



2022 Community Health Needs Assessment

Bon Secours – St. Francis Health System

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2022 Community Health Needs Assessment

Bon Secours St. Francis Health System

Adopted by the Greenville, SC Board of Trustees,
October 5, 2022

As a ministry of which Bon Secours St. Francis Health System is a member, Bon Secours Mercy Health has been committed to the communities it serves for nearly two centuries. This long standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessments, completed by Bon Secours St. Francis Health System and community partners, include quantitative and qualitative data that guide both our community investment, community benefit, and strategic planning. The following document is a detailed CHNA for the Bon Secours St. Francis Health System.

Bon Secours St. Francis Health System is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and by bringing good help to those in need, especially people who are poor, dying, and underserved.

Bon Secours St. Francis Health System has identified the greatest needs in our community be listening to the voices of the community. This ensures our resources for outreach, prevention, education, and wellness are directed towards opportunities where the greatest impact can be realized.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to Sean Dogan at
RichardSean_Dogan@bshsi.org

**Bon Secours - St. Francis
Health System**

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Executive Summary

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 advisory board represent many of the community and state organizations with which we partner to deliver programming and care: Hispanic Alliance, Greenville Housing Fund, Well-Being Partnership for Greenville, Institute for the Advancement of Community Health at Furman University, University, the Greenville Free Medical Clinic, South Carolina Department of Health and Environmental Control, United Way of Greenville County, SC Institute of Medicine & Public Health, Habitat for Humanity of Greenville County, and Piedmont Health Foundation & Greenville Partnership for Philanthropy.

In addition, several BSSF physicians, directors, managers, and program coordinators serve on that board. We also have advisors with whom we consult: our Vice President of Mission for Bon Secours St. Francis Health System, and the Manager, Alliance for a Healthier SC, South Carolina Hospital Association.

The consultants for this project are listed in the CHNA Advisory Team section at the end of this report.

- Information was collected from key secondary data sources, including the United States Census Bureau; Healthy People 2030; County Health Rankings and Roadmaps; Centers for Disease Control; and South Carolina DHEC biostatistics, vital records, county health profiles and hospital discharge data.
- The secondary data collection was followed by three virtual town halls, conducted by The Johnson Group and consultant Shannon Owen, where attendees were asked to identify areas of concern for the Greenville community. Both the secondary data and the town hall results were used to inform survey question selection and the prioritization process.
- The town halls were followed by several advisory board meetings, where key community and state partners provided input on Greenville County resident needs.
- The next step in the process was the convening of a half-day retreat for the advisory board to prioritize needs based on secondary data, survey results, town halls, previous advisory board input, and Bon Secours St. Francis assets.



Significant Health Needs

- Affordable Housing
- Homelessness
- Safety/Crime
- Transportation
- Health Equity
- Healthcare Access
- Mental Health
- Alcohol/Drug Abuse
- Aging & Alzheimer's
- Sexually Transmitted Diseases

Prioritized Health Needs

- Behavioral And Mental Health
- Access To Care (With A Health Equity And Cultural Competency Lens
- Housing And Homelessness

Resources Available

A list of resources available to address the prioritized needs begins on p. 28 of this report.

Feedback

Feedback can be submitted to Sean Dogan, Director Community Health for the Greenville market, at RichardSean_Dogan@bshsi.org.

Feedback can also be submitted via a survey link for Bon Secours Hospitals at:

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



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

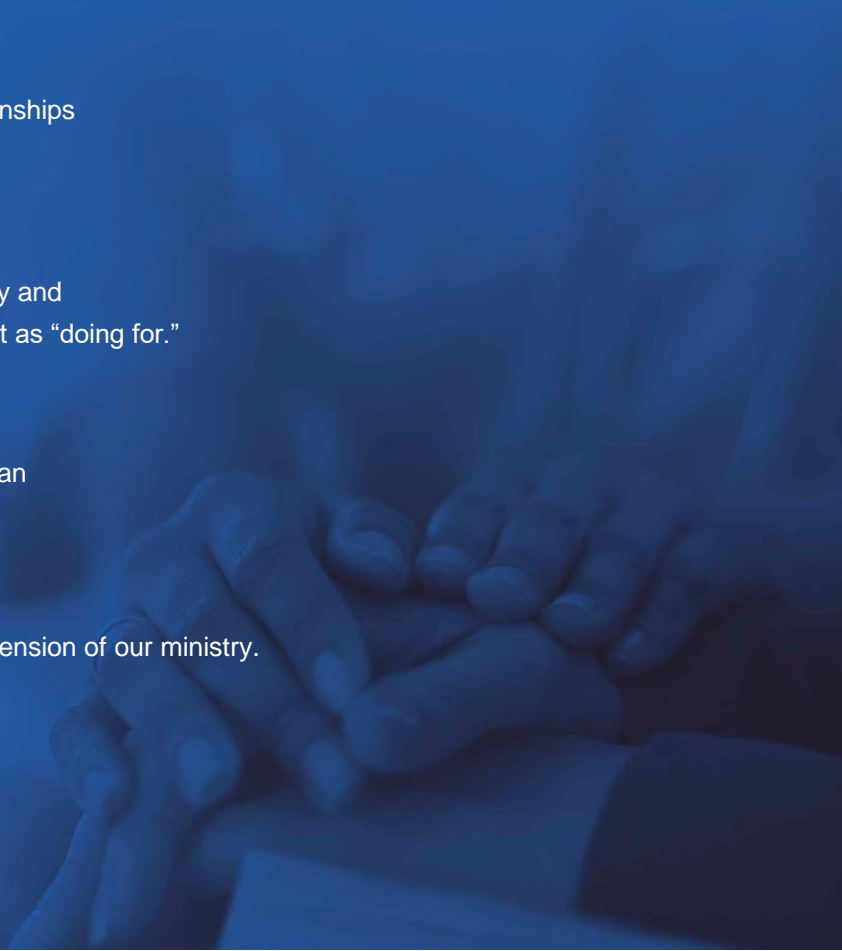
We commit to accompanying those we serve with mercy and tenderness, recognizing that “being with” is as important as “doing for.”

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 245-bed hospital, the St. Francis Outpatient Center, and a new 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 this location 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, 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 including women's health, cardiology care, primary care, behavioral health, phlebotomy, ultrasound, X-ray, and a retail pharmacy.

