

Newberry Health 2025 Community Health Needs Assessment

Approved by Board: September 23rd, 2025

Newberry Health



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Executive Summary

Newberry Health (or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) 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
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The health priorities identified by Newberry Health from this assessment are:



Increase Access
to Primary Care



Increase Access to
Preventive Services

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs, resources, and objectives to improve these health priorities in the future.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

1 

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4 

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. 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 community members cooperating in this study are displayed in the CHNA report appendix.

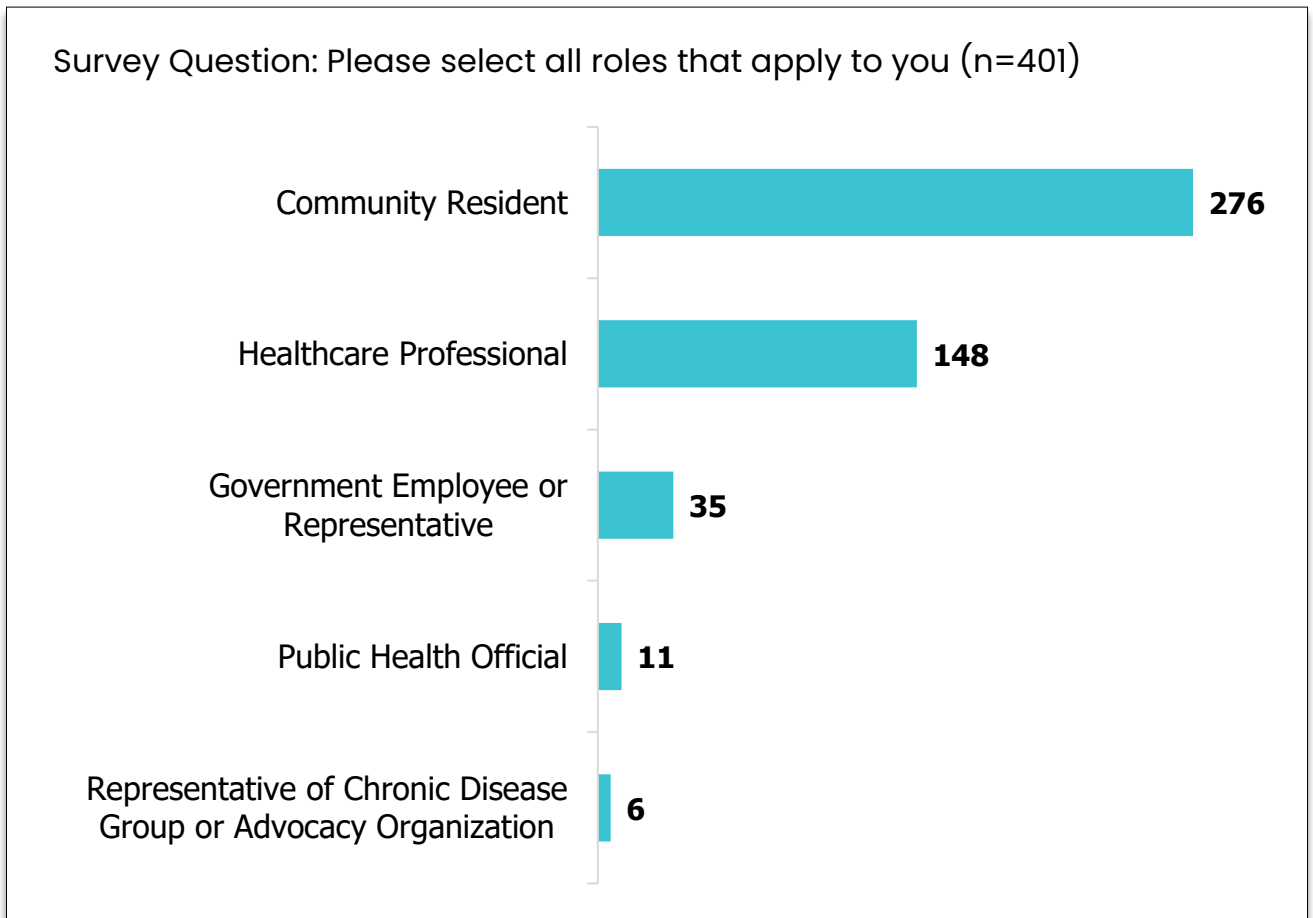
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA
- South Carolina Department of Public Health

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. 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 economic, racial, and geographically diverse population. Four hundred thirteen (413) survey responses from community members were gathered between April and May 2025.

Community Input

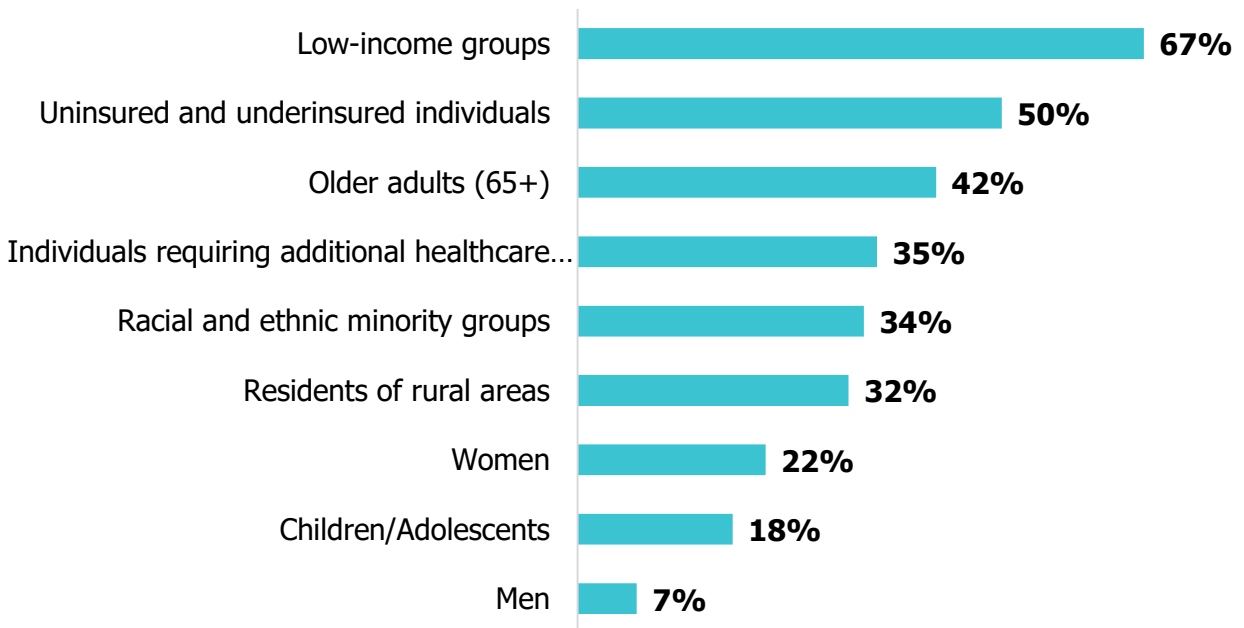
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, uninsured and underinsured individuals, and older adults (65+).
- Summary of unique or pressing healthcare needs of the priority groups identified by the respondents:

Healthcare
Affordability

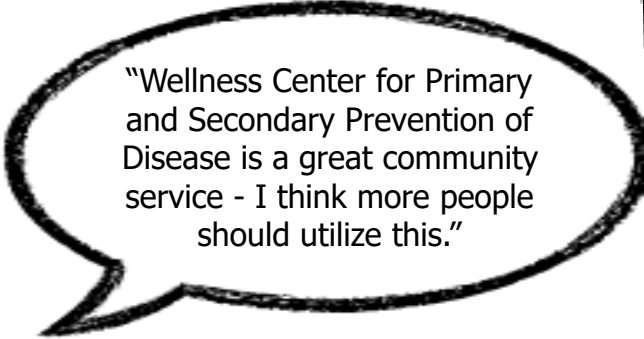
Health Literacy/
Education

Access to
Healthcare Services

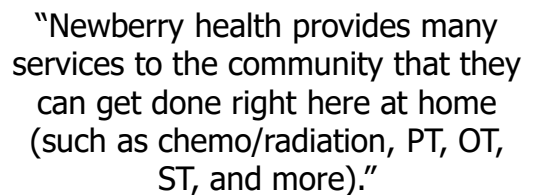
Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by Newberry Health since the 2022 CHNA and Implementation Plan were conducted. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.

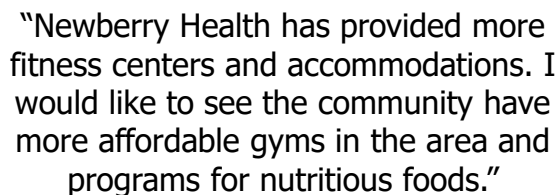
- Mental Health
- Diet, Diabetes, & Obesity
- Prevention & Chronic Disease Management




"Wellness Center for Primary and Secondary Prevention of Disease is a great community service - I think more people should utilize this."



"Newberry health provides many services to the community that they can get done right here at home (such as chemo/radiation, PT, OT, ST, and more)."



"Newberry Health has provided more fitness centers and accommodations. I would like to see the community have more affordable gyms in the area and programs for nutritious foods."



"Newberry Health has opened a new primary care clinic. It would be great to have access to specialists closer to home."

Impact of Actions to Address the 2022 Significant Health Needs

Mental Health

- Strengthened psychiatric evaluation team to assist in diagnosis and placement process.
- Provides community education on substance abuse and mental health counseling, resources, and treatment.
- Facilitates a community leaders' forum to discuss community issues and concerns.

Obesity/Nutrition

- Previously participated in the Wholespire (FKA: Eat Smart, Move More) Newberry County campaign, and now participates in the Live Healthy Newberry County Coalition to provide fresh food, healthy options, and wellness information.
- Facilitates Silver Sneakers exercise program for Medicare patients.
- Participates in local health fairs to provide education and blood pressure checks to the community.
- Offer numerous classes through the Wellness Center, such as seated aerobics, high-intensity training classes, and spin.

Prevention/Chronic Disease Management

- EMS, Mammography, and Hospital staff participate in community events and school visits to educate on healthy habits and chronic disease management.
- Opened Newberry College Clinic for college students and community members to provide primary care, as well as continued recruitment efforts for additional primary care services within the county.
- Emergency Department Navigation Services are provided for high-utilization patients who have Medicaid.

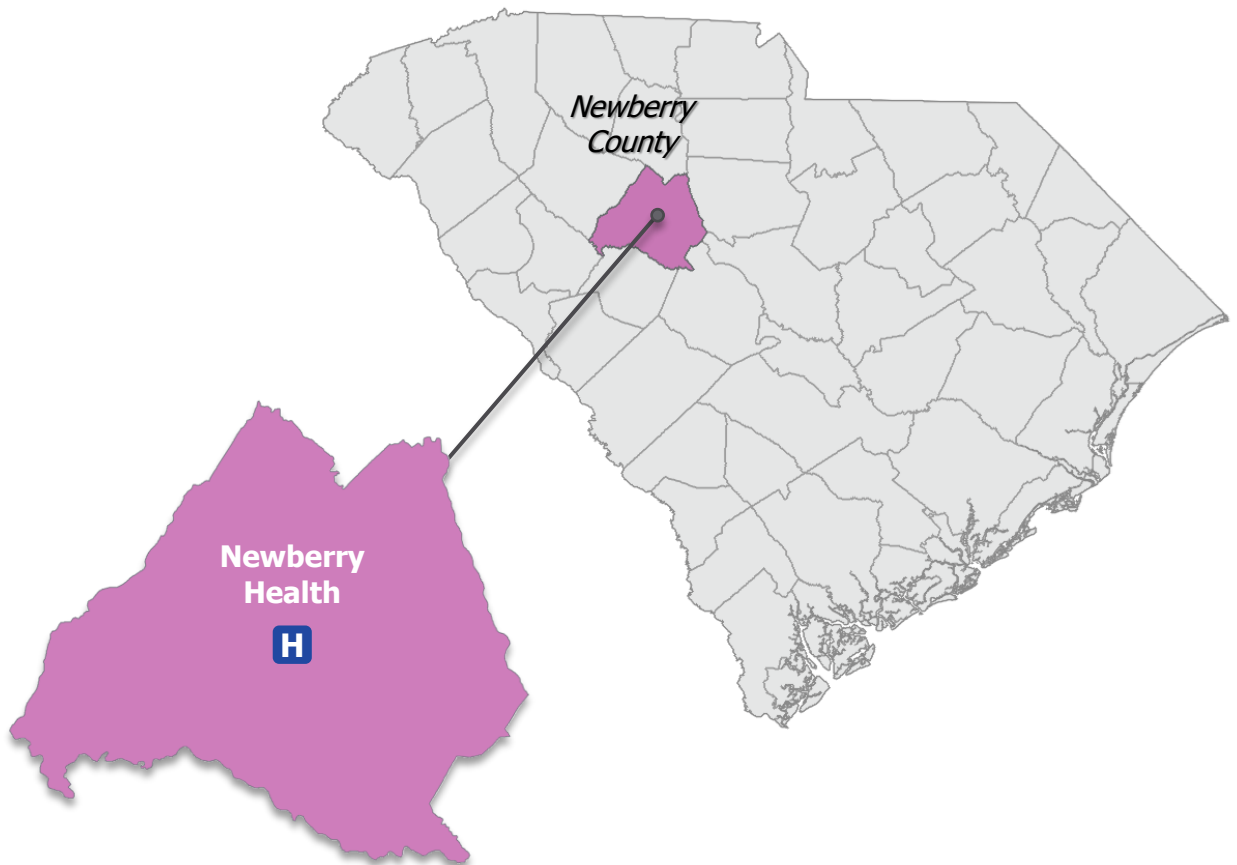
Community Served

For the purpose of this study, the service area is defined as Newberry County in South Carolina. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, Newberry Health is centrally located in Newberry County and serves as the counties only hospital.

