

# **Tidelands Health 2022 CHNA Appendix**

The full report can be found here:  
<https://www.tidelandshealth.org/discover/community-health-needs-assessment/>

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# Community Partners

Community Partner
7 Dimensions of Health
A Father's Place
Access Family Services
Black River United Way
Care Team Plus
Catholic Charities of South Carolina Georgetown
Children's Recovery Center
Children's Trust of South Carolina
CHRSC
Coastal Carolina University
Community Health Transformation, SC Office of Rural Health
DHEC
DSS
Ebenezer Baptist Church
Eddie B. Ellis Community Garden
First Calvery Missionary Baptist Church
France Bunnell Foundation
Francis P Bunnelle Foundation
Friendship Place
Georgetown BH Collaborative
Georgetown County Alcohol and Drug
Georgetown County First Steps
Georgetown County Library
Georgetown County Parks and Recreation
Georgetown County School District
Habitat for Humanity of Georgetown County
Healthy Blue
Helping Hands Georgetown
Inlet Pediatrics

Community Partner
Jerusalem Baptist Association
Little River Medical Center
Lowcountry Food Bank
Miss Ruby's Kids
Montessori School of Pawleys Island
Mt. Olive Missionary Baptist Church
MUSC
NAACP - Georgetown
NAMI
Neighbor to Neighbor
New Hope UME Church
Optimism Preventive Services, Inc.
Pawleys Island Christian Academy
Pee Dee Action Group
Riverside Behavior and Learning Collaborative
Salvation Army
Sampit Child Care Center
Riverside Pediatrics
Sampit Elementary School
SC DHEC Pee Dee Public Health Region
SC Office of Rural Health
SC Thrive
SCHA
Smith Free Medical Clinic
South Carolina Department of Mental Health
St. James Family Health Center
St. Peters Missionary Baptist Church
Sunshine Place
The Rape Crisis Center

Community Partner
The Salvation Army
The Village Group
United Way of Horry County
Waccamaw Community Foundation
Waccamaw EOC
Waccamaw EOC Headstart
Waccamaw Mental Health
Waccamaw Regional Council of Governments
Walsh Krowka Architects
Welvista
YMCA

**Community services, programs, and resources available to respond to top health needs:**

*Access to Health Care*

- Conway Medical Center and Little River Medical Center mobile units.

*Behavioral Health*

- Riverside Behavioral health Services at schools.
- Waccamaw Mental Health program at schools.
- Highway to Hope.
- TWLUM Teen Project.
- SC Thrive training.
- Office of Rural Health grant to reduce stigma.
- Breaking Barriers program.
- HYPE Program.
- United Way 211 hotline.
- Justice Service mental health program.

*Diabetes*

- YMCA free program.
- Community garden.

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# Community Data

# Community Demographics

	Williamsburg County				Georgetown County			
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total
<b>Population</b>								
<b>Total Population</b>	<b>33,765</b>	<b>33,382</b>	<b>-1.1%</b>	<b>100.0%</b>	<b>67,464</b>	<b>70,923</b>	<b>5.1%</b>	<b>100.0%</b>
<b>By Age</b>								
00 - 17	6,870	6,725	-2.1%	20.3%	12,443	12,879	3.5%	18.4%
18 - 44	11,142	10,427	-6.4%	33.0%	18,182	17,955	-1.2%	27.0%
45 - 64	8,817	8,359	-5.2%	26.1%	18,652	18,720	0.4%	27.6%
65+	6,936	7,871	13.5%	20.5%	18,187	21,369	17.5%	27.0%
<b>Female Childbearing Age (15-44)</b>	5,667	5,301	-6.5%	16.8%	10,197	10,056	-1.4%	15.1%
<b>By Race/Ethnicity</b>								
White	11,251	11,265	0.1%	33.3%	45,676	49,151	7.6%	67.7%
Black	21,233	20,604	-3.0%	62.9%	19,302	18,870	-2.2%	28.6%
Asian & Pacific Islander	361	460	27.4%	1.1%	358	417	16.5%	0.5%
Other	920	1,053	14.5%	2.7%	2,128	2,485	16.8%	3.2%
Hispanic*	718	756	5.3%	2.1%	2,134	2,396	12.3%	3.2%
<b>Households</b>								
<b>Total Households</b>	12,884	12,780	-0.8%		27,845	29,378	5.5%	
<b>Median Household Income</b>	\$ 34,309	\$ 36,215			\$ 52,994	\$ 56,992		
<b>Education Distribution</b>								
Some High School or Less				18.8%				11.6%
High School Diploma/GED				41.3%				27.6%
Some College/Associates Degree				26.6%				31.1%
Bachelor's Degree or Greater				13.3%				29.8%

Horry County				South Carolina				US AVG.	
2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
<b>363,302</b>	<b>409,203</b>	<b>12.6%</b>	<b>100.0%</b>	<b>5,321,206</b>	<b>5,665,411</b>	<b>6.5%</b>	<b>100.0%</b>	<b>3.6%</b>	<b>100.0%</b>
66,932	75,456	12.7%	18.4%	1,131,425	1,206,414	6.6%	21.3%	2.4%	21.7%
121,028	131,958	9.0%	33.3%	1,862,188	1,934,720	3.9%	35.0%	2.7%	36.0%
93,363	101,332	8.5%	25.7%	1,347,740	1,366,597	1.4%	25.3%	-2.2%	25.0%
81,979	100,457	22.5%	22.6%	979,853	1,157,680	18.1%	18.4%	15.2%	17.3%
64,869	71,353	10.0%	17.9%	1,012,096	1,057,166	4.5%	19.0%	2.5%	19.5%
274,771	309,488	12.6%	75.6%	3,509,887	3,720,032	6.0%	66.0%	1.4%	69.2%
55,653	62,685	12.6%	15.3%	1,400,379	1,455,858	4.0%	26.3%	4.9%	13.0%
6,805	7,664	12.6%	1.9%	104,089	127,698	22.7%	2.0%	13.6%	6.1%
26,073	29,366	12.6%	7.2%	306,851	361,823	17.9%	5.8%	10.0%	11.7%
27,277	30,723	12.6%	7.5%	331,141	390,458	17.9%	6.2%	10.9%	18.9%
151,192	170,641	12.9%		2,085,946	2,225,574	6.7%			
\$ 53,694	\$ 57,256			\$ 55,711	\$ 61,082			US Avg. \$64,730   \$72,932	
			9.4%				11.4%		11.1%
			31.2%				28.0%		26.8%
			33.6%				30.3%		28.5%
			25.8%				30.4%		33.6%

\*Ethnicity is calculated separately from Race

Source: Stratasan



# Leading Cause of Death

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

Cause of Death			Rank among all counties in SC (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Williamsburg County Compared to U.S.)
SC Rank	Williamsburg Rank	Condition		SC	Williamsburg	
1	1	Heart Disease	16 of 46	171.0	233.5	<i>Higher than expected</i>
2	2	Cancer	3 of 46	153.9	215.0	<i>Higher than expected</i>
4	3	COVID-19	10 of 46	77.7	164.5	<i>Higher than expected</i>
6	4	Stroke	7 of 46	43.5	72.3	<i>Higher than expected</i>
3	5	Accidents	3 of 46	77.8	68.9	<i>Higher than expected</i>
8	6	Diabetes	4 of 46	28.5	49.2	<i>Higher than expected</i>
5	7	Lung	4 of 46	43.6	31.8	<i>As expected</i>
11	8	Kidney	4 of 46	15.0	27.5	<i>Higher than expected</i>
12	9	Blood Poisoning	9 of 46	14.3	25.9	<i>Higher than expected</i>
7	10	Alzheimer's	45 of 46	40.4	24.4	<i>Lower than expected</i>
14	11	Flu - Pneumonia	3 of 46	11.6	20.5	<i>Higher than expected</i>
13	12	Homicide	45 of 46	12.7	15.7	<i>Higher than expected</i>
16	13	Hypertension	23 of 46	9.9	13.0	<i>As expected</i>
10	14	Liver	7 of 46	15.6	11.4	<i>As expected</i>
9	15	Suicide	38 of 46	16.3	7.0	<i>Lower than expected</i>
15	16	Parkinson's	10 of 46	10.0	5.7	<i>As expected</i>

