



Community Health Needs Assessment

Bon Secours St. Francis Health System

September 2019 – December 2019

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Other Documents on File

- Survey results report
- Survey tool
- Focus group/discussion groups full report and notes

Executive Summary

Background and Purpose

Bon Secours St. Francis Health System, located in Greenville County, South Carolina, is one of the leading health care providers serving the health care needs of those in Greenville County.

With a mission to ***extend the compassionate ministry of Jesus by improving the health and well-being of our communities and brings good help to those in need, especially people who are poor, dying and underserved***, Bon Secours St. Francis Health System is dedicated to improving the health of the community by providing high-quality care and community service.

In 2013 and 2016 Bon Secours St. Francis Health System completed its 3-year Community Health Needs Assessments (CHNA) and corresponding Implementation Plans. The resulting assessments have been utilized to document community need and link those needs to community benefit efforts of the health system. The needs assessments assist the health system in planning and prioritizing its community benefit investments. These documents have been made available to the public and posted online.

In 2019, Bon Secours St. Francis Health System, began the development of its CHNA for Greenville County. The effort focused on assessing community health needs, local health resources, barriers to care, gaps in services, and trends regarding health and healthy lifestyles. In addition to reviewing data collected, a leadership team also reviewed progress made toward goals developed in the 2016 CHNA Implementation Plan.

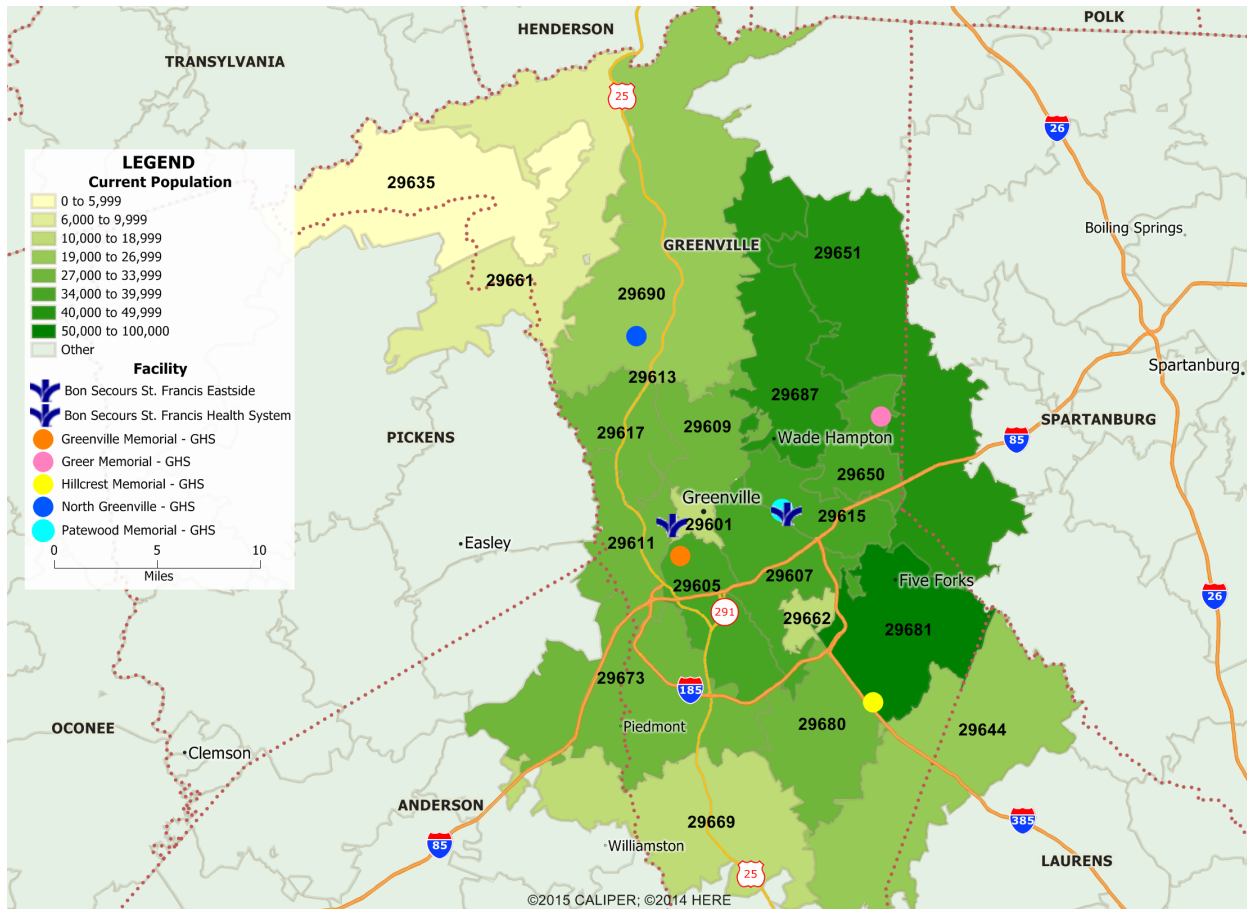
Bon Secours St. Francis completed its prior CHNA for tax year ending August 31, 2016, and its implementation strategy will be approved by the Board and in place by January 15, 2020. In order to align all hospital year-ends within the Bon Secours Mercy Health, Inc. system, a short period CHNA for tax year was prepared and was approved.

The hospital has not taken any actions towards the CHNA completed as of August 31, 2019 as its implementation strategy was still in development and not yet approved by the Board. Therefore, the hospital has included the actions taken in the previously filed CHNA for tax year ending August 31, 2016.

Like previous years, this 2019 CHNA will be utilized to document community need and link those needs to community benefit efforts and priorities of the health system.

Bon Secours St. Francis Health System 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 team and was instrumental in helping identify a prioritization process that led to the top priorities for health improvement. For a list of the 2019 CHNA Community Advisory Board members who convened to complete this process, please see the Appendix.

Bon Secours St. Francis Health System Service Area



About the Research

A community-based approach was taken to complete the Community Health Needs Assessment. Data was collected as outlined below from primary and secondary sources during the time period of April 2019 – July 2019. National, state, and county-specific data was collected from a broad set of reliable data sources. Additional attention was placed on assessing Healthy People 2020 Leading Indicators, review of the previous CHNA data, and gathering information from community residents, providers of health and human services, and other stakeholders and representatives of Greenville County. Efforts were made to ensure that the research was conducted in a manner that was representative of the communities within Bon Secours Mercy Health's service area.

Research methods were conducted in an approach that incorporated both quantifiable and qualitative data to get a well-rounded view of the state of the community's health.

Data collection methodology, tools, and data sources utilized in 2019 were consistent with those used during previous CHNA studies to allow for appropriate comparisons between time periods.

1. Collection of **statistical (secondary, quantitative) data** at national, state, regional and local levels – key data sources included Census Bureau American Fact Finder, Healthy People 2020, Robert Wood Johnson County Health Rankings, Centers for Disease Control, and South Carolina DHEC biostatistics, vital records, county health profiles and hospital discharge data. Dates of data collected ranged from 2000 – 2018. For each indicator, data was pulled for the most recent year available. To assess trends and progress, data points were compared to data pulls from the previous CHNA study when updated data points were available. A more detailed list of data sources is included in the Appendix of this report.
2. Collection and analysis of **qualitative data** was completed through a community survey, a town hall meeting and a stakeholder focus group. Qualitative data was collected by the Johnson Group, the consulting firm that completed the qualitative data in previous studies as well. Qualitative data was collected as below:
 - Community Survey – completed by 1,014 individuals; survey respondent characteristics are on the following page. (January - March 2019)
 - Town Hall meeting – discussion among leaders of social service agencies, senior health groups, free medical clinics and others in tune with the needs of at-risk populations in Greenville County. (April 2019)
 - Community Focus Group - consisted of neighborhood leaders, organizers and advocates. This group represented the interests of urban and suburban residents, mostly from less

affluent communities that are home to lower-income families, minority families and the elderly.

- Stakeholder Focus Group – small group discussion with additional health and social service providers.

COMMUNITY SURVEY RESPONDENTS		
Method	paper survey	14%
	by phone	27%
	on-line	59%
Age	under 25	5%
	25-39	22%
	40-54	33%
	55-64	19%
	65-79	18%
	age 80+	3%
Gender	Female	60%
	Male	40%
Race/Ethnicity	white	65%
	black	23%
	Hispanic	9%
	other	3%
Income	Under \$25,000	25%
	\$25,000 - \$49,999	25%
	\$50,000 - \$74,999	22%
	\$75,000 - \$99,999	11%
	1\$100,000 and above	17%
Education	No high school	8%
	High school only	23%
	Some college	20%
	2-year degree	12%
	4-year degree or higher	36%
Health Coverage	Uninsured	18%
	Medicare	22%
	Medicaid	10%
	Private Insurance	47%
	VA Benefits	2%

The assessment was completed in partnership and with local public health professionals, health and human service agencies, the South Carolina Hospital Association and Bon Secours St. Francis Health System leaders and board.

Summary of Findings

 IMPROVEMENT (compared to Greenville County past)	 GOTTEN WORSE (compared to Greenville County past)
<ul style="list-style-type: none"> • Economic Indicators (poverty, unemployment, income) • Health Environment (access to food, exercise opportunities, air pollution) • Smoking Cigarettes • Teen Pregnancy • STDs • Overall Youth Risk Behavior • Health Care Access (insurance, delay of care, person to provider ratios) • Cancer Mortality • Cholesterol Check/Awareness • Crime 	<ul style="list-style-type: none"> • E-cigarettes/vaping • Alzheimer’s • Excessive Drinking • Drug Overdose Deaths • Motor Vehicle Collisions • Cancer Prevalence • Diabetes Prevalence and Deaths • Mental Health • Suicide • Asthma
 POSITIVE HIGHLIGHTS (incorporating comparisons to state, nation and community feedback)	 AREAS OF CONCERN (incorporating comparisons to state, nation and community feedback)
<ul style="list-style-type: none"> • Economic indicators (poverty, unemployment) • Health Environment • Health Care Access • Cancer Mortality • Teen Pregnancy • Safety/Crime 	<ul style="list-style-type: none"> • E-cigarettes/vaping • Alzheimer’s • Alcohol/Drug Abuse • Mental Health • Suicides • Homelessness • Transportation • School Safety • Health Equity • Health Access for Underserved Populations • Major disparities for Black population: diabetes, cancer deaths, obesity • Major disparities for Hispanic population: teen pregnancy, health insurance/access • Economic mobility and gentrification

General Social Characteristics

- Greenville County has experienced much growth over the past several years, with a growth rate double that of the United States and significantly higher than the growth rate of the state of South Carolina. In addition, Greenville County has the largest population and population density than any other county in South Carolina, with Richland and Charleston Counties being the next highest populated counties.
- The Latino population in Greenville County has increased 1336% since 1990, as compared to 746% across the state.
- Compared to the nation and state, Greenville has lower percentage of population in the 45 -65 and 65 and above age categories.
- Greenville County's educational attainment trend findings reflect a positive increase in the percent of the population 25+ who have obtained some college or associates degree and a decrease in the percentage of the population who fail to graduate high school.
- Greenville County ranks poorly in terms of high school dropout – 32nd out of 46 counties (with 46 being worst).
- Poverty rates have continued to steadily decline since 2014, and Greenville has lower poverty rates than the state and nation.
- Unemployment is at a record low, and Greenville's unemployment rates are lower than the state and nation.
- The violent crime rate has decreased since 2014 and is now lower than that of the state. 75% survey respondents indicated they feel like Greenville is a safe place to live.
- School safety is the top increasing safety concern in the county.
- Greenville County ranks 5th best county in the state for child well-being indicators.
- 71% Greenville County residents ranked quality of life in Greenville as good or very good; this ranking of good or very good does decrease among minority populations: white: 78%, black 62%, and Hispanic 57%.
- The top 5 community priorities indicated by community survey respondents are: 1) homelessness, 2) education, 3) access to healthcare, 4) alcohol/drugs, and 5) transportation. Focus groups also indicated affordable housing, gentrification and economic mobility as concerns.

General Health Rankings

- According to the County Health Rankings and Roadmaps, Greenville County ranked in the Healthiest Tier among SC counties for both Health Outcomes and Health Factors. Greenville ranks 5th best for Health Outcomes and 2nd best for Health Factors
- In South Carolina, measures of length and quality of life indicate that Asian/Pacific Islanders and Hispanic are healthier than those living in the top ranked counties; American Indians/Alaskan Natives and Whites are most similar in health to those living in the healthier quartile of counties; and Blacks are most similar to those living in the least healthy quartile of counties.
- Since the last CHNA, Greenville has improved on all health environment indicators assessed: air pollution, food environment index and food insecurity, and access to exercise opportunities.
- 65% of survey respondents ranked their own health as very good or excellent compared to only 45% of those without insurance and 42% of those with income under \$25,000
- Residents from zip code areas 29611 and 29605 tend to rank health and quality life status lower than other zip code areas assessed in the community survey.
- There is a general sense in the community that Greenville is a healthy place to live with a clean environment, opportunities for walking and biking, access to healthy foods and good places to go for health care.

Healthy Lifestyles and Risk Factors

- Smoking cigarettes has decrease among Greenville County adults and youth, however, there is concern over significant increased use of vaping products, particularly among youth.
- Overall youth risk behaviors, according to the YBRS, have declined.
- 64.5% of those in Greenville County are either overweight or obese, meaning only 1 in 3 are living at a healthy weight. In addition, South Carolina ranks the 10th worst state in the nation for obesity.
- There has been a significant trend of decreasing teen pregnancy rates in Greenville County. However, the teen birth rates of Hispanic population are double that of both white and black populations.
- South Carolina rates 5th worst in the nation for STDs, yet Greenville ranks better than the state and the nation and has seen declining cases of STDs.
- Greenville ranks positively when compared against the state in most healthy lifestyles and risk factor.

Health Outcomes - Morbidity and Mortality

- Heart disease continues to be the leading cause of death in Greenville, the state and the nation, followed by cancer.
- Death rates associated with Alzheimer's and Suicide are higher ranked among the top ten in Greenville than in the state and the nation.
- Greenville ranks 39th worst in the state for Alzheimer's deaths.
- Greenville ranks 39th worst in the state for Accidental Drug Overdose deaths.
- Infant mortality has remained stable, however, the black population has more than double the infant mortality rate than white and Hispanic populations.
- There is a significant increased rate of cancer death rates among the black population compared to other races/ethnicities, even though the cancer incidence rates for the white population is higher than the black population. The Hispanic population has the lowest incidence and death rates from cancer.
- Prevalence of diabetes continues to climb. The death rate for diabetes among the black population is more than double that of both the white and Hispanic populations.
- Asthma rates have increased.

Mental Health and Substance Abuse

- Emergency department visits and costs for mental illness have increased each year since 2011. During this same time period, there has been an increase in the number of youth age 10-17 with emergency room visits for mental illness, which also represents an increasing proportion on the total number of emergency room visits for mental illness that are from youth patients.
- Greenville County residents have reported increased poor mental health days each month.
- In the community survey, top barriers to mental health care included cost of treatment, lack of health insurance, transportation, long wait lists, lack of resources.
- In the community survey, when asked about health programs that are meeting the needs of the community, mental health programs ranked the lowest.
- The rate of drug-induced deaths has doubled in South Carolina since 2008.
- Similar to the nation, opioid-related hospital use and inpatient stays have been increasing steadily since 2007.

Health Care Access

- Health Access indicators have improved, inclusive of a decline in those without insurance.
- Greenville County with some areas classified as medically underserved and provider shortage areas, MUA/Ps, but Greenville County has much fewer MUA/P designations than the rest of the state.
- Focus groups reported feeling there has been an increase in health care resources and services than in the past, and health care services, in general, are of high quality in the Upstate.
- Focus groups identified health disparities, health equity, diversity of providers and cultural competency of care a concern.

Identified Health Priorities

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

- 1) secondary, quantitative statistical data,
- 2) primary, qualitative community feedback, and
- 3) current community and Bon Secours St. Francis Health System health-specific assets.

In addition to review of the above, meetings with stakeholders were facilitated to review the assessment findings and identify priorities and potential actions. To select priorities and related strategies, the stakeholders and leadership group participated in a session that included the following activity:

- Review of data and community feedback
- Participation in the Live Healthy South Carolina data Walk Process
- Group selection of criteria and considerations for determining priorities. The group agreed that priorities selected should:
 - Fit within the social determinants of health
 - Be supported by data and community feedback
 - Be feasible for the health system to address
 - Offer the opportunity to work with and through local partnerships and resources
 - Align with and support or complement the current work on priorities selected during the 2016 CHNA
 - Align with the hospital's priorities
 - Have the potential for addressing health disparities
 - Offer opportunities to apply an equity focus throughout strategies developed
- Group priority selection
- Identification of potential strategies and potential partners utilizing a matrix to map low-to-high effort and low-to-high impact actions

In considering the above, the following priorities below were selected in 2019 for which to develop specific community benefits and wellness strategies.

1. Affordable Housing/Affordable Living
2. Behavioral Health
3. Obesity and Related Chronic Conditions

Note that these are the similar priority categories as were selected during the last CHNA process. During the prioritization process, it became clear that while a lot of progress has been made on these three priority areas, the data and community feedback indicated that there was still work to be done. Continuing to focus on these three areas will allow the hospital system and community to build on the momentum that has been created and expand upon and develop additional strategies in a focused manner.

Strategy updates and additions will be developed to continue the work on these priority areas. Updated strategies will address some overarching issues that surfaced out of this 2019 CHNA report. These issues were of high importance to the prioritization group and were identified as those to be interwoven and addressed within each of the three priority areas. These include:

- Access to services
- Equity
- Focus on Disparities
- Prevention
- Impact of Gentrification

Strategic initiatives to address each of these identified needs are currently being developed and will be made available to the public and posted on the Bon Secours St. Francis Health System website, <https://bsmhealth.org/mission-values/>

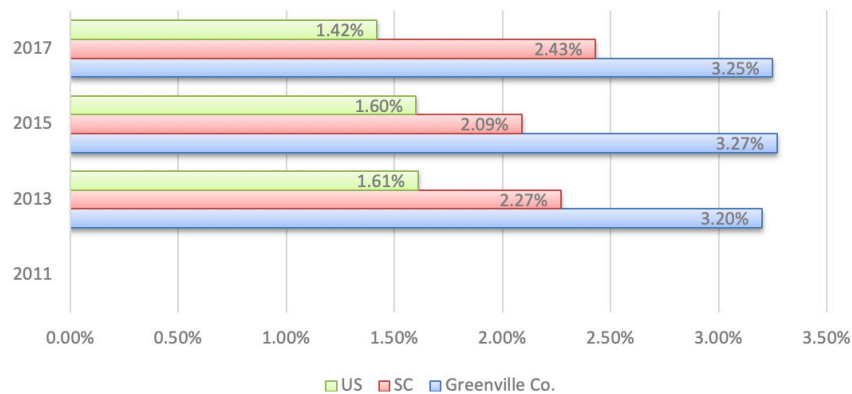
Data Demographics Profile - GREENVILLE COUNTY

Population

Population Growth

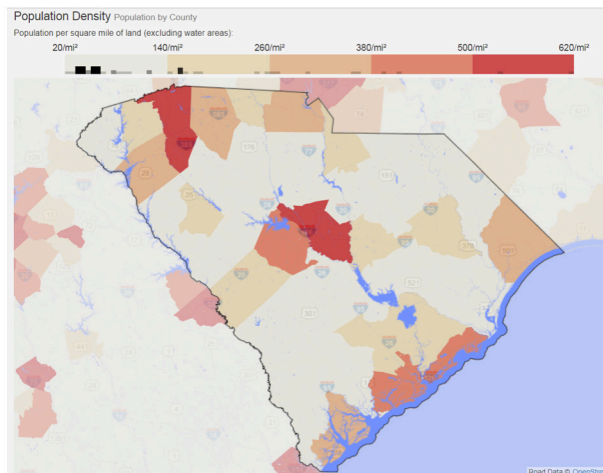
According to the US Census Bureau 2018, 1-year population estimate, Greenville County has a current population of 514,213 individuals. Greenville County has experienced much growth over the past several years, with a growth rate double that of the United States and significantly higher than the growth rate of the state of South Carolina. In addition, Greenville County has the largest population and population density than any other county in South Carolina, with Richland and Charleston Counties being the next highest populated counties.

% population growth every 2 years since 2011



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

Population Density in South Carolina by County

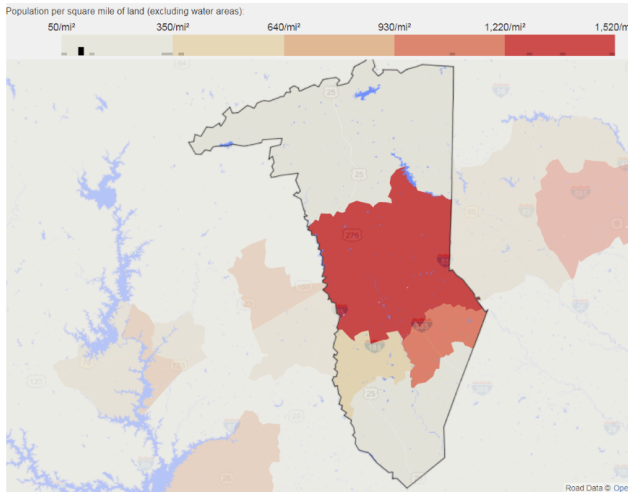


Source: Statistical Atlas utilizing U.S. Census Bureau data

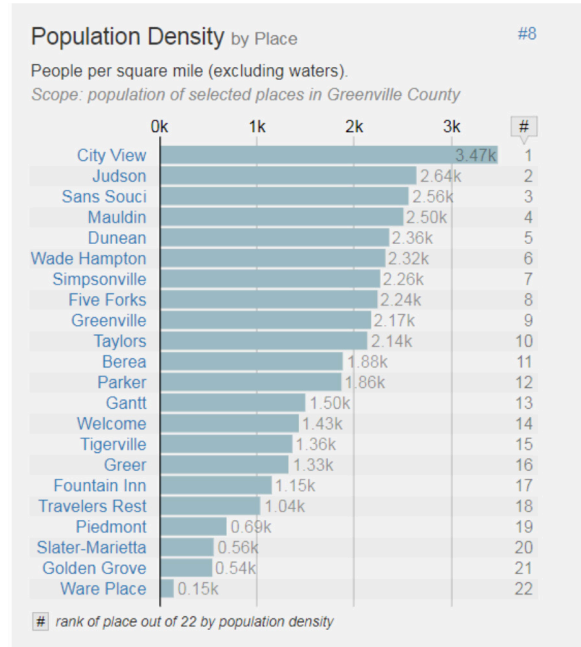
	Population
Greenville County	514,213
Richland County	414,576
Charleston County	405,905

Source: US Census Bureau, ACS 1-year estimate, July 2018

Greenville County Population Density by Place



Source: Statistical Atlas utilizing U.S. Census Bureau data



Race and Ethnicity

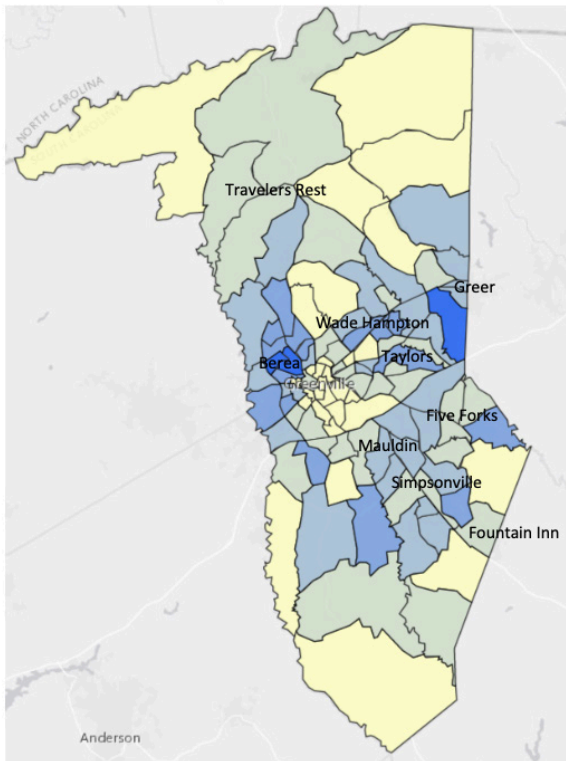
Three-fourths of the Greenville County population is white, similar to the nation. Greenville County has a higher percentage of Black/African American population than the nation, but lower than the state. There is a slow, but steady increase in minority populations in Greenville County.

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

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

Hispanic or Latino

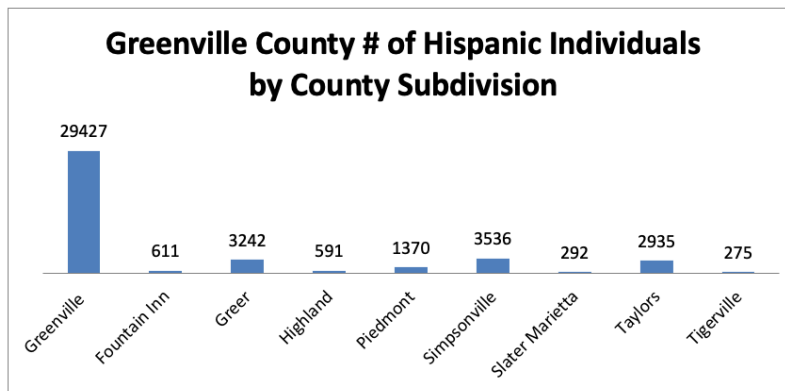
Greenville County Hispanic Population by Census Tract



According to a 2017-18 community assessment entitled Hispanics in Greenville, conducted by the Hispanic Alliance and Furman University, the Latino population in Greenville County has increased 1336% since 1990, as compared to 746% across the state.

- 50% of Latinos in Greenville are native to the US, and 43% are foreign-born.
- 91% of Latinos in Greenville County under the age of 18 are US Citizens.
- 11% of Hispanics in Greenville are under 5 years old compared to 6% of the general Greenville County population.