Community Served by the Hospital

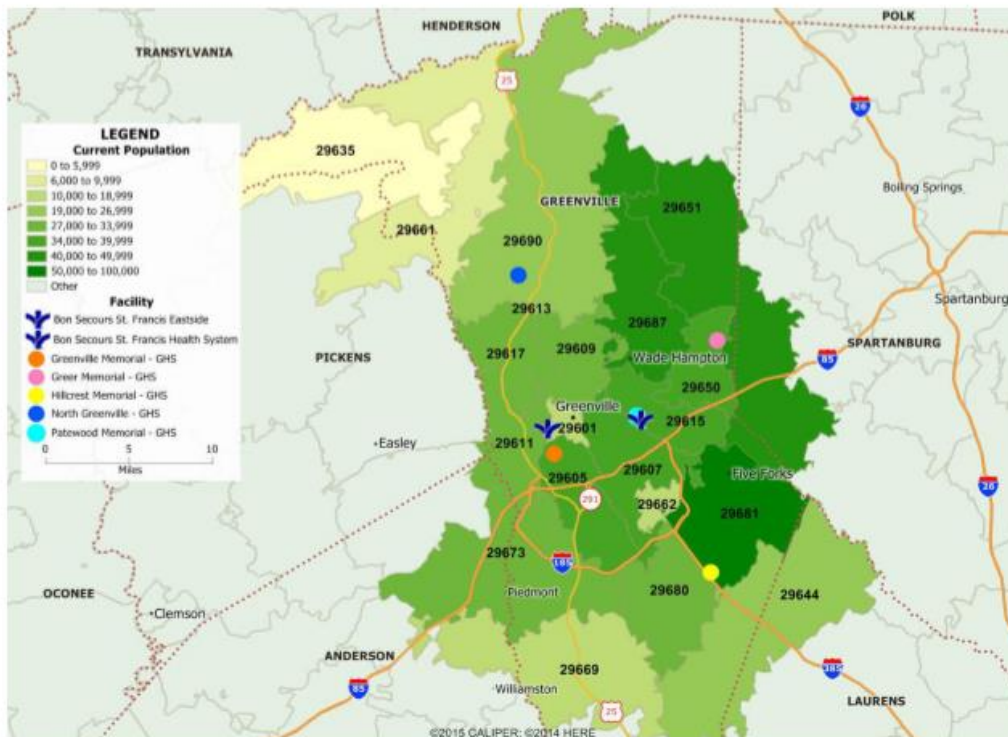
Greenville County, pictured on the next page, is a rapidly growing and increasingly diverse county that spans 795 square miles in the Piedmont region of South Carolina and contains many zip codes and census tracts.



Joint CHNA

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.

Greenville County Population



Population Growth

According to the most recent release of Census 2020 data, the U.S. population is now at 331,449,281. The nation grew by 22,703,743 or 7.4% since 2010.

Despite the slower growth rate of the nation, South Carolina and Greenville County have grown at a much faster rate than the nation. The US Census Bureau Quick Fact estimates from the time period April 1, 2010 – July 1, 2019, show Greenville County's population has increased by 16% compared to 11.3% in South Carolina and 6.3% in the United States.

Greenville County now has the largest population and population density than any other county in South Carolina, with Richland and Charleston Counties being the next highest populated counties.

Race and Ethnicity

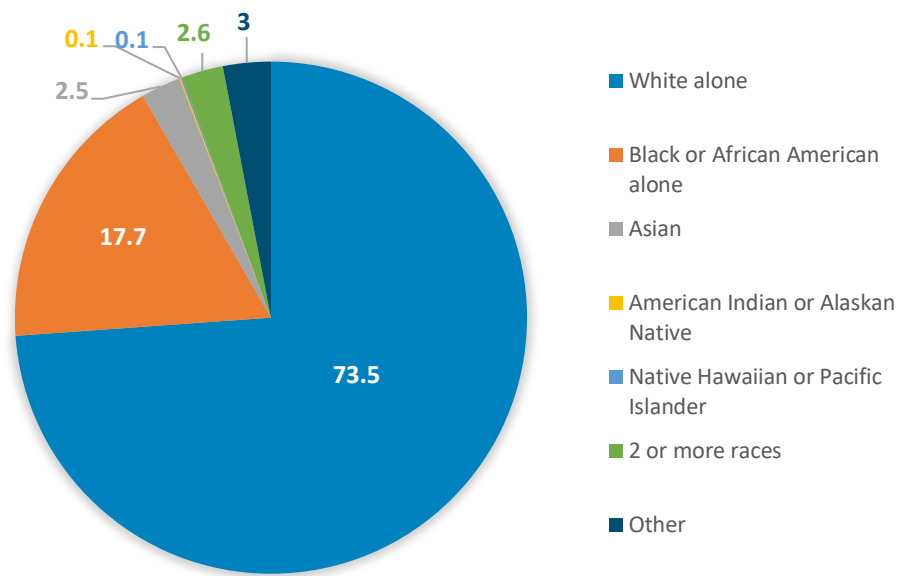
The racial composition of Greenville County is similar to that of the nation. The county's Black/African American population is, however, higher than the nation, although lower than the state. Over the past 10 years, there has been a slow but steady increase in Asian, 2 or more races, and others in Greenville County.

	Greenville County				South Carolina				United States			
	2010	2013	2017	2019	2010	2013	2017	2019	2010	2013	2017	2019
White alone	76.7%	76.6%	75.3%	73.5%	67.3%	67.2%	67.3%	67.2%	74%	74%	73%	72.5%
Black or African American	17.8%	18.1%	18.2%	17.7%	28.1%	27.7%	27.2%	26.8%	12.5%	12.6%	12.7%	12.7%
Asian	1.9%	2.1%	2.2%	2.5%	1.2%	1.2%	1.5%	1.6%	4.7%	4.9%	5.4%	5.5%
2 or more races	1.7%	1.8%	2.1%	2.6%	1.6%	1.6%	2.1%	2.3%	2.4%	2.8%	3.1%	3.3%
Other	1.9%	1.5%	2.2%	3.0%	1.5%	1.8%	1.9%	1.8%	6.4%	5.7%	5.8%	4.9%

