COMMUNITY HEALTH NEEDS ASSESSMENT

2013

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AN INTRODUCTION TO OUR FACILITY

InterMedical Hospital of South Carolina (IMH) is a **long term acute care** hospital (LTACH) located in Columbia, the state capital of South Carolina.

Our mission statement speaks to our commitment:
The InterMedical Hospital of SC is committed to closing the gap in service delivery to patients who require complex and acute long term care, while focusing on prevention of secondary medical conditions that endanger the welfare of our patients. IMH will provide specialized medical and nursing care of a restorative nature, with excellence and compassion, ensuring as essential component in the continuum of care within the community. IMH strives to improve the physical, emotional, and spiritual health of our patients and their families without regard to race, religion, disability, gender, or ability to pay.

Patients present at our facility with a variety of maladies, the most common to include (but certainly not limited to):

- Respiratory support (ventilators/associated “weaning”, tracheostomies, pulmonary rehabilitation, etc.)
- Complicated wound care, to include the most up-to-date modalities and appropriately certified staff.
- Long term intravenous antibiotics.

DATA ASSESSMENT

Because of the geographic distribution of our patients (Appendix A), it is impossible to identify one community to conduct in-field assessments. We, therefore, extrapolated information concerning the health needs of the adult clients that we serve.

The care of these patients obviously dictates a multidisciplinary approach. Upon review of our coding data, we discovered one overriding diagnosis that impacted upon the plan of care for all of these disciplines. Approximately 75% of our clients over the last three calendar years has suffered from some form of malnutrition. (Appendix A)

Parameters utilized in coding malnutrition include (but are not limited to):
Physical observation:
- weight loss
- cachexia
- skin - poor turgor, dry, breakdown

Serum levels:
- Prealbumin
  - below 20.00 = malnutrition
  - less than 10 = severe malnutrition
- Total Protein
  - below 6.0
- Albumin
  - below 3.0

Malnutrition is not simply defined and usually involves a vision of a thin, wasting body, while in reality this is not the picture of the "malnourished". The term is probably best defined by *The American Heritage Science Dictionary* medically as "poor nutrition caused by an insufficient, oversufficient, or poorly balanced diet or by a medical condition, resulting in inadequate digestion or utilization of foods." Culturally, according to the same source, malnutrition is viewed as "inadequate nutrition caused by the lack of a balanced diet or by disorders of the digestive system in which nutrients from food cannot be absorbed properly".

According to *The Alliance to advance Patient Nutrition*, “malnutrition is associated with many adverse outcomes, such as increased infection rates, muscle wasting, impaired wound healing and immune suppression.”

And, co-morbidities (medical conditions present simultaneously in a patient) might include such problems as:

- age
- wounds
- intestinal malabsorption
- alcohol abuse
- diabetic non-compliance, etc.

The patients we serve have a number of varied medical conditions, as well a poor nutritional intake, and subsequently suffer from malnutrition. Obviously, it is impossible to extend IMH’s statistics to the general population; however, we needed to identify an approach, within a defined community population, that we might effectively / realistically serve related to nutritional support.

A number of data resources do indicate nutritional concerns throughout our country and state.

Hunger, and now more specifically “food insecurity” has been identified as a growing national problem by the U.S. Department of Agriculture. People experience food insecurity when (according to the USDA) “food intake….was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other food sources.”

In 2012 nearly 49 million Americans (about 1 in 6) were food insecure according to the *Feeding America* website. They go on further to identify that in 2009, South Carolina ranked the 15th highest state in the national food insecurity statistics at 13.1% and that figure unfortunately rose to approximately 18% in 2012. In Columbia / Richland County the most recently recorded rates were 17% for the overall population.

In conversations / explorations with Randy Langston, the Health Regulation Emergency Coordinator for the South Carolina Department of Health and Environmental Control (SC DHEC), it was discouraging to discover that although malnutrition is a readily accepted problem throughout the state, there is no concrete data to support the magnitude of the problem.

Data is available related to morbidities and mortalities, it does not relate directly to the specifics of a malnutrition concern. For instance, DHEC had data supporting that from 1999 through 2011, 67 deaths in Richland County were directly attributable to nutritional deficiencies. However, this mortality data cannot clearly identify deaths from other causes such as diabetes, heart attacks, etc. that were perhaps potentiated by poor nutrition.

In a discussion with Phyllis A. Allen, MS, RD, LD, the SC State Director of Public Health Nutrition, it was further disappointing to discover that "there is no state surveillance system specific to nutrition". Dr. Allen's office(s) once worked extensively on citizen education concerning nutrition, these services have been curtailed due to "cutbacks" to the point that their major work is the management of the WIC program geared toward limited resource families- particularly women and children.