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

Source: worldlifeexpectancy.com

Cause of Death			Rank among all counties in SC (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Georgetown County Compared to U.S.)
SC Rank	Georgetown Rank	Condition		SC	Georgetown	
1	1	Heart Disease	35 of 46	171.0	191.9	<i>Higher than expected</i>
2	2	Cancer	34 of 46	153.9	176.6	<i>Higher than expected</i>
4	3	COVID-19	43 of 46	77.7	78.1	<i>Lower than expected</i>
3	4	Accidents	30 of 46	77.8	65.9	<i>Higher than expected</i>
6	5	Stroke	7 of 46	43.5	53.56	<i>Higher than expected</i>
5	6	Lung	27 of 46	43.6	39.5	<i>As expected</i>
7	7	Alzheimer's	25 of 46	40.4	32.2	<i>As expected</i>
8	8	Diabetes	36 of 46	28.5	19.7	<i>Lower than expected</i>
10	9	Liver	12 of 46	15.6	14.2	<i>As expected</i>
11	10	Kidney	37 of 46	15.0	13.2	<i>As expected</i>
12	11	Blood Poisoning	34 of 46	14.3	13.2	<i>As expected</i>
16	12	Hypertension	36 of 46	9.9	12.7	<i>As expected</i>
14	13	Flu - Pneumonia	7 of 46	11.6	11.8	<i>As expected</i>
9	14	Suicide	43 of 46	16.3	10.6	<i>As expected</i>
13	15	Homicide	29 of 46	12.7	8.3	<i>As expected</i>
15	16	Parkinson's	43 of 46	10.0	7.5	<i>As expected</i>

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

Source: worldlifeexpectancy.com

Cause of Death			Rank among all counties in SC (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Horry County Compared to U.S.)
SC Rank	Horry Rank	Condition		SC	Horry	
1	1	Heart Disease	31 of 46	171.0	195.4	<i>Higher than expected</i>
2	2	Cancer	32 of 46	153.9	177.7	<i>Higher than expected</i>
4	3	COVID-19	32 of 46	77.7	61.5	<i>Lower than expected</i>
3	4	Accidents	39 of 46	77.8	61.0	<i>Higher than expected</i>
6	5	Stroke	14 of 46	43.5	50.4	<i>Higher than expected</i>
5	6	Lung	34 of 46	43.6	47.7	<i>Higher than expected</i>
7	7	Alzheimer's	19 of 46	40.4	35.5	<i>As expected</i>
8	8	Diabetes	22 of 46	28.5	16.5	<i>Lower than expected</i>
11	9	Kidney	38 of 46	15.0	15.4	<i>As expected</i>
10	10	Liver	44 of 46	15.6	15.1	<i>As expected</i>
9	11	Suicide	19 of 46	16.3	14.9	<i>As expected</i>
14	12	Flu - Pneumonia	3 of 46	11.6	13.0	<i>As expected</i>
12	13	Blood Poisoning	40 of 46	14.3	12.0	<i>As expected</i>
13	14	Homicide	40 of 46	12.7	7.8	<i>As expected</i>
15	15	Parkinson's	32 of 46	10.0	6.9	<i>As expected</i>
16	16	Hypertension	10 of 46	9.9	6.3	<i>As expected</i>

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

Source: [worldlifeexpectancy.com](http://worldlifeexpectancy.com)

# County Health Rankings

	Williamsburg	Georgetown	Horry	South Carolina	U.S. Median	Top U.S. Performers
<b>Length of Life</b>						
Overall Rank (best being #1)	45/46	24/46	18/46			
- Premature Death*	● 15,415	● 11,261	● 10,108	9,287	8,200	5,400
<b>Quality of Life</b>						
Overall Rank (best being #1)	40/46	18/46	13/46			
- Poor or Fair Health	● 28%	● 20%	● 20%	18%	17%	12%
- Poor Physical Health Days	● 5.1	● 4.4	● 4.3	4.1	3.9	3.1
- Poor Mental Health Days	● 5.2	● 4.8	● 4.8	4.5	4.2	3.4
- Low Birthweight	● 13%	● 11%	● 9%	10%	8%	6%
<b>Health Behaviors</b>						
Overall Rank (best being #1)	44/46	12/46	17/46			
- Adult Smoking	● 25%	● 19%	● 23%	18%	17%	14%
- Adult Obesity	● 46%	● 37%	● 32%	36%	33%	26%
- Physical Inactivity	● 36%	● 28%	● 29%	29%	27%	20%
- Access to Exercise Opportunities	● 37%	● 69%	● 81%	65%	66%	91%
- Excessive Drinking	● 18%	● 18%	● 24%	22%	18%	13%
- Alcohol-Impaired Driving Deaths	● 38%	● 17%	● 26%	33%	28%	11%
- Sexually Transmitted Infections*	● 1251.3	● 673.6	● 570.2	698.2	327.4	161.4
- Teen Births (per 1,000 female population ages 15-19)	● 30	● 24	● 23	23	28	13
<b>Clinical Care</b>						
Overall Rank (best being #1)	43/46	20/46	34/46			
- Uninsured	● 14%	● 14%	● 18%	13%	11%	6%
- Population per Primary Care Provider	● 5,061	● 1,556	● 1,678	1,485	2,070	1,030
- Population per Dentist	● 5,965	● 1,791	● 2,420	1,768	2,410	1,240
- Population per Mental Health Provider	● 785	● 1,081	● 636	524	890	290
- Preventable Hospital Stays	● 4,988	● 3,950	● 3,945	3,797	4,710	2,761
- Mammography Screening	● 42%	● 44%	● 44%	48%	41%	50%
- Flu vaccinations	● 30%	● 48%	● 50%	49%	43%	53%
<b>Social &amp; Economic Factors</b>						
Overall Rank (best being #1)	44/46	24/46	26/46			
- High school graduation	● 83%	● 87%	● 91%	88%	90%	96%
- Unemployment	● 8.1%	● 3.8%	● 8.6%	6.2%	3.9%	2.6%
- Children in Poverty	● 35%	● 31%	● 20%	19%	20%	11%
- Income inequality**	● 7.3	● 5.3	● 4.1	4.8	4.4	3.7
- Children in Single-Parent Households	● 44%	● 43%	● 34%	31%	32%	20%
- Violent Crime*	● 531	● 477	● 569	500	205	63
- Injury Deaths*	● 127	● 103	● 104	94	84	58
- Median household income	● \$38,186	● \$57,991	● \$55,055	\$57,216	\$50,600	\$69,000
- Suicides	N/A	● 14	● 16	16	17	11
<b>Physical Environment</b>						
Overall Rank (best being #1)	31/46	8/46	3/46			
- Air Pollution - Particulate Matter (µg/m³)	● 7.4	● 7.7	● 6.9	8.0	9.4	6.1
- Severe Housing Problems***	● 17%	● 15%	● 15%	14%	14%	9%
- Driving to work alone	● 86%	● 81%	● 82%	82%	81%	72%
- Long commute - driving alone	● 48%	● 35%	● 27%	36%	31%	16%
- Broadband Access	● 60%	● 77%	● 87%	81%	31%	16%

