



Community Health Needs Assessment

Bon Secours St. Francis Health System

St. Francis Downtown and St. Francis Eastside
Hospitals



Good Help to Those In Need®

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Executive Summary

Acknowledgement

Mari Rasmussen, MPH, Public Health Consultant with Healthy Communities Institute (HCI), a Xerox Company, assisted in preparing and authoring this document. HCI, based in Berkeley, California, is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals. HCI and BSSFHS have collaborated since 2015 to develop the BSSFHS Needs Assessment Platform. To learn more, please visit <http://www.HealthyCommunitiesInstitute.com>.

Bill Stiles, Director of Strategy & Research, of the consulting firm The Johnson Group assisted in data collection and analysis of community input.

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact: (864) 255 – 1043 or <https://www.bonsecours.com/greenville/community-commitment/community-health-needs-assessment>

2013 Community Health Needs Assessment

A 2013 CHNA and corresponding Implementation Plan were prepared for St. Francis Downtown and St. Francis Eastside Hospitals. These documents were made available to the public and posted online. Solicitation for public comments appeared in the Greenville News – Greater Greer Publication and Simpsonville Tribune Times on 5/25/16, and ran the week of 5/23/16 online at WYFF4.com, Greenvilleonline.com, and usatoday.com. An evaluation of actions undertaken since the 2013 CHNA is available in [Appendix V. Evaluation of Previous CHNA](#).

Good help for our community

Bon Secours St. Francis Health System invites all residents 18 and older in Greenville County to provide feedback on our 2013 Community Health Needs Assessment and Implementation Plan. Your contribution is vital in helping Bon Secours identify health care needs, improve access to health care and enhance the care provided in the communities we serve. Please partner with us to build healthier communities by getting involved in this important effort.

To review the 2013 documents and provide feedback on the Implementation Plan, please visit stfrancishealth.org/CHNA.



Executive Summary

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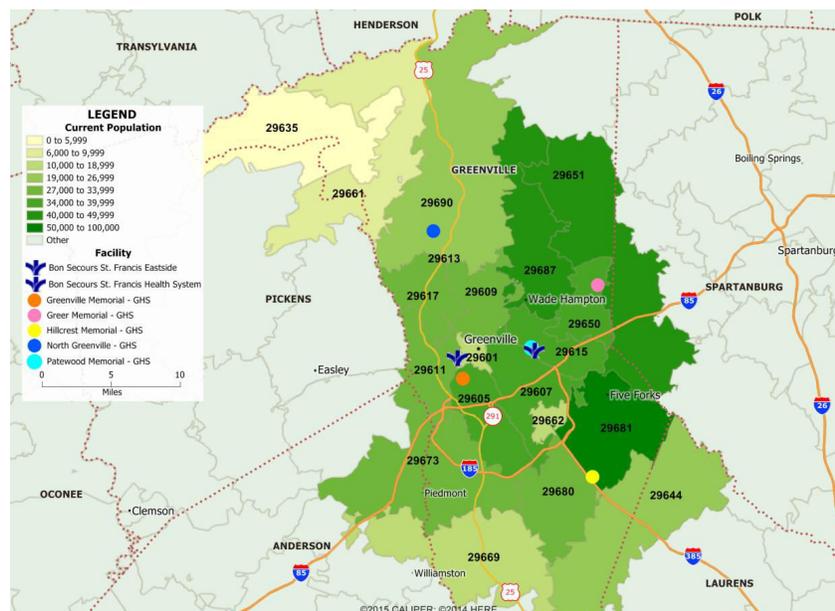
Mission and Vision

This Community Health Needs Assessment (CHNA) was prepared for Bon Secours St. Francis Health System (BSSFHS), which perpetuates a rich Catholic Social Tradition in health care. Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours, this is reflected in the Bon Secours Vision statement: *As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.*

As a member of the Bon Secours Health System, our mission is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness.

In the summer of 2015, BSSFHS established a Core Team to oversee and provide guidance to the CHNA process. This team composed of health system personnel and a diverse group of providers gave input throughout the planning process. The South Carolina Hospital Association advised the Core Team and was instrumental in helping BSSFHS identify a prioritization process that led to the three top priorities for health improvement. For a list of the Bon Secours St. Francis Health System 2016 CHNA Community Advisory Board members who convened to complete this process, please see [Appendix I. BSSFHS 2016 CHNA Core Team and Advisors.](#)

Bon Secours St. Francis Health System Service Area & Population Density Map



Executive Summary

The assessment was conducted over a period of one year and gathered information about health needs and behaviors. The service area is defined as Greenville County, with an estimated population of 482,752.

Overview of Data Collection

The CHNA examines community input along with secondary data on health conditions in the area to create a snapshot of areas of concern in the community. Four sources of data were used to identify community health needs for the 2016 CHNA. The main source for the quantitative/secondary data, which is data that has been previously collected, is the Needs Assessment Platform. To gather input from the community, or primary data, three methods were used: two focus groups, one town hall, and a community questionnaire. The questionnaire was disseminated in Spanish and English using three collection methods (paper, online, and phone). Eight hundred thirty-two (832) questionnaires were completed by adult residents of Greenville County, South Carolina, in January and February 2016.

Specific groups were well-represented through the course of the assessment, including individuals representing the broad interests of the community, persons with special knowledge of the medically underserved, low-income, minority, and chronic disease populations.

Key Findings of Secondary Data

Demographics Snapshot

- Greenville has a similar race/ethnic breakdown as South Carolina, but with a larger percentage of Hispanics/Latinos. Greenville has a similar age distribution compared to South Carolina, with slightly more children (age <18) and fewer older adults (age >65).
- The unemployment rate is lower in Greenville County than in South Carolina. Greenville has a higher median income and per capita income than South Carolina, but less than the nation.
- Similar to South Carolina and the U.S., 31.6% of Greenville County residents aged 25 or over have a Bachelor's degree or higher.
- Hispanic/Latinos, Black/African Americans, and those who identify as Other have nearly twice the percentage of people living below the poverty level as the median for Greenville County.
- The violent crime rate is higher in Greenville (62 crimes per 10,000 population) than for the state of South Carolina (50.7 crimes per 10,000 population). The homicide rate (5.3

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deaths per 100,000 population) is less than in the state (7.6 deaths per 100,000 population).

- Over one in seven (14.4%) households have at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Nearly half (48.2%) of renters spend 30% or more of their household income on rent.

Health Topics

The indicators in the table below are the 10 highest scoring indicators. Scores can be between 0 (good) to 3 (bad) and are based on comparisons to other South Carolina counties and county equivalents, all U.S. counties, the South Carolina state value, the U.S. value, the trend over time, and Healthy People 2020 targets when available (see [Appendix II. Secondary Data Sources and Analysis](#)).

| Indicator | Topic | Indicator Score |
|--|-------------------------------------|-----------------|
| Age-Adjusted Death Rate due to Falls | Prevention & Safety | 2.78 |
| Hyperlipidemia: Medicare Population | Heart Disease & Stroke | 2.65 |
| Age-Adjusted Death Rate due to Suicide | Mental Health & Mental Disorders | 2.58 |
| Depression: Medicare Population | Mental Health & Mental Disorders | 2.50 |
| Osteoporosis: Medicare Population | Other Chronic Diseases | 2.45 |
| Alzheimer's Disease or Dementia: Medicare Population | Older Adults & Aging | 2.40 |
| Atrial Fibrillation: Medicare Population | Heart Disease & Stroke | 2.35 |
| Syphilis Incidence Rate | Immunizations & Infectious Diseases | 2.33 |
| Cancer: Medicare Population | Cancer | 2.30 |
| Age-Adjusted Death Rate due to Breast Cancer | Cancer | 2.25 |

- **Access to Health Services:** Greenville County has a higher number of primary care providers, dental care providers and mental health providers per resident than South Carolina overall.
- **Mortality:** Cancer is the leading cause of death in Greenville County.
 - Lung/Bronchus cancer causes the greatest number of deaths (49.9 deaths per 100,000), followed by Breast (24.2 deaths per 100,000), Prostate (24.1 deaths per 100,000), and Colon (16.6 deaths per 100,000).
 - Black/African Americans and males have higher death rates due to cancer than other groups.

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- **Mortality:** Heart disease is the second leading cause of death in the Greenville community. Although the death rate due to heart disease is lower than the state or nation, it is higher than the HP 2020 goal.
- **Obesity:** Greenville County is meeting the HP 2020 goal for percentage of adults who are obese and performing better than the state and nation on some issues related to diabetes, adults who are sedentary, and food insecurity.
- **Mental Health:** The death rate due to suicide is higher in Greenville County than in the state and the nation and is above the HP 2020 goal. A higher percentage of older adults in Greenville suffer from depression and Alzheimer's disease or dementia than in the state and nation.
- **Maternal, Infant, & Child Health:** Greenville is close to meeting the HP 2020 objective for babies with low and very low birth weight. Greenville County has met the HP 2020 target for infant mortality rate and preterm births, but it has not yet met the goals for mothers who smoked during pregnancy and mothers who received early prenatal care.

Key Findings of Community Input/Primary Data

Survey Results

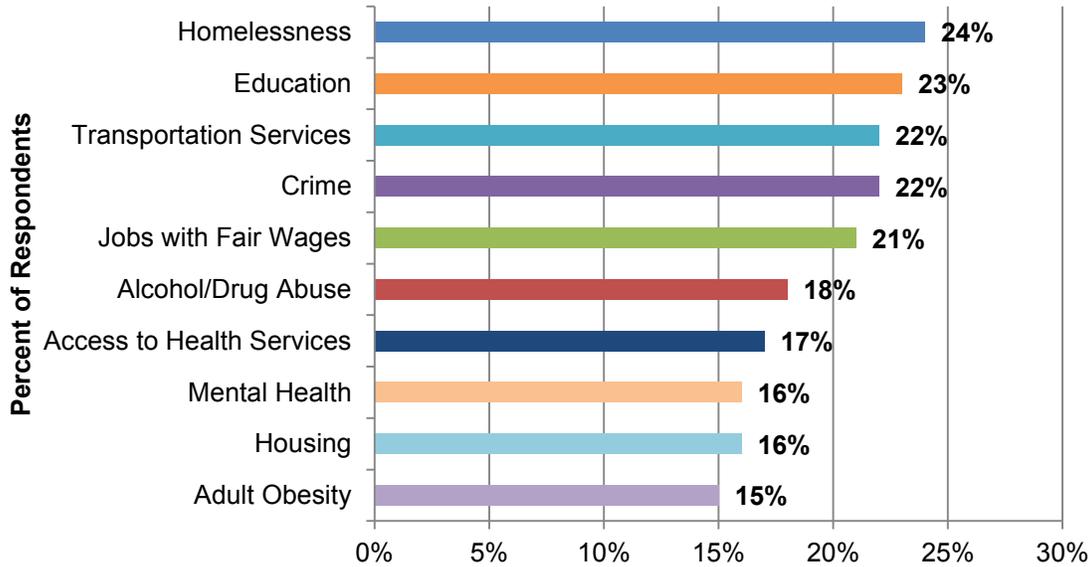
Major themes and observations prominent in the community input survey include:

- Residents of Greenville County are generally positive about the health of their community and the resources that are available to them.
- Most residents feel that their community is safe, though many are less positive about roads, sidewalks and street lights. Older residents are most likely to express concern about street safety and transportation.
- Life is harder for those at the lowest income levels. For just about every health measure, those at the lowest income levels are the most vulnerable.
- The issues most important to residents are not direct health issues, though all influence health in some manner. The five top priority issues are homelessness, education, crime, transportation and jobs with fair wages.

Participants were asked to identify the top five priorities that should be addressed in their community. The chart on the next page illustrates the percentage of survey participants who chose each issue.

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Top Ten Issues Identified by Community Input Survey Participants



Focus Group Discussions

The community input also included two focus groups hosted in Greenville County by Bon Secours Health System and Greenville Health System. Two of the groups consisted of representatives of social service and allied health organizations that provide community services, particularly to low-income, uninsured, homeless and other at-risk residents. The town hall meeting was a larger gathering of neighborhood leaders and community advocates representing inner-city Greenville. Similar to the findings of the community input survey, the primary concerns of those in the focus groups focused more on social and cultural issues, rather than disease or health system performance.

Based on facilitated discussion and prioritization from the three groups, their five priority issues are:

1. Mental health care
2. Affordable housing
3. Obesity, including increased awareness and access to healthier foods
4. Access to health care
5. Transportation

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Priority Health Needs:

To prioritize the identified health needs, BSSFHS took the top 10 of the 20 needs ranked in the community survey and collapsed them into 9, after combining Mental Health and Substance Abuse into Behavioral Health. Based on community input and secondary data analysis, the table below highlights the nine major health issues identified in the CHNA process.

| Community Issues That Impact Health | | Health Conditions |
|---|---|---|
| <ul style="list-style-type: none"> • Access to Health Care Services for Low-Income People • Community Safety • Education | <ul style="list-style-type: none"> • Homelessness • Jobs and Fair Wages • Social Environment and Housing • Transportation | <ul style="list-style-type: none"> • Adult Obesity and Nutrition and Exercise • Behavioral Health |

A prioritization meeting was held on April 27, 2016, to identify health priorities for 2016-2019. In addition to BSSFHS, representatives from the United Way, South Carolina Hospital Association, the Health Department, Piedmont Health Foundation, LiveWell, Furman University, Greenville Dreams, Greenville Free Medical Clinic, and Unity Health on Main participated. Using a matrix of feasibility and scale of impact the 9 needs were discussed. Three priorities emerged as the focus of the health system, 2016-2019:



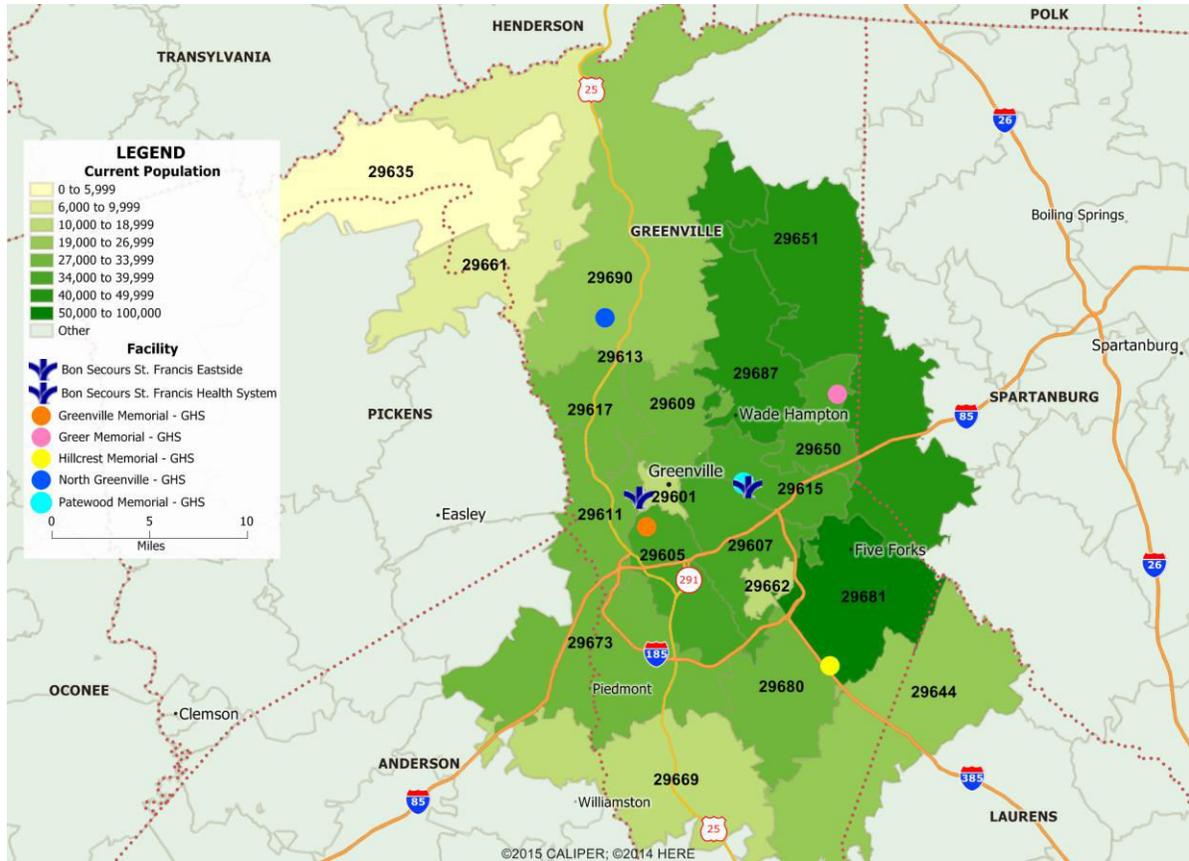
The BSSFHS Board of Directors will discuss and approve the Community Health Needs Assessment in July 2016.

Implementation Plan:

An implementation plan was created by BSSFHS leadership to address priority health needs. The Community Systems Director, County Health Department (DHEC Upstate Region), BSSFHS’ Senior VP, Mission and BSSFHS’ VP Population Health all gave input to the plan’s development. The CHNA was prepared by a consultant with oversight from BSSFHS’ Director of Healthy Community Initiatives. The Board will receive an update every six months on the progress of the plan.

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Facility and Service Area Description



St. Francis was founded in 1932 and is a private, not-for-profit health system. In January 2000, St. Francis Health System transferred sponsorship from the Franciscan Health Partnership, Inc. to Bon Secours Health System, Inc., a faith based, not-for profit healthcare system.

Bon Secours St. Francis Health System (BSSFHS) is comprised of two general acute care hospitals (St. Francis Downtown & St. Francis Eastside), a physician joint-ventured ambulatory surgery center (Upstate Surgery Center) and offices of the Millennium medical office building, all of which are located in Greenville, South Carolina. The health system operates two emergency departments; there is one at each facility to ensure that all persons, regardless of their ability to pay, have access to emergency care. Space is leased in the Millennium medical office complex to support community education, cardiac rehabilitation, and diagnostic services.

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A new state of the art outpatient cancer center opened in 2014 on the Millennium Campus. The St. Francis Cancer Center is a free-standing outpatient center that offers chemotherapy, radiation treatment, lab and physician offices all in one location. St. Francis Downtown, St. Francis Eastside, St. Francis Millennium and the St. Francis Cancer Center work together to fulfill the mission of BSSFHS.

For purposes of the CHNA, BSSFHS defines **Greenville County** as the community it serves, as many secondary data sources are county specific and enable comparison to data for the state of South Carolina and the United States.

Approximately 482,752 residents reside in Greenville County. For the purpose of this CHNA, the boundaries of this county will represent the primary service area for BSSFHS. Greenville County comprises the largest portion of service areas for St. Francis Eastside and St. Francis Downtown.

Demographics Data Profile

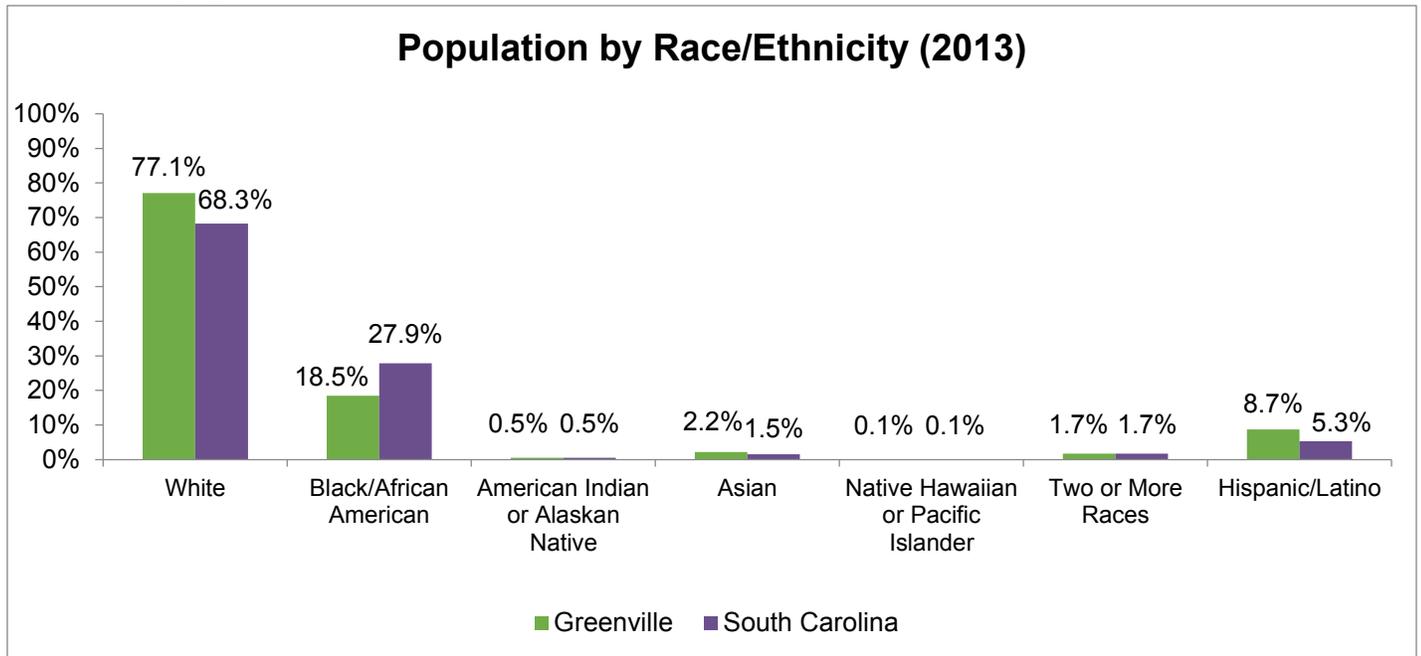
The health of a community is largely connected to the demographics and social aspects of its residents, which can be a useful indicator of health concerns. Demographic studies of a population are based on factors such as age, race, sex, economic status, education levels, and employment rates, among others. The physical environment in which individuals live, learn, work, play, and grow old also has a great impact on their health and quality of life. These cultural and environmental conditions are also known as ‘Social Determinants of Health’.

Some key findings from the [BSSFHS community’s demographics data](#) include:

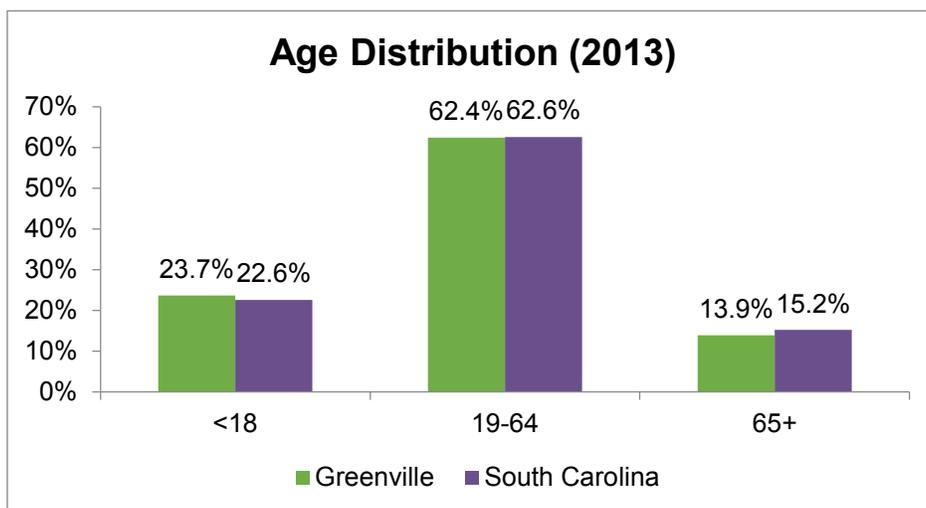
- Greenville County is predominantly White (77.1%), with a large Black/African American population (18.5%). Compared to South Carolina, Greenville has a larger percentage of Hispanics/Latinos.
- Greenville has a similar age distribution compared to South Carolina, with slightly more children (age <18) and fewer older adults (age >65).
- The unemployment rate is lower in Greenville County than in South Carolina.
- Greenville has a higher median income and per capita income than South Carolina, but less than the nation.
- At 15.8%, Greenville has a lower percentage of people living below the poverty level than the state (18.3%); however, there are differences by race/ethnic group. Hispanic/Latinos, Black/African Americans, and those who identify as Other have twice the Greenville percentage.
- Similar to South Carolina and the U.S., 31.6% of Greenville County residents aged 25 or over have a Bachelor’s degree or higher.
- Greenville has similar rates of adults and children with health insurance as the state and nation.
- Available secondary data indicators for transportation focus on commuting and are performing similarly to the state; however, community input cites transportation and access to public transportation as key issues.
- The violent crime rate is higher in Greenville (62 crimes per 10,000 population) than for the state of South Carolina (50.7 crimes per 10,000 population).
- Greenville has a higher Food Environment Index, more access to exercise, less physical inactivity, and a lower food insecurity rate than the state.
- Children in Greenville are less vulnerable than in South Carolina overall, with lower rates of single parent households and eligibility for free lunch.
- Greenville County is performing better than the state of South Carolina related to many health behaviors, including a lower smoking rate, a lower rate of excessive drinking, and a lower teen birth rate.

I. Race and Ethnicity Demographics

The population breakdown for Greenville County is somewhat similar to the state of South Carolina. The majority (77.1%) of the population in the service area is White, which is slightly higher than the state (68.3%). The second largest race/ethnic group in Greenville County is the Black/African American population at 18.5%, which is less than the state at 27.9%. The Hispanic/Latino population is 8.7% of the total population in Greenville, as compared to only 5.3% of the population in South Carolina.



II. Age Demographics

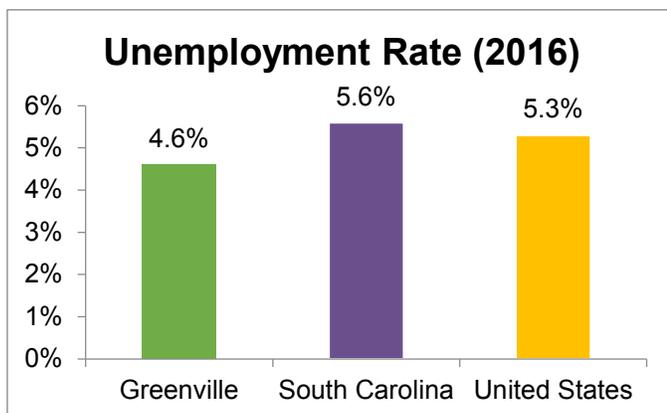
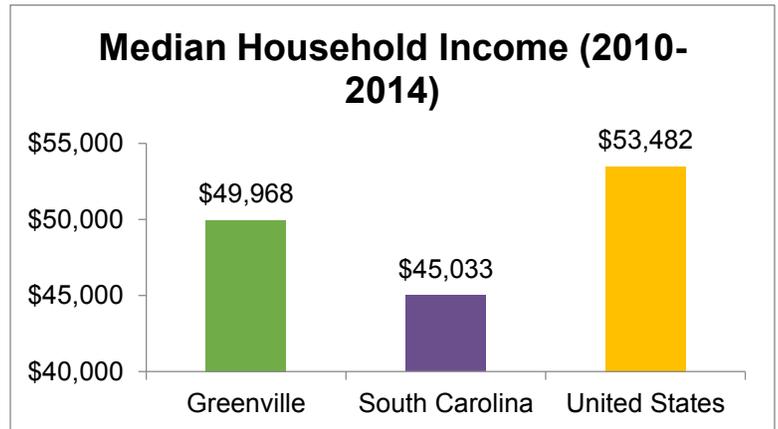


Greenville County has a similar age distribution to the state of South Carolina. Greenville has a slightly higher proportion of under 18 year olds and slightly smaller proportion of over 65 year olds than South Carolina overall.

III. Income Demographics

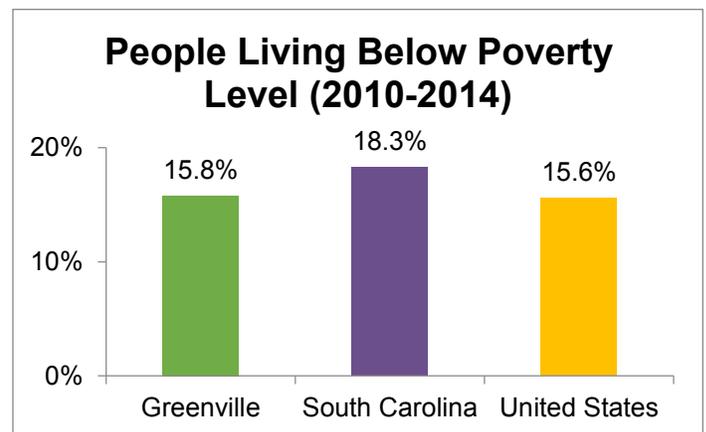
It is well established that income level correlates with health status. An association exists between unemployment and mortality rates, especially for causes of deaths that are attributable to high stress (cardiovascular diseases, mental and behavioral disorders, suicide, and alcohol and tobacco consumption related illnesses).¹ The median

household income in Greenville County is \$49,968. It is higher than the South Carolina state average of \$45,033, but lower than the national average of \$53,482. Greenville has a higher per capita income, at \$27,097, than South Carolina (\$24,222) and lower than the U.S. (\$28,555).