Source: US Census Bureau, American Community Survey 5-year Estimates



Greenville County by Race



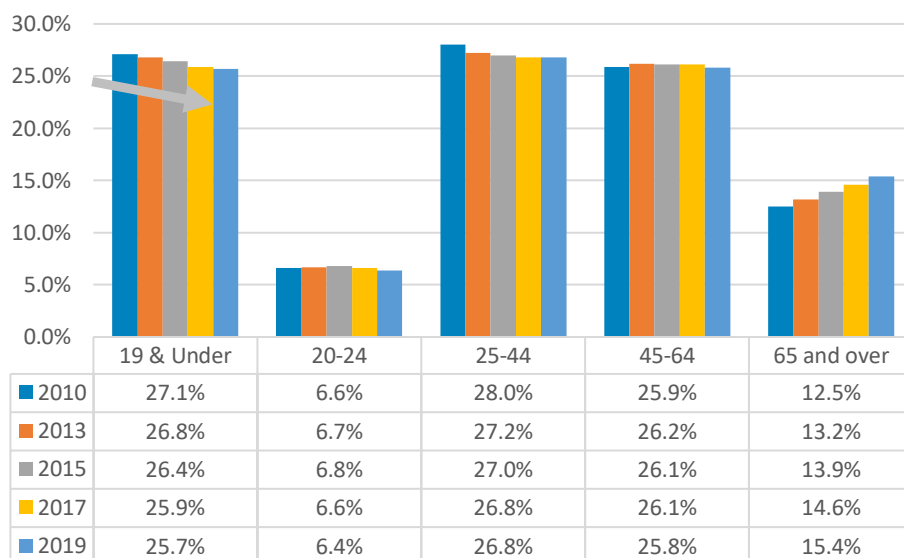
Source: US Census Bureau, 2019 American Community Survey 5-year Estimates



Age

The median age of Greenville County is 38.2, up from 36.9 in 2010. This is similar to that of the nation (38.1), but lower than the state (39.4). The age distribution in Greenville since 2010 has shown a slight decline in 19 and under ages and a slight increase in those age 65 and above. Currently, Greenville is similar to the nation in most age distribution categories; however, when compared to South Carolina, Greenville has a younger population. Compared to the state, Greenville County has a higher percentage population age 19 and under and a lower percentage population age 65 and above.

Greenville County Age Distribution 2010 - 2019



US
2019
38.1

SC
2019
39.4

GVL Co.
2017
38.0

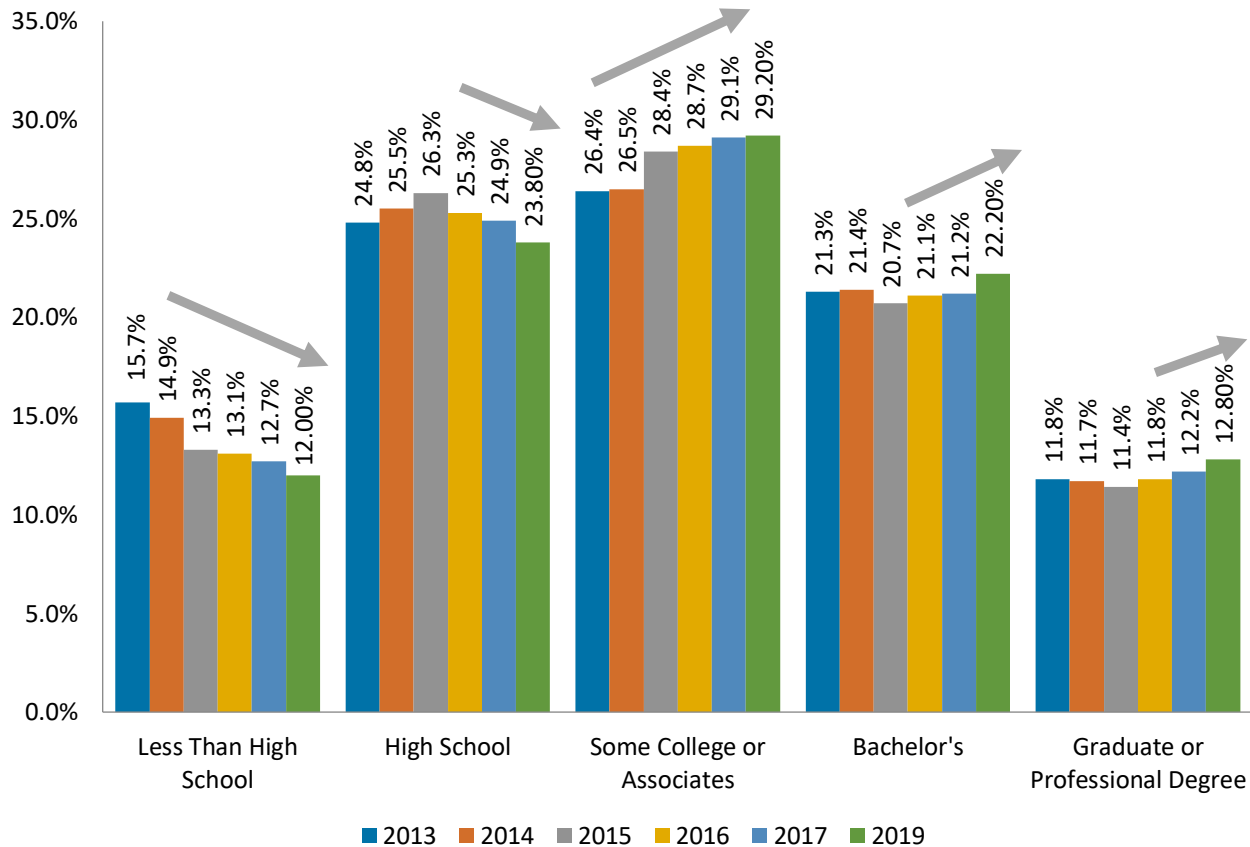


Education

Educational Attainment

Since educational attainment is measured for adults aged 25 and over, increases in attainment are typically not significant when looking from year to year. Therefore, trend data is presented to show what changes in educational attainment are present in the community.

Greenville County Educational Attainment Trend 2013-2019



Source: US Census Bureau, American Fact Finder 2013, 2014, 2015, 2016, 2017, 2019 5-year Estimates, American Community Survey 5-Year Estimates

Greenville County's educational attainment trend findings reflect a positive increase in the percent of the population 25+ who have obtained some college or associates, bachelor's, and graduate or professional degrees and a decrease in the percentage of the population who have high school degree only or less.



Economic Indicators

Greenville County's median household income is \$60,351. For the United States, it is \$62,843 and for South Carolina, \$53,199. Per capita income shows the same relationship. Greenville County's \$32,679 is below that for the United States, \$34,103, but above the per capita income for South Carolina (\$29,426).