\*Per 100,000 Population

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

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

## Key (Legend)

- Better than SC
- Same as SC
- Worse than SC

Source: County Health Rankings 2022 Report

# Detailed Approach

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

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

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

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

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

### **Project Objectives**

Tidelands Health partnered with QHR Health to:

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

### **Overview of Community Health Needs Assessment**

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

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

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

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

### **Community Health Needs Assessment Subsequent to Initial Assessment**

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

*“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

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

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

To complete a CHNA:

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

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



- 2) *a description of the process and methods used to conduct the CHNA;*
- 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

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

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

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

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

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
  - 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
  - 3) **Minority Population** - Leaders, representatives, or members of racial and ethnic minority populations in the community served by the hospital facility.
  - 4) **Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
  - 5) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
  - 6) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
  - 7) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
  - 8) **Health Care Professional** – Individuals who provide health care services or work in the health care field with an understanding/education on health services and needs.
- Other** (please specify)

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

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

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	February 2022	2021
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	April 2022	2021
Bureau of Labor Statistics	Unemployment rates	April 2022	2021
www.countyhealthrankings.org	Assessment of health needs of hospital county compared to all state counties	May 2022	2013-2020
NAMI	Statistics on mental health rates and services	May 2022	2021
CDC	Prevalence and mortality data	May 2022	2016-2020
CDC	Racial and ethnic disparities in heart disease	May 2022	2019
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	May 2022	2020
South Carolina DHEC	State and county level health factor data	May 2022	2016-2019
South Carolina DHEC	Health Professional Shortage Area (HPSA) maps	May 2022	2021
National Cancer Institute	Cancer disparities	May 2022	2020
National Cancer Institute	Cancer incidence rates	May 2022	2014-2018
Kaiser Family Foundation	Women's health statistics	May 2022	2020

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

- A CHNA survey was deployed to the community to gain input on local health needs and the needs of priority populations. Community input from 2,129 survey respondents was received. Survey responses started on April 18<sup>th</sup>, 2022 and ended on May 13<sup>th</sup>, 2022.
- In the Tidelands Health process, the survey respondents had the opportunity to introduce needs previously unidentified. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health needs importance from not at all (1 rating) to very (5 rating).
- Data Walks were conducted with the Hospital's Local Expert Advisors to analyze both the secondary data and community survey data and to identify the top health priorities in the community. Local Expert Advisors were local individuals selected according to criteria required by the federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. The Local Expert Advisors then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

# Survey Results

Due to space limitations and the large volume of survey responses, not all survey comments are provided in this report. Key comments are included to highlight common themes across responses. All comments are unedited and are contained in this report in the format they were received.

**Q3: I primarily live in this zip code:**

Answer Choices	Responses	
29576 - Murrells Inlet/Garden City	20.54%	378
29440 – Georgetown	16.90%	311
29585 - Pawleys Island	14.18%	261
29588 – Socastee	9.40%	173
29577 - Myrtle Beach	8.64%	159
29510 – Andrews	5.92%	109
29575 - Surfside Beach	5.11%	94
29579 - Carolina Forest	4.24%	78
29526 - East Conway	3.48%	64
29527 - West Conway	2.28%	42
29556 – Kingstree	2.23%	41
29582 - North Myrtle Beach	1.52%	28
29544 – Galivants Ferry	1.30%	24
29566 - Little River	1.14%	21
29442 – Georgetown	0.71%	13
29568 – Longs	0.65%	12
29572 - Arcadian Shores (North Myrtle Beach)	0.60%	11
29569 – Loris	0.54%	10
29511 – Aynor	0.16%	3
29554 – Hemingway	0.16%	3
29590 – Salters	0.16%	3
29545 - Green Sea	0.05%	1
29518 – Cades	0.05%	1
29581 – Nichols	0.00%	0
29056 – Greeleyville	0.00%	0
	Answered	1,840
	Skipped	327

**Q4: Your role in the community (please select all that apply)**

Answer Choices	Responses	
Community Resident	87.20%	1,547
Health Care Professional	16.46%	292
Minority Population	9.53%	169
Educator	6.43%	114
Underserved Population	4.51%	80
Government Employee or Representative	3.66%	65
Representative of Chronic Disease Group or Advocacy Organization	1.86%	33
Public Health Official	1.24%	22
	Answered	1,774
	Skipped	393

**Q5: Gender**

Answer Choices	Responses	
Female	72.52%	1,306
Male	25.60%	461
Transgender	0.11%	2
Non-Binary	0.06%	1
Prefer not to answer	1.72%	31
	Answered	1,801
	Skipped	366

**Q6: Race/Ethnicity (please select all that apply)**

Answer Choices	Responses	
White or Caucasian	71.71%	1,288
Black or African American	20.99%	377
Hispanic or Latino	4.18%	75
American Indian or Alaska Native	0.50%	9
Asian or Asian American	0.39%	7
Another race	0.28%	5
Native Hawaiian or other Pacific Islander	0.17%	3
Prefer not to answer	2.90%	52
	Answered	1,796
	Skipped	371

**Q7: Age group**

Answer Choices	Responses	
Under 18	0.06%	1
18-24	3.13%	56
25-34	6.99%	125
35-44	9.95%	178
45-54	13.14%	235
55-64	19.45%	348
65+	47.29%	846
	Answered	1,789
	Skipped	378



**Q8: What is your household income?**

Answer Choices	Responses	
Under \$22,000	12.60%	206
Between \$22,000 and \$49,999	24.65%	403
Between \$50,000 and \$74,999	19.02%	311
Between \$75,000 and \$99,999	14.92%	244
Between \$100,000 and \$149,999	16.64%	272
\$150,000 and above	12.17%	199
	Answered	1,635
	Skipped	532

**Q9: What is your tobacco use status?**

Answer Choices	Responses	
Currently using tobacco	7.25%	127
Ex-tobacco user	32.55%	570
Never tobacco user	60.19%	1,054
	Answered	1,751
	Skipped	416

**Q10: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)**

Answer Choices	Responses	
Low-income groups	66.87%	1,080
Older adults (65+)	59.13%	955
Racial and ethnic minority groups	41.55%	671
Individuals requiring additional health care support	36.47%	589
Residents of rural areas	35.60%	575
Women	24.71%	399
Children	24.58%	397
LGBTQ+	11.95%	193
Other (please specify):		86
	Answered	1,615
	Skipped	552

Comments:

- Adults with Autism
- Mental Health
- Psychiatric population
- Homeless
- Homeless
- Children with special needs/disabilities
- Those with insurance but still have to pay a high balance when seen by a doctor.
- Homeless population
- Patient assistance/ Government assistance
- Mental health needed
- Uninsured working
- Lower middle class-Makes too much to be low income but not enough to waste money on health insurance/health care
- Mental Health
- Chronic and age-related illness
- Mothers with Substance use disorder
- Uninsured / poorly insured
- those with mental health needs
- Persons struggling with Mental Health Disorders
- Under or non insured
- Autism and Intellectual Disabilities
- Mental health

- Substance Use Disorder
- single parents
- working people with high deductibles that don't want to pay out of pocket to get care
- undocumented workers
- disabled
- Middle income families who have health insurance
- Autoimmune & non-Parkinsons Movement Disorder sufferers
- NEED MORE OBGYNS, PEDIATRICS
- drug addicts
- Mental Health
- Homeless
- Senior citizens
- The Uninsured
- Anyone needing to see a specialist
- disabled
- Neurologist
- People with high deductibles
- Homelessness
- the single mom's who fall in the 'donut hole'
- People with developmental disabilities
- People with addiction
- Handicapped
- Geriatric physician's
- Those with chronic health conditions, such as, heart disease, cancer, kidney disease, diabetes, etc...
- Individuals with complex problems requiring 2 or more specialists
- Residents 55 and older
- Mental health
- Elderly and disabled
- Special Needs and Disabilities
- Autism
- Single mothers