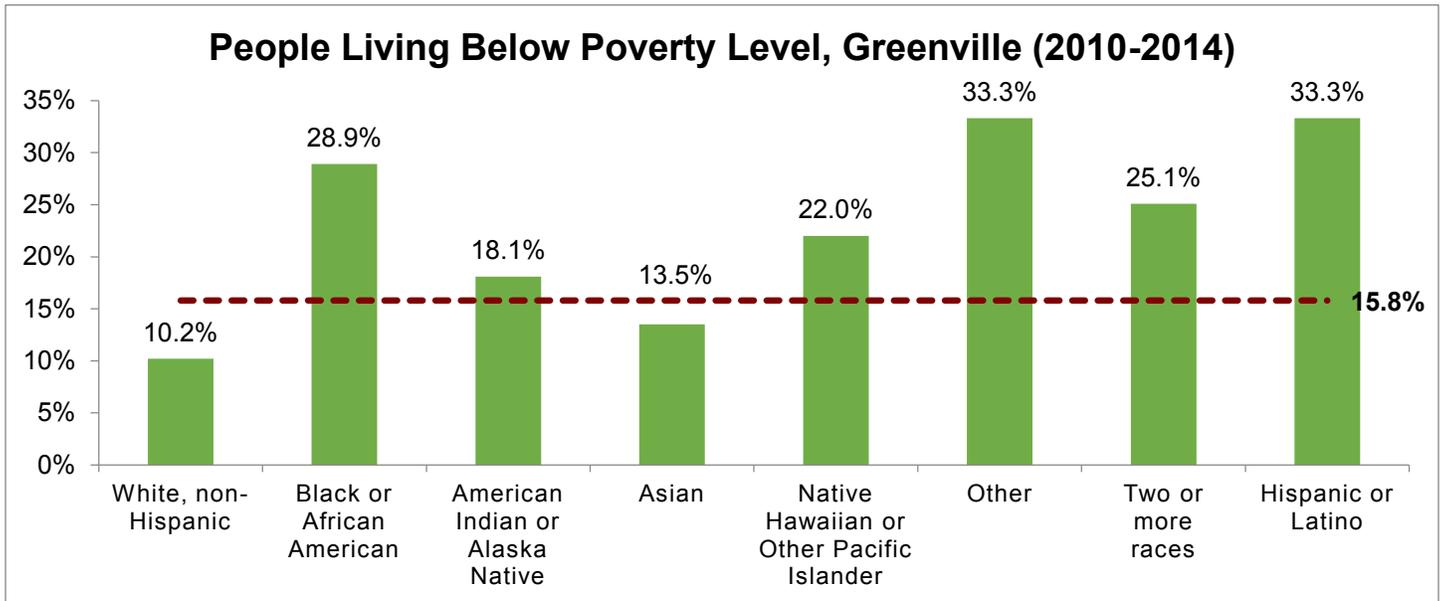
The unemployment rate is a key indicator of the local economy. At 4.6%, Greenville County has a lower unemployment rate than South Carolina (5.6%) and the U.S. (5.3%). In Greenville, the most recent rate is lower compared to previous measurement periods. This indicator is a monthly data value.

The percentage of people living below poverty in Greenville is 15.8%. The percentage of people living below poverty is lower in Greenville County than in the state of South Carolina and the U.S. A closer look at the data, however, reveals disproportionate impacts across race/ethnic groups.



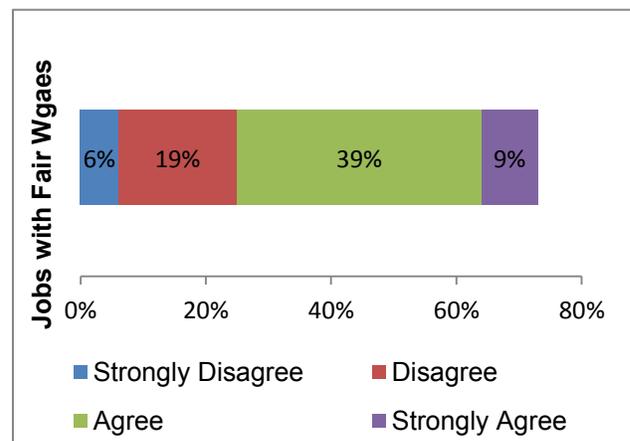
¹ Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning and Heinesen, 2012, Montgomery et al., 2013, Davalos et al., 2012, Deb et al., 2011 and Strully, 2009

In Greenville County, Hispanic/Latinos and those who identified as Other have the highest percentage of people living below poverty level at 33.3%. Groups that also have a higher percentage include Black/African American (28.9%), American Indian or Alaska Native (18.1%), Native Hawaiian or Other Pacific Islander (22.0%), and Two or More Races (25.1%).



Community Input/Primary Data

Jobs with fair wages ranked fifth in the community survey as a key priority that needs to be addressed. As expected, the results of one survey question show that those earning the least are the least likely to agree the community is strong in offering jobs with fair wages. Among those making less than \$25,000 annually, only 32% agree with this statement and 36% disagree. There are also significant racial and ethnic differences. Where 54% of Whites agree the community is strong in offering jobs with fair wages, only 35% of Black/African American respondents and 30% of Hispanic/Latinos agree. Among Whites, 17% disagree with the statement, compared to 39% of Black/African Americans and 30% of Hispanic/Latinos.

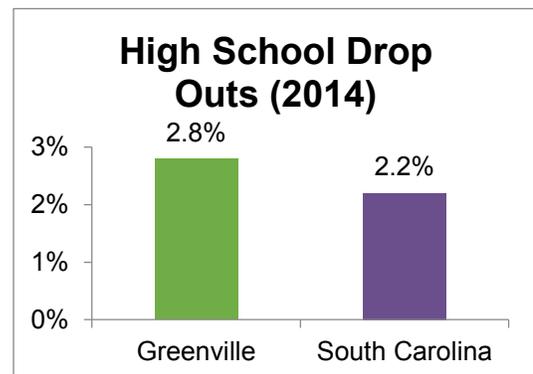
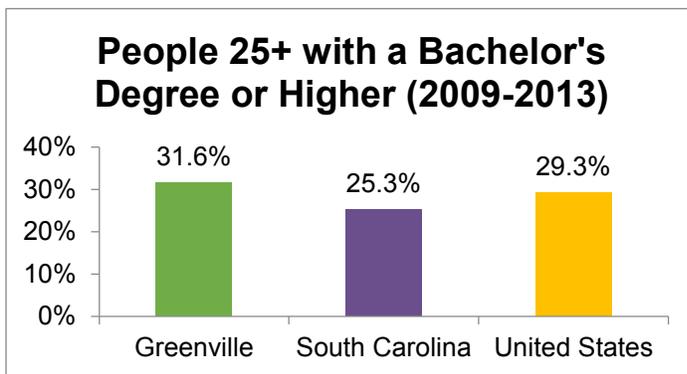


The level of unemployment (but looking for work) for survey respondents is higher among Hispanic/Latinos than other races. Among Whites, 6% say they are not working, but looking. Among Black/African Americans the number is 13%. Among Hispanic/Latinos it is 23%.

| Employment Status of all survey respondents: | |
|--|-----|
| Working Full-time | 37% |
| Working Part-time | 12% |
| Not Working, Looking For Work | 8% |
| Not Working, Not Looking For Work | 9% |
| Retired | 19% |
| Disabled | 12% |
| A Student, Working | 1% |
| A Student, Not Working | 1% |

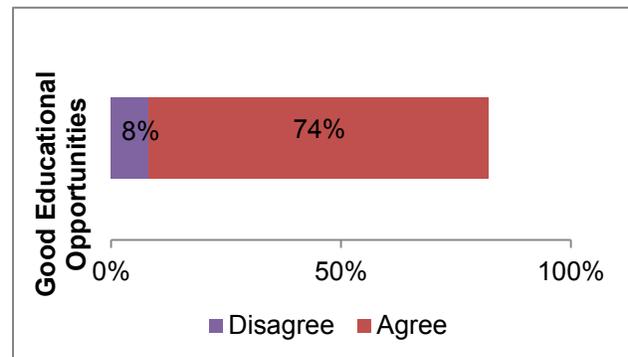
IV. Education Demographics

In considering the percentage of people aged 25 and older with a Bachelor’s Degree or higher, Greenville County has a higher percentage (31.6%) than for the state and the U.S. Greenville also has a slightly higher percentage of high school drop outs (2.8%) than the state of South Carolina (2.2%).



Community Input

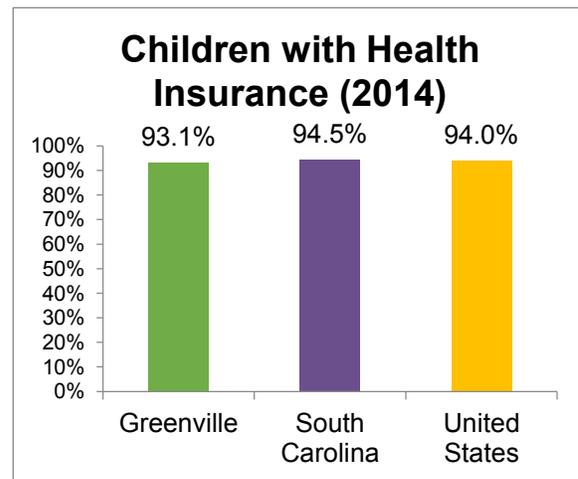
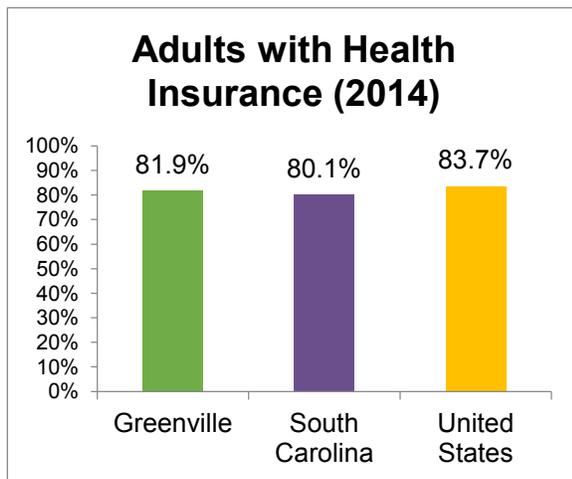
Persons of all ages and educational levels similarly *agree* that Greenville provides good educational opportunities. Those who earn more than \$100,000 are more positive about education than those who earn less, but even their disagreement is no more than 8%.



Half of those surveyed have at least a two-year college degree. The connection between education and earning power is evident in the study. Among those earning less than \$25,000 a year, 65% have a high school diploma or less.

| Education Level of Survey Respondents | |
|---------------------------------------|-----|
| Less Than High School | 9% |
| High School or GED | 23% |
| Some College | 16% |
| Two-Year Degree | 12% |
| Four-Year Degree or Higher | 38% |

V. Uninsured Population



For health insurance, the Healthy People 2020 goal is to have 100% of the population have some form of health insurance coverage. Compared to South Carolina, Greenville County has a slightly higher percentage of insured adults, but a slightly lower percentage than the nation. The percentage of uninsured children is lower than the state and the nation.

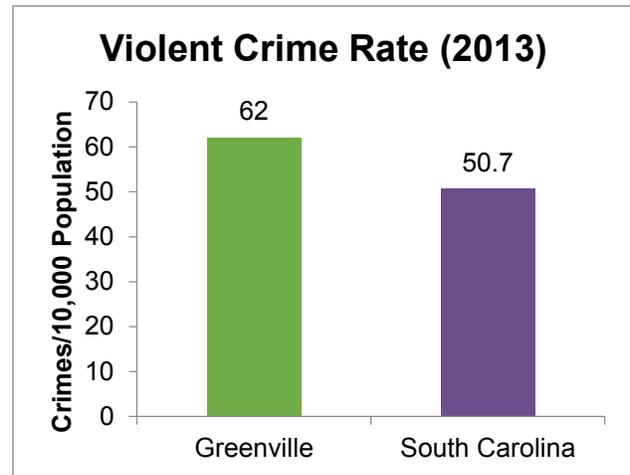
Community Input/Primary Data

Just over half of the community survey sample has private health insurance. The Medicare sample size matches the over-65 portion of all respondents. The 15% uninsured correlates with secondary data – both the community survey and the secondary data show similar rates of people in the community are uninsured.

| How Survey Participants Pay For Health Services: | |
|--|-----|
| Private Insurance | 51% |
| Medicare | 20% |
| Medicaid | 7% |
| VA Benefits | 2% |
| Indian Health Services | 0% |
| Pay Cash | 3% |
| Uninsured | 15% |

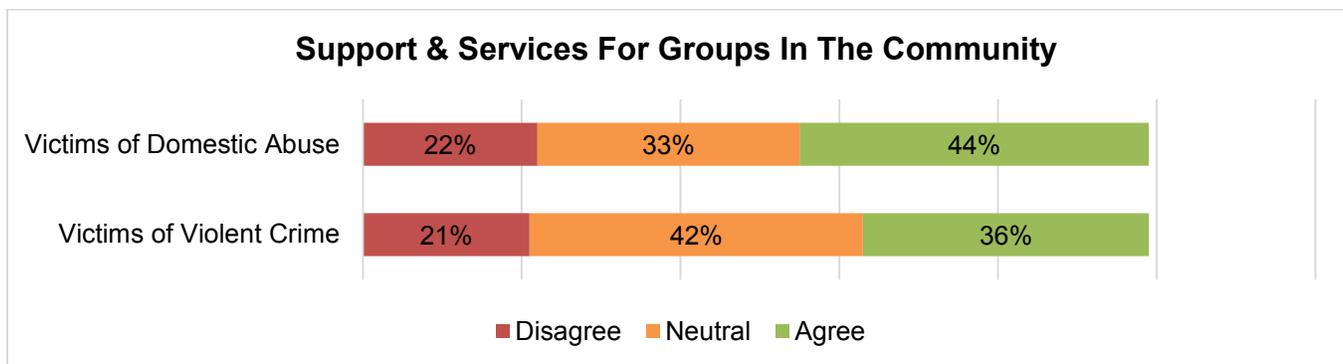
VI. Violence and Crime

A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. The violent crime rate is higher in Greenville (62 crimes per 10,000 population) than for the state of South Carolina (50.7 crimes per 10,000 population).



Community Input/Primary Data

While survey participants reported that their community was a safe place to live, work, learn and play, they still rated crime as the third highest community priority. Participants also felt that victims of violent crime and domestic abuse have good support and services available in the community.



VII. Transportation

Available secondary data transportation indicators are focused mostly on commuting. Greenville County has a similar commuting situation as South Carolina.

- The majority (84.5%) of workers in Greenville County drive alone to work, while 0.4% use public transportation to commute to work.
- Over one quarter (25.3%) of Greenville County commuters are solo drivers with a long commute, and the mean travel time to work is 21.6 minutes.

Community Input/Primary Data

Survey

Survey respondents ranked transportation services as the fourth priority in the community. When asked to *agree* or *disagree* with transportation services as a community strength, additional perceptions were noted.

- In this area, White respondents are more likely than Black/African American or Hispanic/Latino residents to *disagree* the county is strong providing transportation. Among Whites, 9% *strongly agree* and 29% *disagree* at some level. Among Black/African Americans, 13% *agree* while 24% *disagree*. Among Hispanic/Latino respondents, 17% *strongly agree* while 19% *disagree*.
- Negative responses for this issue are also higher among those earning more than \$100,000 and those with college degrees. A third (34%) of those with college degrees or higher *disagree* the county is strong in transportation.
- There is little indication in the research that age is a factor in people's perceptions of transportation. For example, while 27% of those over 65 say they *disagree* the county is strong in transportation, 30% of those 40 to 54 say the same thing.

Focus Group Discussions

Those who live near downtown Greenville see transportation as the county's number one issue that needs attention. The lack of affordable public transportation contributes to poverty, dependence on social services, declining health, lack of housing, and crime.

"They can offer transportation to take people downtown to eat and drink, but they can't to take people to work."

The solution for the transportation issue is more complex than a bus route. Community leaders recognize that public transport and private--car and bike--are all part of the solution.

When it comes to public transportation, it is important to support reliable connections between where people work and where they live. This becomes especially problematic in Greenville because the best paying manufacturing jobs are outside the inner-city. Service and manufacturing jobs are also seldom 9-to-5, and therefore, transportation needs start early and run late.

Even those with cars can find themselves mired in transportation problems. Many of the working poor can't afford a reliable car, which can make them unreliable workers. If they get behind on their insurance payments and coverage lapses, then it becomes public record and lowers their credit ratings, which in turn affects their ability to get a job, a better car or better housing.

"People want a better life for themselves and their children, but problems like transportation become major stumbling blocks."

"With the cost of transportation, plus child care, some people find it does not pay to work."

The transformation of Greenville is leading to some peculiar health care transportation issues. At one time the two major hospital locations in Greenville were surrounded by lower income neighborhoods. That made it easy for low-income residents to access care--they could walk.

Now those neighborhoods around the hospitals are becoming some of the most desirable and expensive, which is driving some low-income families to move away from their traditional sources of care.

In addition, some essential services are now located in the Patewood area, which is less accessible for those in the inner-city. Both of these trends create problems people have to find ways to solve.

"I know a woman who was at Patewood and couldn't get home, so she called an ambulance and told them to take her to the ER because it was close to her home."

Finally, transportation issues also inhibit some families from living healthier, more engaged lifestyles. If they live in a food desert, an area with no grocery store, then they have to do at least some of their food shopping at convenience stores. It is also less likely they can enroll their children in sports and recreation programs, or travel to parks and playgrounds.

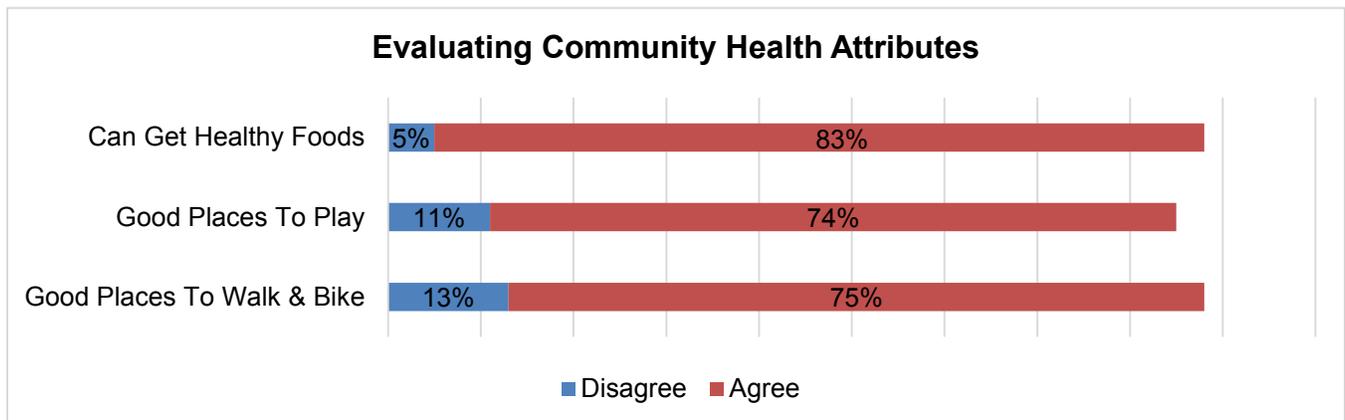
VIII. Opportunity for Living a Healthy Lifestyle

In many areas related to healthy lifestyle, such as consumption of healthy foods and exercise opportunities, Greenville County is performing similarly or better compared to the state of South Carolina. Greenville has a higher Food Environment Index, less physical inactivity, more access to exercise, and a lower food insecurity rate than the state.

| Measure and Definition of Measure | South Carolina | Greenville |
|---|----------------|------------|
| Food Environment Index (2016) Factors that contribute to a healthy food environment, 0 (worst) to 10 (best) | 6.8 | 7.1 |
| Physical inactivity (2012) Percentage of adults aged 20 and over reporting no leisure-time physical activity HP2020 Goal – 32.6% | 25.1% | 23.4% |
| Access to exercise (2016) Percentage of population with adequate access to locations for physical activity | 70.8% | 82.1% |
| Food insecurity (2014) Percentage of population with limited or uncertain access to adequate food | 17.1% | 13.5% |

Community Input/ Primary Data

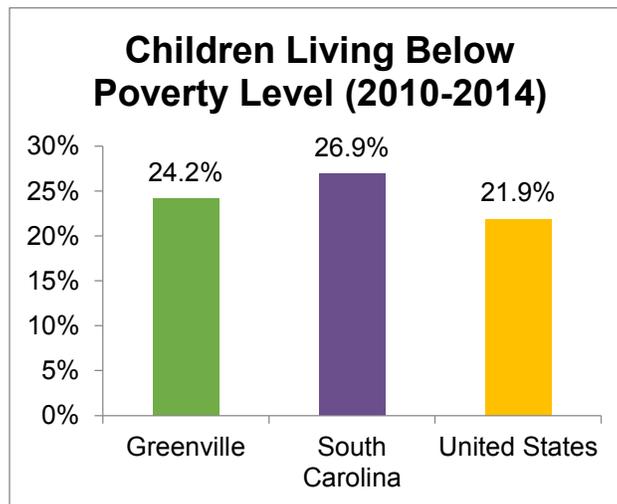
The majority of survey respondents *agree* that they have access to healthy foods, good places to play and to walk and bike.



IX. Social Indicators of Health Related to Children

To understand the health needs of the community, it is also important to understand social indicators of health related to children. The following graph and table provide risk factors specific to children (aged 18 and under) in Greenville. Children in Greenville are less vulnerable than in South Carolina overall; in Greenville, there are lower rates of single parent households and eligibility for free lunch (a lower number of children need assistance with access to food).

| Social Indicators of Health Related to Children | | |
|---|---|---|
| | % Single Parent Households – % children that live in a household headed by a single parent (2010-2014) | % Students Eligible for Free Lunch – % children enrolled in public school that are eligible for free lunch program (2013-2014) |
| South Carolina | 40.1% | 50.9% |
| Greenville | 33.0% | 42.5% |



X. Other Health Behaviors and Social Determinants of Health

The following health behaviors and social determinants of health have been identified as key contributors to overall health of a community. Overall, Greenville County is performing slightly better than the state of South Carolina in regard to many health behaviors, with the exception of newly diagnosed syphilis cases.

| Health Behaviors/Social Determinants in the Greenville community | | |
|---|----------------|------------|
| Measure and Definition | South Carolina | Greenville |
| Adult smoking Percentage of adults who are smokers HP 2020 Goal – 12% | 19.0% | 17.1% |
| Adult obesity Percentage of adults that report a BMI of 30 or more HP 2020 Goal – 30.5% | 31.6% | 28.5% |
| Excessive drinking Percentage of adults reporting binge or heavy drinking HP 2020 Goal – 25.4% | 16.2% | 15.9% |
| Alcohol-impaired driving deaths Percentage of driving deaths with alcohol involvement | 40.1% | 39.3% |
| Sexually transmitted infections Number of newly diagnosed chlamydia cases per 100,000 population | 568.2 | 511.5 |
| Number of newly diagnosed syphilis cases per 100,000 population | 5.2 | 8.6 |
| Teen Birth Rate Number of births per 1,000 female population ages 15-19 | 13.1 | 12.4 |

Community Input/Primary Data

Respondents to the community survey ranked alcohol/drug abuse as the *sixth* highest priority and adult obesity as the *tenth*.

Access to Health Care Profile

This Access to Health Profile provides health service data (Provider to Residents Ratios, Medically Underserved Areas) gathered from multiple publicly available data sources, as well as insights on issues surrounding access to health services from the community input.

Provider to Residents Ratios

Access to health care services is a key factor in the health of the community and has been identified as one of the three Prioritized Health Needs of the BSSFHS community. Greenville County has a higher number of primary care, dental care, and mental health providers per 100,000 population than South Carolina overall. The following table depicts the ratio of provider/residents in Greenville County, as well as the state of South Carolina for comparison.

| Ratio of Provider/100,000 Population | | |
|--------------------------------------|------------|----------------|
| | Greenville | South Carolina |
| Primary Care (2013) | 97 | 67 |
| Dental Care (2014) | 60 | 51 |
| Mental Health (2015) | 179 | 153 |

Health Professional Shortage Area (HPSA)/Medically Underserved Area²

The U.S. Health Resources and Services Administration (HRSA) defines an HPSA as a geographic area, population group or facility as having a shortage of primary medical care, dental or mental health providers. As of 2016, Greenville County was designated a primary care, dental care, and mental health care HPSA. Perry Correctional Institution was designated as primary care HPSA, and New Horizon Family Health was designated primary care, dental care, and mental health HPSA. HRSA designates geographic areas or defined populations as 'medically underserved' based on the presence of particular health and socioeconomic risks in addition to provider shortages. The criteria for designation include too few primary care providers, high infant mortality, high poverty and/or high elderly population rates. As of 2015, there are three Medically Underserved Area (MUA) designations in Greenville County.

² <http://www.hrsa.gov/shortage/>

Community Input/Primary Data

Survey

Access to Health Services ranked *seventh* in the community survey as a key priority that needs to be addressed, though Greenville residents are generally positive about their access to health care. Eighty-two percent (82%) of all respondents *agree* the county offers *good places to get care*. The percentage of those who *strongly agree* with this statement goes up with age, with 43% of those 65 to 79 *agreeing strongly*. That is compared to 33% of those 45 to 54 who *agree strongly*. Those most likely to *disagree* with the statement are those earning less than \$25,000 per year (12%) and those without health insurance (12%). There are also racial and ethnic differences. While 40% of Whites *strongly agree*, only 26% of Black/African Americans and 25% of Hispanic/Latinos do.

When respondents were asked to agree or disagree with the statement, “*There are good places to get dental care*,” racial and ethnic differences were more pronounced. Thirty-six percent (36%) of Whites *strongly agree* there are good places to get dental care, but 22% of Black/African American respondents, and only 15% of Hispanic/Latino respondents *agree*. Further, 17% of Hispanic/Latinos and 15% of Black/African Americans *disagree*, compared to only 5% of Whites. Similar to health care, those most likely to *disagree* are low income and without insurance. Among those earning less than \$25,000, 19% *disagree* with the statement. 18% of those without insurance *disagree*. Responses from those with Medicaid vary little from those with no insurance at all. For example, 14% of those on Medicaid *strongly agree* about dental care, compared to 16% of those without insurance. However, only 9% of those with Medicaid *disagree*.

For the statement, “*There are good health programs offered*,” about a quarter of all respondents (24%) *strongly agree* and 10% *disagree*. The pattern of responses is similar to those for health care services, with older people and those with higher incomes responding most favorably. Looking at responses by race yields a potentially meaningful observation. While 18% of Whites and 21% of Black/African Americans are *neutral* on this statement, 40% of Hispanic/Latino responses are *neutral*. This could indicate that Hispanic/Latinos in the community are less familiar or have less experience with health programs.

Only 14% of all respondents *strongly agree* they can get *affordable health insurance*. 27% *disagree* and another 8% *disagree strongly*. “Affordable” is a relative term, with just about as many high income persons *disagreeing* (21%) as those earning \$50,000 to \$75,000 (24%). Income is the biggest factor affecting responses to this statement. Thirty-six percent (36%) of

those who earn less than \$25,000 *disagree* that they can get affordable health insurance. Those most likely to *agree* their health insurance is affordable are on Medicare, where 23% *strongly agree* and another 40% *agree*. However, even 17% of those on Medicare *disagree* they can get affordable insurance.

Focus Group Discussions

While Greenville County offers many quality health care services, access continues to be difficult for some low-income residents. Whether it be a lack of insurance or a lack of funds for deductibles and co-payments, some residents struggle to access the health care they need.

One of the most significant factors affecting the problem of access to health services might be described as health illiteracy. People at all income levels, but especially those with less education and lower income, have difficulty understanding and navigating the complexities of health insurance, doctors and hospitals. They don't know how insurance works or what insurance terms mean. They don't know how to evaluate insurance options and pick the right plans. They don't know how to prioritize their health spending. Increasing health literacy could improve access to care.

“People don't know how the insurance system works. Even if they have insurance, when they start getting EOBs it's hard to figure out what they owe. Some just conclude it's easier to go the ER.”

“Do I get a health savings account? How is that different from health insurance? How do I set aside money for health emergencies?”

The groups identified other issues of importance. They would like to see more physicians who accept Medicare and Medicaid. They see need for transportation connecting the elderly and those who don't drive with health care providers.

Health Conditions and Disease Data Profile

I. Overall Mortality Data

Healthy People 2020 objectives define mortality rate goals for a number of health problems. The top 5 leading causes of death in Greenville County are 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease, 4) Stroke, and 5) Alzheimer’s Disease. Unless otherwise noted, data in the table below are from 2012-2014.

| | Deaths per 100,000 population | | | |
|--|--|----------------------------------|-----------------------------------|---|
| | Healthy People 2020 Mortality Rate Goals | United States Mortality Rates | South Carolina Mortality Rates | Greenville County Mortality Rates |
| Overall Cancer (2008-2012) | 161.4 | 166.4 | 183.3 | 179.2 |
| Heart Disease | -- | 169.1 | 179.3 | 146.6 |
| Chronic Lower Respiratory Disease | -- | 41.4 | 48.4 | 44.2 |
| Stroke | 34.8 | 36.5 | 45.5 | 39.4 |
| Alzheimer’s Disease | -- | 24.3 | 34.4 | 37 |
| Diabetes | -- | 21.1 | 22.1 | 18.7 |
| Drug Poisoning | -- | 14 | 13.3 | 15.9 |
| Suicide | 10.3 | 12.7 | 14.3 | 15.8 |
| Motor Vehicle Collisions | -- | -- | 16.6 | 15 |
| Influenza and Pneumonia | -- | 15.2 | 14.1 | 13.1 |
| Falls | 7.2 | 8.5 | 7.2 | 10.8 |
| Infant Mortality | 6 | -- | 6.5 | 5.8 |
| Homicide | 5.5 | 5.2 | 7.6 | 5.3 |
| Unintentional Drowning | -- | -- | 1.4 | 1.7 |

II. Cancer

Cancer is the leading cause of death in Greenville County, followed by Heart Disease. Lung/Bronchus cancer causes the greatest number of deaths (49.9 deaths per 100,000 population), followed by Breast (24.2 deaths per 100,000), Prostate (24.1 deaths per 100,000) and Colon cancer (16.6 deaths per 100,000).

