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**TRI-COUNTY**

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# **HEALTH LANDSCAPE**

**2019 Community Health Needs Assessment Report**

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**BERKELEY | CHARLESTON | DORCHESTER**

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

# Message from the Core Partners

In 2016, MUSC Health, Roper St. Francis Healthcare, and Trident United Way wrapped up their first collaborative project with the completion of the Tri-County Community Health Needs Assessment (CHNA), a requirement of all nonprofit health systems. The project was a success due to the collective efforts from key stakeholders in health care, community groups, mental health, faith communities, education, nonprofits and local governments.

From the 2016 CHNA came the launch of Healthy Tri-County (HTC), a multi-sector regional initiative powered by Trident United Way in partnership with MUSC Health and Roper St. Francis Healthcare (Core Partners) to improve health in Berkeley, Charleston and Dorchester counties in South Carolina through collective impact. The vision of HTC is to improve the health and well-being of every person and community within the Tri-County region. As of October 2019, 69 organizations have become formal HTC members and about 1,100 individuals have interacted with network activities and resources.

Parallel to identifying health priorities, Healthy Tri-County also strives to promote health equity and considers the impact of social determinants in the development of all materials, plans and reports. HTC workgroups and subcommittees adopted the health equity principles of the Alliance for a Healthier SC:

- **Health is more than health care.** Social conditions are just as important to health as medical care.
- **Health is tied directly to the distribution of resources.** The single strongest predictor of our health is our position on the class pyramid.
- **Racism (structural and institutional) imposes an added health burden.** Ongoing discrimination impacts access and health outcomes.
- **The choices we make are shaped by the choices we have.** Unhealthy social and environmental factors often shape unhealthy behaviors.

The Core Partners of Healthy Tri-County would like to extend a special thank-you to all the community partners who participated in our data collection process and shared the 2019 CHNA survey within their networks. We also could not have completed this project without the commitment and insight of the HTC Health Data Workgroup, who worked tirelessly to update the survey and conduct many focus groups and interviews.

No single organization, no matter how well-resourced or powerful, can improve health outcomes and disparities when they work alone. Therefore, the partner organizations are committed to working together to achieve a broad, sustainable impact on our region's health. To create greater impact, we collectively remain committed to reassessing the community's priorities every three years and will continue to design programs and services that complement and supplement one another's efforts.

*We're better together!*



**Anton J. Gunn**  
MUSC Health

**Kellye A. McKenzie**  
Trident United Way

**Mark C. Dickson**  
Roper St. Francis Healthcare

## How to Use this Report

This report includes four sections under each of the health topic areas prioritized by the 2019 CHNA respondents.

**Examining the Issue:** presents national and regional data relevant to the health topic area.

**Community Spotlights:** showcases organizations within the Tri-County that are addressing the health topic area.

**Did You Know:** offers local information from 2019 CHNA data about health equity and the social determinants of health and how they relate to the health topic area within the Tri-County.

**Voices from the Community:** are direct quotes from local community members during 2019 CHNA data collection that address the health topic area.

## Want more information about Healthy Tri-County?

Since the inception of HTC, participation has grown exponentially and the region has its first ever five-year, comprehensive health improvement plan. For more information about how to get involved in Healthy Tri-County or the *Tri-County Health Improvement Plan 2018-2023 (TCHIP)*, visit [www.healthytricity.com](http://www.healthytricity.com).