**Q11: What do you believe to be some of the health needs of the groups selected above?**

Response Themes	Number of Time Mentioned
Affordable health care/financial assistance	136
Accessible health care	89
Preventative care/screening	85
Aging needs/Geriatric needs	72
Access to physicians/more physicians available	67
Chronic diseases	62
Insurance	55
Transportation	52
Education	46
Basic health needs	41
Mental health access	41
Access to specialists	36
Social determinants of health	36
Wellness needs	29
Access to timely appointments	24
Medication assistance	20
Primary care	15
Accessible clinic locations/more locations	12
Continuous care/follow-up care	13
Dental/vision/hearing	11
Access to women's health care	10
All others (less than 10 mentions)	108
	Answered 1,615
	Skipped 552

**Key Comments:**

- Access to affordable care, systemic racism, prenatal care & education, access to specialists without driving to Charleston.
- Access to health care, healthy nutrition, access to preventive health screening. A facility such as Healthpoint in a more centralized location.
- Routine medical care and screenings. Education on preventative care. Assistance finding a health-care home, many use Urgent Care facilities or ER's.
- More caring and qualified Physicians. Easy accessibility to health care providers.
- The aging seniors need good Geriatric physicians! Family practice does not address the need of seniors.
- Transportation, access to care, education/understanding of care and resources

**Q12: Mental Health: Please share what you have seen done by Tideland's Health to address Mental Health.**

Response Themes	Number of Time Mentioned
Unknown	415
Increased outreach/education	70
Referral to specialist/partners	28
Screening	18
Programs, not specified	14
Social workers/behavioral health workers available	7
Behavioral health annex	5
Mental health first aid class	5
Telehealth offerings	4
Behavioral health/crisis services in the emergency room	3
Community Care Network	3
Group Meetings	3
Mental health hotline	3
All others (less than 1 mention)	59
	Answered 628
	Skipped 1,450

**Key Comments:**

- Mental Health awareness Day at Pelicans Ballpark
- Screenings at office visits
- Tele health appointments with MUSC providers.
- Behavioral Health Unit at GMH.
- Mental Health First Aid class - an amazing opportunity, and a great course!
- Postpartum depression screening tool offered to new mothers
- Health care provider asked if I needed help
- I have seen ads on tv offering hotline numbers.
- I see community outreach fundraisers but haven't seen any significant programs related to depression/ PTSD/ Dementia or Alzheimer's disease.
- Refer patients to appropriate facilities, there are just not enough beds available. Consult with MUSC psychiatrists
- Assessment and continuing to provide counseling.
- Added Behavioral Health in the ED to help address the issues
- BH Annex at GMH, personnel in the ED to assist quickly with substance and mental health issues
- Suicide awareness, employee programs

**Q13: Alcohol & Substance Use: Please share what you have seen done by Tideland's Health to address Alcohol & Substance Use.**

Response Themes	Number of Time Mentioned
Unknown	432
Increased outreach/education	48
Referrals to SUD providers	18
Peer program	13
Screening	12
MAT clinic	10
Programs, not specified	9
Support groups	6
Employee outreach employees	3
Behavioral health/crisis services in the emergency room	3
Partnerships	3
Classes/seminars	2
Detox treatment	2
Hotline	2
All others (less than 1 mention)	43
	Answered 597
	Skipped 1,481

**Key Comments:**

- In-house substance use navigators
- Referral to other places for assistance
- The Mental Health liaison follows up to ensure that appointments are made at DC.
- Tideland's Health has a partnership with GC Alcohol and Drug Commission for opioids abuse.
- Advertisement for those in need of help with these issues
- Community Awareness
- Tobacco screenings in Wellness Program
- Wellness programs; education; emergency department programs and residency program
- Wellness plans for staff
- TH has worked and partner with physicians offices as well as well has developed a forum with all of the human services agencies in the area to create access for these behavior health barriers.
- I believe there is now peer support available in the ER.
- Advertisements about classes and helpline numbers.
- They have places where people can meet to talk to someone

**Q14: Obesity: Please share what you have seen done by Tideland's Health to address Obesity.**

Response Themes	Number of Time Mentioned
Unknown	366
Increased outreach/education	95
Classes/seminars	22
Healthpoint programs	20
Dietician/nutritionist available	12
Screening	12
Programs, not specified	11
Walking programs/groups	10
Diabetes Prevention Program (DPP)	9
Employee programs	6
Fitness vouchers	5
Livewell programs	4
Partnerships	2
Referrals to services	2
Support groups	2
All others (less than 1 mention)	51
	Answered 621
	Skipped 1,457

**Key Comments:**

- The walking path is an incentive
- Healthpoint and YMCA Vouchers through SMC if you are a patient
- Promotions at Pelicans Ballpark promoting healthy living
- I've heard of classes assisting with diabetes and obesity
- Wellness program, incentives to attend Healthpoint
- The diabetes group that focus on nutrition and diabetes management
- DPP, Diabetes education, nutrition program
- Walk with a doctor billboard
- Encouragement with walks and events to encourage physical activity
- TV education at Tideland's health facilities.
- Encourage healthy choices in office, referrals to dietician or a nutritionist
- Literature in the waiting room.
- Clinical Navigation program with obesity pathway, dietary and nutrition services
- They provide nutritional training through the employee wellness program and promote increasing physical wellness through challenges.

**Q15: Diabetes: Please share what you have seen done by Tidelands Health to address Diabetes.**

Response Themes	Number of Time Mentioned
Unknown	333
Outreach/education	82
Classes/seminars	39
Financial assistance for medical supplies	19
Diabetes prevention program	37
Screening	16
Programs, unspecified	11
Dietician/nutritionist available	10
Treatment (medication, dialysis, etc.)	10
Endocrinology program	7
Support groups	4
Healthpoint programs	3
Partnerships	3
Employee programs	2
Prevention services	2
All others (less than 1 mention)	42
	Answered 617
	Skipped 1,461

**Key Comments:**

- Diabetic educator, nutrition counseling.
- Diabetes Center, Hired endocrinologist, public speaking events
- I've heard of classes assisting with diabetes and obesity
- They have DPP to help with the prediabetes and the nurses educate on diabetes.
- Speaker brought in to address diabetes.
- Dialysis centers
- Information and classes available for diabetes control
- Excellent effort to educate the public.
- Group led by dietician very valuable
- I have seen information pamphlets, and Tidelands Health stands at various events
- Pre diabetes class, outreach at events addressing diabetes
- Nutritional education and management of blood glucose parameters
- Help patients with strips and meters that they cannot afford
- TH has a program that monitors A1c of employees participating in the Well Excel program and it has a community diabetes education program.