Mortality rates in Greenville County for all cancer types are higher than the HP 2020 goals. While the overall cancer, lung cancer, and prostate cancer rates are higher than the HP 2020 target and the U.S. rate, the rates in Greenville are lower than for South Carolina. Breast cancer and colon (colorectal) cancer rates in Greenville are higher than the HP 2020 target, U.S. rates and South Carolina rates.

| Cancer Deaths per 100,000 population (2008-2012) | | | | |
|---|--|----------------------------------|-----------------------------------|--------------------------------------|
| | Healthy People 2020 Cancer Mortality Rate Goals | United States Mortality Rates | South Carolina Mortality Rates | Greenville County Mortality Rates |
| Overall Cancer | 161.4 | 166.4 | 183.3 | 179.2 |
| Breast Cancer | 20.7 | 21.3 | 23.2 | 24.2 |
| Lung Cancer | 45.5 | 45 | 53.3 | 49.9 |
| Prostate Cancer | 21.8 | 19.6 | 25.5 | 24.1 |
| Colon (Colorectal) Cancer | 14.5 | 14.7 | 16.2 | 16.6 |

Overall Cancer

- Black/African Americans and males have higher death rates due to cancer than other groups.

Breast Cancer

- The death rate has stayed roughly the same, increasing slightly over the last four periods of measurement (24.2 per 100,000).
- Black/African Americans have a higher death rate due to breast cancer than Whites (31.7 versus 22.7 per 100,000).

Lung Cancer

- The death rate has stayed roughly the same, decreasing slightly over the last four periods of measurement (49.9 per 100,000).
- Males have a higher death rate due to lung cancer than females (69.3 versus 25.9 per 100,000).
- Black/African Americans have a higher death rate due to lung cancer than Whites (55.8 versus 49.3 per 100,000).

Prostate Cancer

- The death rate has stayed roughly the same over the last four periods of measurement (24.1 per 100,000).
- Black/African Americans have a higher death rate due to prostate cancer than Whites (49.7 versus 21.4 per 100,000).

Colon Cancer

- The death rate has stayed the same for the last four periods of measurement (16.6 per 100,000).
- Females have a lower death rate due to colon cancer than men (12.6 versus 20.6 per 100,000).
- Black/African Americans have a higher death rate due to colon cancer than Whites (28.7 versus 15.2 per 100,000).

III. Heart Disease & Stroke

According to the CDC, in 2014 the leading cause of death in the U.S. is heart disease, and stroke is the fifth leading cause. Greenville County has a lower rate of deaths due to heart disease than South Carolina and the U.S. While the stroke rate is lower in Greenville County than in South Carolina, it is higher than the U.S. rate. Both the heart disease and stroke mortality rates are higher than the HP 2020 targets.

| Heart Disease & Stroke Deaths per 100,000 population (2012-2014) | | | | |
|---|---|----------------------------------|-----------------------------------|--------------------------------------|
| | Healthy People 2020 Mortality Rate Goals | United States Mortality Rates | South Carolina Mortality Rates | Greenville County Mortality Rates |
| Heart Disease | 103.4 | 169.1 | 179.3 | 146.6 |
| Stroke | 34.8 | 36.5 | 45.5 | 39.4 |

According to HP 2020, the leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

Community Input/Primary Data

Survey respondents had wide *agreement* that heart disease/stroke community health programs are meeting current need.

IV. Diabetes and Obesity

Obesity is a measure defined as the percentage of adults aged 20 and older who have a body mass index (BMI) equal to or greater than 30. The obesity target set by Healthy People 2020 is that no more than 30.5% of the population is obese. Greenville County is currently meeting the HP 2020 goal. The food insecurity rate and the percentage of adults who are sedentary are lower in Greenville than in the state and nation.

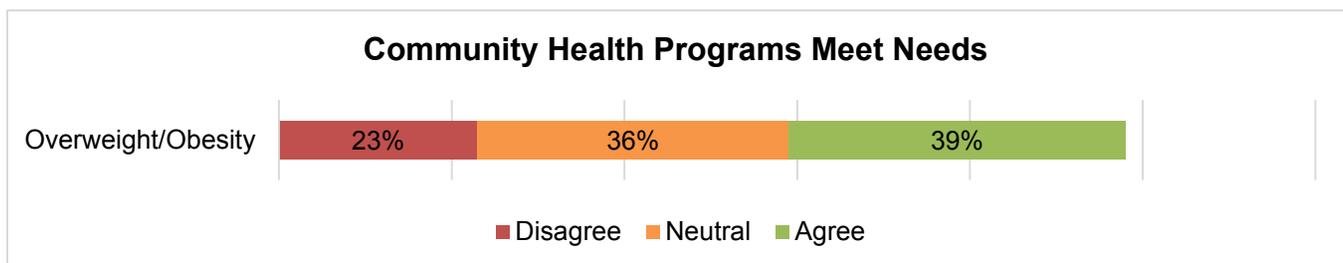
| Diabetes and Obesity | | | |
|--|---------------|----------------|-------------------|
| | United States | South Carolina | Greenville County |
| Adults who are Obese (2012) HP 2020 goal – 30.5% | 37.7% | 31.6% | 28.5% |
| Death Rate due to Diabetes (age adjusted, per 100,000 population, 2012-2014) | -- | 21.1 | 18.7 |
| Adults who are Sedentary (2012) | 25.1% | 32.6% | 23.4% |
| Food Insecurity Rate (2013) | 15.8% | 17.1% | 13.5% |

Community Input/Primary Data

Obesity

Survey

Respondents ranked adult obesity as the *tenth* highest priority in the community input survey. Residents of Greenville County were asked how well 15 different health programs were meeting the needs of the community. Programs addressing obesity were seen as having more need than the majority of other community health programs.



- *Disagreement over overweight and obesity programs is higher among Black/African Americans (25%) and among those age 25 to 39 (26%). Disagreement is also higher in the 29617 (34%) and 29601 (29%) zip codes.*

Focus Group Discussions

In focus group discussions, the topic of obesity was identified as the third highest priority, including increased awareness and access to healthier foods. Key observations from the discussions focused on how obesity among adults and children is at the center of a web of sticky health issues, notably diabetes, hypertension and heart disease. These community health leaders believe the solution lies primarily in changing the way Greenville citizens think about food.

Those most in need of education, awareness, and change are parents whose nutritional choices are influencing the next generation. Whether it is through lack of understanding or simply preference for the cheap and easy, these leaders observe that many parents choose an unhealthy diet for themselves and their kids.

“It’s a shocking thing. We rescue food from Whole Foods. We get enough for 25 families, but we can’t get more than 18 to 20 to show up. There are healthy foods like whole grain breads to choose from, but they want the cupcakes. They’ll say, ‘there was nothing left but bread.’ But it’s great bread.”

Unhealthy foods, such as processed foods, tend to be cheaper and easier to prepare and serve. Fresh fruits and vegetables require more expense and more effort. Even if a parent invests the effort to serve healthier foods, chances are children won’t eat because they don’t have a taste for them.

“It’s easier to buy the processed foods. It’s the most economic thing to buy. But at the end of the day, it’s what’s causing all the disease.”

These community leaders endorsed the idea of increasing nutritional literacy among adults and children, regardless of income levels. Nutritional literacy can be defined as teaching parents and children what they need to know to understand food and prioritize food choices.

“Teaching people to choose good food over fast food or convenient food will take a lot of education. It’s not just a poverty issue.”

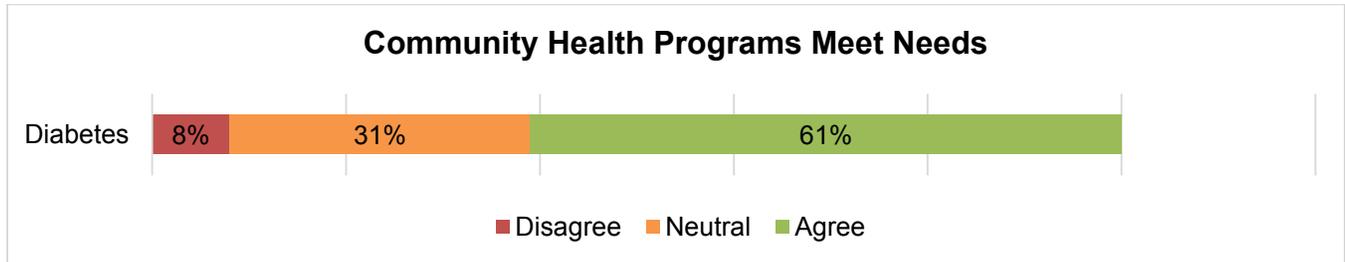
There are some people for whom food choice is not the issue; rather, the issue is food availability. Those at the lowest income levels can be food insecure, meaning they literally don’t know where their next day’s meals will come from. Several in one group endorsed screening people for food insecurity as part of physical examinations.

While most of the obesity discussion centered around diet, participants also expressed concerns about the lack of safe places to walk, bike and exercise for some Greenville residents. While there are safe parks and trails in the city, some residents can’t access them due to distance and

lack of transportation. There are also areas where it does not feel safe to walk or let children play outside.

Diabetes

Diabetes did not rank as a need in the survey, and community programs were seen as meeting the current need.



V. Mental Health and Mental Disorders

Mental health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental health disorders contribute to a number of health problems, including disability, pain, and death. Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors.

The death rate due to suicide is higher in Greenville County than in the state and the nation, and it is above the HP 2020 goal. A higher percentage of older adults in Greenville suffer from depression and Alzheimer’s disease or dementia than in the state and nation, as well.

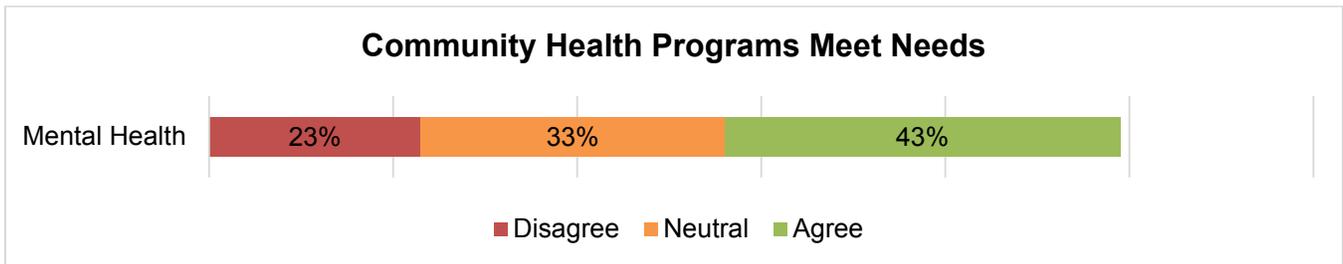
| Mental Health & Mental Disorders | | | |
|--|---------------|----------------|-------------------|
| | United States | South Carolina | Greenville County |
| Poor Mental Health Days (in the past 30 days, 2014) | -- | 4 | 3.8 |
| Frequent Mental Distress (% of adults who stated their mental health was not good for 14+ of the past 30 days, 2014) | -- | 10% | 11.6% |
| Death Rate due to Suicide (age adjusted, per 100,000 population, 2012-2014) HP 2020 Goal – 10.2 | 12.7 | 14.3 | 15.8 |

| | | | |
|---|-------|-------|-------|
| Depression: Medicare Population (2014) | 16.2% | 14.8% | 17.9% |
| Alzheimer’s Disease or Dementia: Medicare Population (2014) | 10% | 9.2% | 10.3% |
| Death Rate due to Alzheimer’s (deaths per 100,000 population, 2012-2014) | 24.3 | 34.4 | 37 |

Community Input/Primary Data

Survey

Mental Health ranked *ninth* in the priorities that came from the community input survey. Respondents had less *agreement* that mental health community programs are meeting current need.



- Evaluations of mental health programs are lowest among those over 65, with 30% of this group voicing *disagreement*. 31% of those who are Medicaid also *disagree* mental health is meeting needs.

Focus Group Discussions

Mental health care was the number one priority for focus group discussions. Concerns about mental health care in Greenville County run long and varied. Discussion of the subject ranged from resource issues like a lack of treatment facilities and counselors, to societal issues like dysfunctional families and teen culture.

Participants in all three groups agree that there are not enough counseling, treatment and support resources available in the county, especially for low-income adults. All see the need for more psychiatrists and psychologists. The lack of availability means that it is almost impossible for low-income adults to access mental health services unless they are in crisis.

“You have to be a threat to yourself or to someone else before you can get any help.”

“You can’t get help unless you’ve been hospitalized three times. Why can’t we do something to get to the root of a problem before a hospitalization?”

The problem in Greenville County was exacerbated when the state of South Carolina closed some mental health services, leaving more people with needs in the community. This puts the burden of intervention and care on systems and people who may not be prepared to handle it.

“Police feel compelled to take people to the ER. But when they leave the ER they are right back where they were, probably not taking their meds.”

Compliance with medication is a major issue. Some with mental health problems get helpful medications at the hospital or emergency department, but they don't stay on them either because they don't have the money or because they just stop. Behavioral medications can be difficult to adjust to and regulate, so without follow-up medical supervision, some patients find it difficult to stick with the medications they need. Non-compliance is especially problematic among the homeless.

Leaders in the focus groups see opportunities for the community to work together to provide earlier intervention and support to help people and families in need before there is a crisis. For example:

- Police can be better trained to recognize a person in a mental health crisis.
- Social workers can be trained to administer a simple assessment to identify people who might need help and encourage them toward assistance.
- Public employees and social workers can be trained to recognize stereotypes and biases related to mental health and break through them to provide more consistent, empathetic support.
- Health care providers and those in mental health can be educated to look at behavioral needs more holistically and take into account the entire family.
- Support service for families, the homeless, and low income can be better educated on the services that are available.
- Mental health providers can be more transparent about the services they provide and the costs.

Families often have distinct needs related to mental health or behavioral health. Just as services are scarce for low-income adults, they are also lacking for children and adolescents from low-income families.

Many of the behavioral problems facing children and youth are not really mental health issues, but are the result of disengaged or absent parents, and the influences of peer pressure, technology, drugs and alcohol, and stress.

VI. Oral Health

Greenville County demonstrates similar access to dental care as South Carolina overall.

| Oral Health (2014) | | |
|---|----------------|-------------------|
| | South Carolina | Greenville County |
| Dentist Rate (per 100,000 population) | 51 | 60 |

Community Input/Primary Data

Survey respondents *agreed* that community health programs are meeting current dental health care needs.

- Among those earning less than \$25,000, 23% *disagreed* about dental care programs. This compares to only 14% among those who make a little more--\$25,000 to \$50,000.

VII. Maternal and Infant Health

Low Birth Weight is defined as a live birth in which the infant weighs less than 2500 grams. The Greenville community is close to meeting the Healthy People 2020 objective for this health indicator as well as the objective related to babies with very low birth weight. Greenville County has met the HP 2020 target for infant mortality rate and preterm births but has not yet met the goals to decrease the number of mothers who smoked during pregnancy and increase the number of mothers who received early prenatal care.

The following table provides the data for Greenville County and comparisons for maternal, fetal, and infant health:

| Maternal, Fetal & Infant Health (2014) | | | | |
|--|---------------------------|---------------|----------------|-------------------|
| | Healthy People 2020 Goals | United States | South Carolina | Greenville County |
| Infant Mortality Rate (Deaths per 100,000) | 6 | -- | 6.5 | 5.8 |
| Mothers who Smoked During Pregnancy | 1.4% | 8.4% | 11.2% | 8.9% |
| Babies with Very Low Birth Weight | 1.4% | 1.4% | 1.8% | 1.5% |

| | | | | |
|---|-------|-------|-------|-------|
| Mothers who Received Early Prenatal Care | 77.9% | 76.7% | 70.3% | 73.3% |
| Babies with Low Birth Weight | 7.8% | 8% | 9.4% | 8.1% |
| Preterm Births | 11.4% | 11.3% | 10.8% | 9.6% |

VIII. Environmental Health

The Environmental Health status of a community impacts quality of life, length of life and health disparities. A negative environmental health status in a community could adversely impact the control and prevention of disease, injury, and disability related to the interactions between people and their environment.

| Environmental Health | | |
|--|-----------------------|--------------------------|
| | South Carolina | Greenville County |
| Annual Particle Pollution (2011-2013) | -- | 2 |
| Annual Ozone Air Quality (2011-2013) | -- | 2 |
| PBT Released (pounds, 2014) | -- | 143 |
| Drinking Water Violations (2013-2014) | 3.6% | 0% |

CHNA Key Findings

These nine health issues and conditions were identified by the community as being of greatest concern. Key findings from the survey, focus groups and town hall, as well as secondary data are incorporated below each topic.

- **Behavioral Health**
 - Residents see mental health services as one of the greatest needs in Greenville County. Substance abuse and addictive behaviors need to be addressed.
 - Focus groups recognize that gaps in behavioral health services include a lack of providers and the need for early intervention.
 - Participants and respondents felt it would help to educate health care providers and those in mental health to address behavioral needs more holistically; include the family.
 - The death rate due to suicide and to Alzheimer's disease is higher in Greenville County than in the state and the nation, and it is above the HP 2020 goal. A slightly higher percentage of older adults in Greenville suffer from depression and Alzheimer's disease or dementia than in the state and nation, as well.

- **Transportation**
 - White residents are more likely than Black/African American and Hispanic/Latino residents to *disagree* the county is strong in providing transportation.
 - Community leaders see the lack of a reliable public transportation system as contributing to poverty and dependence on social services. Bus routes and reliable connections between work and home are limited. Scheduling of buses could be improved – people can get to work but can't get home.
 - Data indicators related to commuting, including commuters who drive solo to work, are similar in Greenville County as they are for the state overall.

- **Community Safety**
 - There were meaningful differences in the survey on race, ethnicity and age regarding community safety. Black/African Americans and Hispanic/Latinos are more likely to be concerned about safety in neighborhoods, safe roads and street lights than Whites. Older residents expressed concerns about street safety and transportation.
 - Greenville county has a higher violent crime rate than South Carolina overall. In addition, 39.3% of traffic-related deaths in Greenville County are caused by alcohol-impaired crashes.

- **Homelessness**
 - A third (33%) of residents *disagree* there is good support for the homeless.
 - Homelessness, behavioral health and access to health care are viewed as being inextricably linked.

- **Education**
 - Education is the key to good health and income potential.
 - Education is a leading factor contributing to quality of life. Those with higher levels of education rated their quality of life as *Good or Very Good*.
 - Nearly a third (31.6%) of Greenville County residents aged 25 or over have a Bachelor's degree or higher, which is similar to South Carolina and the U.S. 2.8% of students grades 9-12 dropped out of high school.

- **Social Environment and Housing**
 - There is a strong connection between health status and a safe affordable place to live.
 - Individuals who are homeless with chronic health and/or mental health conditions are less likely to follow a regimen of care due to a lack of resources.
 - Greenville does not have enough affordable housing options.
 - Fourteen and four-tenths percent (14.4%) of households have at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Nearly half (48.2%) of renters spend 30% or more of their household income on rent.

- **Adult Obesity and Nutrition and Exercise**
 - Residents identified addressing adult obesity as one of the greatest needs in Greenville County. Obesity is linked to diabetes, hypertension and heart disease.
 - Poor nutrition, food insecurity and limited or no access to safe places to exercise has an impact on health.
 - In Greenville County, 28.5% of adults are obese and 23.4% of adults are sedentary. The food insecurity rate is 13.5%, and the child food insecurity rate is 22.3%. Only 82.1% of individuals in Greenville County live reasonably close to a park or recreational facility and have access to exercise opportunities.

- **Jobs and Fair wages**
 - Those with the lowest incomes are least likely to agree the community is strong in offering jobs with fair wages.
 - Those with the lowest incomes are least likely to have access to transportation, health care, healthy food and safe affordable housing.
 - The unemployment rate in Greenville County is 4.7% as of January 2016. Median household income is \$49,968. Per capita income is \$27,097.

- **Access to Health Care Services for Low Income People (children, women, seniors)**
 - Residents overall are generally positive about access to healthcare. Racial and ethnic differences show Black/African Americans and Hispanic/Latinos are less positive than Whites about access to care.
 - Health care is impacted by health literacy and is related to navigating the complexities of health insurance, doctors and hospitals.
 - Nearly one in five (18.1%) adults are uninsured and 6.9% of children are uninsured in Greenville.

Community Insight Profile

I. Community Input/Primary Data Methodology

The primary data research to gather community input consisted of qualitative and quantitative components. The qualitative research included three focus groups hosted in Greenville County by Bon Secours Health System and Greenville Health System.

Two of the groups consisted of representatives of social service and allied health organizations that provide community services, particularly to low-income, uninsured, homeless and other at-risk citizens. The third group was a larger gathering of neighborhood leaders and community advocates representing inner-city Greenville.

The quantitative research included 832 questionnaires completed by adult residents of Greenville County, South Carolina, in January and February 2016. To see the questions used in the survey, please go to [Appendix III. Community Input Survey Questions](#). The research includes data from three collection methods:

- 228 questionnaires were completed on paper, collected by volunteers in areas where ethnic and lower income adults reside in greater numbers. This method was very effective gathering information from traditional at-risk communities.
- 297 were completed online by residents who were recruited by email or who accessed the survey through the Bon Secours website.
- 307 were completed over the phone by interviewers using randomly dialed telephone numbers.

Spanish language surveys and/or interviewers were available/accessible for all three survey methods.

The large sample of 832 yields a very high confidence level for the study and also supports analysis of results by gender, age, income, race, educational level and other factors. Some evaluation of results by zip code is also possible, though the size of the sample in some zip codes is too small for high reliability. The following table shows the 11 zip codes where most results came from and the number of respondents from each.

| 29611 | 29601 | 29681 | 29687 | 29605 | 29607 | 29609 | 29615 | 29617 | 29651 | 29680 | Others |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| 58 | 62 | 91 | 66 | 76 | 73 | 48 | 45 | 47 | 46 | 44 | 155 |

Most participants (54%) reported their city of residence as Greenville. Others are from Simpsonville (15%), Greer (9%), Taylors (7%), Mauldin (3%), Traveler’s Rest (3%) and Marietta, Fountain Inn and Piedmont (1% each).

Quotas were imposed to ensure participation of age groups representative of Greenville County. Gender quotas were not used, however, and more women than men took part. It is common for more women to participate in health care research.

| Gender: | |
|----------------|-----|
| Male | 41% |
| Female | 59% |
| Age: | |
| 18 - 24 | 4% |
| 25 - 39 | 36% |
| 40 - 54 | 19% |
| 55 - 64 | 17% |
| 65 - 79 | 17% |
| 80 - Over | 3% |

There were no caps put on participation among Black/African American and Hispanic/Latino residents, resulting in a modest oversample of Black/African American participants. However, the resulting profile of participants by race is close to the actual profile of Greenville County.

| Race: | |
|---|-----|
| White, Non-Hispanic | 66% |
| Black, Afro-Caribbean or African American | 23% |
| Latino or Hispanic American | 6% |
| Multiple Races | 2% |
| All Others | 2% |
| Refused | 1% |

The majority of participants are married and live in a home that they own.

| Living Situations: | |
|----------------------------------|-----|
| Married | 56% |
| Unmarried, But In A Relationship | 7% |
| Divorced/Separated | 10% |
| Widowed | 6% |
| Single | 20% |

| | |
|-----------------------------|-----|
| Own Their Own Home | 62% |
| Rent Their Home | 21% |
| Live With Family Or Friends | 11% |
| Live In Temporary Housing | 4% |
| Income: | |
| Less Than \$25,000 | 27% |
| \$25,000 to \$49,999 | 24% |
| \$50,000 to \$74,999 | 17% |
| \$75,000 to \$99,999 | 9% |
| \$100,000 and Higher | 15% |
| Refused | 7% |

All data used in this report are unweighted. They are also rounded for readability. As a result of rounding, some charts and tables might exceed 100%.

Survey findings and focus group discussion results have been incorporated throughout this report by topic relevance. To see the entire community input report and further in-depth analysis, please go to [Appendix IV. Community Input Results](#).

II. Results of the Primary Data: Community Survey, Focus Groups and Town Hall Meeting
 Summary results from the different methods of community input gathered are below.

Major Observations from the Community Survey

- ❖ Residents of Greenville County are generally positive about the health of the community. They are most positive about programs and services described as traditional health care such as those addressing major physical diseases.
- ❖ Most residents of Greenville County consider their health to be *Very Good or Excellent*. One third describes their health as *Fair*. *Forty-four* percent (44%) of those in zip code 29601 report their health as *Fair*.
- ❖ Residents display less confidence regarding programs and services related to social and behavioral issues, homelessness and violence.
- ❖ Most residents feel their community is safe, though they were less positive about roads, sidewalks and street lights.

- ❖ Life is harder for those at the lowest income levels. Poverty creates vulnerability. Among respondents who are Black/African American, 46% make less than \$25,000. Among Hispanic/Latinos, 53% make less than \$25,000. By contrast, only 18% of Whites earn less than \$25,000.
- ❖ There are meaningful differences in the way residents from different racial groups experience and view life in the county. Those who are Black/African American or Hispanic/Latino are less likely to *agree strongly* and more likely to *disagree strongly* with statements about quality of life and health.
- ❖ The issues most important to residents in Greenville County are not necessarily direct health issues, though all influence health in some manner. Top issues include mental health, transportation, homelessness, community safety, obesity, jobs with fair wages, education, alcohol and substance abuse.

Major Observations from the Focus Groups and Town Hall Meeting

Similar to the findings of the community survey research, the primary concerns of those in the focus groups were more related to social and cultural issues rather than disease or health system performance.

Based on facilitated discussion and prioritization from the three groups, their five priority issues are:

1. Mental health care
2. Affordable housing
3. Obesity, including increased awareness and access to healthier foods
4. Access to health care
5. Transportation

III. Top 9 Health Priorities Identified by the Community

The following nine health priorities were identified as health needs or concerns of the community to be used for prioritization.

- **Behavioral Health**
- **Transportation**
- **Community Safety**
- **Homelessness**
- **Education**
- **Social Environment and Housing**

- **Adult Obesity and Nutrition and Exercise**
- **Jobs and Fair Wages**
- **Access to Health Care Services for Low Income People (children, women, seniors)**

Prioritization Process

I. Methodology for Prioritization

A prioritization meeting was held on April 27th, 2016, to identify the health priorities for 2016-2019. In addition to BSSFHS representation, representatives from the United Way, South Carolina Hospital Association, the Health Department, Piedmont Health Foundation, LiveWell, Furman University, Greenville Dreams, Greenville Free Medical Clinic, and Unity Health on Main participated. The context set by the facilitator for the meeting was: *What community priorities need to be addressed in order to ensure improved health outcomes and health care access in Greenville County? Where does the Bon Secours St. Francis Health System have the best opportunity to impact health factors?*

To identify significant community health needs, BSSFHS used four sources of data. Secondary data came from the Xerox Community Health Solutions platform. Community input, or primary data, came from the community survey, two focus groups, and one town hall meeting BSSFHS reviewed all of the data and determined the top 20 areas that were most important to respondents. BSSFHS decided to focus on the top 10 areas, and chose to collapse two issues into one, leaving 9 significant health issues to prioritize. With the support of the South Carolina Hospital Association, the data was weighted and analyzed. Using a strategy grid, or matrix of feasibility and scale of impact, the 9 community health needs identified in the primary and secondary data were plotted accordingly on the x and y axes. The quadrants include high need and high feasibility; lower need and high feasibility; high need and low feasibility; and lower need and low feasibility. See Figure 1 on next page for results.