Aside from already recognizing the fact that our "home" county citizens experience 17% food insecurity, it also important to note that large portions of Richland county are also recognized by the *Healthy Food Financing Initiative* (HFFI) as "food deserts – a low-income census tract where a substantial number or share of residents has low access to a supermarket or grocery store."

So, the question we explored was how we might, as a small independent organization assist the community in helping to address the malnutrition issues.

It was also important that we initially direct our energy to an easily measured and manageable size by area "community". We, therefore, chose Richland County as our target population.
(Appendix A)

COMMUNITY INPUT

In exploration with community members, specifically those involved with the charity distribution of food, it became apparent that nutritional deficiencies are indeed a legitimate concern for the county population.

In interviews with these already existing agencies (Appendix B), the need for contributions has now been further complicated by governmental cut-backs that will curtail or worse yet threaten the existence of their services.

Information obtained from these pantries, soup kitchens and seniors programs all indicated their partnership with Harvest Hope, the local member of the Feeding America Program.

The Harvest Hope Food Bank (Appendix C) is a 501(3) non-profit organization. The services were initiated in 1981 as an emergency food box program, that currently is a regional distribution program that collects, stores and distributes food and related items to more than 400 qualified agencies engaged in feeding the hungry in 20 South Carolina counties.

Their mission is simply stated:
To provide for the needs of hungry people by gathering and sharing quality food with dignity, compassion and education.

Harvest Hope offers a variety of services to include such programs as:

- Child Feeding
- Senior Feeding
- Disaster Relief
- Emergency Food Pantries
- Mobile Food Pantries
- USDA Food Distribution

As well as educating the "public" through H.O.P.E. (Helping Our People Eat) Tours of their facilities / operations and "Cool Can Sam", a fun and innovative character who works with children to enhance their understanding of hunger.

The tour of the Columbia facility (in 2012) that serves the Richland County area was indeed awe-inspiring to view the massive quantities of food, only to discover that there is an even greater need than can be served. For instance, planned governmental cuts this year alone will result in 15 million less pounds of food for Harvests Hope's "bank", amounting to approximately a $70,000 cut.

The attainment of the foods (also at times toiletries, laundry detergent, feminine products, etc.) is a complicated process. All food supplies are turned over every 7-10 days.

- Of course there are **monetary donations** which are utilized to not only purchase the needed supplies, but also used to aid operations, such as the storage facility, employed staff, truck operations, etc.

- **Grant funds** can also be awarded from "corporate" *Feeding America.* And many times they purchase their supplies at discounted rates.

- **Direct food donations** are also received from the retail community. Approximately 20 trucks per day pick up such items in the Richland county area. Aside from personal customer locations, large stores such as WalMart, Publix, Trader Joe's and Target donate at times $3–4000 worth of supplies in a given day. Smaller businesses contribute as well, such as Starbucks, various doughnut shops and restaurants. The local farmers' markets have been instrumental in the provision of fresh products. Even *Palmetto Lifeline*, an area non-profit animal shelter has offered donations of dog/cat food for recipients pets!

In fact, for the last three years, InterMedical Hospital has supported the work of Harvest Hope through monetary donations (approximately $20,000), as well as employee volunteering services.

Discussions in meetings with InterMedical and Harvest Hope staffs produced multiple ideas for partnership services to support the missions of both organizations. However, a more specific plan needed to be developed.

IMPLEMENTATION STRATEGY

From information and data collected through our reviews, there is an obvious need to address the mal-nutrition issues in Richland County, SC. It appears that the most expedient way for our small, independent organization to assist in the alleviation of this problem is to partner with an established program such as Harvest Hope in several of the services they provide.

<u>IMH Staff "On Board"</u>

When we began to develop our plan is was necessary to inform the staff of our desire to develop this working partnership and query our employees as to what assistance that felt we might be able to offer Harvest Hope on a consistent basis.

Certainly the individual staff could be encouraged to offer services or the Hospital could sponsor group projects with their participation, such as volunteering time to Harvest Hope's efforts.

We hope to offer small orientation tours of the Harvest Hope facility for selected staff members at all levels in the organization.

<u>Simple Health Screenings</u>

Obviously, as healthcare workers, we might be able to supply their clients (food recipients) with simple screening – ex. blood pressure and/or blood sugar monitoring, and nutritional teaching, basics as well as caution about food/drug interactions. Staff who might participate in these activities include Nurses, Dieticians and Pharmacists. Of course, it would then be necessary, to offer a variable path to the indicated medical care via state welfare medical services, low-cost and/or free clinics.