Poverty

Poverty is correlated with negative outcomes such as low educational status, increased crime rates, poorer health, and an increase of teen childbearing, among others. South Carolina continues to have a higher poverty rate than the national average. Greenville, however, currently has a lower poverty rate for individuals and children than the nation, state and comparable South Carolina counties. Female head of households with children in the home have much higher poverty rates than the general population.

In viewing poverty trend data year by year, poverty rates consistently went up each year from 2011 to 2014. After 2014, poverty rates started to steadily decline.

The 2021 Poverty Guidelines define poverty as an annual income of \$12,880 or \$1073 per month per individual OR annual income of \$26,500 or \$2,208 per month for a household of 4.

Poverty by County, State and United States												
	% of People in Poverty				% Children less than 18 years old in Poverty				% Female Householder (no husband present) w/related children (18 and under) in household			
	2011	2014	2017	2019	2011	2014	2017	2019	2011	2014	2017	2019
Greenville County	14.7%	15.8%	13.5%	11.5%	21.6%	24.2%	19.3%	15.3%	39.2%	46.9%	40.3%	36.8%
Richland County	15.9%	17.2%	16.7%	16.2%	19.3%	22.0%	22.5%	20.9%	35.1%	37.4%	38.3%	34.6%
Charleston County	16.8%	18.1%	15.3%	13.7%	21.1%	26.9%	22.8%	20.7%	41.4%	48.8%	42.9%	35.6%
South Carolina	17.0%	18.3%	16.6%	15.2%	24.0%	26.9%	24.5%	22.2%	43.4%	46.5%	43.5%	40.6%
United States	14.3%	15.6%	14.6%	13.4%	20.0%	21.9%	20.3%	18.5%	38.2%	40.5%	38.7%	36.1%

Sources: US Census Bureau, American Factfinder 2011, 2014, 2017, 2019 5-year Estimates, Percentage of Families and People Whose Income in the Past 12 Month is Below the Poverty Level.

Process and Methods

External sources

Secondary, quantitative data was collected at national, state, regional and local levels. Key data sources included the United States Census Bureau; Healthy People 2030; County Health Rankings and Roadmaps; Centers for Disease Control; and South Carolina DHEC biostatistics, vital records, county health profiles and hospital discharge data. Dates of data collected ranged from 2000 – 2021. For each indicator, data was pulled for the most recent year available. To assess trends and progress, data points were compared to data pulls from the previous CHNA study when updated data points were available.

It is important to note that 2020 was a new Census year; however, due to the impact of the COVID-19 pandemic, the Census Bureau changed the 2020 American Community Survey (ACS) release schedule. Instead of providing the standard 1-year data products, the Census Bureau released experimental estimates from the 1-year data. The experimental estimates are not available on data.census.gov, but, rather, are located on the 2020 ACS 1-Year Experimental Data Tables page. In addition, the Census Bureau does not recommend comparing the 2020 ACS 1-year experimental estimates with standard ACS estimates or the decennial census or comparing the 2020 1-year PUMS data with standard pre-tabulated products or PUMS-based estimates from previous years. Therefore, for the purposes of this study, the majority of the Census data utilized and compared to previous time periods were the 2019 ACS estimates. More information can be found at: <https://www.census.gov/newsroom/press-releases/2021/experimental-2020-ac-1-year-data.html>.

A more detailed list of data sources is included in the Appendix of this report.

Collaborating partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment: Hispanic Alliance, Greenville Housing Fund, Well-Being Partnership for Greenville, Institute for the Advancement of Community Health at Furman University, University, the Greenville Free Medical Clinic, South Carolina Department of Health and Environmental Control, United Way of Greenville County, SC Institute of Medicine & Public Health, Habitat for Humanity of Greenville County, and Piedmont Health Foundation & Greenville Partnership for Philanthropy.



Community Input

Collection and analysis of qualitative data was completed through a series of town hall meetings and the implementation of a community survey. Qualitative data was collected by the Johnson Group, the consulting firm that compiled that data in the previous CHNA studies. No written comments were received on the most recently conducted CHNA. Qualitative data was collected as below:

- Town Hall meetings – Three Town Hall meetings were conducted in January 2022. Originally set to be completed in person, due to a community spike in COVID cases, all three Town Halls were completed by Zoom. The Town Halls included over 70 community residents, faith-based representative, and some health and human service representatives. These groups represented the interests of urban and suburban residents, mostly from less affluent communities that are home to lower-income families, minority families and the elderly.
- Community Survey – The community-wide survey reached 775 randomly-selected Greenville County residents who completed a lengthy questionnaire about community health issues. A copy of the survey is included in the appendix.
- Advisory Committee – A 21-member Advisory team of local public health professionals, health and human service agencies, and Bon Secours St. Francis Health System leaders assisting in guiding the assessment, providing additional insight and feedback into community issues and priorities.



Community Survey Respondents			Greenville County*
Method	by phone	17%	
	on-line	83%	
Age	Under 18	11%	25%
	18-24	16%	6%
	25-34	22%	14%
	35-44	17%	13%
	45-54	14%	13%
	55-64	12%	13%
	65-74	7%	10%
	75+		7%
Gender	Female	69%	52%
	Male	31%	48%
Race/Ethnicity	white	66%	76%
	black	17%	18%
	Hispanic	10%	11%
	other	6%	
Income	Under \$25,000	17%	18%
	\$25,000 - \$49,999	26%	23%
	\$50,000 - \$74,999	23%	18%
	\$75,000 - \$99,999	15%	13%
	\$100,000 +	15%	28%



Community Survey Respondents			Greenville County*
Education	No high school	3%	11%
	High school only	24%	24%
	Some college	18%	19%
	2-year degree	13%	9%
	4-year degree or higher	38%	36%
Health Coverage	Uninsured	10%	13%
	Medicare	26%	18%
	Medicaid	12%	16%
	Private Insurance (alone)	48%	56%
	VA Benefits	2%	

* US Census Bureau Quick Facts 2021 Estimates

Advisory Committee – A 21-member advisory team of local public health professionals, health and human service agencies, and Bon Secours St. Francis Health System leaders collaborated to assist in guiding the assessment, providing additional insight and feedback into community issues and priorities.



