

BERKELEY | CHARLESTON | DORCHESTER

TRI-COUNTY

HEALTH LANDSCAPE

2016 Community Health Needs Assessment Report



A Collaborative Effort of Roper St. Francis, MUSC Health and Trident United Way

Message from the Partners

Recognizing our unique ability and position to support a Tri-County region health assessment, Roper St. Francis, MUSC Health and Trident United Way (TUW) partnered to implement a Community Health Needs Assessment (CHNA) in spring 2016. The breadth of medical services provided by our participating healthcare institutions and the depth of community connections held by TUW positioned us well to assess the health issues impacting residents of Berkeley, Charleston and Dorchester counties.

While this groundbreaking collaborative effort has resulted in one of the most comprehensive reviews of the Tri-County health landscape to date, we recognize that many other community partners have also been working actively to assess and address local health outcomes. These partners—delivering clinical, public health and social support services to local communities—provided our team with valuable feedback and guidance throughout the completion of this CHNA. Further, we anticipate that this body of knowledge will only grow on the heels of this report as even more partners weigh in with additional findings.

When our three institutions partnered to conduct the CHNA, we quickly recognized that our efforts would extend far beyond the collection and dissemination of the

report data. We knew early on that we were at the beginning of a partnership to help facilitate collaborative health efforts in our region, rooted in the engagement of diverse community stakeholders.

We know that this report will shine a light on the range of health issues impacting our region. We hope that it will inspire action among a diverse group of local stakeholders—nonprofit organizations, healthcare institutions, local and municipal government agencies, school districts, business and faith communities and individual citizens – to improve the health of residents in Berkeley, Charleston and Dorchester counties.

Collectively, we can make a difference!

Chief Contributing Partner Representatives



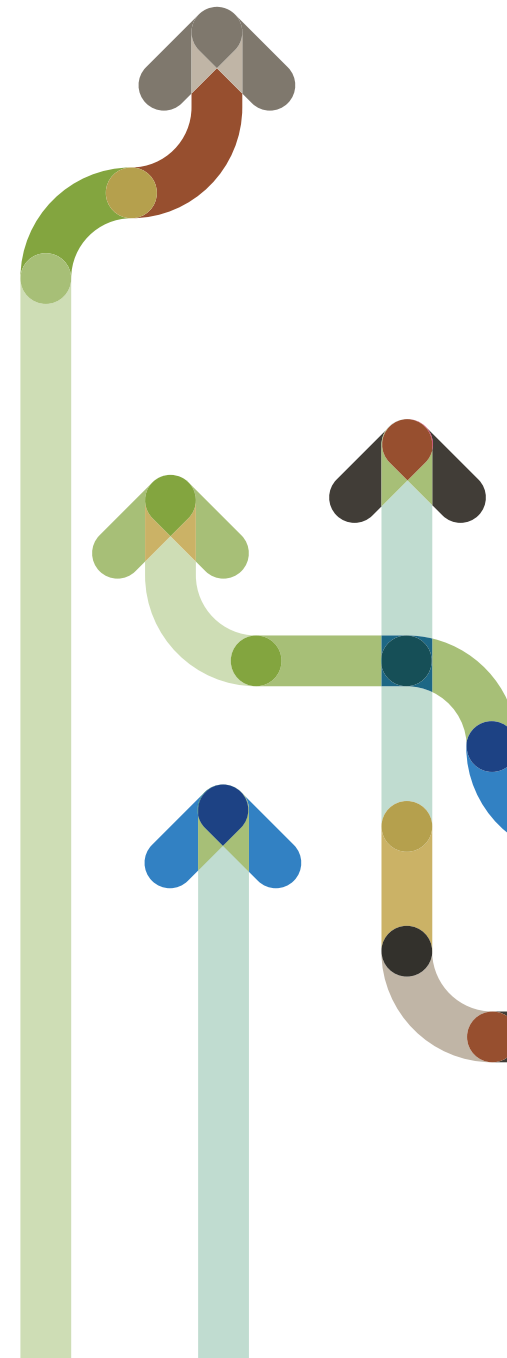
Mark C. Dickson Roper St. Francis
Kellye A. McKenzie Trident United Way
Anton J. Gunn MUSC Health

Collective Impact

The monumental health challenges facing Tri-County residents impact not only their length and quality of life, but also their ability to contribute to the region's growth and economy. No single organization, no matter how well-resourced or powerful, can tackle these issues alone. This is why the partner organizations are committed to changing from making isolated impact to working together to achieve broad impact on our region's health.

Research shows that successful collective impact initiatives typically meet five conditions that assure true alignment and lead to powerful results:

- a common agenda
- shared measurement systems
- mutually reinforcing activities
- continuous communication
- backbone support organizations.¹



Methodology

Purpose

This report provides a snapshot of the Tri-County health landscape as captured by the Tri-County CHNA administered by Roper St. Francis, MUSC Health and TUW. This report is designed for use by various audiences and provides data we hope will be used widely to support community health improvement efforts.

Health Topic Areas

The health topics included in the CHNA survey and referenced during qualitative data collection efforts were drawn from **Healthy People 2020**, developed by the Department of Health and Human Services. **Healthy People 2020** is consistently recognized as a national benchmark for healthcare goals and standards. These topics helped frame all data collection and included:

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant and Child Health
- Mental Health
- Obesity/Nutrition/Physical Activity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants of Health
- Substance Abuse
- Tobacco

How to Use this Report

The **Examining the Issue** sections explore the top six of 12 health issues prioritized in the 2016 CHNA survey from national, state and local perspectives and include data to help drive action. **Community Assets** provide an overview of local organizations offering unique programs and services impacting Tri-County health outcomes. **Did You Know** snapshots highlight existing efforts of CHNA partner organizations that address prioritized health topics impacting our region identified through the needs assessment. It is our hope that this information helps make you a better advocate.

CHNA Data Collection Process

From May to mid-June 2016, CHNA partners took the following steps to gather both quantitative and qualitative data:

- Administered a 29 to 47-question online survey (29 questions for general respondents and 47 questions for practitioners) completed by 913 respondents
- Conducted five focus groups with 38 community leaders and residents including both adults and youth ages 12-17
- Conducted 25 semi-structured interviews with medical, public health, nonprofit and social service providers and executives individually or in small groups
- Hosted two Community Feedback Sessions including 70 TUW Safety Net Assistance Network members and 115 participants from the first Tri-County Health Forum

Challenges to Data Collection

Racial and ethnic minorities comprised 27% of total preliminary online survey respondents, with African Americans at 21% and Hispanic/Latinos at 2%. Based on feedback from community stakeholders to early draft data released in August 2016, the CHNA team took additional steps to seek out and incorporate data from more representative community members of resource constrained areas in our region. The team collected a second round of data during a two-week period in mid-September 2016 in partnership with free clinics and social service organizations. An additional 320 surveys were completed during this second round of data collection, primarily by African American respondents with a household income of \$24,999 or below. This brought the total racial and ethnic minority responses to more than 35%.

