



2025 Community Health Needs Assessment

Bon Secours St. Francis Health System
GREENVILLE, SC

2025 Community Health Needs Assessment

Bon Secours St. Francis Health System

Adopted by the Bon Secours St. Francis Board of Directors
October 2, 2025

As part of Bon Secours Mercy Health, Bon Secours St. Francis Health System is honored to uphold nearly two centuries of dedication to the communities we serve. This commitment has continually evolved to address the most pressing needs in each community as identified by the input of residents, businesses and other community members.

Every three years, we reaffirm this dedication, in part by conducting a comprehensive Community Health Needs Assessment (CHNA). The most recent assessment, completed by Bon Secours St. Francis Health System, incorporates robust quantitative and qualitative data. This process guides our strategic planning, community investment and community benefit initiatives. This document provides a detailed CHNA specific to Bon Secours St. Francis Health System.

Bon Secours is guided by our Mission to extend the compassionate ministry of Jesus. We remain steadfast in improving the health and well-being of our communities and bringing good help to those in need — especially people who are poor, underserved and dying.

Bon Secours St. Francis Health System has identified the greatest needs within our community by listening to its local voices. Through open forums, surveys and other engagement strategies, we diligently seek input from our partners and neighbors. This ensures that our resources for outreach, prevention, education and wellness are strategically aligned to deliver the greatest impact.

We welcome written comments regarding the health needs identified in this CHNA. Please direct your feedback to Sean Dogan at RichardSean_Dogan@bshsi.org.

Bon Secours St. Francis Health System

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Bon Secours CHNA
Short Link:
[Bon Secours CHNAs](#)



Table of Contents

Executive Summary 4

Process and Methods..... 10

Community Input 12

Significant Community Identified Health Needs.....29

Prioritization of Health Needs37

Progress and Impact.....39

Appendix..... 41

 Appendix A Data Sources Reviewed and Utilized..... 42

 Board Approval..... 46

Executive Summary

Market Summary

Bon Secours St. Francis Health System includes:

- Hospitals downtown and at Eastside
- A neuroscience institute
- A cancer center and other facilities on the Millennium campus
- A medical campus in Simpsonville, which includes a freestanding emergency room
- A medical center in Fountain Inn

In 2026, facilities will include a second freestanding emergency department at Five Forks on Woodruff Road. Details are included in the Facilities section of this report.

Collaborating Partners

The Bon Secours St. Francis Health System thanks the following organizations for their collaboration as part of the process of conducting the needs assessment. These organizations had representatives who served on a Community Advisory Committee as part of the collaborative process of conducting the needs assessment:

- Bon Secours St. Francis Health System
- South Carolina Department of Health
- Morehouse School of Medicine
- United Ministries
- Pleasant Valley Neighborhood Association
- Briggs Psychiatry
- Meals on Wheels
- Greenville Free Medical Clinic
- Upstate Circle of Friends
- Mount Pleasant Community Center
- Rock Hill Baptist Church II
- Urban League of the Upstate
- Mountain View Baptist Church
- XSEED
- Hispanic Alliance
- LiveWell Greenville
- Unity Health on Main
- Sterling Community Center
- Appalachian Council of Governments
- Pleasant Valley Connection

Overview

Bon Secours St. Francis Health System, located in Greenville, South Carolina, is one of the leading health care providers serving the health care needs of those in Greenville County. For our Community Health Needs Assessment, in addition to community surveys, input was requested from members of our CHNA Community Advisory Committee. The committee members represent many of the community and state organizations with which we partner to deliver programming and care: Bon Secours St. Francis Health System, South Carolina Department of Health, Morehouse School of Medicine, United Ministries, Pleasant Valley Neighborhood Association, Briggs Psychiatry, Meals on Wheels, Greenville Free Medical Clinic, Upstate Circle of Friends FC Greenville, Mount Pleasant, Rock Hill Baptist Church II, Urban League of the Upstate, Mountain View Baptist Church, XSEED, Hispanic Alliance, LiveWell Greenville, Unity Health on Main, Sterling Community Center, Appalachian Council of Government, Pleasant Valley Connection.

In addition, we had an Internal CHNA Committee made up of several Bon Secours St. Francis Health System Physicians, Directors, Managers and Program Coordinators. We also have advisors with whom we consult: our Vice President of Mission for Bon Secours St. Francis Health System, and the Manager of Alliance for a Healthier SC, South Carolina Hospital Association.

Information was collected from key secondary data sources, including:

- United States Census Bureau
- Healthy People 2030
- County Health Rankings & Roadmaps (CHR&R)
- Centers for Disease Control and Prevention (CDC)
- South Carolina Department of Health and Environmental Control (SC DHEC) biostatistics, vital records, county health profiles and hospital discharge data

The secondary data collection was followed by five focus groups and a community survey, where participants and respondents were asked to identify areas of concern for the Greenville community in addition to specific health concerns.

The secondary data collection, focus groups and community survey were conducted by a team from Clemson University, led by consultant and Public Health Sciences Lecturer Shannon Owen. The team consisted of eight upper-level students in the Public Health Sciences Department: Savannah Fly, Caroline Howard, Ivan Huerta, McLean Mims, Bazmi Momin, Caroline Russell, Abigail Shuman and Madison Valentine. All data collected was used to inform the prioritization process.

The next steps in the process were the convening of the Community Advisory Committee over a course of several meetings and a two-and-a-half-hour prioritization workshop to review data, select and prioritize needs, and recommend potential action steps and strategies.

The significant needs in Greenville County were identified through the Community Input process detailed above:

- Housing insecurity (affordable housing and homelessness)
- Food insecurity
- Transportation
- Jobs with fair wages
- Mental and behavioral health
- Access to care

Prioritized Health Needs

1. Mental and behavioral health
2. Food and housing insecurity
3. Access to care for the aging and under-resourced communities



Our Mission

Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.



Facilities Description

Bon Secours St. Francis Downtown includes a 295-bed hospital, the St. Francis Outpatient Center, and a 45,000 square foot, 42-room emergency department. At that campus, we offer emergency services, heart care, heart surgery, inpatient cancer services, bone marrow transplantation center, orthopedic surgery, osteoporotic fracture program, spine surgery, neurosurgery, radiology and imaging services, sleep center, outpatient surgery, laboratory services and more.

Bon Secours St. Francis Eastside includes a 93-bed hospital and two medical office buildings: 131 Commonwealth Drive and 135 Commonwealth Drive. Services offered at these locations include emergency room, labor and delivery, neonatal care unit, joint replacement surgery, joint camp program, orthopedic surgery, surgical weight loss program, general medical and surgical care, critical care, imaging, mammography, breast health center, wound healing center, physical therapy and physician offices.

Bon Secours St. Francis Millennium is home to HealThy Self Fitness and Weight Loss, a sleep center, cardiac testing, outpatient rehabilitation, laboratory services, radiology services, physician offices, and the Diane Collins Neuroscience Institute, a new center that allows patients to receive many aspects of their individualized neurological care at one convenient location. The Millennium campus is also home to the St. Francis Cancer Center, a freestanding outpatient cancer facility that offers chemotherapy, radiation treatment, a lab and physician offices all in one convenient location.

