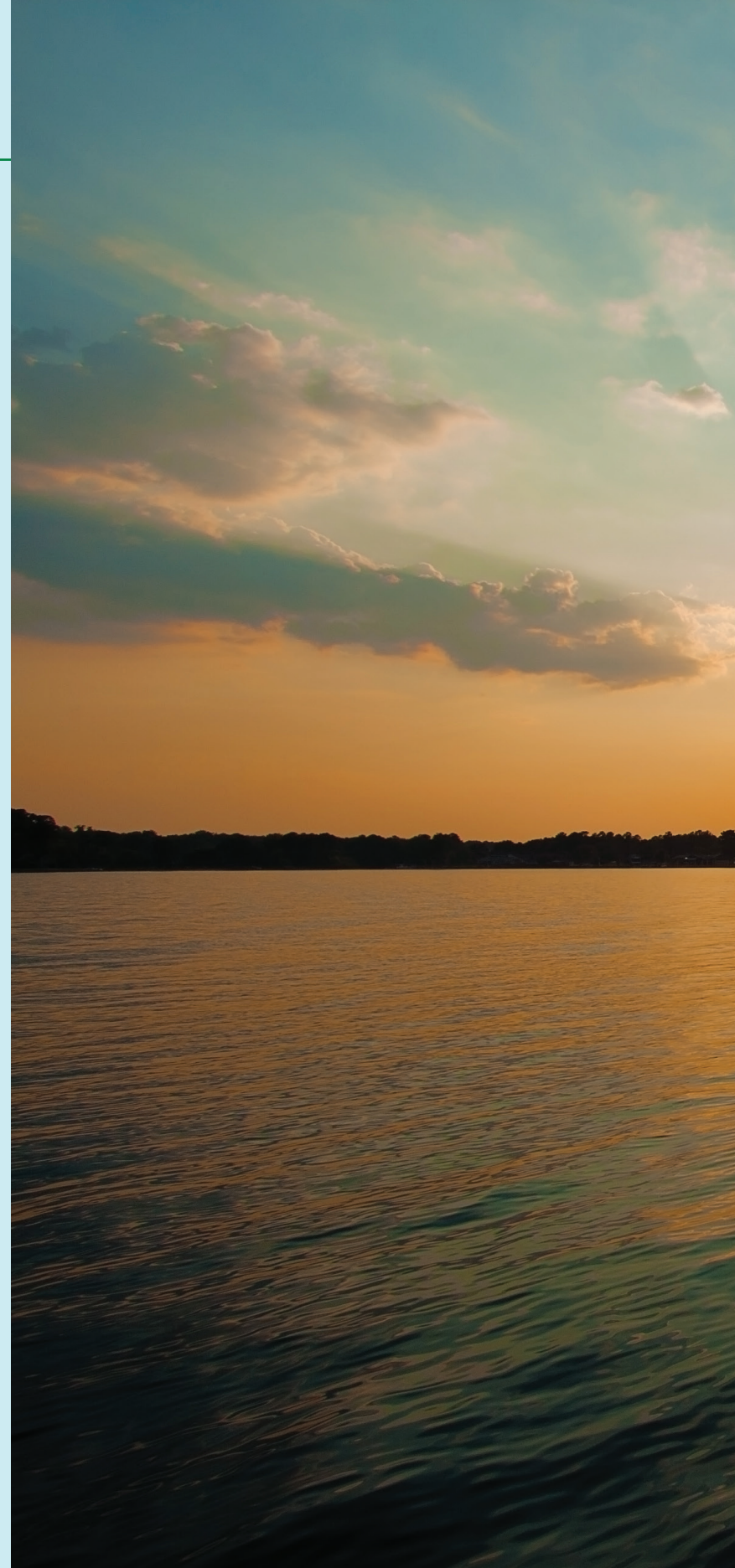
Lexington Medical Center and MUSC Health-Midland's willingness to conduct a joint CHNA signals a renewed opportunity for the Midlands. Greater multidisciplinary collaboration will be needed to effectively address these deeply rooted and complex healthcare, social and environmental issues. This data will be used to inform an action plan and strategic initiatives that will impact the overall health of Lexington and Richland Counties.



# Community Partners

This assessment could not have been successfully completed without the support and assistance of the organizations listed below. These organizations represent leaders and staff from the hospital, public health and social support organizations, schools and universities, and local businesses.

- Central Midlands Regional Transit Authority (COMET)
- Columbia Chamber of Commerce
- The Free Medical Clinic
- Good Samaritan Clinic
- Greater Columbia Community Relations Council
- Lexington Chamber of Commerce
- Lexington County Council
- Lexington County Police Department
- Midlands Technical College
- MIRCI
- Richland County School District 2
- SC Department of Health and Environmental Control
- SC Department of Social Services - Lexington County
- Richland County Government
- United Way of the Midlands





# Community Health Needs Assessment

MIDLANDS REGION REPORT: 2022

