Bon Secours

2023-2025 Community Health Needs Assessment – Implementation Plan

Bon Secours – St. Francis Health System

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Adopted by the Bon Secours St. Francis Board of Trustees, April 26, 2023

Bon Secours has been committed to the communities it serves for nearly two centuries. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

The following document is a detailed Community Health Improvement Plan for Bon Secours St. Francis Health System. As a system, Bon Secours is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and bringing good help to those in need, especially people who are poor, dying and underserved. We strive to create effective strategies to meet the health needs of our community.

Having identified the greatest needs in our community, the Community Health Improvement Plan ensures our resources for outreach, prevention, education, and wellness are directed towards opportunities where the greatest impact can be realized.

Bon Secours – St. Francis Health System

1 St. Francis Drive
Greenville, SC 29601

(864) 905-8661

Bon Secours CHIP
Short Link:
bit.ly/BonSecoursChip

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Introduction

Bon Secours St. Francis Downtown includes a 245-bed hospital, the St. Francis Outpatient Center, and a new 45,000 square-foot, 42-room emergency department. At that campus, we offer Emergency services, Heart Care, Heart Surgery, Inpatient Cancer Services, Bone Marrow Transplantation Center, Orthopedic Surgery, Osteoporotic Fracture Program, Spine Surgery, Neurosurgery, Radiology and Imaging Services, Sleep Center, Outpatient Surgery, Laboratory Services, and more.

Bon Secours St. Francis Eastside includes a 93-bed hospital and two medical office buildings, 131 Commonwealth Drive and 135 Commonwealth Drive. Services offered at this location include Emergency Room, Labor and Delivery, Neonatal Care Unit, Joint Replacement Surgery, Joint Camp Program, Orthopedic Surgery, Surgical Weight Loss Program, General Medical and Surgical Care, Critical Care, Imaging, Mammography, Breast Health Center, Wound Healing Center, Physical Therapy, and physician offices.

Bon Secours St. Francis Millennium is home to Healthy Self Fitness and Weight Loss, a Sleep Center, cardiac testing, outpatient rehabilitation, laboratory services, radiology services, physician offices, and the Diane Collins Neuroscience Institute, a new center that allows patients to receive many aspects of their individualized neurological care at one convenient location. The Millennium campus is also home to the St. Francis Cancer Center, a freestanding outpatient cancer facility that offers chemotherapy, radiation treatment, lab, and physician offices all in one convenient location.
Bon Secours St. Francis Medical Campus at Simpsonville is a 52,963 square-foot facility at 3970 Grandview Drive, right along Interstate 385. It includes a freestanding emergency department as well as medical office space that offers services including women's health, cardiology care, primary care, behavioral health, phlebotomy, ultrasound, X-ray, and a retail pharmacy.

The detailed process, participants, and results are available in the Bon Secours St. Francis Community Health Needs Assessment, which is available at Bon Secours.com. The Greenville market prepared a joint CHNA report, including the Bon Secours St. Francis Downtown, Eastside, Millennium, and Simpsonville campuses, to reflect the hospitals' collaborative efforts to assess the health needs of the community they serve.

This Community Health Needs Assessment Implementation Plan will address the prioritized significant community health needs through the CHNA. The Plan indicates which needs Bon Secours St. Francis will address and how, as well as which needs Bon Secours St. Francis won't address and why.

The Greenville market intends to take a regional approach to address its CHNA and the identified prioritized needs, and therefore the needs the hospitals intend to take and the strategies outlined in this Community Health Needs Implementation Plan are the same and combined into one plan document.

Beyond programs and strategies outlined in the plan, Bon Secours St. Francis will address the health care needs of the community by continuing to operate in accordance with its mission to extend the healing ministry of Jesus by improving the health of its communities with emphasis on the poor and underserved. This includes providing care for all individuals regardless of their ability to pay.

The strategies in this Implementation Plan will provide the foundation for addressing the community's significant needs between 2023 – 2025. However, Bon Secours St. Francis anticipates that some strategies, and even the needs identified, will evolve over that period. Bon Secours St. Francis plans a flexible approach to addressing the significant community needs that will allow for adaptation to changes and collaboration with other community agencies.

Community Served by the Hospital

Greenville County is a rapidly growing and increasingly diverse county that spans 795 square miles in the Piedmont region of South Carolina and contains many zip codes and census tracts. The population of Greenville County in 2020 was 524,534 and continues to increase. Roughly 75% of the population is white and 18% Black/African American, and 9% Hispanic. 35% of Greenville County residents have a Bachelor's degree or higher, and 12% did not complete high school.