Even with additional data collection, we were unable to obtain a significant number of responses from Hispanic/Latino respondents. As we look forward to conducting the 2019 CHNA, Roper St. Francis, MUSC Health and TUW are already committed to strengthening data collection design to ensure input of an even more diverse group of community members. We recognize how important these efforts are for the development of effective strategies and programs.

CHNA Survey Overview

1486
Total Participants

1238
Surveys

25
Interviews

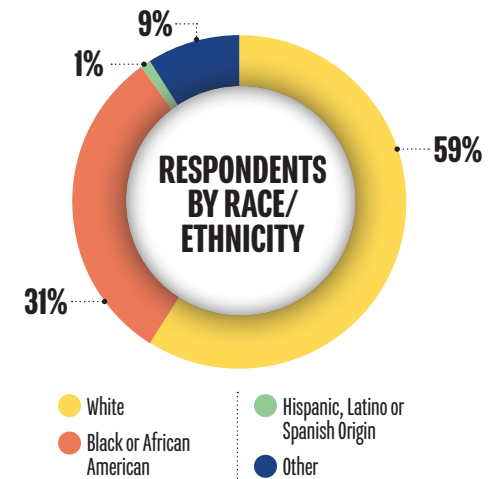
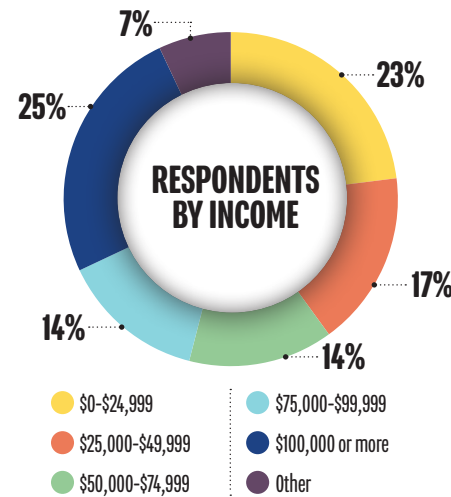
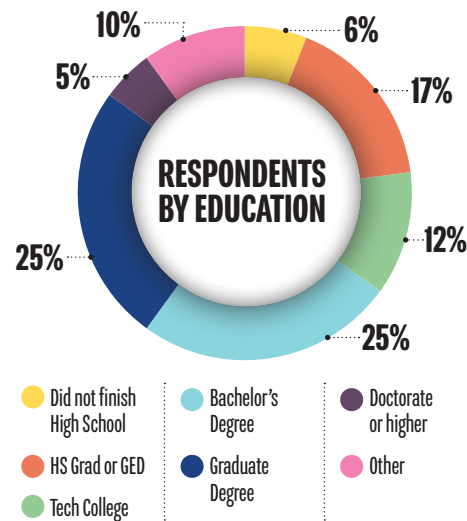
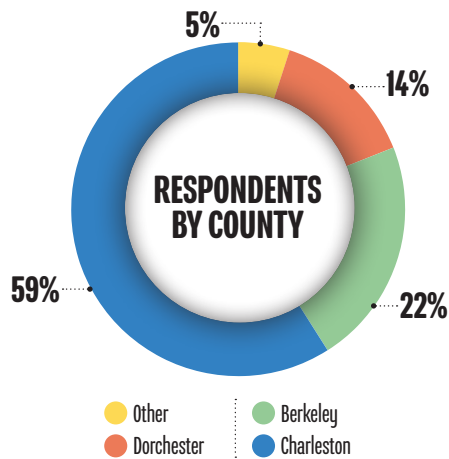
38
Focus Group
Participants

185*
Feedback Session
Participants

* Safety Net Assistance Meeting and Tri-County Health Forum I

Participant Demographics

Featured demographics represents data gathered during both the initial and second rounds of survey data collection.



Health Topic Rankings

Using the 12 **Healthy People 2020** topics previously identified, survey respondents were asked to prioritize health topics impacting the community where they lived or serve from 1 (most concerning) to 12 (least concerning). While the list of health topics below is not exhaustive, and all of these topics – in addition to many more – impact the overall health of the Tri-County region, only the top 6 of 12 health issues identified as priorities by respondents in the 2016 CHNA are featured in this report.

- | | | |
|--|--------------------------------------|------------------------------------|
| 1. Access to Health Services | 5. Social Determinants of Health | 9. Environmental Quality |
| 2. Clinical Preventive Services | 6. Maternal, Infant and Child Health | 10. Oral Health |
| 3. Mental Health | 7. Injury and Violence | 11. Reproductive and Sexual Health |
| 4. Obesity/Nutrition/Physical Activity | 8. Substance Abuse | 12. Tobacco |

Barriers to Accessing Health Services

Data from initial and second rounds of survey data collection.

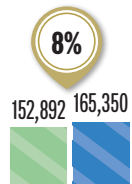
1. Have insurance but unable to pay co-pays and/or deductibles
2. No insurance and unable to pay for services
3. Fear
4. Lack of availability of healthcare services
5. Don't understand when to see a doctor
6. (tie) Transportation, Cultural/religious beliefs, Don't know how to find healthcare services

Tri-County Demographics & Health Landscape

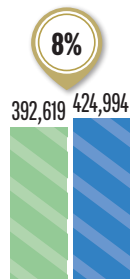
Population and Expected Growth by County, 2016²

2016 Population Est. 2021 Population % Growth, 2016-2021

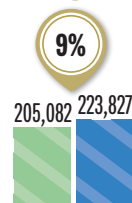
Dorchester County



Charleston County



Berkeley County



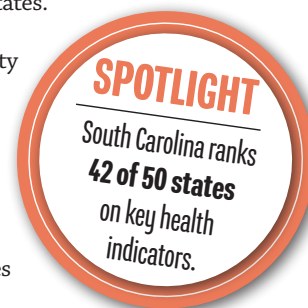
Tri-County Area



The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual County Health Rankings that measure the health of nearly all counties in the nation and rank them within states.

While the Tri-County area performed better than many neighboring counties, South Carolina currently ranks 42 of 50 states nationally⁴.