**Q16: Cancer: Please share what you have seen done by Tidelands Health to address Cancer.**

Response Themes	Number of Time Mentioned
Unknown	313
Increased outreach/education	61
Cancer center	37
Screening/mammography	36
Treatment	31
Expanded oncology	27
Breast cancer walk	19
Programs, unspecified	16
Referrals	10
Increased awareness	8
Support groups	6
Partnerships	5
Classes/seminars	3
Research	3
Care coordination	2
Diagnosis	2
Financial aid for cancer patients	2
All others (less than 1 mention)	42
	Answered 633
	Skipped 1,445

**Key Comments:**

- Community education, access to healthcare for uninsured/underinsured folks that may be at risk
- Excellent care for breast cancer
- They provide care through clinics
- Cancer center and team focused care
- Partner with MUSC for cancer care
- Group settings
- Free mammogram
- Clinic, reading material, counseling and reviews
- Flyers and participate in community screen events
- Breast cancer walk
- I have seen information pamphlets, and Tidelands Health stands at various events
- Follow up with patients after discharged

**Q17: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Cancer	55	9	59	240	949	1,312	4.54
Heart Disease	49	11	67	282	900	1,309	4.51
Mental Health	58	14	96	250	890	1,308	4.45
Diabetes	44	16	101	322	825	1,308	4.43
Children's Health	54	27	108	242	846	1,277	4.41
Women's Health	43	18	114	305	797	1,277	4.41
Stroke	55	17	102	328	798	1,300	4.38
Obesity	50	41	139	300	773	1,303	4.31
Alzheimer's and Dementia	64	28	132	339	747	1,310	4.28
Lung Disease	58	30	135	348	728	1,299	4.28
Kidney Disease	55	28	153	339	729	1,304	4.27
Liver Disease	64	41	185	340	669	1,299	4.16
Dental	45	57	246	357	600	1,305	4.08
Other (please specify)						57	
						Answered	1,330
						Skipped	837

**Other:**

- Seizures and Mental health
- HIV and STI Education, Prevention and Promotion
- Alcohol/Substance use
- Autism and Epilepsy
- Transgender Mental Health and physician care.
- PTSD
- Autoimmune diseases -Lupus, other rare diseases
- Mental Health
- Drug Addiction
- Ent. E do. Neurology rheumatologist
- Men's Health
- Children's daycare
- Response to inter office referrals and scheduling
- Social media/apps influence
- Men's Health

- PTSD
- Lupus
- Addiction
- Involve community more
- Autoimmune diseases & non- Parkinsons non-RLS movement disorders both rate 5
- Men and women
- Men's Health
- Addiction
- Addiction
- Orthopedics is very important
- Arthritis, eye disease, orthopedic
- Autism services
- Sickle Cell
- Children's Mental Health
- Female GYN should be available
- Sjogren's Syndrome, RA, Chronic Fatigue
- Substance abuse
- Rheumatoid arthritis
- Holistic Health Care very important
- Men's Health
- Lgbtq
- Inability to see doctor for any of the above in a timely manner
- Need to help people get off meds.
- Physically handicapped restricted to home without assistance
- Pain management is very important. It is currently extremely over regulated. Patients are discriminated against and are stigmatized as “druggies” and “pill seekers”.
- abuse of opioids
- Substance abuse
- Alcoholism and other substance abuse
- Testing for learning disability such as Adult Attention Deficits or Childhood learning disorders, this should be offered through a hospital community outreach program.
- Arthritis; Chronic Pain

**Q18: Please rate the importance of addressing each community factor on a scale of 1 (not important) to 5 (very important)**

	1	2	3	4	5	Total	Weighted Average	
Access to Childcare	81	65	152	298	699	1,295	4.13	
Access to Exercise/Recreation	46	64	237	383	574	1,304	4.05	
Access to Healthy Food	40	37	167	344	718	1,306	4.27	
Access to Senior Services	46	36	148	346	733	1,309	4.29	
Affordable Housing	69	44	155	277	758	1,303	4.24	
Community Safety	35	30	140	304	786	1,295	4.37	
Education System	44	40	116	277	822	1,299	4.38	
Employment and Income	53	28	145	321	745	1,292	4.3	
Health Care Services: Affordability	29	14	74	217	964	1,298	4.60	
Health Care Services: Nearby Location	35	24	100	294	847	1,300	4.46	
Health Care Services: Prevention	29	27	132	330	769	1,287	4.39	
Safe Housing	44	33	150	348	692	1,267	4.27	
Social Connections	54	81	300	398	444	1,277	3.86	
Social Support	50	69	280	403	478	1,280	3.93	
Transportation	46	54	200	342	628	1,270	4.14	
Other (please specify)	25							
							Answered	1,321
							Skipped	846

**Other:**

- Timely care. Wait times for appointments for specialists and primary care physicians can be long, impacting successful outcomes.
- Access to mental health care
- Older no kids
- social media/app influence
- High quality childcare - very important
- Reliable transportation is critical to health care. Providing rides to doc appts, etc. where the user can be picked up at home.
- Domestic violence/child abuse are the safety issues in which you should continue your efforts.
- Affordable healthy food

- personal contact daily
- access to internet and other technology such as mobile phones, etc
- There are not a sufficient number of providers to care for the growing communities.
- Mobile support systems
- support for caregivers
- after care
- Getting people back to working.
- Better community outreach programs offered by the hospital, better public services programs, better communication. Better training of staff to promote communicate with community. Better volunteer programs outreach, there are hundreds of retired nurses, teachers, priest, veterans, people with prosthetics, cancer survivors etc that are willing to volunteer to help.
- Quality medical care and ease of access which is difficult in this area

**Q19: Please rate the importance of addressing each personal factor on a scale of 1 (not important) to 5 (very important)**

	1	2	3	4	5	Total	<i>Weighted Average</i>
Diet	40	37	164	367	689	1,297	4.26
Drug/Substance Abuse	107	39	115	245	781	1,287	4.21
Employment	93	41	154	342	656	1,286	4.11
Excess Drinking	122	49	179	330	605	1,285	3.97
Livable Wage	71	34	134	264	775	1,278	4.28
Physical Inactivity	58	47	194	379	602	1,280	4.11
Risky Sexual Behavior	120	75	239	328	507	1,269	3.81
Smoking/Vaping/Tobacco Use	132	52	171	309	613	1,277	3.95
Other (please specify)						14	
						Answered	1,312
						Skipped	855

Other:

- Environment conditions
- All are important but some are too personal to address openly.
- State of SC needs to approve medical marijuana
- most of these are personal choices and support is often not accepted
- Overall safety
- All of the personal factors above are equally important and need to be addressed holistically to adequately manage as best of a healthy lifestyle as possible.

**Q20: Disaster response in my community (storm, fire etc.) is historically:**

Answer Choices	Responses	
Very good, with minimal disruptions to health care	54.06%	673
Fair, with temporary but significant disruptions to health care	21.20%	264
Excellent, with continued access to health care	17.03%	212
Poor, with significant, lasting, disruptions to health care	7.71%	96
	Answered	1,245
	Skipped	922

**Q21: Overall, how much has the COVID-19 pandemic affected you and your household?**

Answer Choices	Responses	
Noticeable impact, changed our daily behavior	41.56%	505
Some impact, has not changed daily behavior	31.52%	383
Significant daily disruption, reduced access to needs	13.91%	169
No impact, no change	10.62%	129
Severe daily disruption, immediate needs unmet	2.39%	29
	Answered	1,215
	Skipped	952

**Q22: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)**

Answer Choices	Responses	
Employment	66.30%	720
Education	50.74%	551
Social support systems	42.73%	464
Access to health care services	41.07%	446
Childcare	40.52%	440
Food security	39.78%	432
Poverty	33.24%	361
Housing	30.29%	329
Public safety	30.29%	329
Nutrition	26.06%	283
Racial and cultural disparities	24.31%	264
Transportation	23.76%	258
Other (please specify)	6.72%	73
	Answered	1,086
	Skipped	1,081



**Q23: Have you or your family delayed using any of the following health care services during the COVID-19 pandemic? (Please select all that apply)**