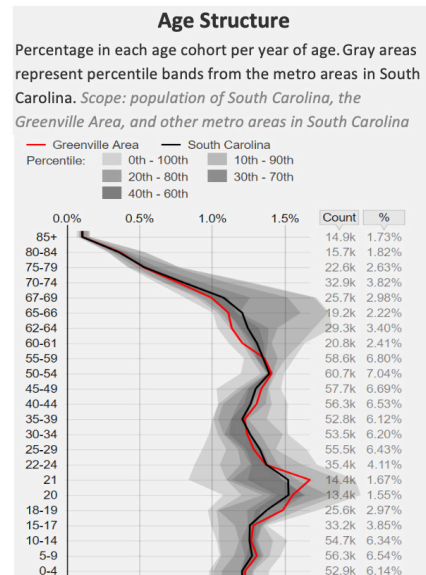
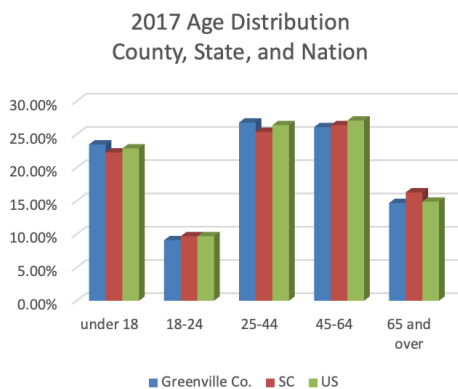
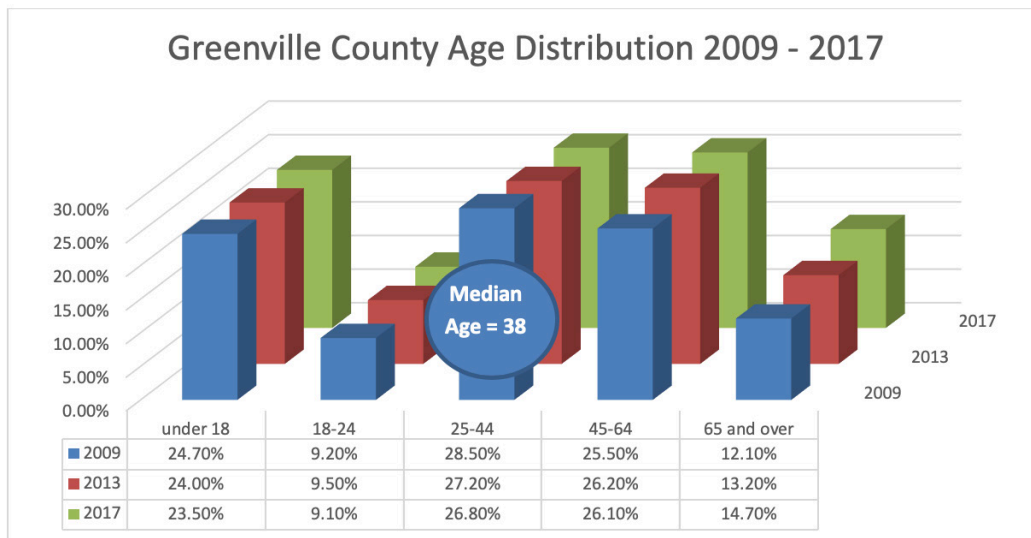
% Population that is Hispanic			
	Greenville County	South Carolina	United States
2010	7.4%	4.6%	15.7%
2013	8.3%	5.2%	16.6%
2017	8.8%	5.5%	17.6%



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates; Hispanic Alliance, Hispanics in Greenville, A Community Needs Assessment Evaluating the Current State of the Hispanic/Latino Community in Greenville County, 2018 research conducted by Furman University

Age

The median age of Greenville County is 38.0, up from 36.9 in 2010. This is similar to that of the nation (37.8) and the state (39.0), with both the US and Greenville County increasing approximately 1 year since 2010 and South Carolina increasing by approximately 2 years since 2010. The age distribution has remained steady over the past few years. Compared to the nation and state, Greenville has lower percentage of population in the 45 -65 and 65 and above age categories.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2013-2017, 2009-2013, 2006-2010, 2005-2009; U.S. Census Data, Population Mapping, Statistical Atlas

Education

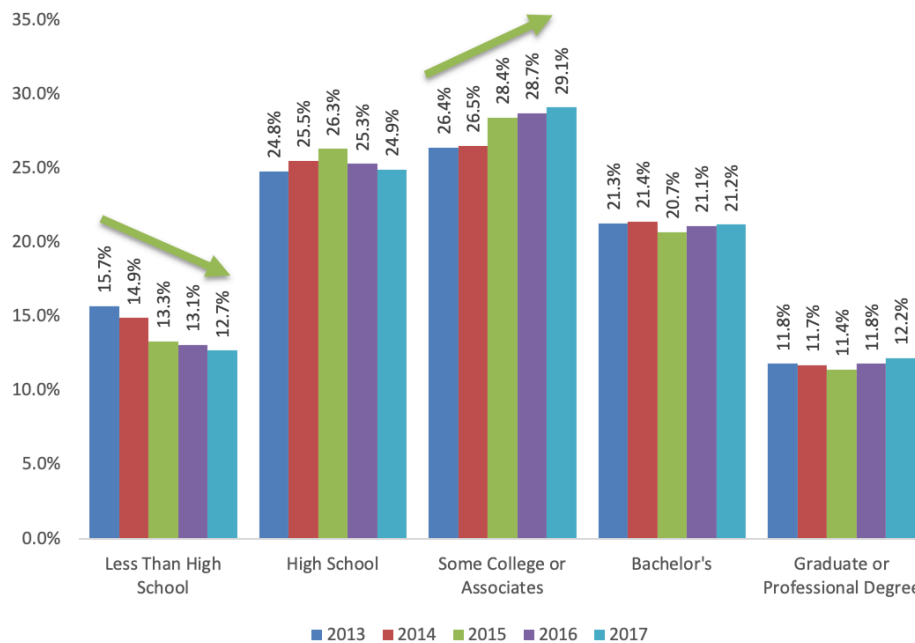
The educational status of the population is one of the strongest predictors of the quality of life in the community. There is a strong correlation between educational attainment and health outcomes, crime, poverty, employment rates, and economic development.

-Upstate Metropolitan Studies Institute

Educational Attainment

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

Greenville County Educational Attainment Trend 2013-2017



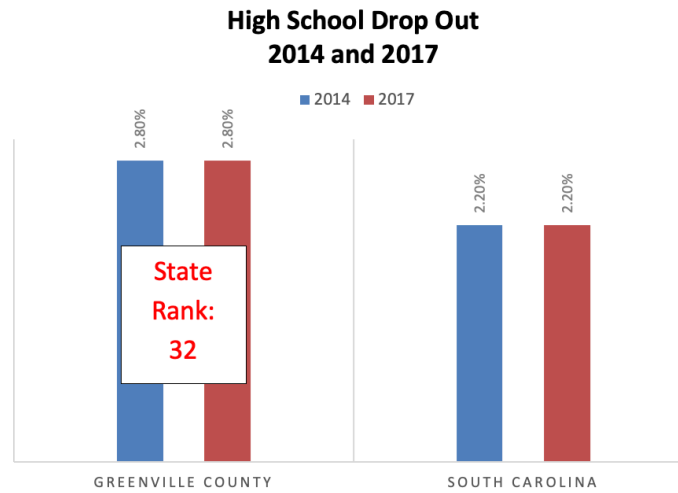
Source: US Census Bureau, American Fact Finder 2013, 2014, 2015, 2016, 2017 5-year Estimates

Greenville County's educational attainment trend findings reflect a positive increase in the percent of the population 25+ who have obtained some college or associates degree and a decrease in the percentage of the population who fail to graduate high school. The percentage of the population who has obtained a bachelor's or graduate degree has seen little change over the past 5 years.

Educational Attainment 25 years old + Similar-Size Counties, SC & US 2017			
	No High School Diploma or Equivalency	High School Graduate or Higher	Bachelor's or Higher
Charleston County	8.9%	91.1%	46.8%
Richland County	9.3%	90.7%	39.2%
Greenville County	12.7%	87.3%	33.2%
South Carolina	13.5%	86.5%	28.5%
United States	12.6%	87.4%	34.4%

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

High School Drop Out



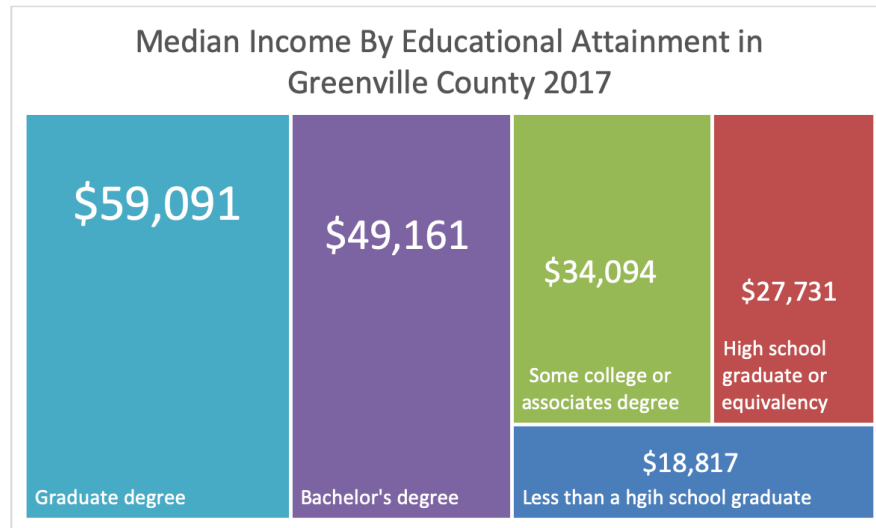
Source: Annie E. Casey, SC Kids County Report and Data Set Search

According to the Kids County 2018 South Carolina Child Well-Being Data Profile for Greenville County, Greenville County ranks low in terms of high school dropout – 32nd out of 46 counties (with 46 being worst). However, Greenville County ranks 7th best in the state when considering the percentage of third graders testing below state standards in English/Language Arts and 9th best in state when considering the percentage eighth graders testing below state standards in math.

Economic Indicators

Income

- Median Household Income
 - o \$57,882 Charleston County
 - o \$57,652 United States
 - o \$53,739 Greenville County (up from \$49,968 in 2014 and \$46,830 in 2010)
 - o \$52,082 Richland County
 - o \$48,781 South Carolina
- Per Capita Income
 - o \$31,177 United States
 - o \$35,587 Charleston County
 - o \$29,132 Greenville County (up from \$27,097 in 2014 and \$25,931 in 2010)
 - o \$28,018 Richland County
 - o \$26,645 South Carolina



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates; Median Earning in the Past 12 Months, 25 years and older.

Poverty

Poverty by County, State and United States 2011, 2014, 2017									
	% of People in Poverty			% Children 18 and Under in Poverty			% Female Households (no husband present) w/related children (18 and under) in household		
	2011	2014	2017	2011	2014	2017	2011	2014	2017
Greenville County	14.7%	15.8%	13.5%	21.6%	24.2%	19.3%	39.2%	46.9%	40.3%
Richland County	15.9%	17.2%	16.7%	19.3%	22.0%	22.5%	35.1%	37.4%	38.3%
Charleston County	16.8%	18.1%	15.3%	21.1%	26.9%	22.8%	41.4%	48.8%	42.9%
South Carolina	17.0%	18.3%	16.6%	24.0%	26.9%	24.5%	43.4%	46.5%	43.5%
United States	14.3%	15.6%	14.6%	20.0%	21.9%	20.3%	38.2%	40.5%	38.7%

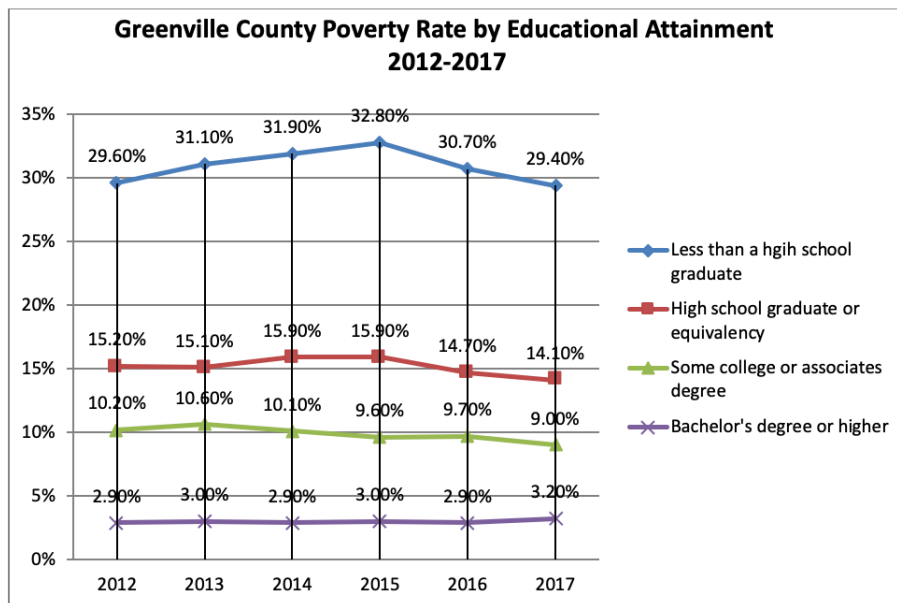
Sources: US Census Bureau, American Factfinder 2011, 2014, 2017 5-year Estimates, Percentage of Families and People Whose Income in the Past 12 Month is Below the Poverty Level.

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

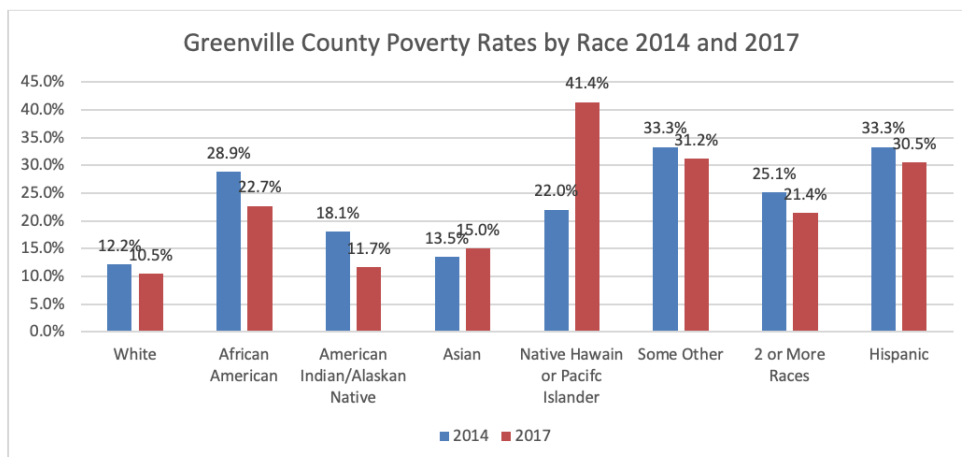
In viewing poverty trend data year by year, poverty rates consistently went up each year from 2011 to 2014. After 2014, poverty rates started to steadily decline.

The current Poverty Guidelines defines poverty as an annual income of \$12,490 or \$1040 per month per individual OR annual income of \$25,750 or \$2,145 per month for a household of 4.

Similar to median earnings, poverty rates are correlated with educational attainment levels. Those with a bachelor’s degree or higher have a significantly lower poverty rate than those who have failed to graduate high school.



Sources: US Census Bureau, American Factfinder 2012-2016 5-year Estimates, Poverty Level by Educational Attainment

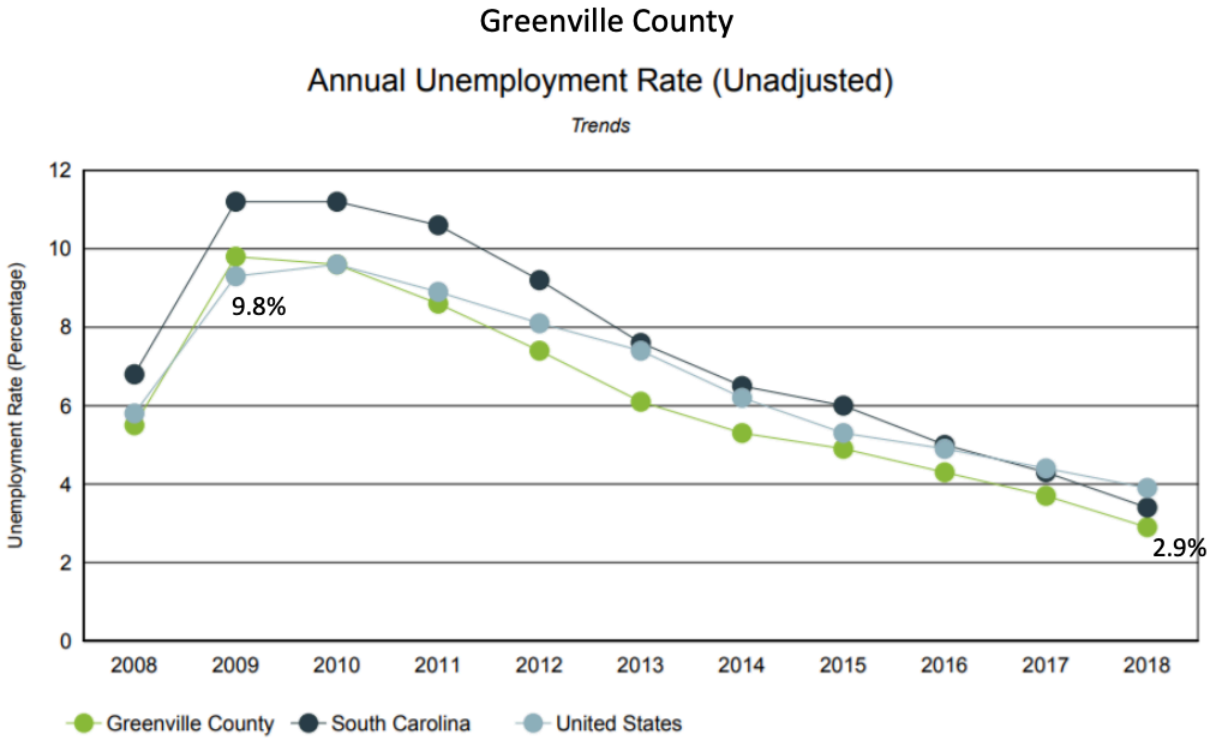


Sources: US Census Bureau, American Factfinder 2014 and 2017-year Estimates, Poverty Level by Race

Unemployment

After a large spike in 2009 in unemployment, Greenville County, along with the nation, has seen signs of significant recovery. The unemployment rate is represented as a percentage by taking the number of individuals who are jobless and available to work (unemployed) and dividing that by the number of people in the labor force (those actively employed and unemployed).

Greenville County currently enjoys a historic low unemployment rate, which is better than the state (3.4%) and nation (3.9%).

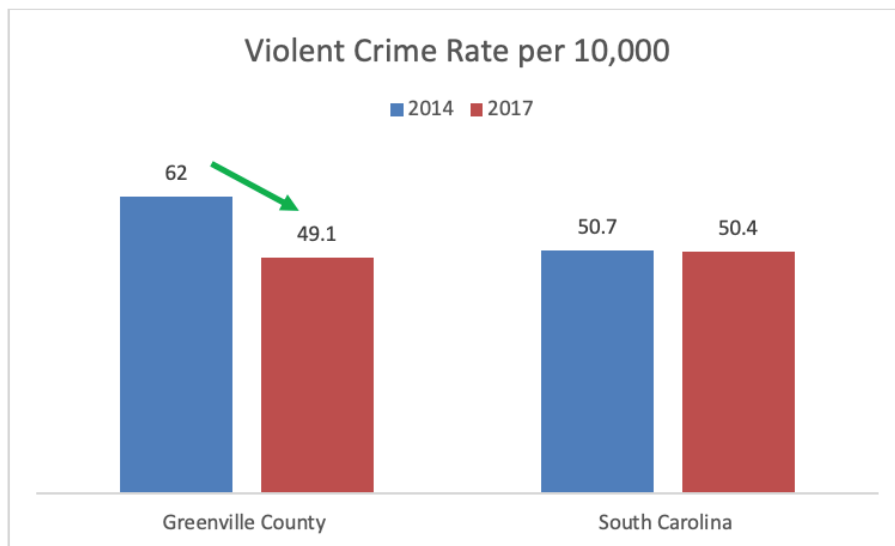


Sources: SC Department of Employment and Workforce: Greenville County Community Profile, Updated 4/29/2019.

Violence, Crime, and Safety

Violent 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 has decreased over the past several years and is now lower than that of the state.



SC Law Enforcement Division, 2017 Crime in South Carolina Report

Domestic Violence

South Carolina is one of the deadliest states for women. Men killed 48 women in South Carolina in 2016, according to 2016 data from the FBI. According to the Violence Policy Center in Washington D.C, over 1,800 women were killed by men across the US in 2016. In South Carolina, half the female victims were white, and half were black, with 95% of the victims being murdered by someone they knew.

South Carolina has been in the top 10 deadliest states for women since the annual report began 28 years ago.

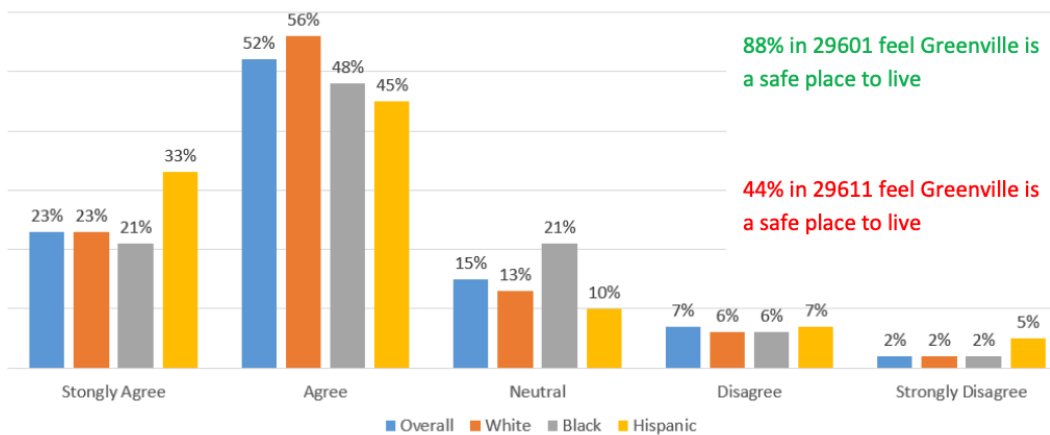
The Violence Policy Center, When Men Murder Women, An Analysis of 2016 Homicide Data, September 2018



In the Community

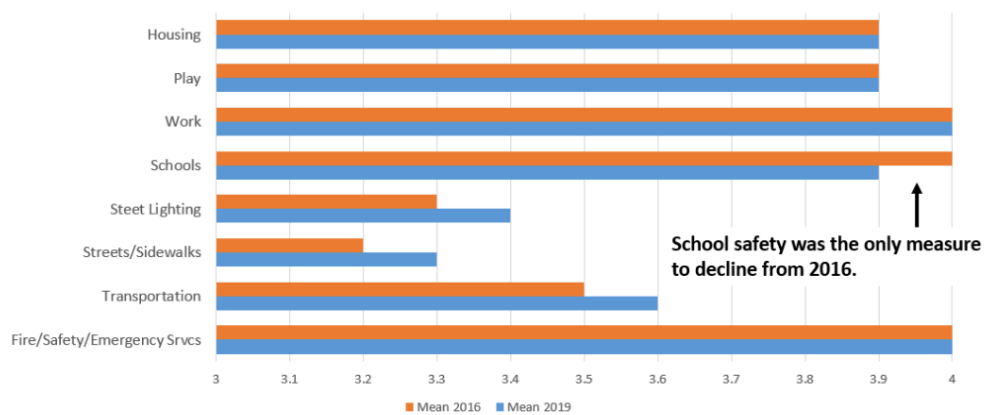
Overall, Greenville County residents believe Greenville is a safe place to live. There is a slight disparity in sense of safety among the black population as well as certain zip code areas.

How much do you agree with the following?
My community is a safe place to live.



School safety is a rising concern in the community.

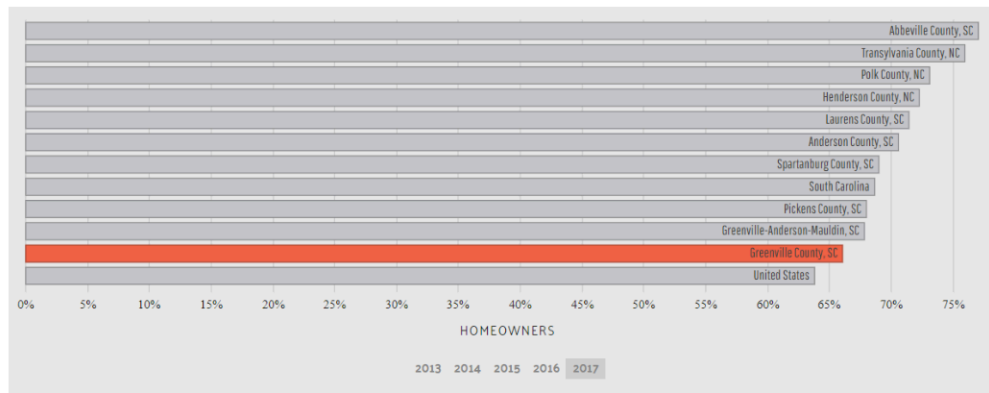
Community safety measures by mean score.



Housing

In 2017, 67.3% of the housing units in Greenville County, SC were occupied by their owner. This percentage grew from the previous year's rate of 64.9% and is higher than the national average of 63.9%. There is disparity, however, in homeownership within racial/ethnic groups. Home ownership rates within each group are as follows: white 73%, Black 41%, Hispanic 41% (American Community Survey 2018, 5-year estimates).

The chart below shows the ownership percentage in Greenville County, SC compared its parent and neighboring geographies. This chart shows the ownership percentage in Greenville County compared to its parent geographies. In 2017, the median property value in Greenville County rose approximately 5% to \$182,300 from the previous year's value of \$173,400.