Service Area

Newberry Health Service Area

Total Population: **38,825**

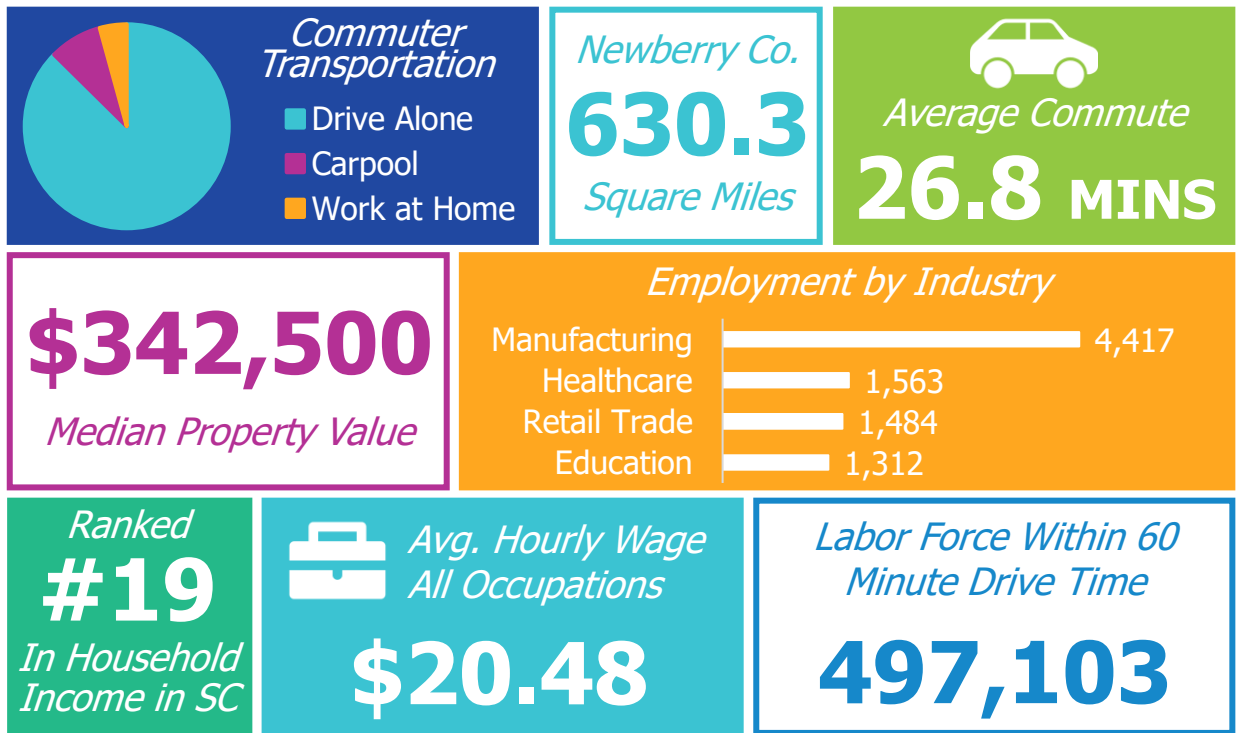


Source: County Health Rankings 2025 Report, ArcGIS

Community Overview

Newberry County is a rural yet economically diverse community with a population of over 38,000 residents. The county is located along Interstate 26 providing connectivity between the cities of Columbia and Greenville. The local economy is driven by a strong manufacturing sector (employing over 4,400 people), healthcare, and retail, with major employers such as Caterpillar, Kraft, Samsung, and Newberry Health playing pivotal roles. The average unemployment rate is around 4%, in line with state and national levels. Newberry County hosts two educational institutions, Newberry College and Piedmont Technical College-Newberry, which contribute to the local workforce.

A median home value of \$342,500 (as of April 2025) and a high homeownership rate of 85.4% in Newberry County indicate a stable and growing housing market with a 17.3% increase in median home value between 2024 and 2025. However, access to healthcare and transportation remains a challenge in some areas of the county, as most residents rely on personal vehicles, and the county is majority rural. In 2023, 84% of workers in Newberry County drove alone to work with an average commute time of 27 minutes. While the US Census Bureau defines Newberry County as 67% rural based on census tract population, the county is designated rural by the Rural-Urban Continuum Code (RUCC), the Urban Influence Code (UIC), and the Federal Office of Rural Health Policy Rural Areas (FORHPR).



Sources: Newberry County Economic Development, Central SC Alliance, South Carolina Department of Employment and Workforce, Data USA, NIH: HDPulse

Service Area Demographics

	Newberry	South Carolina
Demographics		
Total Population	38,825	5,373,555
Age		
Below 18 Years of Age	21.5%	21.3%
Ages 19 to 64	57.6%	59.4%
65 and Older	20.9%	19.3%
Race & Ethnicity		
Non-Hispanic White	60.1%	62.9%
Non-Hispanic Black	28.0%	25.3%
American Indian or Alaska Native	0.9%	0.6%
Asian	0.8%	2.0%
Native Hawaiian or Other Pacific Islander	0.3%	0.1%
Hispanic	9.5%	7.5%
Gender		
Female	50.8%	51.4%
Male	49.2%	48.6%
Geography		
Rural	67.3%	32.1%
Urban*	32.7%	67.9%
Income		
Median Household Income	\$59,670	\$66,818

Notes: *Urban is defined by the US Census Bureau as census blocks that encompass at least 5,000 people or at least 2,000 housing units

Source: County Health Rankings 2025 Report, NIH: HDPulse

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



413 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



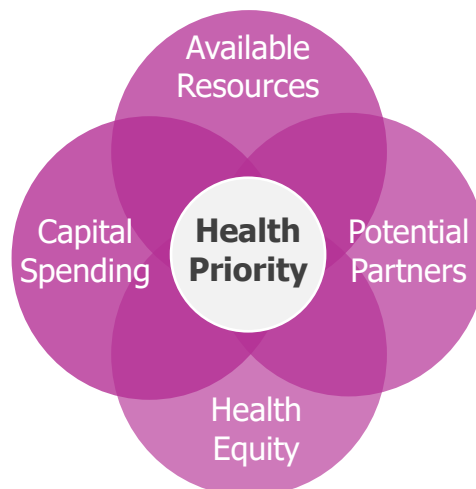
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Survey Health Priorities

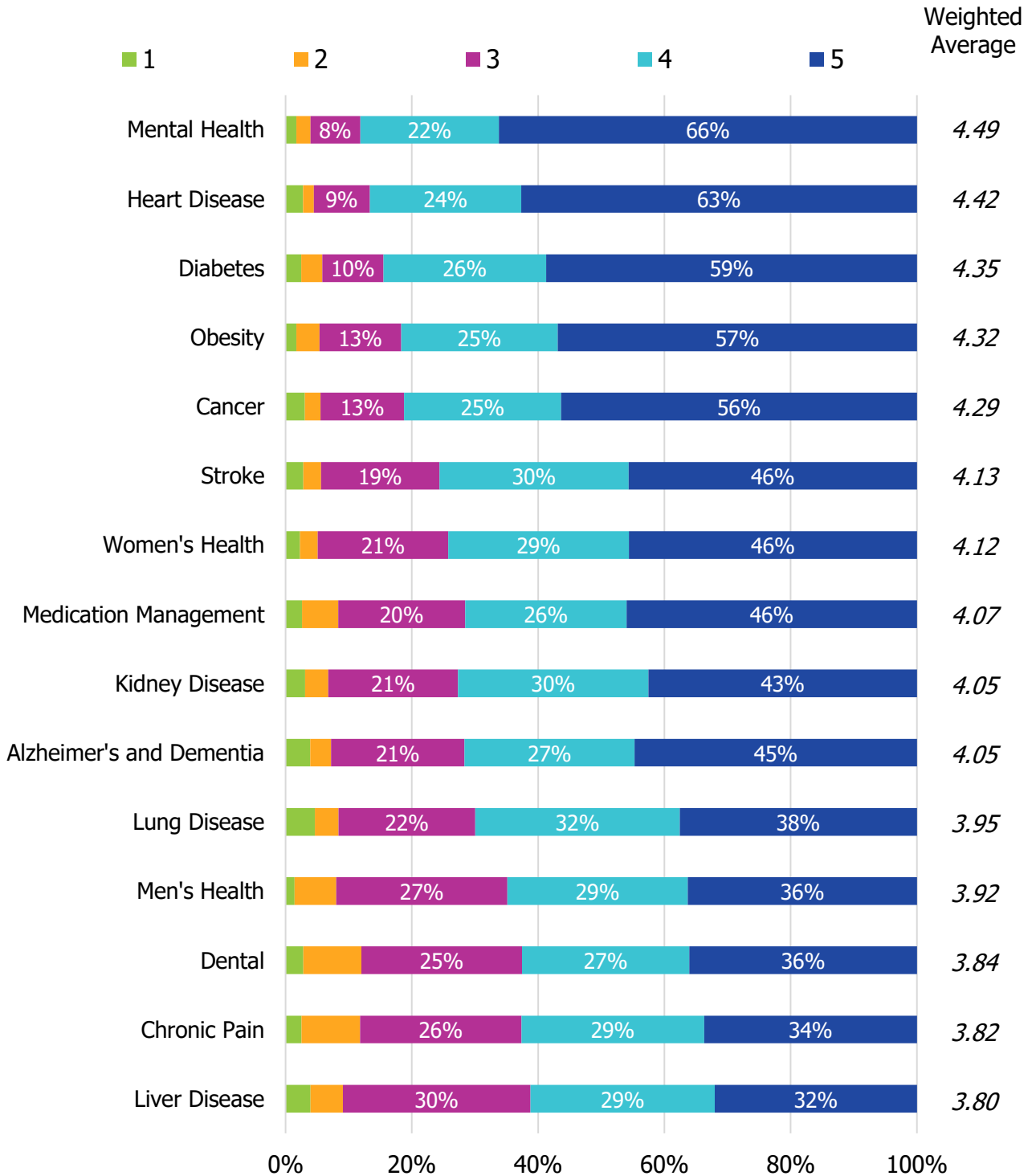
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