The median age of Greenville County is 38.2, up from 36.9 in 2010. The age distribution in Greenville since 2010 has shown a slight decline in ages 19 and under and a slight increase in those aged 65 and above.

Our Mission

As a system Bon Secours is dedicated to extending the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

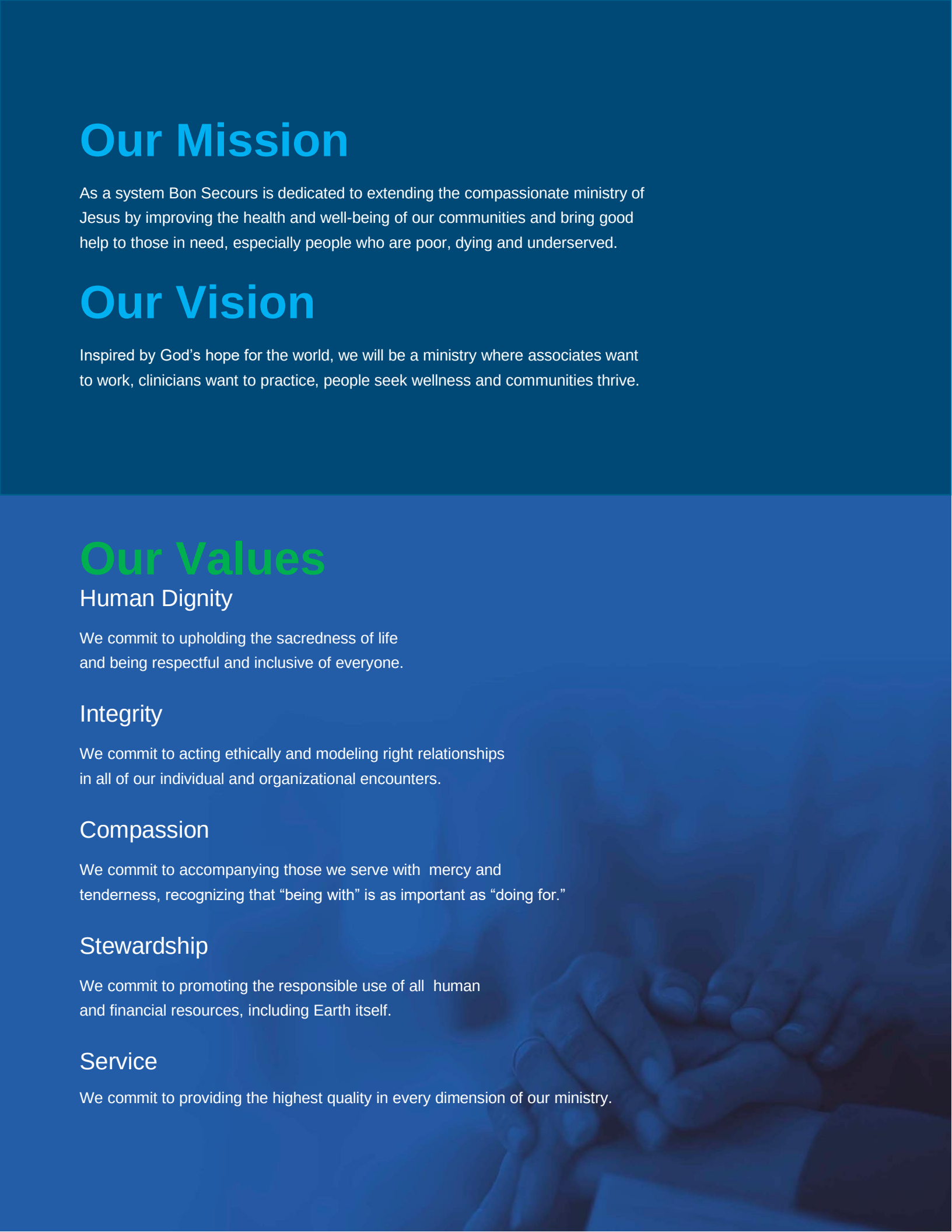
We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.



Executive Summary

Background and Process

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

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

Collection and analysis of qualitative data were completed in 2022 through a series of town hall meetings and the implementation of a community survey. Qualitative data was collected by the Johnson Group, the consulting firm that compiled that data in the previous CHNA studies. No written comments were received on the most recently conducted CHNA. Qualitative data was collected through Town Hall meetings, a community survey, and a meeting with the Bon Secours St. Francis CHNA Advisory Committee, a 21-member Advisory team of local public health professionals, health and human service agencies, and Bon Secours St. Francis Health System leaders assisting in guiding the assessment, providing additional insight and feedback into community issues and priorities.