Bon Secours St. Francis Medical Campus at Simpsonville is a 52,963 square foot facility located at 3970 Grandview Drive, right along Interstate 385. It includes a freestanding emergency department as well as medical office space that offers services for women's health, cardiology care, primary care, behavioral health, phlebotomy, ultrasound, X-ray and a retail pharmacy.

In 2024, St. Francis opened a new medical center in Fountain Inn at 910 North Main Street. We also launched a second mobile mammography unit, bringing our total for mobile care units to three: two for mammography and one for general medical care. The market also operates 18 Upstate urgent care facilities in the Greenville area.

In early 2025, St. Francis broke ground on a new care site in Five Forks, located at 2814 Woodruff Road, which will be home to the market's second freestanding emergency department. This new 12,500 square foot facility will feature nine exam rooms, including one specifically for trauma care, as well as CT and X-ray imaging. Once open, the new freestanding emergency department will give patients 24-hour access to state-of-the-art technology and board-certified emergency medicine staff trained to deliver high-quality, immediate care for a range of emergency medical needs.

Community Served by Bon Secours St. Francis Health System

Greenville County is a rapidly growing and increasingly diverse county that spans 795 square miles in the Piedmont region of South Carolina and contains many zip codes and census tracts. Greenville County remains the fastest-growing county in South Carolina, with a 25.52% increase since 2010.

The current estimated population for 2024 is 568,227. Roughly 76% of the population is white, 18% Black/African American, and 12% Hispanic. 37.9% of Greenville County residents have a bachelor's degree or higher, and 10.3% did not complete high school. The median age of Greenville County is 38.5 years, up from 36.9 in 2010. The age distribution in Greenville since 2010 has shown a slight decline in ages 19 and under and a slight increase in those aged 65 and above.

Joint CHNA

\$1.501(r)-3(b)(6)(i)

This is a "joint CHNA report," within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for Bon Secours St. Francis Health System, including Bon Secours St. Francis Downtown, Bon Secours St. Francis Eastside, Bon Secours St. Francis Millennium and Bon Secours St. Francis Medical Campus at Simpsonville. This report reflects the hospitals' collaborative efforts to conduct an assessment of the health needs of the community they serve. Each of the hospitals included in this joint CHNA report define its community to be the same as the other included hospitals. The assessment included is seeking and receiving input from that community.



Process and Methods

Process and Methods to Conduct the Community Health Needs Assessment

Research methods incorporated primary and secondary data, both quantifiable and qualitative, to develop a well-rounded view of the state of the community's health. Data collection methodology, tools and data sources used for this CHNA were consistent with those used for previous CHNA studies to allow for appropriate comparisons between time periods.

The research for the CHNA was conducted by a team from Clemson University, led by consultant and Public Health Sciences Lecturer Shannon Owen. The team consisted of upper-level students in the Public Health Sciences Department: Savannah Fly, Caroline Howard, Ivan Huerta, McLean Mims, Bazmi Momin, Caroline Russell, Abigail Shuman and Madison Valentine.

Data was gathered using the following methods:

1. Collection of statistical (secondary, quantitative) data at national, state, regional and local levels. Key data sources included the United States Census Bureau; Healthy People 2030; County Health Rankings & Roadmaps; Centers for Disease Control and Prevention; and South Carolina Department of Health biostatistics, vital records, county health profiles and hospital discharge data. Dates of data collected ranged from 2000–2024. For each indicator, data was pulled for the most recent year available. To assess trends and progress, data points were compared to data pulled from the previous CHNA study when updated data points were available.
2. Collection and analysis of primary qualitative and quantitative data was completed through a series of focus groups and by implementing a community survey.

Focus Groups

Community feedback was gathered through a variety of community and stakeholder focus groups. Five focus groups were conducted with a total of 76 participants. The groups and dates conducted include:

1. Faith-based (Nov. 12, 2024)
2. Seniors (Sept. 19, 2024)
3. Health and human service providers (Sept. 24, 2024)
4. Hispanic community (Oct. 11, 2024)
5. Neighborhood community center (Oct. 9, 2024)

Community Survey

Community surveys were given to respondents who were 18 years or older and residents of Greenville County. Those who did not meet these criteria were not eligible for participation. The survey was distributed:

- Online
- Via paper copies at various community locations, such as at community health events, community centers and partner networks
- Through the MyChart patient portal

Using this combination of methods allowed Bon Secours St. Francis Health System to solicit input from a wide variety of participants. The survey consisted of questions regarding the participant's community's health and resources, health and health care, social determinants of health (SDOH) and demographics. In total, 1,344 Greenville County respondents completed a survey.

External Sources

External data was gathered through existing secondary data sources, including, but not limited to:

- U.S. Census Bureau
- Healthy People 2030
- County Health Rankings: Robert Wood Johnson Project
- State of Obesity Report: Trust for America's Health
- CDC's Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS) and National Center for Health Stats
- DHEC's biostatistics, chronic disease reports and vital records
- SC Revenue and Fiscal Affairs Office
- Healthcare Cost and Utilization Project (HCUP)
- KIDS COUNT South Carolina
- Other reports on teen pregnancy, diabetes, asthma, etc.

Community Input

No written comments were received on the most recently conducted CHNA and Implementation Strategy.

Community feedback for this CHNA was gathered through a variety of community and stakeholder focus groups. Five focus groups with a total of 76 participants were conducted. These groups and the dates conducted include:

1. Faith-based (Nov. 12, 2024)
2. Seniors (Sept.19, 2024)
3. Health and human service providers (Sept. 24, 2024)
4. Hispanic community (Oct. 11, 2024)
5. Neighborhood community center (Oct. 9, 2024)

The summary of focus group themes is included on the following pages.

Bon Secours St. Francis Health System Community Health Needs Assessment

Community perception: Feedback from focus groups

August–November 2024

Five groups, 76 participants



Perception of Community Factors Impacting Health	Health Conditions of Top Concern: Adult	Health Conditions of Top Concern: Youth/Children	Barriers to a Healthy Lifestyle
Strengths: - Walking trails/parks - Free/mobile clinics - Community centers - Farmers Market - Nonprofit services Concerns: - Affordable housing - Mental health services - Food access/food insecurity - Transportation - Health care access	- Mental health - Diabetes - Cancer - Drug abuse - Hypertension - Obesity - Heart disease - Dementia/Alzheimer's	- Mental health - Suicides - Obesity - Sedentary lifestyles - Under-socialization and overexposure to internet - Anger/violence/trauma - Gun violence	- Lack of mental health resources - Transportation - Job insecurity - Food insecurity/food deserts/cost of healthy food - Prescription cost/uncovered - Inaccessible health care/lack of insurance - Affordable housing - Language barrier
Other/Misc.	Human Touch	Gaps in Services	Barriers to Health Care
- Health literacy - Availability of childcare - Need improvement spreading awareness of where and how to access services	- Difficulty getting timely appointments - Trust issues with providers due to attitudes and perceptions - Lack of sufficient time for patient care - Care is no longer preventive	- Mental health services - Vision/eye care - Geriatric care - Specialty care (wait time to get an appointment)	- Transportation - Language barriers - Lack of insurance

Community survey results:*

Gender

	Greenville County	Survey Respondents
Male	48.5%	26.2% (249)
Female	51.5%	71.7% (681)