Answer Choices	Responses	
None of the above	43.69%	519
Primary care (routine visits, preventative visits, screenings)	26.26%	312
All types of health care services	18.27%	217
Specialty care (care and treatment of a specific health condition that require a specialist)	17.17%	204
Elective care (planned in advance opposed to emergency treatment)	14.65%	174
Urgent care/Walk-in clinics	14.06%	167
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	10.77%	128
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	9.18%	109
Other (please specify)	3.62%	43
	Answered	1,188
	Skipped	979

**Comments:**

- missed routine check up because of Covid
- Reduced human contact
- Dental, eye
- Colonoscopy
- Outpatient testing so to avoid entering a hospital
- uninsured dental services
- My eye doctor didn't care about my eyes
- Vision care
- Delays are due to public health policy; restrictions by medical facilities
- Dental
- Physical therapy and exercise facility
- Some preventative test were delayed due to the pandemic.
- Dental
- Dental services
- Doctors not able to provide available and timely services
- Dental care

- lack of appointments; lack of hospital beds.
- Nonessential tests
- Dental
- Reluctancy of doctor's offices to see people in the beginning of the pandemic.
- dental and vision, physical therapy
- Yes, avoided sick people or exposed people
- We have continued taking care of our health needs.
- Dentist
- I still have Covid so it is still disrupting normal physician visits
- Dental visits
- Dental
- Dental

**Q24: How can health care providers, including Tideland's Health, continue to support the community through the challenges of COVID-19? (please select all that apply)**

Answer Choices	Responses	
Serving as a trusted source of information and education	76.46%	786
Providing community testing and resources like masks and at home tests	58.07%	597
Offering alternatives to in-person health care visits via Telehealth or virtual care	53.50%	550
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	46.40%	477
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	45.43%	467
Sharing local patient and health care providers stories and successes with the community	25.58%	263
Other (please specify)	10.70%	110
	Answered	1,028
	Skipped	1,139

**Comments:**

- Return to normal activity
- OPENING MORE RESORCHES THAT ARE NOT TELEHEALTH
- Community Clinics with reduced cost or free service
- Vaccines

- I just wanted to thank you for posting daily hospitalization counts.
- Provide free mental health support groups to the community
- Have more providers/appointments available - cardiology appointment cancelled 4 times delaying care each time by another month.
- Wellness Center with fitness and nutritional counseling and training, groups with similar diagnosis to inspire hope and accountability led by health coach and access to childcare for patients that can't afford care and are uninsured. Preventative services for children in child care that are predisposed to developing chronic illness without learning strategies to manage health
- At this stage of the COVID pandemic, i believe they need to be a source of returning to normal if the current levels of infection are low.
- Reliance on computers is risky because many households still do not have computers or access to Internet.
- making people mask up when in Tidelands
- They have done it all
- Being available
- No Wi-Fi unable to do virtual education and doctors appointment
- Start a communication system for patients with multiple doctors, prove patient portal success in usage,
- Doing the health care job with pride and care recognizing the risks but not putting excess restrictions on patients and the general public
- Accurate information is of the utmost importance. Covid has become too political and divisive.
- Offer maternity classes, breastfeeding information and classes
- my chart and patient portals are terrific
- Just all around the best healthcare
- Return to normal operating procedures
- Maintain employee consistency -- too many Tidelands providers have left your practices, making access to healthcare services difficult for many.
- Increase Media outreach - TV, Radio, social media
- increase # of PCP's and offer evening/weekend office hours
- telecommunication only works if you have a computer & the internet
- Commercials
- Be available when needed.
- Healthcare provider have all the above
- Use the science to reduce the fear and isolation of people
- Make it easier to find a Primary care provider.

- Tidelands in Market Common has been excellent during COVID
- providing long term care support, esp at home
- Learn about the virus and Long Covid and how or how not to care for patients who are impacted.
- The covid number count that Tidelands shared on Facebook was really helpful!
- Many in rural areas do not have access to transportation, virtual care, or digital communication channels.
- Traveling dental clinics
- Timely appointments
- Stay informed on alternative/ new therapies.
- offering valid scientific information about the precautions needed for Covid protection
- Staffing
- direct contacts with patients regarding vaccination status
- I do not believe that virtual information is able to reach the very low income population of our community nor do they often completely understand what is provided.
- Provide accurate information
- We need more qualified doctors, more office locations!!!
- Improve access to primary care & urgent care options
- Timely respond to inquiries as to treatment options,
- Make is easy to make appointments with related health care providers
- Treat instead of endless; needless testing
- Increasing the number of providers, preferably quality providers
- Address Long Haulers
- MOBILE CLINICS,POP -UP SITES LIKE WERE DONE FOR COVID TESTING.

**Q25: COVID-19 has led to an increase in virtual and at-home health care options, including TeleHealth, telephone visits, remote monitoring, etc. What options do you believe would benefit the community most? (please select all that apply)**

Answer Choices	Responses	
Video visits with a health care provider	61.32%	699
Telephone visits with a health care provider	53.51%	610
Patient portal feature of your electronic medical record to communicate with a health care provider	49.82%	568
Smartphone app to communicate with a health care provider	46.67%	532
Virtual triage/screening option before coming to clinic/hospital	44.82%	511
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	44.47%	507
Other (please specify)	5.96%	68
	Answered	1,140
	Skipped	1,027

**Comments:**

- In person
- Return to normal activity
- increased in-person support especially for the pediatric population
- Caring Professionals and Staff
- Inperson visits. Do not feel virtual visits fill the needs of an actual appointment
- I do not agree with video visits, mental health can't be viewed over a screen
- Patient portal very important - some tidelands providers choose not to have one.
- a lot of people in my area are old, on disability and dont have access to a computer nor know how to use one.
- Centralized scheduling
- The onset of virtual/digital accessibility is difficult for seniors to navigate.
- All options would work assuming individuals have effective communication
- Im not sure if Im ok with video visits
- People need access to these options but Wi-Fi and education on how to access
- determining how best in each individual case to contact and be in reasonable communication with that person on a reliable and caring manner.
- Get back to in person contact with your doctor!
- Informing people how to go forward as we are going from a pandemic to endemic situation in our Country.

- More free transportation to appointments
- Patient portal feature would be hugely helpful
- Patient portal that works!!
- In person appointments.
- Please allow communication with provider
- Quit depending on Technology and remember how to do it manually.
- All of the options listed should be pursued since residents have different ways and abilities to communicate.
- internet access for all including rural residents
- in home visits for homebound elderly ( not virtual)
- there is nothing better than an in-person evaluation.
- only works if you have a computer & the internet
- Telehealth still cost \$\$ to the working American citizen, but less than adequate health care is received in most cases.
- But once a year you must see your Dr in person. It should be a MUST
- too many who need care do not have access to computers and smart phones
- Have TeleHealth appointments covered by health insurance companies
- personal options are important to older people who are not comfortable with telecommunications
- I prefer in person visits.
- Older people do not know electronic communicate.
- Many people do not have access to technical equipment
- personally do not like the digital visits and feel they should only be used instead of a routine visit, where no major health concerns need to be addressed
- Allow online dr visit for patients under pain management, receiving pain medication, rather than mandatory in person visit
- virtual and portal is great for much of the population. However it is those that do not have access or the ability to understand video or I phone communication
- A hospital
- More in person visits
- Make info more acceptable
- Just being able to get a knowledgeable provider on the phone in a timely manner would be a good start

**Q26: What health care services/programs will be most important to supporting community health as we move into the future? (please select all that apply)**