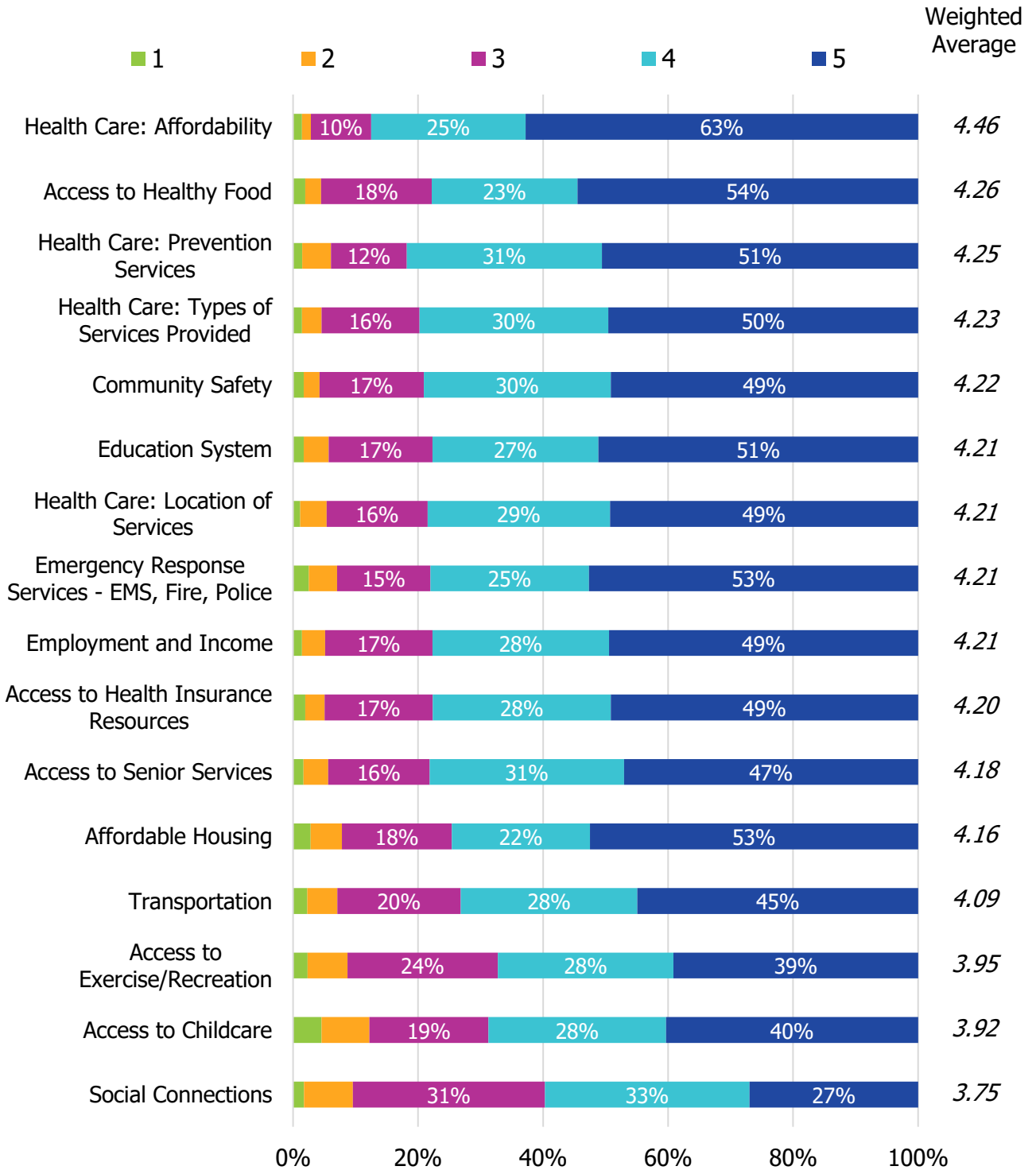
Health Factors

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



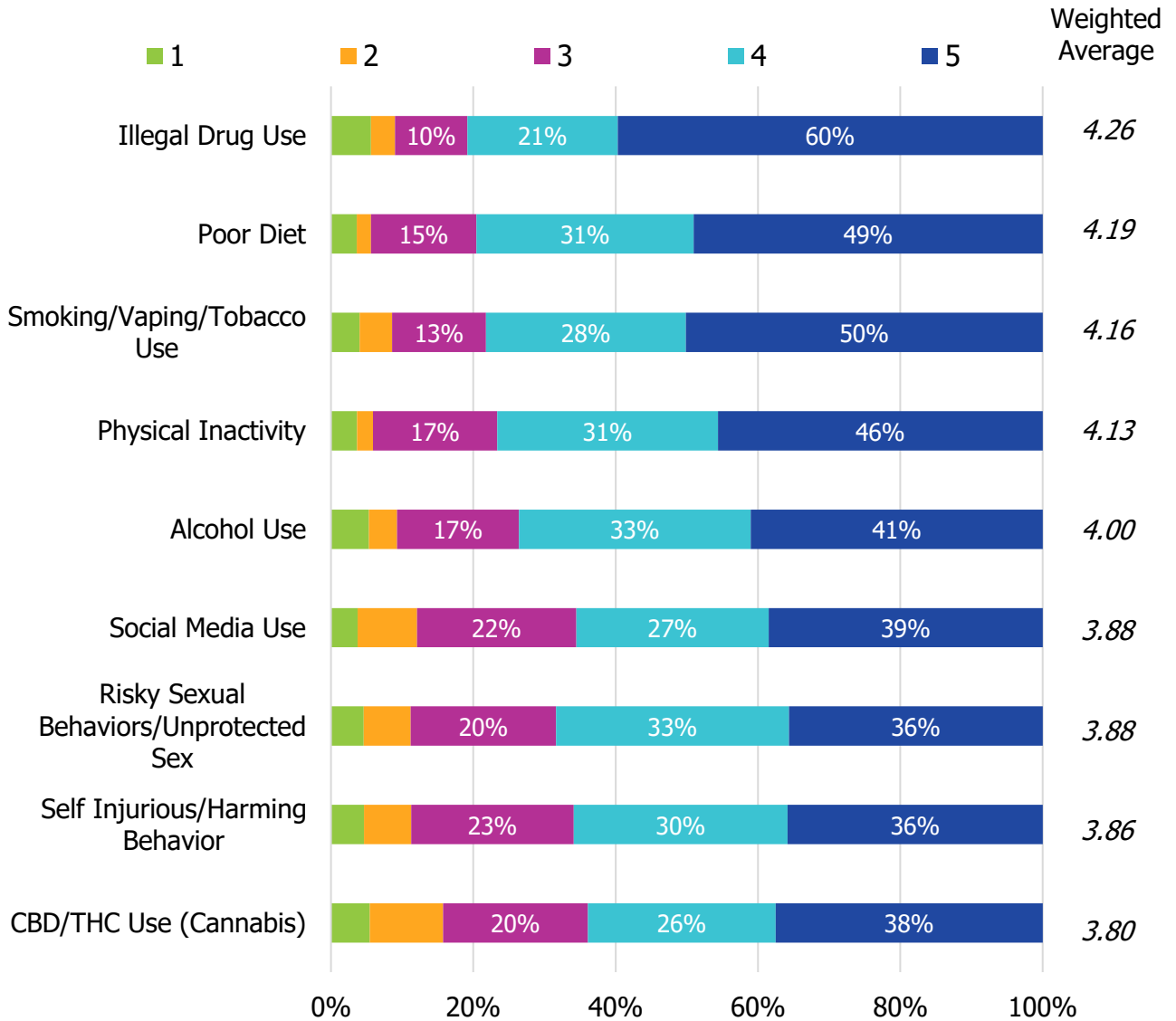
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking from Community Survey

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Mental Health	4.49	88%
Health Care: Affordability	4.46	88%
Heart Disease	4.42	87%
Diabetes	4.35	84%
Obesity	4.32	82%
Cancer	4.29	81%
Illegal Drug Use	4.26	81%
Access to Healthy Food	4.26	78%
Health Care: Prevention Services	4.25	82%
Health Care: Types of Services Provided	4.23	80%
Community Safety	4.22	79%
Education System	4.21	78%
Health Care: Location of Services	4.21	78%
Emergency Response Services - EMS, Fire, Police	4.21	78%
Employment and Income	4.21	78%
Access to Health Insurance Resources	4.20	78%
Poor Diet	4.19	80%
Access to Senior Services	4.18	78%
Affordable Housing	4.16	75%
Smoking/Vaping/Tobacco Use	4.16	78%
Stroke	4.13	76%
Physical Inactivity	4.13	77%
Women's Health	4.12	74%
Transportation	4.09	73%
Medication Management	4.07	72%
Kidney Disease	4.05	73%
Alzheimer's and Dementia	4.05	72%
Alcohol Use	4.00	74%
Access to Exercise/Recreation	3.95	67%
Lung Disease	3.95	70%
Access to Childcare	3.92	69%
Men's Health	3.92	65%
Risky Sexual Behaviors/Unprotected Sex	3.88	68%
Social Media Use	3.88	66%
Self Injurious/Harming Behavior	3.86	66%
Dental	3.84	63%
Chronic Pain	3.82	63%
CBD/THC Use (Cannabis)	3.80	64%
Liver Disease	3.80	61%
Social Connections	3.75	60%

Survey Ranking Comparison from 2022 to 2025

The 2025 Newberry Health CHNA survey showed significant progress in community engagement, with nearly 9 times more responses than in 2022. Mental health remains the top health concern, reinforcing a consistent community priority. Alternatively, healthcare affordability saw the greatest rise in importance, ranked #2 by the community in 2025, while it was outside the top ten in 2022. Overall, many priorities remained of high importance between 2022 and 2025, including heart disease, diabetes, obesity, and cancer, even with the significant increase in response rate.

2025 Newberry Health Survey (n=413)		2022 Newberry Health Survey (n=47)	
Top 10 Health Priorities	Rank	Top 10 Health Priorities	Rank
Mental Health	4.49	Mental Health	4.71
Health Care: Affordability	4.46	Diabetes	4.59
Heart Disease	4.42	Diet	4.58
Diabetes	4.35	Obesity	4.53
Obesity	4.32	Education System	4.47
Cancer	4.29	Heart Disease	4.42
Illegal Drug Use	4.26	Cancer	4.41
Access to Healthy Food	4.26	Health Care: Prevention Services	4.41
Health Care: Prevention Services	4.25	Drug/Substance Abuse	4.41
Health Care: Types of Services Provided	4.23	Alzheimer's and Dementia	4.37

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Newberry County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of the service area county to that of South Carolina can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #1 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Newberry County is 21.6 which is higher than the South Carolina average of 14.8 per 100,000 (CDC Final Deaths 2021).

Newberry County also has a significant shortage of mental health providers in the community where there is one mental health provider for every 1,339 people in the county compared to an average of one provider for every 437 people in the state.

	Newberry	South Carolina
Suicide Mortality Rate per 100,000 (2022)	21.6	14.8
Poor Mental Health Days past 30 days (2021)	5.9	5.2
Population per 1 Mental Health Provider (2023)	1,339:1	437:1
Adult Depression (2024)	21.1%	21.8%

Source: CDC Final Deaths, County Health Rankings 2025 Report, PLACES: Local Data for Better Health (2024)

Drug, Substance, and Alcohol Use

Newberry County has a lower drug-related overdose death rate compared to South Carolina overall. Prevalence of excessive drinking, alcohol-impaired driving deaths, and adult smoking are all higher in Newberry County compared to the state. Among non-fatal drug overdoses, the three most common analytes were tested to be methamphetamine, cocaine, and fentanyl.

	Newberry	South Carolina
Drug-Related Overdose Deaths per 100,000 (2020-2022)	33.1	39.2
Excessive Drinking (2022)	20.1%	19.9%
Alcohol-Impaired Driving Deaths (2017-2021)	37.9%	33.3%
Adult Smoking (2022)	17.0%	16.0%

Source: County Health Rankings 2025 Report

Percent of Positive Non-Fatal Drug-Overdose Test Results by Top Analytes

	Newberry	South Carolina
Methamphetamine	24.4%	26.3%
Cocaine	14.2%	18.3%
Hydrocodone	6.1%	12.9%

Source: South Carolina Department of Public Health, 2024

Chronic Diseases

Cancer

Cancer was identified as the #6 community health issue with 81% of survey respondents rating it as important to address in the community. Cancer is the leading cause of death in Newberry County (CDC Final Deaths). Additionally, 39% of survey respondents said they would like to see additional access to cancer care in Newberry County.

While Newberry County has a higher cancer mortality rate than South Carolina, the cancer incidence rate is lower compared to the state. A higher cancer mortality rate with a lower incidence rate suggests late diagnoses or limited access to quality care. This pattern often indicates barriers to early detection and treatment, particularly in underserved communities.

The top three cancers in Newberry County are female breast cancer, prostate cancer, and lung and bronchus cancer (SCDPH).

	Newberry	South Carolina
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	426.8	435.0
Cancer Mortality Rate per 100,000 (2022)	195.5	156.8

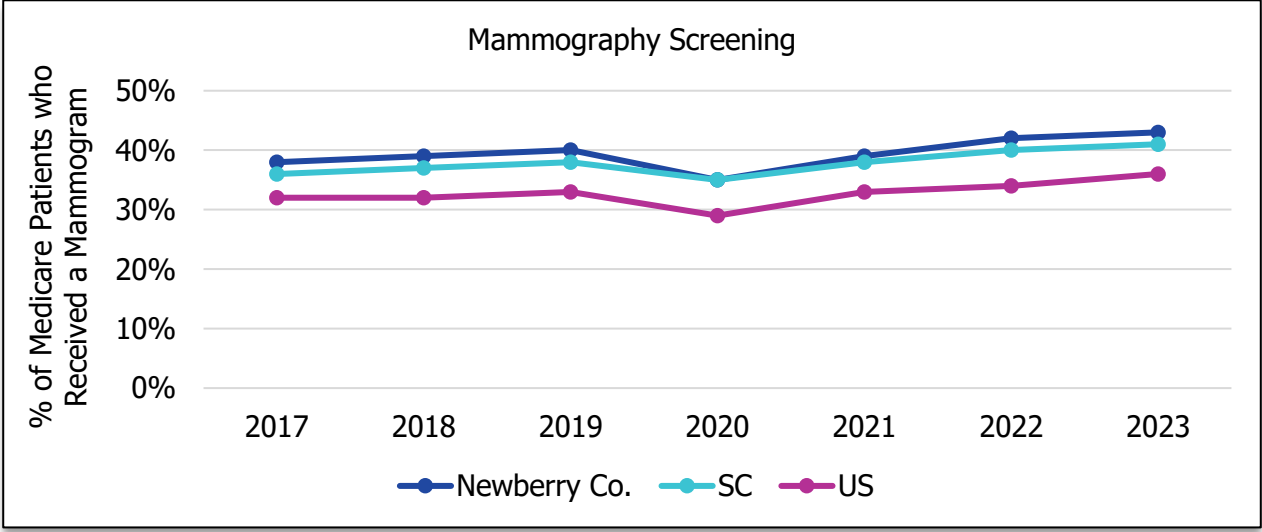
Source: CDC, National Cancer Institute

Top 3 Cancer Incidence by Age-Adjusted Rate per 100,000

	Newberry	South Carolina
Female Breast Cancer	142.5	133.7
Prostate Cancer	91.3	111.7
Lung and Bronchus Cancer	58.5	58.4

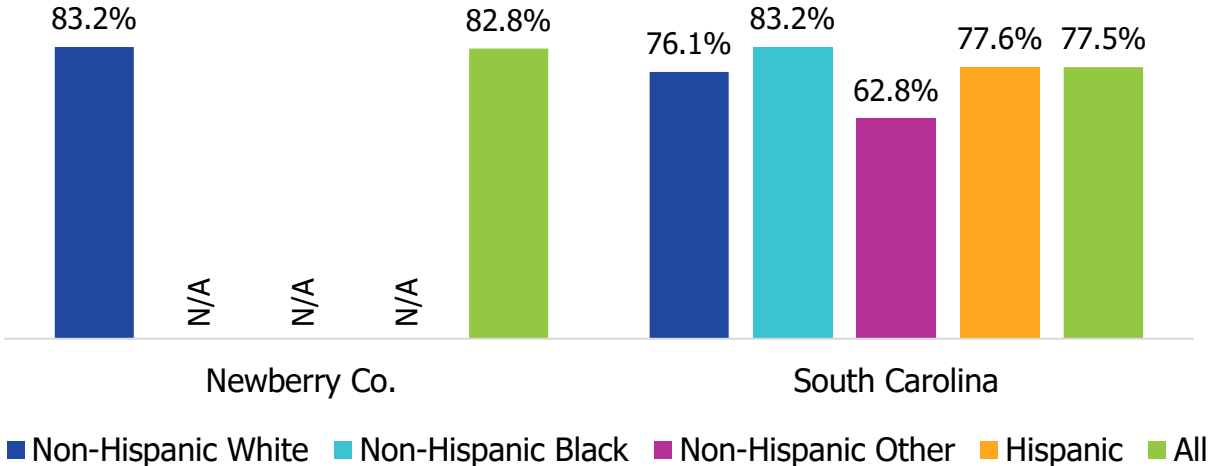
Source: South Carolina Department of Public Health, 2017-2021

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is higher in Newberry County compared to the state (43% compared to 41% respectively). These rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic. Additionally, Newberry County has higher rates of mammography screening among women aged 50-74 compared to the South Carolina average (83% compared to 78% respectively).



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

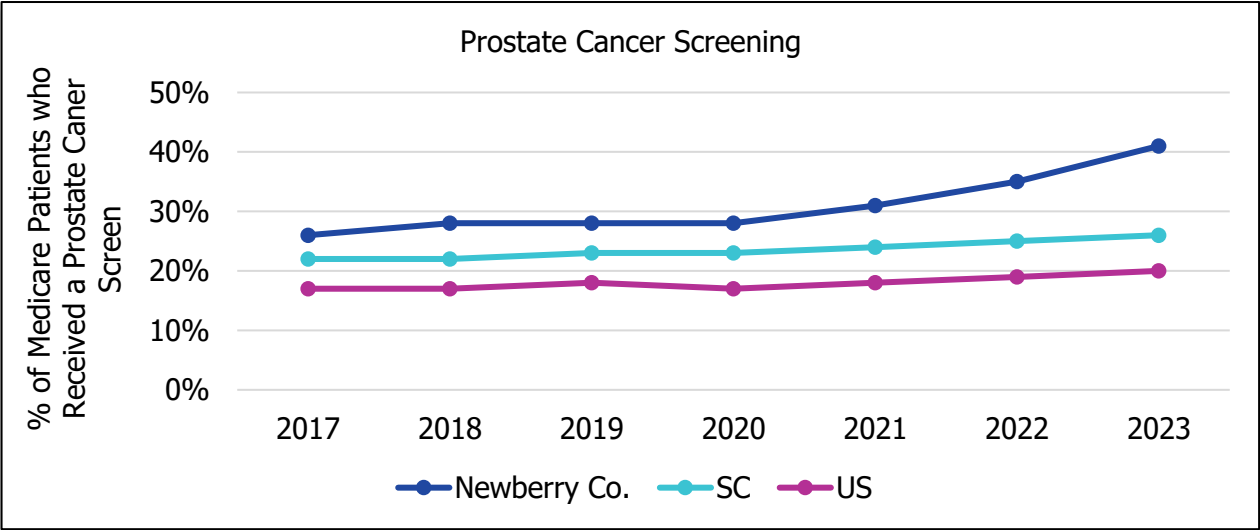
Mammography Screening Among Females Aged 50-74 by Race/Ethnicity



Note: Data is suppressed ("N/A") when 95% confidence interval is greater than 20% or has less than 50 observations.

