Here’s a look at the impact of our 2016 Community Health Needs Assessment:

Access to care

Increased focus on telehealth as an anytime, anywhere, anyplace source of access to consumers

- SmartExam registrations increased by 91% and increased utilization over 100%
- 49% of patients indicated that they would have received care at an urgent care or emergency department if SmartExam had not been available
- Expanded access to students through the creation of a school-based telehealth program providing services to three counties and 15 school sites

Overweight/Obesity

Launched or expanded educational and intervention programs

- Launched evidence-based youth program on obesity prevention and reduction provided to five elementary schools in Lower Richland and Sumter
- 94% of students participating in the program reported learning how to prepare a healthy snack at home
- Supported the FoodShare program, which includes healthy cooking classes and fresh foods
- Launched 12-week YFIT health education behavior change program at two locations in Sumter serving 171 adults with 70% of participant-reported weight loss

Hypertension

Launched or expanded educational and intervention programs

- Launched 4 Check.Change.Control cohorts and Strongheart programs in partnership with the American Heart Association, which resulted in total average of 5 mmHg decrease in systolic blood pressure and total average of 4.4 mmHg decrease in diastolic blood pressure among participants
- 20% of participants reported improved health; 40% of participants reported improved hypertension knowledge 35% of participants reported increased self-monitoring
- Launched Holy Strokes and held 12 events, screening 289 participants at churches
- Expanded screening services to include blood pressure checks and referral to intervention programs

To read more about the Community Health Needs Assessment results and action plans, please visit PrismaHealth.org/CHNA.

See reverse side for 2013 Community Health Needs Assessment highlights. ➔
Access to care

Ambulatory Care Center for Evaluation and Stabilization Clinic (ACCES)

- Medical home management for patients at risk for readmission with multiple chronic diseases coupled with psychosocial issues
- From 2014–2016, the clinic received nearly 500 referrals
- 30-day readmission rates were more than 12% lower than the national average

Insurance education and support

- Insurance Premium Assistance Program (IPAP) managed by the Cooperative Ministry focused on assisting low-income community members by paying premiums for more than 1,600 clients
- ACA enrollment events with more than 34,000 people enrolled and 30-trained counselors on staff during 2015–2016 enrollment period

Dental

Launched multiple programs to support community dental needs

- United Way, Prisma Health (formerly Palmetto Health), Lexington Medical Center, Providence Health and a host of other partner community organizations led to the establishment of the Midlands Healthcare Collaborative. The first action of the collaborative was to form WellPartners and open a free dental and vision clinic for the community. This facility opened in March 2016 and dental services are provided five days a week
- Dental ED visits decreased by 40% per facility from 2013 –2015.

Diabetes

Launched Diabetes Prevention Program

- The majority of participants achieving measurable improvements in three or more indicators (86.1%)
- More than two-thirds (71.4%) of participants achieved measurable improvements in three or more indicators and saw a decrease in their hemoglobin A1c (HbA1c).
- 16.7 percent of participants who achieved measurable improvements in three or more indicators and saw their HbA1c return to the normal range (HbA1c ≤ 5.6%) after program completion
- The DPP program has an overall successful completion rate of 73.4% in FY 2015, which represents a significant increase from the FY 2013 overall successful completion rate of 62.2%.