Homeownership, 2017. Source: Data USA online, Dataset: US Census Bureau, American Community Survey 5-year Estimates

% of households (by annual income range) that spend 30% or more of income on housing cost

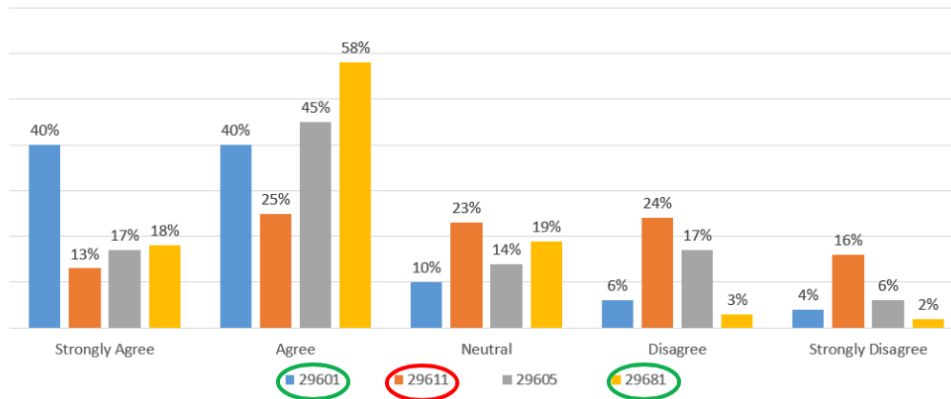
2017		
Annual Income	US	Greenville County
Less than \$20,000	11.90%	11.30%
\$20,000 to \$34,999	8.60%	8.50%
\$35,000 to \$49,999	4.90%	3.50%
\$50,000 to \$74,999	3.90%	2.00%
\$75,000 or more	2.70%	.70%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates; Dataset: Monthly Housing Cost as a Percentage of Household Income in the Past 12 Months, 2017 dataset

Community Feedback

Sixty-four percent of survey respondents agreed or strongly agreed that there were good housing options in Greenville County. There were noted variations among zip code areas assessed.

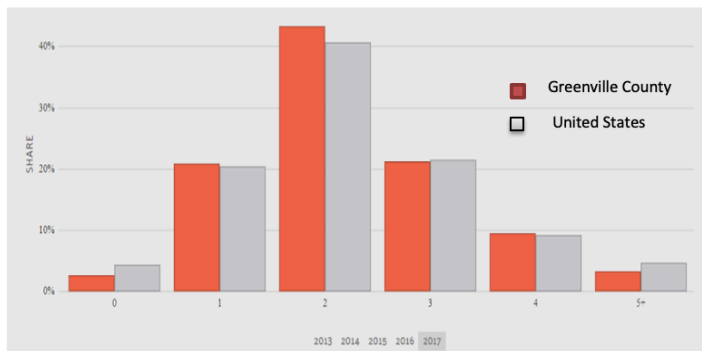
Our Community is **STRONG** in providing Good housing options.



Transportation

Transportation is a complex issue ranging from road congestion, traffic patterns, road repair and the ability to get to work, services, shopping areas, etc. For most families in the county, personal transportation is available as shown below with car ownership. However, those in the very-low income brackets are at higher risk for lack of transportation being a significant issue and barrier to work, access to health and human services, healthy foods and safe places for recreation. 6.2% of households have no vehicle this percentage doubles to 13.5% for households that are rental housing.

Car Ownership Per Household



Source: Dataset USA, utilizing Census Bureau ACS 1-year Estimate

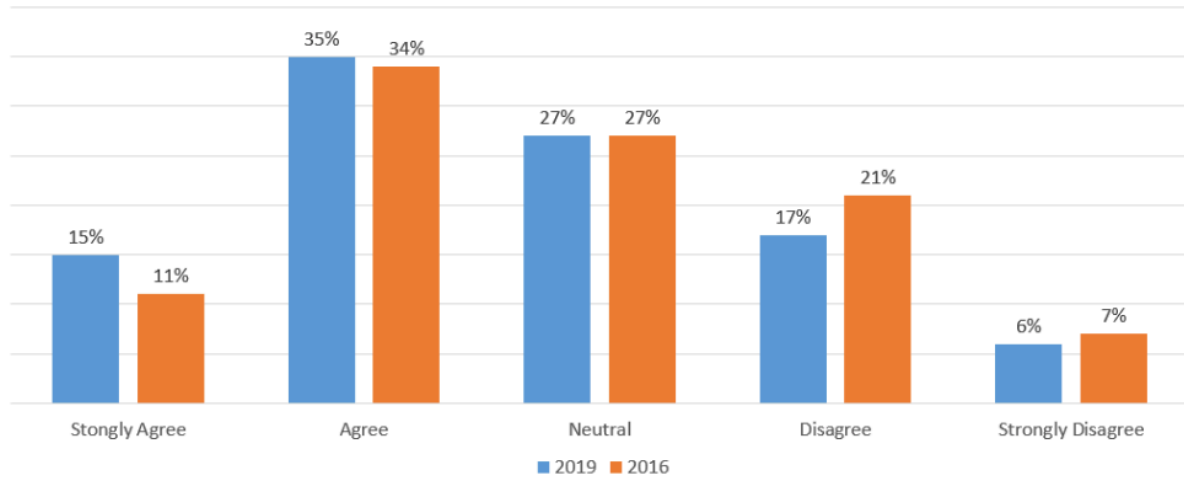
2
Average Number Cars
per Household

21.6
Minutes
Average Commute Time

In the Community

Transportation ranked as one of the lowest community indicators areas assessed in the survey. Only 50% agreed or strongly agreed the community was strong in providing transportation services.

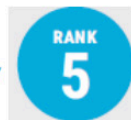
Our Community is **STRONG** in providing Transportation services.



Child Well-Being

The Annie E. Casey Foundation collects data annually and nationally regarding child well-being. Overall child wellbeing indicators often correlate with health outcomes. According to the 2018 South Carolina Child Well-Being Data Profile for Greenville, Greenville County ranks the 5th best county for child well-being indicators.

GREENVILLE COUNTY



South Carolina County Rankings
All 46 counties are ranked from first (1) to last (46). In addition to the overall ranking, each county has a domain and indicator ranking.

1 York	11 Charleston	21 Edgefield	31 Laurens	41 Dillon
2 Lexington	12 Anderson	22 Greenwood	32 Chester	42 Clarendon
3 Dorchester	13 Oconee	23 Fairfield	33 Barnwell	43 Marlboro
4 Pickens	14 Lancaster	24 Calhoun	34 McCormick	44 Williamsburg
5 Greenville	15 Aiken	25 Kershaw	35 Hampton	45 Lee
6 Beaufort	16 Horry	26 Florence	36 Jasper	46 Allendale
7 Berkeley	17 Newberry	27 Chesterfield	37 Colleton	
8 Richland	18 Georgetown	28 Sumter	38 Union	
9 Spartanburg	19 Saluda	29 Darlington	39 Marion	
10 Abbeville	20 Cherokee	30 Bamberg	40 Orangeburg	

These rankings are further broken down into four domains, listed below inclusive of Greenville County’s ranking for each domain.

- | | |
|--------------------------------|---------|
| 1) Economic Well-Being | Rank 1 |
| 2) Education Domain | Rank 11 |
| 3) Health Domain | Rank 13 |
| 4) Family and Community Domain | Rank 8 |

It is important to note, that while the county ranked in the upper third for the Health Domain, it ranked 30th and 28th worst in the state for child deaths, ages 1-14, rate per 100,000 and teen deaths, age 15-19, rate per 100,000 respectively.

In the Community

Similar to transportation rankings, **childcare options ranked low in the community survey** with only 50% agreeing or strongly agreeing that Greenville was strong in providing childcare options.

Community Priority Rankings

Based on the community survey, below are the 2016 and 2019 rankings as survey respondents perceive as top ten priorities for the county.

	2016	2019
1	Homelessness	Homelessness
2	Education	Education
3	Transportation	Access to Health Services
4	Crime	Alcohol/Drugs
5	Jobs/Fair Wages	Transportation
6	Alcohol/Drugs	Crime
7	Access to Health Care	Jobs/Fair Wages
8	Housing	Community Violence
9	Mental Health	Housing
10	Community Violence	Mental Health

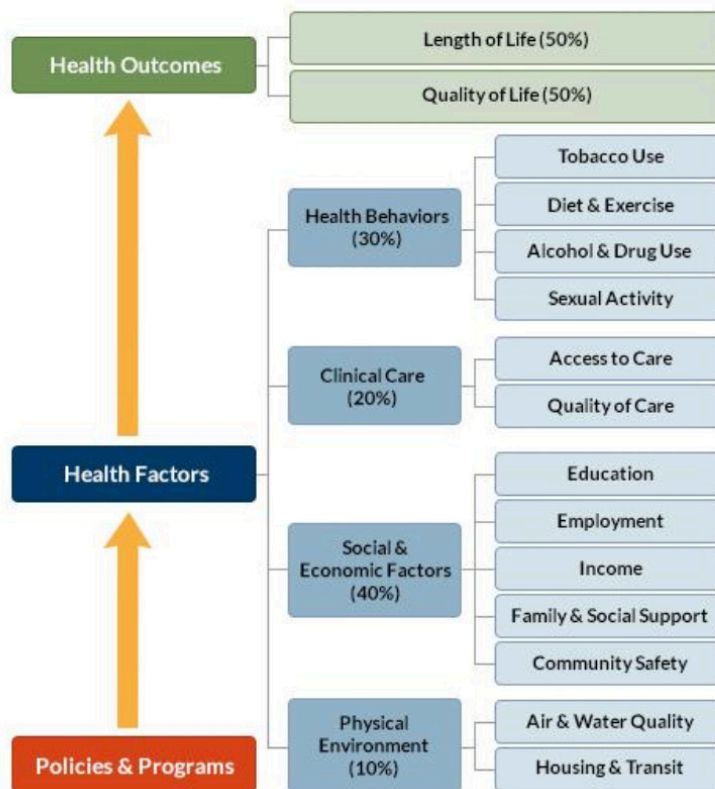
General State of Our Community's Health

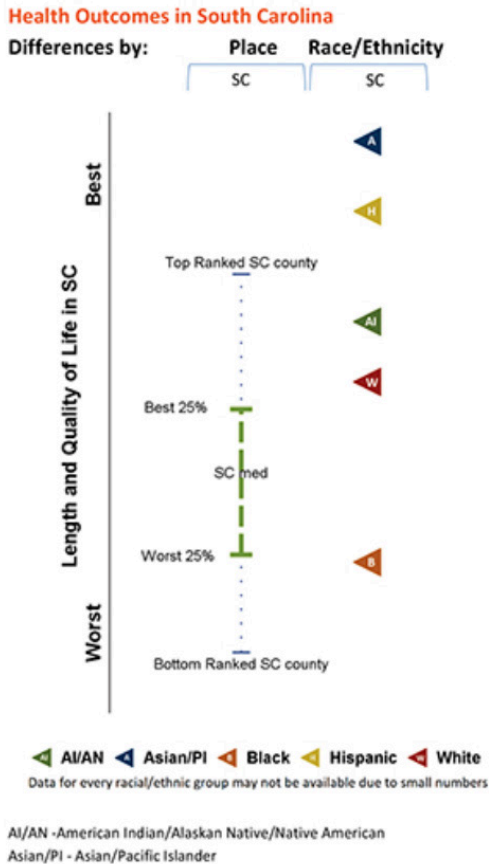
County Health Rankings

The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in influencing health. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

- County Health Rankings and Roadmaps, www.countyhealthranking.org

Source: South Carolina Works Online Services, Community Profiles, Anderson County and Pickens County





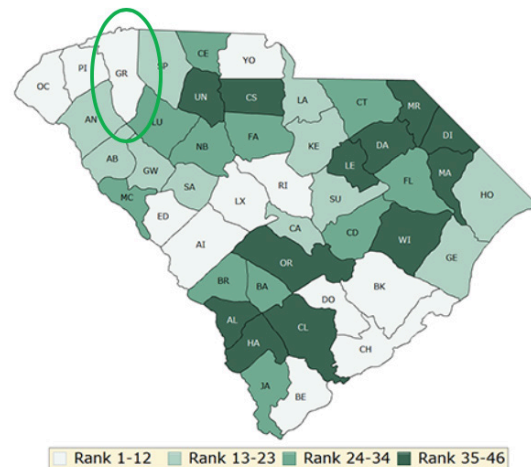
South Carolina Health Outcomes

The graphic to the left compares measures of length and quality of life by place (Health Outcomes ranks) and by race/ethnicity. In South Carolina, measures of length and quality of life indicate:

- Asians/Pacific Islanders are healthier than those living in the top ranked SC county.
- Hispanics are healthier than those living in the top ranked SC county.
- American Indians/Alaskan Natives are most similar in health to those living in the healthiest quartile of SC counties.
- Whites are most similar in health to those living in the healthiest quartile of counties.
- Blacks are most similar in health to those living in the least healthy quartile of counties.

In 2019 Health Outcomes and Factors Rankings by County

Greenville County ranked in the Healthiest Tier among SC counties for both Health Outcomes and Health Factors. Greenville ranks 5th best for Health Outcomes and 2nd best for Health Factors, with Beaufort County ranking 1st in the state for each.



Source: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation; 2019 South Carolina State Reports; www.county-healthranking.org

2019 County Health Rankings for the 46 Ranked Counties in South Carolina

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Abbeville	20	16	Chesterfield	33	32	Hampton	35	30	Oconee	11	11
Aiken	13	13	Clarendon	25	36	Horry	16	23	Orangeburg	37	41
Allendale	40	46	Colleton	41	39	Jasper	26	33	Pickens	9	9
Anderson	15	12	Darlington	38	31	Kershaw	17	17	Richland	12	8
Bamberg	36	38	Dillon	45	42	Lancaster	14	18	Saluda	10	25
Barnwell	28	35	Dorchester	8	5	Laurens	27	27	Spartanburg	18	7
Beaufort	1	1	Edgefield	4	22	Lee	46	43	Sumter	21	26
Berkeley	7	10	Fairfield	39	34	Lexington	6	4	Union	31	29
Calhoun	23	19	Florence	32	24	Marion	43	45	Williamsburg	42	40
Charleston	3	3	Georgetown	22	14	Marlboro	44	44	York	2	6
Cherokee	29	28	Greenville	5	2	McCormick	30	15			
Chester	34	37	Greenwood	24	20	Newberry	19	21			

Source: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation; 2018 South Carolina State Reports; www.countyhealthranking.org

Health Environment

A healthy environment provides opportunities for individuals and families to live healthy lifestyles and improve health. In many areas related to health environment and lifestyle Greenville County is performing better than the state of South Carolina and has seen improvements since the last Health Assessment completed in 2016. However, based on the Robert Wood Johnson County Health Rankings and Roadmaps, Greenville County still lags behind the highest performing counties in the nation.

	Greenville County 2016 & 2019	South Carolina 2016 & 2019	US Top Performing Communities
Air Pollution – Particulate Matter micrograms per cubic meter	13.3 (2016) 9.5 (2019) improvement	12.6 (2016) 10.2 (2019)	9.5 (2016) 6.2 (2019)
Food Environment Index 0 (worst), 10 (best)	7.1 (2016) 7.6 (2019) improvement	8.3 (2016) 8.7 (2019)	6.8 (2016) 6.3 (2019)
Access to Exercise Opportunities	82% (2016) 83% (2019) improvement	71% (2016) 69% (2019)	91% (2016) 91% (2019)
Food Insecurity*	13.5% (2014) 12.2% (2015) 10.7% (2017) Improvement & better than the nation	17.1% (2014) 15.3% (2015) 13.5% (2017)	13.5% (2015) 12.5% (2017)

Sources: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation;
*Feeding America, Map the Meal Gap on-line data set, 2019

Air Pollution

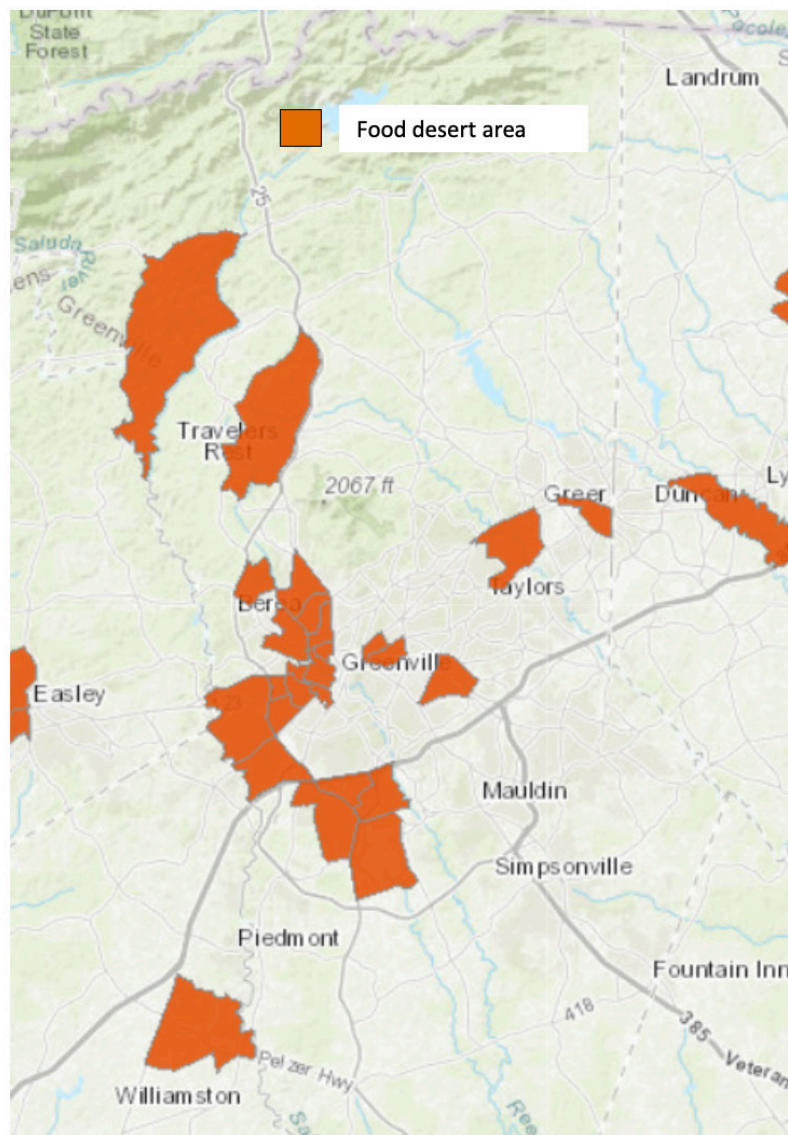
Particulate Matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. These particles can be directly emitted from sources or they can form when gases emitted from power plants, industries and automobiles react in the air and can cause negative health consequences, such as asthma, decreased lung function, and other adverse pulmonary effects.

Food Access

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights limited access to healthy foods and food insecurity. Limited access to healthy foods estimates the percentage of the population who are low income and do not live close a grocery store. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

Food Desert

A food desert is an area with low access and availability of fresh fruit, vegetables, and other healthful whole foods and are usually found in impoverished areas. Low income census tracts where a significant number of urban residents are more than 1 mile from the nearest supermarket and rural residents are more than 20 miles from the nearest supermarket.



Source: USDA Food Desert Locator

Access to Exercise Opportunities

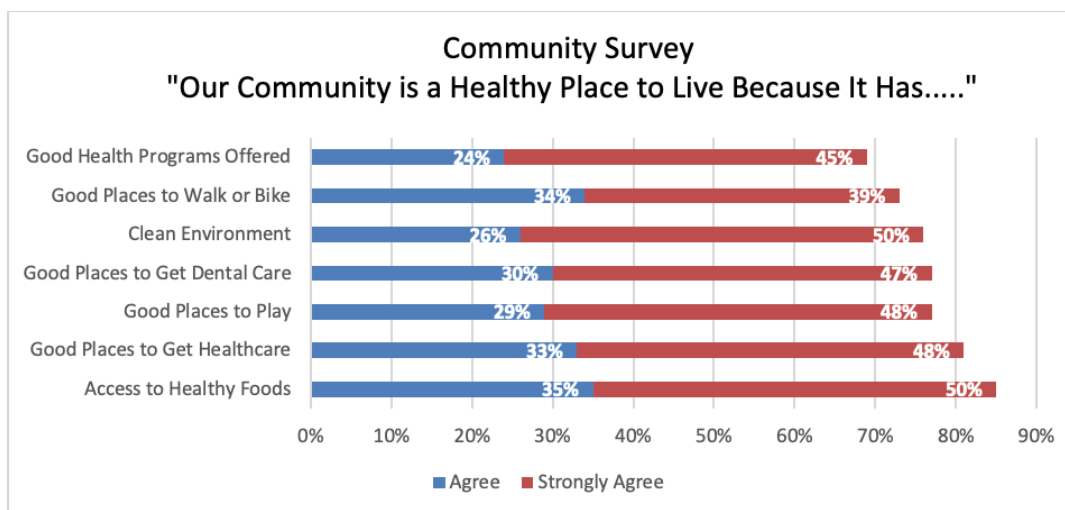
The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they:

- reside in a census block that is within a half mile of a park, or
- reside in an urban census block that is within one mile of a recreational facility, or
- reside in a rural census block that is within three miles of a recreational facility.

Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.

Community Perception

Overall, community ranks Greenville well on environmental and health opportunity factors. Similar to the 2016 survey, close to three-fourths of survey respondents and above agreed or strongly agreed on the areas below.



Health Risk Factors & Behaviors

Individuals' lifestyles and daily habits play an integral role in their overall health and wellbeing. Specific behaviors can positively or negatively affect an individual and dictate the overall state of their health. Many public health recommendations and clinical guidelines emphasize the importance of healthy lifestyles and behaviors.

Risk Factors for Chronic Conditions

Risk Factors for Chronic Conditions				
Adults (ages 18+): South Carolina Behavioral Risk Factor Surveillance System (2013-2015, 2015-2017)				
	Greenville County 2013-2015	Greenville County 2015-2017	South Carolina 2015-2017	Healthy People 2020 Goal
Adult Currently Smoking (Cigarettes)	17.8%	15.6% improvement	19.4%	12%
Teens Currently Smoking (Cigarettes)	--	--	10%	16%
Excessive Drinking* (% adults reporting excessive or binge drinking)	16%	18%	18%	24.2% met
Physical Inactivity (Percentage of adults age 20 and over reporting no leisure-time physical activity)	23.9%	24.3%	27.3%	32.6% met
Obese (aged 20+ (BMI ≥30; percent; 2015-2017)	29.1%	29.9%	33.2%	30.5% met
Obese and Overweight Combined	65.2%	65.4%	68.2%	66.1% met
High Cholesterol	39.4%	36.3% improvement	38.9%	--
Hypertension	37.1%	36.1% improvement	38.4%	26.9%
Diabetes Prevalence	10.8%	11.7%	12.8%	--
Consume Fruit Less than Once per Day	41.6%	41.3%	47.1%	
Consume Vegetables Less than Once per Day	20.3%	18.4% improvement	25.4%	
Reporting Poor or Fair Health*	16%	17%	19%	--
Delayed seeing a doctor in the past 12 months due to costs	15.3%	12.9% improvement	15.8%	9%

Source: SC DHEC, County Health Profile County Tables;
 *Robert Wood Johnson County Rankings 2016 and 2019 data sets

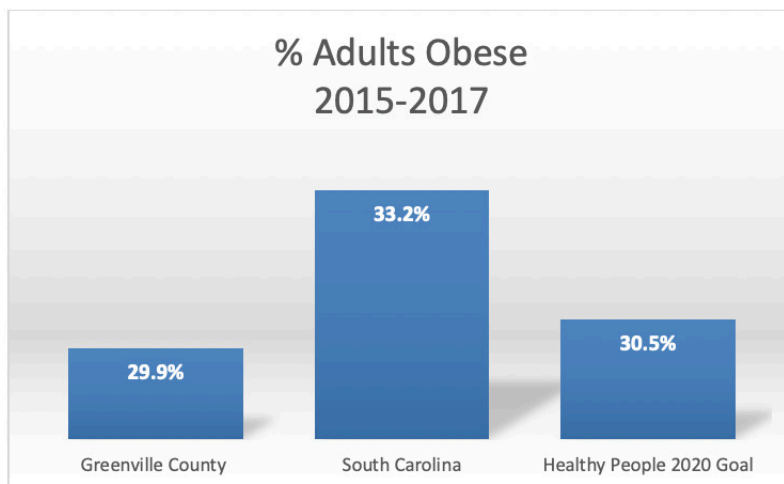
The Behavior Risk Factor Surveillance Survey (BRFSS) tracks the prevalence of these risk factors by county. The latest data available are for 2017. Greenville County measures better than the state in all of the above healthy lifestyles and behaviors indicators, with the exception of excessive drinking, where the Greenville percentage is the same as the state.

Obesity

Obesity is a complex, serious, and costly public health issue that affects two out of three South Carolina adults and one out of three South Carolina children. Obesity is linked to chronic diseases like diabetes, heart disease, and certain types of cancer. **The economic cost of obesity in South Carolina is estimated to be \$8.5 billion per year and growing.** The main risk factors for obesity and other chronic conditions include poor nutrition and lack of physical activity.

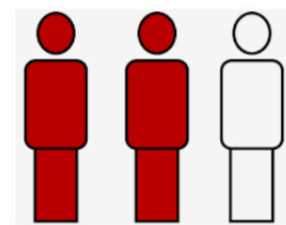
- South Carolina Department of Health and Environmental Control

Currently Greenville County is meeting the Healthy people 2020 goal, but only by 0.6%, and when combining the percentage of adults who are overweight OR obese, it is found that only 35% of adults in Greenville live at a healthy weight.



Source: SC DHEC, County Health Profile County Tables, utilizing Behavioral Risk Factor Surveillance Survey Data for Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m².

65% of adults in Greenville County are either obese or overweight. That's approximately 2 out of every 3 persons.



Only one-third of the population is living at a healthy weight.