Process:

1. Four methods to assess community needs: Secondary Data, Survey, Town Hall, and Focus Groups
2. Took top 10 of the 20 needs ranked in the Community Health Needs Assessment survey, and collapsed into 9 (combining Mental Health and Substance Use)
3. Ranked those 9 needs in priority based on each of the other three methods
 - a. If a method did not provide sufficient information to rank a specific need, that need was moved to the bottom of the ranking
4. To achieve a ranking of needs, a weighted average of the rankings was assigned (40% weight to the survey, 35% weight to the Secondary Data, 10% weight to the Town Hall, and 15% weight to the Focus Groups)
5. A strategy grid was used to further delineate greatest needs

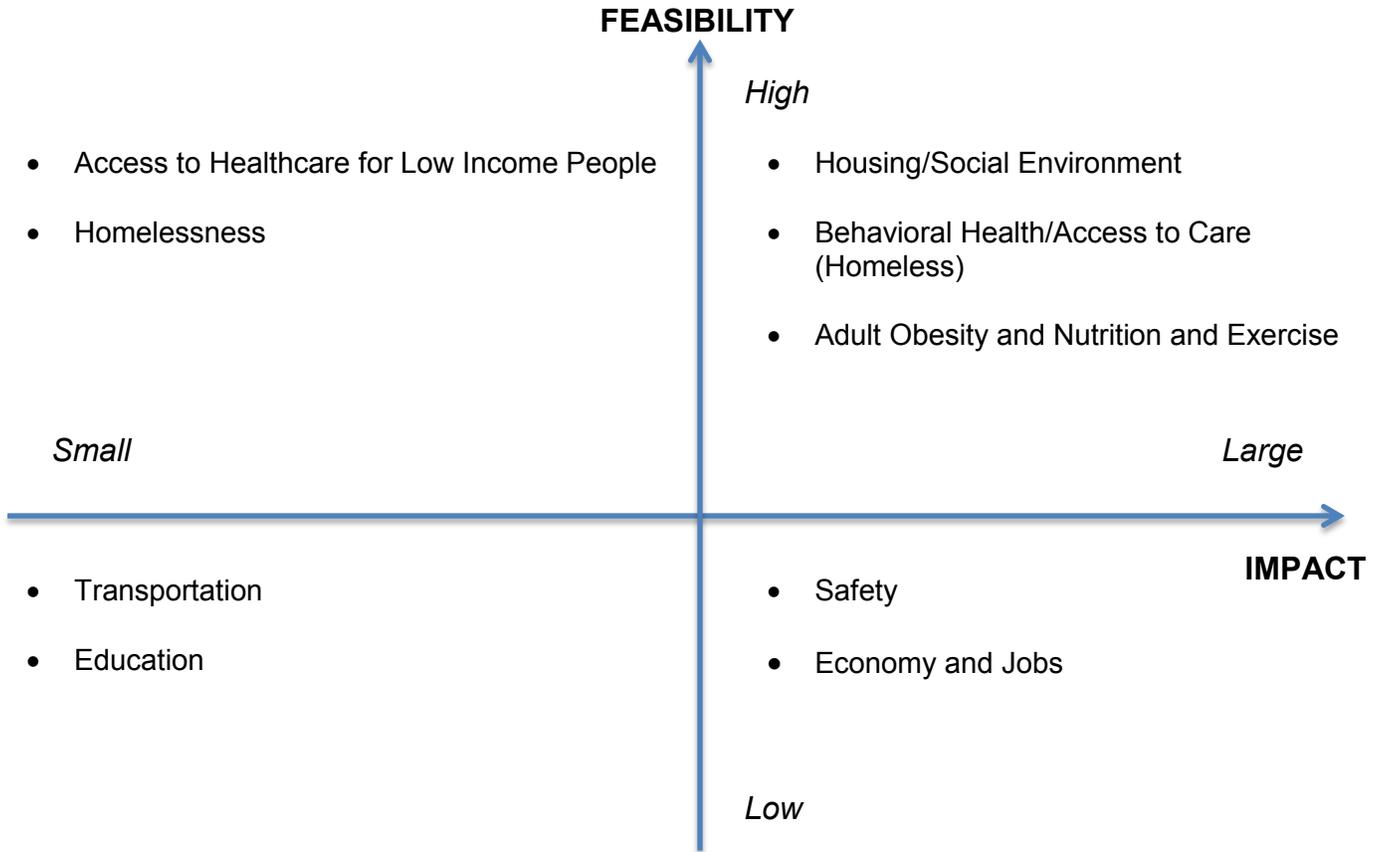


Figure 1. Strategy Grid (matrix of feasibility and scale of impact)

II. Prioritization Results

After plotting the nine needs on the strategy grid, or matrix of feasibility and scale of impact, both small and large group discussions were held. There was consensus about which needs were high or low feasibility and impact. Three (3) priority areas emerged as the focus of the health system for 2016-2019:

- 1. Obesity/Wellness**
- 2. Housing/Social Environment**
- 3. Access to Behavioral Health (Including Homeless People)**

III. Identified Resources

Bon Secours St. Francis used Circles of Involvement, a technique developed by the Institute of Cultural Affairs, Technology of Participation. The process entails a brainstorming session, which occurred during the prioritization meeting to identify public health partners, policy makers, public and private sector individuals including nonprofits and other champions who can help make an impact on the aforementioned priorities. In its development of the implementation plan Bon Secours is considering its resources, where coalitions and partnerships currently exist and which efforts might require new approaches.

Community Resources Available to Meet Identified Needs

AccessHealth Greenville County

<http://www.scha.org/accesshealth-greenville-county>

Access to Quality Health Services

AccessHealth Greenville County is a network created as the result of a collaborative partnership between Safety Net Providers, Community Partners, and funding from The Duke Endowment. The aim of the network is to connect low income uninsured residents of Greenville County to a medical home. The common vision shared by AccessHealth SC and networks is to develop and sustain a coordinated system-wide network that results in better health outcomes and increased access to safe, timely, efficient, equitable, and patient-centered care for low-income uninsured residents.

The Goals of AccessHealth Greenville County are to:

- Change how participants access and utilize the healthcare system
- Improve health outcomes in our low-income uninsured population
- Improve health quality of life for program participants
- Reduce the cost of care

AccessHealth Greenville County plays an integral role in meeting the social and medical needs of the uninsured. St. Francis Downtown has a strong relationship with AccessHealth Greenville County through many collaborative efforts. St. Francis Downtown will continue to work with AccessHealth Greenville County in meeting their goals for increasing access to quality health services.

Bon Secours St. Francis Health System

www.stfrancishealth.org

Health Programs and Screenings

Chronic Disease Prevention

BSSFHS powerfully believes in early detection of disease. Because of this, we focus on evidence-based disease screenings and education that will make the greatest impact on the community.

Through the Breast Health Program, St. Francis Eastside had developed the *Screen for Life* program. This Susan G. Komen Breast Cancer Foundation-funded program provides free mammography screenings and diagnostics to women who either do not have medical insurance or are financially unable to pay. The program seeks to alert high-risk populations in the Upstate, such as African American and Latina women, of the benefits of early breast cancer detection. Breast Health navigators are assigned to patients following them through the process of screening, diagnosis and treatment.

As part of the Breast Health Program, St. Francis Eastside created a new Mobile Mammography Coach that will travel to locations in Greenville and surrounding counties to provide digital mammograms to thousands of Upstate women, minimizing barriers to access. The digital mammography offered by the mobile coach is a more accurate screening tool for many women, especially those with dense breast tissue. In its first year of operation, more than 2,000 women are expected to visit the Bon Secours St. Francis Mobile Mammography Coach.

St. Francis Downtown also hosts cancer screenings specific to skin, prostate, breast and colon-rectum. For example, St. Francis Downtown collaborates with GHS to bi-annually host the skin cancer screening, where nearly 200 people are screened, regardless of ability to pay.

Chronic Disease Prevention & Access to Quality Health Services

The St. Francis Downtown *Community Health Outreach Program* partners with the Greenville community to provide community-based nursing and social work services in the community setting that engage and empower those in our community experiencing the harsh impact of poverty. With the support of collaborative community partnerships, three nurses and a social worker provide health education, community advocacy, assistance with access to health care, and a healing presence in satellite offices at San Sebastian, Triune Mercy Center, Mulberry Court Mercy Housing, and Sterling Hope Center. Clients are received through referrals from the health system, community partners, and word of mouth. They are assessed by a registered nurse and/or social worker to receive a holistic plan of care including referrals to the social worker and/or nurse, primary and specialty care, community agencies, faith communities, health systems, and government agencies. Trusting relationships are established with clients by attending to the whole person, promoting and defending their dignity, and providing pastoral care. Education on disease prevention and management are provided through group presentations, distribution of written materials, and screenings. The staff is committed to addressing health care disparities in the community, and educating the community-at-large on the harsh impacts of poverty on health. The program is designed to assist clients with urgent short-term needs while supporting them to establish long-term sustainable plans of care.

Clients are engaged and empowered through their active participants in their plan of care. Through this model of care, outcomes include: increased and improved client-physician relationships, decreased inappropriate use of emergency department with increased appropriate use of primary and specialty care, and improved health of the community.

“**A Healthy You**” was adopted by St. Francis Downtown in 2006 to provide a comprehensive resource manual, listing over 200 health topics including chronic disease and prevention for high-risk families in Greenville County. This manual is distributed to every family with a child in the K4 program of Greenville County Schools, a program provided to mostly low-income or learning delayed children. Of the approximate 1,200 families that received a copy of the manual in 2011, 47% reported that they were able to avoid one or more visits to the doctor in the past 6 months because of this resource. Furthermore, 37% indicated a decrease in the number of emergency room visits. This powerful tool empowers families to take their health into their own hands, by determining when to see a doctors or when a conditions can be simply treated at home. The book also highlights powerful tools and prevention strategies for reducing chronic disease risks.

Oral Health

St. Francis Downtown’s *Oral Health Program* works to meet the needs of the dentally underserved in Greenville. This comprehensive program includes strong partnerships with several different entities, a mobile dental unit, a mobile dental unit driver, a dentist, and a mobile projects coordinator. Since 2006, over 19,000 men, women and children have been reached through this powerful initiative. Just last year, more than 300 patients have benefitted from this program, with estimated services valued at more than \$43,000, provided at no charge to the patient.

Senior Action

<http://www.senioraction.org/whoweare.html>

Senior Health

Senior Action is a non-profit organization that has provided programs and services for seniors in Greenville County since 1967. Five downtown churches (Christ Church Episcopal, Buncombe Street United Methodist Church, First Baptist Church Greenville, First Presbyterian Church, and St. Mary’s Catholic Church) joined with the City of Greenville and Greenville County to form the organization. The first in the State, Senior Action is designated by the State of South Carolina Unit on Aging as the “Council on Aging” for Greenville County. United Way of Greenville County has been a partner with Senior Action for over 30 of those years. Services are currently provided in twelve locations spread throughout Greenville County and in the homes of seniors.

Bon Secours St. Francis Health System

www.stfrancishealth.org

Senior Health

Bon Secours St. Francis Health System’s Life Wise program is designed for women and men 55 and older. LifeWise promotes physical, emotional, social and spiritual wellness through many educational opportunities, activities, events and membership benefits.

Cancer Society of Greenville County

<http://www.cancersocietygc.org/index.php>

Chronic Disease Prevention & Access to Quality Health Services

The Cancer Society of Greenville County's mission is to improve the quality of life of local cancer patients and their families and to improve the health of the general public. To accomplish this, the agency provides financial, physical, educational, and emotional assistance to local cancer patients and their families, as well as cancer awareness and prevention programs and materials to the general public.

Carolina Center for Behavioral Health

www.thecarolinacenter.com

Mental Health

The Carolina Center for Behavioral Health specializes in psychiatric and chemical dependency treatment for adolescents, adults and senior adults. To meet the needs of the community, an array of inpatient, partial hospitalization and outpatient programs focuses on mental health and substance abuse treatment are available. Available programs include adult and adolescent psychiatry, adult addiction, adult crisis stabilization, geriatric, and electroconvulsive therapy and outpatient services. Program specialties emphasize a multi-disciplinary, integrated treatment approach, allowing for comprehensive care for individuals suffering from a variety of diagnoses.

FAVOR (Faces and Voices of Recovery)

<http://favorgreenville.org/>

Alcohol/Substance Abuse

The mission of FAVOR Greenville is to promote long-term recovery from substance use disorders through education, advocacy and recovery support services, resulting in healthier individuals, families, and communities.

FAVOR Greenville is made up of individuals, families, and entire communities seeking recovery. FAVOR Greenville plans to open a recovery community center soon, which will be staffed by recovering people that will link individuals and families to long-term recovery through information and referral, public education, and recovery support services.

Greenville County Medical Society

<http://www.greenvillemedicalsociety.org/>

The Greenville County Medical Society (GCMS) is the third tier of organized medicine that connects the physician to their patients and community. GCMS serves patients by providing information about local physicians and health care services. The Society serves physicians and patients by advocating for the physician patient relationship. GCMS members enable the *Physician Referral Service* to be available to the community at no cost. This resource is utilized by individuals, hospitals and various health related entities. The Society serves our physicians by recognizing and supporting the highest quality of medical care through advocacy, ethics, education, and engagement in our community. Provides information and updates on local issues as well as information from the SCMA and AMA.

GCMS physicians are devoted to consistently delivering Care, Compassion, Commitment and Collaboration with respect to the healthcare of all patients.

Greenville Free Medical Clinic

<http://www.greenvillefreeclinic.org/home/>

Access to Quality Health Services

Greenville Free Medical Clinic is an integral part of the health care delivery system in the Greenville community. For twenty-five years, the Clinic has been providing health care and wellness services at no charge to people who cannot pay for care and to those who do not have insurance available to them.

The mission of the Greenville Free Medical Clinic is to promote wellness and to provide caring, quality primary medical care and dental services, health education and prescription medications without charge to eligible low-income uninsured Greenville County residents.

In the decades since the Clinic's opening, tens of thousands of low-income uninsured patients have received care from volunteer physicians, dentists and nurses at the four clinic sites operated by the organization. Nearly 600 volunteers give of their time and talent each year.

BSSFHS and the Greenville Free Medical Clinic share the same desire and mission to serve the underserved. Through contracts, services and frequent collaborations, St. Francis Downtown and the Greenville Free Medical clinic work diligently to increase **access to quality health care services** in Greenville County for the uninsured.

Greenville Hospital System (GHS)

<http://www.ghs.org/>

Mental Health

The Department of Psychiatry & Behavioral Medicine of Greenville Health System provides a complete spectrum of care to diagnose and treat emotional and psychological disorders in children, adolescents, and adults. Individuals and families coping with complex mental illness, including severe mood, personality, anxiety and addictive disorders are given a full continuum of care.

The Department of Psychiatry & Behavioral Medicine of Greenville Health also works closely with National Alliance on Mental Illness (NAMI) – Greenville to offer support, education and advocacy for families and friends of people with serious mental illness and for persons with serious mental illnesses.

The mission of NAMI Greenville is to improve the quality of life and treatment for those who suffer from mental illness and their family members through education, support and advocacy.

www.Namigreenvillesc.org

LiveWell Greenville

<http://livewellgreenville.org/>

Public Health Policy Development

LiveWell Greenville is an organization that champions, supports, and advocates for policies, systems and environments that support a healthy community. Goals of this organization include:

- Increase healthy eating
- Increase physical activity
- Decrease obesity
- Decrease prevalence of chronic disease
- Create healthier adults, healthier children, and a healthier community

LiveWell Greenville has approached this task by developing a partnership of private businesses, local governments, non-profit organizations and engaged citizens. This broad coalition has allowed LiveWell to engage key community leaders and financial supporters with LiveWell's distinctive message of addressing policies, systems and environments that impact the overall health of the community.

New Horizon Family Health Services

http://www.newhorizonfhs.org/html/about_us.html

Access to Quality Health Services

New Horizon Family Health Services is a federally qualified health center (FQHC) that offers services of or relating to primary medical care, preventive health, limited specialty care, laboratory, pharmacy, behavioral health services, chronic disease management, health education & nutrition counseling. With this, New Horizon Family Health Services aims to improve and to promote the health of our communities by providing and maintaining quality, affordable, compassionate, patient-centered health care.

Oral Health

New Horizon Family Health Services also operates New Horizon Family Dental Care, which offers high quality, affordable family dental care through a team of professional dentists, hygienists and support staff. A full range of preventive and restorative services are available to adults and children.

The Phoenix Center

<http://www.phoenixcenter.org>

Alcohol/Substance Abuse

The Phoenix Center's mission is to assist the citizens of Greenville County and surrounding areas in maintaining a healthy lifestyle through a continuum of effective and affordable prevention and treatment services and an extensive initiation into recovery.

The Phoenix Center's strategic vision specifically outlines the call to address the substance needs in Greenville. It also lists specific services prevention measures the Phoenix Center has planned to mitigate this need.

For a very detailed report of The Phoenix Center's strategic vision and specific impact on Greenville County, please visit:

<http://www.phoenixcenter.org/phoenixcenter/pdf/Greenville%20Strategy%202011%20-%202013,%20final.pdf>

Project Breathe Easy

<http://www.familyconnectionsc.org/project-breathe-easy.html>

Asthma

Project Breathe Easy (PBE) is an award-winning program through Family Connection SC that provides emotional and informational support to parents who have children with asthma. The primary goal of PBE is to provide parent-to-parent support and to empower the parent to be the child's best advocate. Community Parents are the Support Parents in this program and work in housing communities and low-income neighborhoods in Anderson, Calhoun, Charleston, Columbia, Fairfield, Florence, Greenville, Newberry and Orangeburg. Through visits, educational tools, environmental assessments, mattress/ pillow encasements and parent support, PBE results in better healthcare, fewer and shorter hospitalizations or emergency room visits, fewer missed school days for kids and fewer missed work days for parents.

South Carolina Department of Health and Environmental Control (SCDHEC)

<http://www.scdhec.gov/index.htm>

SCDHEC promotes and protects the health of the public and the environment. They are a strong community partner in several areas of need. SCDHEC has systems in place to address the following needs presented in the assessment:

Public Health Policy development

- Advise legislators on health and environmental consequences of proposed laws
- Develop and enforce regulations that carry out state and federal laws concerning public health and the environment

Chronic Disease Prevention

- Administer the Best Chance Network, which pays for breast and cervical cancer screenings for more than 10,000 low income and uninsured women ages 40-64
- The Division of Nutrition, Physical Activity, and Obesity (DNPAO) is charged to lead South Carolina's public health efforts to reduce obesity and obesity-related chronic conditions. The program efforts focus on policy, systems, and environmental approaches for healthy eating and active living. DNPAO works with partners at the state and local level providing content expertise, technical assistance, evaluation, and surveillance support.
- SCDHEC additionally provides programming for specific chronic conditions (i.e. heart health, diabetes)

Access to Quality Health Services

- Operate a statewide network of public health clinics, serving more than 400,000 individuals
- Provide home health care services to residents in underserved areas

Health Prevention and Promotion

- Provide nutrition counseling and food supplements to women and children through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serving an average of 134,000 clients per month
- Educate children about dental health
- Operate tobacco-prevention programs and help youth and adults quit smoking

Current technology to manage and communicate population data

SCDHEC provides a web-based format for communicating the most recent morbidity and mortality statistics. Additionally SCDHEC:

- Investigates infectious disease outbreaks of public health significance affecting more than 4,000 residents statewide
- Analyzes data on births and deaths to assess the state's health status

Safe Harbor

<http://safeharborsc.org/>

Domestic Violence

Safe Harbor is a 501(c)3 non-profit organization dedicated to helping victims of domestic violence in the upstate of South Carolina. The mission is two-fold: to provide a continuum of services for victims of domestic violence and their children, and to eliminate cultural acceptance of domestic violence through a coordinated community response, prevention, and education. Safe Harbor accomplishes this by providing safe emergency shelter, counseling, legal advocacy, and transitional housing. In addition, Safe Harbor provides teen dating violence education and other forms of community outreach.

Julie Valentine Center

<http://www.julievalentinecenter.org/>

Child Abuse/Neglect

The Julie Valentine Center (JVC) is a non-profit 501(c)3 organization that provides free services to victims of sexual assault and child abuse. The mission is to stop sexual violence and child abuse and the impact of those crimes through prevention, investigation, collaboration, treatment, and advocacy. Several services assist the JVC in carrying out this mission: Child Advocacy, which is provided by the multi-disciplinary team through the nationally certified child advocacy center; Rape Crisis, which includes multiple services available 24 hours a day to child and adult victims; and Adult Therapy. There are programs for parents/guardians and several programs for students covering topics such as safe touch, sexual harassment, and sexual violence. Lastly, there are classes for adults on how to recognize and report child abuse.

Greenville County Recreation

<http://greenvillerec.com/>

Places to Play

Greenville County Rec is a department of Greenville County that provides facilities and recreational programs for the residents of and visitors to Greenville County. Over 53 park sites offer amenities from

indoor community centers, to skating rinks, athletic fields, three water parks, and much more. Programming ranges from tennis clinics to swim lessons, Special Olympics to instructions in ice hockey. Using a hospitality tax the District will add over \$50 million in new parks and services over the upcoming years. Headlining the list of these new amenities are the GHS Swamp Rabbit Trail, a 21 mile path connecting Travelers Rest with the City of Greenville, Lake Conestee Nature Park, and the Pleasant Ridge Camp and Retreat Center. The agency is also currently developing a countywide master greenways plan. The South Carolina Recreation and Park Association recently named the Greenville County Recreation District agency of the year in the state.

City of Greenville Recreation

<http://www.greenvillesc.gov/948/City-Parks>

Places to Play

One of Greenville's greatest attractions is its system of city parks. The goal of the City Parks and Recreation department is to ensure that Greenville's parks remain attractive and inviting for public use. The department oversees 39 city parks occupying more than 400 acres of land within the city. In managing Greenville's parks, our staff provides a variety of appealing programs and activities for our residents and visitors.

Ten At The Top

<http://www.tenatthetop.org>

Jobs/Fair Wages

The mission of Ten at the Top is to foster trust and collaboration through partnerships and cooperation that impacts economic vitality and quality of life across Upstate South Carolina. To accomplish this mission, Ten at the Top focuses on three primary objectives:

- Grow trust and partnerships among elected officials, business & community leaders and residents by initiating, convening and facilitating discussions around key regional issues, challenges and opportunities.
- Identify and promote collaborative efforts that enhance the Upstate's physical and social infrastructure by encouraging quality growth and supporting economic vitality, natural and cultural resources and quality of life in the region.
- Measure, analyze and report information on the needs and progress of the region on key cross-jurisdictional issues.

SC Greenville Works

Jobs & Fair Wages

The SC Works Greenville Career Systems were created under the federal law called the Workforce Innovation and Opportunity Act of 2014 (WIOA), which enables communities to establish locations where workers may find various tools and programs related to getting and keeping jobs. As a result, many programs and organizations participate within the SC Works Greenville system to offer career help and other benefits through one central point or location. In Greenville County, the Workforce Development

Agency administers and oversees the SC Works Greenville System and the Workforce Innovation and Opportunity Act and currently has twelve Partners who contribute towards the SC Works Greenville System.

Individuals seeking a new job or interested in advancing their career may access a wide array of information on training programs, education and employment services, all of this and much more is available in the SC Works Greenville Center. Employers may post job openings, locate qualified job applicants and receive outplacement and recruitment assistance. If you are looking for a job, you will find a wealth of information- starting with thousands of positions listed by employers all over the state- to help in your job search. To get started log into [SC Works Online System \(SCWOS\)](#).

AARP Foundation

<http://www.aarp.org/aarp-foundation/our-work/income/scsep/info-2014/aarp-foundation-scsep-locations.html>

Jobs & Fair Wages

Senior Community Service Employment Program

Our income work improves opportunities for 50+ workers to earn, manage and protect their income as they age. By building awareness, supporting effective services, delivering new products and programs, and investing in community capacity, we work together with 50+ low-wage workers and their families to win back opportunity and get back on track.

BACK TO WORK 50+ connects struggling Americans 50+ with the information, support, training, and employer access they need to regain employment, advance in the workforce, and build financial capability and resiliency to prevent them from slipping into poverty later in life. BACK TO WORK 50+ is targeting 50+ job seekers in Greenville County.

THRIVE UPSTATE

<http://thriveupstate.org>

Services to People with Disabilities

Thrive Upstate is the largest and oldest provider of services to people with disabilities in Greenville County, aged birth through end of life. Currently offering a wide variety of services and supports at low or no cost to families and individuals. The mission of Thrive is to provide all people with disabilities and special needs with meaningful services, opportunities, and support, so they may thrive in life, work and play.

Kid Ventures

Your child is amazing. Together, we can help your child reach their full potential. Our team of experienced and caring Early Interventionists can show you how to enhance your child's learning and development and will advocate for your child. We are the oldest early intervention provider in the Upstate and have served children and families for more than 20 years.

Family Supports

Thrive Upstate provides Case Management and other Family Supports to SC Department of Disabilities and Special Needs eligible individuals living in Greenville County helping to coordinate care through all of life's stages.

Residential Housing

Greenville County was the first in South Carolina to fight against institutionalization and we continue to lead the way in supporting full community integration for people with intellectual and related disabilities such as autism, traumatic brain injuries and spinal cord injuries. We offer complete housing options at multiple levels of independence.

HASCI Services

The Head and Spinal Cord Injury Center provides comprehensive services and support to survivors of acquired brain injury and spinal cord injury and their families. Individuals with Head and Spinal Cord Injury (HASCI) participate in activities that promote community living skills, independence, social skills, and good health practices. Activities range from computer lab time, work trial training, support groups, and individual and group training opportunities.

Day Services

At three locations around Greenville County, people with disabilities receive adult development, pre-vocational, and vocational training in an array of settings.

Employment Services

As individuals with disabilities prepare to move into the workforce, they are met with many obstacles. Employment Services provides training and skills that allow those individual to become more prepared for the job market. Job Coaches and Enclave Supervisors help them identify and train for job opportunities which they feel can give them a more productive and independent lifestyle. Employment Services consists of three distinct models: enclave, mobile work crew, and individual community placement.

Contract Services

By partnering with many local businesses, Contract Services is able to provide in-house employment to individuals who are not able or ready to enter into competitive employment. These services are not job specific, but instead aimed at a generalized result. Businesses understand the value of our individuals when it comes to providing quality fulfilment, packaging, and assembly. Individuals are taught concepts such as compliance, attendance, task completion, problem solving, safety, and self-advocacy.

The Generous Garden

The Generous Garden Project brings together community agencies to expand inclusion and employment opportunities for people with significant disabilities, who learn to cultivate, grow, and harvest vegetables, plants, flowers, and trees to be used or sold throughout the County of Greenville and Upstate South Carolina.

GRAVITY (Gang Reduction and Violence Intervention Targeting Youth)

<http://www.greenvillesc.gov/1184/Gravity>

Community Violence

GRAVITY (Gang Reduction and Violence Intervention Targeting Youth), and it is led by the Greenville Police Department (GPD). It is a partnership between law enforcement, health care, and social services, and the ultimate goal is to end gang violence. The current programs include Cops on the Court in which off-duty police officers spend time playing basketball with at-risk youth, developing relationships with them, and ultimately serving as mentors; Operation Real Time, which is a task force that federally prosecutes repeat firearms offenders and targets repeat offenders; Gang Resistance Education and Training (G.R.E.A.T.), which is a federal program taught in schools to provide children with skills to resist gangs; the GPD's G.R.E.A.T. Summer Camp, which is a camp for 4th and 5th graders focused on developing positive role models and teaching the G.R.E.A.T. curriculum; and the GPD Gang Hotline, which can provide information about gangs as well as help for at-risk youth and their parents. See the website for more information on the initiative and the programs.

Greenville County Public Works

https://www.greenvillecounty.org/public_works/Eng.asp

Roads, Bridges, Sidewalks

Services of the Public Works department include, but are not limited to, road, bridge, and sign maintenance; capital improvements; pavement management; subdivision construction activity; current landfill operations; convenience center operations; recycling; mail and courier services; building maintenance and janitorial services; codes and zoning enforcement; flood plain management; animal control; storm water and sediment control; and NPDES storm water permit management.

Greenville County is responsible for maintaining over 1,700 miles of roads and bridges. Our commitment to safety, convenience, and economic development continues in 2016 as we are investing more than \$7 million on road paving and maintenance, bridge repair, and drainage improvement projects. We are also leveraging our funding with our partners at C-Funds who are matching our investment and providing additional funding for major resurfacing projects.

To maximize life expectancy of County roads, and ensure safe surface conditions, the County paves on a "worst-first Countywide" basis. The rankings are established based on the Overall Condition Index (OCI) of the road. In 2016, the County will have an independent firm study all County maintained roads to create the new Overall Condition Index (OCI). The OCI, last studied in 2012, determines the ranking of the roads and helps us decide what method, recycle or patch, would be best. This is the most efficient and effective way to invest the precious available funding.

City of Greenville Public Works

<http://www.greenvillesc.gov/272/Public-Works>

Roads, Bridges, Sidewalks

The Public Works Department is responsible for the maintenance of the City's infrastructure and for the collection and disposal of residential solid waste. Public Works is comprised of the following divisions;

Civil Engineering, Environmental Engineering, Traffic Engineering and Construction Engineering. A primary responsibility of the Civil Engineering Division includes managing capital improvement projects to include the City's Pavement Management Program and new sidewalk construction program (NSTEP), as well as a variety of other roadway and transportation projects, storm water and waste water improvements, and community development projects.

Other key responsibilities include administering the street and alley abandonment process for the City, reviewing survey plat applications, providing survey support services to other City departments and assisting the City's Planning and Development Department with subdivision administration.

Piedmont Health Foundation

<http://piedmonthhealthfoundation.org/transportation/>

Transportation

The lack of a comprehensive system of transportation has long been cited by employers, nonprofit organizations, community leaders and residents as a barrier to accessing health care, jobs, education, recreation and more. The Piedmont Health Foundation, along with community partners, has launched a comprehensive study of public transit and health and human services transportation to better understand current ridership of all transportation services, needs and desires of area residents, and existing transit assets. The goal is to identify solutions that will help Greenville County residents get where they need to go. The nine-month study included:

- Surveys and focus groups with residents throughout Greenville County to identify their needs and preferences
- Assessment of current providers and infrastructure to meet transportation needs
- Recommendations for improvements

Work groups are currently underway to address the study's' recommendations.