Answer Choices	Responses	
Primary Care	84.80%	1,021
Elder/Senior Care	65.61%	790
Mental Health	61.71%	743
Specialty Care	55.40%	667
Emergency Care	51.66%	622
Urgent Care/Walk-in Clinics	51.58%	621
Women's Health	47.84%	576
Chronic Disease Management Programming	46.43%	559
Pediatrics/Children's Health	46.18%	556
Substance Abuse Services	43.94%	529
EMS/Paramedic Service	37.87%	456
Other (please specify)	3.07%	37
	Answered	1,204
	Skipped	963

**Comments:**

- Mental Health awareness
- LGBTQIAT care
- Physicians who specialize in Autism and special needs for Adults
- Wellness Center to integrate medicine, nutrition, and fitness
- Men's Health
- Autoimmune disease education for your other providers & better accessibility to current medical research for your patients!
- A method to see our regular doctor/nurse as needed without waiting weeks. It is not good to be passed off to a new doctor, etc that doesn't know me or I don't know.
- NEED MORE EMS AND FIRESTATIONS, NOT ENOUGH HERE WITH ALL THE ADDITIONAL HOUSES AND POPULATION.. CRITICAL NEED MROE FIRE DEPARTMENTS! LABOR DELIVERY IN GEORGETOWN IS CRITICAL; WALK-IN PEDIATRICS ON WEEKENDS IS CRITICAL ALSO
- Took 3-4months to get a new patient appointment
- due to lack of primary care Staff it is difficult to get an appt with your primary care DR
- rehab
- Dental/eyecare
- Triage with MUSC
- Need help setting up portals

- Diabetes Educational Support Group
- More practitioners of all kinds with hours that meet the whole communities need not just retirees who finish there day's activities in the early afternoon
- Having access to specialty services and well visits
- All of the normal services
- MEMORY CARE
- not all physicians provide enough info and support; urgent care facilities lack urgent personalized care
- Dental
- More pulmonologists in our area
- transportation costs for transporting patients to routine doctor's appointments is outrageously high
- Men's Health
- Exercise facility and programs
- Tidelands needs its own urology department.
- Treating chronic pain
- ALL - need to provide for all population types in unison to avoid imbalance.



**Q27: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future**

- Daily social interaction
- People with diabetes have other comorbidities like vision problems. There is a need for uninsured people to get vision care like routine eye exams, cataracts and retinal specialists.
- Phone visits
- Have nurse anesthetists on call for ER patients who need sedation/local anesthesia in order to get proper testing like CT or MRI to find out cause of pain or discomfort.
- Transportation
- COVID might be here to stay. There should always be a testing site in case one would like to be tested!
- Continued messaging with information and guidance through broadcast and social media. Easier, quicker access to appointments.
- Increasing primary care availability and mental health resources
- Free clinics, low cost, low wait dental, mental health care
- Outdoor triage/testing/screening for all issues at all doctors offices.
- Mobile testing and vaccination trailers like blood drive ones. We'll be in your neighborhood tomorrow announcements. etc
- Financial assistant
- Making the community safe with proper protection and protocol, and enforcing said protocol.
- Continue present services and implement other services as needed
- i think if there were more flyers for the people in my community to read, it would probably help.in my church which in in another county, I am on the health ministry and we spread awareness in the church and community monthly.
- Information needs to be posted on all platforms available so that it reaches everyone
- Billing transparency in advance
- keep testing and maybe help with more supplies and educations about covid
- Your doing great. It's just going to take time. We just need to be better prepared for what ever comes next.
- We need more primary care physicians with lower daily patient counts. When my family is sick, I want to see my family doctor. We have been turned away from walk ins multiple times while coming in at opening. There has to be at least one opening a day for walk ins with family doctors.
- Groups
- Transportation

- Financial cancer treatment support
- More testing sites. Continue to convey the importance of getting tested and wearing masks.
- Transportation
- affordable rapid results...
- More providers and resources for patients to access care easily
- Excess to doctors more education
- Focus on staying active and healthy instead of scaring everyone to stay home and become overweight and depressed.
- Help with the housing problem
- More clinics
- More mental health services, community support groups, virtual visits
- Sharing information on how to minimize the transmission of COVID 19. Also sharing of accurate positive cases of COVID 19.
- Still having access to health care during a pandemic and being kept safe while in your facility.
- Additional NP staff to conduct tele-visits for basic follow-up, and hospital follow-up appts.
- Education, education. Also, getting people that are in need the proper education on how to care for themselves and how to make sure each and every family has health coverage of some kind
- More providers with more appointment availability. Often it is hard to get an appointment within a reasonable timeframe. Waiting 1-2 months is too long and forces patients to seek care elsewhere. Also, making scheduling an appointment easier would be helpful. If a patient is unable to answer when called, it is almost impossible to call back and have someone answer and schedule an appointment timely. Referrals sent by outside physicians do not seem to be a priority. Referral appointment should be called within 5 business days max.
- The kids have been hit hard by COVID, they really need extra support.
- Scheduled, regular medical transportation... traveling PA's and nurses for home visits
- employment opportunities, housing, food
- address children behavior because school were shut down and mental health and stress on teachers
- Wellness Center with Child care and nutrition counseling
- Financial assistance, specialty care, transportation
- Delivery of prescriptions, meals, healthcare products via drones.
- More availability of primary care physicians
- Access to mental health resources and telephone question and answer for better ways to protect yourself.
- Ensure all residents of a community know firsthand of help available to them and provide transportation to those who have no access.

- Better safety measures when entering a medical facility, such as, designated entrances for highly communicable diseases. People with covid should not be sitting near or next to patients with other ailments. Telehealth mental health services should be available to all people.
- Being able to have at home doctors visits
- I feel like marketing targets those who are already sick and older. I strongly believe that these resources and interventions mentioned throughout the survey should be marketed to young people as well. Once we are chronically sick and too old to recover it's too late.
- Have a separate area to triage and examine possible infected patients from patients with other medical conditions.
- Having a robust MH system other than WMH; psychiatrists in the area that will take medicaid patients
- Being proactive in dealing with Covid rather than reactive.
- Many people relied on the internet and phones for services, but for those without access or ability to use them would be lost. It's important to remember that not every one is computer savvy and heavy reliance on digital services will miss people. Transportation will also be a problem.
- Improve what is already in place. Make new technology work for all community residents.
- food and housing
- checking on the edelerly, supplying mask and equipment to the ederly
- Wellness services for physicians, nurses, and Advanced practitioners to ensure they are healthy and avoiding burnout.
- Wear mask and social distance
- Health fairs
- Education resources
- get out in the community to visit those that cant get out and support of medicine
- Trying to get more appointments and make getting them easier
- Education
- give out more information and supplies and more money
- Clinic
- Being available for testing and screening. Providing safety supplies
- More vaccinate site
- Medicaid expansion
- Health care that accessible, affordable and available in rural areas. Possible use of mobile health care units. Ensuring adequate time between practitioner and patient.
- Build more detox
- Hiring good quality primary care & special care doctors.
- More information with better detail from the health care system.