# Opportunities for Action

## What You Can Do

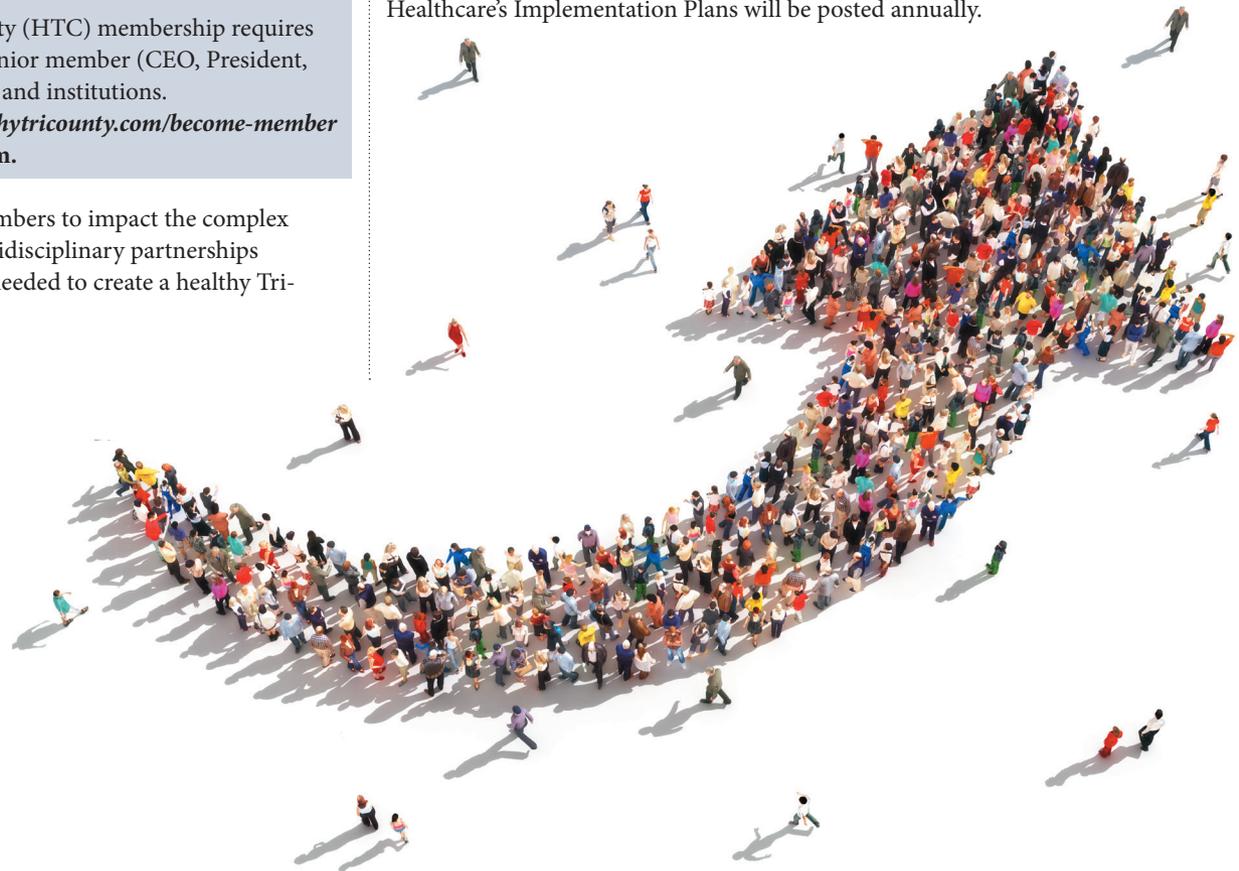
- Share findings from the 2019 CHNA with local elected officials, community leaders and within your social networks.
- Use data from the *Examining the Issue* sections to guide specific actions you or your organization can take.
- Email [HTCsupport@tuw.org](mailto:HTCsupport@tuw.org) to request the 2019 CHNA data file to further analyze and inform community health strategies and programming.
- Seek additional input from community members and engage them in developing culturally appropriate materials and programs.
- Join Healthy Tri-County. Formal Healthy Tri-County (HTC) membership requires submission of a commitment pledge by the most senior member (CEO, President, Executive Director, etc.) of interested organizations and institutions.
- **To join Healthy Tri-County visit <https://www.healthytricity.com/become-member> for details and complete the member interest form.**

It will take time, resources and dedicated community members to impact the complex health issues in our region collectively. Multi-sector, multidisciplinary partnerships committed to working collaboratively and creatively are needed to create a healthy Tri-County region.

The Core Partners of Healthy Tri-County are committed to supporting collective efforts that improve health outcomes for Tri-County residents. Additionally, each organization with their varied missions, goals, and federal requirements will independently prioritize how to address the health needs and barriers identified in the CHNA.

## Data Sharing and Monitoring

The progress and outcome of activities implemented in response to the 2019 CHNA findings will be presented independently by each Core Partner and collaboratively through Healthy Tri-County. Since 2016, HTC has been committed to hosting an annual health symposium and complementary community forums that provide regional organizations and laypeople an opportunity to learn from leaders, network across industries and innovatively troubleshoot health barriers. HTC workgroups continue to implement and monitor progress towards goals outlined in *Our Health, Our Future. Tri-County Health Improvement Plan 2018-2023* (TCHIP). In accordance with federal requirements, Roper St. Francis Healthcare's Implementation Plans will be posted annually.



**COLLABORATION** → **ACTION** → **IMPACT**

# CHNA Data Overview

This report provides an overview of the Tri-County health needs as identified by community respondents and key stakeholders. Data for this report was collected from January – February 2019 with the help of the HTC Health Data Workgroup.

**5,304**  
Total  
Participants

**5,128**  
Surveys

**1,265**  
Paper  
Surveys

**3,863**  
Online  
Surveys

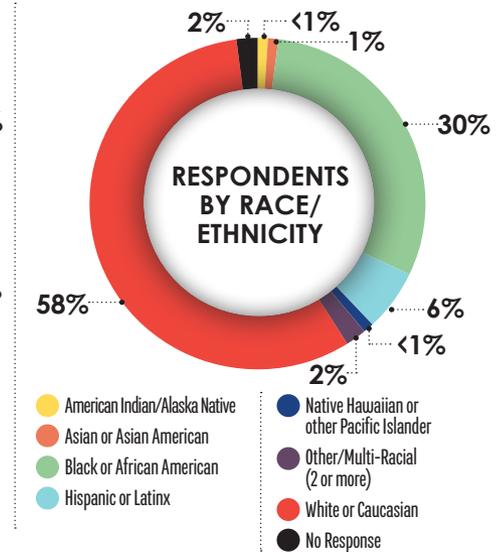
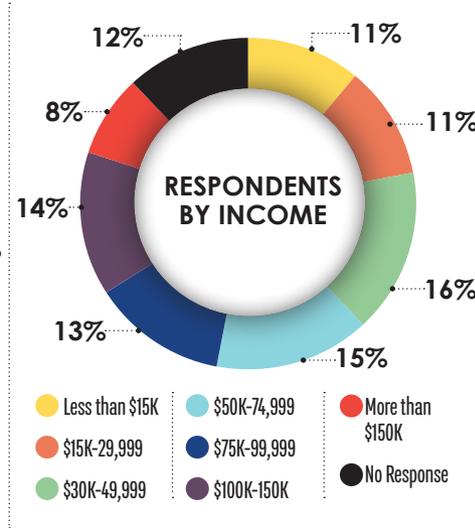
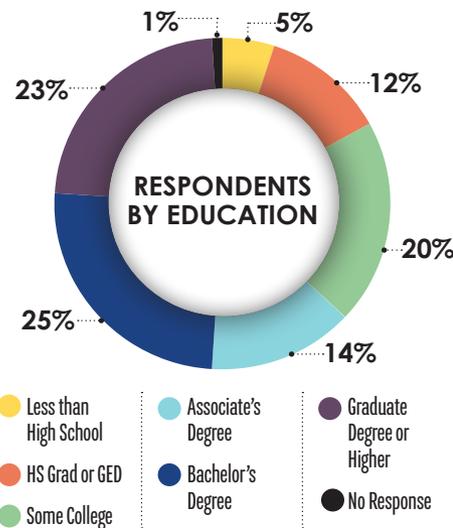
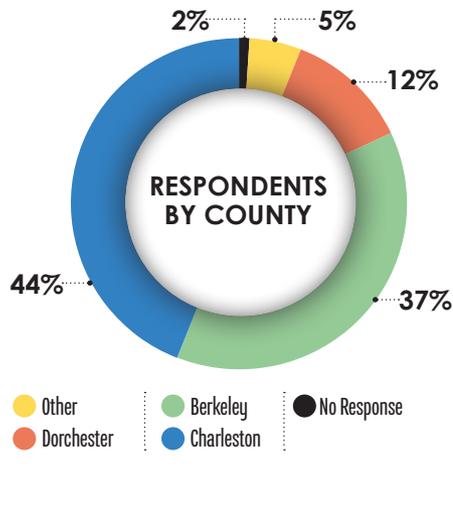
**19**  
Interviews