Race

	Greenville County	Survey Respondents
American Indian or Alaskan Native	0.6%	1.12% (10)
Asian	2.8%	1.24% (11)
Black or African American	17.9%	20.45% (182)
Native Hawaiian or Other Pacific Islander	0.1%	0.34% (3)
White (Not Hispanic or Latino)	76.3%	62.58% (557)
Prefer not to answer/self-describe as other	0.05%	14.27% (127)

Hispanic/Latino

	Greenville County	Survey Respondents
Yes	11.7%	16% (146)

Age

	Greenville County	Survey Respondents
18 and under (*19 and under)	24.9%	N/A
19-24 (*20-24)	6.0%	4% (55)
25-34	14.2%	11% (141)
35-44	13.4%	15% (199)
45-54	12.1%	17% (225)
55-64	12.3%	18% (240)
65 or older	17.2%	34% (444)

Income

	Greenville County	Survey Respondents
\$0-\$24,999	13.8%	18% (156)
\$25,000-\$49,999	16.7%	20% (169)
\$50,000-\$74,999	18.3%	17% (147)
\$75,000-\$99,999	14.1%	13% (111)
\$100,000-\$124,999	17.0%	11% (94)
\$125,000-\$149,999		7% (56)
\$150,000-\$174,999	9.2%	4% (37)
\$175,000-\$199,999		4% (35)
\$200,000 or more	11.0%	6% (54)

Zip Code

	Greenville County	Survey Respondents
29681	66,168	141
29651	53,804	39
29607	43,466	136
29687	43,398	86
29605	39,355	119
29615	39,164	79
29650	38,725	58
29680	33,768	86
29611	32,925	92
29673	30,723	44
29609	29,739	113
29617	26,649	88
29690	26,362	40
29644	21,762	19
29662	14,583	44
29669	13,789	22
29601	12,993	42
29356	8,841	4
29661	6,243	8
29613	2,345	0
29614	1,965	4
29635	1,312	0
29683	382	2
Other	N/A	128

*Key summary points from the survey are included in the data summary on the previous pages of this document.

Note: While 1,344 people responded to the survey, the categories above do not equal 1,344 respondents. This difference is due to respondent drop out over the course of the survey (since demographic questions were at the end of the survey), as well as respondents choosing not to answer demographic questions (since some respondents are not comfortable providing demographic information). In the gender category, there were additional respondents who chose responses such as binary, prefer not to answer, transgender and other. Gender was also overrepresented by female respondents; it is typical for more females to respond to community surveys than males.

Collaborating Partners

As part of the process of conducting the needs assessment, Bon Secours St. Francis Health System collaborated with the following organizations whose representatives served on a Community Advisory Committee:

- South Carolina Department of Health
- Morehouse School of Medicine
- United Ministries
- Pleasant Valley Neighborhood Association
- Briggs Psychiatry
- Meals on Wheels
- Greenville Free Medical Clinic
- Upstate Circle of Friends
- Mount Pleasant Community Center
- Rock Hill Baptist Church II
- Urban League of the Upstate
- Mountain View Baptist Church
- XSEED
- Hispanic Alliance
- LiveWell Greenville
- Unity Health on Main
- Sterling Community Center
- Appalachian Council of Governments
- Pleasant Valley Connection
- New Horizon Family Health
- Communities in Schools of SC

- Safe Harbor
- Greer Relief
- Barbara Stone Foundation
- Miracle Hill Ministries
- Compass of Carolina
- Loaves & Fishes Greenville
- New Mind Health and Care
- Greenville Housing Fund
- Greenville Literacy Fund
- Just Say Something
- Carolina Center for Behavioral Health
- Greenville County Sheriff's office



Information and Data Considered in Identifying Potential Need

Information and data sources: federal, state or local health or other departments or agencies; community input

Public health departments	Date of data/information
South Carolina Department of Health and Environmental Control [now called SC Department of Public Health (SCDPH)]	• Biostatistics, vital records, county health profiles and hospital discharge data: 2016–2022. • SCDPH also participated in focus groups and Advisory Committee meetings in 2025.
CDC	2021–2022

At-risk populations	Date of data/information
South Carolina Department of Environmental Control (now SCDPH)	2016–2022
County Health Rankings & Roadmap	2023–2024
United States Census Bureau	2010–2023
U.S. Dept of Health and Human Services: Healthy People 2030	2024

Community and stakeholder input	Date of data/information
Focus groups	Sept. 9, Sept. 19, Oct. 9, Oct. 11 and Nov. 12, 2024:
Survey responses	October–December 2024 (various dates)
Advisory Committee meetings	Prioritization meeting and workshop Feb. 27 and March 6, 2025

Community, Organization, and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income, or Minority Populations Represented by Organization
United Ministries	May 2024–March 2025 Feb. 27, 2025, and March 6, 2025 Sept. 19, 2024	Community Advisory Committee meetings Prioritization meetings and workshops Focus group	Direct services organization that facilitates housing, economic stability and support services related to those areas for low-income individuals
Pleasant Valley Neighborhood Association and Pleasant Valley Connection (PVC)	May 2024–March 2025 Feb. 27, 2025, and March 6, 2025 Oct. 9, 2024	Community Advisory Committee meetings Prioritization meetings and workshops Focus group	PVC provides after school and summer child and teen care, often for low-income families with vouchers; senior programming; and physical space for Head Start. PVC and the neighborhood association serve a diverse population, including many Black and Hispanic families
Sterling Community Center and Sterling Land Trust	May 2024–March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings and helped secure participation in the CHNA survey Prioritization meetings and workshops	The Sterling Community Center provides childcare and senior programming, often for minority and low-income individuals. The Sterling Land Trust focuses on affordable housing (based on the area median income, or AMI) in the Sterling community.
Briggs Psychiatry	May 2024–March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	Led by an African American male Nurse Practitioner whose focus is to be inclusive while reaching the underserved, Briggs works closely with Urban League of the Upstate providing mentorship as well as mental and behavioral health access to those who are financially under-resourced.
Meals on Wheels	May 2024–March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	Focuses on alleviating food insecurity and social isolation by providing meals and other assistance to those who are homebound.

Community, Organization, and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income, or Minority Populations Represented by Organization
Greenville Free Medical Clinic	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings and helped secure participation in the CHNA survey Prioritization meetings and workshops	Provides quality medical and dental care, prescription medications and health education at no charge to eligible low-income, uninsured Greenville County residents.
Upstate Circle of Friends (UCF) Greenville	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshop	UCF is committed to the successful progression of at-risk children and their families and support of senior adults through various educational, recreational and social programs.
Mount Pleasant Community Center	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee and helped secure participation in the CHNA survey Prioritization meetings and workshop	Provides childcare and senior programming, often for minority and low-income individuals
Rock Hill Baptist Church II and Urban League of the Upstate	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	Rock Hill Baptist Church II in Pleasant Valley hosts a Blessing Box that provides free food for those in need as well as classes and produce distribution by XSEED. The Urban League works to provide economic empowerment, educational opportunities and the guarantee of civil rights for the underserved.
Mountain View Baptist Church	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	Community partner in our faith communities work. African American-led church that helps distribute health information to their congregation and others and participates in clergy health education sessions.