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 DHEC biostatistics, vital records, county health profiles and hospital discharge data	Various dates, specific dates & resources listed under sources in the appendix.
SC DHEC participation in Town Halls and Advisory Committee Meetings	January 18 & 19, 2022
CDC	Various dates, specific dates & resources listed under sources in the appendix.

At-risk populations	Date of data/information
SC DHEC	Various dates, specific dates & resources listed under sources in the appendix.
County Health Rankings and Roadmap	2021
United States Census Bureau	Various dates, specific dates & resources listed under sources in the appendix.
U.S. Dept of HHS - Healthy People 2030	No date listed (website link provided under sources in appendix.



Community and Stakeholder Input	Date of data/information
Town Hall Meetings	January 18 & 19, 2022
Survey responses	February 2022 (various dates)
Advisory Committee Meetings	January 25, March 15, April 12

Organizations providing input

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Greenville Free Medical Clinic	Participation in town halls and Advisory Committee meetings.	Low-income, uninsured patients who need medical and dental care.
Hispanic Alliance	Participation in town halls and Advisory Committee meetings; helped secure Hispanic community participation in the CHNA survey.	Hispanic communities in the Upstate region.
Greenville Housing Fund	Participation in town halls and Advisory Committee meetings	Community members earning less than 80% of the Area Median Income who need affordable housing.
Well-Being Partnership for Greenville	Participation in town halls and Advisory Committee meetings	All Greenville County residents, including low-income, uninsured patients, who need solutions to mental and behavioral health issues.



Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Institute for the Advancement of Community Health at Furman University	Participation in town halls and Advisory Committee meetings; provided input on structure and content of survey questions.	Work toward health solutions for all, including low-income, uninsured individuals.
South Carolina Department of Health and Environmental Control	Participation in town halls and Advisory Committee meetings	All SC residents, including low-income, uninsured individuals. Key partner in providing free vaccine clinics.
SC Institute of Medicine & Public Health	Participation in town halls and Advisory Committee meetings	Populations in need of health equity and diversity and inclusion solutions.
United Way of Greenville County	Participation in town halls and Advisory Committee meetings	Greenville County residents, with a special focus on those who need help achieving racial equity and economic mobility
Habitat for Humanity of Greenville County	Participation in town halls and Advisory Committee meetings	Low-income individuals who need affordable housing.
Piedmont Health Foundation & Greenville Partnership for Philanthropy	Participation in town halls and Advisory Committee meetings	Those who lack access to transportation and have barriers to mobility. Key partner in helping BSSF developing a door-to-door transportation program for low-income patients.



Significant Community Identified Health Needs

Social Determinants of Health – Community Level Needs that Impact Health and Wellbeing and Social Health Need – Individual Level Non-Clinical Needs

Affordable Housing

Capacity and adequacy of service levels

Greenville County's rapid growth and swiftly 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. Affordable housing was indicated as a top concern through the Town Halls, and affordable housing and homelessness ranked as top priority issues through the CHNA surveys.

Current service providers or resources

United Housing Connections, Habitat for Humanity, Mercy Housing SE, Greenville Housing Authority, Sterling Land Trust, City of Greenville, Greenville County, Allen Temple CEDC, Genesis Homes, Greer Housing Authority, Homes of Hope, Nehemiah, Neighborhood Housing Corporation, and others.

Homelessness

Capacity and adequacy of service levels

Affordable housing was indicated as a top concern through the Town Halls. In responses to the community survey, affordable housing and homelessness ranked as the top priority issues that respondents believe should be addressed within Greenville County. Those in the town hall meetings were asked to identify the vulnerable people groups in the county that are of greatest concern to them. While the discussions yielded a long list, some vulnerable groups were common to all three meetings, including those who are chronically homeless.

Current service providers or resources

Safe Harbor, Greenville Homeless Alliance, Homeless Coalition, Triune Mercy Center, United Ministries, and others.



Safety/Crime

Capacity and adequacy of service levels

After a few years of a decline, the violent crime rate in Greenville County saw a significant and unusual increase in 2020. The reason for this level on increase in the violent crime rate for Greenville County was specific to robberies. This data should continue to be watched to understand if it becomes a trend. SC's violent crime rate increased by 5.4% from 2019 to 2020. South Carolina continues to rank the 6th deadliest state for women from domestic violence. 84% survey respondents indicated they feel like Greenville is a safe place to live (with 9% reporting they feel unsafe and 7% "unsure"). However, Hispanic populations report feeling less safe with 23% of the Hispanic population reporting they feel unsafe and another 12% reporting "unsure".

Current service providers or resources

Greenville City Police Department, Greenville County Sheriff's Office, and on BSSF campuses, the Safety, Security, Emergency Preparedness department. Various neighborhood associations work with local law enforcement.

Transportation

Capacity and adequacy of service levels

For most families in Greenville County, personal transportation is available through car ownership. Based on the 2019 American Community Survey 5-year estimates, though, 5.8% of all Greenville County households have no vehicle. For owner-occupied households, only 2.4% have no vehicle; however, this percentage greatly increases to 12.9% of renter-occupied households that have no vehicle.

Those in the very low-income brackets are at higher risk for lack of transportation, which becomes a significant barrier to work, as well as access to health and human services, healthy food, and safe places for recreation.

Several companies provide medical transportation, but in general, for those who have no vehicle, the only low-cost mode of transportation is the City of Greenville's Greenlink bus service. That service is not available in many outlying areas of Greenville County.

Current service providers or resources

Greenlink bus service (City of Greenville). For low-income individuals, BSSF may provide free bus passes and rides through Roundtrip, an Uber-like, door-to-door transportation provider.



Health Equity

Capacity and adequacy of service levels

Health Equity is strongly related to Health Access and, for the purposes of this document, will be considered allied concerns. Please see Health Access below.

Current service providers or resources

Please see Health Access below.

Health Access for Underserved Populations (cost, language or cultural barriers, equity)

Capacity and adequacy of service levels

There has been a downward trend in the uninsured rates in Greenville County since 2014, which appears to be holding steady over the past few years. Disparities in coverage do exist, particularly for the Hispanic population, 32.6% of which is without health insurance coverage.

Health Access indicators in Greenville County have improved over the past ten years, inclusive of a decline in those without insurance. However, since the last CHNA study, there has been an increase in individuals who have delayed care due to costs.

Greenville County has some areas classified as medically underserved and provider shortage areas, Medically Underserved Areas/Populations (MUA/Ps), but overall, the county has many fewer MUA/P designations than the rest of the state.