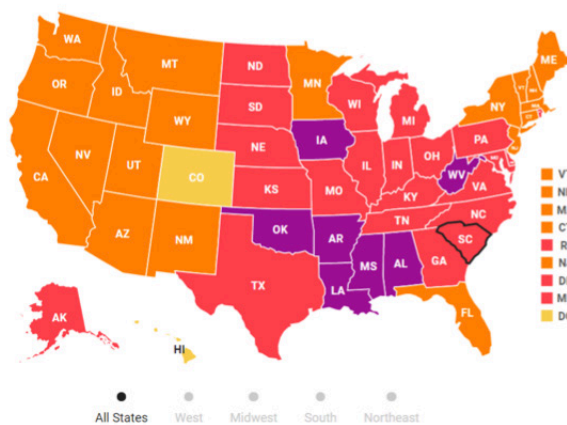
In 2017, State of Obesity data indicated that South Carolina ranks as the 10th worst state in terms of obesity, with 34.1% of the adult population being obese (up from 32.2% in 2016). In order, the top ten states with the highest obesity rates in 2017 were: 1. West Virginia, 2. Mississippi, 3. Oklahoma, 4. Iowa, 5. Alabama, 6. Louisiana, 7. Arkansas, 8. Kentucky, 9. Alaska, 10. South Carolina.

Adult Obesity Rate by State, 2017

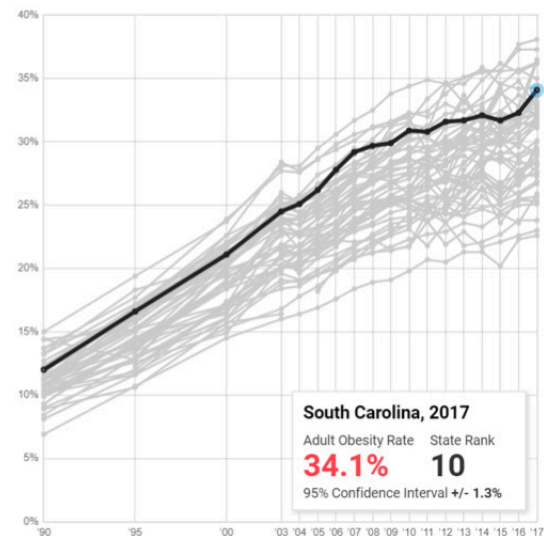
Select years with the slider to see historical [data](#). Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Percent of obese adults (Body Mass Index of 30+)

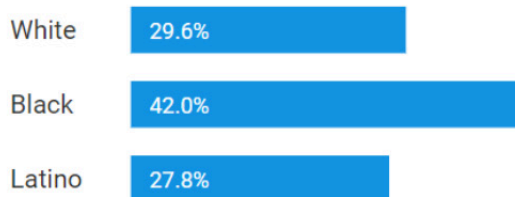
0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



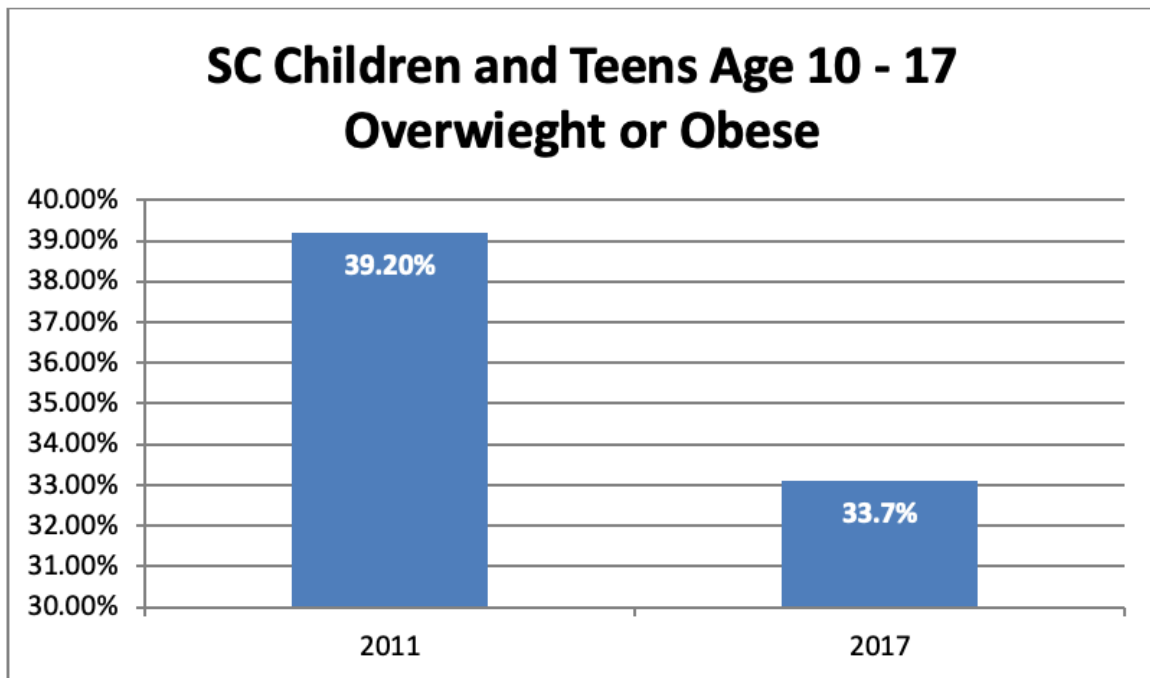
Adult obesity rates, 1990 to 2017



Obesity rate by race (2017)



According to the National Survey of Children’s Health, South Carolina has seen a decrease in the percentage of children who are overweight or obese. In 2017, South Carolina ranked 24th highest in percentage of obese youth, which is an improvement from previous year rankings.



According to the 2017 SC YRBSS, 24% of youth report watching 3 or more hours of tv on an average school day and 40% report playing video or computer games or using a computer for something that is not related to schoolwork 3 or more hours a day.

Source: 2016-2017 National Survey of Children's Health

Smoking and Tobacco Use

Adults

Table 1.2. Ever-Use and Current Use of Selected Tobacco Products among SC adults, by County^a in the DHEC Upstate Region - Estimates from the 2014-2015 SC Adult Tobacco Survey.

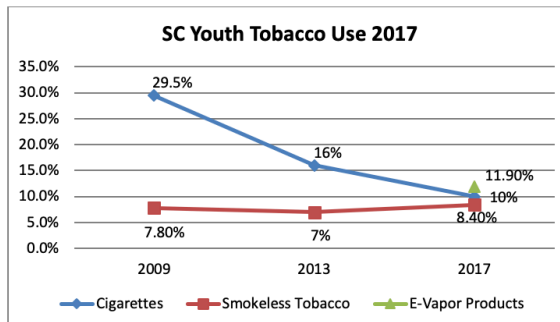
County	Ever Use of Tobacco Products				Current Use of Tobacco Products			
	Cigarettes	Cigars	Smokeless Tobacco	e-Cigarettes	Cigarettes	Cigars	Smokeless Tobacco	e-Cigarettes
Abbeville	53.9%	40.8%	23.5%	9.6%	16.0%	10.3%	5.9%	8.7%
Anderson	46.0%	44.5%	29.3%	15.4%	16.9%	4.9%	6.8%	4.4%
Cherokee	38.4%	35.8%	31.3%	12.5%	21.8%	2.5%	9.5%	4.6%
Greenville	53.9%	38.6%	18.6%	18.3%	17.0%	6.5%	1.4%	8.0%
Greenwood	54.1%	24.8%	22.1%	14.2%	18.7%	6.3%	1.9%	4.7%
Laurens	54.3%	38.1%	25.0%	23.7%	28.7%	4.6%	3.3%	9.6%
McCormick	59.2%	27.5%	23.7%	10.3%	12.1%	0.0%	6.9%	7.2%
Oconee	60.4%	45.1%	35.1%	17.6%	16.4%	11.4%	6.1%	7.3%
Pickens	51.9%	39.7%	30.9%	12.7%	20.0%	10.2%	9.4%	3.8%
Spartanburg	49.4%	39.5%	30.2%	17.4%	18.0%	3.0%	7.6%	9.6%
Union	64.1%	31.3%	30.8%	6.1%	31.3%	13.6%	6.3%	2.4%
State Highest	72.4%	55.1%	38.3%	30.2%	35.1%	21.4%	19.3%	17.4%
State Lowest	27.7%	14.0%	4.1%	4.1%	7.3%	0.0%	0.0%	0.0%
State Estimate^b	43.1%	38.2%	23.9%	16.2%	19.0%	4.7%	3.5%	6.4%

^a Estimation using a spatial logistic mixed model; confidence intervals were estimated using bootstrap re-sampling procedures

^b Direct estimation from the statewide ATS sample

Youth

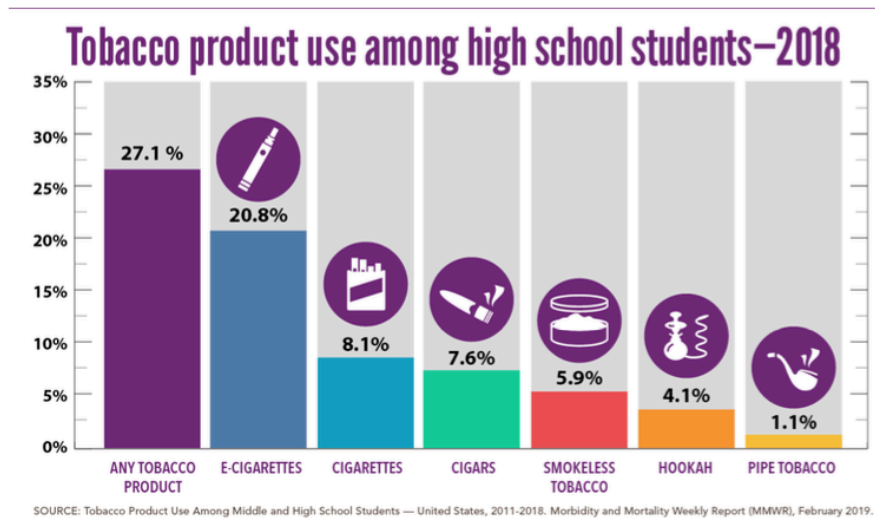
9th – 12th grade	South Carolina	United States
Reported smoking cigarettes in past 30 days	10%	8.8%
Reported using smokeless tobacco products in past 30 days	8.4%	5.5%
Reported using electronic vapor products in past 30 days	11.9%	13.2%



In 2017, more high school students in South Carolina used electronic vapor products than smoked cigarettes.

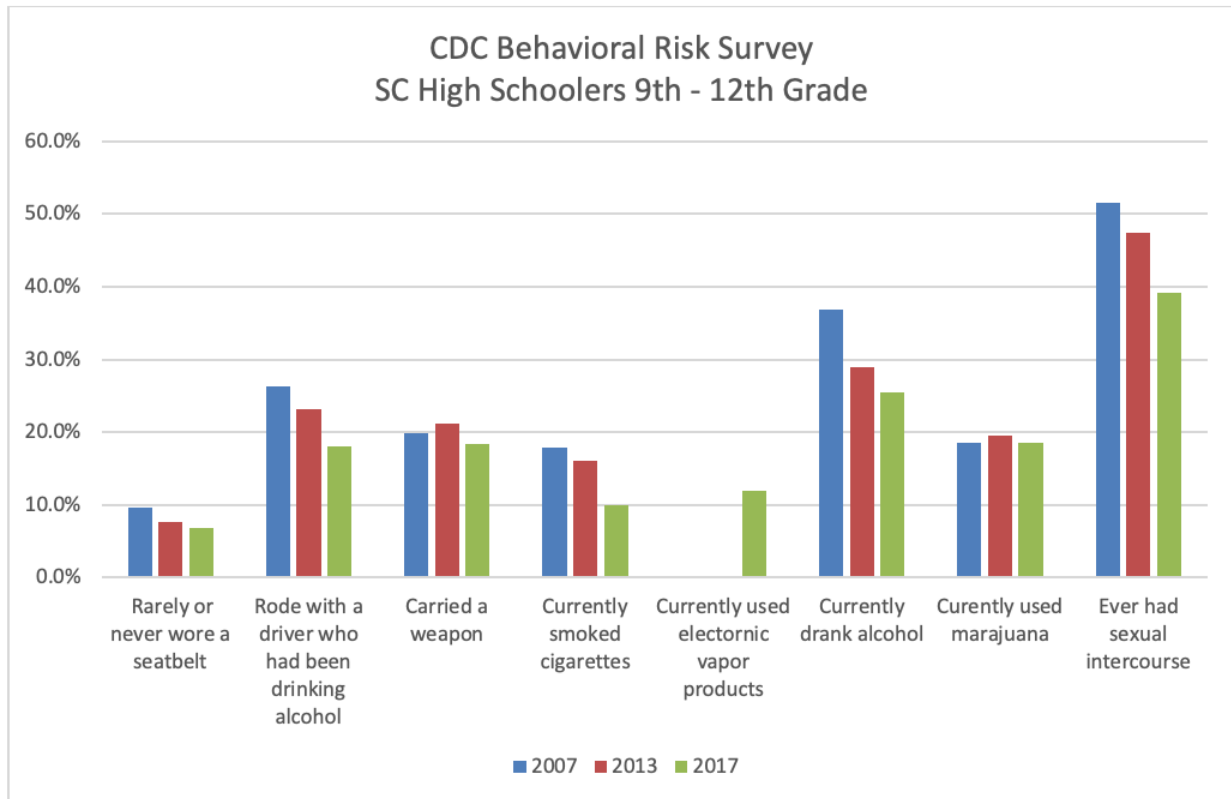
Sources: 2017 South Carolina Youth Risk Behavior Survey data report; SC DHEC, 2014-2015 Adult Tobacco Survey

While the 2017 South Carolina Youth Risk Behavior Survey data indicated that 11.9% South Carolina youth utilize e-cigarettes, it is likely that that percentage is now significantly higher, particularly if South Carolina youth mirror national trends. In a report distributed by the Center of Disease Control in November of 2018, it was reported that among high school students nationally, **current e-cigarette use increased from 1.5% (220,000 students) in 2011 to 20.8% (3.05 million students) in 2018. During 2017–2018, current e-cigarette use increased by 78% (from 11.7% to 20.8%).** The proportion of current e-cigarette users who reported use on ≥ 20 of the past 30 days increased from 20.0% in 2017 to 27.7% in 2018.



Source: CDC Morbidity and Mortality Weekly Report and Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018 Weekly / November 16, 2018 / 67(45);1276–1277

Youth Behaviors



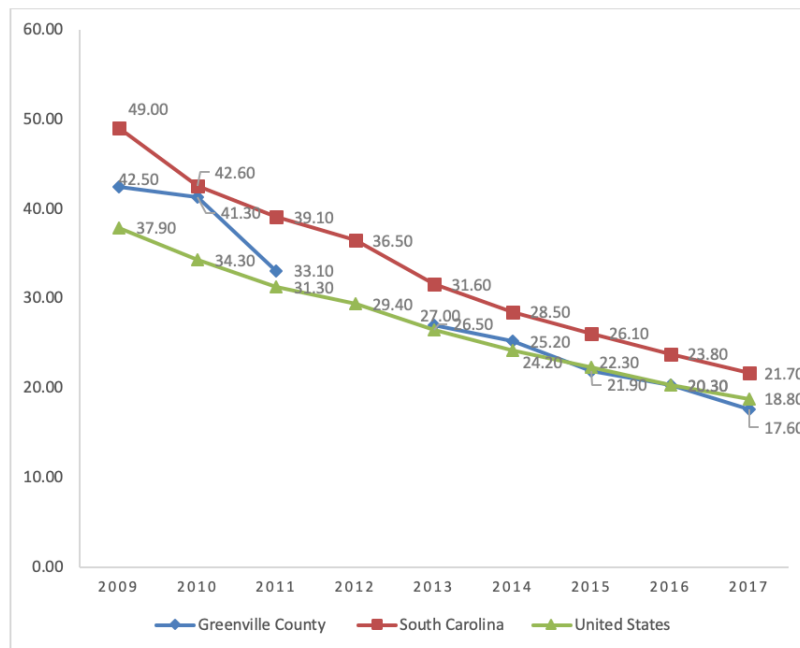
Source: Centers for Disease Control, SC Youth Risk Behavioral Survey 2007,2013, 2017

Teen Pregnancy

South Carolina's teen birth rate has declined by 70% since peaking in 1991, continuing decades of success for communities across the state. This includes a 9% decrease from 2016 to 2017, landing the teen birth rate for 15-19 year olds at 21.7 per 1,000 females in South Carolina and 17.6 in Greenville County. Declines over the past 25 years have been most substantial among African American youth ages 15-17 whose teen birth rate has decreased by 83% since 1991. Older youth (18-19 year olds) continue to drive the overall South Carolina teen birth rate, currently making up 75% of all teen births.

- South Carolina Campaign for the Prevention of Teen Pregnancy

Teen Birth Rates
Births per 1,000
ALL Mothers 15-19 Years Old



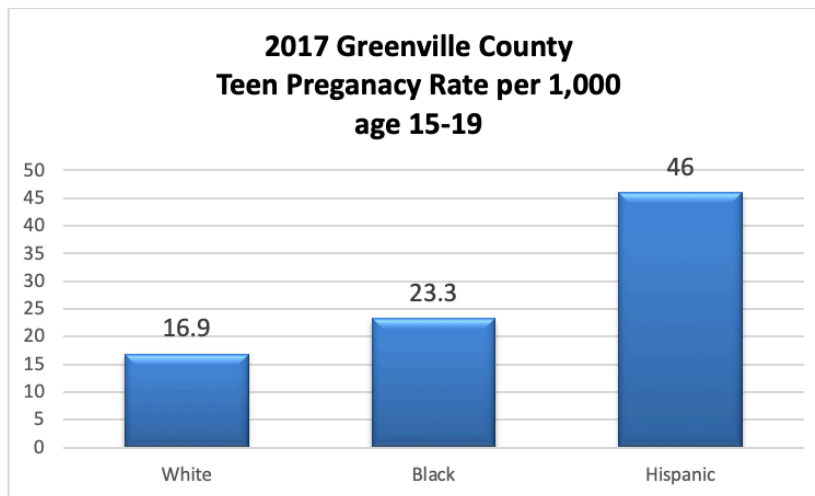
Greenville County has followed the national and state trend of declining teen pregnancy rates. The County has consistently had rates lower than that of the state and currently has a teen pregnancy rate lower than the nation. Greenville County's state rank for lowest teen pregnancy rate in the state has improved over time from 14th lowest in 2010, to 6th lowest in 2017.

Sources: South Carolina Teen Pregnancy Data Book 2009-2017, Vital Statistics South Carolina Department of Health and Environmental Control; US Department of Health and Human Services, 2017 Trends in Teen Pregnancy and Childbearing

2017 Teen Birth Rates by Age Categories

Incident Per 1,000	15-17 year Olds	18-19 Year Olds
South Carolina	9.1	40.5
Greenville County	7.5	32.8

Sources: Sources: South Carolina Teen Pregnancy Data Book 2009-2017



Sources: South Carolina Department of Health and Environmental Control Vital Statistics

Sexually Transmitted Diseases

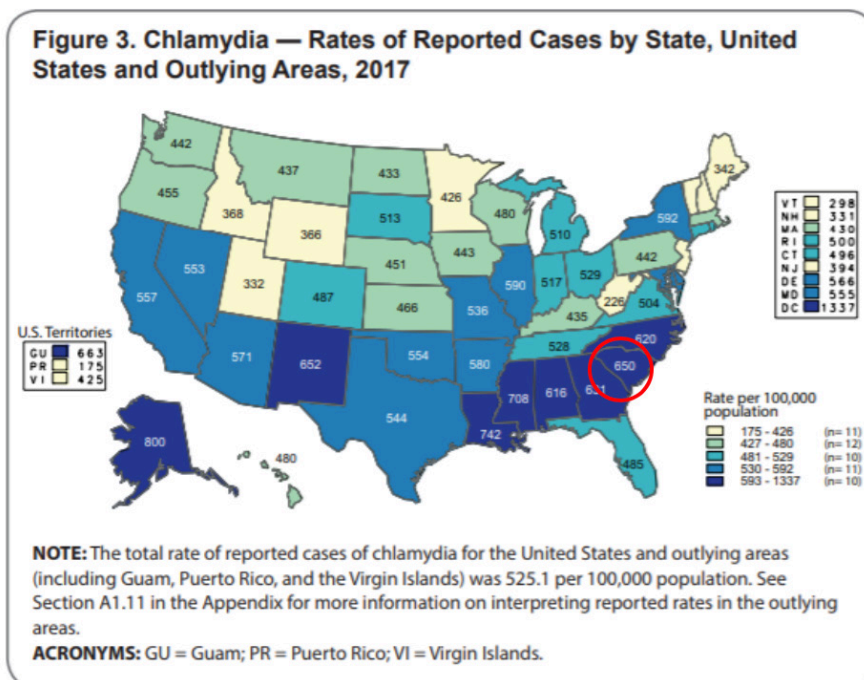
According to the 2016 and 2017 CDC Sexually Transmitted Disease Surveillance Reports which analyze the national trends of STDs in the United States, 2016 was the worst year on record with more than 2,000,000 new cases of gonorrhea, chlamydia and syphilis infections nationwide, spiking past the previous record that was set in 2015. The vast majority of those 2 million infections were chlamydia (1.6 million cases).

In 2017, this increasing trend has continued nationally:

- A total of 1,708,569 cases of Chlamydia were reported to the CDC, making it the most common notifiable condition in the United States. This case count corresponds to a rate of 528.8 cases per 100,000 population, an increase of 6.9% compared with the rate in 2016.

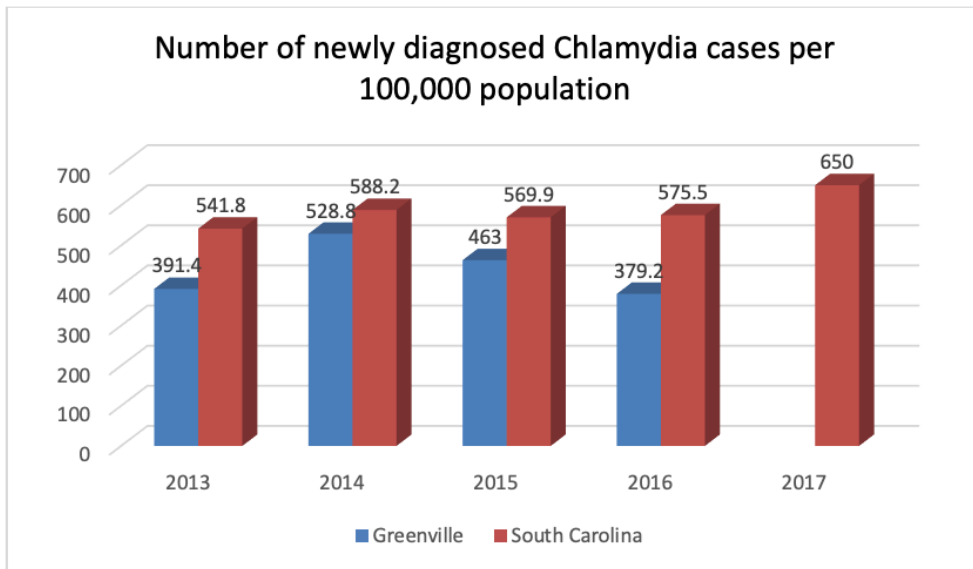
- During 2016–2017, rates of reported chlamydia increased among both males and females, in all regions of the United States, and among all racial and Hispanic ethnicity groups.
- Rates of reported chlamydia are highest among adolescent and young adults and have increased in recent years. In 2017, almost two-thirds of all reported chlamydia cases were among persons aged 15–24 years.
- A total of 555,608 cases of gonorrhea were reported to CDC, making it the second most common notifiable condition in the United States. Rates of reported gonorrhea increased 75.2% since the historic low in 2009 and increased 18.6% since 2016.
- A total of 30,644 cases of primary and secondary (P&S) syphilis, the most infectious stages of the disease, were reported in the United States, yielding a rate of 9.5 cases per 100,000 population. Since reaching a historic low in 2000 and 2001, the rate of P&S syphilis has increased almost every year, increasing 10.5% during 2016–2017.

In 2017, South Carolina ranks 5th (7th in 2016) in the nation for the most sexually diseased states in the US behind Alaska, Mississippi, Louisiana, and New Mexico.



Source: 2017 CDC Sexually Transmitted Disease Surveillance Report

While the rates in South Carolina rank as some of the worst in the nation, the rates in Greenville County are significantly lower.

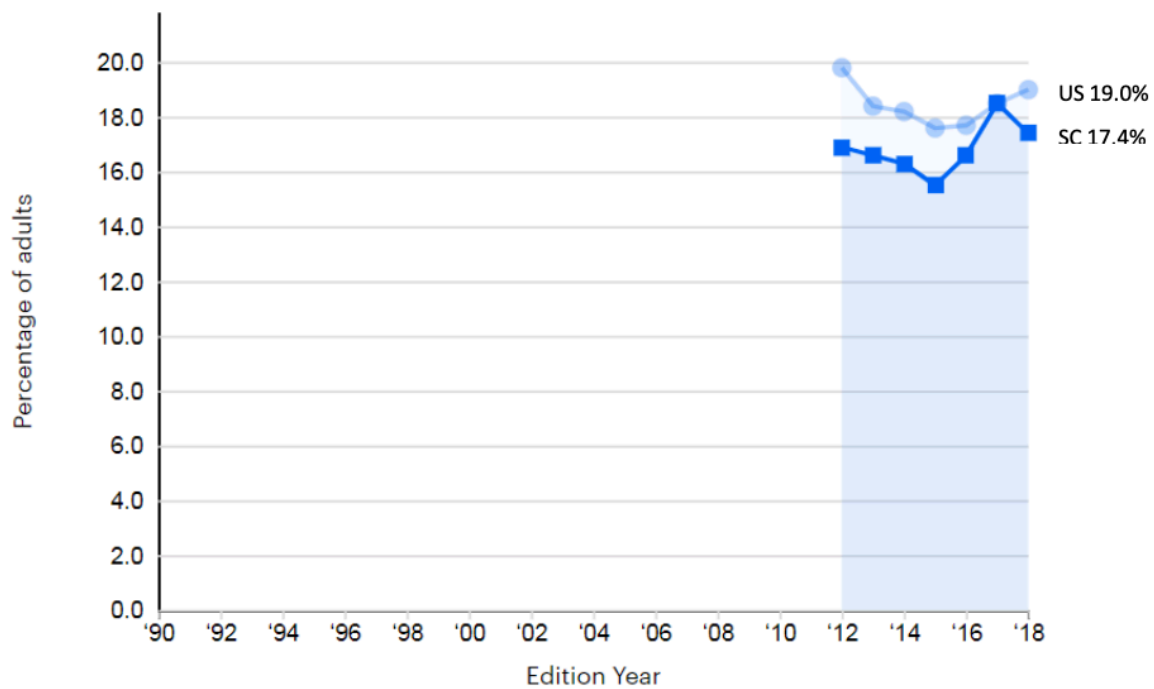


Source: Robert Wood Johnson County Health Rankings, data acquired through National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).