**57**  
Focus Group  
Participants

**100**  
Community Input  
Session Participants

## Participant Demographics

Featured demographics represent the participants (medical and non-medical service providers) of the 2019 CHNA.



## Health Topic Rankings

The 2019 CHNA survey respondents were asked to rank the top 10 health topic areas from *Healthy People 2020* that impact the communities where they live and/or work from 1 (most concerning) to 10 (least concerning). The top five health topic areas prioritized by the community will be the focus of health improvement efforts going forward and will continue to be implemented with the understanding that contributing factors (social inequality, economic inequality and racism) impact the community's health.

1. Access to Care
2. Obesity, Nutrition & Physical Activity
3. Maternal, Infant & Child Health
4. Mental & Behavioral Health
5. Clinical Preventive Services
6. Oral Health
7. Tobacco Use
8. Injury & Violence
9. Substance Misuse
10. Sexual Health

## Improved CHNA Participant Engagement, 2013 – 2019

Surveys, Focus Groups & Interviews

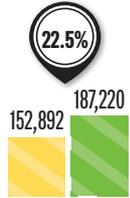


# Tri-County Demographics

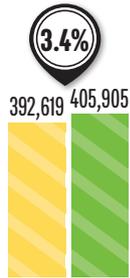
## Current vs. Projected Growth by County

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

### Dorchester County



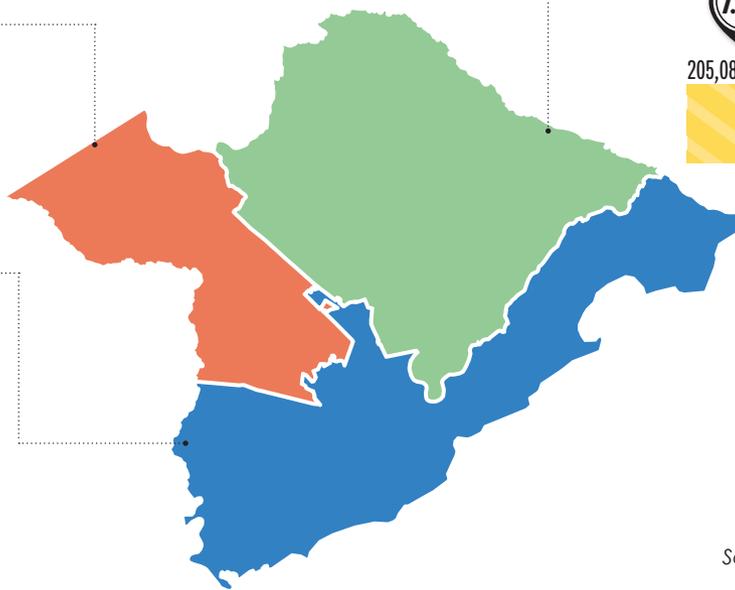
### Charleston County



### Berkeley County



### Tri-County Area



Source: US Census Quick Facts, 2018

## National and County Health Rankings

The United Health Foundation releases annual health rankings that measure the overall health of each state. In 2018, South Carolina ranked 43<sup>rd</sup> of 50 states, positioned only above West Virginia, Kentucky, Arkansas, Oklahoma, Alabama, Mississippi and Louisiana. Our state struggles with high rates of premature death, obesity, violent crime, poverty and diabetes.

Despite national rankings, County Health Rankings and Roadmaps ranks the Tri-County region high in overall health compared to the other 43 counties in South Carolina.