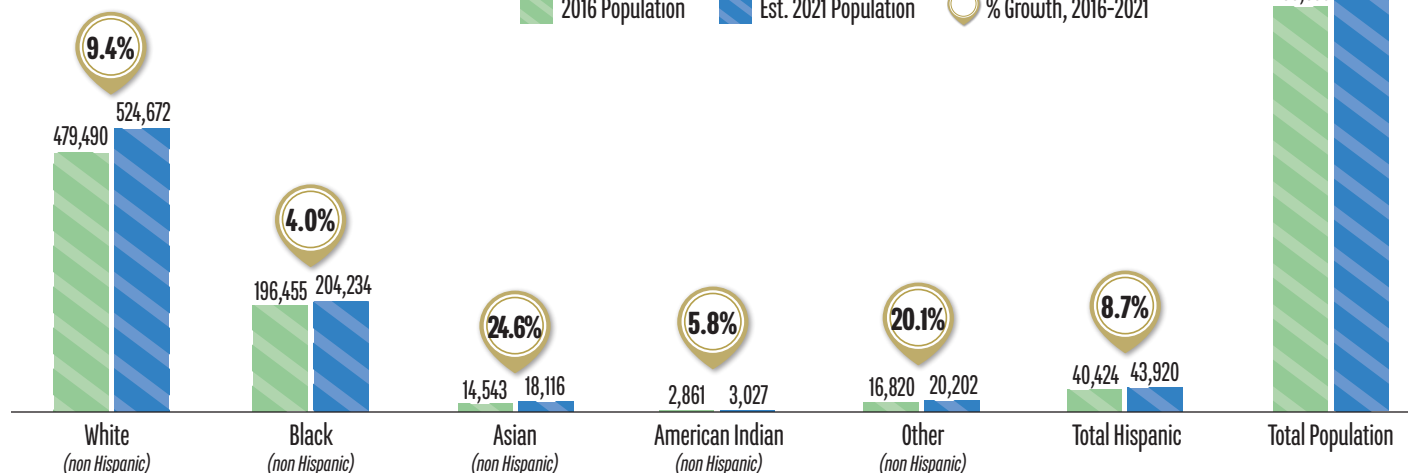
Our state lags far behind in a range of health issues including access to care (primary, mental health and dental), obesity and tobacco use.



The Tri-County ranks high in terms of the overall health of the 46 counties in South Carolina.

Total Tri-County Population and Expected Growth by Ethnicity, 2016³

2016 Population Est. 2021 Population % Growth, 2016-2021



2016 County Health Rankings⁵ 46 Counties in South Carolina

Health Outcomes: based on equal weighting of length and quality of life

Berkeley County	6
Charleston County	4
Dorchester County	2

Health Factors: based on weighted scores for health behaviors, clinical care, social and economic factors and the physical environment

Berkeley County	10
Charleston County	3
Dorchester County	6

Access to Health Services

A person's ability to access health services has a profound effect on every aspect of their health. People without medical insurance are more likely to lack a usual source of medical care, such as a primary care provider (PCP). They are more likely to skip routine medical care due to costs, which increases their risk for serious and disabling health conditions.⁶

At the start of this decade, almost **one in four Americans** did not have a primary care provider (PCP) or health center where they could receive regular medical services.



Approximately **one in five Americans** (children and adults under age 65) did not have medical insurance.⁷

Health Accessibility Factors in the Tri-County, 2016⁸

	BERKELEY COUNTY	CHARLESTON COUNTY	DORCHESTER COUNTY	SOUTH CAROLINA	NATIONAL
% Uninsured	18%	19%	17%	19%	17%
% Uninsured Adults	23%	23%	21%	23%	20%
% Uninsured Children	8%	7%	7%	7%	8%
Primary Care Physicians Ratio	2,900:1	780:1	2,460:1	1,500:1	1,410:1

In 2015, The Kaiser Family Foundation estimated the impact of **not expanding Medicaid** in South Carolina **added 123,000 uninsured people.**

Did You Know?

Roper St. Francis helps impoverished, uninsured adults receive the vital medical care they need through the AccessHealth Tri-County Network, a coalition of hospitals and safety-net partners. AccessHealth enrolled 3,697 clients in 2015. The program navigated 606 clients into primary care medical homes and 1,298 clients into specialty care services. It also assisted hundreds of clients with scheduling eye exams and applying for medication assistance.



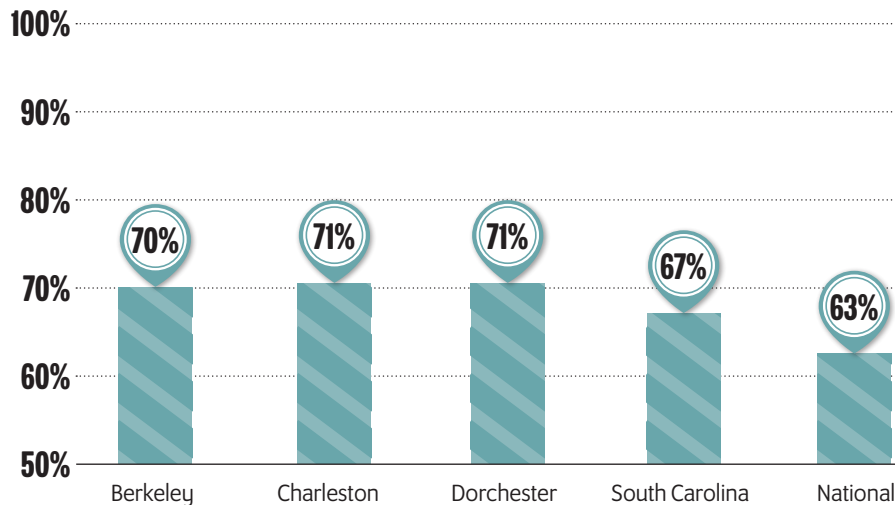
"A lot of people have misconceptions about insurance and how it works. A lot of people don't go to the doctor because they think it will make their insurance prices go up." – Focus Group Respondent

"A lot of people are now relying on Dr. Google – they are self-diagnosing themselves." – Focus Group Respondent