Excessive Drinking

The percentage of adults who report reporting excessive or binge drinking has increased over the past few years. Currently 18% adults in Greenville County report excessive drinking, mirroring the state percentage. While the county and state have met the Healthy People 2020 goal of less than 25% adults engaging in excessive drinking, patterns of increasing alcohol consumption have been seen across the nation and in the past few years and South Carolinians are increasing more toward the national average.

Trend: Excessive Drinking, South Carolina, United States



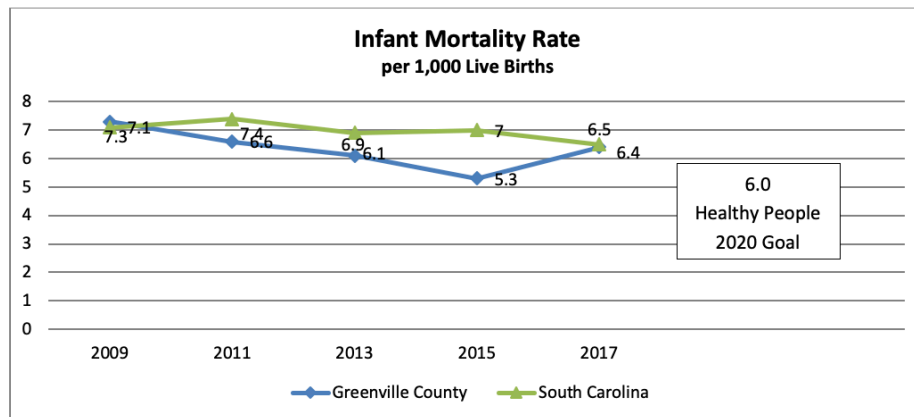
Source: CDC WONDER Online Database, americashealthrankings.org; Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)

Maternal/Infant Risk Factors

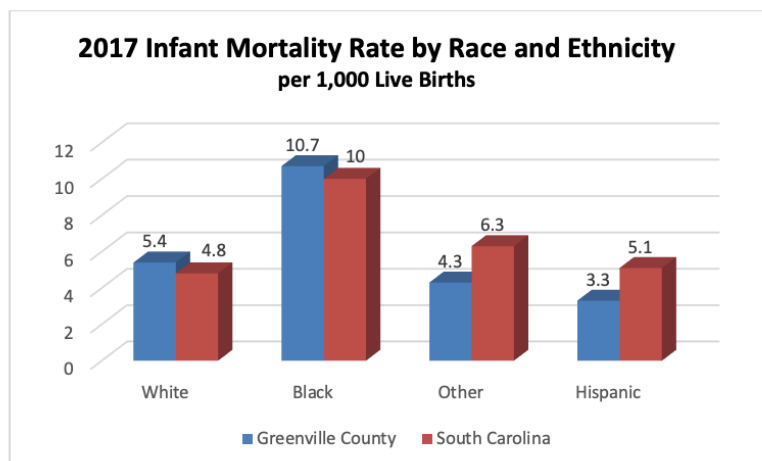
Infant Mortality

Infant mortality rates are important indicators of health for the whole population, reflecting that factors affecting the health of the whole population have an impact on the mortality rate of infants in each community. Infant mortality is the measure of death within the first year of life and is reported as a rate per 1,000 live births.

Greenville County's infant mortality rate has trended slightly lower than the state. Similar to the state, there is a great deal of disparity on infant mortality depending on race of the mother. Black mothers have much higher rates of infant mortality than white mothers, however, Hispanic mothers, particularly in Greenville, currently have the lowest infant mortality rate.



There is a great deal of disparity on infant mortality depending on race of the mother. Black and other non-white mothers have much higher rates of infant mortality than white mothers.



Sources: SC DHEC Community Assessment Network (SCAN) and DHEC Vital Statistics

Maternal and Birth Indicators South Carolina Behavioral Risk Factor Surveillance System (2013-2015, 2015-2017)				
	Greenville County 2013-2015	Greenville County 2015-2017	South Carolina 2015-2017	Healthy People 2020 Goal
Preterm Births	10.0	10.8	11.2	9.4
Low Birthweight	8.2	8.4	9.6	7.8
Mothers Who Received Early and Adequate Prenatal Care	73.2%	77.3% improvement	75.2%	77.6%

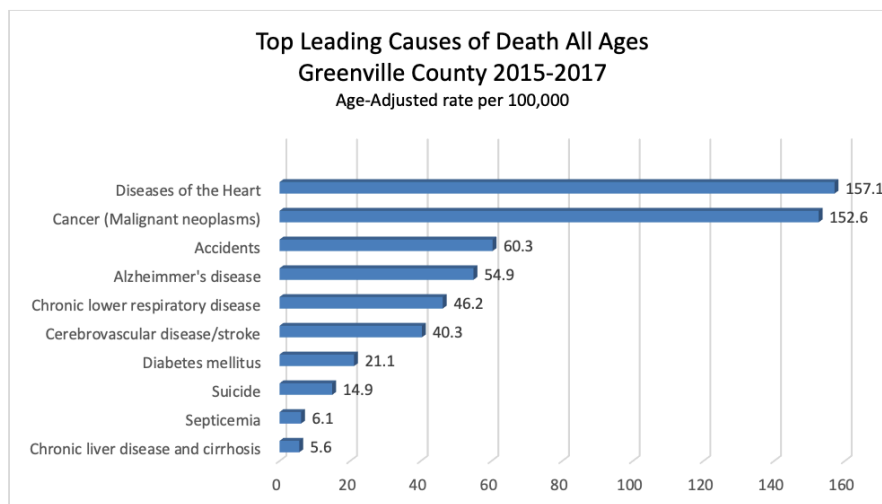
Source: South Carolina County Health Profile, SC DHEC, <https://gis.dhec.sc.gov/chp/>

Health Outcomes - Mortality and Morbidity

Leading Causes of Death

The leading causes of death for Greenville are similar to those of South Carolina and the U.S. with cancer and diseases of the heart being the top two leading causes of death. Cancer and heart disease account for approximately half of all deaths at the county, state, and national level. Death rates associated with Alzheimer’s and Suicide are higher ranked among the top ten in Greenville than in than the state and the nation.

	Greenville County (2015-2017)	South Carolina (2015-2017)	United States (2016)
1	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
2	Cancer (Malignant neoplasms)	Cancer (Malignant neoplasms)	Cancer (Malignant neoplasms)
3	Unintentional Injuries/Accidents	Unintentional Injuries/Accidents	Unintentional Injuries/Accidents
4	Alzheimer’s Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	Chronic lower Respiratory Disease	Cerebrovascular Disease/Stroke	Cerebrovascular Disease/Stroke
6	Cerebrovascular Disease/Stroke	Alzheimer’s Disease	Alzheimer’s Disease
7	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
8	Suicide	Nephritis, nephrotic syndrome, nephrosis (kidney)	Influenza and pneumonia
9	Chronic liver disease and cirrhosis	Septicemia	Nephritis, nephrotic syndrome, nephrosis (kidney)
10	Septicemia	Suicide	Suicide



Sources: South Carolina Department of Health and Environmental Control, SCAN, Vital Records, Causes of Death, 2015-2017; SC DHEC Greenville County Health Profile 2019 Report utilizing 2015-2017 data
CDC National Center for Health Statistics, National Vital Statistics Report, United States, 2018 Report utilizing 2016 data

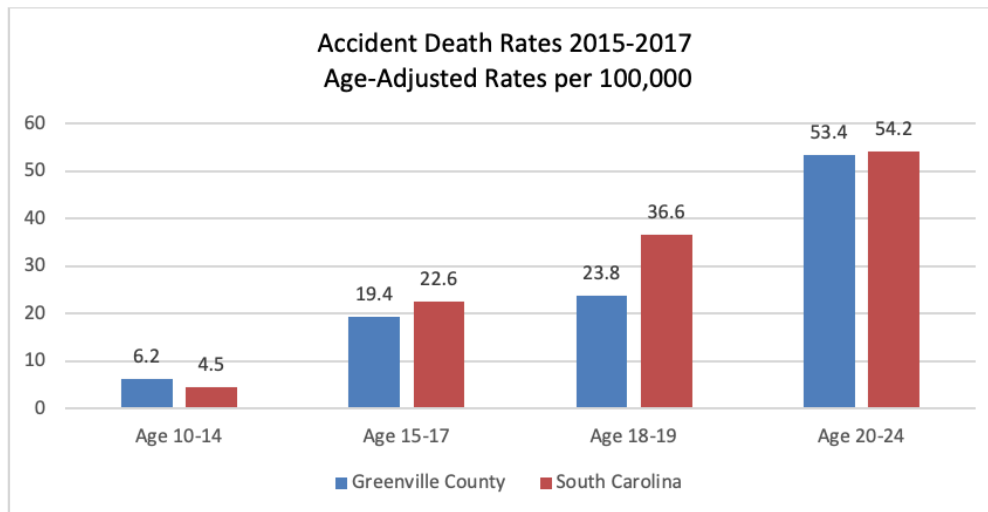
Overall Mortality Data 2015-2017 Age-Adjusted Rates per 100,000					
	Greenville County 2012-2014*	Greenville County 2015-2017	South Carolina 2015-2017	Nation 2016	Healthy People 2020 Goal
Cancer	179.2	152.6 improvement	165.5	155.8	161.4 met
Heart Disease	146.6	157.1	174.0	165.5	--
Stroke	39.4	40.3	45.6	37.3	34.8
Chronic Lower Respiratory Disease	44.2	46.2	48.4	40.6	--
Alzheimer's Disease	37.0	54.9	45.4	30.3	--
Diabetes	18.7	21.1	23.4	21.0	--
Accidental Drug Overdose	15.2	18.2	16.7	18.2	11.3
Motor Vehicle Collisions	15.0	18.0	20.5	12.1	12.4
Falls	10.8	13.0	9.3	9.7	7.2
Unintentional Drowning	1.7	1.0 improvement	1.5	1.4	--
Suicide	15.8	14.9	15.6	13.5	10.2
Influenza and Pneumonia	6.6	4.7 improvement	6.6	13.5	
Infant Mortality	5.8	5.8	6.8	5.87	6

Note: Those in red indicate the health statistic has gotten worse AND is worse than the state.

Leading Causes of Death for Children in South Carolina

Age Group	Top 3 Leading Cause of Death (South Carolina)
Under 1	1) Congenital Malformation, Deformations, Chromosomal Abnormalities 2) Disorders Related to Short Gestation 3) Accidents
1-4 Years	1) Accidents 2) Congenital Malformation, Deformations, Chromosomal Abnormalities 3) Homicide
5-14 Years	1) Accidents 2) Malignant Neoplasms 3) Suicide
15-24	1) Accidents 2) Suicide 3) Homicide

Sources: *Data collected in previous CHNA, South Carolina Department of Health and Environmental Control, SCAN, Vital Records, Causes of Death, 2015-2017; SC DHEC Greenville County Health Profile 2016 and 2019 Report utilizing 2012-2016 and 2015-2017 data CDC National Center for Health Statistics, National Vital Statistics Report, United States, 2017 Report



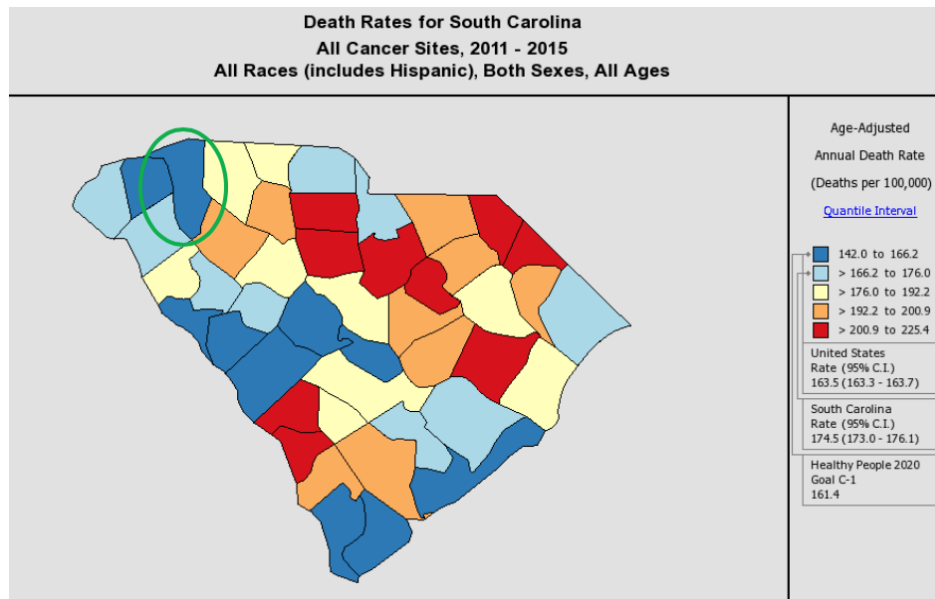
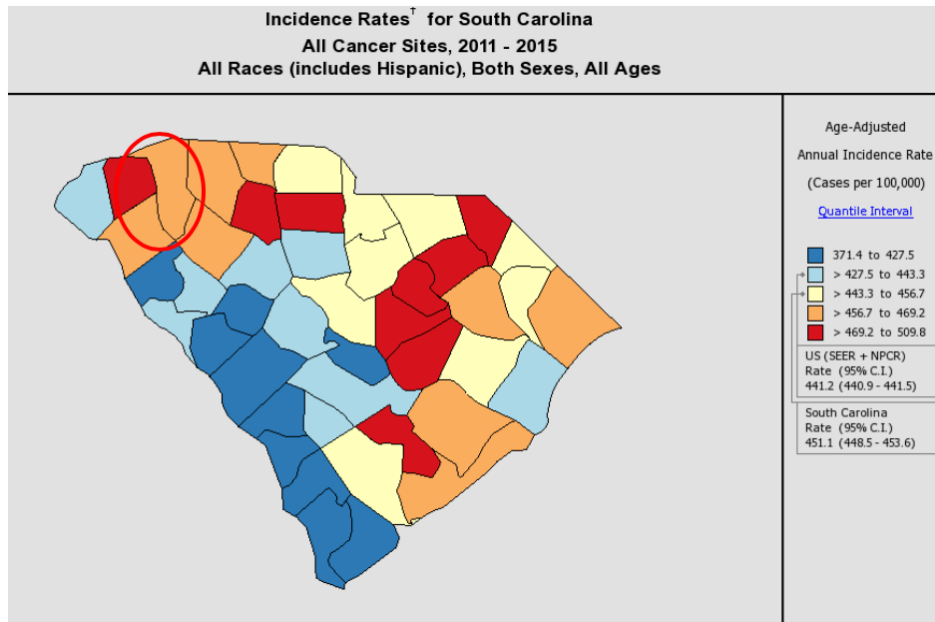
Sources: Department of Health and Environmental Control, SCAN, Vital Records, Causes of Death, 2015-2017

Cancer

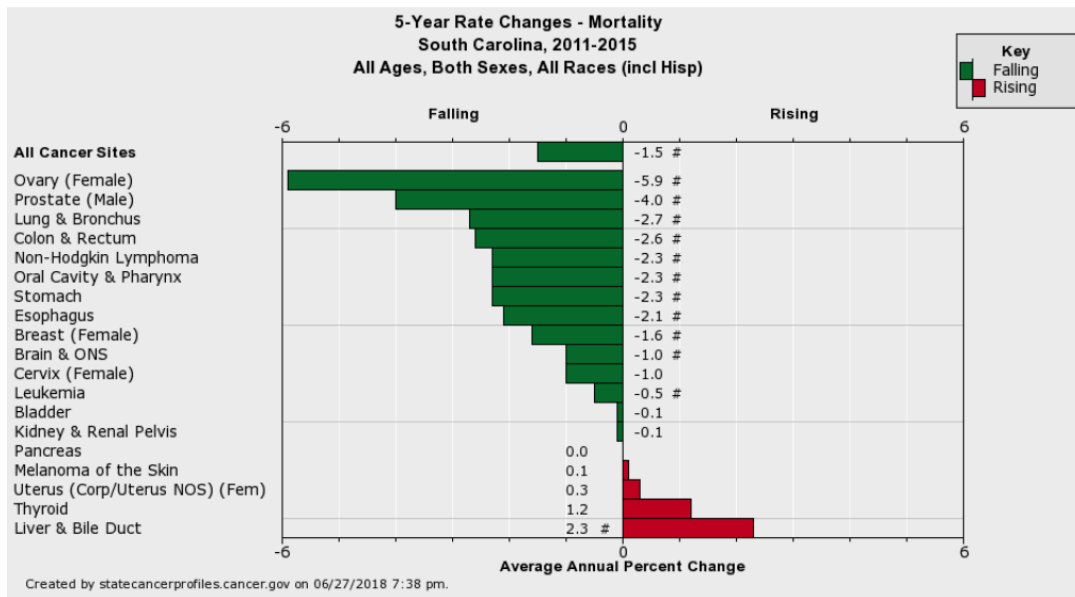
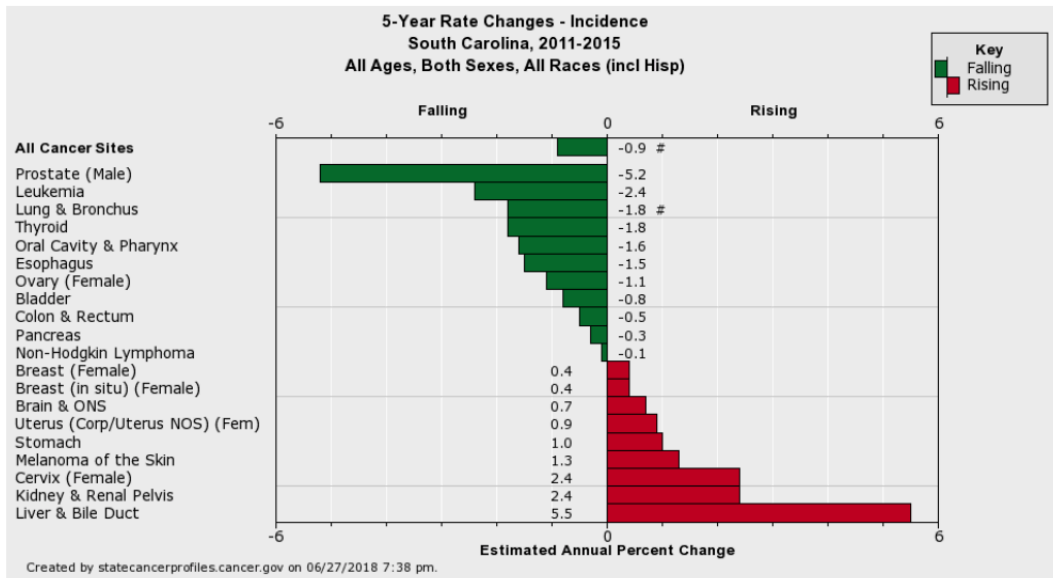
Cancer is the second leading cause of death in Greenville County, the state and nation. While Greenville County has a higher incident rate than the state, its cancer death rates are significantly lower. Greenville ranks 18th highest rate in the state for incidence rate, but the 8th lowest rate for cancer deaths. Greenville County has seen a trend of falling cancer mortality rates over the past several years.

5 Year Average Rates of Cancer Age-Adjusted Rates per 100,000					
	Greenville County 2008-2012*	Greenville County 2011-2015	South Carolina 2011-2015	Nation 2011-2015	Healthy People 2020 Goal
Overall Cancer Incidence		456.9	451.1	441.2	
Overall Cancer Mortality	179.2	165.7 improvement	174.5	163.5	161.4
Breast Cancer Mortality	24.2	21.1 improvement	22.2	20.9	20.7
Lung Cancer Mortality	49.9	44.6 improvement	48.8	43.4	45.5 met
Prostate Cancer Mortality	24.1	20.4 improvement	22.5	19.5	21.8 met
Colorectal Cancer Mortality	16.6	14.0 improvement	15.0	14.5	14.5 met

Source: National Cancer Institute, State Cancer Profiles; *Data collected in previous CHNA in 2016.



Source: National Cancer Institute, State Cancer Profiles



Source: National Cancer Institute, State Cancer Profiles

When looking at racial breakdown of cancer incidence and death, the Hispanic population has significantly lower rates of both incidence and mortality. While whites tend to have slightly higher incidence rates, the black population has significantly higher overall death rates due to cancer and higher death rates among all leading types of cancer as depicted in the chart below.

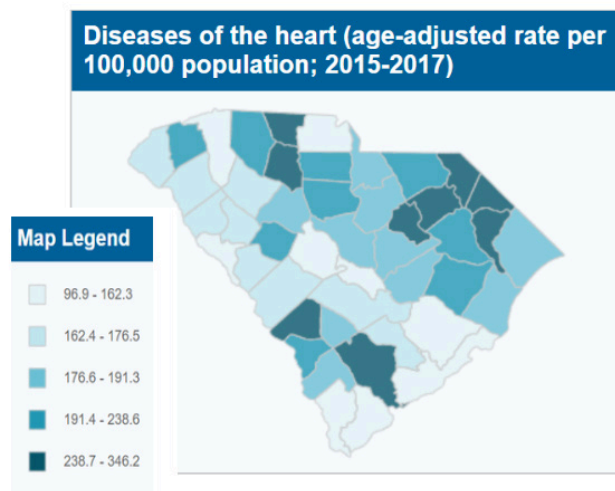
5 Year Average Rates of Cancer Age-Adjusted Rates per 100,000 2011-2015				
	Greenville County	White	Black	Hispanic
Overall Cancer Incidence	456.9	460.8	452.2	345.2
Overall Cancer Mortality	165.7	160.1	206.4	84.2
Breast Cancer Mortality	21.1	19.8	27.6	--
Lung Cancer Mortality	44.6	43.9	50.3	--
Prostate Cancer Mortality	20.4	18.7	38.9	--
Colorectal Cancer Mortality	14.0	12.7	24.2	--

Source: National Cancer Institute, State Cancer Profiles

Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause of death in the United States. According to Healthy People 2020, together, heart disease and stroke, along with other cardiovascular disease, are among the most widespread and costly health problems facing the Nation today, accounting approximately \$320 billion in health care expenditures and related expenses annually.

Heart Disease is also the leading cause of death in Greenville County. The death rate to heart disease has remained fairly consistent since 2009 (rate 161.4), with the exception of the years 2012 and 2013 when the rates were at a lower of 137.7 and 149.6.



Year	Number	Death Rate
2005	778	194.5
2006	747	177.5
2007	757	177.5
2008	775	174.4
2009	748	161.4
2010	751	161.3
2011	774	162.1
2012	681	137.7
2013	766	149.6
2014	791	152.4
2015	834	154.9
2016	873	155.8
2017	915	160.4
Greenville County 2015-2017 avg		157.1
South Carolina 2015-2017 avg		174.0

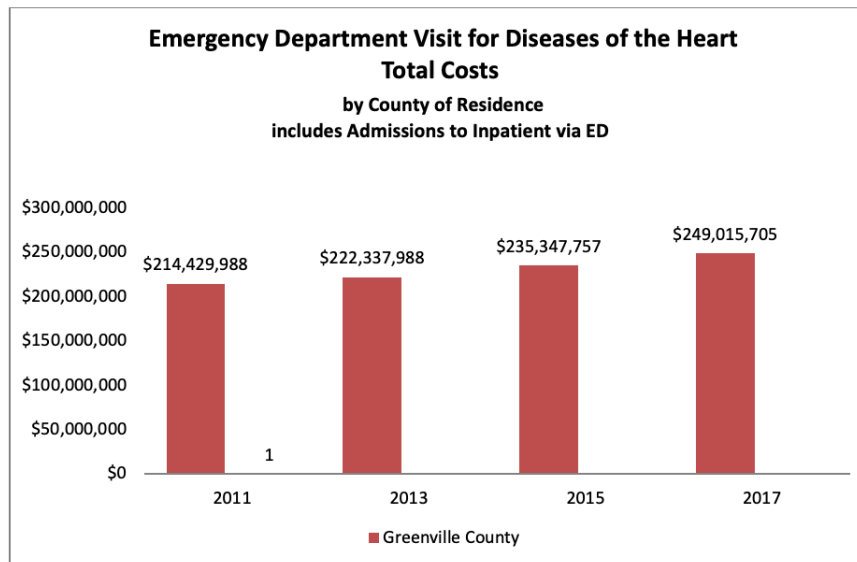
Greenville has a lower heart disease death rate than the state and ranks among the best counties in the state for heart disease.

While the 5th leading cause of death in South Carolina and the nation, cerebrovascular disease, or stroke, is the 6th leading cause of death in Greenville.