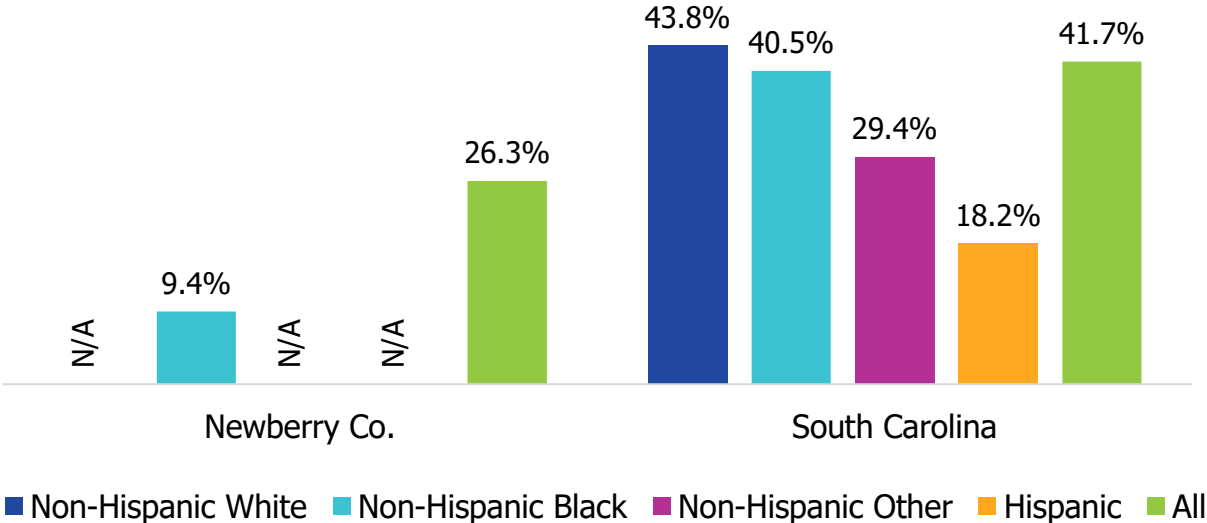
Sources: South Carolina Department of Public Health, 2018

Among Medicare enrollees (men age 65+), Newberry County has higher rates of prostate cancer screening compared to both the state and the US with rates increasing in recent years. While there is limited data to evaluate prostate cancer screening rates across race/ethnicity in Newberry County, overall, men aged 40+ in Newberry County have lower prostate screening rates than the state on average (26% compared to 42% respectively).



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

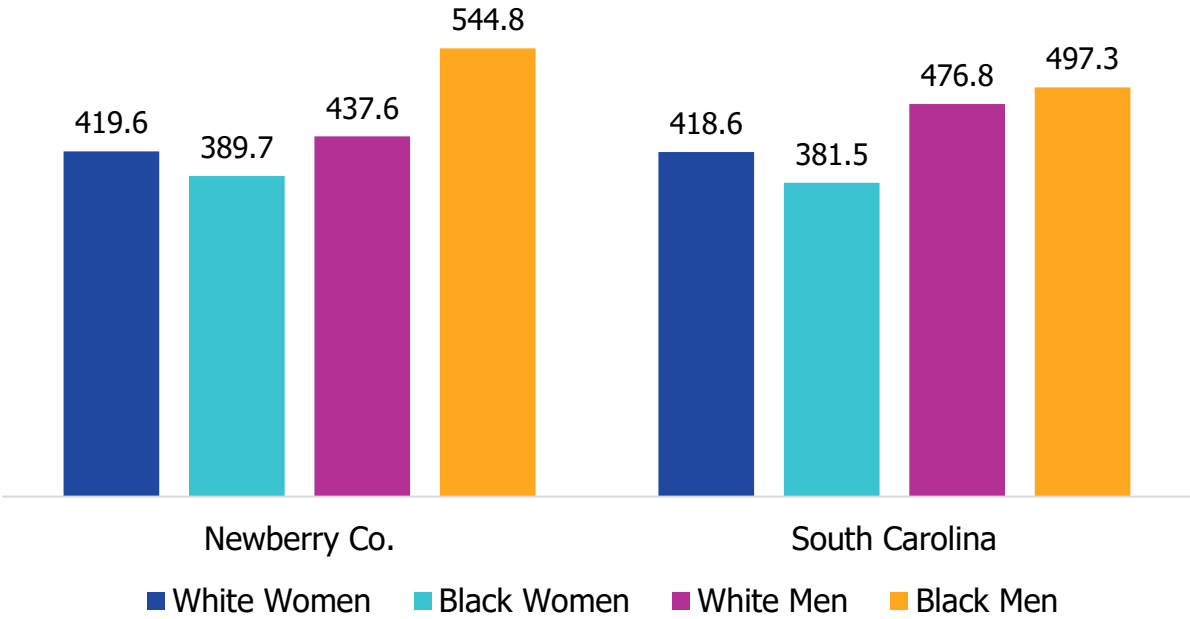
Prostate Cancer Screening Males Aged 40+ by Race/Ethnicity



Note: Data is suppressed ("N/A") when 95% confidence interval is greater than 20% or has less than 50 observations.
 Source: South Carolina Department of Public Health, 2018

When evaluating health disparities across race and gender, men have higher incidence rates of cancer compared to women in Newberry County, with Black Men having the highest incidence rates for cancer in the county and the state (National Cancer Institute). This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

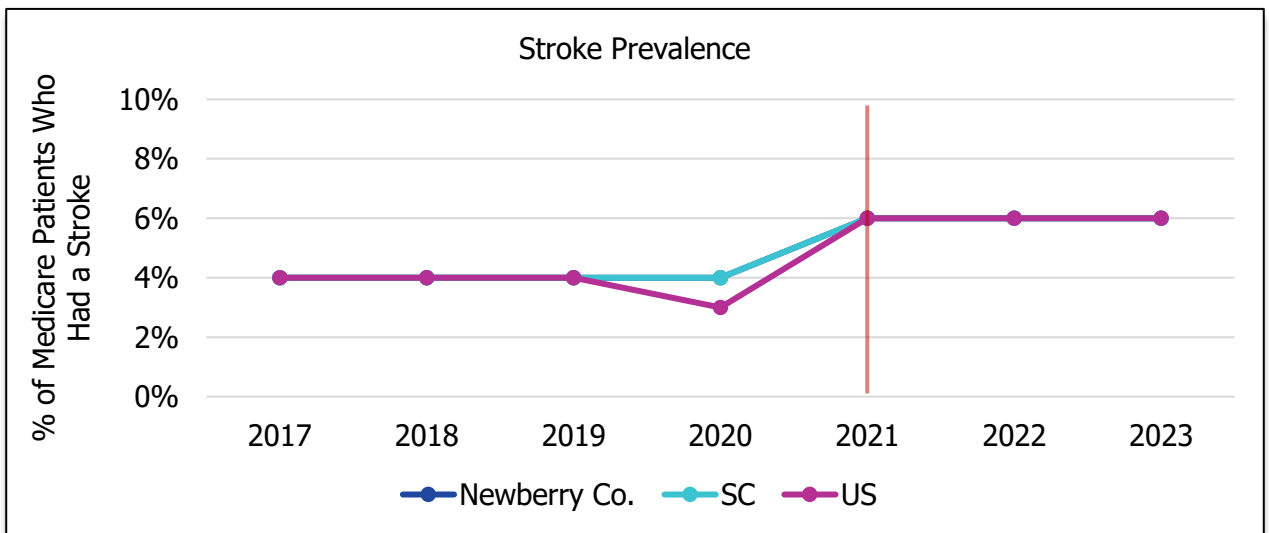
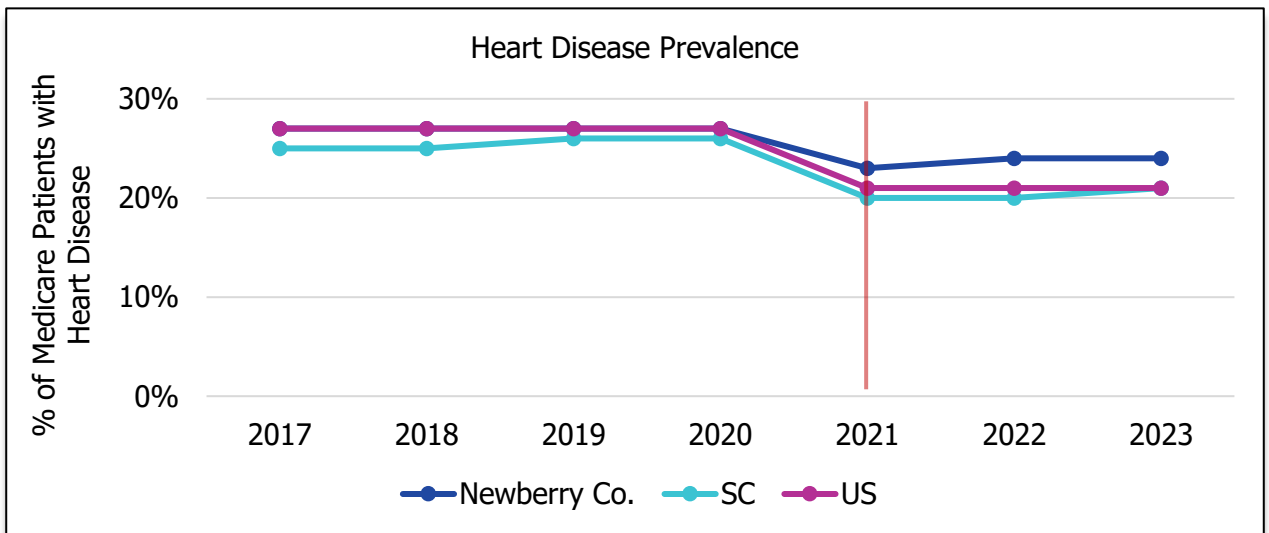
Cancer Incidence Rates by Race and Gender (*per 100,000*)



Cardiovascular Health

Heart disease is the 2nd cause of death in Newberry County though the county has a mortality rate lower than the state (165.6 compared to 181.8 per 100,000 respectively) (CDC Final Deaths). Additionally, the county has a lower cerebrovascular disease (stroke) mortality rate compared to the state (41.1 compared to 46.4 per 100,000 respectively) (CDC Final Deaths).

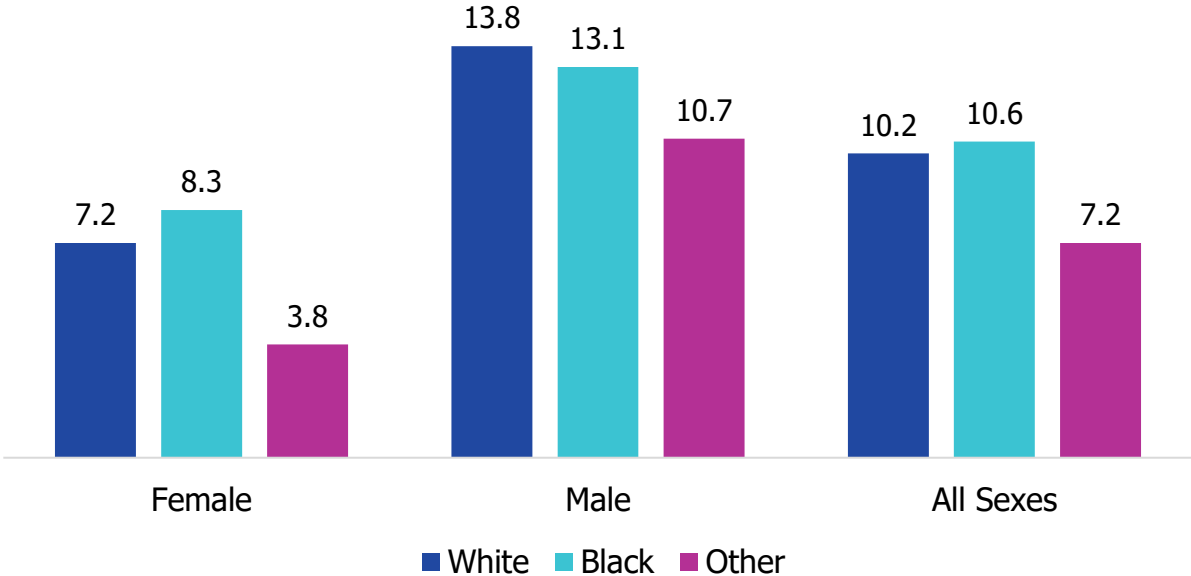
In the Medicare population, Newberry County has a higher prevalence of heart disease and the same prevalence of stroke compared to the state and US averages.



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Evaluating health disparities across race and gender, Black residents have the highest rate of emergency department (ED) visits for heart attacks in Newberry County. Men have higher rates of ED visits for heart attacks than women. In the female population, black women have higher rates of ED visits for heart attacks, while in the male population, white men have the highest rates of ED visits for heart attacks.