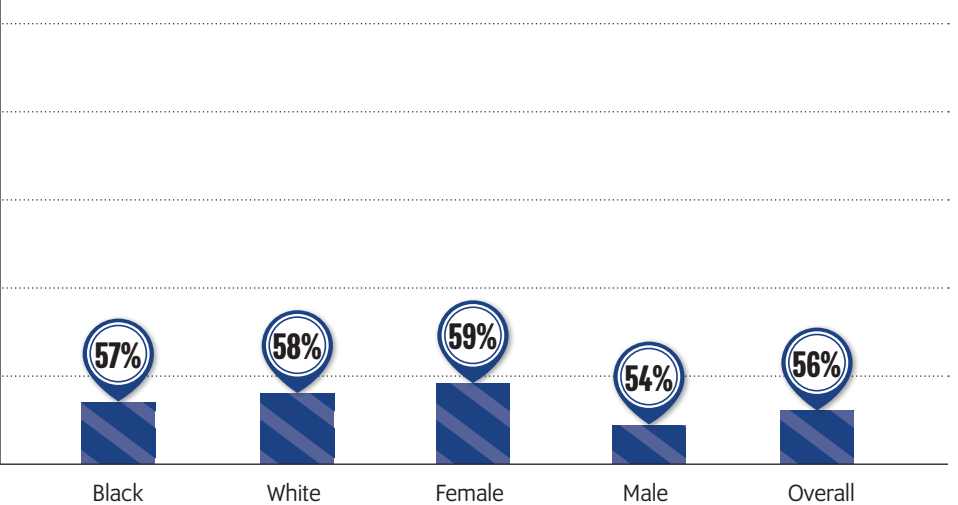
Clinical Preventive Services

Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and to improving the nation's health. According to **Healthy People 2020**, these services both prevent and detect illnesses and diseases – from flu to cancer. Early detection of illness during treatable stages significantly reduces the risk of illness, disability, early death and medical care costs. Yet, despite the fact that these services are covered by Medicare, Medicaid and many private insurance plans under the Affordable Care Act, nationally millions of children, adolescents and adults go without clinical preventive services that could protect them from developing a number of serious diseases or help them treat certain health conditions before they worsen.⁹

Mammography Screenings Prevalence¹⁰



Diabetes Testing Prevalence in South Carolina¹¹



“People need to take more advantage of health screenings – particularly black males.”
– Focus Group Respondent

“Preventive medicine is the key. Getting community members to get their wellness checkup and necessary screens is essential. This would not only keep a healthy community, but decrease health costs.”
– Focus Group Respondent

Community Asset: Shifa Free Clinic

Reshma Khan, MD, Founder & Medical Director

Since 2012, the Shifa Free Clinic has provided high quality healthcare to the uninsured residents of our community regardless of race, religion, ethnicity or nationality. Any person between the ages of 19 and 64 without health insurance and with an income level at or below 250% of the Federal Poverty Level is eligible for services. Primary care services provided at Shifa include treatment of acute and chronic conditions such as diabetes, hypertension, high cholesterol, asthma, migraines, etc. for both men and women and the provision of various adult vaccinations. The clinic also provides a wide range of gynecological services including pap smears, referrals for free mammograms, STD testing and treatment, optometry services and health education programming. Outreach programs offered include an on-site food pantry, annual back-to-school drive, a child hunger prevention program and a "community closet" that provides gently used clothes for children and adults, household items and toys.



“I think that the need for screening and educating patients about screening is important. Screening for cancer, hypertension and diabetes is important and one of the top three priorities [in this region].”

Mental Health

According to **Healthy People 2020**, the burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. It is not unusual for either adults or children to have more than one mental health disorder.¹² Alcohol or drug abuse, violent or self-destructive behavior and suicide have been noted as measurable indicators of a community's mental health.

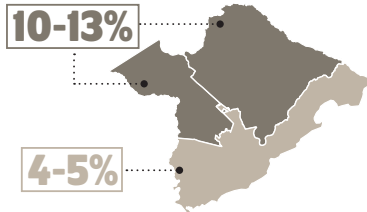


In 2014, there were an estimated **9.8 million adults** ages 18 or older in the United States with **serious mental illness**.¹³



Mental disorders are common among children in the United States, with **one in five children**, either currently or at some point during their life, having had a seriously debilitating mental disorder.¹⁴

According to outpatient forecasters, by 2021, psychoses and other mental health disorder visits are expected to increase approximately 10-13% in Berkeley and Dorchester counties, while increasing by 4-5% in Charleston County.¹⁵



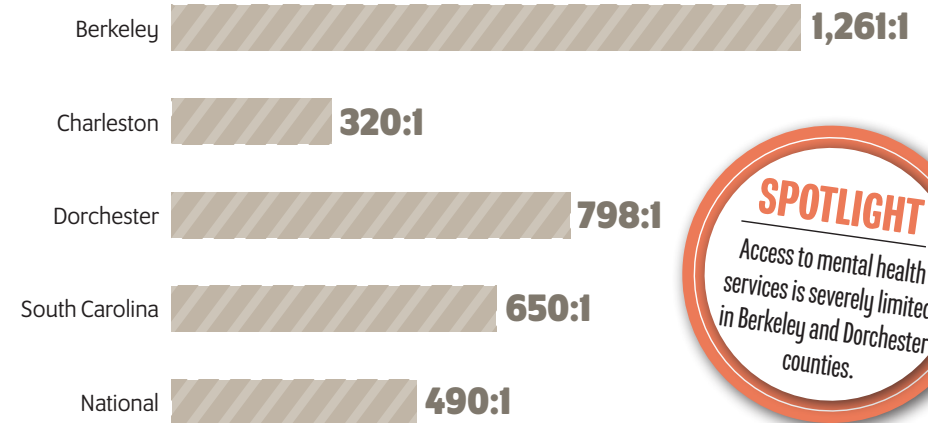
“We’ve seen a major increase in mental health issues in our communities. We can identify the people more readily – when we used to just say ‘their head is bad.’ I don’t think there are enough mental health resources in the community.”

– Focus Group Respondent

“Mental health might be the most needed care that is not often enough sought after. People are afraid to be thought of as crazy if they seek mental health care.”

– Interview Respondent

Ratio of Mental Health Providers by County, 2016¹⁶



Community Asset: Charleston Dorchester Mental Health Center

Deborah Blalock, Executive Director

Charleston Dorchester Mental Health Center (CDMHC) is one of the largest and most innovative treatment centers operated by the South Carolina Department of Mental Health. Its clinics in Charleston and Dorchester counties offer mental health treatment for children, adolescents, adults and families. Its team consists of highly trained therapists, psychiatrists and psychiatric nurses, making CDMHC one of the most diverse treatment providers in South Carolina. Some of the mental health problems it treats successfully include: anxiety, attention deficit & hyperactivity disorder, bipolar disorder, depression, oppositional defiant disorder (ODD), suicide risk, psychotic disorders (e.g., schizophrenia, schizoaffective) and trauma. They offer same day walk-in mental health assessments for routine, emergent and urgent patient needs. CDMHC provides affordable behavioral healthcare regardless of clients' financial situations and accepts a range of insurance. To increase their reach, the Center is embedded in Fetter Health Care Network and Our Lady of Mercy, serves several local schools and churches and works with the Juvenile Detention Center.