Fortunately, heart disease and stroke are also among the most preventable. The leading modifiable (controllable) risk factors for heart disease and stroke are:

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

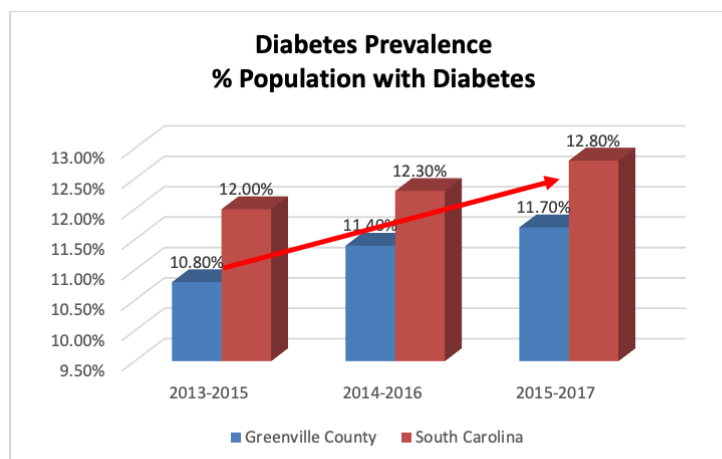
Sources: SC DHEC, South Carolina's Environmental Public Health Tracking Program; SC DHEC SCAN Community Profiles; US Office of Disease Prevention and Health Promotion, Healthy People 2020



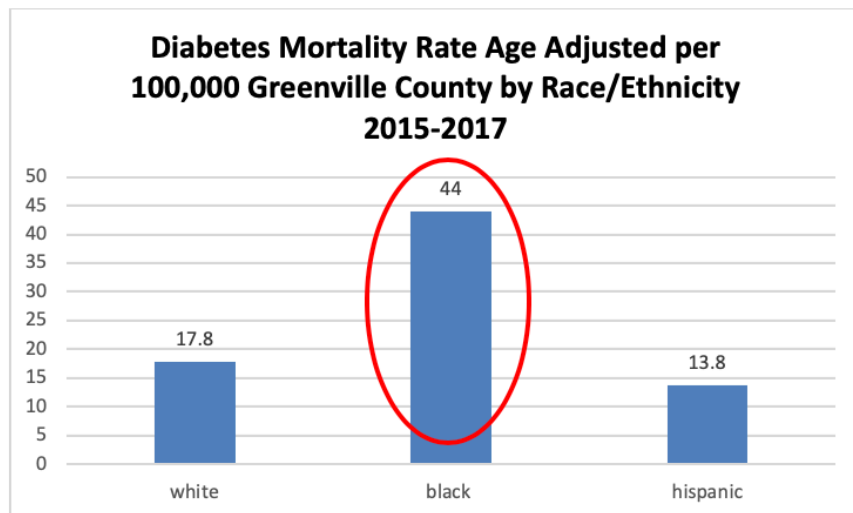
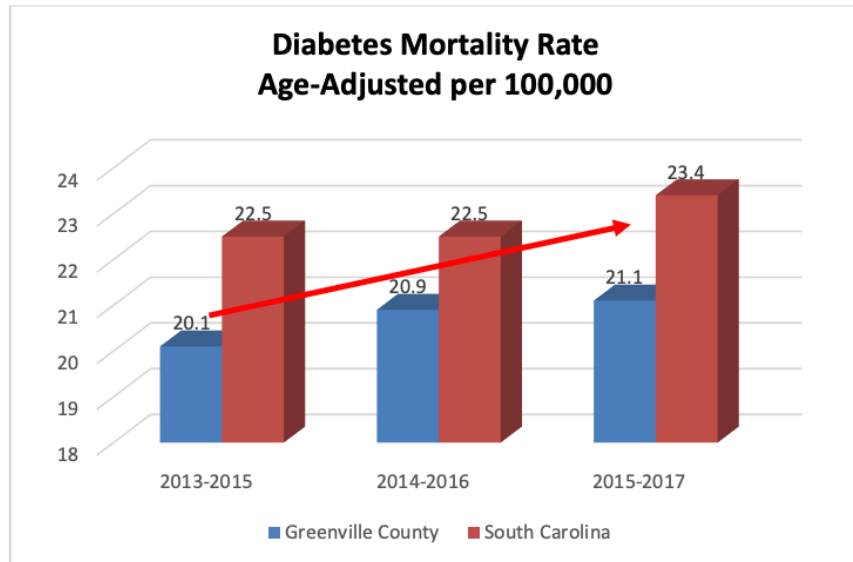
Source: South Carolina Revenue and Fiscal Affairs Office: <http://rfa.sc.gov/healthcare/utilization>

Diabetes

Diabetes remains the 7th leading cause of death for Greenville County as well as for the state and the nation. Greenville ranks 4th for diabetes prevalence and 17th for diabetes death rate (with 1st being best and 46th being worst) in the state. Both prevalence and mortality have steadily increased over the past several years.

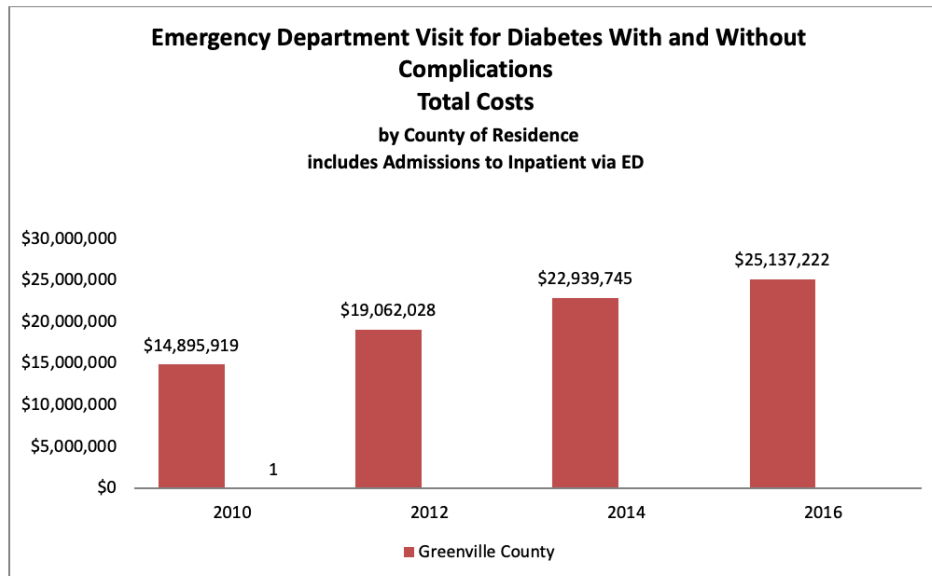


Sources: SC DHEC SCAN Community Profiles



Sources: SC DHEC Greenville County Health Profile 207,2018, 2019 Reports utilizing 2014-2017 data;
SC DHEC, County Health Profiles, <https://gis.dhec.sc.gov/chp/>

People living with diabetes are at risk for many serious complications greatly impacting overall health and quality of life. Complications include serious eye problems, foot problems (sometimes severe enough to lead to lower extremity amputations), and major skin infections and disorders. Individuals with diabetes often have other health risk factors such as overweight and hypertension which together often compromise quality of life.



Source: South Carolina Revenue and Fiscal Affairs Office: <http://rfa.sc.gov/healthcare/utilization>

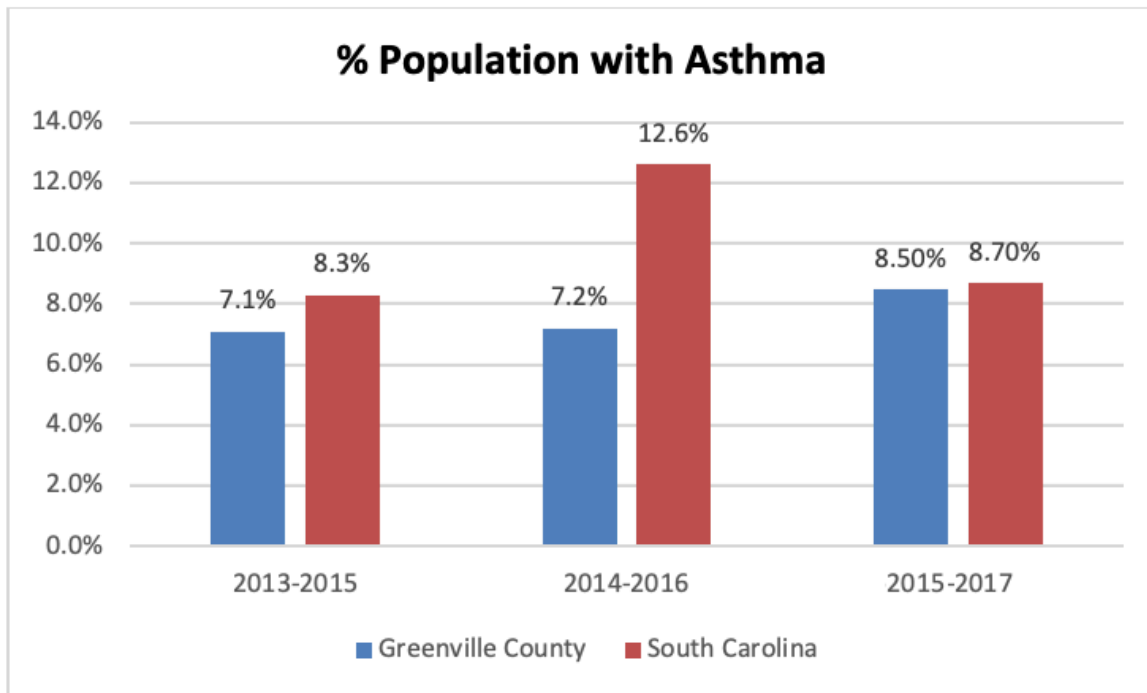
According to Healthy People 2020, the number of diabetes cases continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes, and possibly earlier onset of type 2 diabetes, there is growing concern about:

- The possibility of substantial increases in prevalence of diabetes-related complications in part due to the rise in rates of obesity,
- The possibility that the increase in the number of persons with Diabetes Mortality and the complexity of their care might overwhelm existing health care systems,
- The need to take advantage of recent discoveries on the individual and societal benefits of improved diabetes management and prevention by bringing life-saving discoveries into wider practice, and
- The clear need to complement improved diabetes management strategies with efforts in primary prevention among those at risk for developing type 2 diabetes.

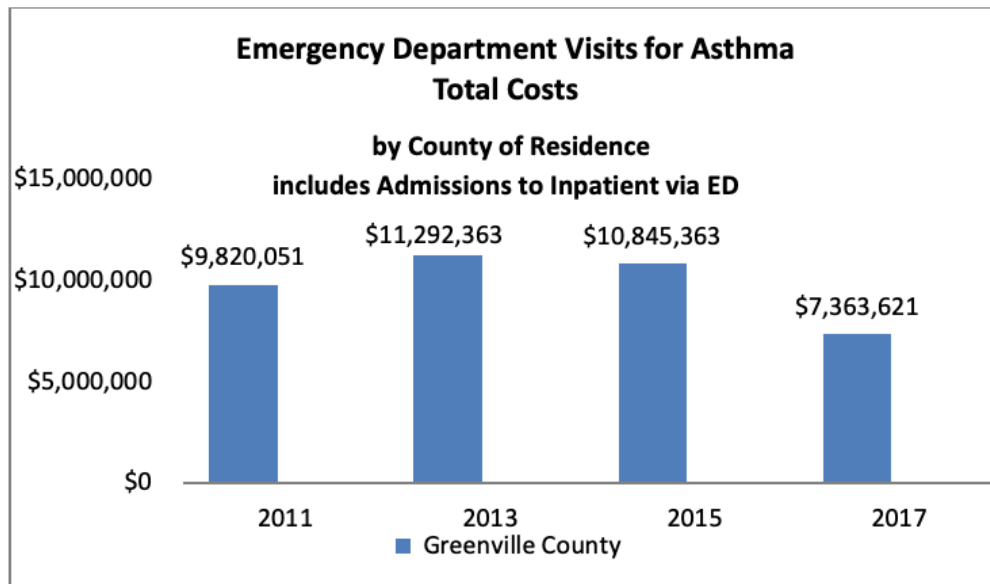
Asthma

The prevalence of asthma has increased nationally since the 1980s. Though deaths from asthma have been decreasing, asthma is a significant health burden. In the US, costs for asthma have more than tripled from an estimated \$6.2 billion in 1990, to an estimated \$20.7 billion in 2012. In a 2018 report published online in the Annals of the American Thoracic Society that utilized CDC data, the costs of asthma to the U.S. economy was estimated at approximately \$80 billion annually in medical expenses, missed work and school days and deaths.

Children are disproportionately affected by asthma. Asthma is the leading chronic disease among children and the leading reason for missed school days. In South Carolina, asthma and related conditions were the leading cause of children’s hospitalizations in 2013, with more than 2,900 admissions. The second leading cause, pneumonia, is diagnosed more frequently in children with asthma.

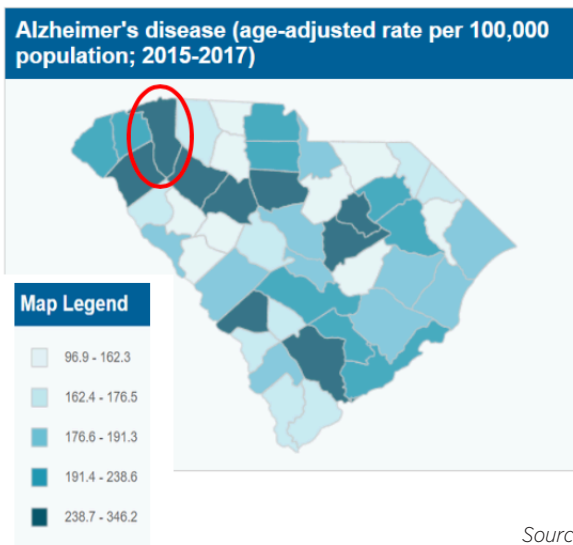


Sources: SC DHEC, County Health Profiles, <https://gis.dhec.sc.gov/chp/>; DHEC Bureau of Community Health and Chronic Disease Prevention Asthma in South Carolina Common, Costly and Climbing, May 2015; American Thoracic Society, Asthma Costs the U.S. Economy More than \$80 Billion Per Year, January 2018 Press release



Alzheimer's

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



Alzheimer's Disease Death Rate Age-adjusted per 100,000

Year	Greenville County	South Carolina
2013-2015	44.6	38.7
2014-2016	50.3	43.0
2015-2017	54.9	45.4

39th

Greenville County Ranks 39th worst county in the state for Alzheimer's death rates

Sources: SC DHEC, County Health Profiles, <https://gis.dhec.sc.gov/chp/>

Mental Health and Substance Abuse

Mental Health

According to the U.S. Health Resources and Service Administration Health Professional Shortage Area (HPSAs) designations, Greenville County has two designated mental health HPSA's. This mental health shortage area is of concern as reports are indicating an increase in mental health issues and high rates of visits to the emergency departments for mental illness. Over time, there has been an increase in the number of youth age 10-17 with emergency room visits for mental illness, which also represents an increasing proportion on the total number of emergency room visits for mental illness that are from youth patients.

Emergency Room Visits for Mental Illness (Includes Inpatient Admissions via ED)				
Greenville County				
	2011	2013	2015	2017
Number visits (all ages)	6,658	6,975	7,327	8,579
Number visits Children age 10-18	498	557	806	1,006
% visits from Children age 10-18	7%	8%	11%	12%
Total costs	\$28,723,549	\$33,692,834	\$37,795,426	\$45,503,746

According to Mental Health of America State Rankings Report, South Carolina ranks 50th for mental health care access (with 1 being best and 51st being worst).

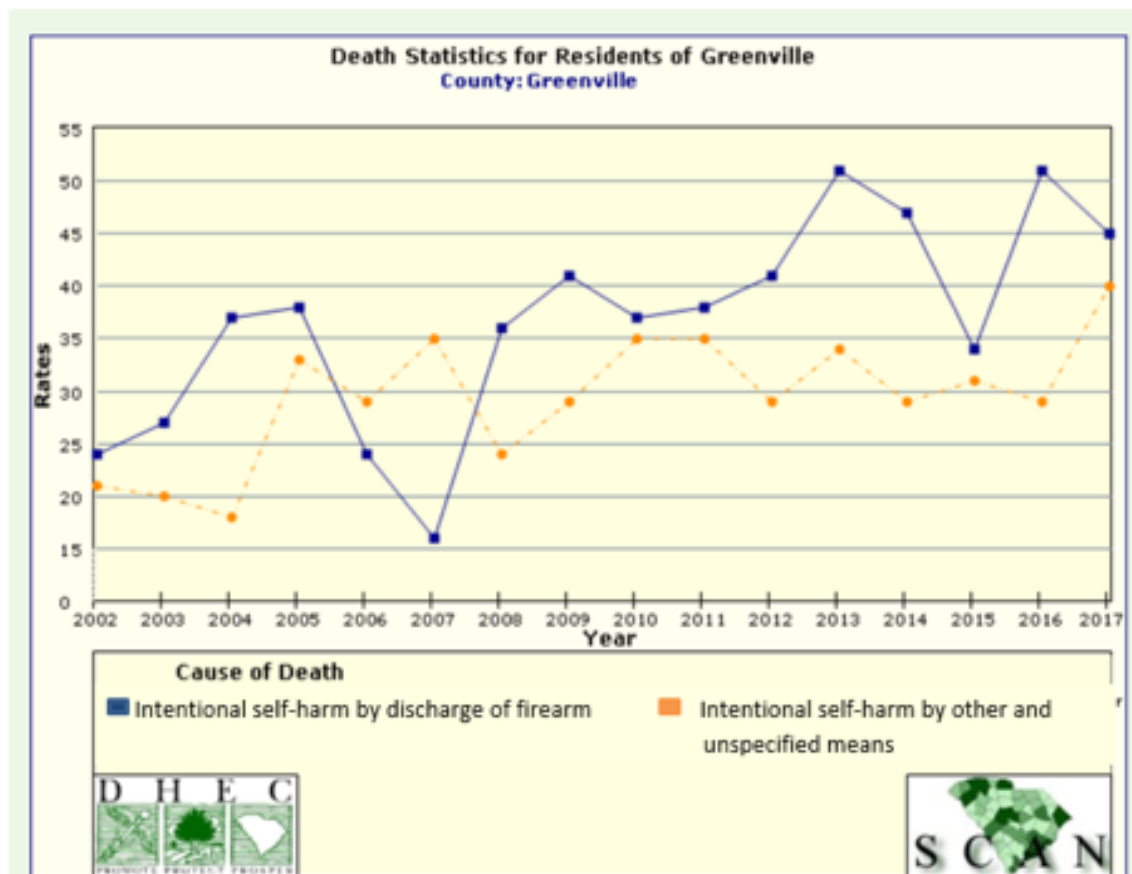
Rank	State	Rank	State	Rank	State
1	Vermont	18	Pennsylvania	35	West Virginia
2	Massachusetts	19	Maryland	36	North Carolina
3	Minnesota	20	Alaska	37	Idaho
4	Maine	21	District of Columbia	38	Arkansas
5	Connecticut	22	Illinois	39	Arizona
6	Rhode Island	23	New Mexico	40	Missouri
7	New Hampshire	24	Hawaii	41	Oklahoma
8	South Dakota	25	Kentucky	42	Virginia
9	Iowa	26	New Jersey	43	Georgia
10	Delaware	27	Nebraska	44	Florida
11	New York	28	Washington	45	Louisiana
12	Oregon	29	Montana	46	Tennessee
13	Wisconsin	30	California	47	Nevada
14	Ohio	31	Wyoming	48	Alabama
15	North Dakota	32	Kansas	49	Texas
16	Michigan	33	Indiana	50	South Carolina
17	Colorado	34	Utah	51	Mississippi

Source: South Carolina Revenue and Fiscal Affairs Office: <http://rfa.sc.gov/healthcare/utilization>; Mental Health of America State Rankings reports <http://www.mentalhealthamerica.net/issues/ranking-states>

Suicide

Another indicator that may help gauge mental health in a community is the amount of suicide and intentional self-inflicted injury visits.

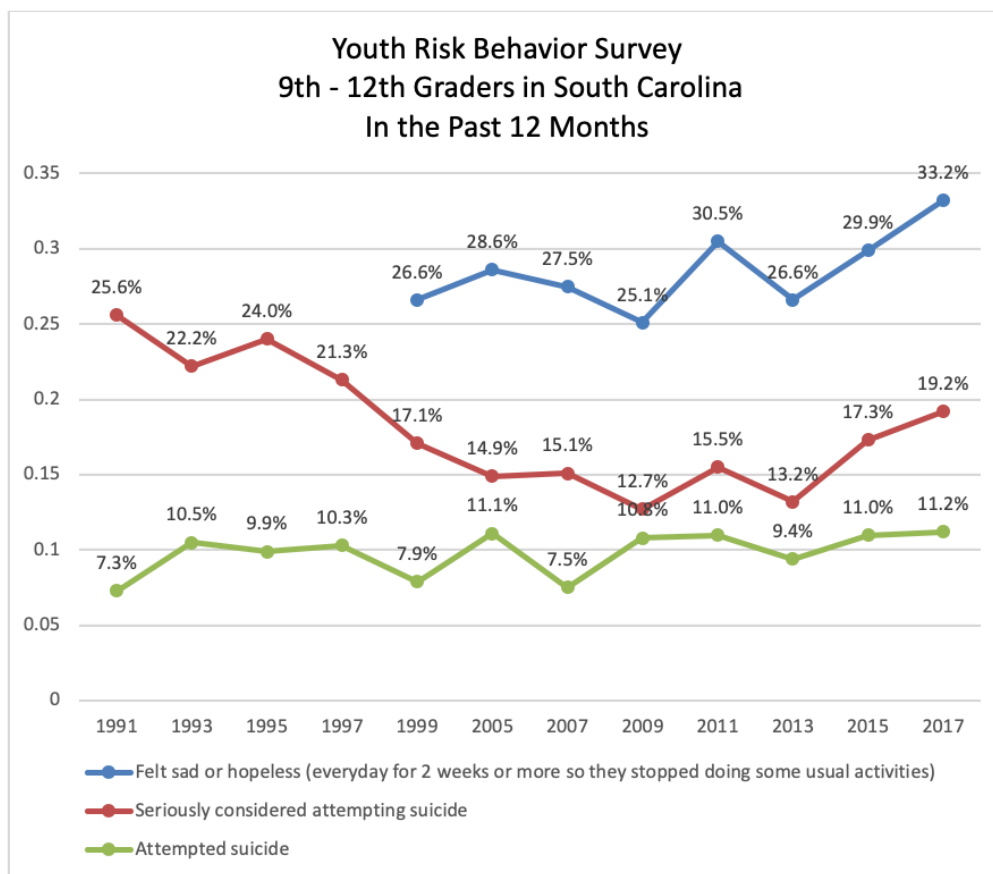
Overall Mortality Data 2015-2017 Age-Adjusted Rates per 100,000					
	Greenville County 2012-2014	Greenville County 2015-2017	South Carolina 2015-2017	Nation 2016	Healthy People 2020 Goal
Suicide	15.8	14.9	15.6	13.5	10.2



Sources: Department of Health and Environmental Control, SCAN, Vital Records, Causes of Death, 2002-2017; SC DHEC Community Health Profiles

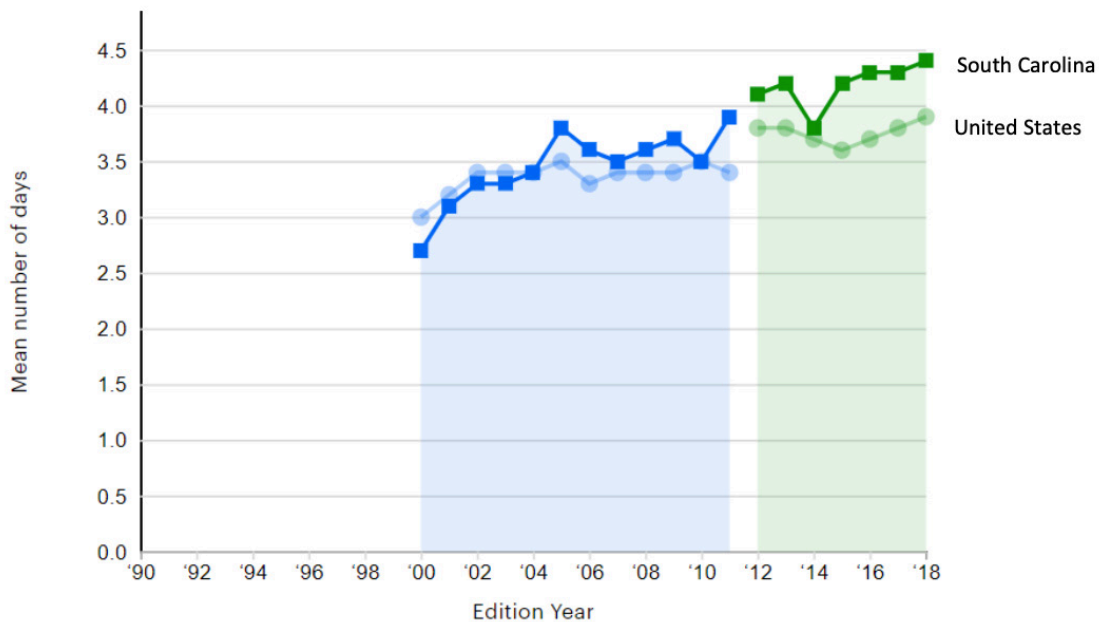
In 2017, on the Youth Risk Behavioral Survey, 33.2% of 9th-12th graders in South Carolina reported that they have felt “so sad or hopeless almost every day for two weeks or more in a row” that they “stopped doing some usual activities”. This represents an increase since 2005, when 28.6% responded they felt this way. Females were more likely to report feeling sad or hopeless for more than 2 weeks (43%) than males (22%).

Similar increases have been reported when high school students were asked if they have ever “seriously considered attempting suicide”. In 2005 approximately 15% answered yes and in 2017, 19% answered yes. A point of interest to note, when viewing more historical data, it was found that between 1991 and 1997 those indicated having seriously considered attempting suicide ranged from 21.3% - 25.6% depending on the year.



Source: Centers for Disease Control, SC Youth Risk Behavioral Survey 1991-2017 available datasets

Trend: Poor Mental Health Days, South Carolina, United States



Mean number of days in the past 30 days adults reported their mental health was not good.