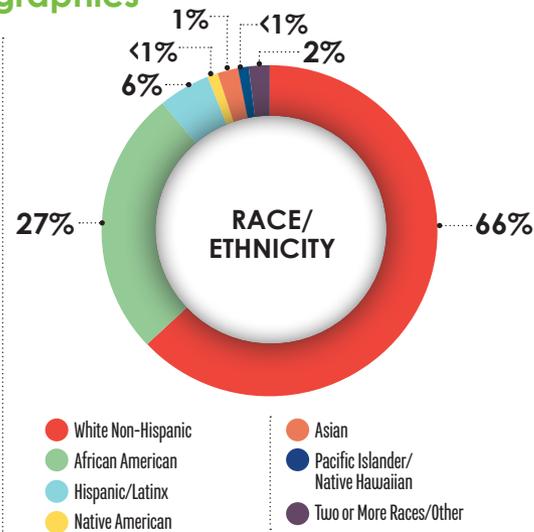
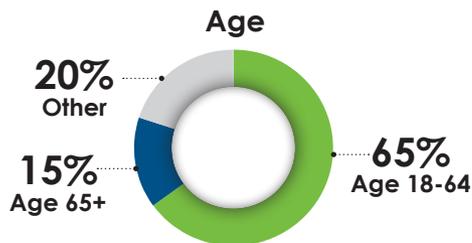
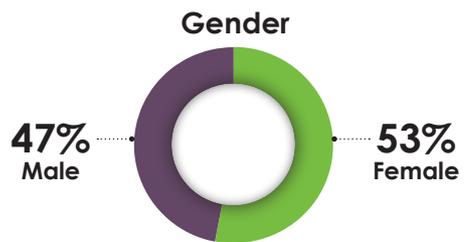
## Health Outcomes (length and quality of life)

Berkeley County	7 <sup>th</sup>
Charleston County	3 <sup>rd</sup>
Dorchester County	8 <sup>th</sup>

## Health Factors (health behaviors, clinical care, social, economic and physical environment)

Berkeley County	10 <sup>th</sup>
Charleston County	3 <sup>rd</sup>
Dorchester County	5 <sup>th</sup>

## Tri-County Population Demographics



The demographics of CHNA respondents show an underrepresentation of specific groups relative to the Tri-County. Areas where the CHNA did not match the Tri-County were age (overrepresentation of 18 – 64 year olds), educational attainment (underrepresentation of Bachelor's or higher), race/ethnicity (overrepresentation of African Americans, underrepresentation of White, Non-Hispanics) and gender (overrepresentation of females).

Source: Bureau of Labor and Statistics, 2018

# Access to Care

## Examining the Issue

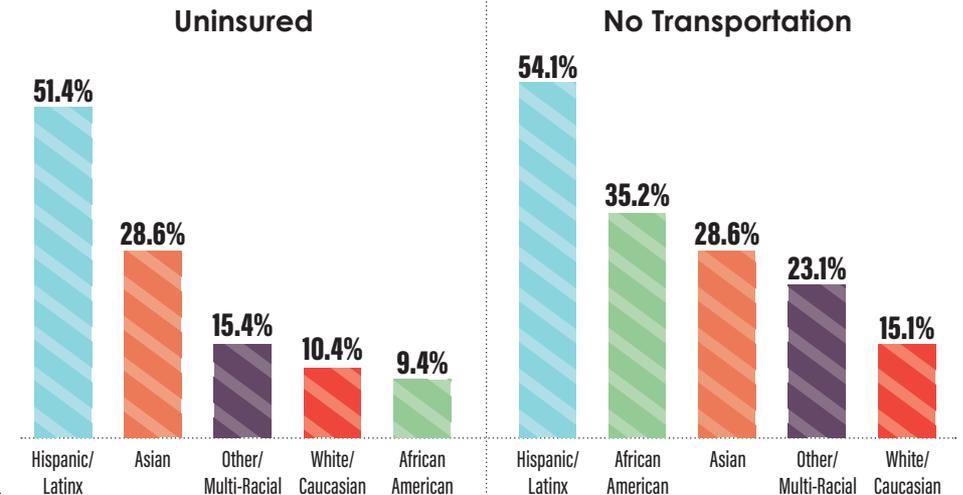
Access to care impacts all aspects of a person's overall health and is consistently rated as the greatest challenge facing Tri-County residents. **Three elements influence access:**

- Knowledge and ability to gain entry into the health care system (education and insurance coverage)
- Available transportation services and geographic proximity
- Trust and good communication with a provider (personal relationship)

There are also significant disparities in access to care by gender, age, race/ethnicity, education, family income and geography. As evidenced in the adjacent bar chart, different aspects of access affect some populations more than others.

## Factors Related to Access to Care

African Americans and Hispanic/Latinxs tend to report lower rates of insurance and less ability or opportunity to drive themselves to access health care – relying instead on public transportation, walking or finding a ride from another individual.



## DID YOU KNOW?

Nearly one in four respondents identified Access to Care as the primary health need in the Tri-County region, and it was the top need with African Americans, Hispanic/Latinx and Whites.



## COMMUNITY SPOTLIGHT

### Barrier Islands Free Medical Clinic:

Barrier Islands Free Medical Clinic (BIFMC) is a great example of how our community addresses the issue of healthcare access. Through volunteer medical personnel and charitable funding, BIFMC offers routine primary and specialty care to uninsured adults, from managing chronic diseases such as diabetes and hypertension to psychiatric consultation and routine mammograms. Providing free medical care to adults in poverty ensures greater health equity and outcomes for the entire community. Free health care for the uninsured eliminates the added stress of medical debt and promotes job and caregiving security, while simultaneously relieving area hospitals of mounting unpaid medical bills.