We needed to ascertain these activities will be centered around the Harvest Hope pantries distributions, soup kitchens and the emergency pantry at their "home" facility. For instance, one senior pantry supports a "bingo gathering" along with their food distribution once a month and would welcome screening services.

Plans Already in Process

- IMH has already made a commitment to support Harvest Hope's **fund-raising activities** which include but are not limited to:
  - their annual Red Basket (fund-raising luncheon) Gathering, already held this year on May 15th, with our attendance.
  - food drives
  - organizationally –sponsored walks, etc.
- Contacts have already been made with community pantries to begin dialogue toward offering **screening services** to their clients.
- The plan was presented to the **Department Managers** at their June 20, 2013 meeting and elicited positive responses.
- The following month the plan was reviewed with the **Nurse Management Council**. Again it was well-received by the group.
- IMH has donated approximately 500 **reusable shopping totes** to the Harvest Hope emergency pantry.
- After orientation to Harvest Hope, in order to serve as a volunteer, an IMH employee has (in August) placed two boxes – one in the Administration workroom (6th floor) and another in the employee lounge (7th floor) - for the **collection of food items** donated by all staff members. The collected items will be delivered to Harvest Hope on a weekly basis as necessary.
- The Hospital has committed to participation in the up-coming **Pack-to-Feed** program in which we will donate $1500 for the opportunity to have a facility-wide activity of preparing 150 boxes (which is 21 meals/box) to be delivered bearing a seal from our organization. We are hopeful that this venture will serve as a "team-building" exercise that will heighten our staff's knowledge of the work done by Harvest Hope.

Continuing Process

Aside from the aforementioned activities, IMH will continue to explore opportunities to enhance our "partnership" with Harvest Hope. As opportunities arise we hope to expand our partnership role in both service and geographic scope.

REPORTING

A full copy of this plan from DATA ASSESSMENT through the IMPLEMENTATION STRATEGY was distributed to the Board members for review prior to their July 16, 2013 meeting. The Board accepted as submitted.

The Implementation Strategy was posted on the IMH website September 2013.

This CHNA will be submitted with our September (fiscal year end) 990 Report.

MONITORING

Activities related to the “partnership” will be monitored and reported on a continuous basis to our staff, as well as the Board of Directors. Said activities will be approved and planned by the Senior Management Team, who will also evaluate the efficiency/effectiveness of our involvement.

As feasible, new activities will be added, while some of those less valuable might be deleted.

An Annual Report will be prepared and submitted to the regulatory agencies as required.

APPENDIX A

Data Gathering

Patient Referral Demographics

IMH Malnutrition Statistics

Richland County Demographics

Percentage of IMH Referrals
Residing in Richland County, SC
(Last three full fiscal years)

FISCAL YEAR	TOTAL ADMITS	RICHLAND COUNTY RESIDENTS	PERCENTAGE
10/1/09 thru 9/30/10	593	202	34
10/1/10 thru 9/30/11	529	187	35.3
10/1/11 Thru 9/30/12	459	159	34.6
TOTALS	**1581**	**548**	**34.6**

InterMedical
HOSPITAL OF SC

MALNUTRITION Statistics

2010	Total Discharges	262
	Total # of pts with malnutrition	197 (87 [44%] with severe malnutrition)
	Total %	**75%**
2011	Total Discharges	281
	Total # of pts with malnutrition	219 (99 [45%] with severe malnutrition)
	Total %	**77%**
2012	Total Discharges	231
	Total # of pts with malnutrition	173 (70 [40%] with severe malnutrition)
	Total %	**74%**

Richland County, South Carolina

People QuickFacts	Richland County	South Carolina
Population, 2012 estimate	393,830	4,723,723
Population, 2010 (April 1) estimates base	384,507	4,625,364
Population, percent change, April 1, 2010 to July 1, 2012	2.4%	2.1%
Population, 2010	384,504	4,625,364
Persons under 5 years, percent, 2012	6.2%	6.3%
Persons under 18 years, percent, 2012	22.5%	22.9%
Persons 65 years and over, percent, 2012	10.5%	14.7%
Female persons, percent, 2012	51.4%	51.4%
White alone, percent, 2012 (a)	48.3%	68.4%
Black or African American alone, percent, 2012 (a)	46.8%	28.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.5%
Asian alone, percent, 2012 (a)	2.4%	1.4%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	2.0%	1.6%
Hispanic or Latino, percent, 2012 (b)	5.0%	5.3%
White alone, not Hispanic or Latino, percent, 2012	44.6%	64.0%
Living in same house 1 year & over, percent, 2007-2011	77.2%	84.7%
Foreign born persons, percent, 2007-2011	5.5%	4.8%
Language other than English spoken at home, percent age 5+, 2007-2011	7.7%	6.7%
High school graduate or higher, percent of persons age 25+, 2007-2011	88.8%	83.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	36.1%	24.2%
Veterans, 2007-2011	33,781	399,403
Mean travel time to work (minutes), workers age 16+, 2007-2011	21.2	23.3
Housing units, 2011	163,244	2,157,033
Homeownership rate, 2007-2011	60.8%	69.8%
Housing units in multi-unit structures, percent,	28.3%	17.6%