Community, Organization, and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income, or Minority Populations Represented by Organization
XSEED	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	Teaches nutrition and cooking classes and distributes free produce in community, often to those who are under-resourced, low income and African American.
Hispanic Alliance	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025 October 11, 2024	Community Advisory Committee meetings and helped secure participation in the CHNA survey by the Hispanic community Prioritization meetings and workshops Focus group	Hispanic Alliance unites a network of agencies and individuals who collaborate to support and advance members of Hispanic communities in the Upstate region.
LiveWell Greenville	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	LiveWell coordinates efforts among nonprofits, government agencies, faith partners, businesses and community members to increase access to healthy eating and active living in Greenville County.
Unity Health on Main	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshop	Unity Health delivers affordable, compassionate health care for all. They work to reduce health disparities and inequities.
Phoenix Center and Well-Being Partnership	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	The Well-Being Partnership serves all Greenville County residents, including low-income, uninsured patients, who need solutions to mental and behavioral health issues.
Southeast Addiction Technology Transfer Center (SATTC) and Morehouse School of Medicine	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	SATTC focuses on evidence-based addiction and recovery practices. They strive to be the premier leading expert on faith-based communities and tailoring needs to special populations such as African Americans.

Community, Organization, and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income, or Minority Populations Represented by Organization
Appalachian Council of Governments – Area Agency on Aging (AAA)	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025	Community Advisory Committee meetings Prioritization meetings and workshops	AAA provides information and assistance to older adults, persons with disabilities and caregivers.
Long Branch Baptist Church	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025 Oct. 12, 2024	Community Advisory Committee meeting and helped secure participation in the CHNA survey Prioritization meetings and workshops Hosted a focus group	Offers a food pantry and meals, and volunteers with nonprofit agencies that assist individuals in need. They are participants in the Ministries of Health and GACE groups that help faith-based organizations deliver health education to their congregations.
South Carolina Department of Health	May 2024– March 2025 Feb. 27, 2025, and March 6, 2025 Sept. 24, 2024	Community Advisory Committee meetings Prioritization meetings and workshops Focus group	Assists all SC residents, including low-income, uninsured individuals. A key partner in providing free vaccine clinics.
Greenville Homeless Alliance	Sept. 24, 2024	Participated in a focus group	GHA is committed to ending homelessness through advocacy and policy changes.
New Horizon Family Health Services	Sept. 24, 2024	Participated in a focus group	Provides medical, dental, and behavioral health services to anyone in need of those services.
Communities in Schools of SC	Sept. 24, 2024	Participated in a focus group	Provides integrated K-12 student support, especially to those who live in poverty and face a greater risk of dropping out.
Safe Harbor	Sept. 24, 2024	Participated in a focus group	Provides a wide array of services for survivors of domestic violence and their children.

Community, Organization, and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income, or Minority Populations Represented by Organization
Greer Relief	Sept. 24, 2024	Participated in a focus group	Offers case management, referral, essential support, and education to those in need who are ready to take steps toward self-improvement.
Barbara Stone Foundation	Sept. 24, 2024	Participated in a focus group	Dedicated to improving the quality of life for individuals with disabilities.
Miracle Hill Ministries	Sept. 24, 2024	Participated in a focus group	Provides homeless services, such as shelter, food, and other support to help individuals become independent, stable, and have healthy relationships.
Compass of Carolina	Sept. 24, 2024	Participated in a focus group	Provides positive solutions for those who need second chances through counseling, education, intervention, and help with managing federal benefits.
Loaves & Fishes Greenville	Sept. 24, 2024	Participated in a focus group	L&F rescues food and redistributes it to partner agencies free of charge to reduce food insecurity in Greenville.
Just Say Something	Sept. 24, 2024	Participated in a focus group	Helps youth, parents and communities have open, honest and ongoing conversations about risky behavior, drugs and alcohol.
New Mind Health & Care	Sept. 24, 2024	Participated in a focus group	Focuses on those who are re-entering society after incarceration, with support and connection to resources; provides mental health resources and services to children and families who have had multiple encounters with law enforcement; and works with the LGBTQ+ community.

Community, Organization, and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income, or Minority Populations Represented by Organization
Greenville Housing Fund	Sept. 24, 2024	Participated in a focus group	Focuses on community members earning less than 80% of the area median income who need affordable housing
Greenville Literacy Association	Sept. 24, 2024	Participated in a focus group	Increases the literacy and employability of adult learners
Carolina Center for Behavioral Health	Sept. 24, 2024	Participated in a focus group	Work with teens, adults, and senior adults on psychiatric and substance use disorders.
Greenville County Sheriff's Office	Sept. 24, 2024	Participated in a focus group	Provides victim assistance, including help with short-term housing and food
Grove Elementary School	Sept. 24, 2024	Participated in a focus group	K-5 school that offers English for speakers of other languages (ESOL) instruction and universal breakfast and lunch program

A summary of key data collected from both secondary sources and the community survey and focus groups is included below.

General social characteristics

- Greenville County remains the fastest-growing county in South Carolina, with a 25.52% increase since 2010. The current estimated population for 2024 is 568,227.
- The county has seen an increase in diversity, with a growing Hispanic/Latino population (now at 11.7%). Greenville has a younger population than South Carolina as a whole, with a higher percentage of residents ages 19 and under and a lower percentage of those 65 years and older.
- Greenville County has shown improvements in educational attainment, with more residents earning college degrees. Despite the fact that Greenville County has experienced a slight increase in the high school dropout rate, likely impacted by COVID-19, the county has improved in high school dropout state rankings, moving from 32nd place in 2018 to 24th place in 2021.

- Despite economic fluctuations, Greenville County's unemployment rate was 4.4% as of October 2024, which is slightly higher than the national rate but lower than South Carolina's average of 4.7%. The county historically has maintained a strong workforce.
- Poverty has remained relatively flat for the past few years; however, childhood poverty has seen a slight decline in the county.
- Greenville County ranks as the second best county in the state on KIDS COUNT child well-being indicators, an improvement from fourth best at the time of the last CHNA study.

Healthy lifestyles and risk factors

- Greenville County has seen a decrease in smoking rates in adults by 2% since 2018 (17% to 15%) and is on trend with the smoking rates of adults in South Carolina (16%).
- South Carolina is ranked 20 out of 48 for e-cigarette use in adults. E-cigarettes remain the main source of tobacco use within the youth population, making up 86.5% of tobacco use by youths.
- According to the Robert Wood Johnson County, Greenville County ranks one of the healthiest counties in South Carolina, ranking third healthiest in County Ranking Health Factors and fourth in Health Outcomes.
- Greenville County has seen notable improvements with air pollution, the food environment index, access to exercise opportunity and food insecurity for the residential population.
- South Carolina is among the states with the highest rates of obesity for children ages 6-17 years: Mississippi (26.1%), Kentucky (24.6%), South Carolina (23.0%), and New Mexico (24.2%).
- The percentage of adults who are overweight or obese in Greenville County remains at about 70%.
- **Focus groups:** There is a general sense in the community that Greenville is a healthy place to live with a clean environment, opportunities for walking and biking, good places to play and good places to go for health care.
- **Focus groups:** Focus groups indicated concerns regarding food insecurity and the expense of healthy foods.
- **Community survey:** Despite improvements in food environment and food insecurity indexes, the community survey revealed that in the past year, 13.3% of respondents had been unable to acquire food resources.