## Voices from the Community

*"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*

# Obesity, Nutrition & Physical Activity

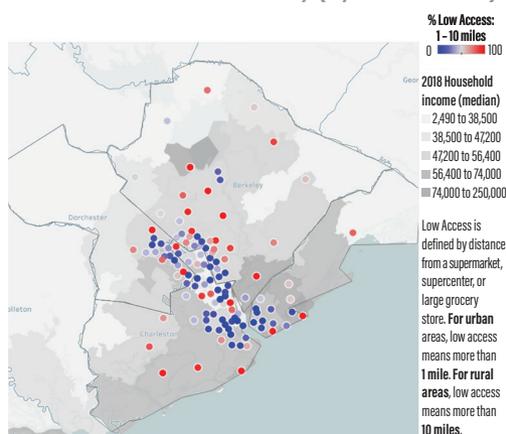
## Examining the Issue

Diet, exercise and weight management are the foundations of health and wellness. A healthy balance of each greatly contributes to long-term health outcomes and decreased health risks. The Centers for Disease Control and Prevention recommends eating five servings of fruits and vegetables and doing 2.5 to 5 hours of moderate-intensity exercise weekly to maintain a healthy weight. Those who reported more exercise per week were significantly more likely to report higher health rankings.

**Food deserts**, or areas lacking access to healthy food, experience a greater reliance on fast food and non-grocery foods – both of which are tied to higher rates of obesity and diabetes. A recent study found that consuming excess canned fruit and sweetened fruit juice was linked to many leading causes of death and type 2 diabetes. Berkeley is a predominantly rural county with a higher ratio of food deserts than both Charleston and Dorchester.

The need to lower obesity rates by increasing physical activity as well as access to healthier food is evident based on input from the community.

Food Deserts in the Tri-County (by Census Tract)



Source: US Department of Agriculture (2017). Food Research Atlas. Available at: <https://www.ers.usda.gov/data-products/food-access-research-atlas/>

## Physical Activity vs. Perceived Health Rankings



Physical Activity  
0-1 times/week

Poor/Fair .....26%  
Good .....45%  
Very Good/ .....29%  
Excellent



Physical Activity  
2-3 times/week

Poor/Fair .....17%  
Good .....43%  
Very Good/ .....40%  
Excellent



Physical Activity  
4 or more times/week

Poor/Fair .....13%  
Good .....31%  
Very Good/ .....56%  
Excellent

## DID YOU KNOW?

Hispanic/Latinx respondents were significantly more likely to exercise than non-Hispanic/Latinx respondents and also more likely to eat canned fruit than any other group.



Berkeley and Dorchester County respondents listed Obesity, Nutrition & Physical Activity as the top health concern.

## COMMUNITY SPOTLIGHT

### Lowcountry Food Bank

Lowcountry Food Bank leads the fight against hunger in coastal South Carolina by distributing food through 300 partner food pantries and over 80 community program partners to our neighbors who struggle with food insecurity. The agency also initiated a Healthy Foods Initiative aimed at lessening the burdens of chronic food insecurity. With a focus on distributing fresh produce and food items that help alleviate the burden of poor health, the team of staff and volunteers empower the community with skills and knowledge to select and prepare the food provided in order to create delicious, nourishing meals for themselves and their loved ones.



## Voices from the Community

*"Healthy food is going to cost you more. You don't have no choice. If you want to eat you've just got to get [junk] because good healthy food is not that cheap."*

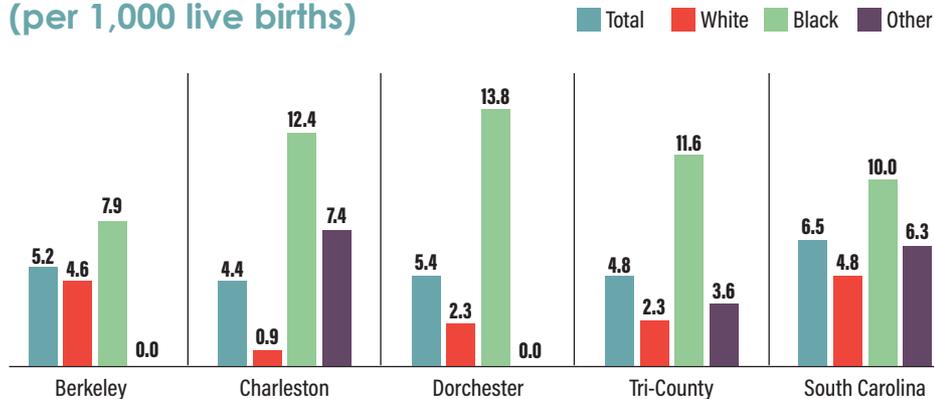
– Focus Group Respondent

# Maternal, Infant & Child Health

## Examining the Issue

The health of a community's women and children are essential to growth and will predict the future's public health strengths and challenges. *Healthy People 2020* recognizes adequate prenatal care and birth outcomes as two strong indicators of infant death and disability. The Tri-County region has some of the state's lowest infant mortality rates; however, African American rates are significantly higher than those in White infants. Additionally, African American women have died during childbirth at a rate three to four times higher than White women for over a century.

## Infant Mortality Rate by County and Race, 2017 (per 1,000 live births)



Source: SC DHEC, 2017

CHNA respondents whose top concern was Maternal, Infant and Child Health (MICH) reported that their primary desires for improving MICH were to increase access to prenatal care for all women and to educate women on what to expect during and after pregnancy. Early and regular prenatal care improves the chances of a healthy pregnancy and birth.

## Factors to Improve Maternal, Infant & Child Health

	Social/Medical Services	Mental Health Services	Educate Women	Address Discrimination	Regular Prenatal Care for All
African American	23.5%	13.2%	35.3%	19.1%	35.3%
Hispanic/Latinx	18.2%	18.2%	27.3%	27.3%	36.4%
White/Caucasian	15.2%	11.7%	17.8%	22.8%	29.4%
Other	8.3%	33.3%	33.3%	8.3%	33.3%

## DID YOU KNOW?

African American respondents reported that education and regular prenatal care for all would improve maternal and infant health outcomes in the Tri-County.