“I wish stigma would go away, and I wish people with mental illness would be taken seriously when they go to an ER. I don’t think that always happens.”

Obesity/Nutrition/Physical Activity

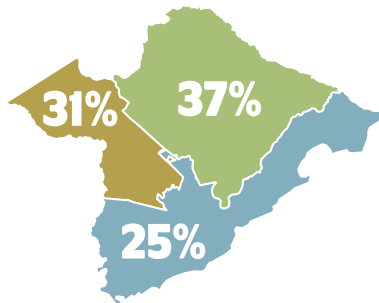
According to **Healthy People 2020**, good nutrition, physical activity and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke and cancer.



4 out of 5 adults and adolescents do not get the recommended amount of physical activity.¹⁷

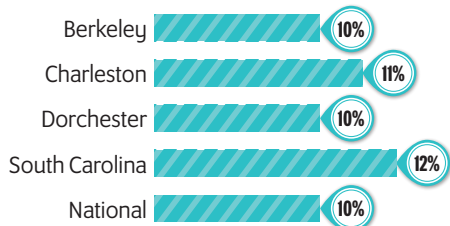
More than one-third of U.S. adults are obese¹⁸ as are 17% of children and adolescents aged 2–19 years.¹⁹

32% of adults
in South Carolina are considered obese.

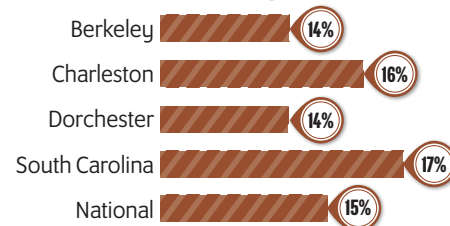


Charleston (25%) and Dorchester (31%) counties fared slightly better, but Berkeley exceeded the state at 37%.²⁰

Diabetes Prevalence²¹



Food Insecurity²²



Did You Know?

HEART HEALTH: The Preventive Cardiology Research Center is the preventative cardiology and weight management program of the Children's Heart Program of South Carolina (CHP-SC), housed at MUSC's Children's Hospital. CHP-SC serves the complex healthcare needs of predominantly obese children and adolescents with cardiovascular risk factors such as hypertension, pre-diabetes and dyslipidemia. Families are taught how to improve lifestyle behaviors through a series of medical evaluations, one-on-one nutrition and behavioral counseling sessions, group education classes and individual fitness sessions. This program has also developed a cookbook, "The Art of Healthy Cooking," for families to use. Staff also use text messaging to communicate with the children in the program.



"I try to buy fresh produce and avoid prepackaged foods, but the cost is prohibitive, and I am forced to purchase low quality food when the money is getting low."

– Focus Group Respondent

"I live on Johns Island. This community is not walkable, and I would be more physically active if there were safe sidewalks in my neighborhood to use."

– Focus Group Respondent

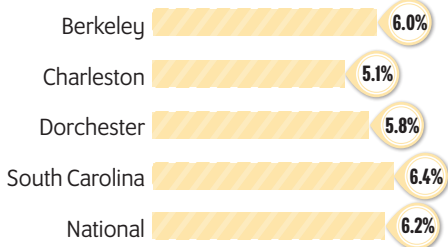


Social Determinants of Health

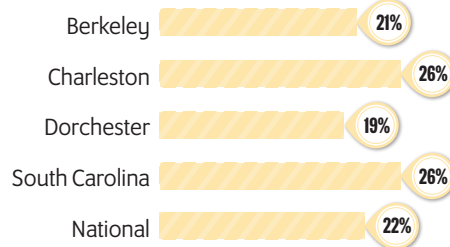
A range of personal, social, economic and environmental factors contribute to individual and population health. For example, people with a quality education, stable employment, safe homes and neighborhoods and access to preventive services tend to be healthier throughout their lives. Conversely, poor health outcomes are often made worse by the interaction between individuals and their social and physical environment. Social determinants are in part responsible for the unequal and avoidable differences in health status within and between communities.²³