Health outcomes: morbidity and mortality

- Cancer is the leading cause of death in Greenville, closely followed by heart disease. Typically, in any given year, the leading two causes of death are cancer and heart disease. The order may vary from year to year. Despite this, Greenville County has seen steady declines over the past several years in the death rates for both cancer and heart disease.

- Death associated with Alzheimer's and suicide rank higher among the top 10 causes of death in Greenville County than in the state and the nation.
- Greenville County ranks 40th (with 46 being the worst) in the state for Alzheimer's deaths, and rates have increased.
- Infant mortality has declined; however, the Black population has more than double the infant mortality rate than the white population.
- Greenville County has seen a decline in cancer mortality rates for several years. There is, however, a significantly higher rate of cancer death rates among the Black population compared to other races/ethnicities, even though the cancer incidence rates for the white population are higher than the Black population. The Hispanic population has the lowest incidence and death rates from cancer.
- Prevalence of diabetes has remained relatively the same over the past few years in Greenville County, and the county ranks better than the state in both diabetes prevalence and death rates. The death rate for diabetes among the Black population is more than double that of the white population.
- Greenville has a much lower rate of heart disease deaths than the statewide statistic, but there has been an increase since 2019.
- **Community survey:** Overall, 33% of Greenville County residents reported in the community survey that their health is very good or excellent. This is a significant decrease from the survey conducted in 2021, at which time 46% of survey respondents ranked their own health as very good or excellent.

Mental health and substance abuse

- South Carolina ranks 49th in the nation for mental health care access (worst being 51st, inclusive of the District of Columbia).
- In recent years, South Carolina has seen a decrease in suicide deaths among adolescents ages 15-19, while the national rate has stayed the same.
- South Carolina ranks 11th out of the United States for highest drug overdose deaths, with a rate of 44.7 per 100,000 people.
- Greenville County is among the counties in the state that are of the highest burden on the state for cocaine and other stimulants.
- Between 2022 and 2023 there was a significant drop in opioid prescriptions dispensed, but also a significant increase in Naloxone administration by emergency medical services (EMS).
- **Community survey:** The cost of care and the lack of insurance were cited as the most prominent barriers to behavioral health services. Other common barriers included stigma, lack of resources, no insurance, long wait times and lack of trained health staff.
- **Community survey:** When asked about health programs that are meeting the level of need in the community, mental health programs, alcohol and drug abuse, violence, and programs addressing obesity ranked the lowest.

- **Community survey:** Depression and anxiety were the most frequently cited mental health concerns. Among those who said they have had a mental health issue in 2024, 38% said they experienced depression (down from 54% in 2021), and 41% reported having anxiety in the past year (down from 50% in 2021).
- **Community survey:** The 25–34 age group reported higher levels of anxiety and depression than any other age group.
- **Focus groups:** Focus groups indicated mental health as a top concern, particularly for children and youth.

Health care access

- Greenville County has fewer areas designated as medically underserved areas/ populations (MUA/P) than the rest of the state of South Carolina. This means that there are fewer areas in Greenville County that lack access to primary care services.
- There has been an improvement in the number of health professional shortage areas (HPSA) care facilities in Greenville County. In all three categories of primary care provider, dental health and mental health services, zero care facilities existed in 2020.
- The person-to-provider ratios in Greenville County are lower than other parts of South Carolina. There has been a steady decrease in the ratios over the past eight years, and the most improvement can be seen in the mental health care person-to-provider ratio.
- There was an increase in 2023 in the percentage of uninsured adults (ages 18–64) in Greenville County.
- There is a consistent increase in emergency department visits since 2020, and charges for those visits have increased disproportionately.

Social determinants of health (SDOH)

- **Community survey:** Only 27% of survey respondents agreed or strongly agreed that there were good housing options in Greenville County, with 26% being neutral.
- **Focus groups:** Affordable housing was indicated as a top concern through the focus groups and, similarly in the survey, affordable housing and homelessness ranked as the top priority issues that respondents believe should be addressed within Greenville County.
- **Focus groups:** Transportation continued to be cited as a top concern among focus groups, similar to the last CHNA.
- **Community survey:** The top five issues community survey respondents indicated that they believe should be community priorities were:
 - Affordable housing
 - Access to health services
 - Jobs with fair wages
 - Homelessness
 - Mental health

Significant Community Identified Health Needs

Social Determinants of Health Needs – Community Level Needs that Impact Health and Well-Being

Housing insecurity, including:

- Affordable housing
- Homelessness

Capacity and adequacy of service levels

Both the survey and the focus groups identified affordable housing as the top concern.

Greenville County's rapid growth and escalating property prices (with accompanying tax increases) are forcing underserved residents either into homelessness or into outlying areas of the county, where they have a more difficult time accessing resources and services.

The median income in Greenville is approximately \$60,000 per year; 30% of that amount would allow someone to purchase up to a \$250,000 house. The median house price in Greenville, however, is more than \$300,000. Affordable housing was chosen as a top priority by both focus group participants and survey respondents.

Food insecurity

Capacity and adequacy of service levels

For the first time, food insecurity rose to the top of the Bon Secours St. Francis Health System CHNA survey and focus group discussions as one of the most critical concerns. In the past year, 13.3% of respondents had been unable to acquire food resources.

Greenville has many organizations that connect community members to Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and senior farmers' market vouchers. LiveWell Greenville has compiled a document that lists Greenville's considerable food resources with hours of food pantry operations and requirements, as well as a map of the locations. Even with these extensive resources, there is concern that donations will not be able to keep pace with the growing need in the community and that healthy food remains too costly for many residents.

Transportation

Capacity and adequacy of service levels

According to United Way of Greenville County, lack of access to safe and reliable transportation continues to be a barrier for many families in Greenville County. Piedmont Health Foundation identified lack of transportation in Greenville County as the number one obstacle for residents who need to reach employers, schools, health care providers and other critical services.

Residents who need to use public transportation can choose from Greenville County's Greenlink bus system's 12 dedicated routes. Those routes do not, however, cover all areas of the county. Less than 1% of Greenville County residents report taking public transportation to work.

For medical transportation, there are many more options, including:

- Modivcare, which provides free, door-to-door non-emergency medical transportation for Medicaid recipients
- Senior Action, which offers transportation for non-emergency medical needs and daily errands
- SouthEast Transportation Services, which provides non-emergency medical transportation
- Greenville Area Paratransit (GAP), an Americans with Disabilities Act (ADA) service provided for individuals who are unable to use Greenlink's fixed bus routes and trolley service because of their disabilities

In addition, health care systems in Greenville County sometimes are able to provide bus tickets and door-to-door transportation for medical appointments for those in need.

Jobs with fair wages

According to the Bureau of Labor Statistics, in mid-2024 the average hourly wage for the Greenville-Anderson-Mauldin Metropolitan Statistical Area was \$26.40, whereas the national average was \$31.48. The lowest wages in Greenville were for food preparation and serving jobs (\$13.50), personal care and service positions (\$15.79), and building and grounds cleaning and maintenance (\$15.97). According to the Massachusetts Institute of Technology (MIT) Living Wage Calculator, the living wage for an adult living in Greenville County is \$22.72.

Social Health Needs – Individual Level Non-Clinical Needs

Housing insecurity

Capacity and adequacy of service levels

As noted under community level needs, both the survey and the focus groups identified affordable housing as the top concern. Greenville's affordable housing capacity is thousands of units below what is needed. Requests for housing aid continue to increase and exceed the capacity of existing organizations and agencies.