## COMMUNITY SPOTLIGHT

### Our Lady of Mercy Community Outreach

Founded in 1989, Our Lady of Mercy Community Outreach (OLMCO) assists over 6,000 neighbors in need each year in the Lowcountry, regardless of faith or creed, helping them achieve their desired path to self-sufficiency. OLMCO continuously works to address the root causes of poverty and create systemic change by providing basic and emergency resources, adult and youth education, job assistance and specific health programs. The women's services program, through a partnership with Roper St. Francis Healthcare, addresses unmet needs in our community, providing access to pre-and post-natal care for low-income and uninsured women who otherwise would not have this vital care during pregnancy.



## Voices from the Community

"A lot of people are afraid to go to the doctor or afraid to put their children on certain medications. So, they need to be taught more about it."

– Focus Group Respondent

"I definitely don't think parents aren't doing it [wellness checks] because they don't want to or because of neglect. I think it's definitely the barriers that they face that is preventing the health of the kids."

– Focus Group Respondent

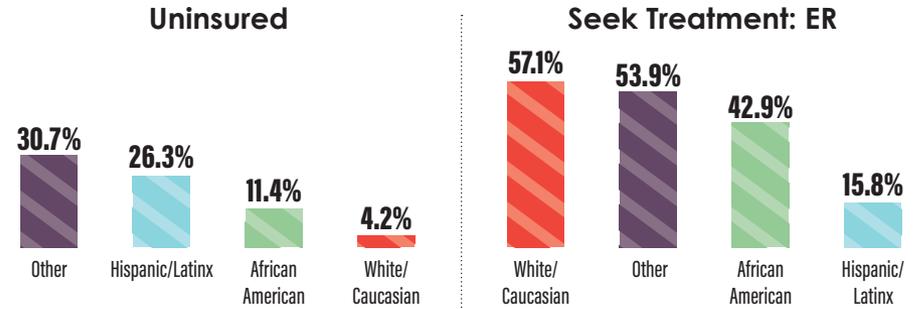
# Behavioral Health

## Examining the Issue

Healthy Tri-County defines behavioral health as encompassing both mental health and substance use. Research conducted in development of *Healthy People 2020* has shown that adults and children with undiagnosed and untreated mental health issues are at higher risk for unhealthy and unsafe behaviors. Behaviors like alcohol or drug misuse, violent or self-destructive behavior and suicide have been noted as measurable indicators of a community's mental health.

Within all populations and groups surveyed, a trend emerged of seeking mental health treatment in emergency facilities. Among those whose top concern was mental health, Hispanic/Latinxs were the least likely to seek treatment at an Emergency Room (ER) or use support groups as a treatment for mental health. This may point to both economic and cultural differences given that they were as likely as other minority groups to believe that mental health could be treated with medication. Whites were most likely to select all forms of treatment.

## Negative Factors Impacting Behavioral Health Outcomes



## Mental Health Treatment

	Medication	Therapy	Support Groups	Untreatable
African American	54.3%	70.0%	57.1%	1.4%
Hispanic/Latinx	52.6%	68.4%	26.3%	-
White/Caucasian	81.7%	85.9%	75.9%	1.1%
Other	53.9%	69.2%	84.6%	7.7%

As ERs continue to feel the impact of a higher volume of mental health patients, one strategy for finding alternatives is increasing community knowledge of local mental health treatment options within specialized care facilities.

## DID YOU KNOW?

African American and Hispanic/Latinx respondents were the least likely to seek mental health services from the ER.



## COMMUNITY SPOTLIGHT

### Trident Health System

Trident Health is a hospital system comprised of two acute care hospitals, two freestanding emergency departments and has affiliation with two urgent cares. Lowcountry Transitions at Trident Medical Center provides a range of behavioral health services for adults in Berkeley, Charleston and Dorchester counties. Services include crisis assessments in the emergency department, adult inpatient and adult intensive outpatient services. Lowcountry Transitions uses a patient-focused interdisciplinary team who provides compassionate, quality services in a state-of-the-art environment.



## Voices from the Community

*"When you're in a depressed state or if drugs come into it or whatever, you can't do this for yourself. When you try to find an agency that might help in their situation that is almost impossible. Then you do find the agency and it's very difficult to get in."*

– Focus Group Respondent

*"Some of them [children] see so much at home and in the community that they don't need to see, and parents are afraid of mental health. The words psychologist, psychiatrist, mental health – all of that is a stigma to them, and they need to be taught that it [seeking mental health treatment] is okay."*

– Focus Group Respondent

# Clinical Preventive Services

## Examining the Issue

Routine physical exams, disease screenings and immunizations have been highlighted as critical preventive services to reduce premature death and disability. Still, thousands of South Carolinians forgo preventive services.

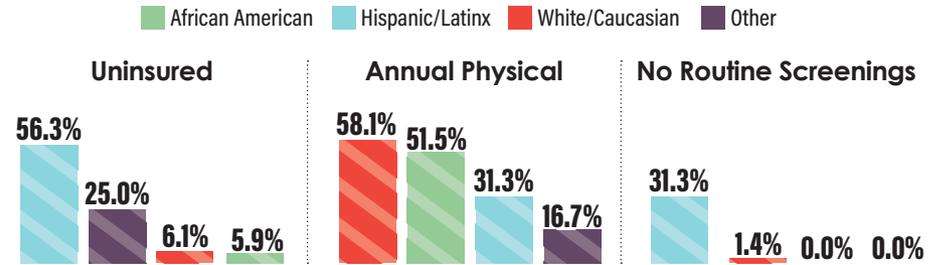
Health behaviors related to Clinical Preventive Services (CPS) show significantly more positive health behaviors for Whites and African Americans than for Hispanic/Latinxs. The common reason for not seeking preventive health care services is lack of insurance.