Source: CDC WONDER Online Database utilizing CDC Behavioral Risk Factor Surveillance System, americashealthrankings.org

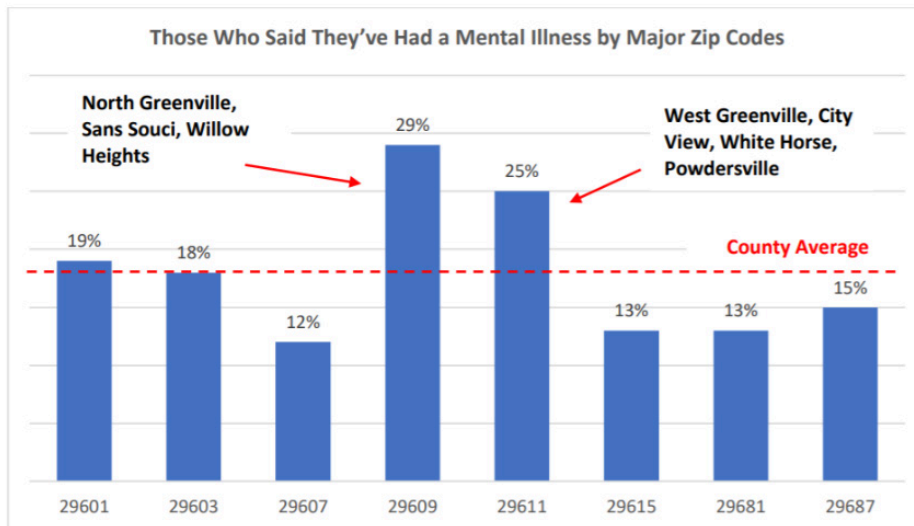
In the Community

In the community survey, top barriers to mental health care included:

1. cost of treatment
2. lack of health insurance
3. transportation
4. long wait lists
5. lack of resources

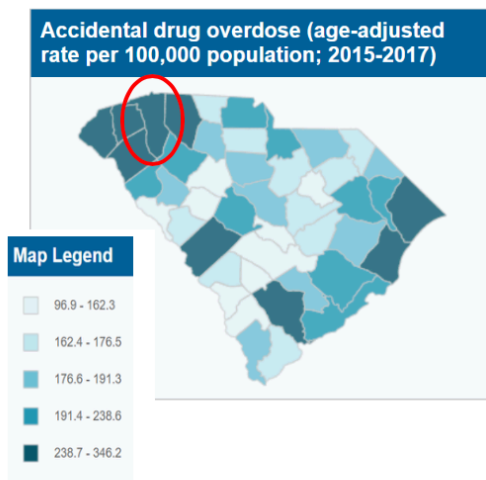
SURVEY RESPONDENTS REPORTED THAT...

- **40% have experienced anxiety**
- **43% have experienced depression**



Drug Use

The National Survey on Drug Use and Health (NSDUH) provides national and state level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent 2015-2016 survey, 8.4% of South Carolina residents reported using illicit drugs in the past month, similar to the percentage in 2010, which was 8.88%. Nationally, 10.57% U.S. residents reported using illicit drugs in the past month up from 8.82% in 2010. Additionally, 3.77% of South Carolina residents reported using an illicit drug other than marijuana in the past month (the national average was 3.5%).



Accidental Drug-Overdose Death Rate
Age-adjusted per 100,000

Year	Greenville County	South Carolina
2013-2015	15.6	13.0
2014-2016	17.0	14.7
2015-2017	18.2	16.7

39th

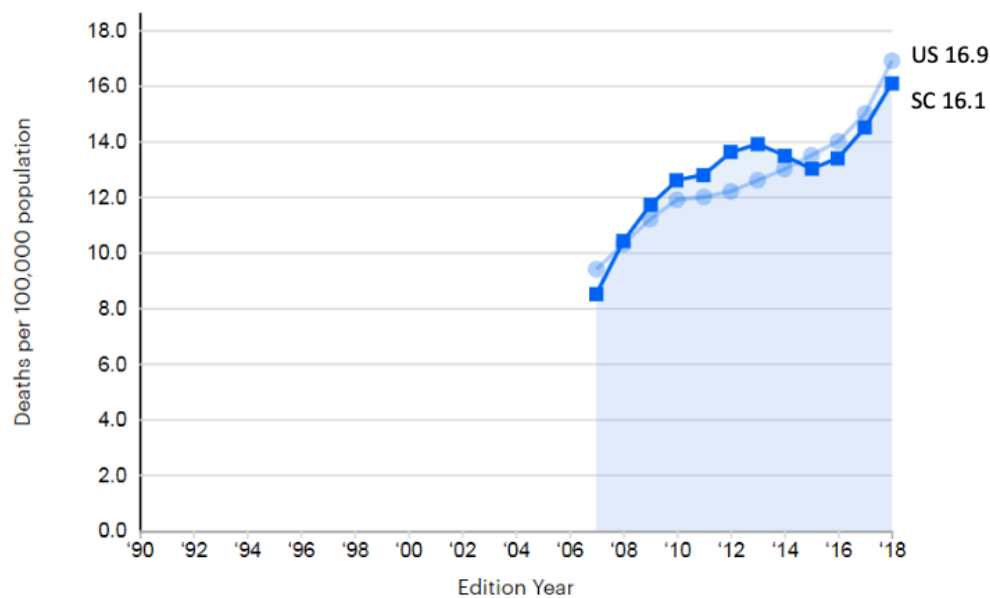
Greenville County Ranks 39th worst county in the state for accidental drug overdose death rates

Sources: SC DHEC Community Health Profiles

Drug-Induced Deaths

The rate of drug deaths in South Carolina and in the U.S. have been on the rise. In 2018, the rate for South Carolina was 16.1, and the national rate was 16.9. These rates have risen considerably since 2007 when rates were 8.4 in South Carolina and 9.4 in the nation.

Trend: Drug Deaths, South Carolina, United States



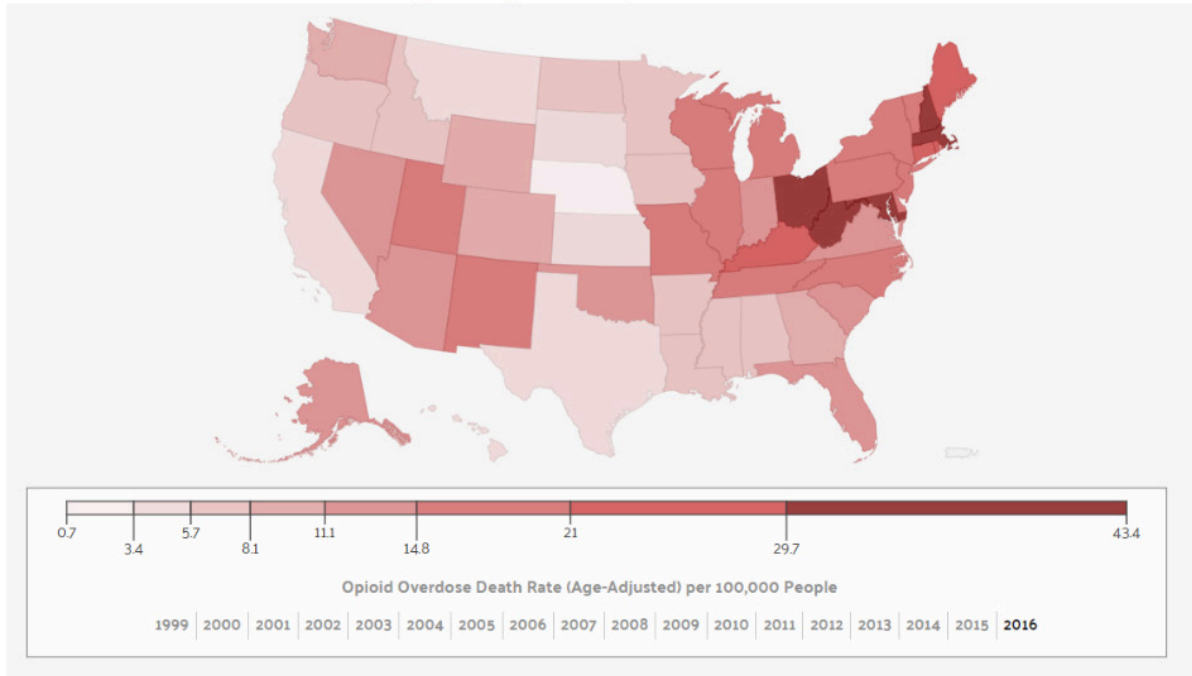
Source:

• CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files

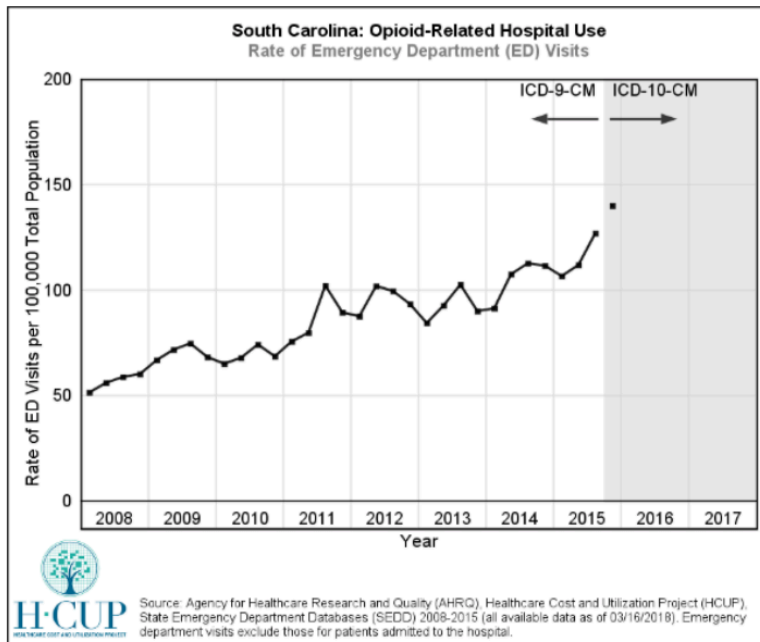
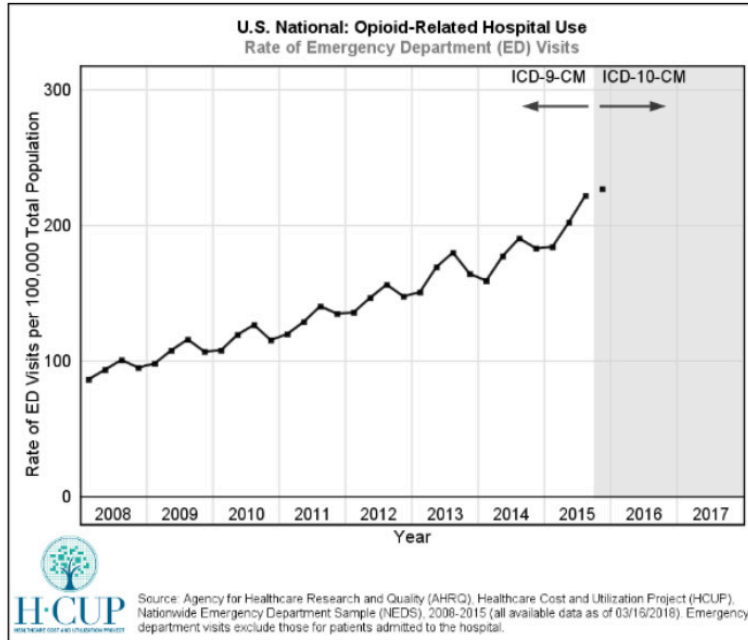
Nationwide, there has been much concern regarding the increase use and addiction of opioid drugs. There has been a significant increase in hospitalizations and death rates in both the nation and in South Carolina due to opioid use.

Sources: CDC WONDER Online Database, americashealthrankings.org

Opioid Overdose Death Rate – 2016
Age-Adjusted, per 100,000



Opioid Overdose Death Rate (Age-Adjusted) is defined as opioid overdose death rate per 100,000 population (age-adjusted). Dataset: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics Source: Kaiser Family Foundation State Health Facts



Sources: Healthcare Costs and Utilization Project (HCUP); Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). <https://www.hcup-us.ahrq.gov/>

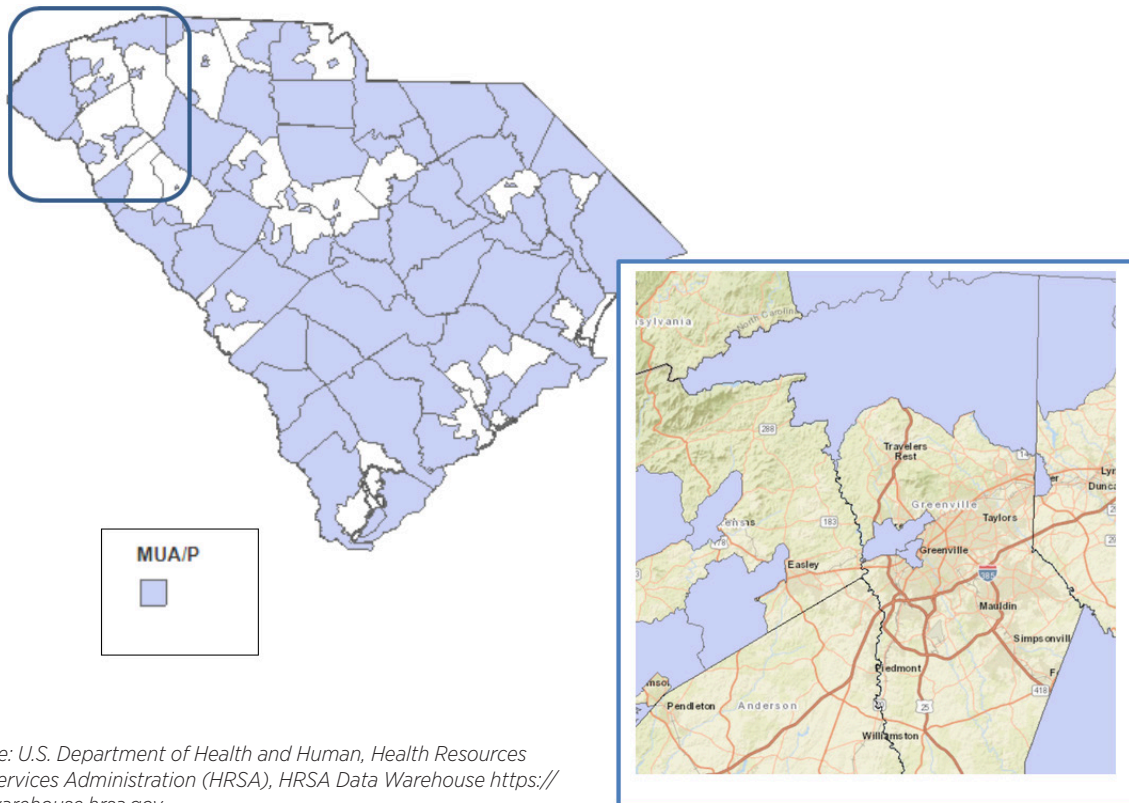
Health Services - Access and Preventive Clinical

Health Professional Shortage Areas

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human, reviews and classifies Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage of health professionals.

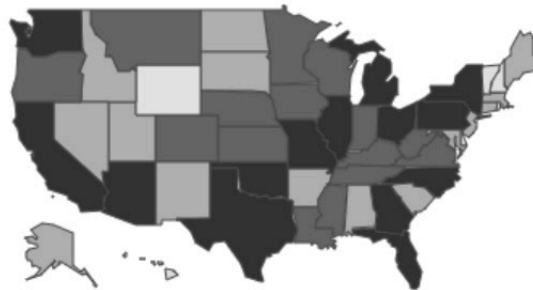
HRSA also designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), which identify geographic areas and populations with a lack of access to primary care services. The Federal government uses HPSAs, MUAs and MUPs to determine eligibility for a number of government programs. MUA/P is a federal designation and takes into account the following: percentage of population below poverty level, percentage of population age 65 +, infant mortality rate, and ratio of primary care physicians per 1,000.

2017 reports designate Greenville County with some areas classified as MUA/Ps (in gray), however, in general, Greenville County has fewer MUA/P designations than the rest of the state.



Source: U.S. Department of Health and Human, Health Resources and Services Administration (HRSA), HRSA Data Warehouse <https://datawarehouse.hrsa.gov>

Health Professional Shortage Areas by Geographic Area - Total



Lowest  Highest

Health Professional Shortage Areas by Geographic Area - South Carolina

# HRSA Designated Health Professional Shortage Areas in Greenville County	
Primary Care	3
Dental Health	2
Mental Health	2



Lowest  Highest

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HRSA Data Warehouse <https://data-warehouse.hrsa.gov>; HRSA <https://gisportal.hrsa.gov/factsheetmaps/>

Person to Provider Ratios

The persons to medical providers ratio is lower in Greenville County than other parts of the state. Across all categories, there appears to be improvement on the number of providers per person.

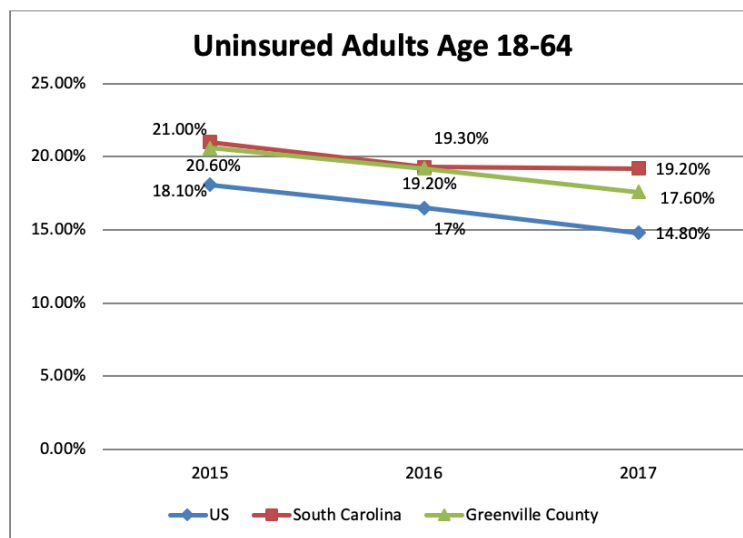
	Greenville County		South Carolina	
	2012	2016	2012	2016
Primary Care Physicians	1,068:1	950:1	1,521:1	1,490:1
Dentists	1,718:1	1,560:1	2,002:1	1,840:1
Mental Health Providers	693:1	470:1	773:1	610:1

Source: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation

Health Care Access and Preventative Care

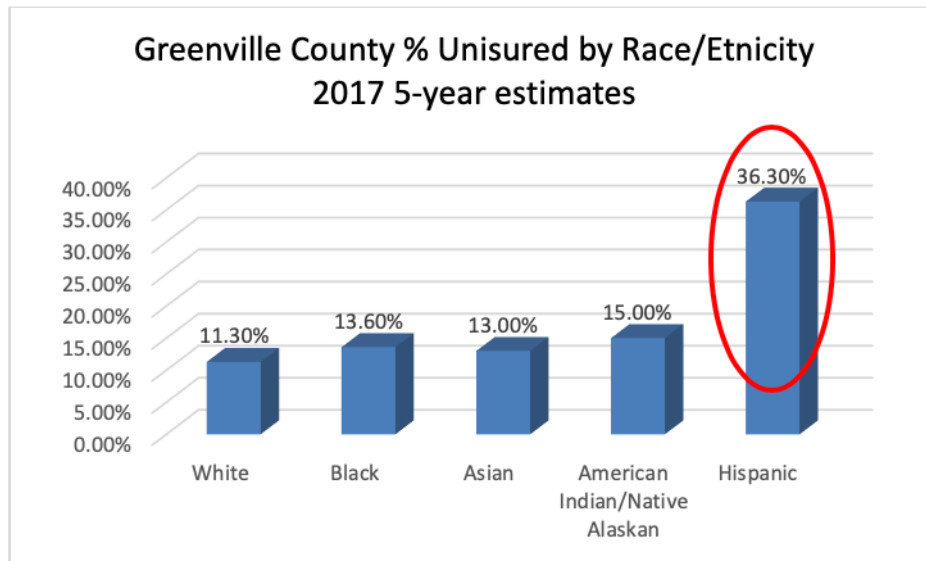
Uninsured

The health insurance coverage rate is, in part, a reflection of the quality of jobs in a specific area, and the changes in the rate of coverage and the distribution of the coverage could reflect the economic trends. In 2014, the implementation of the Affordable Care Act (ACA) produced significant changes in the insurance coverage rates. There has been a downward trend in the uninsured rates across the nation, state and county.



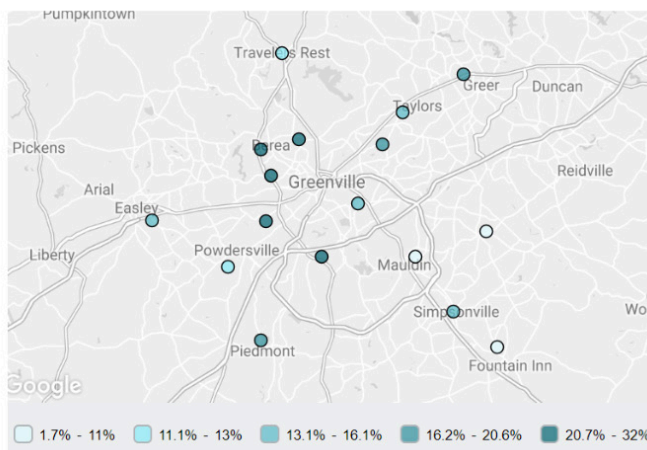
Source: US Census Bureau, American Community Survey 5-year estimates for Uninsured Adults age 18-64

Disparities in health insurance coverage exists, particularly for the Hispanic populations with 36.3% of the Hispanic population in Greenville County being without health insurance coverage.



Source: US Census Bureau, American Community Survey 5-year estimates for Uninsured

Geographic Areas - % uninsured under the age of 65



Source: US Census Bureau, 2018 Quick Facts mapping, 2018 % uninsured under the age of 65

IMPACT OF ACCESS TO HEALTH CARE

IMPACT OF ACCESS TO HEALTH CARE

65% OF GREENVILLIANS RANK THEIR OWN HEALTH AS VERY GOOD OR EXCELLENT; HOWEVER, ONLY 45% OF THOSE WITHOUT INSURANCE AND 42% OF THOSE WITH INCOME UNDER \$25,000 RANK THEIR HEALTH AS VERY GOOD OR EXCELLENT

-- COMMUNITY SURVEY

Individuals who have identified a usual primary care provider are more likely to get routine medical screenings. In addition, seeking care when needed and getting preventive, routine care can improve overall health outcomes. Below provides measure of access and preventive care factors.

Access and Care Factors 2017				
	Greenville County 2013-2015	Greenville County 2015-2017	South Carolina 2015-2017	Healthy People 2020 Goal
Have a usual primary care provider – one person considered a personal doctor or health care provider	78.9%	78.1%	78.0%	83.9%
Delayed seeing a doctor in the past 12 months due to costs	15.3%	12.9% improvement	15.8%	9%
Cholesterol check (w/in last 5 years) *	77.0% 2013	85.5% improvement	85.5%	82.1% met
Colorectal screening based on guidelines, colonoscopy age 50-75*	--	66.8%	66.8%	70.5%
Mammogram age 40+ within past 2 years *	69.5% 2013	67.2%	68.7%	81.1%
Received influenza vaccine, age 65+ In the last year	60.3%	61.5%	62.4%	90%
Received pneumonia vaccine, age 65+ In the last year	73.6%	76.7%	73.4%	90%

*Greenville-Anders-Mauldin MSA through CDC BRFFS Prevalence and Trend Data search
Source: SC DHEC, County Health Profile County Tables; 2016 CDC BRFFS 2013, 2016 and 2017 age-adjusted data

In the Community

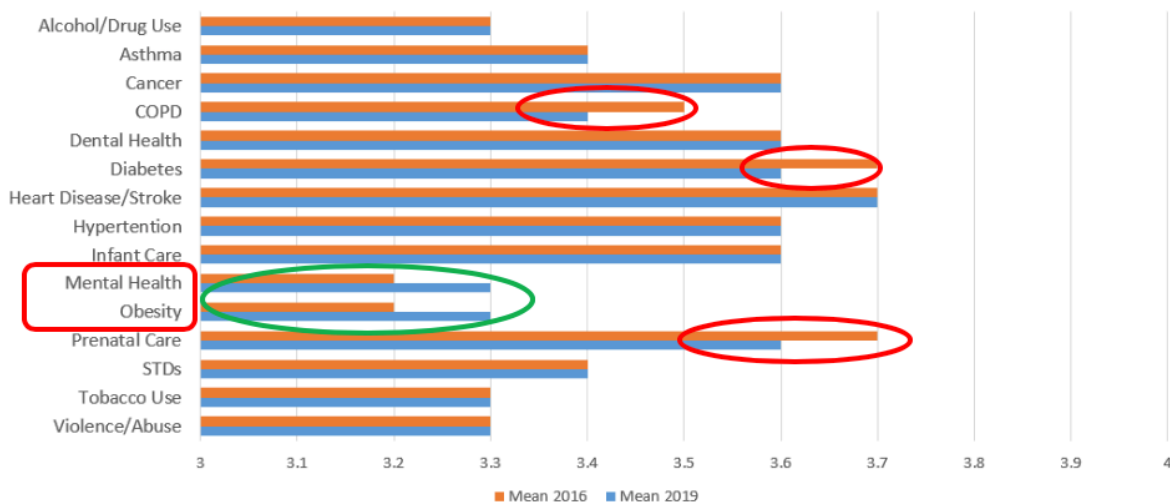
Only 54% of survey respondents agreed or strongly agreed that “Greenville is a healthy place because you can get affordable health insurance”. However, this is a significant increase from 2016, when only 46% agreed or strongly agreed with this statement.

Community Programs and Services

In the Community

The strength of programs and services meeting the needs in the community was assessed through the community survey. As in 2016, mental health and obesity programs rank low in relation to meeting community need. However, there have been marketed perceived improvements in these areas. There has been a perceived decline in programs meeting community need in the areas of diabetes, COPD, and prenatal care.