2007-2011		
Median value of owner-occupied housing units, 2007-2011	$150,600	$137,000
Households, 2007-2011	142,773	1,758,732
Persons per household, 2007-2011	2.45	2.52
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$26,225	$23,854
Median household income, 2007-2011	$48,485	$44,587
Persons below poverty level, percent, 2007-2011	15.9%	17.0%

Business QuickFacts	**Richland County**	**South Carolina**
Private nonfarm establishments, 2011	8,728	100,481[1]
Private nonfarm employment, 2011	152,564	1,521,123[1]
Private nonfarm employment, percent change, 2010-2011	-4.1%	1.2%[1]
Nonemployer establishments, 2011	24,420	301,675
Total number of firms, 2007	27,370	360,397
Black-owned firms, percent, 2007	23.1%	12.1%
American Indian- and Alaska Native-owned firms, percent, 2007	0.6%	0.5%
Asian-owned firms, percent, 2007	2.7%	1.8%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	1.2%	1.7%
Women-owned firms, percent, 2007	27.5%	27.6%
Manufacturers shipments, 2007 ($1000)	6,109,796	93,977,455
Merchant wholesaler sales, 2007 ($1000)	3,150,652	40,498,047
Retail sales, 2007 ($1000)	4,367,658	54,298,410
Retail sales per capita, 2007	$12,127	$12,273
Accommodation and food services sales, 2007 ($1000)	733,609	8,383,463
Building permits, 2012	1,812	18,708

Geography QuickFacts	**Richland County**	**South Carolina**
Land area in square miles, 2010	757.07	30,060.70
Persons per square mile, 2010	507.9	153.9
FIPS Code	079	45
Metropolitan or Micropolitan Statistical Area	Columbia, SC Metro Area	

1: Includes data not distributed by county.
(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

(con’t.)

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Thursday, 27-Jun-2013 14:31:00 EDT

APPENDIX B

Agency Interviews

Sampling of HARVEST HOPE AGENCIES
Richland County

AGENCY	CONTACT	AMOUNTS	TYPES	COMMENTS
Columbia Metro Baptist Assoc. Ministries Columbia (Pantry)	Cathy Locklear HH: 25-30% + 103 Churches	Approximately 250 clients/month (average family size=3). Three (3) full meals every 3-4 days	ALL types of food	Additional other services: • USC Homeless to Home Program • Palmetto Place Children's Shelter • Sister Care • Winter Shelter
Round Top Baptist Blythewood (Pantry)	Connie Cunningham HH: 90%	1st, 3rd and 4th Wednesdays of the month – approximately 120 clients/ day. Second Saturday every month – 175 clients/month	Canned food, juices, produce and clothing.	Clients are 70% seniors, remainder unemployed and single mothers.
Washington Street UMC Columbia (Soup Kitchen)	Paul Brown HH: 60 % + 17 Churches	53,000 Meals in 2012 • 100-300/day • 10:45 A – 12 N	Cold weather – soup, PNB sandwich and meat sandwich. Warm weather – vegetable/ fruit substituted for soup. Beverage – tea or fruit juice	Vast majority of clients are homeless.
Salvation Army Columbia (Pantry / Soup Kitchen)	Meleni Miller HH: 10% purchase (Would like have more at the discounted prices) + purchase from US Foods	12-14,000 Meals/month Three (3) full meals / day.	Full meals.	Clients from Transitions (downtown shelter) and homeless in day center, as well as a Seniors Program once a month.
CSFP-Mt. Nebo Baptist Eastover (Senior Feeding +	Beatrice Long HH: 100%	(2nd Th every month (1-3PM) 175 boxes / month	Senior boxes are pre-prescribed and contain: • dry cereal • juices • protein – chicken, tuna,	Food distributed along with other senior activities – bingo, etc.

other programs)		Boxes distributed to "carry over" after $ from SS has been depleted.	etc. • milk – dry and 1% • protein –dry – peanut butter or beans • pasta • cheese • canned – fruit	

APPENDIX C

Harvest Hope Information

www.harvesthope.org