Current service providers or resources

Greenville Free Medical Clinic, New Horizon Family Health Services, BSSF mobile health unit and Legacy Early College Health Center, Center for Community Services, Greer Free Clinic, Taylors Free Medical Clinic, Northwest Crescent Free Clinic, BSSF Community Health (Wellness Outreach and Healthy Outcomes Program), Access Health, SC DHEC, Hispanic Alliance, Urban League, and others.



Significant Clinical Health Needs

Mental Health

Capacity and adequacy of service levels

According to Mental Health of America State Rankings Report, South Carolina ranks 45th for mental health care access (with 1 being best and 51st being worst). In the community survey, over half of the survey respondents believe they have experienced a mental health issue. The levels of self-reported mental health issues were substantially higher than in 2019.

In the 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. Top barriers to mental health care included: cost of treatment, lack of health insurance, transportation, long wait lists for appointments with providers, stigma, and lack of resources.

Current service providers or resources

SC Department of Mental Health – Greenville, Greer and Simpsonville Clinics; Phoenix Center; National Alliance on Mental Health – Greenville, Major Health Systems and Network of Care Services: Bon Secours St. Francis Health System and Prisma Health.

Alcohol/Drug Abuse

Capacity and adequacy of service levels

The percentage of adults who report excessive or binge drinking has increased over the past few years. The 2021 data reflects that 17% adults in Greenville County report excessive drinking, while the state data reflects is at 18%. While the county and state have met the Healthy People 2020 goal of less than 25% adults engaging in excessive drinking, patterns of increasing alcohol consumption have been seen across the nation in the past few years and South Carolinians have been increasing more toward the national average ([p. 83, CDC WONDER Online Database; americashealthrankings.org](#)).

At the time of the last CHNA study, nationwide and locally, there had been much concern regarding the increased use and addiction of opioid drugs. There has been a significant increase in hospitalizations and death rates in both the nation and in South Carolina due to opioid use since 2011. In addition, recent community feedback from focus groups conducted in the Upstate has indicated an increasing concern with methamphetamine, fentanyl, and heroin. According to the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS), Greenville County is among the counties in the state that are of the highest burden on the state for cocaine and other stimulants. Demand for treatment facilities exceeds current capacity.



Current service providers or resources

Phoenix Center, FAVOR Upstate, Miracle Hill Ministries, Solutions Recovery Center, Cornerstone of Recovery, Crossroads Treatment Center, Carolina Center for Behavioral Health, and others.

E-cigarettes/vaping

Capacity and adequacy of service levels

In 2014-15, SCDHEC estimated that 8% of adults in Greenville County were using e-cigarettes. By 2017-18, that percentage had increased to 44.6. In a 2019 SC DHEC youth survey, e-cigarettes were the most commonly used tobacco products. Use of vapes nearly doubled from 2015-2019 among South Carolina youths.

Current service providers or resources

Phoenix Center, Greenville Addiction Center, SCDHEC, and others.

Aging and Alzheimer's

Capacity and adequacy of service levels

Greenville County ranks as one of the highest counties in South Carolina for death rates due to Alzheimer's disease, and the death rates have shown an increasing trend over time.

Feedback through Advisory Committee meetings indicated residents are concerned that Greenville does not have a "culture of aging," which includes access to affordable housing and healthcare. The town hall meetings identified the aging as a vulnerable population in need of help with housing and transportation.

Current service providers or resources

Area Agency on Agency, Senior Action, Meals on Wheels, Senior Solutions, Greenville County Parks and Recreation – Senior Programs, The Gathering, Major Health Systems and Network of Care Services: Bon Secours St. Francis Health System and Prisma Health.



Sexually Transmitted Diseases

Capacity and adequacy of service levels

According to the 2019 CDC STD Surveillance Report, currently, South Carolina ranks 4th in the nation (with 1st being the worst/highest case rate in the nation) for Chlamydia with 701 cases per 100,000 in 2019, compared to 552 cases per 100,000 in the nation and up from 569 cases per 100,000 in 2017 at the time of the previous CHNA study. Greenville County has also seen an increase in the number of cases of syphilis.

Current service providers or resources

New Horizon Family Services, SC DHEC, many CVS Minute Clinics, and major health systems and network of care services: Bon Secours St. Francis Health System and Prisma Health



Prioritization of Health Needs

A variety of data and information was collected and analyzed in order to identify priority health needs of the community. The prioritization process included review and analysis of:

1. Secondary, quantitative statistical data
2. Primary, qualitative community feedback
3. Current community and Bon Secours St. Francis Health System health-specific assets.

In addition to review of the above, meetings with stakeholders through the CHNA Advisory Committee were facilitated to review the assessment findings and identify priorities. Results from the community surveys, town hall meetings, and Advisory Committee meetings were all used in the prioritization process. BSSF assets were also taken into consideration. The CHNA Advisory Committee will participate in additional sessions to help identify potential implementation strategies.

Based on all of the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

Prioritized Social Determinants of Health and Social Health Needs

Housing and Homelessness

In two of the three Town Hall sessions, housing was identified as one of the top three areas of concern. In the community survey, housing and homelessness were 2 of the top 5 community priorities identified by respondents. As housing becomes less affordable, we are seeing a rise in the number of homeless individuals in Greenville County.

BSSF has been engaged in advocacy and support for affordable housing for many years and understands its relationship to other health priorities, including Aging, Access to Care, and Obesity and Chronic Conditions.

Access to Care (with a health equity and cultural competency lens)

Access to Care was identified as a top three priority in all three Town Hall meetings, a top five need from the survey responses, and a critical need by the Advisory Committee. Although Greenville has many sliding scale and free care providers, current capacity does not meet demand. In addition, there is growing recognition that our community needs to improve its focus on health equity and cultural competency. The aging are a population identified by our community as vulnerable and in particular need of help to access services.



Prioritized Clinical Health Needs

Behavioral and Mental Health

Behavioral and Mental Health was identified as a top five priority by community survey respondents and a top three priority in two of the three Town Hall meetings. Behavioral and Mental Health was a previous CHNA priority. It is important to BSSF to continue to prioritize this area.