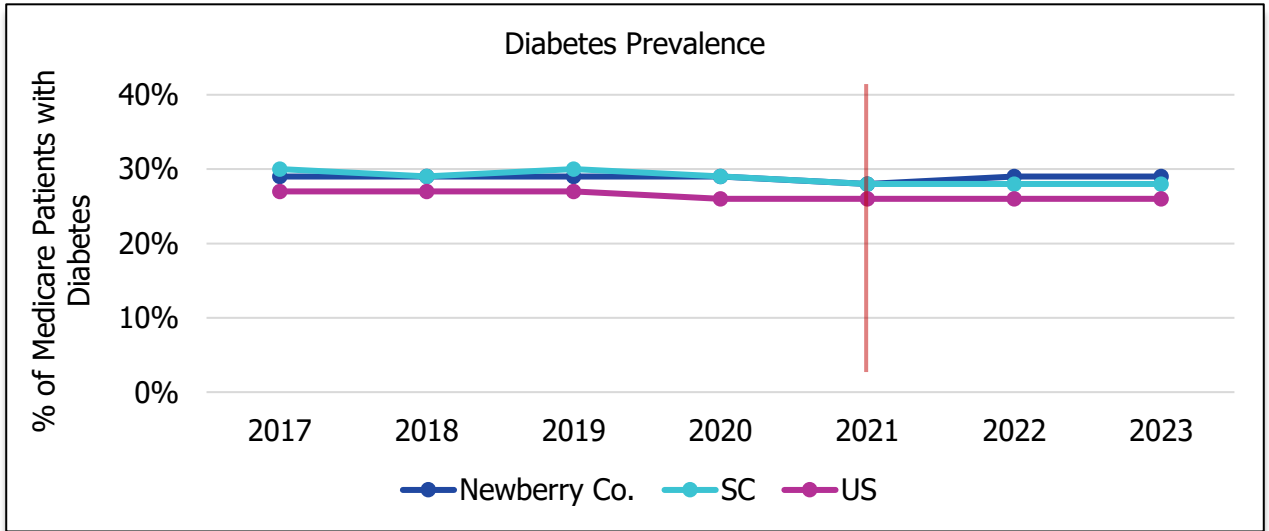
Emergency Department Visits for Heart Attacks – Newberry County
(per 100,000)



Source: South Carolina Department of Public Health, 2018-2022

Diabetes

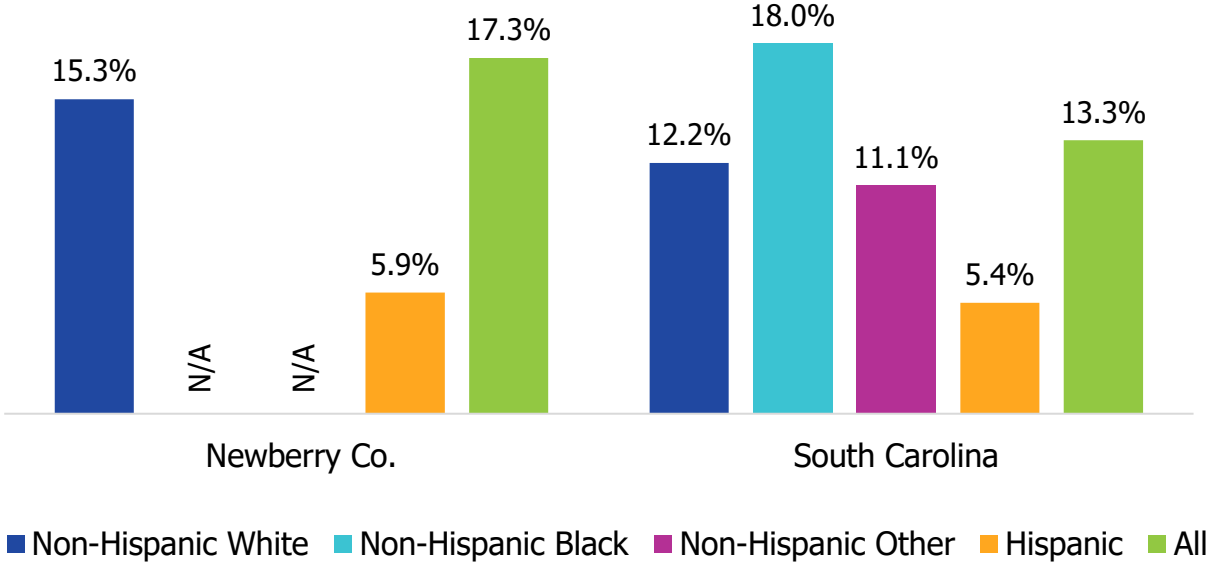
The prevalence of diabetes in Newberry County is higher than in South Carolina (17.3% compared to 13.3%). Alternatively, the county has a diabetes mortality rate lower than the state (21.8 compared to 26.2 per 100,000) (CDC Final Deaths, 2017-2023). When evaluating the Medicare population (aged 65+), Newberry County has a similar prevalence of diabetes compared to the state with rates remaining relatively stable over the past decade.



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Sources: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

While there is not enough data in Newberry County to evaluate diabetes prevalence across race and ethnicities, Black residents have the highest prevalence of diabetes in South Carolina.

Adults with Diabetes by Race/Ethnicity



*Note: Data is suppressed ("N/A") when 95% confidence interval is greater than 20% or has less than 50 observations.
 Source: South Carolina Department of Public Health, 2018-2022*

Obesity and Unhealthy Eating

In Newberry County, adults have higher rates of obesity than in South Carolina on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower access to healthy foods and exercise opportunities (proximity to a park or recreation facility). This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Newberry	South Carolina
Adult Obesity (2022)	38.7%	35.5%
Limited Access to Healthy Foods (2019)	15.4%	10.0%
Physical Inactivity (2022)	27.7%	25.0%
Access to Exercise Opportunities (2023)	64.5%	69.4%

Source: County Health Rankings 2025 Report

Healthcare Access

Access & Affordability

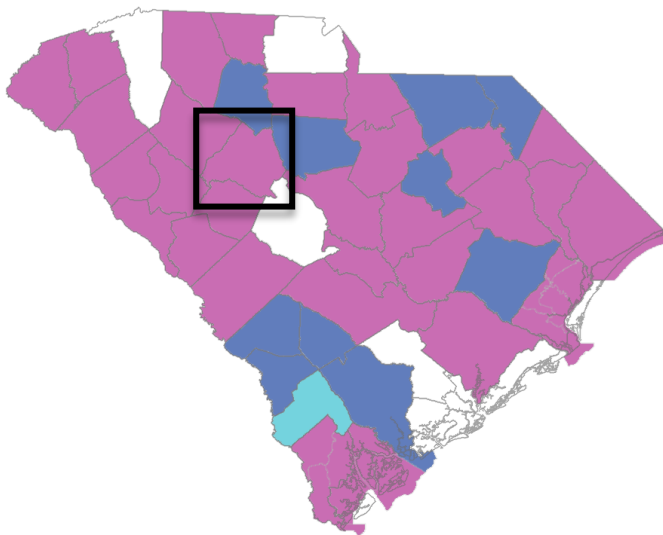
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. In the community survey, 42% of respondents said they would like to see additional primary care availability in the county. Newberry County has a lower household income than the South Carolina average and also has a higher uninsured population than the state. Additionally, Newberry County has less access to primary care physicians, mental health providers, and dentists, as shown in the following provider ratios and health professional shortage areas (HPSA). Access to providers in Newberry County, specifically dental providers, is exacerbated by the limited number of dentists that accept Medicaid patients.

	Newberry	South Carolina
Uninsured Population (2021)	14.8%	13.4%
Doctor Visit for Routine Checkup in the Past Year (2024)	81.2%	77.1%
Population per 1 Primary Care Physician (2021)	1,520:1	1,485:1
Population per 1 Primary Care Provider (APP) (2021)	1,618:1	733:1
Population per 1 Dentists (2022)	3,187:1	1,682:1

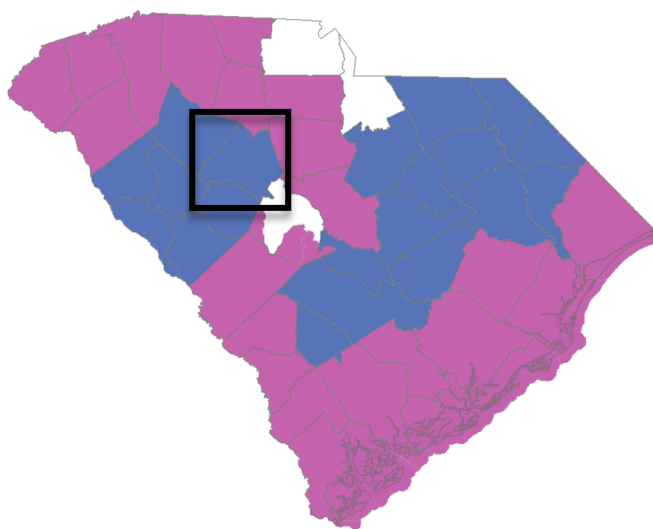
Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health




South Carolina Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health

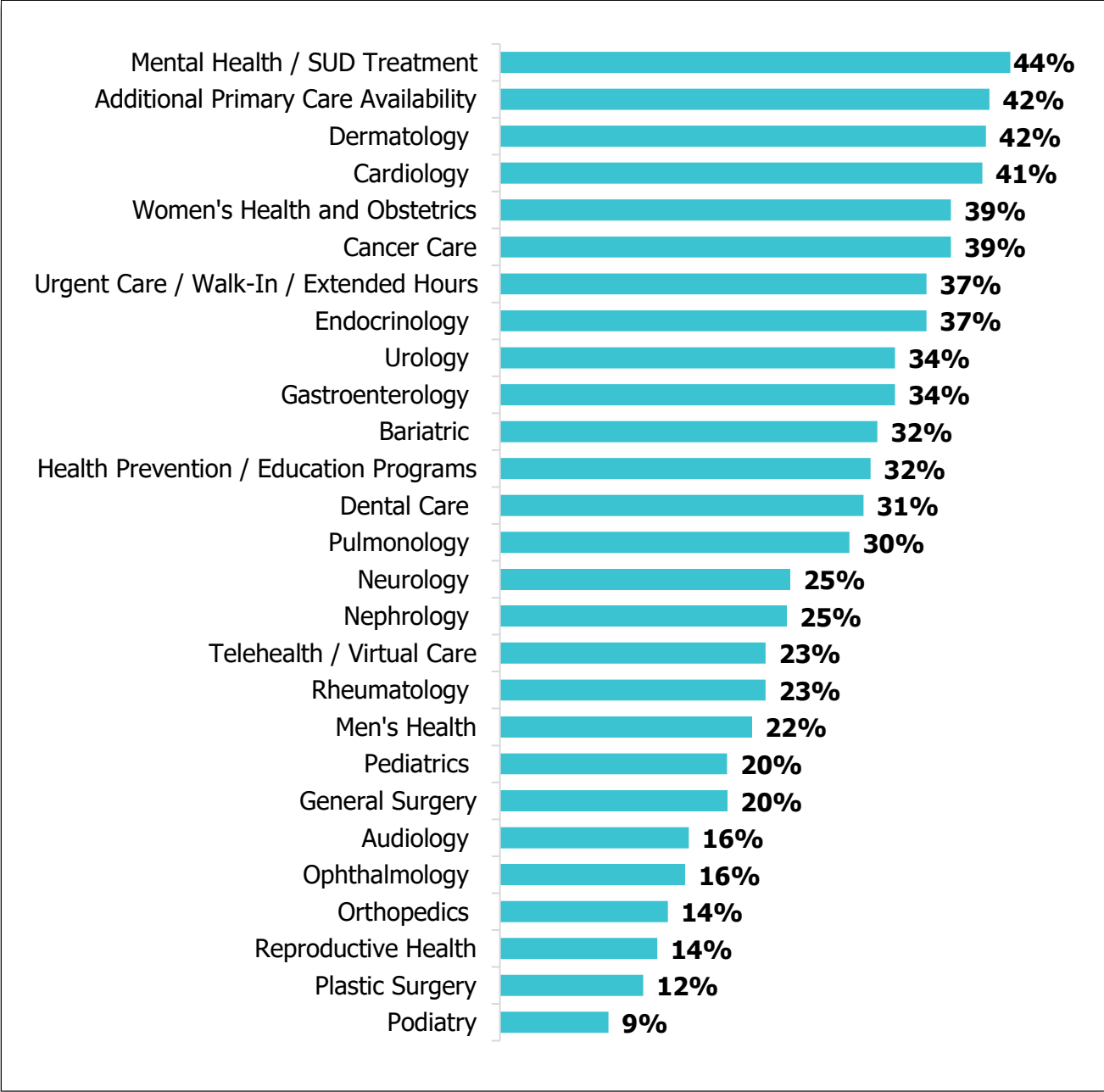


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Mental health and substance use disorder treatment was the top identified service need with 44% of respondents saying they would like to see it available in their community, followed by additional primary care availability (42%) and dermatology (42%).

Survey Question: What additional services/offerings would you like to see available locally? (select all that apply)



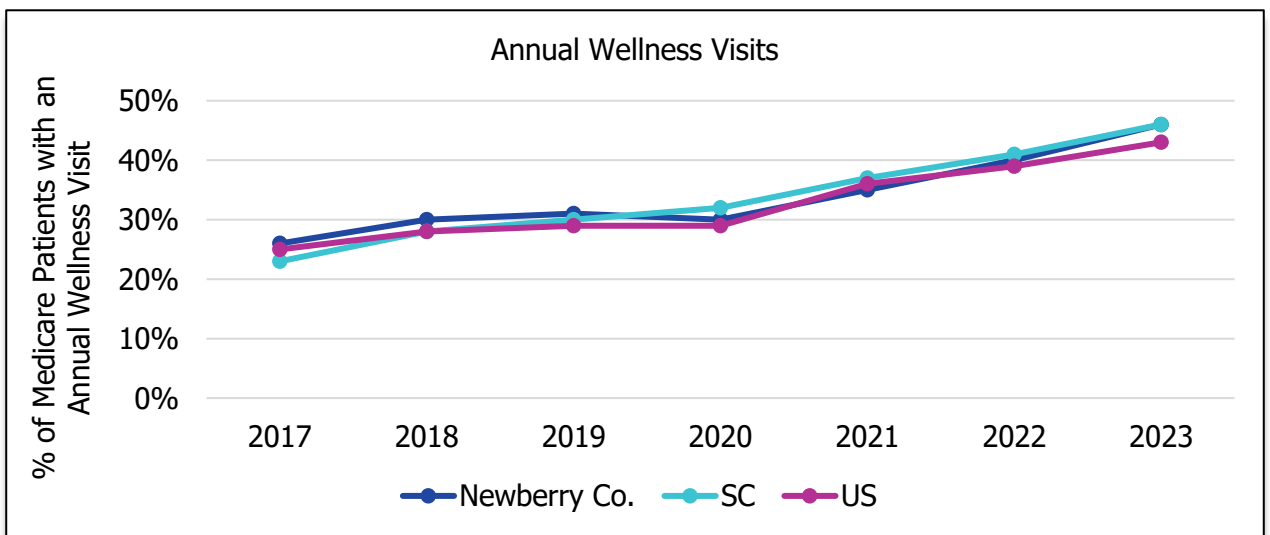
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 32% of respondents said they would like to see additional health prevention and education programs available in the community.

Newberry County has higher annual mammography screening and higher flu vaccine adherence rates than the state and also sees lower rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is similar in Newberry County and South Carolina with rates increasing in recent years.