## DID YOU KNOW?

African Americans report higher rates of blood pressure, diabetes, and STD/HIV screenings than any other group while Hispanic/Latinxs have the highest rate of reporting no health screenings at all.



## Factors Negatively Impacting CPS Outcomes



## CHNA Respondents & Procedures Received in last 12 Months

	BP Test	Diabetes Screening	Cholesterol	Flu Shot	HIV/STD Screening
African American	88.2%	61.8%	47.1%	57.4%	16.2%
Hispanic/Latinx	50.0%	31.3%	31.3%	6.3%	6.3%
White/Caucasian	89.9%	46.0%	52.0%	61.5%	7.4%
Other	83.3%	25.0%	41.7%	41.7%	8.3%

## COMMUNITY SPOTLIGHT

### Pfizer

Pfizer believes every individual deserves the opportunity to live the healthiest life possible. They strive to strengthen health systems by offering resources that can support well-visits and CDC-recommended immunizations in our community. Immunizations are a core component of any preventive services program and are proven to reduce morbidity and mortality. Pfizer colleagues are working with healthcare providers, hospitals, pharmacies and medical groups to support a culture of prevention in the Tri-County with educational materials and tools to increase awareness of well-visits and immunizations.



## Voices from the Community

"I had a neighbor who had diabetes and high cholesterol and his perception was as long as I take this pill I don't have to change what I eat. I don't have to worry about exercising. That kind of thing."

– Focus Group Respondent

# Methodology

## Purpose

This report provides a snapshot of the Tri-County health landscape as captured by the 2019 Community Health Needs Assessment (CHNA) administered by MUSC Health, Roper St. Francis Healthcare and Trident United Way. This report is designed for use by various audiences and provides data for immediate application 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*, a 10-year health improvement agenda developed by the US Department of Health and Human Services.

- Access to Care
- Clinical Preventive Services
- Injury & Violence
- Maternal, Infant & Child Health
- Mental Health
- Obesity, Nutrition & Physical Activity
- Oral Health
- Reproductive & Sexual Health
- Substance Misuse
- Tobacco

## CHNA Data Collection Process

Data collection for the 2019 CHNA took place in January and February 2019. HTC's Health Data Workgroup conducted focus groups and key informant interviews distributing the CHNA survey (available in English and Spanish) both electronically and in paper form to target locations within the community. **Specific activities included:**

- Administering 28 and 32-question paper and online surveys (28 questions for medical/social service providers and 32 for community members) with a total of 5,304 respondents.
- Conducting 12 focus groups with 57 community members from different areas with various perspectives represented.
- Engaging in interviews with 19 community leaders, elected officials and health care professionals.
- Hosting one Community Input Session with 100 participants.

## CHNA Data Analysis

The 2019 CHNA surveys were coded and analyzed to address questions about the overall health of the Tri-County area: to identify specific areas of concern for Tri-County residents and provide insight into the effects of socio-economic and racial barriers regarding differences in health outcomes and health concerns. Focus groups were conducted and the contents analyzed to gain qualitative feedback from the public on their perceptions of community health and how the health and health care of their communities has changed since 2016.

## Challenges and Improvements to Data Collection

Based on lessons learned from the 2016 CHNA process, the HTC's Health Data Workgroup initiated the 2019 CHNA planning process engaging specific community groups and organizations to reach previously underrepresented groups. We worked closely with area schools, churches, and clinics to engage more members from African American, Latinx, low socioeconomic and rural communities.

Looking forward, we see opportunities to reach even more rural and Spanish-speaking communities through targeted outreach and by building a resource network within these groups. Another recommendation from the Health Data Workgroup is a more concerted effort to engage other groups like LGBTQ, veterans and people living with disabilities when scheduling focus groups and tailoring questions specifically for those groups to better understand their health issues.

## 2019 CHNA Data Review Panel

The 2019 CHNA data analysis was conducted by **Jonathan Rauh, PhD** (Trident United Way) and reviewed by the following panel of experts:

**Morgan Hughey, PhD** (Assistant Professor, College of Charleston)

**Mark Tompkins, PhD** (Professor Emeritus, University of South Carolina)

**Aunyika Moonan, PhD** (Executive Director of Data and Measurement, South Carolina Hospital Association)

# Core Partners in Action

## ROPER ST. FRANCIS HEALTHCARE

**Access to Care:** The Transitions Clinic provides a medical home for unfunded or underfunded patients who access the Emergency Department for primary care and chronic disease issues who do not have a primary care doctor. The clinic offers support with OB/GYN, mental health, social service and insurance services on-site.

### **Obesity, Nutrition & Physical Activity (ONPA):**

Backpack Buddies provides meals for students at a local Title 1 school with 98% of students at or below poverty rate and 99% of students on free and reduced lunch and delivers the items to the students each month.

**Maternal, Infant & Child Health:** The Maternal Fetal Medicine department provides medical management, counseling, biophysical profiles, diagnosis and management of birth defects and other highly specialized services. RSFH offers these services at no cost to unfunded and/or uninsured patients referred through a partnership with Our Lady of Mercy Community Outreach.