Resources Available to Meet Prioritized Needs

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need

Prioritized Social Determinants of Health Needs and Social Health Needs

Housing and Homelessness

- United Housing Connections
- Safe Harbor
- Greenville Homeless Alliance
- Homeless Coalition
- Triune Mercy Center
- United Ministries
- United Way of Greenville County
- Piedmont Health Foundation
- First Christian Fellowship
- Continuum of Care
- Sterling Land Trust
- Habitat for Humanity
- SC Works
- Thrive Upstate
- City and County Development
- City and County Public Works
- City and County Law Enforcement
- South Carolina Department of Health and Environmental Control
- Major Health Systems and Network of Care Services:
- Bon Secours St. Francis Health System
- Prisma Health



Access to Care (with a health equity and cultural competency lens)

- Free Medical Clinic
- New Horizon Family Health Services
- United Health on Main
- Local Churches and Faith Based Group
- Hispanic Alliance and LiveWell Greenville BUILD
- PASOS
- South Carolina Department of Health and Environmental Control
- Taylors Free Medical Clinic
- Major Health Systems and Network of Care Services:
 - Bon Secours St. Francis Health System
 - Prisma Health

Prioritized Clinical Health Needs

Behavioral and Mental Health

- Upstate Behavioral Health Coalition
- Greenville Crisis Response Team
- SC Hospital Association Behavioral Health Coalition
- Greenville Shared Solutions
- FAVOR – Faces and Voices of Recovery
- Department of Mental Health
- Well-Being Partnership for Greenville
- NAMI – National Alliance on Mental Illness
- Mental Health America of Greenville County
- The Carolina Center for Behavioral Health
- Phoenix Center
- Safe Harbor
- Compass of Carolina
- Greenville Homeless Alliance
- United Housing Connections
- Free Medical Clinic



- New Horizon Family Health Services
- United Health on Main
- Greenville County Schools
- South Carolina Department of Health and Environmental Control
- Major Health Systems and Network of Care Services:
 - Bon Secours St. Francis Health System
 - Prisma Health

Progress on Health Priorities Identified on the 2019-2021 Community Health Needs Assessment

Access to Behavioral Health

Improvements in systems of care and resources for behavioral health patients/clients within our community.

Initiative	Impact
Collaborate to identify evidence-based practices to improve outcomes.	Trained provider and nurses in SBIRT and conducted over 7,000 in 2021. Dr. Felkel provided behavioral trainings for faith-based organizations. (The faith-based model of healthcare awareness and delivery has been proven effective, in our experience.)
Develop strategies for integration of behavioral health within BSSF/BSMG	Developed system to allow Legacy Early College clinic patients to be referred to our behavioral health providers. Increased the number of psychiatrists and therapists on staff.



Housing/Social Environment

Create change in affordable housing practices/policies in Greenville County.

Initiative	Impact
Advocate for affordable housing solutions	BSSF's former Community Health Director (D&I Director since 2021) has continued to advocate for affordable housing solutions and was instrumental in persuading the City of Greenville to allocate \$2 million toward affordable housing.
Strengthen Sterling Land Trust's infrastructure to build capacity	Two BSSF employees now serve as advisors to SLT: the Director of Community Health and Manager of Community Health. They work with SLT on special projects. With the help of BSMG corporate, BSSF donated funds to demolish a building to make room for a future affordable housing project and funded consultants to help the organization develop a strategic plan and build capacity.
Partner to address the housing affordability gap in Greenville.	BSSF partnered with Mercy Housing SE on affordable housing developments. The Community Health department signed an MOU to provide health education for residents of Mercy's affordable housing developments. During the 2019-22 CHNA period, MHSE added 64 units, all of which are occupied.

Obesity/Wellness

Reduction of modifiable risk factors associated with overweight/obesity.

Initiative	Impact
Reduce 1 or more modifiable factors for 2 populations	BSSF's HealThy Self program has worked with Greenville Free Medical Clinic on virtual nutrition and health classes. The pandemic stopped in-person classes and BMI and other measurements.
Increase knowledge & awareness of effect of childhood obesity	BSSF's Faith Community Coordinator and other staff have partnered with LiveWell Greenville, the Hispanic Alliance, and other community organizations in the BUILD program, designed to combat childhood obesity in Hispanic youth. The program has resulted in increase physical activity for entire families. She has also been involved with providing health-related information to a Hispanic clergy group, which required her to first build trust with those members.



Appendix

This Appendix contains the following sections related to Greenville County and the CHNA: Summary of Findings, General Social Characteristics General Health Rankings, Healthy Lifestyle and Risk Factors, Health Outcomes – Morbidity and Mortality, Mental Health and Substance Abuse, Health Care Access, Data Sources, and CHNA Advisory Team.

Summary of Findings

Improvement (compared to Greenville County past)	Gotten Worse (compared to Greenville County past)
<ul style="list-style-type: none"> Economic Indicators (poverty, unemployment, income) Education Indicators (attainment, dropout rate) Food Insecurity and Food Environment Index Smoking Cigarettes Overall Youth Risk Behavior Health Care Access (insurance, person to provider ratios, health resources) Cancer Mortality Heart Disease Mortality Maternal and Birth Indicators Cholesterol 	<ul style="list-style-type: none"> E-cigarettes/vaping (youth and adults) STDs Obesity Drug Use and Drug Overdose Deaths Mental Health Alzheimer's Asthma Prevalence Health Care Access (delay of care due to cost) Crime
Positive Highlights (incorporating comparisons to state, nation and community feedback)	Areas of Concern (incorporating comparisons to state, nation and community feedback)
<ul style="list-style-type: none"> Economic indicators (poverty, unemployment) Health Environment Health Resources/Services Parks and Recreation Infrastructure Cancer Mortality Declines Teen Pregnancy Declines 	<ul style="list-style-type: none"> Mental Health Alcohol/Drug Abuse E-cigarettes/vaping Affordable Housing Homelessness Aging and Alzheimer's Health Equity Health Access for Underserved Populations (cost, language or cultural barriers, equity) Safety/Crime Transportation STD's