	Newberry	South Carolina
Preventable Hospital Stays per 100,000 (2022)	1,711	2,526
Flu Vaccination (2022)	55.0%	50.0%

Source: County Health Rankings 2025 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Women’s Health

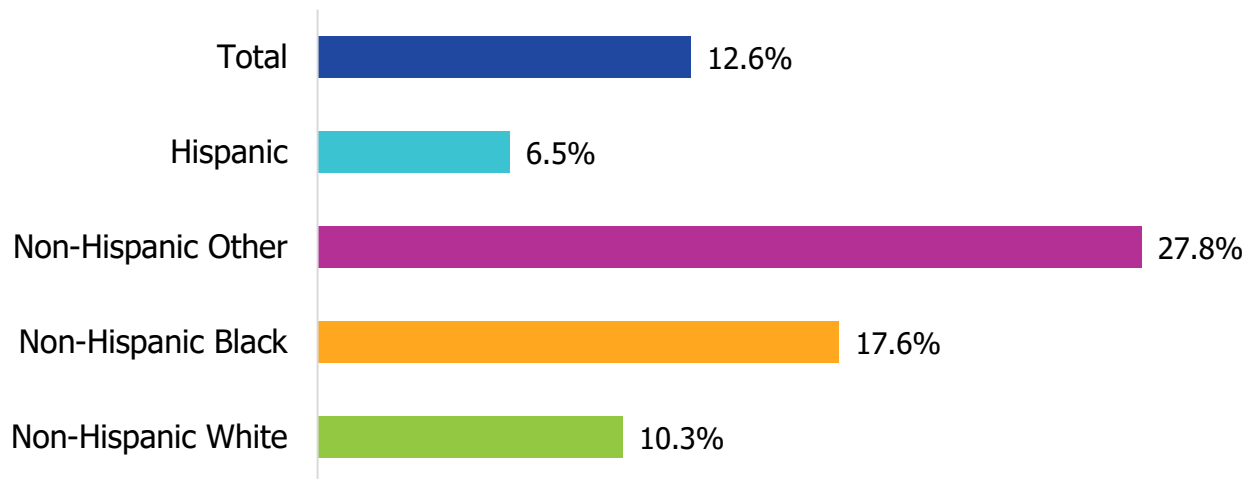
Rural, low-income, and racial and ethnic minority communities face significant barriers to women’s health, including provider shortages, long travel distances, and financial constraints, which limit access to preventive care, maternity services, and chronic disease management. This lack of access contributes to poorer health outcomes, such as higher rates of late-stage cancer diagnoses, maternal complications, and untreated chronic conditions.

Newberry County has a higher fertility rate than South Carolina on average. Additionally, non-Hispanic women who are not White face significantly more adverse birth outcomes in Newberry County where nearly 30% of “Other” race babies and 18% of Black babies are low birthweight.

	Newberry	South Carolina
Female Population	50.8%	51.4%
Fertility Rate per 1,000	63.5	56.8

Source: County Health Rankings 2025 Report, South Carolina Department of Public Health, 2022

Low Birthweight by Race/Ethnicity in Newberry County



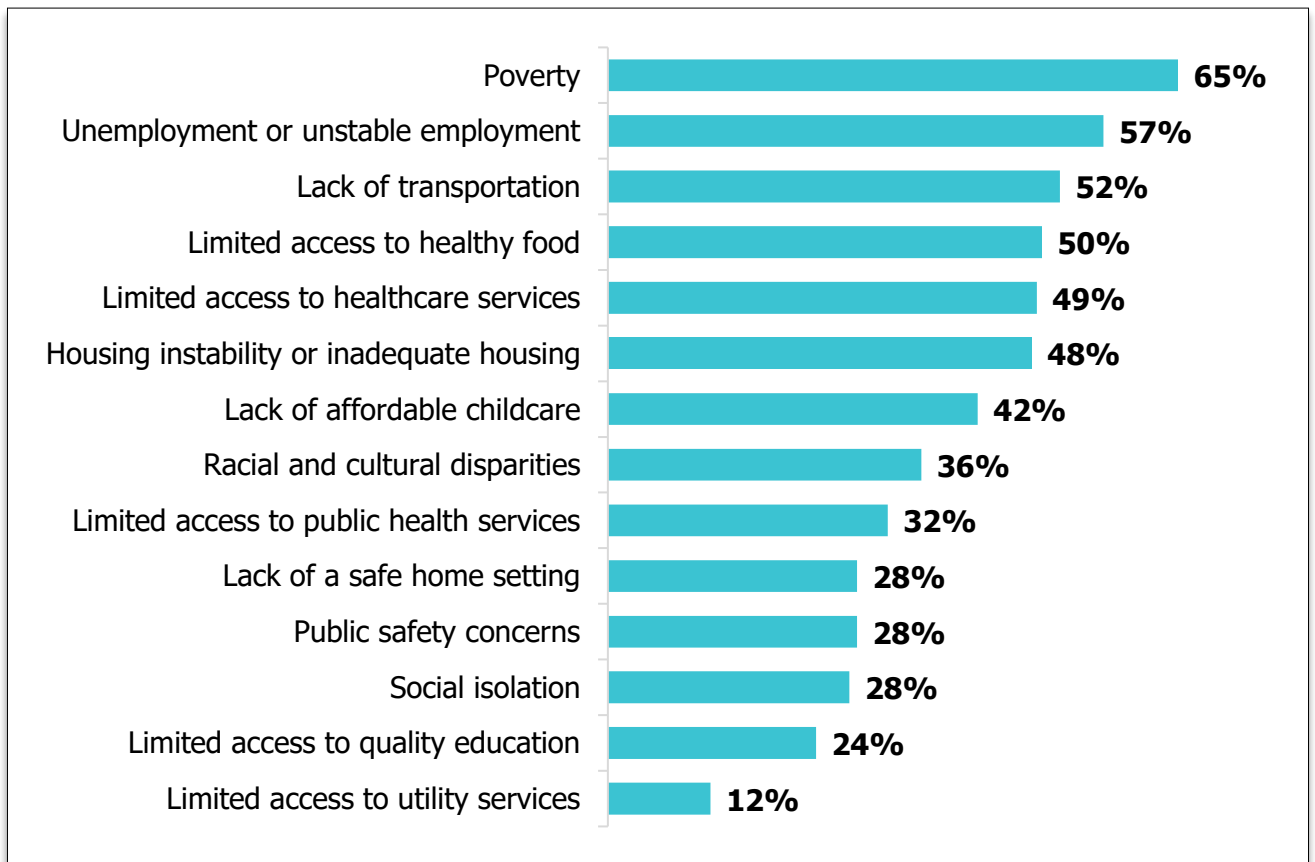
*Note: “Non-Hispanic Other” includes all other non-Hispanic races that do not identify as either Black or White
Source: South Carolina Department of Public Health, 2018-2022*

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social conditions that negatively impact the community. The top social condition identified was poverty with 65% of survey respondents reporting it as negatively impacting the community's health followed by unemployment and lack of transportation.

Survey Question: Please select the key social determinants that negatively impact the health of you or your community (select all that apply):

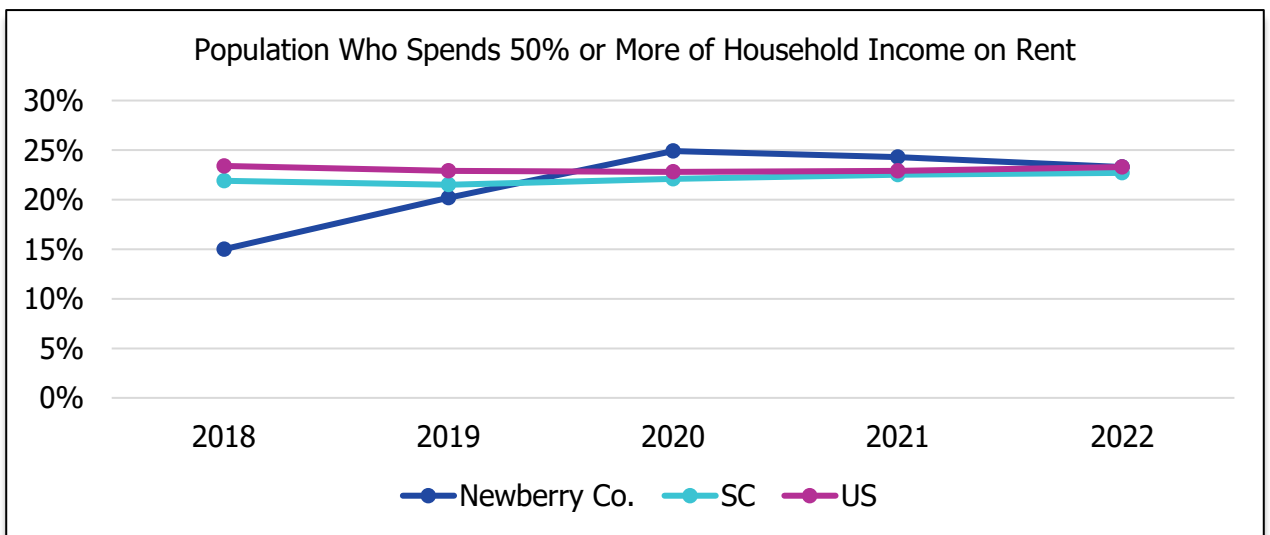


Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Newberry County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 12% of Newberry County residents spend 50% or more of their household income on housing. Solely looking at rental cost, 23% of Newberry County renters spend 50% or more of their household income on rent.

	Newberry	South Carolina
Severe Housing Problems (2016-2020)	13.5%	14.0%
Severe Housing Cost Burden (2018-2022)	12.0%	12.8%
Broadband Access (2018-2022)	83.2%	86.8%
Housing Insecurity (2024)	14.0%	14.1%

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health



Source: South Carolina Department of Public Health

Transportation

Access to transportation plays a critical role in health outcomes, particularly in rural and underserved communities. Reliable transportation enables individuals to attend medical appointments, access preventive care, obtain medications, and reach grocery stores with healthy food options. Transportation barriers disproportionately affect vulnerable populations, including older adults, low-income individuals, and those living in remote areas, ultimately contributing to health disparities and poorer overall community health. Over 9% of Newberry County households lack reliable transportation.

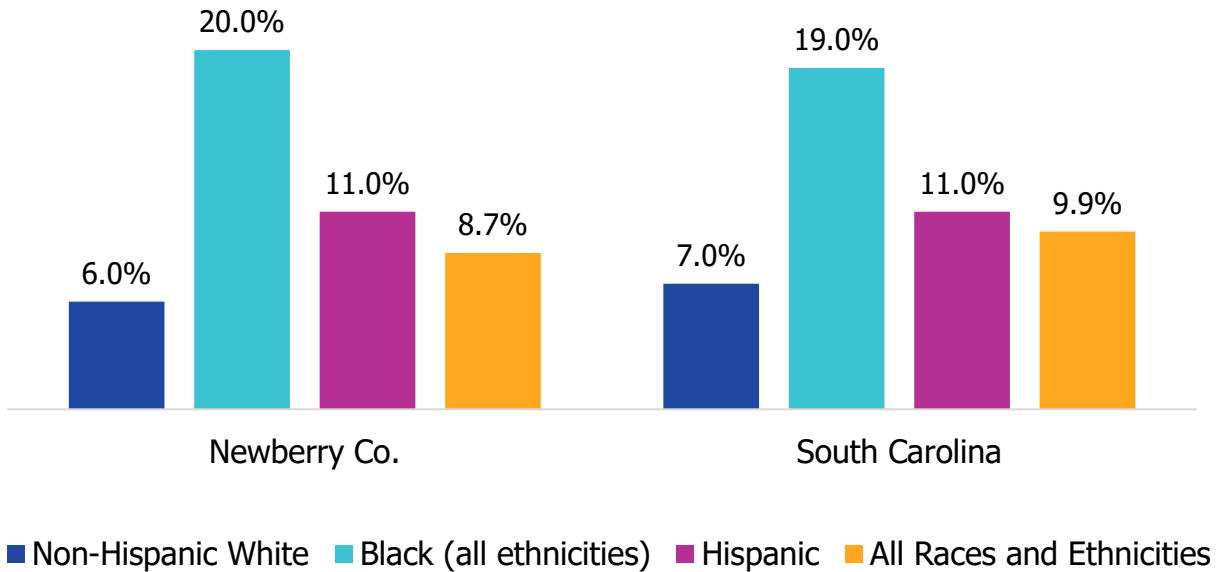
	Newberry	South Carolina
Commute Over 30 Minutes - Driving Alone (2023)	35.0%	36.5%
Lack of Reliable Transportation (2024)	9.4%	9.0%

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health

Food Security

Black residents in Newberry County experience the highest levels of food insecurity (20%), significantly exceeding both the county and state averages (8.7% and 9.9% respectively). The Healthy People 2030 goal is to reach a 6% food insecurity rate on average in the community. Non-Hispanic White residents are the only population in Newberry County that is at or below this rate. Food insecurity has serious health implications, including increased risk of chronic diseases like diabetes and hypertension, developmental issues in children, and mental health challenges such as stress and depression exacerbated by racial and ethnic disparities highlighted below.