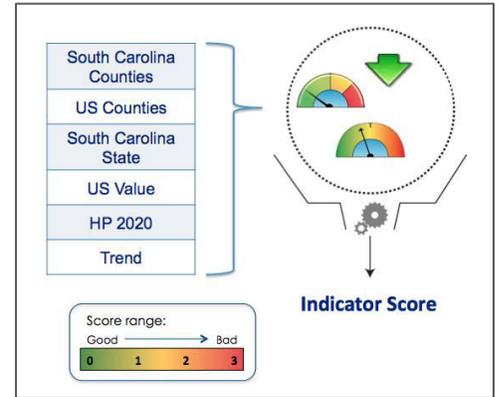
Appendix

Appendix I. BSSFHS 2016 CHNA Core Team and Advisors

| Bon Secours St. Francis Health System 2016 Community Health Needs Assessment Roster of Core Team & Advisors | | |
|---|--|--|
| Name | Organization | Title |
| Marcus Blackstone, MD | Bon Secours St. Francis Health System | Senior Group Lead Physician Primary Care Bon Secours Medical Group, Greenville |
| Natalie Dougherty | Bon Secours St. Francis Health System | Community Benefits Manager |
| Suzie Foley | Greenville Free Medical Clinic | Executive Director |
| Lillie Hall | Department of Health & Environmental Control | Community Systems Director DHEC Upstate Region |
| Taylor Howell | Bon Secours St. Francis Health System | Administrative Resident |
| Holly Sellers | Bon Secours St. Francis Health System | Manager Strategic Planning |
| Deb Long | Bon Secours St. Francis Health System | Director Healthy Community Initiatives |
| Alicia Powers, PhD | Furman University | Associate Professor Health Sciences, Principal Investigator and Evaluation Director, LiveWell Greenville |
| Katy Pugh Smith | Piedmont Health Foundation | Executive Director |
| Johnna Reed | Bon Secours St. Francis Health System | VP Population Health Management |
| JoKeitha Seabrook | United Way of Greenville County | Community Engagement Manager |
| Anna Vukin | Bon Secours St. Francis Health System | Faith Communities Organizing Coordinator |
| Advisors | | |
| Ana Gallego, MPH | SC Hospital Association, Alliance for a Healthier SC | Program Director |
| Aunyika Moonan, PhD, MSPH, CPHQ | SC Hospital Association | Director Quality Measurement |

Appendix II. Secondary Data Sources and Analysis

The main source for the secondary data, or data that has been previously collected, is the Needs Assessment platform, a forthcoming publicly available data platform that is maintained by BSSFHS and Xerox Community Health Solutions. As of May 4, 2016, when the data was queried, there were 131 health and health-related indicators on the health dashboard for which the analysis outlined below could be conducted. For each indicator, the online platform includes several ways (or comparisons) by which to assess the status of each county within the region, including comparing to other South Carolina counties and county equivalents, all U.S. counties, the South Carolina state value, the U.S. value, the trend over time, and Healthy People 2020 targets when available.



Secondary Data Scoring

Each indicator from the Needs Assessment Platform was assessed for Greenville county using up to six comparisons when possible. Each one is scored from 0-3 depending on how the county value compares to the relevant benchmarks described below.

Comparison to Distribution of South Carolina and U.S. County Values

A distribution is created by taking all county values, ordering them from low to high, and dividing them into four equally sized quartiles. The comparison score is determined by which of these four groups (quartiles) the county falls in. This method is used to score the comparison to a distribution of all South Carolina counties and to a distribution of all U.S. counties.



Comparison to South Carolina Value and U.S. Value

For the comparisons to a single value, the scoring depends on whether the town within the region has a better or worse value, and the percent difference between the two values. The

same method is used to score the comparison to the value for South Carolina State and to the U.S. value.

Comparison to Healthy People 2020 Target

For a comparison to a Healthy People 2020 target, the scoring depends on whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Comparison to Trend

The Mann-Kendall statistical test for trend is used to assess whether the indicator value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the city/ town, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, the availability of which depends on the data source. All missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average.

Indicator Scores

For each town, indicator scores are calculated by averaging all comparison scores. Indicator scores for the entire region are calculated using a weighted average, where a town’s score is weighted proportional to its population estimate.

Secondary Data Results – Indicator Scores

| Indicator | Topic | Indicator Score |
|--|-------------------------------------|-----------------|
| Age-Adjusted Death Rate due to Falls | Prevention & Safety | 2.78 |
| Hyperlipidemia: Medicare Population | Heart Disease & Stroke | 2.65 |
| Age-Adjusted Death Rate due to Suicide | Mental Health & Mental Disorders | 2.58 |
| Depression: Medicare Population | Mental Health & Mental Disorders | 2.50 |
| Osteoporosis: Medicare Population | Other Chronic Diseases | 2.45 |
| Alzheimer’s Disease or Dementia: Medicare Population | Older Adults & Aging | 2.40 |
| Atrial Fibrillation: Medicare Population | Heart Disease & Stroke | 2.35 |
| Syphilis Incidence Rate | Immunizations & Infectious Diseases | 2.33 |
| Cancer: Medicare Population | Cancer | 2.30 |

| | | |
|---|-------------------------------------|------|
| Age-Adjusted Death Rate due to Breast Cancer | Cancer | 2.25 |
| Workers who Drive Alone to Work | Transportation | 2.25 |
| Age-Adjusted Death Rate due to Unintentional Drowning | Prevention & Safety | 2.20 |
| Death Rate due to Drug Poisoning | Substance Abuse | 2.20 |
| Workers Commuting by Public Transportation | Transportation | 2.20 |
| Chronic Kidney Disease: Medicare Population | Other Chronic Diseases | 2.15 |
| Student-to-Teacher Ratio | Education | 2.13 |
| Farmers Market Density | Environment | 2.10 |
| Violent Crime Rate | Public Safety | 2.10 |
| Age-Adjusted Death Rate due to Alzheimer's Disease | Older Adults & Aging | 2.03 |
| Children with Low Access to a Grocery Store | Environment | 2.03 |
| Fast Food Restaurant Density | Environment | 2.03 |
| Gonorrhea Incidence Rate | Immunizations & Infectious Diseases | 2.03 |
| Low-Income and Low Access to a Grocery Store | Environment | 2.03 |
| High School Drop Outs | Education | 2.00 |
| Age-Adjusted Death Rate due to Colorectal Cancer | Cancer | 1.95 |
| Breast Cancer Incidence Rate | Cancer | 1.95 |
| Low-Income Preschool Obesity | Exercise, Nutrition, & Weight | 1.88 |
| People 65+ with Low Access to a Grocery Store | Environment | 1.88 |
| Asthma: Medicare Population | Respiratory Diseases | 1.80 |
| Children with Health Insurance | Access to Health Services | 1.80 |
| SNAP Certified Stores | Environment | 1.78 |
| Age-Adjusted Death Rate due to Prostate Cancer | Cancer | 1.75 |
| Alcohol-Impaired Driving Deaths | Public Safety | 1.73 |
| Annual Particle Pollution | Environment | 1.73 |
| Chlamydia Incidence Rate | Immunizations & Infectious Diseases | 1.73 |
| Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases | Respiratory Diseases | 1.68 |
| Grocery Store Density | Environment | 1.68 |
| Rheumatoid Arthritis or Osteoarthritis: Medicare Population | Other Chronic Diseases | 1.65 |
| Adults with Health Insurance | Access to Health Services | 1.60 |
| Homeownership | Economy | 1.60 |
| Physical Environment Ranking | County Health Rankings | 1.60 |
| Babies with Very Low Birth Weight | Maternal, Fetal & Infant Health | 1.58 |
| Frequent Mental Distress | Mental Health & Mental Disorders | 1.58 |

| | | |
|--|-------------------------------------|------|
| Frequent Physical Distress | Wellness & Lifestyle | 1.58 |
| Age-Adjusted Death Rate due to Cancer | Cancer | 1.55 |
| All Cancer Incidence Rate | Cancer | 1.55 |
| Ischemic Heart Disease: Medicare Population | Heart Disease & Stroke | 1.55 |
| Prostate Cancer Incidence Rate | Cancer | 1.55 |
| Mammography Screening: Medicare Population | Cancer | 1.53 |
| Mothers who Received Early Prenatal Care | Maternal, Fetal & Infant Health | 1.53 |
| Children Living Below Poverty Level | Economy | 1.50 |
| Adults who Drink Excessively | Substance Abuse | 1.48 |
| People 65+ Living Alone | Social Environment | 1.45 |
| Annual Ozone Air Quality | Environment | 1.43 |
| Teen Birth Rate | Family Planning | 1.43 |
| Voter Turnout | Government & Politics | 1.43 |
| Age-Adjusted Death Rate due to Motor Vehicle Collisions | Public Safety | 1.40 |
| HIV/AIDS Diagnosis Rate | Immunizations & Infectious Diseases | 1.40 |
| Oral Cavity and Pharynx Cancer Incidence Rate | Cancer | 1.40 |
| PBT Released | Environment | 1.40 |
| Food Environment Index | Environment | 1.38 |
| Severe Housing Problems | Economy | 1.38 |
| Families Living Below Poverty Level | Economy | 1.35 |
| Liquor Store Density | Environment | 1.30 |
| Infants Born to Mothers with <12 Years Education | Family Planning | 1.28 |
| Social Associations | Social Environment | 1.23 |
| 3rd Grade Students Proficient in Reading | Education | 1.20 |
| Age-Adjusted Death Rate due to Lung Cancer | Cancer | 1.20 |
| Clinical Care Ranking | County Health Rankings | 1.20 |
| Health Behaviors Ranking | County Health Rankings | 1.20 |
| Life Expectancy for Females | Wellness & Lifestyle | 1.20 |
| Morbidity Ranking | County Health Rankings | 1.20 |
| Mortality Ranking | County Health Rankings | 1.20 |
| People Living 200% Above Poverty Level | Economy | 1.20 |
| Renters Spending 30% or More of Household Income on Rent | Economy | 1.20 |
| Social and Economic Factors Ranking | County Health Rankings | 1.20 |
| Insufficient Sleep | Wellness & Lifestyle | 1.18 |

| | | |
|---|-------------------------------------|------|
| Poor Mental Health Days | Mental Health & Mental Disorders | 1.18 |
| Poor Physical Health Days | Wellness & Lifestyle | 1.18 |
| Cervical Cancer Incidence Rate | Cancer | 1.15 |
| Hypertension: Medicare Population | Heart Disease & Stroke | 1.15 |
| Households with No Car and Low Access to a Grocery Store | Environment | 1.13 |
| Heart Failure: Medicare Population | Heart Disease & Stroke | 1.05 |
| Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | Heart Disease & Stroke | 1.03 |
| Drinking Water Violations | Environment | 1.03 |
| Self-Reported General Health Assessment: Poor or Fair | Wellness & Lifestyle | 1.03 |
| 3rd Grade Students Proficient in Math | Education | 1.00 |
| 8th Grade Students Proficient in Reading | Education | 1.00 |
| Lung and Bronchus Cancer Incidence Rate | Cancer | 1.00 |
| People Living Below Poverty Level | Economy | 1.00 |
| Persons with Disability Living in Poverty | Disabilities | 1.00 |
| Adults who are Obese | Exercise, Nutrition, & Weight | 0.98 |
| Age-Adjusted Death Rate due to Influenza and Pneumonia | Immunizations & Infectious Diseases | 0.98 |
| Recreation and Fitness Facilities | Environment | 0.98 |
| Infant Mortality Rate | Maternal, Fetal & Infant Health | 0.95 |
| Babies with Low Birth Weight | Maternal, Fetal & Infant Health | 0.93 |
| Diabetic Screening: Medicare Population | Diabetes | 0.93 |
| Students Eligible for the Free Lunch Program | Economy | 0.93 |
| Adults who Smoke | Substance Abuse | 0.90 |
| Child Food Insecurity Rate | Exercise, Nutrition, & Weight | 0.90 |
| Mean Travel Time to Work | Transportation | 0.90 |
| Age-Adjusted Death Rate due to Diabetes | Diabetes | 0.88 |
| Diabetes: Medicare Population | Diabetes | 0.85 |
| Adults with Diabetes | Diabetes | 0.83 |
| Age-Adjusted Death Rate due to Homicide | Public Safety | 0.83 |
| Mothers who Smoked During Pregnancy | Maternal, Fetal & Infant Health | 0.83 |
| Solo Drivers with a Long Commute | Transportation | 0.83 |
| 8th Grade Students Proficient in Math | Education | 0.80 |
| Life Expectancy for Males | Wellness & Lifestyle | 0.80 |
| Median Household Income | Economy | 0.80 |

| | | |
|---|----------------------------------|------|
| Single-Parent Households | Social Environment | 0.80 |
| Households with Cash Public Assistance Income | Economy | 0.75 |
| Teen Pregnancy Rate | Family Planning | 0.75 |
| Adults who are Sedentary | Exercise, Nutrition, & Weight | 0.73 |
| Access to Exercise Opportunities | Environment | 0.68 |
| Mental Health Provider Rate | Mental Health & Mental Disorders | 0.68 |
| Non-Physician Primary Care Provider Rate | Access to Health Services | 0.68 |
| People 65+ Living Below Poverty Level | Economy | 0.65 |
| Per Capita Income | Economy | 0.65 |
| Stroke: Medicare Population | Heart Disease & Stroke | 0.65 |
| Food Insecurity Rate | Exercise, Nutrition, & Weight | 0.60 |
| Primary Care Provider Rate | Access to Health Services | 0.58 |
| COPD: Medicare Population | Respiratory Diseases | 0.55 |
| Unemployed Workers in Civilian Labor Force | Economy | 0.50 |
| Preterm Births | Maternal, Fetal & Infant Health | 0.43 |
| Age-Adjusted Death Rate due to Heart Disease | Heart Disease & Stroke | 0.38 |
| Dentist Rate | Oral Health | 0.38 |
| Colorectal Cancer Incidence Rate | Cancer | 0.30 |
| People 25+ with a Bachelor's Degree or Higher | Education | 0.30 |

Data Sources

| | |
|---|---|
| American Community Survey | National Center for Education Statistics |
| American Lung Association | South Carolina Department of Health and Environmental Control |
| Annie E. Casey Foundation | South Carolina Law Enforcement Division |
| Centers for Disease Control and Prevention | South Carolina State Election Commission |
| Centers for Medicare & Medicaid Services | U.S. Bureau of Labor Statistics |
| County Health Rankings | U.S. Census - County Business Patterns |
| Feeding America | U.S. Department of Agriculture - Food Environment Atlas |
| Institute for Health Metrics and Evaluation | U.S. Environmental Protection Agency |
| National Cancer Institute | |

Appendix III. Community Input Survey Questions

A copy of the online survey is provided below:

Dear Community member,

Bon Secours Health System Inc. is doing a Community Health Needs Assessment. As part of the study, we are collecting data from a variety of people. This data will be used to detect the greatest needs in our communities.

We are asking you to give your thoughts on issues facing our community. This survey will be shared with the public, but no data collected from this survey will be used to identify you.

On behalf of Bon Secours Health System, thank you for helping with this effort.

Please click NEXT to begin!

**Bon Secours St. Francis
Health System 1 St. Francis
Drive
Greenville, SC 29601
Fax 864-241-5115**

Defining Community

Think of "community" as the place where you spend the most time living, working, playing, and/or worshiping.

My Community

* 1. How would you rate your overall health?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very Good | Fair | Poor | Very Poor |
| <input type="radio"/> |

* 2. How would you rate the overall health of your community?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very healthy | Healthy | Neutral | Unhealthy | Very unhealthy |
| <input type="radio"/> |

* 3. How would you rate the overall quality of life in your community?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very good | Good | Somewhat good | Bad | Very bad |
| <input type="radio"/> |

* 4. I can help make my community a better place to live.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| <input type="radio"/> |

* 5. My community is a HEALTHY place to live because

| | Strongly agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| it is a clean <u>environment</u> . | <input type="radio"/> |
| I can get <u>healthy foods</u> . | <input type="radio"/> |
| there are good <u>places to play</u> . | <input type="radio"/> |
| it is a good place to <u>walk and bike</u> . | <input type="radio"/> |
| there are good places to get <u>health care</u> . | <input type="radio"/> |
| there are good places to get <u>dental care</u> . | <input type="radio"/> |
| there are good <u>health programs</u> offered. | <input type="radio"/> |
| I can get affordable <u>health insurance</u> . | <input type="radio"/> |

* 6. My community is STRONG in providing

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| good <u>housing</u> options. | <input type="radio"/> |
| good <u>education</u> . | <input type="radio"/> |
| <u>transportation</u> services. | <input type="radio"/> |
| <u>child care</u> options. | <input type="radio"/> |
| <u>jobs</u> with fair wages. | <input type="radio"/> |

* 7. My community has good support and services for the following groups of people

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Aging adults | <input type="radio"/> |
| Children and families | <input type="radio"/> |
| Teens | <input type="radio"/> |
| Racial and ethnic persons | <input type="radio"/> |
| Veterans | <input type="radio"/> |
| People whose primary language is not English | <input type="radio"/> |
| LGBTQ individuals (Lesbian, Gay, Bi-sexual, Transgender, and Questioning) | <input type="radio"/> |
| People with disabilities | <input type="radio"/> |
| People who are homeless | <input type="radio"/> |
| People with mental illness | <input type="radio"/> |
| People with chronic disease* | <input type="radio"/> |
| People with drug/alcohol addiction | <input type="radio"/> |
| Victims of domestic abuse | <input type="radio"/> |
| Victims of violent crime (ex. assault, rape, robbery, etc.) | <input type="radio"/> |

*Chronic disease is defined as sickness lasting 3 months or more. Chronic diseases cannot be cured by medication, nor do they just disappear. (Ex: Asthma, Chronic Obstructive Pulmonary disease "COPD," Diabetes, etc).

* 8. I get the social and emotional support I need

| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| from my family. | <input type="radio"/> |
| from my friends. | <input type="radio"/> |
| at my church. | <input type="radio"/> |
| from my community. | <input type="radio"/> |

* 9. The following HEALTH PROGRAMS are meeting the needs of my community;

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Alcohol/Drug Abuse | <input type="radio"/> |
| Asthma | <input type="radio"/> |
| Cancer | <input type="radio"/> |
| COPD | <input type="radio"/> |
| Dental Health | <input type="radio"/> |
| Diabetes | <input type="radio"/> |
| Heart Disease & Stroke | <input type="radio"/> |
| Hypertension | <input type="radio"/> |
| Infant Care | <input type="radio"/> |
| Mental Health | <input type="radio"/> |
| Overweight/Obesity | <input type="radio"/> |
| Prenatal Care | <input type="radio"/> |
| Sexually Transmitted Infections (STIs) | <input type="radio"/> |
| Tobacco Use | <input type="radio"/> |
| Violence/Abuse | <input type="radio"/> |

Other (please specify)

Health Literacy

10. When I visit my doctor, I understand

| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| what the doctor tells me, | <input type="radio"/> |
| the hand-outs the doctor gives me. | <input type="radio"/> |

Defining Safe and Safety

Refer to "safe" and "safety" as being protected from, or not exposed to, danger or risk.

Community Safety

* 11. My community is a safe place to live

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

* 12. My community is a safe place to live because

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| there is safe <u>housing</u> . | <input type="radio"/> |
| there are safe places to <u>play</u> . | <input type="radio"/> |
| there are safe places to <u>work</u> . | <input type="radio"/> |
| there are safe <u>schools</u> . | <input type="radio"/> |
| there is good <u>street lighting</u> . | <input type="radio"/> |
| there are safe <u>roads and sidewalks</u> . | <input type="radio"/> |
| there are safe ways to get to where I need to go (<u>transportation</u>). | <input type="radio"/> |
| there are good <u>fire/safety/emergency services</u> . | <input type="radio"/> |

Community Priorities

* 13. Please choose the TOP 5 priorities you think should be addressed in your community.

- | | | |
|---|---|---|
| <input type="checkbox"/> Access to social services (i.e. SNAP, WIC, etc.) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> People whose primary language is not English |
| <input type="checkbox"/> Adult obesity | <input type="checkbox"/> Education | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> The environment | <input type="checkbox"/> Places to play |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Health programs/screenings | <input type="checkbox"/> Race/ethnic relations |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease & Stroke | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Childhood obesity | <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Community violence (ex: assault, rape, robbery, etc) | <input type="checkbox"/> Infant Health | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Crime (ex. drugs, prostitution, theft, etc.) | <input type="checkbox"/> Jobs with fair wages | <input type="checkbox"/> Senior health |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> LGBTQ individuals (Lesbian, Gay, Bi-sexual, Transgender & Questioning) | <input type="checkbox"/> Sexually transmitted infections including HIV/AIDS |
| <input type="checkbox"/> Other (please specify) | | |

Technology and Health

14. Where do you access the internet (ex. email, web, Facebook, etc.) most often? Check one.

- I do not have access to the internet
- Friend's home
- Home computer/tablet
- Library
- Mobile Phone
- School
- Work
- Other (please specify)

15. Technology has made it easier to use computers, mobile phones, laptops, and tablets to safely talk face-to-face with your doctor without a visit to the office.

I would be OK talking face-to-face with my doctor using the internet.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Demographics

* 16. Please choose your gender.

- Male
- Female

* 17. Please choose your age group.

- 18-24 years
- 25-39 years
- 40-54 years
- 55-64 years
- 65-79 years
- 80+ years

* 18. Please choose the group(s) below that best represents you.

- | | |
|--|---|
| <input type="radio"/> White, Non Hispanic | <input type="radio"/> East Asian or Asian American |
| <input type="radio"/> Black, Afro-Caribbean, or African-American | <input type="radio"/> South Asian or Indian American |
| <input type="radio"/> Latino or Hispanic American | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Native American or Alaskan Native | <input type="radio"/> From multiple races |
| <input type="radio"/> Middle Eastern or Arab American | |

Some other race (please specify)

* 19. What is your living situation?

- I own my home
- I rent my home
- I live with family and/or friends
- I live in temporary housing (hotel, motel, shelter, transitional housing)
- Other (please specify)

* 20. Including you, how many people live in your home?

- 1
- 2
- 3
- 4
- 5 or more

* 21. I am:

- Married
- Partner relationship
- Divorced/Separated
- Widowed
- Single

22. I pay for health services through:

- Private Insurance (e.g. Individual, exchange plan, or through employer)
- Medicare
- Medicaid
- VA Benefits
- Indian Health Services
- Uninsured
- Pay Cash

* 23. I am

- Working, full-time
- Working, part-time
- Not working, looking for work
- Not working, NOT looking for work
- Retired
- Disabled, not able to work
- A student, working
- A student, not working

* 24. What is the highest grade or year of school you completed?

- Less than High School Graduate
- High School Diploma or GED
- Some College
- Two-year degree
- Four-year degree or higher

* 25. What is your average household income?

- \$0 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999 \$75,000 - \$99,999
- \$100,000 and up

* 26. Please provide the following information. It will be used for research purposes only. (Keep in mind you will NOT be identified in any way with your answers.)

Neighborhood:

City

State: **ZIP:**

27. Please use the space below to share any ideas to help Bon Secours St. Francis Health System achieve its mission "to bring compassion to health care and to be good help to those in need, especially those who are poor and dying."

THANK YOU!

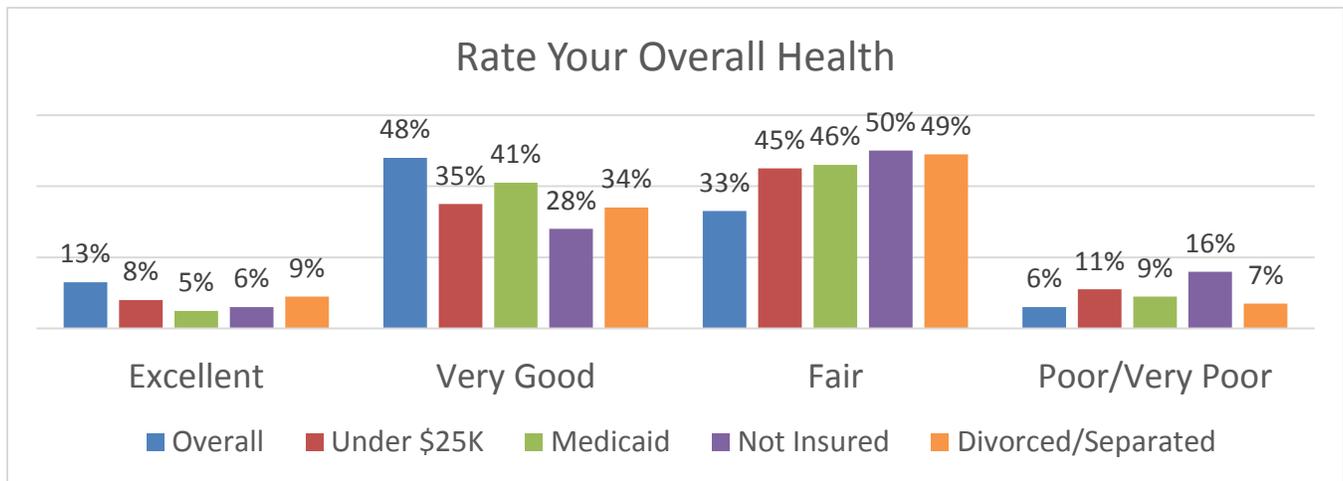
Appendix IV. Community Input Results

Community Survey Results

Personal Health Ratings

Most residents of Greenville County consider their health to be *very good* or *excellent*, though one-third describe their health as merely *fair*.

The table below shows overall responses for personal health compared to demographic groups that appear less healthy. Those without health insurance, the divorced, and those who are low income are most likely to report their health is only *fair*.



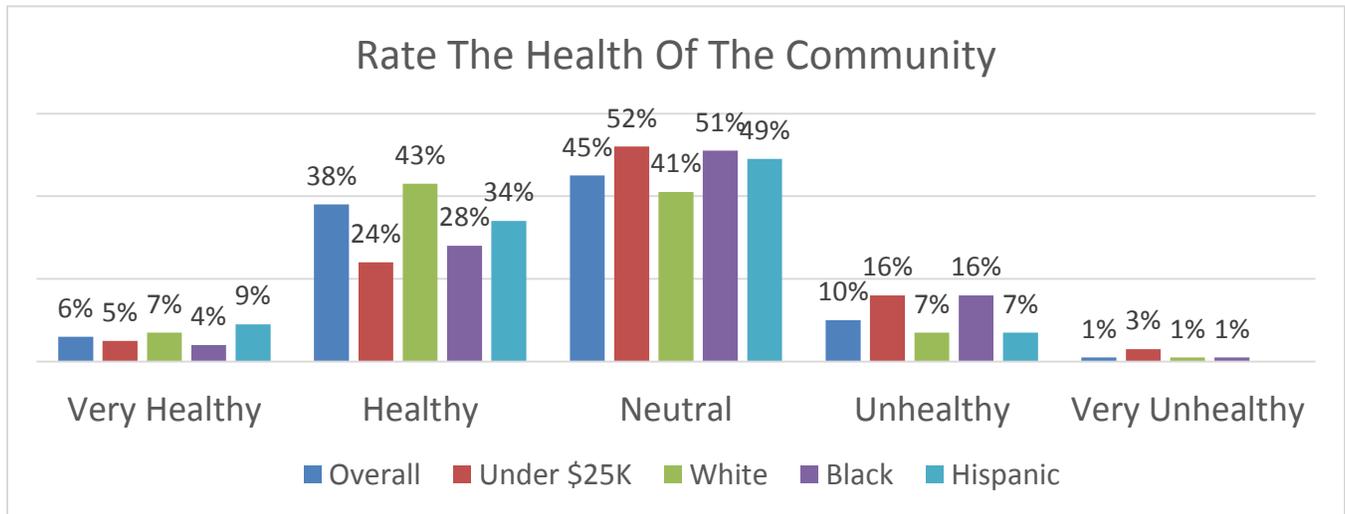
Research was collected across all areas of Greenville County. While respondents in most zip codes assessed their health similarly, those in 29601 (city center) appear to be slightly less healthy than their neighbors. Of those in 29601, 44% report their health as *fair* while 8% report their health as *excellent*.

Community Health Perceptions

Participants were asked to rate the health of their community. Overall, 38% described it as *healthy* and another 6% said it is *very healthy*. One in ten (10%) of all respondents rated the community as *unhealthy* and one percent rated it as *very unhealthy*.

Those who are Black/African American or Hispanic/Latino are more likely to describe the community as *unhealthy*. Only 4% of either group said the community is *very healthy*. Those in the lowest income categories are also less likely to describe the community as *healthy*.

The following chart compares overall responses to these critical demographic groups.