General Social Characteristics

- Greenville County has experienced much growth over the past several years, with a growth rate significantly higher than that of the United States and the state of South Carolina. Greenville County now has the largest population and population density than any other county in South Carolina, with Richland and Charleston Counties being the next highest populated counties.
- Currently, Greenville is similar to the nation in most age distribution categories; however, when compared to South Carolina, Greenville has a younger population. Compared to the state, Greenville County has a higher percentage population age 19 and under and a slightly lower percentage population age 65 and above.
- Greenville County's educational attainment trends reflect a positive increase in the percent of the population 25+ who have obtained some college or associates degree and a decrease in the percentage of the population who fail to graduate high school.
- Greenville County's high school dropout rate and county rank have improved; however, the County's dropout rate is still higher than the state's rate.
- Poverty rates have continued to decline since 2014, and Greenville has lower poverty rates than the state and nation.
- Despite a spike in unemployment at the initiation of COVID-19, Greenville County has shown recovery and unemployment is at a record low. Greenville's unemployment rates are lower than the state and nation.
- After a few years of a decline, the violent crime rate in Greenville County saw a significant and unusual increase in 2020. The reason for this level of increase in the violent crime rate for Greenville County was specific to robberies. This data should continue to be watched to understand if it becomes a trend. SC's violent crime rate increased by 5.4% from 2019 to 2020.
- South Carolina continues to rank the 6th deadliest state for women from domestic violence.
- 84% of survey respondents indicated they feel like Greenville is a safe place to live (with 9% reporting they feel unsafe and 7% "unsure"). However, Hispanic populations report feeling less safe with 23% of the Hispanic population reporting they feel unsafe and another 12% reporting "unsure".
- Greenville County ranks 4th best county in the state for child well-being indicators, an improvement from a rank of 5th at the time of the last CHNA.
- In a 2019 Greenville County survey, respondents were asked to indicate the extent to which they are satisfied with the overall quality of life in Greenville County. The vast majority (92.7%) of respondents are satisfied or extremely satisfied with the quality of life in the county.



- The top 5 community priorities indicated by community survey respondents were: 1) affordable housing, 2) homelessness, 3) access to healthcare, 4) mental health, and 5) crime. In comparison, the top ranked priorities in the community survey in 2019 were 1) homelessness, 2) education, 3) access to healthcare, 4) alcohol/drugs, and 5) transportation.
- The top priorities identified in the Town Hall sessions were 1) behavioral/mental health, 2) housing, and 3) access to health care.

General Health Rankings

- Based on the County Health Rankings, Greenville County ranked in the Healthiest Tier among SC counties for both Health Outcomes and Health Factors. Greenville ranks 5th best for Health Outcomes and 2nd best for Health Factors, which is the same ranking held at the time of the previous CHNA study.
- Since the last CHNA, Greenville has improved food environment index and food insecurity health environment indicators assessed through the County Health Rankings.
- Despite improvements on food environment and food insecurity indexes, through the community survey, it was found that in the past year 38% respondents had worried that food would run out and 28% said they sometimes ran out of food before they got money to buy more.
- Overall, 46% of Greenville County residents reported their health is very good or excellent. This is a significant decrease from the survey conducted in 2019 at which time 65% of survey respondents ranked their own health as very good or excellent.
 - Among those who earn at the lowest income levels, 27% said their health is very good or excellent. Among those who earn more than \$100,000, 64% reported very good or excellent health.
 - Residents from zip code areas 29611 tend to rank health status lower than other zip code areas assessed in the community survey.
 - Lower percentages of Black and Hispanic participants report their health as excellent compared to White participants.
- 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, access to healthy foods, good places to play, and good places to go for health care.



Healthy Lifestyles and Risk Factors

- Smoking cigarettes has decreased among Greenville County adults and youth; however, there is concern over significantly large increases in use of vaping products, for both youth and adults.
- Overall youth risk behaviors, according to the YBRS, have declined for several years.
- Overweight and obesity continue to climb. Currently 70% of those in Greenville County are either overweight or obese (up from 65.4% at the time of the previous CHNA study). Less than 1 in 3 individuals are living at a healthy weight. In addition, South Carolina ranks the 11th worst state in the nation for adult obesity and 9th worst for childhood obesity.
- There has been a significant trend of decreasing teen pregnancy rates in Greenville County over the past decade. However, Greenville County has seen a slight increase in its teen birth rate in 2018 and 2019. The County has consistently had teen birth rates lower than that of the state; yet, currently has a higher rate than the nation. Teen birth rates within the Hispanic population are much higher than that of both White and Black populations.
- South Carolina rates 4th worst state in the nation for STDs, worsening since the last CHNA study when it ranked 5th worst (with 1st being the worst). Greenville County ranks slightly better than the state on cases of STDs. Nationwide, while most STD's have increased significantly, HIV incident and death rates have declined greatly. However, in 2018 South Carolina ranked 9th and 10th highest in the nation for HIV incidence and prevalence rates respectively, and Greenville County ranked at the 56th highest metropolitan area in the nation.
- Greenville ranks positively when compared to the state on the majority of the healthy lifestyles and risk factors reviewed.

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. 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 are higher ranked among the top ten 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 significant 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 is higher than the Black population. The Hispanic population has the lowest incidence and death rates from cancer.
- Prevalence rate 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 white population.
- Asthma rates have increased slightly.

Mental Health and Substance Abuse

- South Carolina ranks 45th state (worst being 51st, inclusive of the District of Columbia for 51) in the nation for mental health care access.
- In 2020, there were six times more male suicides than female suicides.
- The rate of drug-induced deaths has doubled in South Carolina since 2008 and continues to climb. The drug-induced death rate in South Carolina is above the national rate.
- Greenville County ranks among the counties with the highest burden on the state due to use of cocaine and other stimulants such as amphetamines.
- Greenville ranks 36th worst in the state for accidental drug overdose deaths.
- Over half of the survey respondents believe they have experienced a mental health issue. The levels of self-reported mental health issues were substantially higher than in 2019.
 - Depression and anxiety were the most frequently cited mental health concerns. Among those who said they have had a mental health issue in 2022, 54% said they experienced depression (up from 43% in 2019) and 50% said they had a diagnosis of anxiety (up from 40% in 2019).
- In the 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 transportation, long waiting lists, stigma, and a lack of behavioral health resources.
- In the 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.



Health Care Access

- Health Access indicators in Greenville County have improved over the past ten year, inclusive of a decline in those without insurance. However, since the last CHNA study, there has been an increase in individuals who have delayed care due to costs.
- Greenville County with some areas classified as medically underserved and provider shortage areas, Medically Underserved Areas/Populations (MUA/Ps), but Greenville County has much fewer MUA/P designations than the rest of the state.
- Town Halls identified health equity, language, and cultural competency a barrier to health care access for Hispanic, Black, and underserved populations.



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Board Approval

The Bon Secours St. Francis 2022 Community Health Needs Assessment was approved by the Greenville, SC, Market Board of Directors on on October 5, 2022.

Board Signature: 

Date: October 5, 2022

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

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