Food Insecurity Rate in Newberry County by Race/Ethnicity



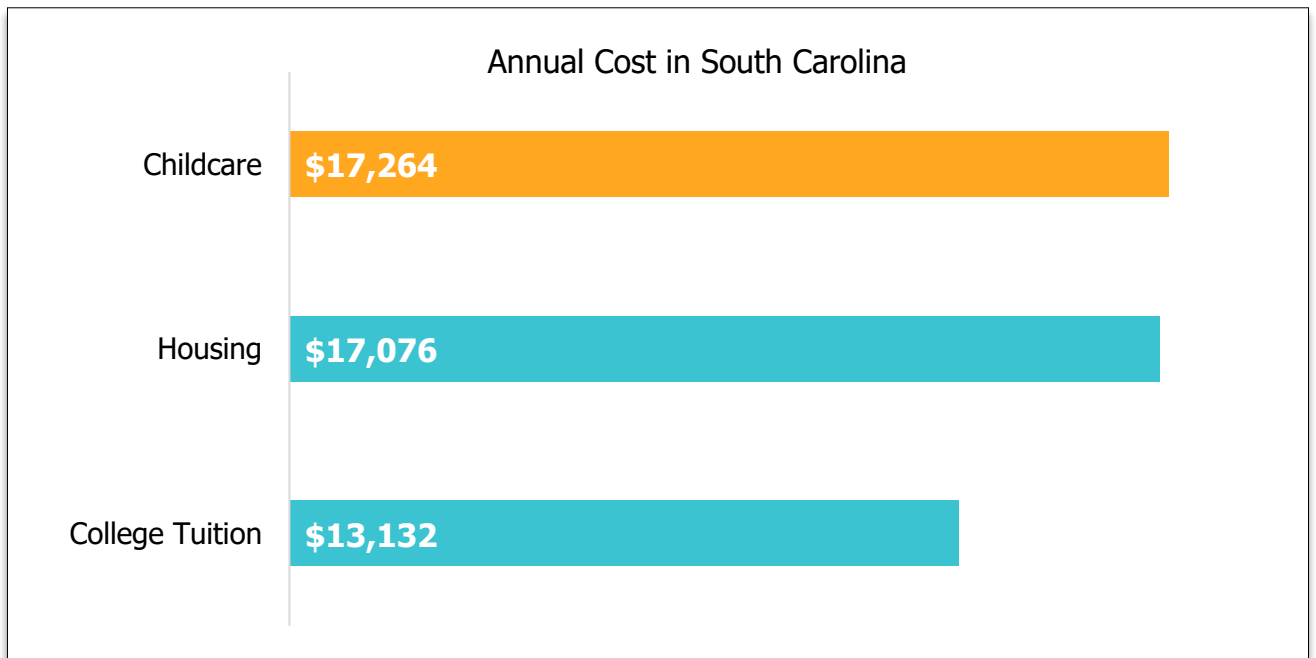
Source: South Carolina Department of Public Health, 2021

Access to Childcare

The average yearly cost of childcare in South Carolina is \$17,264 for two children in a childcare center. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Child Care Aware). In Newberry County, 23% of household income is required for childcare expenses and there are 4 childcare centers for every 1,000 children under age 5 in the county compared to 5 in the state.

	Newberry	South Carolina
Children in Single-Parent Households (2018-2022)	35.8%	29.6%
Child Care Cost Burden - % of HHI used for childcare (2023)	23.1%	28.4%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	4.2	5.0

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
 Source: Child Care Aware (2023)

Income, Employment, and Education

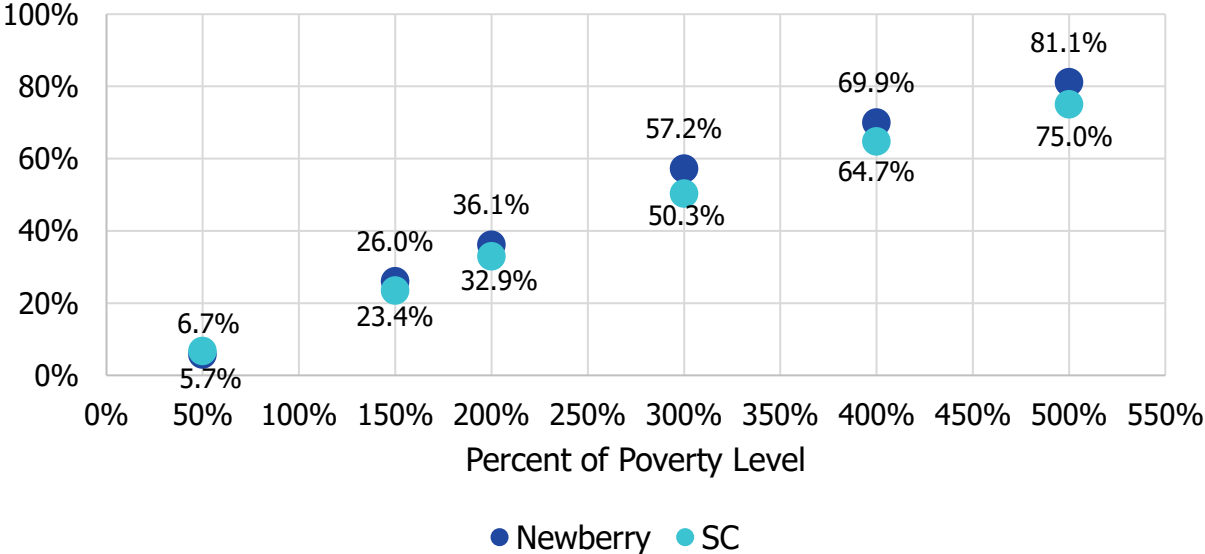
Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Newberry	South Carolina
Median Household Income	\$59,670	\$66,818
High School Completion (2018-2022)	86.3%	89.6%
Some College – includes those who had and had not attained degrees (2023)	55.3%	65.5%
Unemployment (2023)	4.2%	4.1%
Children in Poverty (2022)	28.3%	18.8%

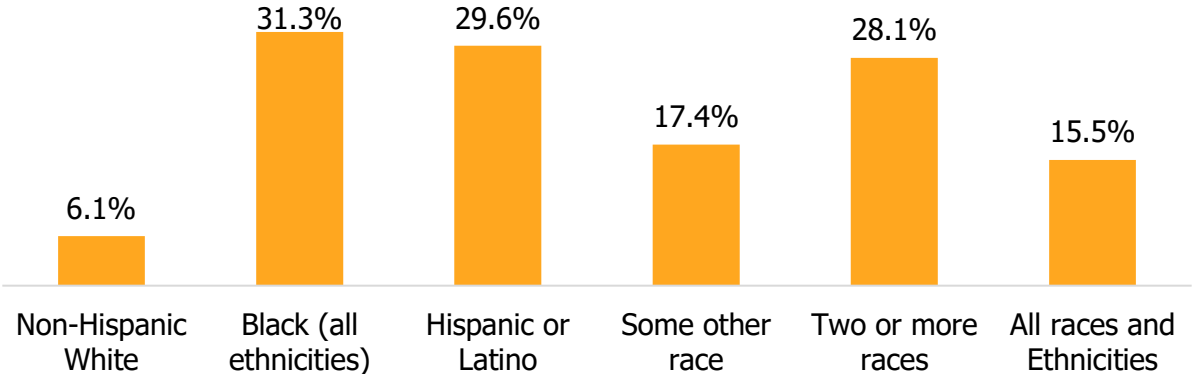
Source: County Health Rankings 2025 Report, South Carolina Department of Employment and Workforce

In Newberry County, a larger proportion of the population lives below each poverty threshold compared to the South Carolina state average, with the most pronounced difference appearing at the 300% poverty level (57.2% vs. 50.3%). When stratified by race/ethnicity, Black (31.3%), Hispanic or Latino (29.6%), and individuals of two or more races (28.1%) have the highest poverty rates. In contrast, Non-Hispanic Whites show significantly lower poverty levels (6.1%) compared to the overall county average (15.5%) demonstrating a major racial equity gap in economic well-being.

Percent Living Below Poverty Level in Newberry County by Poverty Level



Percent Living Below Poverty Level in Newberry County by Race/Ethnicity



Source: South Carolina Department of Public Health, 2022

Community Safety

Unsafe neighborhoods, characterized by high crime rates and violence, can lead to chronic stress, reduced physical activity, and limited social interactions, all of which contribute to adverse health outcomes. For example, residents in such areas may avoid outdoor activities due to safety concerns, increasing the risk of obesity and related chronic diseases. Additionally, exposure to violence can result in mental health issues, including anxiety and depression.

	Newberry County	South Carolina
Injury Deaths per 100,000 (2017-2021)	109.6	107.0
Firearm Fatalities per 100,000 (2017-2021)	20.9	20.4
Motor Vehicle Crash Deaths per 100,000 (2015-2021)	20.9	20.8

Source: County Health Rankings 2024 Report

Evaluation Process

<p>Worse than Benchmark Measure</p>  <p>Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages</p>	<p>Identified by the Community</p>  <p>Health needs expressed in the online survey and/or mentioned frequently by community members</p>	<p>Feasibility of Being Addressed</p>  <p>Growing health needs where interventions are feasible, and the Hospital could make an impact</p>	<p>Impact on Health Equity</p>  <p>Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed</p>
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Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Mental Health	✓	✓	✓	✓
Health Care: Affordability	✓	✓		✓
Heart Disease	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Illegal Drug Use		✓		✓
Access to Healthy Food	✓	✓		✓
Health Care: Prevention Services	✓	✓	✓	✓
Health Care: Types of Services Provided	✓	✓	✓	✓

Selection Process

Overview

The top three priority populations identified by the CHNA Survey were:

- Low-income groups
- Uninsured and Underinsured individuals
- Older Adults (65+)

The healthcare needs of the priority populations identified by the CHNA Survey centered on:

- Healthcare affordability
- Health literacy/education and preventative services
- Limited access to healthcare services

The top 10 health concerns identified by the CHNA Survey were:

1. Mental Health
2. Health Care: Affordability
3. Heart Disease
4. Obesity
5. Cancer
6. Illegal Drug use
7. Access to Healthy Food
8. Health Care: Prevention Services
9. Health Care: Types of Services Provided

Among the top 10 health concerns identified in the 2025 CHNA Survey, **Prevention Services, Heart Disease, Diabetes, Obesity, and Mental Health** were also among the top 10 health concerns identified in the 2022 CHNA Survey.

Top Health Needs Selected for Implementation

Newberry Health assessed the top health priorities in alignment with their mission and strategic goals. The organization assessed the feasibility of addressing the top health needs based on organizational resources, financial constraints, and capacity. After evaluation, it was determined that action plans would be developed for the following health priorities, leveraging Newberry Health's C.A.R.E.S (Connect. Advocate. Respond. Engage) framework:

- **Access to Primary Care**
- **Access to Preventive Services**



We **Connect** by building trust.
We **Advocate** for patient centered care.
We **Respond** with kindness.
We **Engage** by using open communication.
We **Serve** with Gratitude

Implementation Strategies

Increase access to Primary Care

- Market Newberry Health's primary care locations within diverse communities by participating in community coordinated events.
- Expand the hours of primary care locations in Newberry.
- Develop a liaison team to connect uninsured patients with a primary care home.
- Increase access to care locations.

Increase access to Preventive Services

- Provide more opportunities for health screenings within the community.
- Determine population impact areas with high prevalence of diabetes, heart disease, and cancer and the presence of high-risk factors for those conditions.
- Expand Diabetes, Hypertension, Healthy Lifestyles, Maternal Care, Health Equity, and ED Navigation projects improvement activities.
- Expand efforts to advance health literacy and meet the needs of populations with a range of health literacy skills to include:
 - Providing access to health information and services and navigation assistance.
 - Developing and testing materials with the audience we want to reach.
 - Continuing the When and Where to Go Healthcare Utilization Campaign to educate the community on health care resources and how to access the appropriate resources for care by utilizing the Community Health page on the Newberry Health website and other social media platforms and in-person sessions to convey information to the community.
 - Implementing public service announcements on the benefit of health screenings in tandem with offering health screens coordinated by Newberry Health.
- Provide mental health literacy and community resources for care through community program events and the hospital web site.

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Leading Causes of Death are listed in the tables below in U.S. rank order. Newberry County's mortality rates are compared to the South Carolina state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Newberry	South Carolina	U.S.
Cancer	195.5	156.8	145.4
Heart Disease	165.6	181.8	168.9
Accidents	85.9	81.3	59.7
Chronic Lower Respiratory Disease	41.8	42.5	35.9
Cerebrovascular Diseases (Stroke)	41.1	46.4	39.8
Alzheimer's	33.6	40.6	30.8
Liver	22.1	15.6	13.1
Diabetes	21.8	26.2	23.9
Kidney	21.6	14.8	13.4
Suicide	17.5	15.6	13.9
Homicide	15.3	12.3	7.6
Pneumonia	11.0	9.5	10.7
Blood Poisoning	10.4	13.6	10.0

Source: NIH: HDPulse, CDC (2019-2023)

County Health Rankings

	Newberry	South Carolina	US Overall
Length of Life			
Premature Death*	● 13,000	10,824	8,400
Life Expectancy*	● 72	75	77
Quality of Life			
Poor or Fair Health	● 20%	16%	17%
Poor Physical Health Days	● 4.5	3.8	3.9
Poor Mental Health Days	● 5.9	5.2	5.1
Low Birthweight*	● 12%	10%	8%
Health Behaviors			
Adult Smoking	● 17%	16%	13%
Adult Obesity	● 39%	36%	34%
Limited Access to Healthy Foods	● 15%	10%	6%
Physical Inactivity	● 28%	25%	23%
Access to Exercise Opportunities	● 65%	69%	84%
Excessive Drinking	● 20%	20%	19%
Alcohol-Impaired Driving Deaths	● 38%	33%	26%
Drug Overdose Deaths*	● 33	39	31
Sexually Transmitted Infections*	● 847	673	495
Teen Births (<i>per 1,000 females ages 15-19</i>)	● 26	20	16
Clinical Care			
Uninsured	● 15%	13%	10%
Primary Care Physicians (MDs & DOs)	● 1520:1	1485:1	1,330:1
Other Primary Care Providers (APPs)	● 1618:1	733:1	710:1
Dentists	● 3187:1	1682:1	1,360:1
Mental Health Providers	● 1339:1	437:1	300:1
Preventable Hospital Stays*	● 1,711	2,526	2,666
Flu Vaccinations	● 55%	50%	48%
Social & Economic Factors			
High School Completion	● 86%	90%	89%
Some College	● 55%	65%	68%
Unemployment	● 3%	3%	3.6%
Children in Poverty	● 28%	19%	16%
Children in Single-Parent Households	● 36%	30%	25%
Injury Deaths*	● 109.6	107.0	84
Child Care Cost Burden (<i>% of HHI used for childcare</i>)	● 23%	28%	28%
Child Care Centers (<i>per 1,000 under age 5</i>)	● 4	5	7
Physical Environment			
Severe Housing Problems	● 14%	14%	17%
Long Commute - Driving Alone (<i>> 30 min. commute</i>)	● 35%	37%	37%
Severe Housing Cost Burden (<i>50% or more of HHI</i>)	● 12%	13%	15%
Broadband Access	● 83%	87%	90%

*Per 100,000 Population

Key (Legend)

● Better than SC ● Same as SC ● Worse than SC

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	June 2025	2014-2023
NIH: HDPulse, CDC	Leading causes of death, median household income	June 2025	2019-2023
Newberry County Economic Development	County housing profile	July 2025	2025
South Carolina Department of Employment and Workforce	Employment and industry data including unemployment rates	July 2025	2025
Central SC Alliance	County industry data	July 2025	2025
Data USA	County level health, industry, and transportation data	July 2025	2023
South Carolina Department of Public Health	County level public health data dashboards	June 2025	2017-2023
PLACES: Local Data for Better Health	County level health, socioeconomic, and environmental data	June 2025	2024
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	June 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	June 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	June 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	June 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	June 2025	2019
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	June 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	June 2025	2015
Child Care Aware	Childcare costs	June 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	June 2025	2022

Survey Results

Based on 413 survey responses gathered in April and May 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	276	68.8%
Healthcare Professional	148	36.9%
Government Employee or Representative	35	8.7%
Public Health Official	11	2.7%
Representative of Chronic Disease Group or Advocacy Organization	6	1.5%
	Answered	401
	Skipped	12

Q2: Race/ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	284	69.4%
Black or African American	95	23.2%
Hispanic or Latino	27	6.6%
Choose to not disclose	5	1.2%
American Indian or Alaska Native	3	0.7%
Asian or Asian American	0	0.0%
Native Hawaiian or other Pacific Islander	0	0.0%
Other	1	0.2%
	Answered	409
	Skipped	4

Q3: Age group

Answer Choices		Responses	
18-24		19	4.6%
25-34		57	13.9%
35-44		64	15.6%
45-54		89	21.8%
55-64		81	19.8%
65+		94	23.0%
Choose to not disclose		5	1.2%
	Answered	409	
	Skipped	4	

Q4: Household Income

Answer Choices		Responses	
Under \$15,000		45	11.4%
Between \$15,000 and \$29,999		44	11.1%
Between \$30,000 and \$49,999		53	13.4%
Between \$50,000 and \$74,999		47	11.9%
Between \$75,000 and \$99,999		51	12.9%
Between \$100,000 and \$150,000		81	20.5%
Over \$150,000		74	18.7%
	Answered	395	
	Skipped	18	

Q5: What ZIP code do you primarily live in?