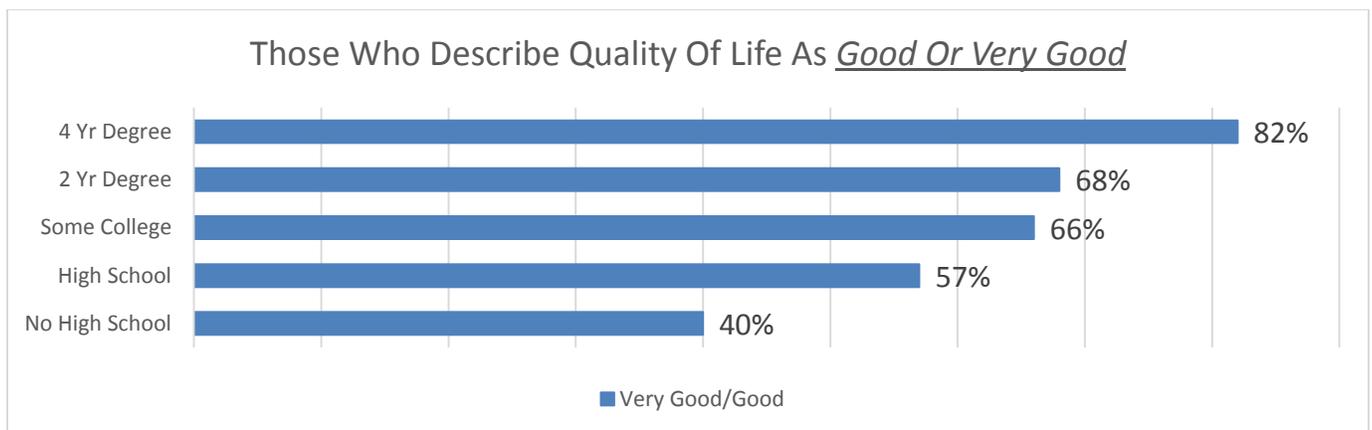


The large *neutral* response (45%) could mean respondents are ambivalent about the health of the community, or that they lack information to make an evaluation.

Quality of Life

When asked about the overall quality of life in Greenville, most (68%) said it was *good* or *very good*. Higher income adults and the well educated are more likely to say quality of life is *good* than those who earn the least and those who did not finish high school.

Education seems to be the leading factor contributing to quality of life. The chart below compares those who said quality of life is *good* or *very good* by educational level.



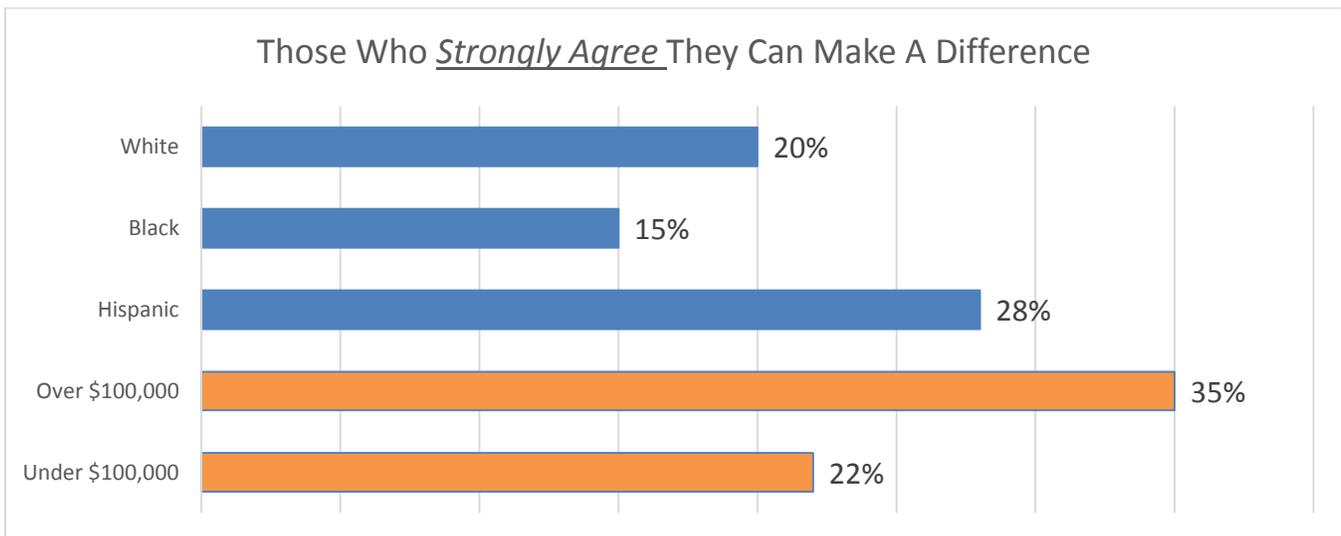
Ethnicity is also a factor in how quality of life is perceived. Here are some key numbers:

- 76% of White respondents said quality of life was *good* or *very good*, while only 3% described quality of life as *bad* or *very bad*.
- Among Black/African American respondents, 46% described quality of life as *good* or *very good*, while 10% said it was *bad* or *very bad*.
- Among Hispanic/Latinos, 42% described quality of life as *good* or *very good*, and 4% said it was *bad*.
- Latino respondents were more likely to describe quality of life as *somewhat good*. 55% gave that response, compared to 43% of Black/African Americans and 21% of Whites.

Most people believe they can make a difference in helping the community become a better place to live. In fact, 77% *agreed* with that statement at some level, while only 4% *disagreed*. Responses are similar across most age and educational categories.

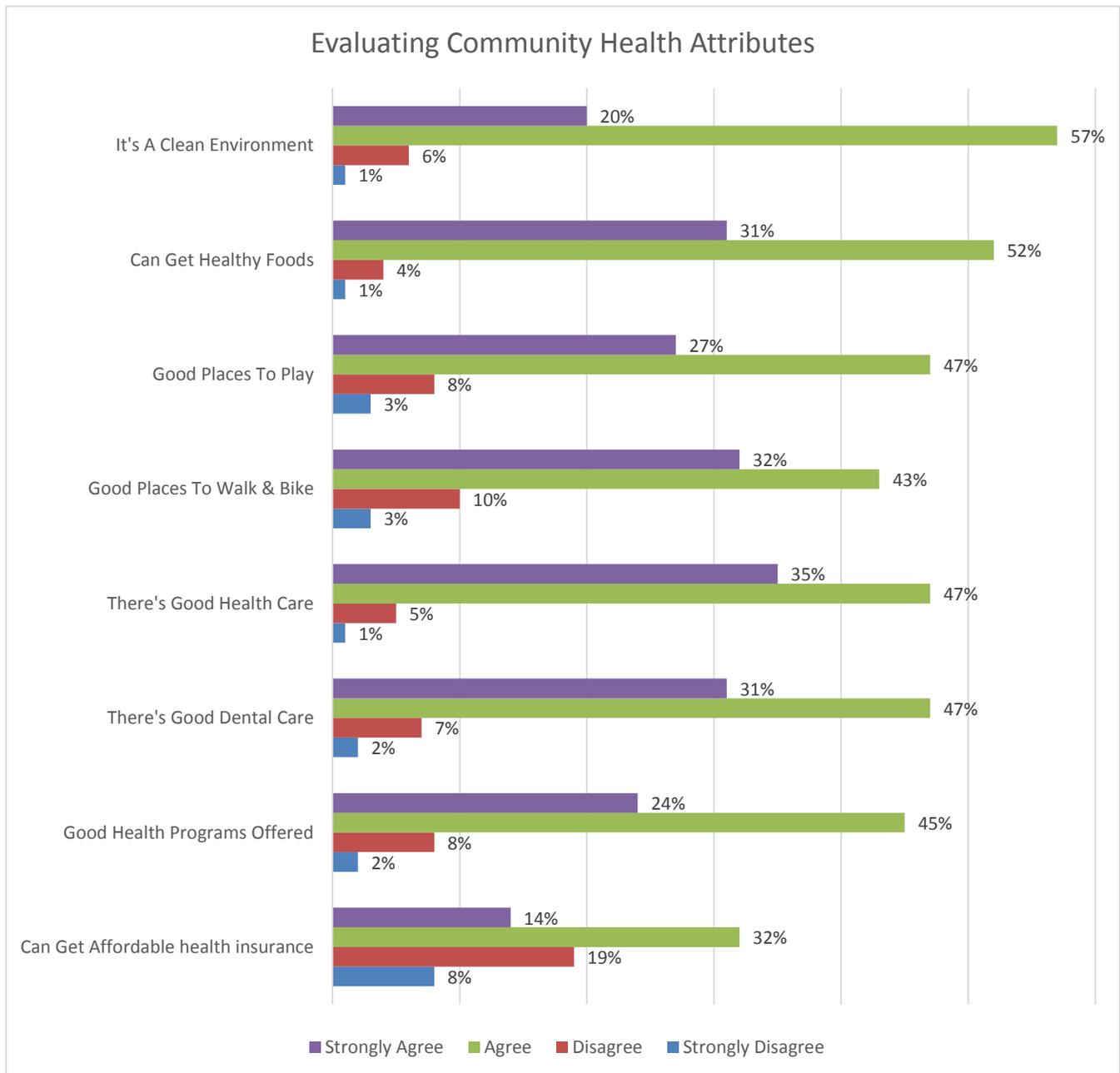
Those who earn more than \$100,000 are significantly more likely to believe they can make the community a better place than those who earn less. Among higher earners, 35% *strongly agree* with the statement that they can make the community a better place to live. Among those who earn less than \$100,000, only 22% *strongly agree* with the statement.

There are interesting ethnic differences. Among Black/African American respondents, only 15% *strongly agreed* they could make a difference, while 12% *disagreed*. Hispanic/Latino respondents were the most optimistic of all.



What Makes Greenville A Healthy Place To Live?

Residents of Greenville County are generally positive about their community as a healthy place to live. The chart below shows levels of agreement with eight statements about the community and key attributes of healthy living.



Specifically, participants were asked whether they *strongly agreed*, *agreed*, *disagreed*, *strongly disagreed* or were *neutral* on the following eight statements. A closer look at responses reveal some interesting observations about each statement:

It is a clean environment.

- Latino residents are more likely to think the county is a clean environment, with 28% *agreeing strongly*. This compares to 20% of Whites and 15% of Black/African Americans who *strongly agree*.
- Those who did not finish high school are the most likely to *disagree* with the statement (18%).
- The lowest levels of agreement were from the 29687, 29607 and 29617 zip codes.

I can get healthy foods.

- Those who earn more than \$100,000 and who have college degrees are far more likely to *strongly agree* they can get healthy foods than those at the other ends of the income and education spectrum. For example, while 46% of high earners *agree* with the statement, only 19% of those earning less than \$25,000 do. Among those with four-year degrees or more, 37% *strongly agree*, compared to 24% of those who finished high school and 22% of those who dropped out of high school.
- Marriage improves access to healthy foods; 35% of married respondents *strongly agree*, compared to 22% of those who are single.

There are good places to play.

- There is a small but interesting difference between male and female responses here. While 30% of women *strongly agree* with the statement, only 23% of men do. They *disagree* at equal levels, however.
- Among Whites, 30% *strongly agree*. Among Hispanic/Latinos, 36% *strongly agree*. Among Black/African American respondents, however, only 17% *strongly agree* there are good places to play. Further, 17% of Black/African American responses *disagree*.
- The zip code areas with the most negative responses to this statement are 29687 and 29617.

It is a good place to walk and bike.

- About a third (32%) of respondents *strongly agree* Greenville County is a good place to walk and bike. White respondents are most likely to *agree strongly* (36%) compared to Black/African American respondents (22%).
- Younger respondents are far more enthusiastic in their responses, with 48% of those 18 to 24 and 37% of those 25 to 39 saying they *strongly agree*. For comparison, 26% of those 65 to 79 *strongly agree*.
- Those most likely to *disagree* with this statement come from 29680 (16%), 29681 (16%) and 29605 (13%).

There are good places to get health care.

- As can be seen in the overall positive responses, Greenville residents are generally positive about their access to health care. 82% of all respondents *agree* the county offers good places to get care.
- The percentage of those who *strongly agree* with this statement goes up with age, with 43% of those 65 to 79 *agreeing strongly*. Compare that to 33% of those 45 to 54 who *agree strongly*.
- Those most likely to *disagree* with the statement are those earning less than \$25,000 per year (12%) and those without health insurance (12%).
- There are also racial and ethnic differences. While 40% of Whites *strongly agree*, only 26% of Black/African Americans and 25% of Hispanic/Latinos do.

There are good places to get dental care.

- Racial and ethnic differences for dental care are even more pronounced. 36% of Whites *strongly agree* there are good places to get dental care, but 22% of Black/African American respondents, and only 15% of Hispanic/Latino respondents *agree*. Further, 17% of Hispanic/Latinos and 15% of Black/African Americans *disagree*, compared to only 5% of Whites.
- Similar to health care, those most likely to *disagree* are low income and without insurance. Among those earning less than \$25,000, 19% *disagree* with the statement. 18% of those without insurance *disagree*.
- Responses from those with Medicaid vary little from those with no insurance at all. For example, 14% of those on Medicaid *strongly agree* about dental care, compared to 16% of those without insurance. However, only 9% of those with Medicaid *disagree*.

There are good health programs offered.

- About a quarter overall (24%) *strongly agree* with this statement and 10% *disagree*.
- The pattern of responses is similar to those for health care services, with older and higher income persons responding most favorably.
- Looking at responses by race yields a potentially meaningful observation. While 18% of Whites and 21% of Black/African Americans are *neutral* on this statement, 40% of Hispanic/Latino responses are *neutral*. This could indicate that Hispanic/Latinos in the community are less familiar or have less experience with health programs.

I can get affordable health insurance.

- Only 14% of all respondents *strongly agree* they can get affordable health insurance. 27% *disagree* and another 8% *disagree strongly*. “Affordable” is a relative term, with just about as many high income persons *disagreeing* (21%) as those earning \$50,000 to \$75,000 (24%).

- Income is the biggest factor affecting responses to this statement. 36% of those who earn less than \$25,000 *disagree* that they can get affordable health insurance.
- Those most likely to *agree* their health insurance is affordable are on Medicare, where 23% *strongly agree* and another 40% *agree*. However, even 17% of those on Medicare *disagree* they can get affordable insurance.
-

Community Strengths

Participants were asked to state their level of agreement with five additional statements on key community attributes: housing, education, transportation, child care and jobs.

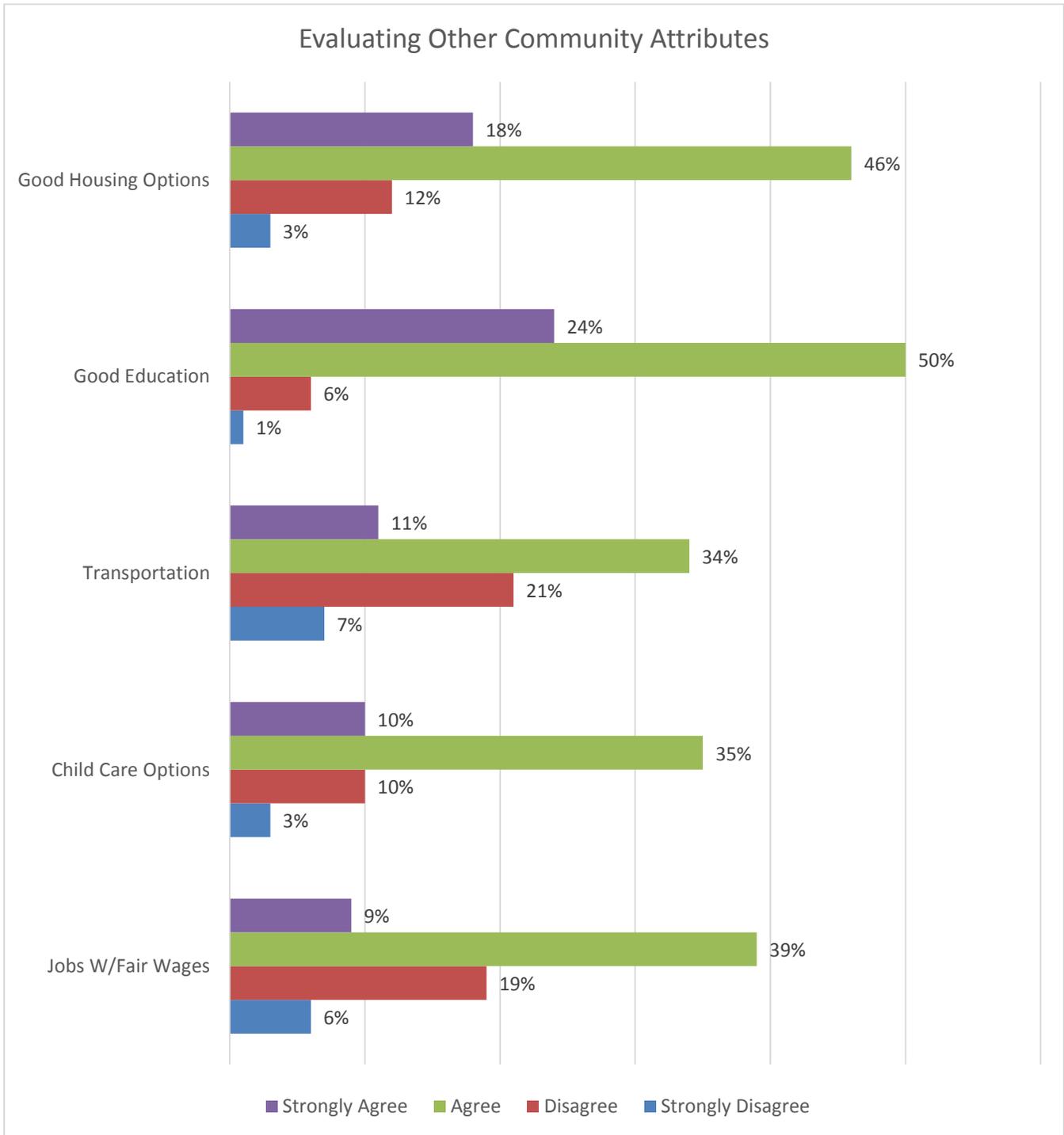
As can be seen on the chart on the following page, residents seem to be most positive about education and are most negative about jobs with fair wages. Here are some additional perceptions related to these community strengths.

Good Housing Options

- Among Black/African American respondents in Greenville, 23% *disagree* with the statement they have good housing options. This compares with 13% of Hispanic/Latinos and 11% of Whites who say they *disagree*.
- Income is the major factor dividing responses to this statement. Among those earning less than \$25,000, 25% *disagree* there are good housing options. Among those earning \$25,000 to \$50,000, the level of *disagreement* drops to 16%.
- The zip code areas with the highest levels of *disagreement* are 29611 (22%), 29609 (20%), 29601 (18%) and 29605 (18%).

Good Education

- Persons of all ages and educational levels similarly *agree* that Greenville provides good educational opportunities.
- Those who earn more than \$100,000 are more positive about education than those who earn less, but even there, *disagreement* is no more than 8%.



Transportation Services

- In this area, White respondents are more likely than Black/African American or Hispanic/Latino residents to *disagree* the county is strong providing transportation. Among Whites, 9% *strongly agree* and 29% *disagree* at some level. Among Black/African Americans, 13% *agree* while 24% *disagree*. Among Hispanic/Latino respondents, 17% *strongly agree* while 19% *disagree*.
- Negative responses for this issue are also higher among those earning more than \$100,000 and those with college degrees. A third (34%) of those with college degrees or higher *disagree* the county is strong in transportation.
- In some communities the elderly might feel more isolated, but there is little indication in this research that age is a factor. For example, while 27% of those over 65 say they *disagree* the county is strong in transportation, 30% of those 40 to 54 say the same thing.

Child Care Options

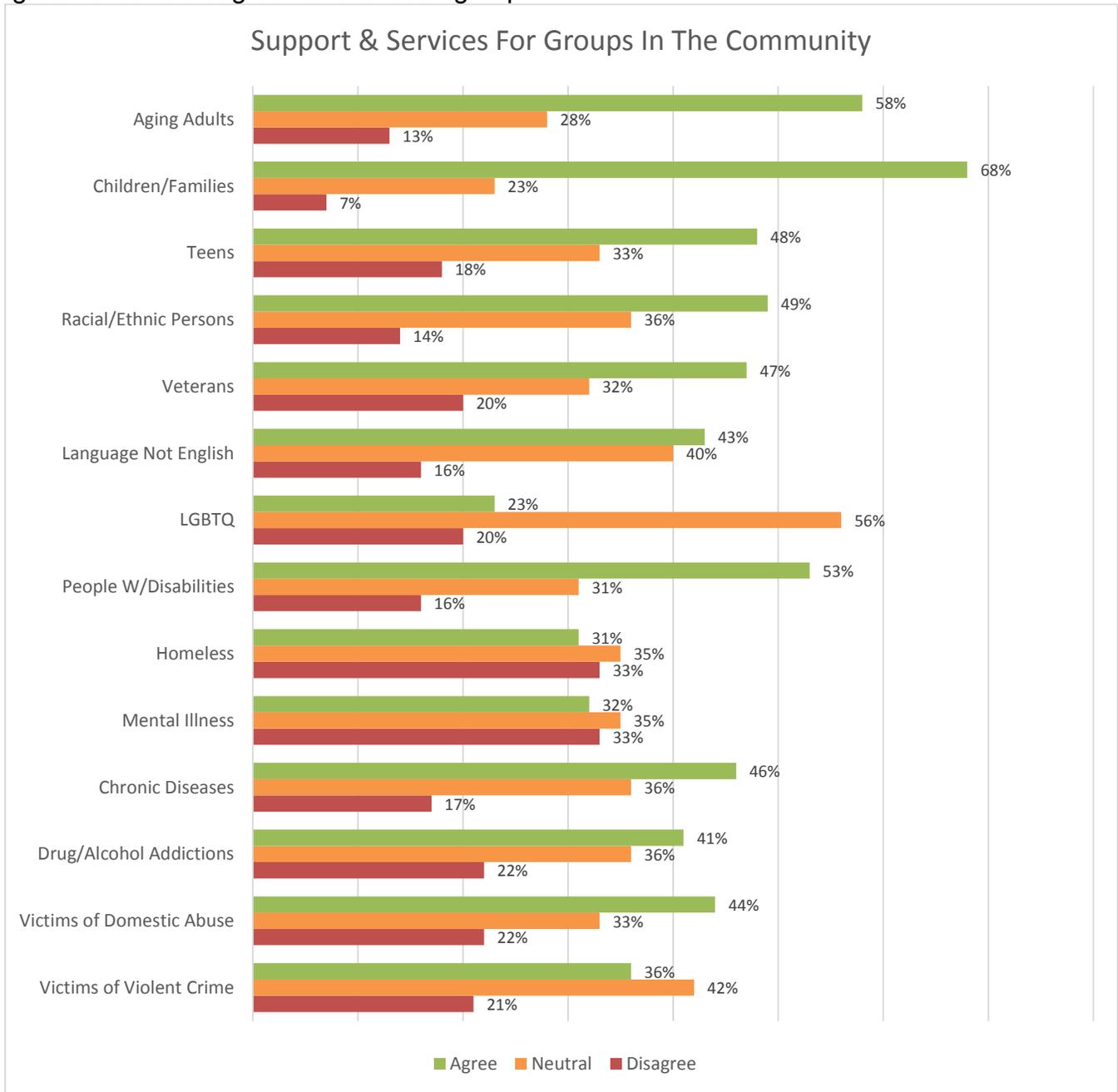
- Income affects how one views this issue. Among those earning at the lowest levels, 23% *disagree* that child care options are strong.
- Men and women view this issue about the same, with 43% of men and 46% of women *agreeing* the community is strong in child care options.
- The *neutral* response is highest for this issue, indicating a lot of respondents do not know much about it or do not have children who need care.
- There are few problems evident, even among the age groups most likely to have children at home. Among those under 40, 54% *agree* there are strong child care options and 10% *disagree*.

Jobs With Fair Wages

- As expected in a question about income, those earning the least are the least likely to *agree* the community is strong offering jobs with fair wages. Among those making less than \$25,000 annually, only 32% *agree* with this statement and 36% *disagree*. Compare that response to the next income level--those earning \$25,000 to \$50,000--where 48% *agree* and 24% *disagree*.
- There are also significant racial and ethnic differences. Where 54% of Whites *agree* the community is strong in jobs with fair wages, 35% of Black/African American respondents and 30% of Hispanic/Latinos *agree*. Among Whites, 17% *disagree* with the statement, compared to 39% of Black/African Americans and 30% of Hispanic/Latinos.
- There does not appear to be gender bias affecting responses; 47% of men and women *agree* with this statement. A slightly higher percentage of women *disagree*, however, 25% compared to 23% of men.

Community Support Services

Participants were asked their levels of agreement about how well the community provides good support and services to a list of 14 potentially at-risk groups. The chart below plots levels of agreement and disagreement for each group.



Overall, a majority of respondents *agree* the community has good support for children and families, aging adults, and people with disabilities. They are least likely to agree or to be certain the community is doing a good job with the homeless and those with mental illnesses.

Here are some other observations from the data about **community support services**.

Aging Adults

- There is no substantial difference in responses from those over 65 and those who are younger. Similar to the overall sample, 12% of those over 65 *disagree* with the statement that the community offers good support for aging adults.
- Those most likely to *disagree* are Black/African American (20%) and those earning less than \$25,000 (18%).

Children and Families

- Responses are most positive among those under age 40, the groups most likely to have children.
- Only 7% *disagree* overall, but that rises to 13% among respondents who are Black.

Teens

- Overall, 18% of the sample *disagrees* with the statement there is good support for teens. *Disagreement* rises to 26% among Black/African American respondents.
- There are no significant differences in responses to this statement among younger residents nor across the zip codes.

Racial and Ethnic Persons

- Black, White and Hispanic/Latino residents respond to this statement differently, but not as differently as some might expect. Slightly over half of Whites (52%) and slightly under half of Black/African Americans (47%) *agree* there is good support. However, those who *disagree* at some level among Black/African Americans is 20%, compared to 11% of Whites.
- Among Hispanic/Latinos, 31% *agree* while 17% *disagree*.

Veterans

- There are few differences in responses across age, race and income groups. One might expect older adults to be most familiar with veteran's services, but the data review no real differences between older and younger residents.

People Whose Primary Language Is Not English

- 47% of Hispanic/Latinos *agree* there is good support, which is a more positive response than either White (43%) or Black/African American (41%) respondents.

Among those who *disagree* are 15% of Whites, 22% of Black/African Americans and 17% of Hispanic/Latinos.

- There is a small sample of potentially other non-English persons in the study, but their responses are too small to be meaningful.
- The highest level of *disagreement* (26%) can be found in the 29607 zip code.

LGBTQ Individuals (Lesbian, Gay, Bisexual, Transgender and Questioning)

- Reactions to this issue generated the highest percentage of *neutral* responses at 56%. This indicates perhaps a lack of awareness or information on which to agree or disagree.
- The highest levels of agreement come from those age 18 to 39, where 23% *agree* there is support for LGBTQ individuals and another 7% *agree strongly*.
- Younger respondents are also most likely to *disagree* about good support, with 16% saying they *disagree* and another 7% *disagreeing strongly*.

People With Disabilities

- While overall there is majority opinion those with disabilities get good services, there may be some issues among the low income and those on Medicaid and without health insurance. For example, 22% with no insurance, and 20% of those on Medicaid *disagree* there is good support here, compared to 16% of respondents overall.

People Who Are Homeless

- A third of respondents overall *disagree* there is good support for the homeless. The highest levels of *disagreement* come from three zip codes, which are 29680 (48%), 29601 (47%) and 29651 (41%).

People With Mental Illness

- As with homelessness, responses to this issue are almost evenly divided with a third *agreeing*, a third *disagreeing* and a third *neutral*.
- There appear to be few differences across age, income and ethnic responses. There are also no significant differences between those with insurance and those without.

People With Chronic Disease

- This is another area where there are few differences visible by race, age, income or home zip code.
- There may be some small variances driven by insurance. While 17% overall *disagree* there is support for those with chronic disease, among those on Medicaid 29% *disagree*.

People With Drug/Alcohol Addiction

- The data show those on Medicare are somewhat more likely to *disagree* (27%) with this statement than younger respondents on other insurance plans.

Victims of Domestic Violence

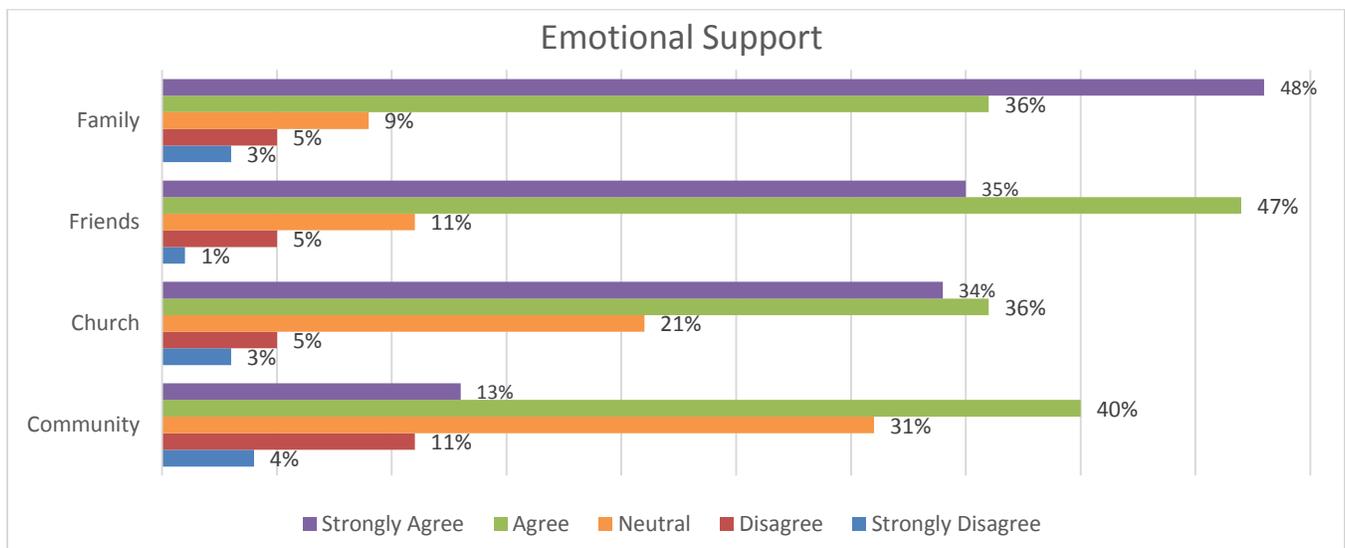
- Men and women respond to this question a bit differently. They *agree* at the same levels, but 7% of women say they *strongly disagree* with this statement compared to only 2% of men.
- 35% of divorced or separated respondents *agree* there is good support, compared to 46% of those who are married.
- Domestic abuse sometimes afflicts the elderly more. Among those over age 65, 25% *disagree* there are good support services for domestic abuse victims, which compares to 19% among those 55 to 64.