The Greenville Housing Authority has just been approved to participate in the Moving to Work federal program that supports the development of self-sufficiency by providing housing assistance and individually tailored, localized solutions. This need is addressed not just at the community level, but also for individuals (patients and community members).

Significant Clinical Health Needs

Mental and behavioral health

Capacity and adequacy of service levels

Mental and behavioral health was consistently identified across focus groups and survey results as the top concern. South Carolina ranks 49th (worst being 51st, inclusive of the District of Columbia) in the nation for mental health care access.

The cost of care and the lack of insurance were cited as the most prominent barriers to behavioral health services. Other common barriers included stigma, lack of resources, no insurance, long wait lines and lack of trained health staff.

Greenville is home to many mental/behavioral health and substance use providers, including:

- SC Department of Mental Health – Greenville, Greer and Simpsonville clinics
- Phoenix Center
- Carolina Behavioral Health
- Just Say Something
- National Alliance on Mental Health – Greenville
- Major health systems and network of care services: Bon Secours St. Francis Health System and Prisma Health

Although the person-to-provider ratio has improved since the last CHNA, increased demand from Greenville County's rapidly growing population is straining current capacity.

Access to care

Capacity and adequacy of service levels

Although Greenville County has fewer MUA/P designated areas than the rest of the state, and the county has seen an improvement in the number of HSPA care facilities, access to care remains a concern, particularly for the aging and under-resourced communities. Those groups include community members who are uninsured or underinsured and those who lack transportation for appointments.

In 2023, Greenville County experienced an increase in the percentage of uninsured adults (ages 18–64). In addition, there has been a consistent increase in emergency department visits since 2020, which could indicate an increase in community members who lack a primary care home.

Resources Available

Due to the considerable and complex nature of the community identified significant health needs, there are several organizations within the community that may be available to address one or more of the needs identified in this report.

Community assets, listed below with their respective areas of focus, are current or potential partners. This list is not exhaustive, as additional partners may surface as specific strategies are developed.

Health Care Facilities & Services:

- Bon Secours St. Francis Health System
 - Housing and food security, mental and behavioral health, access to health care, transportation, aging
- Prisma Health
 - Housing and food security, mental and behavioral health, access to health care, transportation, aging

Health Departments:

- South Carolina Department of Health
 - Access to health care
- Department of Mental Health
 - Mental and behavioral health

Other Local and National Resources:

- United Housing Connections
 - Housing security, mental and behavioral health
- Safe Harbor
 - Housing security, mental and behavioral health
- Homeless Coalition
 - Housing security
- Greenville Together
 - Housing security
- Homes for Hope
 - Housing security
- Triune Mercy Center
 - Housing security
- United Ministries
 - Housing security
- United Way of Greenville County
 - Housing security
- Piedmont Health Foundation
 - Housing security, mental and behavioral health
- First Christian Fellowship
 - Housing security
- Sterling Land Trust
 - Housing security
- Habitat for Humanity
 - Housing security
- Rebuild Upstate
 - Housing security
- SC Works - Housing Security
- Thrive Upstate
 - Housing security
- Jasmine Road
 - Housing security
- Continuum of Care, SC Department of Children's Advocacy
 - Housing security
- City and county law enforcement
 - Housing security
- Loaves & Fishes Greenville
 - Food security
- Meals on Wheels
 - Food security, aging
- Project Host
 - Food security
- Local food pantries (<https://livewellgreenville.org/greenville-county-food-resources/>)
 - Food security

- LiveWell Greenville
 - Food security, access to health care
- FoodShare Greenville
 - Food security
- Greenville Free Medical Clinic
 - Food security, access to health care, mental and behavioral health
- Greer Relief
 - Food security
- North Greenville Food Crisis Ministries
 - Food security
- Piedmont Emergency Relief Center
 - Food security
- Salvation Army
 - Food security, housing security
- Sterling Community Center
 - Food security, access to health care, aging
- Pleasant Valley Connection
 - Food security, aging
- Mt. Pleasant Community Center
 - Food security, aging
- Senior Action
 - Food security, aging
- Triune Mercy Center
 - Food security
- Upstate Food Not Bombs
 - Food security
- Unity Health
 - Food security, mental and behavioral health, access to health care
- Upstate Behavioral Health Coalition
 - Mental and behavioral health
- Briggs Psychiatry & Behavioral Health, PC
 - Mental and behavioral health
- Greenville Crisis Response Team
 - Mental and behavioral health
- SC Hospital Association Behavioral Health Coalition
 - Mental and behavioral health
- Greenville Shared Solutions
 - Mental and behavioral health
- Faces and Voices of Recovery (FAVOR)
 - Mental and behavioral health
- Well-Being Partnership for Greenville
 - Mental and behavioral health
- National Alliance on Mental Illness (NAMI)
 - Mental and behavioral health

- Mental Health America of Greenville County
 - Mental and behavioral health
- The Carolina Center for Behavioral Health
 - Mental and behavioral health
- Phoenix Center
 - Mental and behavioral health
- Rize Prevention
 - Mental and behavioral health
- Just Say Something
 - Mental and behavioral health
- Compass of Carolina
 - Mental and behavioral health
- New Horizon Family Health Services
 - Mental and behavioral health
- Springbrook Autism Behavioral Health
 - Mental and behavioral health
- Greenville County schools
 - Mental and behavioral health
- New Horizon Family Health Services
 - Access to health care
- Hispanic Alliance
 - Access to health care
- PASOS
 - Access to health care
- Taylors Free Medical Clinic
 - Access to health care
- Area Agency on Aging
 - Aging
- Senior Solutions
 - Food security, aging, transportation
- Greenville County Parks and Recreation – Senior Programs
 - Food security, aging, transportation
- Greenlink Transit (Greenville Transit Authority)
 - Transportation, general
- Uber
 - Transportation, general
- Lyft
 - Transportation, general
- Yellow Cab Co. of Greenville
 - Transportation, general
- GVL Taxi
 - Transportation, general
- A Taxi Alternative
 - Transportation, general

- Greenville Area Paratransit (Greenville Transit Authority)
 - Transportation, medical non-emergency
- Tandem Transport
 - Transportation, medical non-emergency
- Transportation on Demand
 - Transportation, medical non-emergency
- Modivcare
 - Transportation, medical non-emergency
- Spiritual Hands Transportation
 - Transportation, medical non-emergency
- Freedom 1st Medical Transport
 - Transportation, medical non-emergency
- Uber Health
 - Transportation, medical non-emergency
- Elite Home Care & Day Centers
 - Transportation, medical non-emergency
- STR Transport Services
 - Transportation, medical non-emergency
- Volunteer Support for Veterans - Disabled American Veterans (DAV)
 - Transportation, medical non-emergency



Prioritization of Health Needs

The prioritization processes took place over two key meetings with the Bon Secours St. Francis Health System Community Advisory Committee. During the first meeting, survey, focus group and secondary data results were presented along with a full data report for the committee to review. The committee had a week to review the material presented.

Next, the Bon Secours St. Francis Health System Community Advisory Committee convened for a two-hour meeting during which the significant needs identified by the data collection methods were highlighted. Meeting attendees were then broken into five groups to discuss needs and identify and rank priorities.