Answer Choices	Responses	
29108	175	43.8%
29127	81	20.3%
29126	25	6.3%
29075	23	5.8%
29036	17	4.3%
29178	15	3.8%
29145	12	3.0%
29138	10	2.5%
29006	3	0.8%
29680	2	0.5%
29180	2	0.5%
29325	2	0.5%
29351	2	0.5%
29070	2	0.5%
29201	2	0.5%
29063	2	0.5%
All Others (1 response each)	25	6.3%
	Answered	400
	Skipped	13

Q6: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	259	66.8%
Uninsured and underinsured individuals	194	50.0%
Older adults (65+)	164	42.3%
Individuals requiring additional healthcare support	137	35.3%
Racial and ethnic minority groups	131	33.8%
Residents of rural areas	124	32.0%
Women	86	22.2%
Children/Adolescents	71	18.3%
Men	27	7.0%
Other (please specify)	9	2.3%
	Answered	388
	Skipped	25

Other:

- Senior citizens
- Elderly
- Other who are not mentioned like homeless people
- All citizens
- Ok
- Those without transportation
- Insured- copays and out of pocket costs are often prohibitive of services.
- Those needing specialists.
- Need for community home health care for those who don't qualify for home health services

Q7: What do you believe to be some of the specific needs of the groups selected above?

- Need affordable health insurance.
- They are often home (sometimes alone if they are elderly) and dealing with their medical issues alone and do not often leave home to get medical help. Medical issues often go ignored. Many children in rural areas often do not get enough medical care or the diagnosis they need to receive needed medical care. Decreased education of health within the community, especially with Spanish speaking only families.
- Transportation needs. Language barrier/education levels affecting full understanding of the information provided to people.
- Mental health, access to specialty care
- Money, education, just not knowing.
- No affordable insurance
- Insurance or enough money to pay for visits to the doctor and to buy needed medications; transportation for bedridden patients
- Worries about the cost of care and medication, deciding which other necessities to go without so they can pay for care or medication, lack of insurance or insurance won't cover care needs, lack of transportation
- Insurance premiums and medicines are too expensive.
- Inadequate resources for individuals who want to remain in their homes but need oversight to do so, transportation for those in rural areas to healthcare centers and for those who shouldn't be driving but have no other options, Adequate education on their various healthcare diagnosis (over-dependence on electronic education and assumption that client can/will read),
- Access to healthcare for lower income individuals without long-term detriment to their finances, especially for those who are under/uninsured.
- Affordable health insurance and culturally sensitive healthcare providers.
- Money, type of employment
- Access to free or affordable health care locally
- "Access to primary care and specialty care
- Access to Care, Prescription Drugs, and Healthcare Providers
- Longterm care for aging/disabled parents/family members.
- Outreach and assistance
- Routine wellness (welfare) checks.

Q8: please rate your concern for each health condition in your community on a scale of 1 (not a concern) to 5 (a large concern).

	1	2	3	4	5	Total	Weighted Average
Mental Health	6	8	28	78	235	355	4.49
Heart Disease	10	6	32	86	225	359	4.42
Diabetes	9	12	35	93	212	361	4.35
Obesity	6	13	46	88	202	355	4.32
Cancer	11	9	48	90	204	362	4.29
Stroke	10	10	67	107	163	357	4.13
Women's Health	8	10	73	101	161	353	4.12
Medication Management	9	20	70	89	160	348	4.07
Kidney Disease	11	13	73	107	151	355	4.05
Alzheimer's and Dementia	14	12	76	97	161	360	4.05
Lung Disease	16	13	75	112	130	346	3.95
Men's Health	5	23	95	100	127	350	3.92
Dental	10	33	91	95	129	358	3.84
Chronic Pain	9	33	91	103	120	356	3.82
Liver Disease	14	18	105	103	113	353	3.80
Other (please specify)						18	
						Answered	373
						Skipped	40

Comments:

- Need affordable dental care and vision...they aren't covered by insurance and lots of people can't afford to see either
- Affordable Decent Housing
- Preventive care
- Muscle discomfort in legs & thighs
- Eyesight
- Stress
- Hypertension specifically (many do not consider it part of heart disease), vaping/smoking
- Glaucoma
- High risk pregnancy
- Cancer cervical

Q9: please rate your concern for each barrier or obstacle in your community on a scale of 1 (not a concern) to 5 (a large concern).

	1	2	3	4	5	Total	Weighted Average
Health Care: Affordability	5	5	34	87	221	352	4.46
Access to Healthy Food	7	9	63	83	194	356	4.26
Health Care: Prevention Services	5	16	42	108	175	346	4.25
Health Care: Types of Services Provided	5	11	55	106	174	351	4.23
Community Safety	6	9	59	106	174	354	4.22
Education System	6	14	58	93	179	350	4.21
Health Care: Location of Services	4	15	57	103	174	353	4.21
Emergency Response Services - EMS, Fire, Police	9	16	53	90	187	355	4.21
Employment and Income	5	13	60	99	173	350	4.21
Access to Health Insurance Resources	7	11	62	102	176	358	4.20
Access to Senior Services	6	14	58	111	168	357	4.18
Affordable Housing	10	18	63	79	188	358	4.16
Transportation	8	17	70	100	159	354	4.09
Access to Exercise/Recreation	8	22	83	97	135	345	3.95
Access to Childcare	16	27	67	100	142	352	3.92
Social Connections	6	27	106	113	93	345	3.75
Other (please specify)						5	
						Answered	366
						Skipped	47

Comments:

- I've not needed transportation so...
- Stress
- Violence prevention, access to mental health providers/care
- Transportation sucks for people, especially the Medicare bus

Q10: please rate your concern for each behavioral factor in your community on a scale of 1 (not a concern) to 5 (a large concern).

	1	2	3	4	5	Total	Weighted Average
Illegal Drug Use	20	12	36	75	212	355	4.26
Poor Diet	13	7	53	109	175	357	4.19
Smoking/Vaping/Tobacco Use	14	16	46	98	175	349	4.16
Physical Inactivity	13	8	62	110	162	355	4.13
Alcohol Use	19	14	61	116	146	356	4.00
Risky Sexual Behaviors/Unprotected Sex	16	23	71	114	124	348	3.88
Social Media Use	13	29	78	94	134	348	3.88
Self Injurious/Harming Behavior	16	23	79	104	124	346	3.86
CBD/THC Use (Cannabis)	19	36	71	92	131	349	3.80
Other (please specify)						6	
						Answered	364
						Skipped	49

Comments:

- Eating disorders
- Arrest all drug users
- Drinking Alcohol
- This is all so important. Would be great having these programs available in schools.
- Stress
- Digital Literacy training for older adults and others.

Q11: Please provide feedback on any actions you've seen taken by Newberry Health to address the significant health needs in your community and what additional actions you would like to see.

- Need better communication with community.
- Housing for the mentally impaired and homeless. A lot of them are living in the streets.
- More visibility in the Communities. Participate more in activities in the local parks etc.
- I have seen reps come to school and community events to address the topics above. I would like them to continue in the schools.
- I have not seen any actions taken towards the mental health issues personally. I know we need a facility to care for these folks, so they are not held in the ER waiting for availability of a bed elsewhere. I feel this is a waste of resources and needs a remedy.
- More community outreach, easier access to specialist, affordable pricing for hospital services for people with no insurance or high-deductible health plans.
- Pickleball courts, parks, playgrounds
- Free clinic offering several of the services stated above, think it's an amazing thing to offer the community
- Blood visitation, free health clinic.
- I do believe that mental health should be very important; Insurance to provide care for underprivileged. Drug addiction help. Housing for the poor
- All of these issues are vital. Lack of awareness means lack of known resources. Host community to provide information to the community such as mental health, diabetes in adults and children. Especially in low-social economic areas.
- More advertising with community services. Don't forget shut-ins and those bedridden. Booths in the community.
- Is there a plan to have a community health committee that is actively implementing programs and initiatives consistently in the community?
- It was great seeing Newberry Health set up at Newberry Middle School for the Multilingual Family Night. The representative was exceptionally knowledgeable and provided very helpful information to me for a family member. I would love to see Newberry Health set up at more events throughout the community. People need to know there are resources available in our area to assist those who are uninsured and underserved. Mental health care still needs to remain very high on the community health needs assessment. So many people need mental health care
- I love they're at sporting events promoting prevention and good health

Q12: Social determinants of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that negatively impact the health of you or your community (select all that apply):

Answer Choices	Responses	
Poverty	222	65.1%
Unemployment or unstable employment	193	56.6%
Lack of transportation	176	51.6%
Limited access to healthy food	169	49.6%
Limited access to healthcare services	167	49.0%
Housing instability or inadequate housing	165	48.4%
Lack of affordable childcare	144	42.2%
Racial and cultural disparities	122	35.8%
Limited access to public health services	109	32.0%
Public safety concerns	97	28.4%
Lack of a safe home setting	97	28.4%
Social isolation	94	27.6%
Limited access to quality education	81	23.8%
Limited access to utility services	40	11.7%
Other (please specify)	13	3.8%
	Answered	341
	Skipped	72

Comments:

- Leftover learned behaviors from previous cultural norms, i.e. "Real men" don't go to the doctor.
- Little money to pay bills, get food
- Unfortunately people start smoking and drinking alcohol because our environment demands it to make money and people find out how bad it is for them after they get old. We are just beginning to learn these things if get some education and pay attention.
- Stress
- Lack of education on health and wellness
- All of the above

Q13: What is a barrier to you seeking service at Newberry Health? (select all that apply)

Answer Choices	Responses	
Limited availability of services or specialties	149	47.5%
High cost of services	117	37.3%
Not aware of the hospital's services or programs	106	33.8%
Billing issues or lack of clarity in billing statements	83	26.4%
Perception of low-quality care	73	23.2%
Underinsured/no insurance	70	22.3%
Unhappy with previous experience with providers or staff	61	19.4%
Poor communication from providers or staff	57	18.2%
Difficulty getting an appointment (long wait times)	56	17.8%
Out-of-network for insurance plans	56	17.8%
Limited facility hours (inconvenient for working individuals)	45	14.3%
Language or cultural barriers	33	10.5%
Facility is too far from home	33	10.5%
Other (please specify)	32	10.2%
	Answered	314
	Skipped	99

Comments:

- No barrier
- None
- Not near my home
- No equity
- Already have established care elsewhere
- I want to go to the best if I get sick!
- None
- Transportation
- Personally, I've always received good care from NCMH but some people have the perception that since it is a small hospital, the care is not as good. Also there is some community concern regarding the change to "Newberry Health" and how it will impact individuals.

Q14: What services / offerings would you like to see available locally? (select all that apply)

Answer Choices	Responses	
Mental Health / Substance Abuse Treatment	146	43.8%
Additional Primary Care Availability	140	42.0%
Dermatology	139	41.7%
Cardiology	138	41.4%
Cancer Care	129	38.7%
Women's Health and Obstetrics	129	38.7%
Endocrinology	122	36.6%
Urgent Care / Walk-In / Extended Hours	122	36.6%
Gastroenterology	113	33.9%
Urology	113	33.9%
Bariatric	108	32.4%
Health Prevention / Education Programs	106	31.8%
Dental Care	104	31.2%
Pulmonology	100	30.0%
Neurology	83	24.9%
Nephrology	82	24.6%
Rheumatology	76	22.8%
Telehealth / Virtual Care	76	22.8%
Men's Health	72	21.6%
General Surgery	65	19.5%
Pediatrics	65	19.5%
Audiology	54	16.2%
Ophthalmology	53	15.9%
Orthopedics	48	14.4%
Reproductive Health	45	13.5%
Plastic Surgery	41	12.3%
Podiatry	31	9.3%
Other (please specify)	20	6.0%
	Answered	333
	Skipped	80

Comments

- Nutritionist
- Dea-registered providers who can prescribe/administer bupenorphine and suboxone
- Community paramedic program - integrated healthcare
- Need onsite dietician for wellness classes and in hospital and community consults/education

Q15: Where do you get most of your health information? (Select all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	255	76.1%
Website/Internet	141	42.1%
Hospital/Healthcare Office	119	35.5%
Family or Friends	111	33.1%
Word of Mouth	76	22.7%
Social Media	71	21.2%
Workplace	60	17.9%
Television	37	11.0%
School/College	23	6.9%
Newspaper/Magazine	18	5.4%
Radio	16	4.8%
Other (please specify)	11	3.3%
	Answered	335
	Skipped	78

Comments:

- Specifically, friends in the healthcare fields
- Books, medical journals
- Being a healthcare provider myself
- Urgent care
- My brother and his children have been physicians and I listened to them.
- Medical journals
- Formal education in healthcare
- Pharmacist