Victims of Violent Crime

- This is another area where the *neutral* responses are large, indicating a widespread lack of familiarity with the issue among many people.
- Those at the lowest and highest income levels are equally likely to *disagree* there is good support for victims of violent crime. In both groups 25% *disagreed* with the statement, compared to 18% of those earning a middle income of \$50,000 to \$75,000.

Sources of Emotional Support

Respondents generally *agree* they get the emotional support they need from their families, friends and churches, but they are less certain about emotional support from their community.



Women are more likely to *strongly agree* they get emotional support from all of these sources than men. For example, 51% of women *strongly agree* they draw emotional support from their families, compared to 44% of men.

Those with four-year college degrees are far more likely to *strongly agree* about friends and families than those with lesser education. Among those with college degrees 59% *strongly agree* they draw support from families, compared to 37% of those with a high school diploma only.

Drawing emotional support from church rises with age. Among those over 65, 39% *strongly agree* they draw support from church, compared to 26% of those 55 to 64.

Responses to church are similar across all racial groups, though Whites are much more likely to be *neutral* about it than those who are Black/African American or Hispanic/Latino.

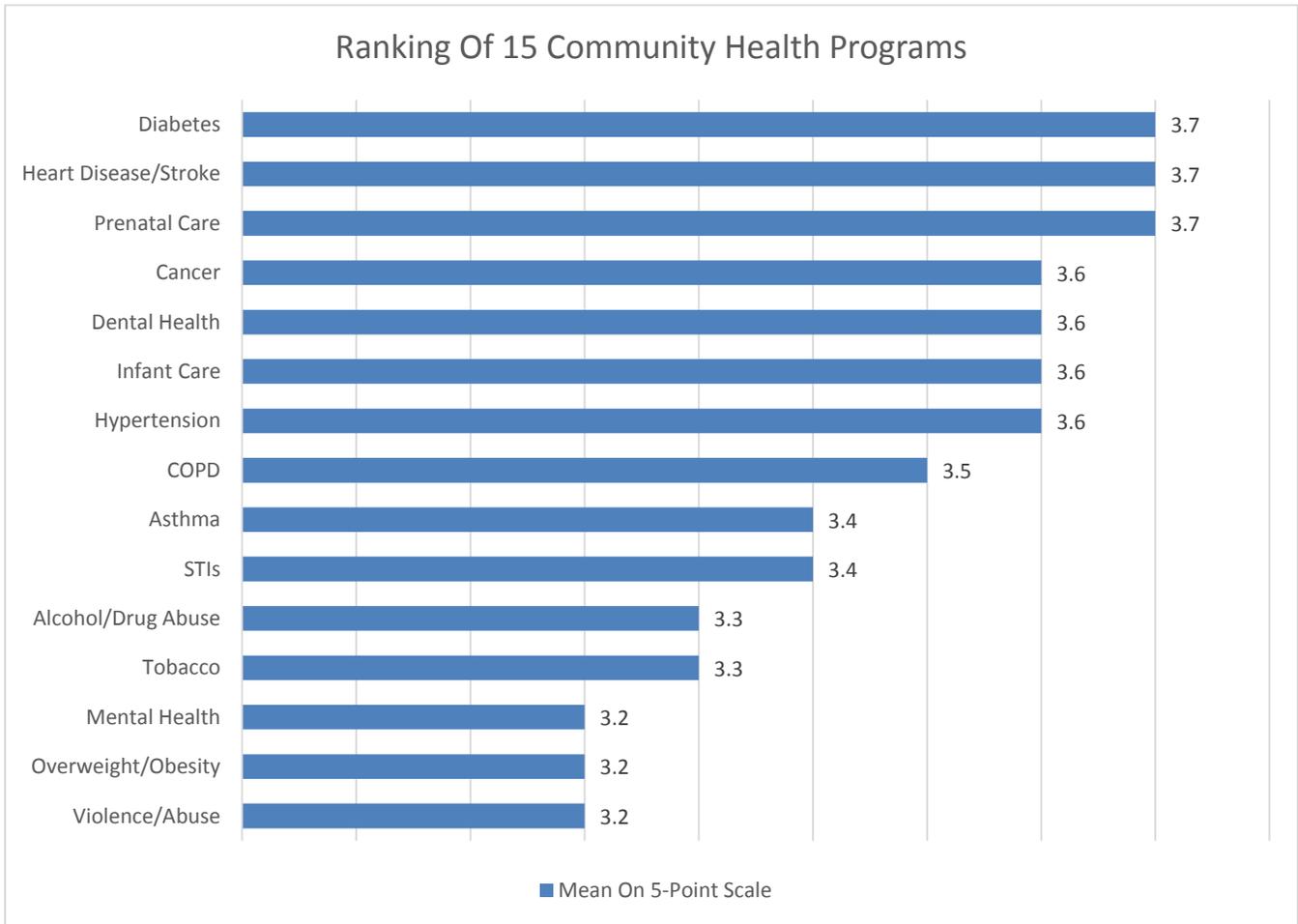
When it comes to support from the community, those who earn less than \$25,000 are most negative. From this group, 25% *disagreed* that they draw emotional support from the community, compared to just 6% of those earning \$75,000 to \$100,000 who *disagreed*.

Among those on Medicaid and the uninsured, 32% and 25% *disagreed* that they get emotional support from the community.

Community Health Programs

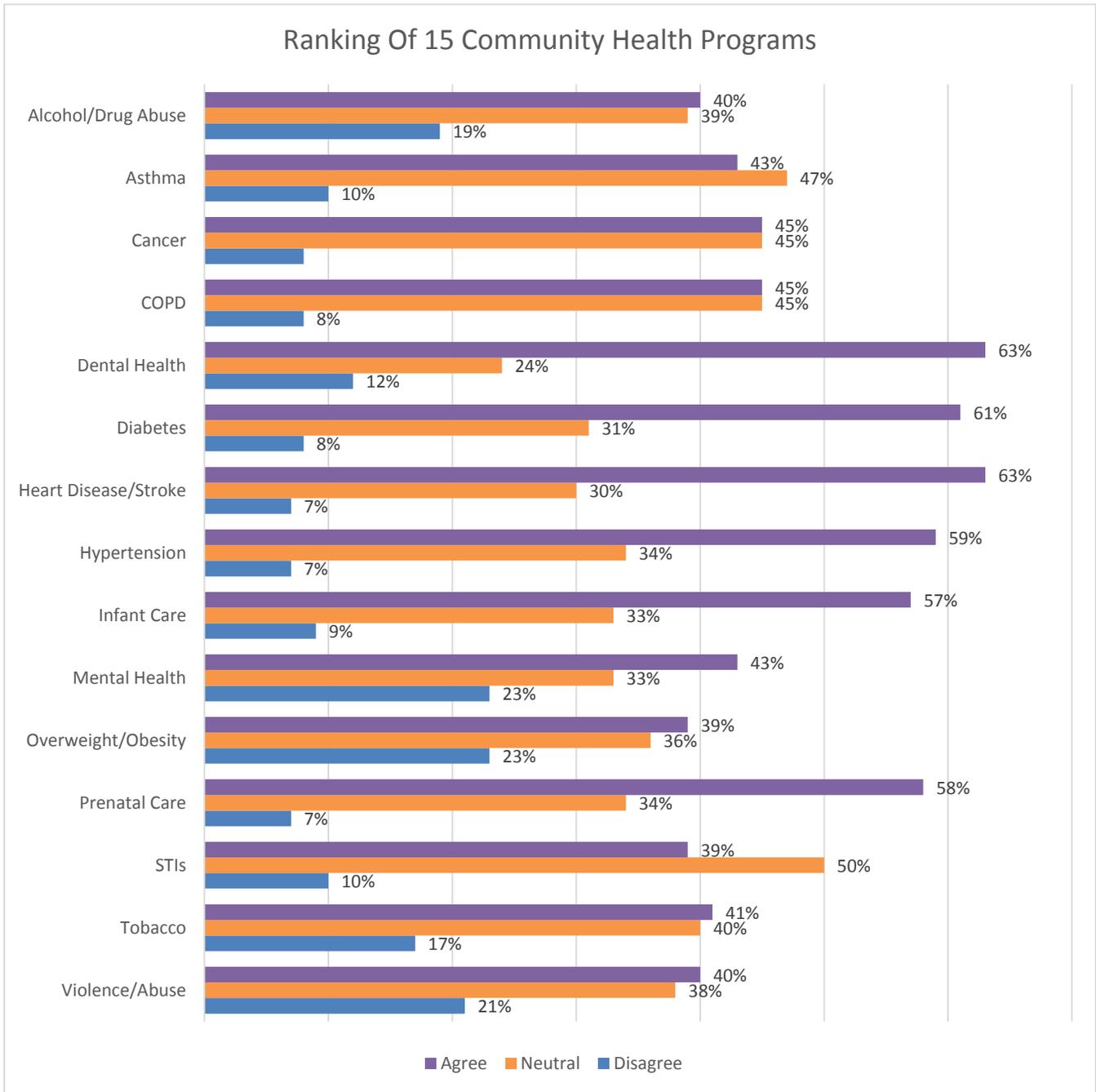
Residents of Greenville County were asked how well 15 different health programs were meeting the needs of the community. As with other questions, the responses were *strongly agree*, *agree*, *neutral*, *disagree* and *strongly disagree*.

The chart on the next page applies a mean score to those five points of response, yielding a ranking of health programs by effectiveness.



Based on these responses, the community is most effectively served in the areas of diabetes, heart disease and prenatal care. The areas of greatest need are mental health, obesity and violent abuse.

All of these ratings follow a similar pattern. There are very few “strongly” held opinions on either end of the scale. There are also significant neutral responses for each, indicating either a lack of awareness, a lack of understanding about effectiveness, or both. The chart below shows the *agree*, *neutral* and *disagree* responses for each of the 15 programs, shown here in alphabetical order.



As can be seen in the chart, the areas where there is wide agreement that needs are being met tend to be areas where health care systems of hospitals, clinics and doctors are well organized to meet prominent health problems such as dental care, heart disease, diabetes, hypertension and infant care.

The areas where there is less agreement tend to be those that are often met by public health and social services, such as sexually transmitted infections (STIs), mental health and violence and abuse.

The mixed evaluations of services focused on obesity are notable. Obesity is an area that is targeted by traditional health system providers--every doctor visit includes stepping on a scale--but 59% are either neutral or negative about how well obesity programs are meeting the needs of the community.

Here are a few additional observations about health programs that could be meaningful:

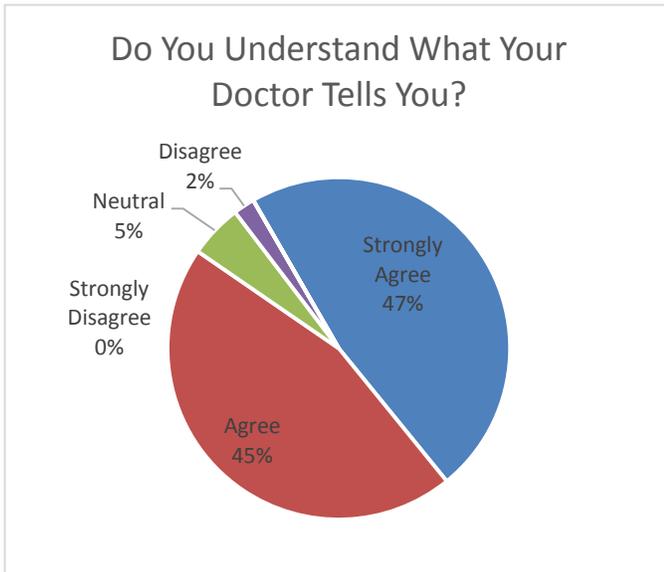
- Respondents from the Black/African American community are more likely to *disagree* that cancer programs are meeting the needs of the community. Among Black/African Americans, 16% say they *disagree*, compared to 8% of Whites.
- Among those earning less than \$25,000, 23% of the low-income group *disagreed* about dental care programs. This compares to only 14% among those who make a little more--\$25,000 to \$50,000.
- Evaluations of mental health programs are lowest among those over 65, with 30% of this group voicing *disagreement*. 31% of those who are Medicaid also *disagree* mental health is meeting needs.
- *Disagreement* over overweight and obesity programs is higher among Black/African Americans (25%) and among those age 25 to 39 (26%). *Disagreement* is also higher in the 29617 (34%) and 29601 (29%) zip codes.
- There is less confidence in violence and abuse programs among the low income. Among those earning less than \$25,000, 10% *strongly disagree* these programs are meeting needs, twice the rate of the overall response.

Research participants were given the opportunity to list any other health programs in the community they believed were not meeting needs. Very few were mentioned, but here are representative responses:

- 18 people listed a need for more doctors.
- 7 mentioned transportation to health care services.
- 7 mentioned services related to dementia
- 6 listed programs for troubled teenagers.

Health Literacy

Over 90% of those surveyed *agree* that they understand what their doctor tells them, and over 80% understand their doctors' handouts.

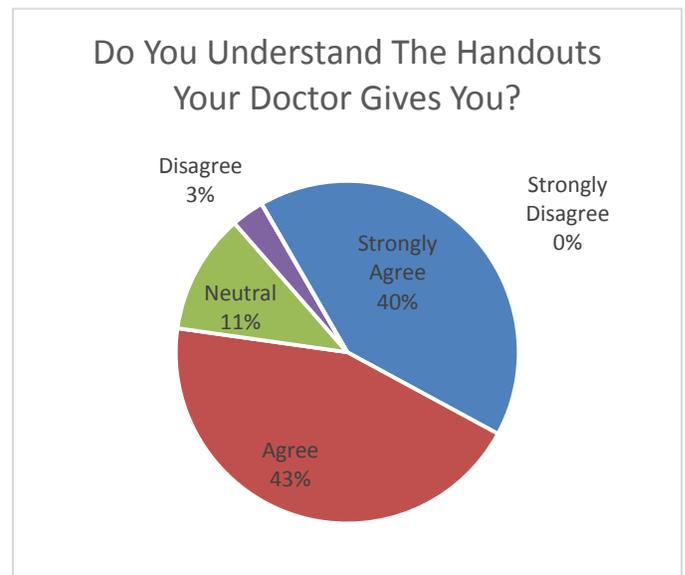


Those few in the study who do not understand or who are *neutral* in response tend to be younger, under the age of 54, and have a high school diploma or less.

There is also an increased chance they are Hispanic/Latino. Only 70% of Hispanic/Latino respondents *agree* they understand their doctors, compared to 95% of Whites and 92% of Black/African Americans.

When it comes to understanding handouts, Hispanic/Latino respondents also reveal more difficulty, with only 68% *agreeing* they understand, compared to 86% of Whites and 79% of Black/African Americans.

Difficulties with handouts are also more likely among those without a high school diploma, where 66% *agree* they understand, compared to 77% of those who graduated High School.

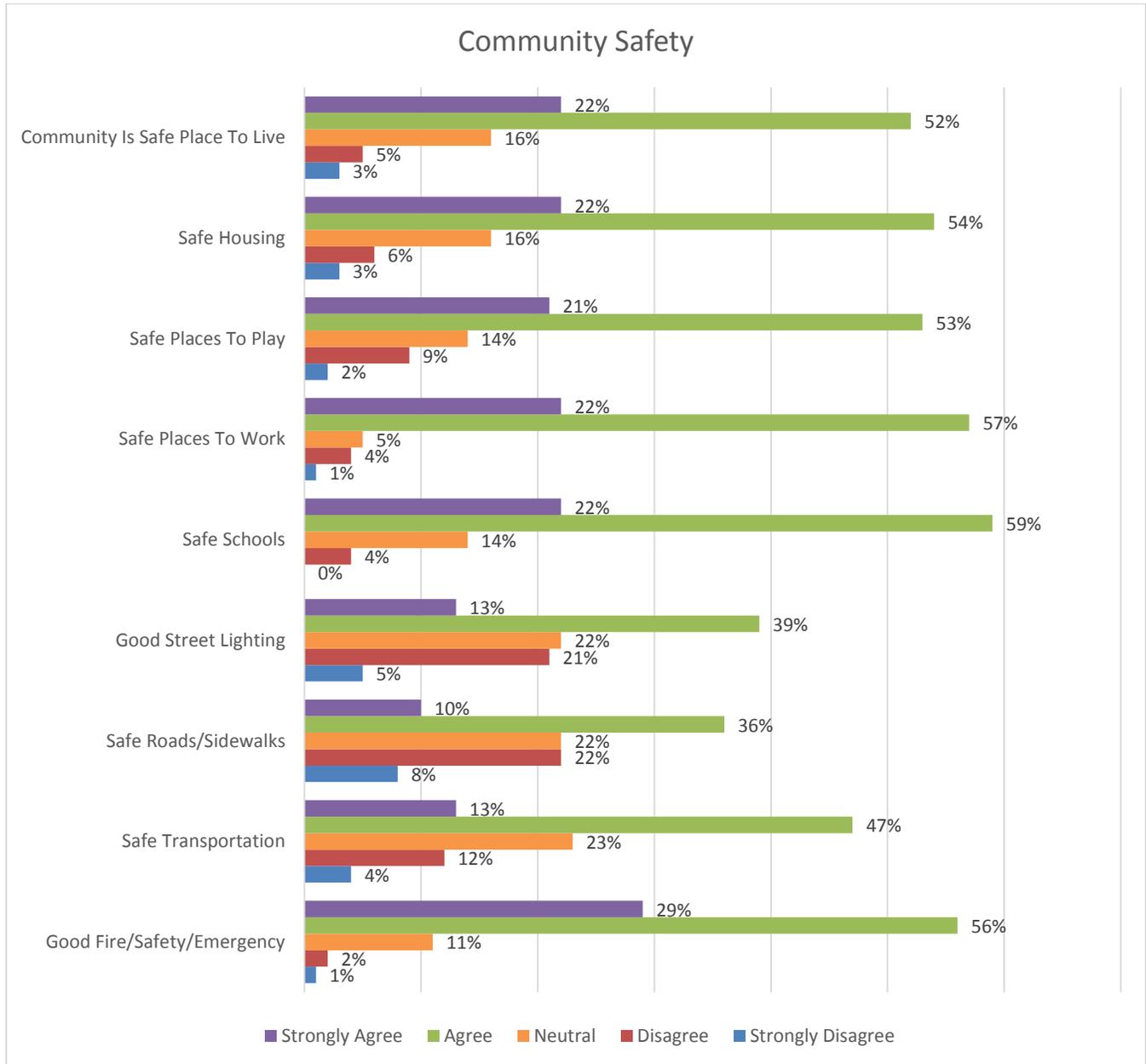


Community Safety

Most Greenville County residents believe their community is a safe place to live, play, work and go to school. There are, however, elevated insecurities about street lighting, roads, sidewalks and transportation.

As can be seen on the chart below, those in the study provided uniform responses to statements about the community providing safe housing and safe places to play, work, and go to school, and good emergency services.

Responses were also uniformly more negative about street lighting, safe roads and sidewalks and safe ways to get where one needs to go.



While there is a lot of uniformity in these responses, the data reveal a few meaningful differences. For example:

- When it comes to safe places to play, Black/African American and Hispanic/Latino respondents have a different experience than their White neighbors. Where 81% of Whites *agree* there are safe places to play, that drops to 57% among Black/African Americans and 66% among Hispanic/Latinos.
- In the 29611 zip code, 67% *agree* there are safe places to play and 21% *disagree*. This is the lowest level of agreement in the sample.
- Black/African American and Hispanic/Latino respondents are also less likely to *agree* about safe places to work. Among White respondents, 86% *agreed* there are safe places to work, compared to 67% of Black/African American participants and 59% of Hispanic/Latinos.
- Street lighting is more of an issue in two zip codes. In 29611, 36% *disagreed* there is good street lighting, which compares with 26% negative responses overall. In 29687, 31% *disagreed* about street lighting.
- Concern about safe roads and sidewalks becomes more acute among those 65 to 79. Within this group, only 40% *agree* there are safe roads and sidewalks and 36% *disagree*.
- Concerns for safe roads and sidewalks are also higher in 29611, where 41% *agree* they are safe and 36% *disagree*.

Community Priorities

The 832 respondents are asked to identify their top five priorities they think should be addressed in their community. As could be expected, there were wide-ranging responses. Here are the top 20 recommendations and the percentage of survey participants who picked each one.

1. Homelessness (24%)
2. Education (23%)
3. Crime (22%)
4. Transportation Services (22%)
5. Jobs with Fair Wages (21%)
6. Alcohol/Drug Abuse (18%)
7. Access to Health Services (17%)
8. Housing (16%)
9. Mental Health (16%)
10. Adult Obesity (15%)
11. Community Violence (15%)
12. Safety (13%)
13. Child Abuse/Neglect (12%)
14. Domestic Abuse (12%)

- 15. Senior Health (11%)
- 16. Health Programs & Screenings (10%)
- 17. People with Disabilities (10%)
- 18. Childhood Obesity (9%)
- 19. Places to Play (9%)
- 20. Roads, bridges and sidewalks (9%)

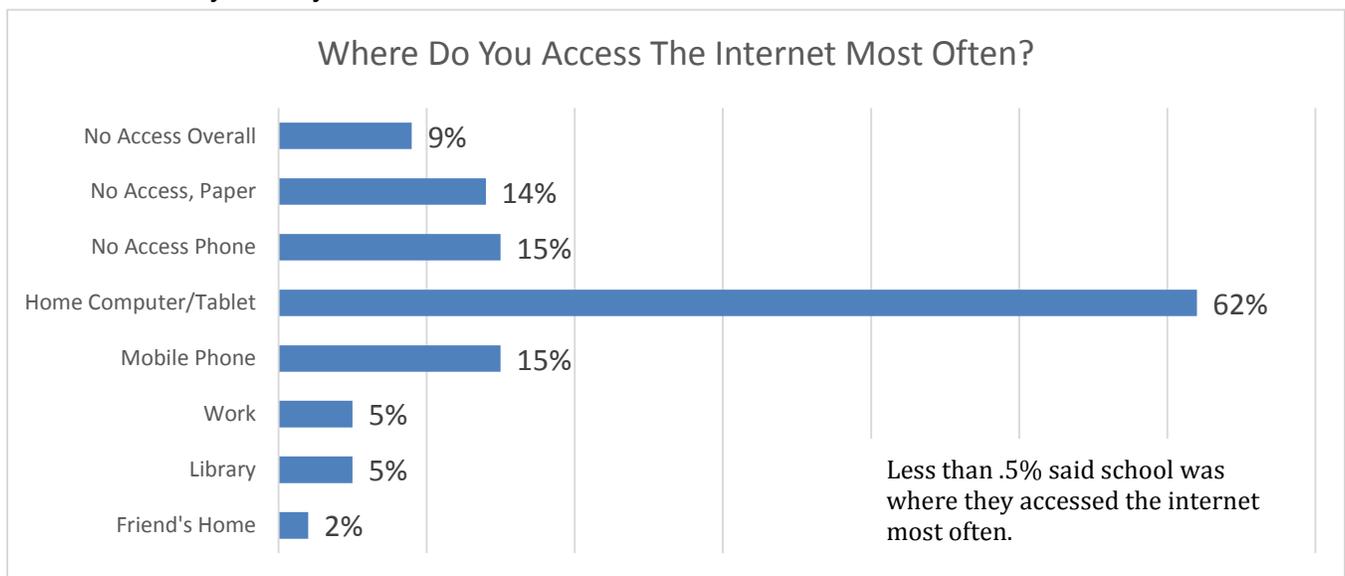
There are some differences in priorities based on age, race and economic status. For example:

- For those ages 65 to 79, transportation services are the top priority (30%).
- Among Hispanic/Latino responses, the highest priorities are jobs with fair wages (34%), access to health services (32%) and dental care (25%).
- Those who are Black/African American rank crime (28%), housing (28%) and jobs with fair wages (27%) as their top three priorities.
- Among those at the lowest income levels, homelessness (31%) and housing (28%) are their top issues, followed by jobs with fair wages at (25%).

Internet Access

Only 9% of survey participants said they have no access to the Internet, but that is skewed by the 297 who completed the survey via the web, all of whom have access. Looking only at the 535 who took the survey on paper or via the telephone, 15% do not have internet access at all.

The chart below shows where respondents use the internet most often, and those without access at all by survey source.



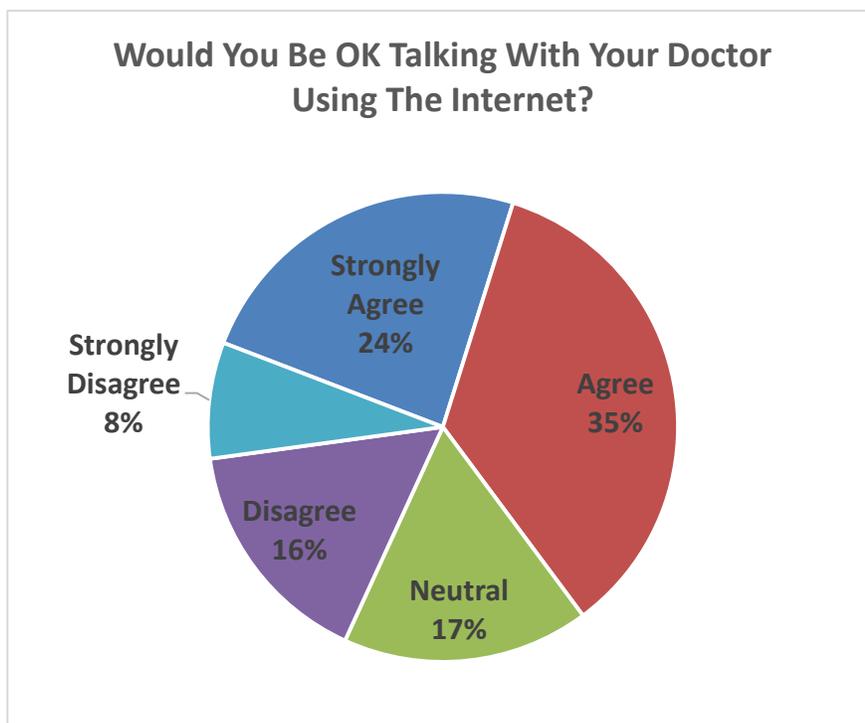
Lack of access to the internet is highest among those who earn less than \$25,000 (21%). Access the internet primarily through a mobile phone is most common among those under 25 (39%) and Hispanic/Latinos (28%). Those over age 65 are the most likely to use a home computer or tablet (77%).

Using Internet Technology To See Your Doctor

Survey participants were asked to give their level of agreement with the following statement about technology:

Technology has made it easier to use computers, mobile phones, laptops, and tablets to safely talk face-to-face with your doctor without a visit to the office. Please tell if you strongly agree, agree, are neutral, disagree or strongly disagree that you would be OK talking face-to-face with your doctor using the Internet.

A majority of those surveyed (59%) say they are OK with seeing their doctors using technology. About a quarter (24%) find the idea *disagreeable*.



Those most comfortable with meeting their doctors over the internet are 25 to 54, and those earning over \$75,000. Among those 25 to 39, 30% *strongly agree* they would be OK accessing

their doctors over the internet. Among the 40 to 55, 29% *strongly agree*. Among those earning over \$75,000, 31% *strongly agree*.

Those who like the idea least are over age 65. Those with ages ranging from 65 to beyond 80, 29% *disagreed* with the idea of seeing their doctors via internet technology. The largest *neutral* responses were in this age group as well.

Black/African American and Hispanic/Latino respondents are also less likely to be OK with this idea. Among Black/African American respondents, 55% *agree* with the statement, but 30% *disagree*. Among Hispanic/Latinos, 40% *agree* and 36% *disagree*. For comparison, 62% of Whites are OK with the idea while 20% are not.