Unemployment²⁴

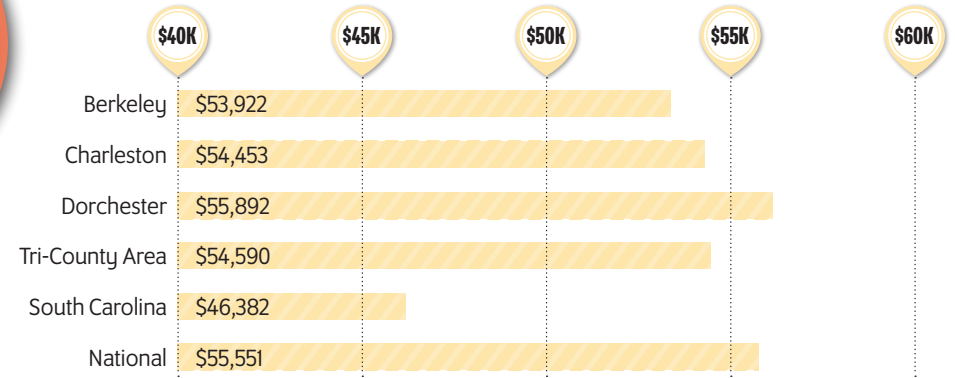


Children in Poverty²⁵

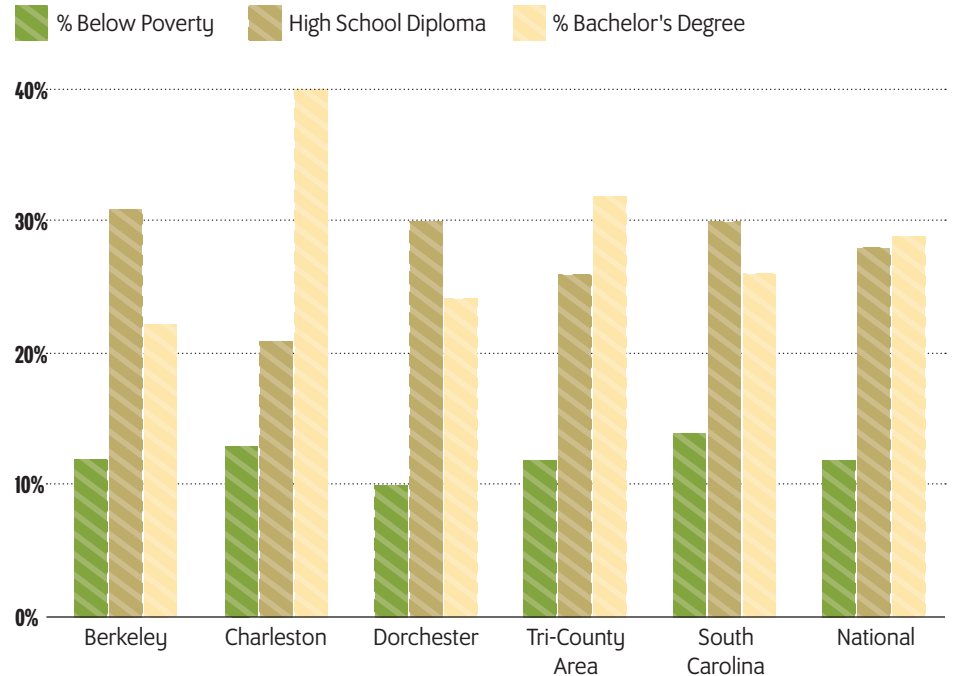


Income and Education Statistics by County, 2016²⁶

Median Household Income



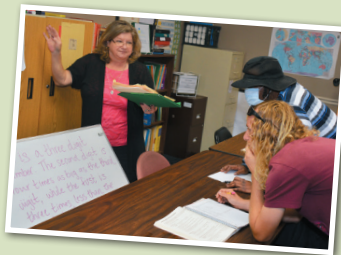
Educational Attainment and Poverty Level



Did You Know?

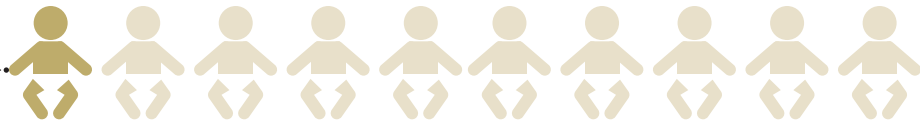
BERKELEY AND DORCHESTER PROSPERITY CENTERS:

There are currently two Prosperity Centers, jointly implemented and managed by Trident United Way, Goodwill and Origin SC (formerly Family Services Inc.), serving Berkeley and Dorchester counties. The Prosperity Centers address the root causes of poverty—which include lack of access to services and education—by providing a range of services including financial education, adult education, tax preparation services, WorkKeys certification and employment training. More than 7,500 individuals have benefited from these services since 2013. Supporting individuals in improving their educational and financial outcomes helps ensure that they are better positioned to lead long, healthy and productive lives.



Maternal, Infant And Child Health

According to **Healthy People 2020**, preterm (premature) birth, which is a live birth before 37 weeks gestation, is one of the most pressing challenges to maternal, infant and child health in the United States. Improving birth outcomes can enable children to reach their full potential.²⁷ Preterm birth is the greatest contributor to infant death, with most preterm-related deaths occurring among babies who were born very preterm (before 32 weeks). **In 2014, preterm birth affected about one of every 10 infants born in the United States.**



South Carolina currently ranks 39th in the overall health of women and children, a ranking generated by America's Health Rankings based on 60 measures of health and well-being. Reported strengths in our state include low prevalence of excessive drinking in women and a high percentage of well-baby visits. High prevalence of concentrated socioeconomic and racial disadvantage, and low prevalence of protective home environment in children age 0-5 are cited as weaknesses.²⁸

Community Asset: PASOs

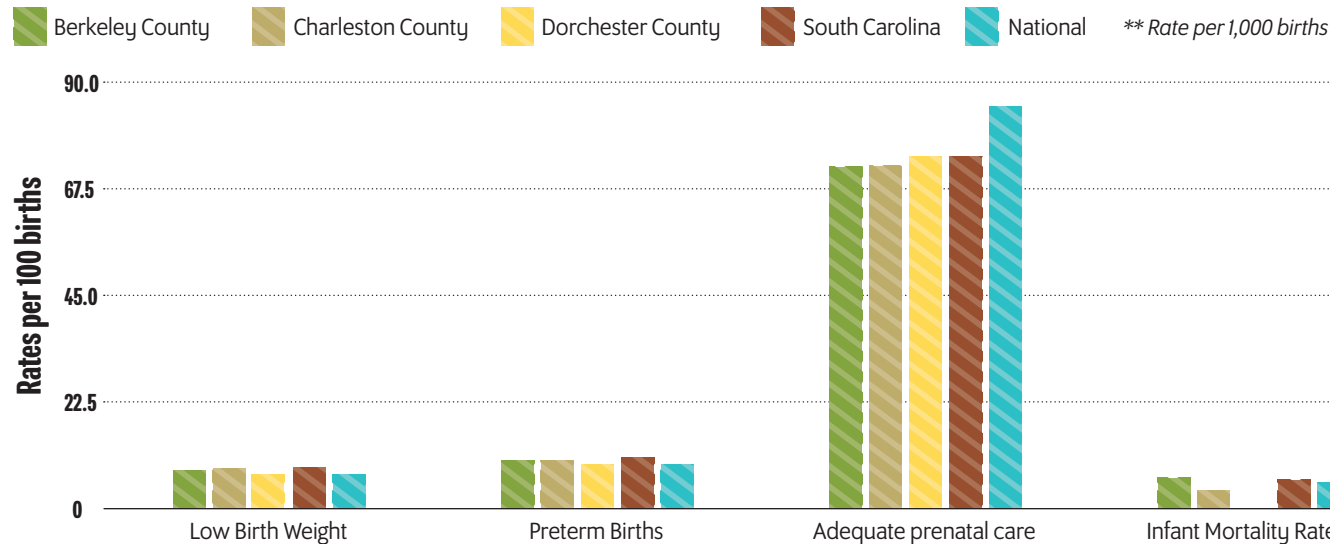
Maria Rivera, Program Coordinator

PASOs is a state-wide organization working to ensure a healthy South Carolina for its Latino families. PASOs' model is centered on outreach by Promotores (Community Health Workers) who are trusted members of Latino communities and experts in addressing the social determinants of health. They strive to help families achieve their health and early childhood goals and advance health equity. PASOs in the Tri-County area delivers the following programs: Connections for Child Development, the Perinatal Support Program in partnership with Fetter Health Care, Community Outreach and Resource Navigation. PASOs also partners with healthcare and social service providers to help them build their capacity to more effectively serve Latino communities in our region.



"I think we need to work more with the community – informing them and giving them resources – so that they can take care of themselves."