How well do **Health Programs** meet the needs of your community? Changes from 2016.



Community Feedback - Focus groups

Qualitative data was gathered by conducting a series of community focus groups.

- Town Hall
- Community Focus Group
- Stakeholders Focus Group
- Community Advisory Committee Discussions

Topics discussed with the focus groups included:

1. General Health of the Community
 - General sense of health, wellness, lifestyle, environment, etc.
2. Health Conditions
 - Biggest concerns – illness, death
 - Perceived health trends
3. Access and Quality
 - Where people go for care, access
 - Gaps in service, barriers
 - Perceived quality of care

Town Hall and Community Focus Group Findings

Two discussion groups were hosted by Bon Secours on April 29, 2019 and facilitated by The Johnson Group. One group was a large town hall discussion among leaders of social service agencies, senior health groups, free medical clinics and others in tune with the needs of at-risk populations in Greenville County.

The second group consisted of neighborhood leaders, organizers and advocates. This smaller group represented the interests of urban and suburban residents, mostly from less affluent communities that are home to lower-income families, minority families and the elderly.

The primary interests of both groups tilted toward quality of life and economic issues that contribute to health care problems yet fall outside of traditional health care services. Housing, economic mobility, transportation and availability of healthy food were among the most important issues raised by the participants in both groups.

Community Priorities

Using facilitated discussion and group voting, each of the two groups identified long lists of community concerns and then narrowed them down to prioritized lists. The numbers shown depict the number of votes for the issue from participants in each group.

Town Hall Group:

- Affordable housing (36)
- A 24/7 community transportation system that serves the whole county (21)
- Navigators to coach those in need through government, social, health, and financial services
- Access to affordable health care (17)
- Financial instability that keeps people in poverty (14)
- Food insecurity and inability to obtain healthy food options (13)

Community Focus Group:

- Affordable housing (11)
- Access to affordable, coordinated health care for poor and homeless (10)
- Safer neighborhoods--street lights, sidewalks, less crime (7)
- Transportation to serve more of the county (6)
- Address food deserts and access to healthy food (5)

Additional community feedback was gathered through a stakeholder discussion groups and through meetings with Community Advisory Committee. Combining feedback across all four focus/discussion groups, below provides a summary of the common themes in regard to the strengths and challenges in Greenville as it pertains to health combined feedback.

STRENGTHS	CHALLENGES
<ul style="list-style-type: none"> • More healthy food options than in the past, but still food desert areas • More options for recreation than in the past (parks, trails, gyms) • Overall good economy in Greenville • A lot of health care services and options • Good, quality healthcare in Greenville • Community safety 	<ul style="list-style-type: none"> • Transportation • Affordable housing • Access to care (rural, southern/northern ends of county, low income, uninsured) • Obesity and Healthy Lifestyles • Mental Health • Childhood Trauma, Violence in the home • Access to healthy foods/food insecurity • Health Equity and Cultural Competency • Gentrification • Economic mobility

Appendix

Summary of 2016-2019 Priorities

1. Access to Behavioral Health

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

GOAL 1: Use collaborative efforts to identify and implement evidenced based practices to improve outcomes for behavioral health in Greenville County.

GOAL 2: Develop strategies for the integration of behavioral health within BSSFHS/BSMG.

2. Housing/Social Environment

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

GOAL 1: Advocate for a comprehensive affordable housing strategy to address housing inequities in Greenville County and its municipalities.

GOAL 2: Strengthen the infrastructure of the Sterling Land Trust to increase its capacity to focus on affordable housing initiatives.

GOAL 3: Partner with organizations to address the housing affordability gap in Greenville.

3. Obesity/Wellness

OUTCOME: Reduction of modifiable risk factors associated with overweight/obesity.

GOAL 1: Reduce one or more modifiable risk factors associated with chronic disease in two identified patient populations.

GOAL 2: Increase knowledge and raise awareness of the effects of childhood obesity.

Data Sources Reviewed and Utilized

1. U.S. Census Bureau, Population Estimates Program (PEP); <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
2. U.S. Census Data , Population Mapping, updated 2017; <https://statisticalatlas.com/state/South-Carolina/Population>
3. U.S. Census Bureau Quick Facts; <https://www.census.gov/quickfacts>
4. U.S. Census Bureau, American Community Survey 5-Year Estimates; <https://factfinder.census.gov>
5. SC Department of Employment and Workforce; <http://dew.sc.gov/about-lmi.asp>; Greenville County Community Profile, Updated 4/29/2019.
6. SC Law enforcement Division, 2017 Crime in South Carolina Report, <http://www.sled.sc.gov/documents/CrimeReporting/SCCrimeBooks/2017%20Crime%20in%20South%20Carolina.pdf>
7. The Violence Policy Center, When Men Murder Women An Analysis of 2016 Homicide Data, September 2018; <http://vpc.org/studies/wmmw2018.pdf>
8. Hispanic Alliance, Hispanics in Greenville, A Community Needs Assessment Evaluating the Current State of the Hispanic/Latino Community in Greenville County, 2018 research conducted by Furman University
9. County Health Rankings and Roadmaps, Robert Wood Johnson Foundation; 2019 South Carolina State Reports; www.countyhealthranking.org
10. 2018 The State of Obesity Report, a project of the Trust for America's health & The Robert Wood Johnson Foundation <https://stateofobesity.org/>
11. Healthcare Costs and Utilization Project (HCUP); Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). <https://www.hcup-us.ahrq.gov/>
12. Centers of Disease Control, Behavior Risk Factor Surveillance Survey; https://www.cdc.gov/brfss/annual_data/annual_2016.html; <https://www.cdc.gov/brfss/index.html>
13. CDC, Behavioral Risk Factors Surveillance Survey, Prevalence and Trends Data, search by state and MMSA <https://nccd.cdc.gov/BRFSSPrevalence/>

14. Centers for Disease Control; <http://www.cdc.gov/DataStatistics/> ; <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm> ; <https://sortablestats.cdc.gov/#/indicator>
15. South Carolina Behavior Risk Factor Surveillance Survey, SC DHEC ; <http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/BehavioralRiskFactorSurveys/>
16. 2017 South Carolina Youth Risk Behavioral survey 2017 data and data trends report; <https://ed.sc.gov/districts-schools/school-safety/health-safety-surveys/sc-youth-risk-behaviors-survey-yrbs/2017-sc-trend/>
17. Centers of Disease Control Environmental Public Health Tracking; <https://ephtracking.cdc.gov/InfoByLocation/>
18. Center for Disease Control and Prevention, National Center for Health Statistics, Report: Health United States, 2017; <https://www.cdc.gov/nchs/data/hus/17.pdf>
19. Centers of Disease Control Interactive Atlas of Heart Disease and Stroke; <https://nccd.cdc.gov/DHDSAtlas/Default.aspx?state=SC>
20. South Carolina County Health Profile, SC DHEC; <https://gis.dhec.sc.gov/chp/>
21. SC Vital and Morbidity Statistics Report 2017; <http://www.scdhec.gov/Health/docs/BiostatisticsPubs/VitalMorbidityStat/VMS2017.pdf>
22. SC DHEC, South Carolina's Environmental Public Health Tracking Program; <http://www.scdhec.gov/Apps/Health/EPHT/Default.aspx>
23. DHEC, South Carolina Community Assessment Network; <http://scangis.dhec.sc.gov/scan/>
24. 2014-2015 Adult Tobacco Survey, SC DHEC
25. Smokeless Tobacco and E-cigarettes CDC Fact Sheets: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/use_us/index.htm; https://www.cdc.gov/tobacco/basic_information/e-cigarettes/
26. South Carolina Revenue and Fiscal Affairs Office: <http://rfa.sc.gov/healthcare/utilization>
27. DHEC Bureau of Community Health and Chronic Disease Prevention Asthma in South Carolina Common, Costly and Climbing, May 2015
28. American Thoracic Society, Asthma Costs the U.S. Economy More than \$80 Billion Per Year, January 2018 Press release

29. America Health Rankings, United Health Foundation, BRFSS data; <https://www.americashealthrankings.org>
30. Healthy People 2020; <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
31. Mental Health of America State Rankings; <http://www.mentalhealthamerica.net/issues/ranking-states>
32. SC Kids Count Greenville County Report 2009, 2015, 2018; <http://www.sckidscount.org/>
33. HealthLandscape Beta (mapping source); <http://www.healthlandscape.org/>
34. SC Campaign for the Prevention of Teen Pregnancy; <http://www.teenpregnancysc.org/>
35. USDA Food Desert Locator; <http://www.ers.usda.gov/data/fooddesert/>
36. CDC Sexually Transmitted Diseases Surveillance System, 2017 Report; <https://www.cdc.gov/std/stats17/default.htm>
37. Dataset USA, <https://datausa.io/profile/geo/greenville-county-sc#housing>
38. America's Health Rankings, <https://www.americashealthrankings.org>
39. Feeding America, Map the Meal Gap, <https://map.feedingamerica.org/county/2017/overall/south-carolina>
40. National Survey on Children's Health <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>
41. CDC Query Web-based Injury Statistics Query and Reporting System (WISQARS); <https://www.cdc.gov/injury/wisqars/index.html>
42. US Office of Disease Prevention and Health Promotion, Healthy People 2020; <https://www.healthypeople.gov/2020/topics-objectives>
43. US Census Bureau Quickfact Mapping; % uninsured under the age of 65; <https://www.census.gov/quickfacts/fact/map/abbevillecitysouthcarolina,chicagocityillinois/HEA775217>

CHNA Team

CHNA Advisory Team

Marcus Blackstone, MD*Senior Group Lead Physician*Primary Care, Bon Secours Medical Group,
Greenville

Bon Secours St. Francis Health System

Natalie Dougherty*Community Benefits Manager*

Bon Secours St. Francis Health System

Melissa Fair*Principal Investigator and Evaluation Director*

LiveWell Greenville

Furman University

Carson W. Felkel II, MD, FAPA*Lead Physician Behavioral Health Program*

Bon Secours St. Francis Health System

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Greenville Free Medical Clinic

Lillie Hall*Community Systems Director*

SC DHEC Upstate Public Health Region

Deborah Long*Director Community Health*

Bon Secours St. Francis Health System

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Bon Secours Mercy Health

Carmen Ogles*Faith Communities Coordinator*

Bon Secours St. Francis Health System

Maya Pack*Associate Executive Director*

SC Institute of Medicine and Public Health

JoKeitha Seabrook*Associate VP of Community Impact*

United Way of Greenville County

Katy Smith*Executive Director*

Piedmont Health Foundation

Jessica Weingartner*Director of Mission*

Bon Secours St. Francis Health System

Advisors:**Alex Garvey, Ph.D.***VP of Mission*

Bon Secours St. Francis Health System

Monty Robertson*Manager, Alliance for a Healthier SC*

South Carolina Hospital Association

Bill Stiles*Director of Strategy & Research**The Johnson Group***Shannon Owen***Independent Consultant*

Community Leaders and Representatives Involved

A variety of community leaders and representatives were involved and provided input into the CHNA. Community leaders and those very knowledgeable of the public’s health needs include individuals working for the local health department. Data was gathered from the state and local health departments. A meeting was held with public health staff to gather their input and perspective on health needs.

Representatives of community residents, inclusive of underserved population were directly involved in the CHNA through the focus group efforts and one-on-one discussions. Some of these representatives also provided assistance to the effort by helping to invite and gather community individuals to participate in the focus groups.

A variety of groups were represented throughout the focus group process as listed below.

Organization Providing Input	Nature and Extent of Input	Medically Underserved, Low-Income or Minority Populations Represented by the Organization
American Cancer Society of Greenville County	Participated in town hall meeting	low-income, medically underserved
American Heart Association	Participated in community focus group	children, general populations
Bon Secours St. Francis Health System	Participated in town hall meeting, community priority setting and strategy identification sessions and planning	low-income, racial and ethnic minority populations, adults, children, general population
City View Coalition	Participated in community focus group and town hall meeting	low-income, racial minority populations
Dunean Community	Participated in town hall meeting	low-income, racial minority populations
Furman University	Participated in community focus group, community priority setting and strategy identification sessions and planning	low-income, minority and ethnic populations, adults, children, general population

Organization Providing Input	Nature and Extent of Input	Medically Underserved, Low-Income or Minority Populations Represented by the Organization
Greenville County Human Relations	Participated in community focus group	low-income, minority and ethnic populations, adults, children, general population
Greenville County Schools	Participated in community focus group	children
Greenville Free Medical Clinic	Participated in community focus group	uninsured, low-income, racial minority populations
Greenville Homeless Alliance	Participated in community focus group	homeless population, medically underserved populations
Greenville Housing Authority	Participated in community focus group	low income, medically underserved populations
Hispanic Alliance	Participated in community focus group	ethnic minority populations
Judson Community	Participated in town hall meeting	low-income, racial minority populations
LiveWell Greenville	Participated in town hall meeting, community priority setting and strategy identification sessions and planning	general population, racial and ethnic populations
Loaves and Fishes	Participated in community focus group	low-income populations
Mental Health America Greenville County	Participated in community focus group	those with mental illness, medically underserved populations
NAMI (National Association for Mental Illness)	Participated in community focus group	those with mental illness, medically underserved populations
New Horizon Family Health Services	Participated in community focus group	low-income, medically underserved, racial minority populations
Nickle Town Community	Participated in town hall meeting	low-income, medically underserved, racial minority populations

Organization Providing Input	Nature and Extent of Input	Medically Underserved, Low-Income or Minority Populations Represented by the Organization
Phoenix Center	Participated in stakeholder focus group	those with substance abuse, medically underserved populations
Piedmont Health Foundation	Participated in community priority setting and strategy identification sessions and planning	low-income, medically underserved
Prisma Health	Participated in community focus group	low-income, racial and ethnic minority populations, adults, children, general population
Project Host	Participated in stakeholder focus group	low-income, homeless, racial and ethnic minority populations
Safe Harbor	Participated in stakeholder focus group	domestic violence survivors
San Souci Community	Participated in town hall meeting	ethnic minority, low-income, medically underserved populations
SHARE	Participated in community focus group	low-income, racial minority
South Carolina Department of Health and Environmental Services	Participated in stakeholder focus group, community priority setting and strategy identification sessions and planning	low-income, medically underserved
South Carolina Hospital Association	Participated in community priority setting and strategy identification sessions and planning	general population
Sterling Community	Participated in town hall meeting	low-income, medically underserved, racial minority populations

Organization Providing Input	Nature and Extent of Input	Medically Underserved, Low-Income or Minority Populations Represented by the Organization
United Way of Greenville County	Participated in stakeholder focus group, community focus group, town hall meeting, community priority setting and strategy identification sessions and planning	low-income, underserved populations
Unity Health on Main	Participated in community focus group	low-income, medically underserved, racial minority populations
United Housing Connection	Participated in community focus group	low-income, homeless populations
West End Greenville Community	Participated in town hall meeting	low-income, medically underserved, racial minority populations

Community Assets Identified

Community assets have been identified as current or potential partners within each of the three priority areas as included below. This list is not limiting, as additional partners may surface as specific strategies are developed.

I. Affordable Housing/Affordable Living

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

Greenville County has experienced much growth over the past several years, with a growth rate double that of the United States and significantly higher than the growth rate of the state of South Carolina. With this growth has come a positive growth in the economy that has been good for the county overall. However, this growth and economic enhancements, particularly in the city areas, have posed some challenges for many families that have been rapidly displaced by gentrification and are finding it now difficult to find, safe affordable housing within areas that have close access to health resources. As the above organizations offer services in the area of housing and homelessness, the rapid growth and change has made it difficult to address the growing housing needs. Some of which can only be addressed by joining together to push for policy change and action over time.

In community meetings, partners have acknowledged housing as a social determinant of health and that lack of housing has a negative impact on health and health equity. Focus groups identified health disparities, health equity, diversity of providers and cultural competency of care as a concern. The top 5 community priorities indicated by community survey respondents are: 1) homelessness, 2) education, 3) access to healthcare, 4) alcohol/drugs, and 5) transportation. Focus groups also indicated affordable housing, gentrification and economic mobility as top concerns.

II. Behavioral Health

- Upstate Behavioral Health Coalition
- Greenville Crisis Response Team
- SC Hospital Association Behavioral Health Coalition
- Greenville Shared Solutions
- FAVOR – Faces and Voices of Recovery
- Department of Mental Health
- NAMI – National Alliance on Mental Illness
- Mental Health America of Greenville County
- The Carolina Center for Behavioral Health
- Phoenix Center
- Safe Harbor
- Compass of Carolina
- Greenville Homeless Alliance
- United Housing Connections
- Greenville Free Medical Clinic
- New Horizon Family Health Services
- Unity Health on Main
- Greenville County Schools
- South Carolina Department of Health and Environmental Control
- Major Health Systems and Network of Care Services:
 - o Bon Secours St. Francis Health System
 - o Prisma Health

The above organizations provide services in the community in the area of Behavioral Health. Many of which have begun conversations and are working together on a collaborative, systemic approach to behavioral health. However, despite the variety of services and beginnings of collaboration, the CHNA data and dialogue in focus groups indicate that Behavioral Health has continued to rise as a priority concern in the community. Death rates associated with suicide are higher ranked among the top ten leading causes of death in Greenville than in than the state and the nation. Greenville ranks 39th worst in the state for Accidental Drug Overdose deaths. Emergency department visits and costs for mental illness have increased each year since 2011. During this same time period, there has been an increase in the number of youth age 10-17 with emergency room visits for mental illness. An increasing proportion of the total number of emergency room visits for mental illness are from youth patients. Finally, Greenville County residents have reported increased poor mental health days each month.

Even with the existence of the above services, top barriers to mental health care, as reported in the community survey, included cost of treatment, lack of health insurance, transportation, long wait lists, lack of resources. In addition, when asked about health programs that are meeting the needs of the community, mental health programs ranked the lowest.

III. Obesity and Related Chronic Illness

- LiveWell Greenville
- Free Medical Clinic
- New Horizon Family Health Services
- Unity Health on Main
- Communities in Schools
- Greenville County Schools
- Greenville County Recreation
- City of Greenville Recreation
- American Cancer Society of Greenville County
- South Carolina Department of Health and Environmental Control
- Piedmont Health Foundation
- Major Health Systems and Network of Care Services:
 - o Bon Secours St. Francis Health System
 - o Prisma Health

Increased awareness around healthy eating and active living has been seen across the county, in large part due to the work of coalitions and partnerships such as LiveWell Greenville. In addition, the community reports an increase in healthy eating options and recreation activities and venues throughout the community. However, in lower-income pockets of the community, particularly those in food dessert areas, do not share the same access to healthy food and activity options as many other parts of the county. Furthermore, 64.5% of those in Greenville County still remain overweight or obese, meaning only 1 in 3 are living at a healthy weight, and South Carolina ranks the 10th worst state in the nation for obesity. Additionally, the leading cause of death in Greenville is heart disease and diabetes rates continue to rise. Both of these can be prevented to a large degree by healthy living behaviors and maintaining appropriate weights. Thus, obesity prevention remains a selected community priority.

During the 2019 prioritization process, community stakeholders gathered to review primary and secondary data and identified priorities for potential action. During this process, it became evident that while a lot of progress was made on previous priorities, continuing to focus on affordable housing, behavioral health and obesity, and related chronic conditions would allow the health system and community to build momentum and develop additional strategies in a focused manner.

Previous CHNA Strategies and Progress:

Behavioral Health

Outcome	Improvements in systems of care and resources for behavioral health patients/clients within our community.
<p>GOAL 1: Use collaborative efforts to identify and implement evidenced based practices to improve outcomes for behavioral health in Greenville County.</p> <p>Strategy 1: Work with community partners to improve coordination as a means to providing more seamless services that maximize patient/client outcomes.</p> <p>Strategy 2: Provide at least 300 hours of training in mental health to advanced practice caregivers (APCs) and nurse practitioners to assist in the diagnosis and treatment of behavioral health.</p> <p>Strategy 3: Implement a screening instrument to identify at risk populations in need of behavioral health.</p>	
<p>GOAL 2: Develop strategies for the integration of behavioral health within BSSFHS/BSMG.</p> <p>Strategy 1: Develop strategies for BSSFHS/BSMG in care coordination of behavioral health services.</p> <p>Strategy 2: Launch the Homeless Management Integration System (HMIS).</p>	

Progress

- Greenville Crisis Response Team (GCRT) – developed to provide a seamless and effective system of intervention for those with mental illness within our community.
- Upstate Behavioral Health Coalition. United Way of Greenville County is convener of the Coalition.
- South Carolina Hospital Association (SCHA) Behavioral Health Coalition.
- Greenville Shared Solutions a crisis intervention center to offer treatment and care for the mentally ill. Designed to keep individuals out of jail and the ER.
- Bon Secours St. Francis & Anderson University created a hub for the placement of student interns studying to be psychiatric nurse practitioners.

- Sixty-seven (67) patients in the Bon Secours St. Francis ED received intervention services from FAVOR.
- HMIS contract was formally signed in 2018 between Bon Secours St. Francis and United Housing Connections. Community health nurses, social workers & ED case management staff were trained to collect data to better serve the homeless.
- Dr. Carson Felkel, MD appointed as Lead Physician for Behavioral Health Program in 2017.
- The Bon Secours Medical Group (BSMG) implemented a Behavioral Health/Primary Care Integrated model.
- Surveyed practitioners of BSMG practices to assess needs with respect to behavioral health care for their patients.
- Launched BSMG depression screening initiative
 - o Depression screening education for staff
 - o Adult depression clinical guidelines
- Ongoing process improvements – LEAN transformation

Obesity

Outcome	Reduction of modifiable risk factors associated with overweight/obesity.
<p>GOAL 1: Reduce one or more modifiable risk factors associated with chronic disease in two identified patient populations.</p> <p>Strategy 1: Partner with Greenville Free Medical Clinic and the North Hills Medical Group to provide education and activities addressing nutrition, physical activity and behavioral health.</p>	
<p>GOAL 2: Increase knowledge and raise awareness of the effects of childhood obesity.</p> <p>Strategy 1: Collaborate with local organizations, including schools that serve children and families to deliver programming and messages to address the risk of being overweight and obese in youth and adults.</p>	

Progress

- Bon Secours St. Francis funded Communities in Schools, to address the risk of obesity in youth.
 - The initiative took place at Berea Middle School between March and June 2018. After school activities were provided for 77 children: nutrition, healthy eating, exercise, sports, gardening & dance.
 - Students reported enjoying the program, changing habits and behaviors.
- Bon Secours St. Francis helped fund University of SC Peer Support study: Yellow Jackets Choose to Bee Healthy.
 - Focus: Applying peer support among students, teachers and parents to encourage healthy eating.
 - Benefits of participating in the study included losing weight, creating a routine for meals, improvement in how students felt, increased energy level and improved sleep.
- Bon Secours St. Francis Health conducted an obesity intervention study in partnership with the Greenville Free Medical Clinic.
 - Intervention included: Evidence-based Diabetes Prevention Program curriculum, restorative exercise and group counseling sessions, coordinated patient participation with BSMG Behavioral Health Therapist and Community Wellness Outreach RN and Healthy Self Exercise Specialist, and free fresh market produce for participants.
 - Target: BMIs of 50-55; 60 participants recruited; 12 participated. Four finished the program.
 - Outcomes for those finishing the program: 3 out of 4 achieved a greater than 5% weight loss and maintained the loss and A1c was lowered
- Bon Secours St. Francis Health served as fiscal agent for multi-year Duke Endowment grant (\$450,000 3-year renewable grant) in partnership with LiveWell Greenville to address obesity by focusing on chronic health conditions and helping communities tackle social issues.

- Bon Secours St. Francis Health supported and participated LiveWell Greenville in activities such as:
 - Early childhood (technical assistance and implementation of healthy eating & active living)
 - Wellness policies in the workplace
 - At Worship with congregations who are majority African American; working to improve health & wellness in churches; recruitment of Hispanic ministers and churches to participate.

Affordable Housing

Outcome	Create change in affordable housing practices/policies in Greenville County.
<p>GOAL 1: Advocate for a comprehensive affordable housing strategy to address housing inequities in Greenville County and its municipalities.</p> <p>Strategy 1: Educate and participate with City and County officials on the importance of affordable housing in Greenville County, its municipalities and the general public.</p> <p>Strategy 2: Advocate for policies that specifically address the preservation of affordable housing in Greenville.</p> <p>Strategy 3: Collaborate with AidJoy a nonprofit capacity building organization to address the needs of the homeless and residents in Pleasant Valley.</p> <p>GOAL 2: Strengthen the infrastructure of the Sterling Land Trust to increase its capacity to focus on affordable housing initiatives.</p> <p>Strategy 1: Implement proven pathways that create an environment for affordable housing, neighborhood improvement and economic development. This is done in support of and in collaboration with the Sterling Land Trust.</p> <p>GOAL 3: Partner with organizations to address the housing affordability gap in Greenville.</p> <p>Strategy 1: Actively engage with coalitions to address affordable housing strategies and homeless issues.</p>	

Bon Secours St. Francis completed its prior CHNA for tax year ending August 31, 2016, and its implementation strategy will be approved by the Board and in place by January 15, 2020. In order to align all hospital year-ends within the Bon Secours Mercy Health, Inc. system, a short period CHNA for tax year was prepared and was approved.

The hospital has not taken any actions towards the CHNA completed as of August 31, 2019 as its implementation strategy was still in development and not yet approved by the Board. Therefore, the hospital has included the actions taken in the previously filed CHNA for tax year ending August 31, 2016.

Progress

- \$3.5M designated by City of Greenville w/ \$5M more committed. County commits \$5M for housing.
- Philanthropic resources committed to support housing.
- Advocacy at the local, state & national levels.
- Op eds – housing and social determinants of health
- Coalition Work:
 - o Homeless Alliance - Homeless Coalition
 - o Triune Mercy Center - United Ministries
 - o First Christian Fellowship - Continuum of Care
- Sterling Land Trust builds its first affordable home. More to come.
- Bon Secours built 5 Habitat homes in Sterling at an investment of \$350,000. Five more to build.
- Mercy Housing SE & Bon Secours join efforts to bring 46 units of affordable housing to Mauldin. Mercy's SC State Tax Credit application currently pending.