Additional Recommendations

At the end of the survey, participants were invited to list any additional health programs or issues where they believe community needs are not being met. Here is a list of verbatim responses:

- Abused women
- Activities and support from young black males
- Adult Neurology
- Affordable health care
- Alzheimer's
- Asthma for individuals reaching adulthood
- Autism
- Autistic or learning disabilities
- Children with delayed development issues
- Cost too high, medical manipulated by physicians
- Dietitian programs
- Disabilities and special needs
- Diseases brought by other countries
- Drug prescriptions
- Drug rehab
- Drunk drivers and suicide prevention
- Emergency care
- Epilepsy
- From what I have seen Healthcare in my community is not good
- Government assistance with health insurance
- Health insurance
- Healthcare for people who cannot afford it.
- Healthcare of the indigent population

- HIV/Aids
- Hospice resources
- I am tired of people shooting police officers and others in authority.
- I don't think there is affordable care across the board.
- I feel the need for better transportation for their medical equipment.
- I live far out and we have no programs here. We have to drive to Spartanburg.
- I live in Piedmont and for good healthcare I have to go to Greenville. When I go to the doctor, it is a 25-minute drive.
- I love Greenville, overall its a great place to breathe. But unfortunately, I live in an area where drugs and the people (a lot of people) run rampant with them. But thank you Jesus, I'm recovered.
- I think just basically doctor care. You go to the doctor with multiple things wrong and they just want to address one thing.
- If a patient has a serious injury, they cannot get help. They are black listed. No doctor can tell what is going on because the doctors themselves can be black listed.
- IF PEOPLE WOULD STOP TRYING TO JUDGE EACH OTHER BY THE WAY THEY TALK, LOOK OR DRESS SHOULDN'T STOP THEM FROM BEING TREATED
- It is hard to find doctors to take Medicare
- Low income families
- Lung care and kidney issues
- More people need to be armed
- Multiple sclerosis
- Need wheelchairs and things like that
- No gyms or places to exercise
- No soup kitchens, no Meals on Wheels in the area
- Overall child and adult obesity as it relates to fast food and school lunch.
- Parkinson's
- Parkinson's Disease, dementia, Alzheimer's
- Pediatrics
- People with dementia
- Prescribed drugs
- Rheumatology is lacking.
- Singles with no children have limited or no services
- Special needs for seniors
- Stress management
- Teen pregnancy prevention and cervical cancer vaccination programs
- Teenage drug abuse, social and transportation programs for the elderly, and food for children during the summer
- Teenagers with problems

- The biggest problem is Medicaid. If you are an adult on Medicaid, you cant find a primary care physician who accepts it.
- The Hepatitis C is an epidemic. People using drugs and shooting up.
- The Lions Club never answers calls. We need more vision programs.
- The only place seniors can walk safely is the mall. You have to pay to the go to the YMCA. The poor are lacking in healthcare. The obese need an exercise area.
- There may be programs available but people don't know where to look or ease of contacting an agency is lacking.
- There need to be more local programs
- Transition care from healthcare to hospice
- Transportation from the cancer doctor
- Violence against women
- Vision
- We always need more care, of all kinds, for the poor and underprivileged
- We have a community center that does a lot!!
- We have issues with quality and routine. Whenever you need help, it falls on deaf ears.
- We have to travel 30 minutes to get treatment.
- We need to reach out to the young people and teach them about drugs.
- Workman's comp
- You don't hear too much about pulmonary fibrosis.
- Youth counseling for sex education would be good for the college areas they are in.

Focus Group Results

Based on facilitated discussion and prioritization from their three groups, their five priority issues are:

1. Mental health care
2. Affordable housing
3. Obesity, including increased awareness and access to healthier foods
4. Access to health care
5. Transportation

Key observations about these priorities are described in the summary below.

Mental Health Care

Concerns about mental health care in Greenville County run long and varied. Discussion of the subject ranged from resource issues like a lack of treatment facilities and counselors, to societal issues like dysfunctional families and teen culture.

Participants in all three groups agree that there are not enough counseling, treatment and support resources available in the county, especially for low-income adults. All see the need for more psychiatrists and psychologists. The lack of availability means that it is almost impossible for a low-income adult to access mental health services unless they are in crisis.

“You have to be a threat to yourself or to someone else before you can get any help.”

“You can’t get help unless you’ve been hospitalized three times. Why can’t we do something to get to the root of a problem before a hospitalization?”

The Greenville County problem was exacerbated when the state of South Carolina closed some mental health services, leaving more people with needs in the community. This puts the burden of intervention and care on systems and people who may not be prepared to handle it.

“Police feel compelled to take people to the ER. But when they leave the ER they are right back where they were, probably not taking their meds.”

Compliance with medication is a major issue. Some with mental health problems get helpful medications at the hospital or emergency department, but they don't stay on them either because they don't have the money or because they just stop. Behavioral meds can be difficult to adjust to or regulate, so without follow-up medical supervision, some patients find it difficult to stick with the medications they need. Non-compliance is especially problematic among the homeless.

Leaders in the focus groups see opportunities for the community to work together to provide earlier intervention and support to help people and families in need before there is a crisis. For example:

- Police can be better trained to recognize a person in a mental health crisis.
- Social workers can be trained to administer a simple assessment to identify people who might need help, and encourage them toward assistance.
- Public employees and social workers can be trained to recognize stereotypes and biases related to mental health, and break through them to provide more consistent, and more empathetic support.
- Health care providers and those in mental health can be educated to look at behavioral needs more holistically, and take into account the entire family.
- Support services for families, the homeless and low income can be better educated on the services that are available.
- Mental health providers can be more transparent about the services they provide and the costs.

Families often have distinct needs related to mental health or behavioral health. Just as services are scarce for low-income adults, they are also lacking for children and adolescents from low-income families.

Many of the behavioral problems facing children and youth are not really mental health issues, but are the result of disengaged or absent parents, and the influences of peer pressure, technology, drugs and alcohol and stress.

Affordable Housing

In the words of one focus group participant, "housing is health." His point is that a safe, stable place to live influences so many other health practices. Without a home you are exposed to the elements, you have no where to store medications, your doctor can't find you to follow up on test results, you feel depressed. Stabilize the home first, and better health will follow.

There was a lot of agreement with that philosophy in the three focus groups, but solutions to the problems of homelessness and housing are daunting.

The bottom line is that Greenville does not have enough affordable housing options for low-income singles or families. There are virtually no single bedroom options for those who are homeless, older and alone. Apparently many homeless veterans fall into this group. There are also few public housing options for larger, low income families.

“Family composition is a big issue in public housing. For 75 percent, the family is a female head of household and 4.5 children. That’s too many heartbeats for public housing. A voucher won’t cover that many.”

The lack of low-income housing means that even those who qualify for subsidized housing might not find openings. The Section 8 voucher program is intended to help families escape poverty. It can take several months for a family to save up money for a move and then qualify for a Section 8 voucher, but that does not guarantee they will find a place available.

Several in the groups point out that the growing popularity of downtown Greenville is putting increased pressure on the problem of affordable housing in the city. Rising home prices and rents push low-income families out of the city center. This leads to new difficulties with transportation and access to health services.

These community leaders recognize housing is not a traditional health care issue, and they don’t expect a health care system or hospital to solve it. Yet the connection between health status and a safe, affordable place to live is very real.

What these leaders hope for is a broad-based community response to the problem. In one group someone noted that Greenville does not have a housing commission to address growing needs.

Obesity

Obesity among adults and children is at the center of a web of sticky health issues, notably diabetes, hypertension and heart disease. These community health leaders believe the solution lies primarily in changing the way Greenville citizens think about food.

Those most in need of education, awareness and change are parents whose nutritional choices are influencing the next generation. Whether it is through lack of understanding or simply preference for the cheap and easy, these leaders observe that many parents choose an unhealthy diet for themselves and their kids.

“It’s a shocking thing. We rescue food from Whole Foods. We get enough for 25 families, but we can’t get more than 18 to 20 to show up. There are healthy foods like

whole grain breads to choose from, but they want the cupcakes. They'll say, 'there was nothing left but bread.' But it's great bread."

Unhealthy foods, such as processed foods, tend to be cheaper and easier to prepare and serve. Fresh fruits and vegetables require more expense and more effort. Even if a parent invests the effort to serve healthier foods, chances are children won't eat because they don't have a taste for them.

"It's easier to buy the processed foods. It's the most economic thing to buy. But at the end of the day, it's what's causing all the disease."

These community leaders endorsed the idea of increasing nutritional literacy among adults and children, regardless of income levels. Nutritional literacy can be defined as teaching parents and children what they need to know to understand food and prioritize food choices.

"Teaching people to choose good food over fast food or convenient food will take a lot of education. It's not just a poverty issue."

There are some people for whom food choice is not the issue, it is food availability. Those at the lowest income levels can be food insecure, meaning they literally don't know where their next day's meals will come from. Several in one group endorsed screening people for food insecurity as part of physical examinations.

While most of the obesity discussion centered around diet, participants also expressed concerns about the lack of safe places to walk, bike and exercise for some Greenville residents. While there are safe parks and trails in the city, some residents can't access them due to distance and lack of transportation. There are also areas where it does not feel safe to walk or let children play outside.

Healthcare Access

While Greenville County offers many quality health care services, access continues to be difficult for some low-income residents. Whether it be lack of insurance or lack of funds for deductibles and co-payments, some residents struggle to access the health care they need.

One of the most significant factors affecting the problem might be described as health illiteracy. People at all income levels, but especially those with less education and lower income, have difficulty understanding and navigating the complexities of health insurance, doctors and hospitals.

They don't know how insurance works or what insurance terms mean. They don't know how to evaluate insurance options and pick the right plans. They don't know how to prioritize their health spending. Increasing health literacy could improve access to care.

“People don't know how the insurance system works. Even if they have insurance, when they start getting EOBs its hard to figure out what they owe. Some just conclude its easier to go the ER.”

“Do I get a health savings account? How is that different from health insurance? How do I set aside money for health emergencies?”

The groups identified other issues of importance. They would like to see more physicians who accept Medicare and Medicaid. They see need for transportation connecting the elderly and those who don't drive with health care providers (see more below).

Transportation

Those who live near downtown Greenville see transportation as perhaps the county's number one issue that needs attention. The lack of affordable public transportation, contributes to poverty, dependence on social services, declining health, lack of housing and crime.

“They can offer transportation to take people downtown to eat and drink, but they can't to take people to work.”

The transportation issue is more complex than a bus route. Community leaders recognize that public transport and private--car and bike--are all part of the solution.

When it comes to public transportation, it is important to support reliable connections between where people work and where they live. This becomes especially problematic in Greenville because the best paying manufacturing jobs are outside the inner-city. Service and manufacturing jobs are also seldom 9-to-5, therefore transportation needs start early and run late.

Even those with cars can find themselves mired in transportation problems. Many of the working poor can't afford a reliable car, which can make them an unreliable worker. If they get behind on

their insurance payments and coverage lapses, then it becomes public record and lowers their credit ratings, which in turn affects their ability to get a job, a better car or better housing.

“People want a better life for themselves and their children, but problems like transportation become major stumbling blocks.”

“With the cost of transportation, plus child care, some people find it does not pay to work.”

The transformation of Greenville is leading to some peculiar health care transportation issues. At one time the two major hospital locations in Greenville were surrounded by lower income neighborhoods. That made it easy for low-income residents to access care--they could walk.

Now those neighborhoods around the hospitals are becoming some of the most desirable and expensive, which is driving some low-income families to move away from their traditional sources of care.

In addition, some essential services are now located in the Patewood area, which is less accessible for those in the inner-city. Both of these trends create problems people have to find ways to solve.

“I know a woman who was at Patewood and couldn’t get home, so she called an ambulance and told them to take her to the ER because it was close to her home.”

Finally, transportation issues also inhibit some families from living healthier, more engaged lifestyles. If they live in a food desert, an area with no grocery store, then they have to do at least some of their food shopping at convenience stores. It is also less likely they can enroll their children in sports and recreation programs, or travel to parks and playgrounds.

Appendix V. Evaluation of Previous CHNA

*Bon Secours St. Francis Health System
2.5-year Implementation Plan update
September 1st, 2013-April 15th, 2016*

PRIORITY 1: Chronic Disease Prevention

Objective 1: To reduce the number of risk factors associated with chronic disease in the vulnerable/at-risk Hispanic community of San Sebastian through HEALTH PROMOTION/PREVENTION EDUCATION programming.

Strategy 1: St. Francis downtown will develop coordinated exercise programs and educational opportunities that increase physical activity for residents.

2014

A six week yoga series was conducted in the San Sebastian community (3/17, 3/24, 3/31, 4/7, 4/14, 4/21/2014).

An average of 11 people have attended each class. Reflection directed by CHORN (Community Health Outreach nurse) focused on “a journey beginning.” Clients were encouraged to continue their efforts to pursue fitness and a healthier life style. A pre and post- class survey was designed and applied by CHORN. Results yielded a physical activity increase by 11%.

April 16, 17 Free Kid’s yoga class- Spring break. Peggy Ambler, Registered Physical Therapist and Certified yoga instructor volunteered to teach this class at St. Sebastian. A total of 20 children ages ranging from 5-13 years of age participated in this activity. CHORN created a flyer in Spanish and marketed the activity in the St. Sebastian community. Children and parents alike expressed interest and maintained engagement in the program activity.

2015

March/June 2015: Spanish Diabetes Self-Management group at the Greenville Free Medical Clinic. Benefits of exercise/incorporating physical activity into lifestyle- Effect of exercise on blood glucose levels and weight management were discussed.

Sep 2015: “Celebrando la Salud + Diabetes Self-Management Education (DSME): Celebrating Health+DSME” at St. Sebastian Mission. Topic: The Benefits of Physical Activity and Diabetes. Presentation and Zumba class offered to participants.

2016

- There have been 99 Spanish speaking participants in the Diabetes Self-Management Group at GFMC.
- Celebrando la Salud + DSME continued through November 2015, with 15 participants graduating from the 10 week program.

Strategy 2: The Bon Secours St. Francis Health System Community Health Outreach Team will individually discuss overweight and obesity risk with each client and offer strategies to reduce this risk (to be included in each plan of care).

2014

- 2,387 community encounters were made between community health outreach nurses and social workers, all discussing individual overweight and obesity risks (individual and group settings)
- 1,312 referrals were made to appropriate places of care

2015

- 2,300 community encounters were made between community health outreach nurses and social workers.

2016

- 3093 clients seen in the community by Community Wellness Nurses and Social Workers.
- 143 referrals made to appropriate primary care providers.

Strategy 3: St. Francis - downtown will coordinate nutrition programs for clients that include strategies for accessing healthy foods.

2014

- An organic gardening class was held on 3/11/14.
- 15 people attended.
- A posttest given distributed after the class revealed that 15 participants agreed:
 - Individuals learned at least one thing that they didn't know from the class about gardening or nutrition
 - Individuals planned to develop a garden at their home to provide food for their family
 - Individuals believed planting a garden is a good way to save money on groceries.

2015

- Participated as a planning member of the Feeding Innovation competition, which awarded a \$10,000 prize to a local organization for improving access to healthy food in an underserved neighborhood. Helped select and advise organizations involved in the competition.
- Presented a series of classes at a branch of the Greenville County Library System on growing and preparing healthy food. The location drew attendees from underserved neighborhoods and from mill neighborhoods involved in redevelopment focused on healthy living.
- Taught classes at Enoree Career Center that focused on healthy food preparation.
- March 2015: Appeared on the Peggy Denny Show to present a class on container gardening that targeted people who do not have access to land to grow healthy food.

2016

- Two sessions were taught on Choosing and Starting Seeds, and one each of Planting Your Spring Garden, Planning Your Summer Garden, and Growing Herbs and Spices, all at Swamp Rabbit Cafe and Grocery.
- Continuous collaboration with Sterling Pride Farms to assess their sites (existing and new plots), to provide educational opportunities and resources to them, and to identify someone who could prepare their planting site, since they do not have equipment at this time.
- Classes were also taught on an EarthBox planting class at the local Golden Strip Career Center for their culinary students, where Bon Secours donated four organic EarthBox kits.

Objective 2: To reduce the incidence of chronic disease related to smoking in Greenville County.

Strategy 1: St. Francis downtown will identify 2 evidence-based approaches to tobacco cessation or prevention.

2014/2015

1. Health Care Provider Reminder Systems – BSSFHS has contracted with Phytel to provide reminder systems to patients who currently use tobacco
2. Cessation programming – BSSFHS has adopted the FreshStart (ACS program), that will be used in the following settings: Hospital-based services, Business Health Services, Bon Secours Medical Group, the Institute for Chronic Health and Community Outreach.

Strategy 2: St. Francis downtown will engage appropriate partners in tobacco prevention and cessation programs.

2014/2015

Appropriate partners include: Phytel (provider reminder technology), American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), the Institute for Chronic Health, Bon Secours Medical Group, and Business Health Services to deliver the evidence-based approaches above.

Strategy 3: St. Francis downtown will help implement smoking prevention or smoking cessation programs targeted to Greenville residents who smoke.

2015 Update

2014/2015

The FreshStart program will be rolled out to hospital-based services, Business Health Services, Bon Secours Medical Group, the Institute for Chronic Health, and Community Outreach by the last quarter of FY2016

2016 Update

FreshStart will now be replaced with the QuitSmart program. A pilot will start in the last quarter of 2016, serving approximately 10 clients at the Greenville free Medical Clinic (creating better access to services) who show some readiness to stop tobacco use. A certified instructor from the Bon Secours Pulmonary Rehabilitation department will deliver instruction.

Objective 3: To provide prevention education and screening opportunities to Greenville County residents that reduce the incidence of Cancer in Greenville County.

Strategy 1: St. Francis downtown will established one cancer prevention program that is consistent with evidence-based guidelines for cancer prevention.

and

Strategy 2: St. Francis downtown will establish one screening program targeted to decrease the number of patients with late-stage disease that is consistent with evidence-based national guidelines and interventions.

| |
|---|
| <p>2014</p> <p>October 26, 2013 – Cancer Screening & Education Day</p> <p>(Oral, Head, Neck, and Prostate Cancer screenings and Breast and Lung/Respiratory education).</p> <ul style="list-style-type: none"> • 37 participants • Approximately 40 people attended the event (low attendance likely due to weather, poor PR methods) • 7 men were screened for prostate cancer. 1 man was diagnosed with an enlarged prostate, one had an abnormal DRE, and 2 had elevated PSAs. A nurse followed up with each patient with concerning findings. • 29 people were screened for head and neck cancer. 11 people made follow-up appointments due to precarious findings. <p>2015</p> <p>May 16, 2015 – Cancer Screening & Education Day</p> <p>(Skin, Oral, Head, Neck, Hearing, Prostate and Breast Cancer screenings)</p> <ul style="list-style-type: none"> • 152 Skin Cancer screenings performed (84 basal cell carcinomas, 7 squamous cell carcinomas. And 5 melanomas were discovered. 35 biopsies were recommended and 61 referrals were made) • 72 Oral, Health, & Neck Cancer screenings performed (1 enlarged lymph node, 2 neck masses, and 1 thyroid enlargement were discovered. 10 referrals were made) • 50 Prostate Cancer screenings (PSAs were delivered at time of DRE. (2 elevated PSAs with abnormal DRE findings were discovered. 10 referrals made.) • 14 Mammograms performed (one suspicious mass found, follow-up encouraged. One referral was made). <p>2016</p> <p>N/A</p> |
|---|

Strategy 3: St. Francis eastside will provide screening and diagnostic mammograms, breast ultrasounds, and breast stereotactic biopsies to qualifying low-income women in Greenville County at no charge. [Number of women receiving services will be limited by funds received.]

2014

Diagnostics:

- 167 Screening mammograms
- 72 diagnostic mammograms
- 49 breast ultrasounds
- 7 stereotactic biopsies
- 15 breast ultrasound biopsies
-

Results:

- 3 cancers were diagnosed
- 2 atypical ductal hyperplasia

2015

Diagnostics:

- 239 Screening mammograms
- 158 diagnostic mammograms
- 110 breast ultrasounds
- 4 stereotactic biopsies
- 26 breast ultrasound biopsies
-

Results:

- 3 cancers were diagnosed
- atypical ductal hyperplasia

2016

- N/A

PRIORITY 2: Oral Health

Objective 1: Increase the number of at-risk children and adults in Greenville County receiving oral health education and services over three years by 10%.

Strategy 1: St. Francis will recruit two new host sites for oral health education and services.

2014

Bon Secours St. Francis Health System recruited 2 new sites in FY2014:

- *Mt Pleasant Community Center*
- *Nicholtown Community Center*

2015

Bon Secours St. Francis Health System recruited 2 new sites in FY2015:

- *Our Lady of the Rosary community*
- *City View community*

2016

Bon Secours St. Francis Health System recruited 2 new sites in FY2015

- *Bon Secours Wellness Arena with the Healthy Smiles event*
- *Pleasant Valley Connections Center*

Strategy 2: St. Francis downtown will provide a Comprehensive Oral Health teaching toolkit to at-risk children in the Greenville community with a concentration in February.

One year update:

2014

- 3,950 adults and children have received education and services through the Oral Health Program.
- The now re-named Comprehensive Oral Health Teaching toolkit (formerly Tooth Tales) was developed in FY14

High-school-age students were recruited from the local career center to learn about the oral health profession. These high schoolers are trained by a licensed dentist to educate younger elementary students on oral health prevention strategies, using a Comprehensive Oral Health Toolkit. The elementary students receive valuable oral health prevention education and the high school students receive school credit for providing the education and well as experience in the oral health field. This creates a very mutually beneficial relationship, and has resulted in positive outcomes. Details of the Toolkit are outlined in Strategy 3.

2015

- 3,656 children and adults have received education and services through the Oral Health Program.

2016

- Since September 1st, 2015, 2,028 children and adults have received education and services through the Oral Health Program. Dr. Dana Parker, Mobile Dental Unit Dentist completed oral health education in one pre-school class of 25 in March with Tooth Times.

Strategy 3: St. Francis downtown will develop a comprehensive oral health teaching toolkit for host sites to use on a continuing basis with new and established child clients.

Completed in 2014

- The Comprehensive Oral Health teaching toolkit was developed to include the following:
 - Puppets for brushing demos
 - Happy molar brushing timer
 - Tooth-friendly snacks game
 - Folder with master copy of games, songs, activity and coloring sheets
 - Storybook: Berenstain Bears Visit the Dentist
 - Demo infant toothbrush
 - 3 educational DVDs

There are 9 Toolkits to be used among 10 Career Center students. Two Title 1 schools are participating in this education program: Welcome and Alexander Elementary.

Welcome Elementary had six Kindergarten classes participate. Each class received 25 oral hygiene bags complete with dental floss, a toothbrush, and toothpaste. A total of 150 students were served at Welcome.

Alexander had four Kindergarten classes, four 1st grade classes, three 2nd grade classes and four 3rd grade classes participate. Each class received 20 bags with a total of 200 bags distributed.

2016 Update:

The Oral Health *Tooth Times* teaching kits will be used over the summer. MUSC students are scheduled on the mobile dental unit 2 days a week over the Summer, and will be serving the community through pediatric oral health education beginning May, 2016. The Bon Secours Wellness Arena is planning to host an oral health educational event this Summer. The Center for Developmental Services (CDS), a strong community partner of BSSFHS, will be hosting the *Tooth Times* monthly on site with bilingual educational opportunities for the Hispanic families.

PRIORITY 3: Access to Quality Health Care Services

Objective 1: Reduce at least one barrier to accessing primary and preventive care services for

75% of clients served in the underserved, Hispanic community of San Sebastian, the underserved, unsheltered community at Triune Mercy Center, and the low-income underserved community of Mercy Housing’s Mulberry Court.

Strategy 1: St. Francis downtown will provide nursing and social support to individuals and families.

2014

- 1,312 referrals were made to appropriate places of care
- There were 739 emergency department visits averted.
- 192 clients were given vouchers for 450 prescriptions
- 297 clients were provided transportation assistance

CHO was able to reduce at least one barrier to accessing primary and preventive care services for 100% of clients served.

2015 *This fiscal year, a pilot was started to provide education and services to groups of people rather than private consultations. This was intended to cast a greater net out into the community to reach more people. Below are the results of this pilot year. In FY2016, the group has decided to re-implement the original model of education and services by returning to private consultations.*

- Through our events and screenings we have reached over 4100 people in the community.
- 24 Surgeon for Sight Vision Screenings screening 257 clients, and 83 referred to Southern Eye Associate
- Surgeons for Sight IVAN provided vision screenings at San Sebastian community to 17 clients and Sterling community to 20 clients
- Mobile Dental Unit provided screening and services to 221 clients in the San Sebastian, Triune Mercy, Sterling, Mt. Pleasant Community, First Christian Fellowship, Antioch Baptist communities.
- 350 Flu Vaccines given to the Triune, San Sebastian, Greenville Rescue Mission, and BSWA communities.
- Health and Wellness Education provided to 100 men of the Sterling community through a Lunch and Learn meeting.
- Diabetes Self-management education classes offered in Spanish and English to 98 clients of the Greenville Free Medical Clinic and Sterling communities.
- Access to Care education offered in the communities assisting 240 clients find primary care homes.
- Wellness and Health Promotion events held serving over 2300 members of the communities. These events include seasonal safety, nutrition, physical activity, household safety, family support and skill building, cancer prevention, oral health, housing options, and heart health education.
- A total of 29 underserved/uninsured community members received medication vouchers.

2016

- 3093 clients were seen in the community by Wellness Nurses and Social Workers.
- 143 referrals made to appropriate primary care providers.
- SFS held 14 vision screenings, and screened 145 people, and referred 45 people to Southern Eye for further treatment.
- Surgeons for Sight IVAN provided vision screenings to 40 participants from the SS community. A screening event in the Sterling community is planned for April 2016.
- Mobile Dental Unit provided screening and services to 91 participants from the following communities: San Sebastian, Triune Mercy Center, First Christian Fellowship, Antioch, and the Center for Community Services.
- Over 500 Flu Vaccines given to the Triune, San Sebastian, Greenville Rescue Mission, and BSWA communities.
- A total of 22 underserved/uninsured community members received medication vouchers.
- Over 150 transportation vouchers provided to low-income community members lacking personal transportation.

Objective 2: Expand the capacity to provide primary care medical services to low-income, uninsured residents of Greenville County by 20%.

Strategy 1: St. Francis downtown has placed a nurse practitioner at Greenville Free Medical Clinic 36 hours/week (beginning April 2013).

2014

- 13,539 total patient visits
- 4,165 being unduplicated
- 1,390 new patients were seen
- 1,096 nurse consults/small group health education classes were held
- 40,716 prescriptions and refills were made
- Because of the addition of the NP (nurse practitioner), patients are being seen, followed, and receiving consistent care and follow-up.

2015

From start date (April 2013) through August 31, 2015, the nurse practitioner (NP) placed at the Greenville Free Medical Clinic has seen 1,419 patients, for 3,443 patient visits. The number of visits per patient ranges from 1 to 15 (she has seen several on a regular bases from the start date, as well as seeing some new first-time patients recently). This is capacity above and beyond what is and has been available from the Greenville Free Medical Clinic volunteer providers. In addition, the NP has been a preceptor for the NP clinical rotations for Clemson University students, who have provide an additional care to approximately 1,000 patient-visits.

2016

Nurse Practitioner 2,172 patient-visits in calendar year 2015

Total clinic patient-visits = 13,999 (11% increase over calendar year 2014)

Total patients = 4,040

Prescriptions = 40,526 – valued at \$6.3 million (more of the rx are 90-day supply now due to new pharmaceutical partners/availability, resulting is significantly more medicine dispensed even though rx # looks roughly the same)

Additional supplemental/ancillary services now available: mental health counseling, expanded satellite clinic hours/capacity, additional health education/diabetes education offered, improved and expanded Spanish medical interpretation and Spanish patient nurse counseling

PRIORITY 4: Population-Based Health Data Management and Evaluation

Objective 1: Develop a system/process for integrating population-based data between the hospital and community-based hospital services

Strategy 1: St. Francis will inventory existing methods of data collection between the hospital and community-based hospital services.

2014/2015/2016
Epic has been identified as the preferred software system to integrate ambulatory and hospital-based services with community-based services.

Strategy 2: St. Francis downtown will research best practice models and technologies for integration.

2014/2015/2016
Ambulatory, home health, and hospice products by Epic have been identified to potentially meet the data-sharing needs between community services and hospital-based services.

Strategy 3: St. Francis downtown will have a system/process developed.

2014/2015/2016
Implementation is unknown. The system and process are developed. Currently waiting on funding and board approval to move forward.

Objective 2: Develop an evaluation plan for measuring St. Francis downtown’s impact on community-based personal services in the vulnerable/at-risk community of Spanish-speaking San Sebastian.

Strategy 1: St. Francis downtown will research best practices in evaluating programs and services based in the vulnerable/at-risk community of Spanish-speaking San Sebastian.

2015 Update:

2014/2015
Changes affecting direction of this strategy:
South Carolina did not expand Medicaid. In order to better manage the chronically ill, uninsured high-utilizers of hospital emergency services, the SC Department of Health and Human Services created the Healthy Outcomes Program (HOP). This program works to financially support systems that will deliver consistent and appropriate care to the most vulnerable citizens of our community.
This program has allowed BSSFHS to not only better manage care of this fragile population, but also develop a structure by which we track and evaluate program success through specific indicators. Currently, we have 540 patients enrolled in the program. Patients are identified, assessed, and quickly placed in primary care. Each patient is carefully managed for their health, social, and behavioral needs by a nurse case manager.
While this program is not specific to the San Sebastian community, rather Greenville County as a whole, it nonetheless reaches the San Sebastian community and others at high risk for poor health outcomes.

Strategy 2: St. Francis downtown will implement evaluation plans.

2014/2015/2016

Evaluation measurements through the HOP data reports are currently taking place. Additionally, a system for measuring utilization of HOP patients using hospital-based services is currently being established. Decrease in use of hospital-based services by this population will indicate positive program impact.