Birth Weight and Prenatal Care Outcomes by County, 2014²⁹



Voices from the Community

The CHNA partner organizations committed to ensuring that this report reflects diverse voices from our community. We recognize that there are economic and racial differences between community members who responded to the first round online CHNA survey and those who participated in the second round data collection who may be more likely to experience the health-related challenges and barriers identified in the CHNA.

Health Priorities

The rank priority of issues highlighted by second round survey respondents varies slightly from that identified by the general survey pool. Access to Health Services, Mental Health, Clinical Preventive Services and Maternal, Infant and Child Health remained in the top six, while Injury and Violence and Oral Health emerged as additional priorities. This may be attributable to the rate of violent crime in the Tri-County region, which exceeds the national average, and that the ratio of dentists to population in Berkeley and Dorchester counties lags behind the national average.

2nd CHNA Survey Respondents

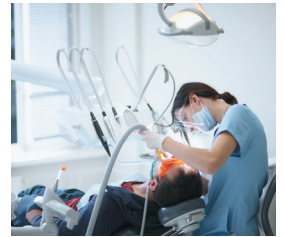
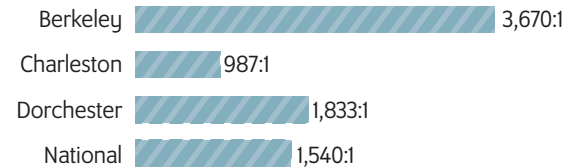
N=320 (Representative Community Members)

1. Access to Health Services
2. Mental Health
3. Clinical Preventive Services
4. Maternal, Infant and Child Health
5. Injury and Violence
6. Oral Health

Violent Crime Rates (Violent crimes/population *100,000)³⁰



Dentist Ratio³¹



Most Vulnerable Populations in Our Community

Representative community members and key informant interview participants identified the following groups as most vulnerable in the Tri-County region:

- Hispanic/Latino community
- Teenagers
- Senior men
- Mothers (due to lack of childcare)

Strengths of Our Community

Community members identified several strengths in their local communities. Individuals and organizations can access and seek to leverage these assets as they work to address health outcomes in the Tri-County region:

- Social services in the area
- Level of cooperation and partnership in the community
- Teachers
- Academic medical centers
- Increased discussions about public health, health access issues and social determinants of health
- Community centers that serve as community focal points
- Churches and religious organizations serving as information conduits

Opportunities for Action

It will take time, resources and dedicated community members to address the varied and complex issues identified in this report. It will require multi-sector partnerships committed to working collaboratively and taking risks together to create a healthy Tri-County region.

WHAT CAN YOU DO?

- Share findings from the 2016 CHNA with local elected officials and community leaders.
- Use data from the **Examining the Issue** sections of this report to inform specific actions you or your organization can take to address health issues in the Tri-County area.
- Request the 2016 CHNA data file from TUV so that your organization can further analyze and use information to inform strategies and programs to address local health needs.
- Participate in community networks and coalitions working to improve health outcomes in the Tri-County area.
- Seek input from community members and engage them in developing culturally appropriate and relevant strategies and programs.

THE WAY FORWARD

Creating Mutually Reinforcing Activities

Roper St. Francis, MUSC Health and TUV view this 2016 CHNA collaboration as the first demonstration of our joint commitment to support collective efforts to improve health outcomes for Tri-County residents.

Given different missions, goals and federal requirements, each organization will need to prioritize how to address the priority health needs and barriers identified by the

CHNA and will develop and implement corresponding support programs and services. However, all three organizations are also committed to identifying a strategic set of common priorities and to designing programs that complement or enhance the other's efforts.

Monitoring Activities and Progress

The partnering organizations are committed to sharing and monitoring the progress of activities implemented independently and collaboratively in response to the 2016 CHNA findings. These activities will be informed by CHNA data and selected in accordance with the strategic priorities of each organization. Through spring 2019, when another Tri-County CHNA will be conducted, the organizations commit to meeting on a semi-annual basis to share progress, identify and address challenges and continuously improve the quality of activities being conducted within our institutions and the community at large.

Engaging the Community

Raising the community's awareness of our efforts and actively seeking out diverse voices to inform strategy development were two primary goals of this CHNA partnership. To achieve these goals, Roper St. Francis, MUSC Health and TUV implemented a three-part Community Health Forum series between June and December 2016 and remain committed to convening community stakeholders annually through spring 2019, when the next CHNA will be administered. The health forums will provide an ongoing platform for exchange of data, resources and best practices, and will establish and strengthen partnerships to improve health outcomes in our region.

Acknowledgements

CHNA Advisory Workgroup

This report is based on the collaboration of several organizations. Roper St. Francis, MUSC Health and Trident United Way would like to extend a special thanks to all staff and community partners who actively served on the Community Health Needs Assessment Advisory Workgroup. Members are listed in alphabetical order by organization.

Roper St. Francis

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Amy Glenn, *Accounting*
Meredith Huggins, *Corporate Communications*
Renee Linyard, *AccessHealth*
Carol Martin, *Quality Informatics*
Jason McKinney, *Internal Audit*
Jessica Puder, *Marketing*
Bob Rife, *Pulmonary Services*
Anne Sass, *Roper St. Francis Foundation*
KeWanda Thompson, *Mission*
Kimberly Butler Willis, *Ryan White Wellness Center*

MUSC Health

Anton J. Gunn, *Diversity & Community Health Innovation*
Dr. Mark Lyles, *Affiliations & Business Transformation*
Elizabeth Player, *Strategic Planning*
Deborah Reynolds, *Enterprise Campaigns & University Communications*
Heather Woolwine, *Public Affairs & Media Relations*

Trident United Way

Christine Boudolf, *Marketing & Communications*
Paul Butler-Nalin, *Community Impact*
Lyndsey Marchman, *Community Impact*
Kellye McKenzie, *Community Impact*

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Deborah Blalock, *SC Department of Mental Health*
Katherine Duffy, *PhD, Roper St. Francis Board Liaison*
Nathan Todd, *AccessAbility*
Paul Wieters, *City of Charleston*

CHNA Data Review Committee

The CHNA data included in this report was reviewed by local and state experts working in the fields of medicine, public health and data and evaluation. Members are listed in alphabetical order.

Anna Lopez-DaFede, *PhD, University of South Carolina*
Aunyika Moonan, *PhD, MSPS, CPHQ, South Carolina Hospital Association*
John Vena, *PhD, Medical University of South Carolina*
Katherine Richardson, *MD, PhD, SC Dept. of Health & Environmental Control*
Olivia Thompson, *PhD, College of Charleston*

Organizations that Supported Data Collection

Several organizations dedicated time and resources in support of gathering qualitative and quantitative data from representative community members during the second implementation of the CHNA survey.