**Behavioral Health:** RSFH participates in the Pharmacy program, a collaborative effort with Charleston Police Department, MUSC Health, Lowcountry Food Bank, Fetter Healthcare Network and Charleston Dorchester Mental Health Center to provide fresh produce as well as medical and mental health information to low-income residents who may not have access to these services otherwise.

**Clinical Preventive Services:** RSFH partners with many free clinics around the Tri-County, including Our Lady of Mercy Community Outreach, Dream Center, Barrier Islands Free Medical Clinic and One80 Place to provide lab and imaging services at no cost to their patients. RSFH's Ryan White Wellness Center provides primary care, screenings and preventive medications to patients living with HIV and their partners.

## MUSC HEALTH

**Access to Care:** St. Stephen's rural outreach program CARES began last year in a partnership with Google. The clinic is designed to bridge the needs of a rural community with limited access to medical care and high rates of poverty. Located in St. Stephens Middle School, they provide full clinical services and screenings every other month on a Saturday, as well as the provision of fresh produce through a partnership with the Lowcountry Food Bank. Residents all receive nutrition screening and basic counseling as part of the initiative, and this will expand further in the fall of 2019 to include cooking instruction in the schools.

**ONPA:** In 2015, MUSC became the first hospital in the southeast to participate in the USDA summer feeding program, Kids Eat Free, and is still the only participating hospital in SC. Since 2015, over 18,000 meals have been served. This USDA summer feeding program serves all children ages 18 and under – regardless of their hometown, health or financial status.

**Maternal, Infant & Child Health:** CARES Pediatric preventive clinic started in 2019 and targets children of undocumented immigrants who have little to no access to medical care through the current insurance structure. Immunizations are the primary goal but services also include vision screening and nutrition instruction.

**Behavioral Health:** STAR Children's Day Treatment Program offers intensive and comprehensive evaluation and treatment for children and adolescents ages 6-17 with severe behavioral disturbances who have had a lack of improvement during outpatient therapy services. The program is a less costly alternative to inpatient care, while still providing the same multifaceted, long-term care.

**Clinical Preventive Services:** CARES main clinic in Mt Pleasant provides primary care, non-trauma, acute care, women's health screenings and specialty nights including cardiology night, Spanish night (staffed by Spanish-speaking providers) and integrated mental health nights. They also provide community-based screenings and staff MUSC community events.

## TRIDENT UNITED WAY

**Access to Care:** The Trident United Way (TUW) Resource Connection Centers brings together more than ten nonprofit service providers that help individuals and families in Berkeley and Dorchester counties increase their financial stability. To extend the scope of the Resource Connection Centers, Trident United Way partners with AccessHealth Tri-County Network to offer on-site enrollment to health care services to low-income clients.

**Maternal, Infant & Child Health:** TUW is the convener for our region's first Kindergarten Readiness Network, in partnership with Tri-County Cradle to Career Collaborative (TCCC). The Kindergarten Readiness Network (KRN) is growing and comprised of more than 100 members in the community who seek to improve academic and developmental outcomes for children from birth through age 5 by creating a cohesive and strategic plan in coordination with community, local and state stakeholders.

**Clinical Preventive Services:** TUW convenes the Tri-County Diabetes Coalition, a partnership of health care providers, community organizations, faith-based groups, local government, universities and community members that are committed to education and awareness efforts and the promotion of Diabetes Prevention Program (DPP), a CDC-recognized lifestyle change program designed to prevent type 2 diabetes and reduce the number of new incidences of diabetes and pre-diabetes in the Tri-County region.

# Acknowledgements

## CHNA Advisory Workgroup

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- Kelly Perrit, MUSC College of Health Professions

## Roper St. Francis Healthcare

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## Supporting Community Partners

- Abrazos Program (Charleston County School District)
- AccessHealth Tri-County Network
- Art Pot
- Charleston Promise Neighborhood
- Charleston Southern University
- Círculo Hispanoamericano de Charleston
- City of Charleston
- College of Charleston
- Ernest E. Kennedy Center
- Fetter Health Care Network

- Lutheran Family Services
- Mount Moriah Missionary Baptist Church
- Our Lady of Mercy Community Outreach
- Royal Missionary Baptist Church
- Shifa Free Clinic
- South Carolina Department of Health and Environmental Control (SC DHEC)
- St. James-Santee Family Health Center, Inc.
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# End Notes

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# About the Core Partners



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

[www.rsfh.com](http://www.rsfh.com)



As the clinical health system of the Medical University of South Carolina (MUSC), MUSC Health is dedicated to delivering the highest quality patient care available, while training generations of competent, compassionate health care providers to serve the people of South Carolina and beyond. Comprising some 1,600 beds, more than 100 outreach sites, the MUSC College of Medicine, the physicians' practice plan, and nearly 275 telehealth locations, MUSC Health owns and operates eight hospitals situated in Charleston, Chester, Florence, Lancaster and Marion counties. In 2018, for the fourth consecutive year, U.S. News & World Report named MUSC Health the number one hospital in South Carolina.

[www.muschealth.org](http://www.muschealth.org)



For 75 years, Trident United Way has been a catalyst for measurable community transformation through collective impact in education, financial stability and health. Trident United Way stands for people and progress. Our efforts bring organizations and people together to improve educational outcomes for all students, improve opportunities 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 regional roles as a community connector, strategic partner, volunteer engager and grantor. Our investors and partners represent a movement of people and organizations working together to create bold change. Trident United Way works in a collaborative, cross-sector way to solve complex, community-level issues. According to *The Chronicle of Philanthropy*, United Way is America's favorite charity.

[www.tuw.org](http://www.tuw.org)