The CHNA consultant reviewed input from the groups and, accordingly, proposed areas of focus that were subsequently reviewed by both the Director and the Manager for Community Health. They chose three priority areas that honored the input from all sources (see previous pages for the table of partners and their involvement).

Prioritized Health Needs

Mental and behavioral health

The community consistently identified mental and behavioral health as a top health concern. It was mentioned most often as a top concern across all focus groups, while the community survey showed that depression and anxiety were the most frequently cited mental health concerns; 38% reported they experienced depression at some point over the past 12 months, and 41% reported experiencing anxiety. The cost of care and the lack of insurance were cited as the most prominent barriers to behavioral health services. Other common barriers included stigma, lack of resources, no insurance, long wait times and lack of trained health staff.

In the community survey, only 35% of the survey respondents believe they could easily obtain treatment for mental health illness. When asked about health programs that meet the level of need in the community, mental health programs, along with alcohol and drug abuse, ranked among the lowest.

Food and housing insecurity

For this CHNA, food and housing insecurity are addressed together because they are deeply linked and were both considered critical issues by survey respondents and focus group participants.

In the focus groups, food insecurity/high price of foods was consistently reported as a barrier to health in Greenville. In addition, affordable housing was indicated as a top concern through the focus groups. Similarly, in the survey, affordable housing and homelessness ranked as the top priority issues that respondents believe should be addressed within Greenville County. Only 27% of survey respondents agreed or strongly agreed that there were good housing options in Greenville County, with 26% being neutral.

Access to care for the aging and under-resourced communities

Greenville has an aging population, and data has shown significantly high rates of Alzheimer's disease in Greenville and across the Upstate of South Carolina. Access to health care services for both the aging population and those who are under-resourced was a top concern in the focus groups. In the community survey, access to health services ranked as the second top priority. Only affordable housing ranked as a higher priority.

Significant Health Needs Not Prioritized

Chronic lifestyle conditions — such as diabetes, heart disease, hypertension and obesity — often are mentioned as concerns by the community and in secondary data. These were not selected because it was felt that increasing access to care for the noted populations would help address these concerns. In addition, work is already being done in the community by several organizations to prevent and treat these conditions.

Transportation also was often indicated as a significant barrier to care. The committee did not prioritize this issue as it felt it was beyond the scope and expertise of the health system, aside from providing transportation vouchers as needed.

Progress and Impact

Housing and homelessness

Strategies	Progress
Partner with Habitat for Humanity to complete our 10-build commitment	All builds have been completed.
Work with organizations that focus on home ownership and home preservation/protection to promote and protect home ownership in target neighborhoods among target populations	\$50,000 from a Mission Outreach program was provided to Rebuild Upstate for senior home repairs in target neighborhoods. They provided home repairs to several seniors, including replacing a roof for one who had been waiting for help for two years. A LifeWise Aging in Place event focused on keeping seniors in their own homes showcased resources for home repair and meal delivery, along with associated programs to 100 attendees. In 2024, a speaker from the Greenville Human Relations Commission spoke to the Pleasant Valley Neighborhood Association on renters' rights and the effects of gentrification. Tiffany Santagati from Greenville Housing Fund presented about gentrification and affordable housing at Pleasant Valley Neighborhood Association meeting in May 2025.

Access to care, with a health equity and cultural competency lens

Strategies	Progress
Help local churches and community centers create or equip health ministries	Bon Secours St. Francis Health System's Faith Community Coordinator holds quarterly meetings with the former LiveWell At Worship group and other pastors. Bon Secours St. Francis Health System has developed strong relationships with many churches and regularly works with their pastors and ministers of health to provide information and classes. For the Ministries of Health Program, Bon Secours St. Francis Health System's Community Health team trained members in plant-based nutrition, Mental Health First Aid, NAMI course delivery, Matter of Balance, HeartMath and diabetes prevention. In 2024, the team delivered 46 free classes in the community, with many more scheduled for 2025. These courses are available in both English and Spanish. In 2025, 10 Community Health associates completed the State Health Insurance Assistance Program (SHIP), which focuses on Medicare and Medicaid patients. The associates will connect those in need with the Appalachian Area Agency on Aging's SHIP staff. The LifeWise Program Coordinator has identified and enrolled in an additional fall prevention program called SAIL (Stay Active and Independent for Life). This course will be added to the Ministries of Health portfolio.

Strategies	Progress
Provide a resource guide and events directed at improving seniors' knowledge about and access to resources	A comprehensive, senior-specific resource guide was developed and shared both online (LifeWise) and with several senior centers and organizations. A successful caregiving event was offered in 2024. In 2024, eight partners were engaged to deliver 16 additional resource events. In 2023, senior partner agencies and organizations were invited to join an advisory board for LifeWise, which now meets twice a year to solicit input on needs, strategies and overall direction.
Work with internal stakeholders to improve continuity of care	Since 2023, the Wellness Outreach Staff has been identifying new internal partners and generating additional referrals to help improve continuity of care for under-resourced, underinsured and uninsured patients.

Behavioral and mental health

Strategies	Progress
Coordinate mental/behavioral health-focused "Walk with a Doc" events and mental/behavioral health provider presentations for senior adults	In partnership with the Regional Practice Administrator for Behavioral Health, using the results of a LifeWise survey and senior community focus groups and discussions, mental and behavioral health providers were identified. The providers were scheduled in 2023 and 2024 for mental health presentations and Walk with a Doc events at the Bon Secours Wellness Arena. Several staff members were trained in and delivered Mental Health First Aid, NAMI courses and HeartMath classes (stress and anxiety reduction). These courses are available in both English and Spanish.
Offer mental/behavioral health training and education in under-resourced communities through churches, community centers and other partner organizations	In 2023 and 2024, mental/behavioral health classes were offered as part of the Ministries of Health program. Many more classes are scheduled for 2025.



Appendix

Appendix A: Data Sources Reviewed and Utilized

Appendix A

Data Sources Reviewed and Utilized

1. Centers for Disease Control. National Centers for Health Statistics, Leading Cause of Death. Retrieved from: <https://www.cdc.gov/nchs/pressroom/states/southcarolina/sc.htm>; <https://www.cdc.gov/nchs/data/databriefs/db492-tables.pdf> (data from 2021-2022)
2. National Cancer Institute, State Cancer Profiles. Retrieved from <https://statecancerprofiles.cancer.gov/> (data from 2017-2021)
3. South Carolina Department of Health and Environmental Control, Division of Biostatistics, South Carolina Vital and Morbidity Statistics Report 2022, Volume I Annual Vital Statistics Series. Retrieved from: <https://dph.sc.gov/sites/scdph/files/media/VMS-2022.pdf>
4. Youth Tobacco Use. Cancer Trends Progress Report. (n.d.). [https://progressreport.cancer.gov/prevention/tobacco/youth_smoking - :text=According to data from the,use of a tobacco product](https://progressreport.cancer.gov/prevention/tobacco/youth_smoking-:text=According%20to%20data%20from%20the%20use%20of%20a%20tobacco%20product) (data from 2022-2023)
5. South Carolina Department of Health and Environmental Control, South Carolina Community Assessment Network (SCAN) Community Profile Module <https://apps.dhec.sc.gov/Health/scan/scan/CommunityProfile/input.aspx>; <http://scangis.dhec.sc.gov/scan/> (data from 2021-2022)
6. South Carolina Department of Public Health and Environmental Control, Asthma in South Carolina report (2022). Retrieved from: <https://dph.sc.gov/professionals/public-health-data/sc-environmental-public-health-tracking/tracking-asthma-dashboard>
7. Bureau of Population Health Data Analytics and Informatics, Division of Data Analytics. (June 2021). Asthma in South Carolina. South Carolina DPH. <https://dph.sc.gov/sites/scdph/files/Library/00029-ENG-CR.pdf>
8. Agency for Healthcare Research and Quality, Healthcare Costs and Utilization Project (HCUP). HCUP Fast Stats – State Trends in Emergency Department Visits by Payer. Retrieved from <https://www.hcup-us.ahrq.gov/> (data from 2000-2023)
9. HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created Feb. 17, 2025. Available from <https://hdpulse.nimhd.nih.gov/>