AccessHealth
Fetter Health Care Network
Helping Hands of Goose Creek
James Island Rural Housing
Our Lady of Mercy
Prosperity Centers
St. James Santee Family Health Center

**Designed and published by SC Biz News,
publishers of the Charleston Regional Business Journal**

Endnotes

1. John Kania, Mark Kramer. *Stanford Social Innovation Review. Collective Impact*. Winter 2011. http://ssir.org/articles/entry/collective_impact
2. Nielsen 2016. *Prepared by Healthcare Consulting Group of Dixon Hughes*. Report Date, March 2016
3. *ibid*
4. *United Health Foundation. America's Health Rankings 2015. State Summary*. <http://cdnfiles.americashealthrankings.org/SiteFiles/StateSummaries/SouthCarolina-Health-Summary-2015.pdf>
5. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*.
6. *Healthy People 2020. Leading Health Indicators Topics*. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services>
7. *ibid*
8. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*. <http://www.countyhealthrankings.org/app/south-carolina/2016/downloads>
9. *Healthy People 2020. Leading Health Indicators Topics*. <https://www.healthypeople.gov/2020/Leading-Health-Indicators>
10. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*. <http://www.countyhealthrankings.org/app/south-carolina/2016/downloads>
11. *SC Department of Health & Environmental Control 9DHEC).Chronic Disease Epidemiology, SC BRFSS* <http://www.scdhec.gov/library/CR-011657.pdf>
12. *Healthy People 2020. Leading Health Indicators Topics*. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health>
13. *Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50)*. Retrieved from <http://www.samhsa.gov/data/>
14. *Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study Adolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry. 2010 Oct;49(10):980-989*. Retrieved from: <https://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>
15. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*. <http://www.countyhealthrankings.org/app/south-carolina/2016/downloads>
16. *ibid*
17. *Healthy People 2020. Leading Health Indicators Topics*. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>
18. *Centers for Disease Control and Prevention. Adult Obesity Facts*. September 2015. <http://www.cdc.gov/obesity/data/adult.html>
19. *Centers for Disease Control and Prevention. Prevalence of Childhood Obesity in the United States, 2011-2012*. Updated June 2015. <http://www.cdc.gov/obesity/data/childhood.html>
20. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*. <http://www.countyhealthrankings.org/app/south-carolina/2016/downloads>
21. *ibid*
22. *ibid*
23. *Healthy People 2020. Leading Health Indicators Topics*. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>
24. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*. <http://www.countyhealthrankings.org/app/south-carolina/2016/downloads>
25. *Annie E Casey Foundation. KIDS COUNT Data Center*. <http://datacenter.kidscount.org/data/tables/2913-children-in-poverty?loc=42&loct=2#detailed/5/6308-6353/false/869,36,868,867,133/any/6030,15073>
26. *Nielsen 2016. Prepared by Healthcare Consulting Group of Dixon Hughes Goodman*. Report Date: 3/1/2016
27. *Healthy People 2020. Leading Health Indicators Topics*. <https://www.healthypeople.gov/2020/leading-health-indicators/infographic/maternal-infant-and-child-health-0>
28. *America's Health Rankings. 2016 America's Health Rankings Health of Women and Children Report*. <http://assets.americashealthrankings.org/app/uploads/hwc-complete-report.pdf>
29. *SC Department of Health and Environmental Control. SCAN Birth Certificate Data*. 2015. <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx>
30. *County Health Rankings & Roadmaps. 2016 South Carolina Rankings Data*. <http://www.countyhealthrankings.org/app/south-carolina/2016/overview>
31. *ibid*

About the Partners



Roper St. Francis is Charleston's only private, not-for-profit hospital system with a specific focus on community outreach, maintaining a mission of healing all people with compassion, faith and excellence. The healthcare system has three hospitals strategically located across the region: Roper Hospital on the Charleston peninsula, Bon Secours St. Francis Hospital in West Ashley and Roper St. Francis Mount Pleasant Hospital in Mount Pleasant. The system is building a fourth flagship hospital in the Carnes Crossroads section of Berkeley County.

Roper St. Francis is one of the Lowcountry's largest private employers with more than 5,500 employees. The healthcare system has a robust, active medical staff of more than 900 doctors representing every medical specialty and provides services in more than 125 locations in seven counties.

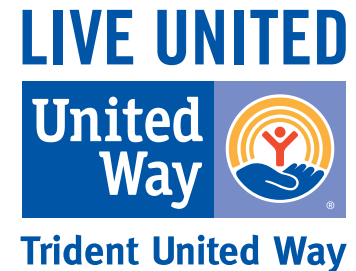
All not-for-profit hospitals are required to develop a Community Health Needs Assessment report every three years in compliance with the Affordable Care Act. However, we believe it also represents a larger part of our purpose to make every moment matter for our patients, teammates and neighbors.

www.rsfh.com



MUSC Health is the clinical enterprise of the Medical University of South Carolina (MUSC), comprised of a 700-bed medical center, the MUSC College of Medicine and the physician's practice plan. It serves patients across South Carolina and beyond through four hospital facilities in Charleston and more than 100 outreach sites. Among these are the Hollings Cancer Center, the only National Cancer Institute-designated center in the state, a nationally recognized children's hospital, the Center for Telehealth and the state's only transplant center. The Medical University was founded in 1824 and has become a premiere academic health sciences center at the forefront of the latest advances in medicine, with world-class physicians, scientists and groundbreaking research and technology that is often the first of its kind in the world. MUSC educates and trains more than 3,000 students and residents, and has nearly 13,000 employees, including approximately 1,500 faculty members in six colleges (Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing and Pharmacy). As the largest non-federal employer in Charleston, the university and its affiliates have collective annual budgets in excess of \$2.2 billion and an annual estimated, metro-wide economic impact of \$3.8 billion.

For more information about clinical or hospital programs, visit www.muschealth.org, and for more information about research and education, visit www.musc.edu.



The mission of Trident United Way is to be a catalyst for measurable community transformation through collective impact in education, financial stability and health.

Trident United Way brings organizations and people together to improve educational outcomes for all students, improve the opportunity for all people to enjoy a quality standard of living and improve the health of all individuals. Trident United Way unites expertise, resources and passion by fulfilling its roles and responsibilities in our community as a convener, a strategic partner, volunteer engager and a funder.

When you invest your time, talent and treasure with Trident United Way, you join a movement of people and organizations working together to create bold change. We know that working together is the most efficient way to solve complex community-level issues.

Trident United Way's Guiding Team for Health, a multi-sector group of experts and practitioners, supports our efforts to improve health outcomes in our region.

www.tuw.org