- I think that it is very important that even during covid times, that everyone be able to have someone with them at all of their appointments and emergency visits.
- Counseling
- Go to community centers , churches and place wherever they're is room for a meeting
- More Mental Health resources
- Assistance with coordination between the billing departments and the patient's individual insurance company
- mental health is a big issue, so is a livable wage and working from home
- having more than one doctor to see patients with diabetes as the current one is not very desirable, I would also like to see more in the way of diabetic education for pediatric patients as well as some support groups for people with diabetes of all ages
- Virtual meeting to update all healthcare team members of patient treatment (increase communication between doctors to maximize patient care)
- The accessibility/ availability of medical care facilities and professionals has been such a blessing these past few years as I work through my cancer treatments coupled with Covid-19 issues
- Better coordination of care among the various entities and agencies, better access to personal health information, better community awareness of how to access the right care and what is available.
- up to date, factual information. Ability to see a health care provider when needed, using precautions PRN
- Being able to see a doctor on a timely basis when you have a significant medical issue and not weeks later which is now the case.
- Preventive and educational efforts
- Make it possible to see a physician when necessary.
- The aged thought family need the most help
- It would be helpful for some of the Tidelands Health physician offices to remain open until 7 to allow family members to bring the patient after working hours rather than have to go to the ED. Maybe the providers and nurses could alternate so that not everyone worked until 7 everyday. It would also be helpful if there was a designated time that the physician or nurse could return a patient's phone call. Some of the patient's questions do not require a face to face visit while others do. The answered phone call could help determine that. This would increase customer satisfaction rather than how the system now makes the patients feel as if they are only valuable for the money that the insurance company or the patient pays.
- Continuing to serve the community needs and easily accessible healthcare
- Tidelands Physicians are difficult to make an appointment with for acute illness or problems. The focus seems to be on chronic illness and there are not enough physicians to handle acute problems.
- Health contact daily with seniors and children at risk. This would give knowledge of their health and in home situation.

- More testing sites, extended office hours to support working families and school age children
- Telegraph
- Access to testing and vaccines
- More specific information about availability, insurance converse, and how to access virtual visits or screening
- Affordable transportation is really lacking on the Strand !!! Especially for the elderly.
- Maintaining the ability to communicate with my PCP via a portal, for script refills, questions, etc.
- Impressed with Tidelands managing covid vacs at shopping center. Very well done.
- Easy access to vaccinations. Availability of KN95 or better masks.
- future ==need more staff including PA's to support DR's In most non urgent needs a PA is excellent
- Timely information, timely access to immunizations, timely access to emergency care
- Additional doctors and specialists who will remain
- Taking away the masks and allowing people to move forward
- more timely access to emergency care-our ERs are overloaded and patients are held way too long for beds in the hospital. Need more ER services
- Eliminate mask requirements
- MORE DOCTORS AND NURSES! EXTENDED EVENING HOURS AT DOCTORS OFFICE!
- You must improve your technology department. Your portal and your switchboard do not function effectively. Responses are very slow or not at all.
- Better screening of patient with adequately trained personnel. Better access to Protective personal equipment. Train personnel to triage patients for prioritizing care and not just tell them in the ER- You have to wait for 12 hours for a physician to see you.
- Tidelands needs to address staffing issues at clinics, labs, diagnostic centers, etc. It is difficult to obtain appointments for many services.
- Tidelands Health may consider a seminar room at the Inlet Square Mall similar to the one that Grand Strand Regional uses at Coastal Grand Mall.
- Can't think of anything.
- More information on state health insurance options for self employed
- Use digital media - smart phone, tablets, etc. to triage and pre-screen patients prior to on-site visits with providers or in hospital visits.
- you just need more doctor offices around.
- So many people do not have Smart Phones, Internet, Wifi, etc, so they still need a person to person situation
- Having more providers available for care in both specialty (Oncology and OB/GYN) and primary. Along with staffing to support patient care.

- Hire more medical and support staff.
- Nothing comes to mind; you are doing a great job
- more funding for EMS/paramedic services
- With the increase in population it seems like more of everything is needed :) Psychiatric services for this area - we have to utilize services through Grand Strand /because nothing is offered in this general area
- Transportation to and from MD appts for elders who cannot drive, evening hours for people who work
- Home testing
- easily available/affordable testing
- need endocrinology services
- Having information booths/tables at every school event, public events, car shows, popular tourist attractions
- We have been able to get all the care we have needed from Tideland's. Very pleased and always share with friends and family.
- Easy access to vaccines and test kits.
- Access to urgent care, COVID at home treatments.
- Being able to have visits without the red tape.
- Ongoing Access to 24-Hr. Medical/Mental/Dental Health Care, COVID Testing, Healthy Fitness Activities, Healthy Meals/Dieticians
- Adding licensed addiction counselors services to hospital services.
- Primary care had an overloaded work load during Covid. My view is our annual wellness visits fell short as they were rushed. Our long term health wellness is not being met.
- There should be free ambulance service and at home testing. Better ventilation systems in the hospitals and doctors offices. More honesty when it comes to testing and antibodies when it comes to a disease like COVID-19. Educating the community. Having people at the check-in entrance of the hospital to be more polite to people visiting the hospital.
- Make it easier to locate a Primary Care Provider. Have persons available to return a phone call and make appointments.
- Physicians &/or Assistance should return calls Asap.
- Access to more doctors so as to be able to access new doctors in a short period of time. Not being able to see a new doctor (ie a specialist) for months as a new patient is a crippling blow to maintaining good health.
- Nutritional information and diabetes education
- Satellite facilities in several areas where we can receive services related to the pandemic.
- Reliable information about community infection rates and precautions older individuals should take to protect yourself.
- Implementation of vaccine sites in rural areas, and better mental health services.

- more appointment availability for primary care and specialists. Capacity is very limited for the number of residents, especially with the demographic being 60+, more doctors are needed.
- Since the pandemic, it takes a long time to get an appointment for ANY medical service. In my opinion, this is unacceptable. Some people I know have suffered greatly because of this, up to & including death because they did not receive medical care in a timely manner.
- More options of appointments
- Health education programs at my 55 community.
- More communication as to where testing and shots will be available
- Mobile care in neighborhoods
- Virtual PCP visits. free transportation if on-site visit is needed. "Well check" calls to seniors
- Telephone checks in person checks, groceries
- Primary care doctors with experience and are here to stay
- Patient portal and communicating electronically and of course clearly.
- Community outreach through online and social media.
- More specialists. It takes too long to get appointments with cardiologists, etc
- We need more providers in the growing North Myrtle Beach area. It has been very difficult to find a dermatologist, dentist, eye doctor taking new patients and i drive 40 minutes for primary care. Support services are also important in a community with a lot of retirees, many of whom are single, such as what do people do if they don't have a driver and need one for something like a colonoscopy? If someone has a bad fall and needs in-home care but doesn't have family, there seems to be a shortage of care givers here for that.
- Mental health
- Awareness, restriction compliance
- Access to affordable healthcare
- Pediatric and women's health, chronic disease monitoring
- Accurate and consistent information and advice.
- Having vaccines available. Keep the public informed to subvert false information.
- Easy and fast access to reliable diagnostics and appropriate medications with multiple electronic contact and follow up options.
- As a medical professional I want to see Tideland's employees safe but also provide professional knowledge of COVID through appropriate training programs by Tidelands. I want staff to treat patients in a knowledgeable respectful manner demonstrating safe techniques such as proper mask wearing, proper sanitization of equipment, proper availability to hand sanitizer and mask for patients and employees. Outreach programs to help with testing/vaccines/teaching to employers - Tidelands is lacking in community teach programs in all areas. Most of all make sure staff show compassion, knowledge and respect to all community members that come to Tidelands Facilities as they are seeking help.

- I am impressed with your outreach to the community.
- Continue with the hard work, experiencing doing your job. Have better phone system
- Just be more transparent and always provide options. Please answer the phone and return calls
- Access to mental health support
- Vaccination centers were very effective at Inlet Mall. Increased community screenings held where people are, i.e., Walmart. Establish Tideland's as "The Expert" in community health issues to increase trust with residents.
- Open Dr offices
- Needed mental health and chronic disease access to care
- Access to vaccines. Access to Covid meds. Clear and easily understood information and ways to eliminate urban legend
- Do shopping online, having it delivered to your address.
- Alternatives to hospital visits, clinic ER, etc.