10. State of the Heart for African Americans. SCDHEC. (October 2023). https://scdhec.gov/sites/default/files/media/document/CR-012352_0.pdf
11. South Carolina Department of Health and Environmental Control, SCAN Community Profile Module. <https://apps.dhec.sc.gov/Health/scan/scan/CommunityProfile/input.aspx> (data from 2021-2022)
12. U.S. Census Bureau, Quick Facts, Greenville County South Carolina <https://www.census.gov/quickfacts/fact/table/greenvillecountysouthcarolina/PST045224> (data from 2023)
13. World Population Review, Greenville County, South Carolina Population Report 2024 <https://worldpopulationreview.com/us-counties/south-carolina/greenville-county>
14. U.S. Census Bureau, 2014–2023, American Community Survey 5-year Estimates, Race
15. U.S. Census Bureau, 2014–2023, American Community Survey, 5-year Estimates, Data Profile, Age
16. U.S. Census Bureau, 2018–2023, American Community Survey 1-year Estimates, Educational Attainment
17. Trading Economics. Unemployment Data, Greenville County (2024) <https://tradingeconomics.com/united-states/unemployment-rate-in-greenville-county-sc-percent-m-nsa-fed-data.html>
18. The County Health Rankings & Roadmaps. South Carolina State and County Reports County Health Rankings & Roadmaps. (2024) <https://www.countyhealthrankings.org/health-data>
19. Healthcare Costs and Utilization Project (HCUP); Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). <https://www.hcup-us.ahrq.gov/> (data from 2016–2022)
20. Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children’s Health. Retrieved from: <https://www.childhealthdata.org/browse/survey> and <https://stateofchildhoodobesity.org/children1017/> (data from 2022–2023)
21. United States Department of Agriculture: Economic Research Service. Food Desert Map Locator (2019). Retrieved from: <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

22. Centers for Disease Control and Prevention. (n.d.). Youth Risk Behavior Survey. Centers for Disease Control and Prevention. <https://yrbs-explorer.services.cdc.gov/-/> (data from 2023)
23. U.S. Department of Health and Human, Health Resources and Services Administration (HRSA), HRSA Data Warehouse <https://datawarehouse.hrsa.gov/> (data from 2024)
24. United States Census Bureau, American Fact Finder 1-year estimates 2010–2023 Health Insurance Coverage Status – Percentage Uninsured
25. United States Census Bureau, American Fact Finder 1-year estimates 2012–23 Health Insurance Coverage Status
26. United States Census Bureau 2023, percentage insured ages 19–64 by census tract
27. SC Department of Health, County Health Profile County Tables; CDC BRFSS age-adjusted data 2018–2020
28. Places: Local Data for Better Health. (n.d.) Health Outcomes. Centers for Disease Control and Prevention <https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65> (data from 2018–2022)
29. South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, (2019–2023). Retrieved from https://rfa.sc.gov/_hd/utilization/erquery.php
30. South Carolina Department of Health and Environmental Control, Vital Statistics. South Carolina Teen Pregnancy Data Book (2009–2019). Retrieved from: https://scdhec.gov/sites/default/files/media/document/Teen_Pregnancy_2019.pdf
31. South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, (2010–2024). Retrieved from https://rfa.sc.gov/_hd/utilization/erquery.php
32. South Carolina Kids Count Greenville County Report 2009, 2015, 2018, 2020, 2022; Retrieved from: <https://scchildren.org/resources/kids-count-south-carolina/>. SC Kids County Report, 2020
33. South Carolina Well-Being Data Profile: Greenville County. Retrieved from: <https://scchildren.org/wp-content/uploads/Greenville-County-Child-Well-Being-Data-Profile.pdf>
34. Mental Health of America State Rankings Access to Care. Retrieved from: <http://www.mentalhealthamerica.net/issues/ranking-states> (data retrieved between June and December 2024)

35. National Cancer Institute, State Cancer Profiles. Retrieved from <https://statecancerprofiles.cancer.gov/> (data from 2021-2023)
36. The State of Obesity. The State of Obesity. (n.d.). <https://www.tfah.org/wp-content/uploads/2024/09/SOO-2024-FINAL-R-Sept-12.pdf>
37. Health Resources and Services Administration. (Jan. 17, 2025). <https://www.hrsa.gov/>
38. Fact Forward, Greenville County profile. (n.d.). <https://www.factforward.org/statistics/greenville-county> (data from 2020)
39. Fact Forward. Connecting ideas, people and possibilities. (n.d.). <https://www.factforward.org/> (data from 2020)
40. The Violence Policy Center, When Men Murder Women, An Analysis of 2019 Homicide Data, October 2019; Retrieved from: <https://vpc.org/when-men-murder-women/>
41. South Carolina Department of Health and Environmental Control, Vital Statistics. South Carolina Teen Pregnancy Data Book report (2021) <https://www.dph.sc.gov/sites/scdph/files/media/document/Teen-Pregnancy-2021.pdf>
42. Centers for Disease Control, High School YRBS – South Carolina 2021 Results. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=SC>
43. South Carolina Department of Health. South Carolina Epidemiologic Profile of HIV, AIDS and ... (n.d.-a). <https://dph.sc.gov/sites/scdph/files/2024-11/2023-EPI-State-Profile.pdf>
44. United Health Foundation, America Health Rankings (2025). Retrieved from: <https://www.americashealthrankings.org/>
45. United States Department of Agriculture Food Desert Locator. Retrieved from: <http://www.ers.usda.gov/data/fooddesert/>
46. HIV, AIDS & STDS data and reports. HIV, AIDS & STDs Data and Reports | South Carolina Department of Public Health. (n.d.). <https://dph.sc.gov/professionals/public-health-data/hiv-aids-stds-data-and-reports> (data from 2019-2023)
47. U.S. statistics. HIV.gov. (n.d.). <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics> (data from 2018-2022)

Board Approval

The Bon Secours St. Francis Health System 2025 Community Health Needs Assessment was approved by the Bon Secours St. Francis Health System Board of Directors on Oct 2 2025

Board Signature: _____



JOHN PAZZAN - BOARD CHAIR

Date: October 2, 2025

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact Sean Dogan at richardsean_dogan@bshsi.org.

Bon Secours CHNA Website:

<https://www.bonsecours.com/about-us/community-commitment/community-health-needs-assessment>



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