Identifying Significant Needs

The significant needs in Greenville County were identified through the Community Input process detailed above. The Advisory Team helped select the needs that Bon Secours St. Francis would address by considering both community input and the health system's expertise and capacity. The specific actions to be taken in the CHIP were determined by internal stakeholder workgroups.

External agencies involved include Greenville Free Medical Clinic, Hispanic Alliance, Greenville Housing Fund, Well-Being Partnership, Institute for the Advancement of Community Health at Furman University, South Carolina Department of Health and Environmental Control, SC Institute of Medicine & Public Health, United Way of Greenville County, Habitat for Humanity of Greenville County, Piedmont Health Foundation & Greenville Partnership for Philanthropy, and other partners.

Implementation Plan

Bon Secours St. Francis Health System is committed to addressing the prioritized significant health needs of the community through the strategies described in this Implementation Plan.

Prioritized Significant Health Needs

The table below lists the prioritized significant health needs identified through the CHNA and specifies which needs Bon Secours St. Francis Health System will address.

Prioritized Significant Health Needs	Hospital Addressing Need (Y/N)			
	Bon Secours St. Francis Downtown	Bon Secours St. Francis Eastside	Bon Secours St. Francis Millennium	Bon Secours St. Francis Medical Campus at Simpsonville
Behavioral and Mental Health	**Yes**	**Yes**	**Yes**	**Yes**
Housing and Homelessness	**Yes**	**Yes**	**Yes**	**Yes**
Access to Care (with a health equity and cultural competency lens)	**Yes**	**Yes**	**Yes**	**Yes**

The Bon Secours St. Francis Community Health Implementation Plan will address each need with regional strategies that have various activation dates throughout the three-year implementation life cycle. Some of the strategies will take place in communities that are geographically associated/tagged to a specific hospital.

Prioritized Significant Social Determinant of Health and Social Health Needs Implementation Strategies

Housing and Homelessness

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

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

Housing and Homelessness-Related Goals:
To work with internal and external partners to promote affordable housing solutions and housing justice initiatives. Our goal is broken into two main parts.

Goal 1
Continue to work with Habitat for Humanity to complete our build commitment in the Sterling Community.

Expected impact
Increased affordable home ownership in the Sterling Community; stabilized families in a safe environment; increased number of families that can begin the process of creating generational wealth.

Targeted populations
Targeted populations are low-income Black, Hispanic, and older (60+) individuals in our target neighborhood of Sterling.

Strategy
Partner with Habitat for Humanity on the build commitment.

Strategic measure
Three Habitat homes built and completed.

Year 1
- Complete one new build in partnership with Habitat.

Year 2
- Complete one new build in partnership with Habitat.

Year 3
- Complete one new build in partnership with Habitat, wrapping up our commitment to partner on 10 builds.

Goal 2
Work with organizations that focus on home ownership and home preservation/protection (Rebuild, Habitat, Greenville Human Relations Commission, Sterling Land Trust, etc.) to promote and protect home ownership in target neighborhoods among target populations.

Expected impact
Increased number of seniors staying in their homes as they age through keeping housing and maintenance affordable; increased housing justice knowledge; and empowered neighborhoods and individuals who have the knowledge to protect their housing rights.

Empowered individuals who can pursue home ownership and organizations/neighborhood associations that have the knowledge and connections to begin purchasing and banking land for affordable housing projects.

Targeted populations
Targeted populations are low-income Black, Hispanic, and older (60+) individuals in our target neighborhoods: Sterling, Pleasant Valley/District 25, San Sebastian, and City View.

Strategy
Work with organizations that focus on home ownership and home preservation/protection (Rebuild, Habitat, Greenville Human Relations Commission, etc.) to promote and protect home ownership in target neighborhoods among target populations.

Strategic measure
Increase seniors' ability to stay in their own homes and improve housing knowledge in under-resourced neighborhoods.

Year 1
- Use up to $50,000 of Mission grant funds to support home repair for the aging in target neighborhoods for target populations.
- Raise awareness of home repair and other programs that allow seniors to remain in their own homes through one LifeWise Aging in Place event.
- Develop partnerships with at least two community organizations that could help facilitate housing-related educational programs.

Year 2
- Collaborate with HUD-certified community partners to offer one educational program and raise awareness about housing justice and knowledge of housing laws.

Year 3
- Partner with community organizations to offer two education events that support home ownership (one event) and land banking (one event). (CommunityWorks, SLT, HUD-certified organizations, GHRC)

Community collaborations
Bon Secours St. Francis partners with Habitat for Humanity, the Area Agency on Aging, Rebuild Upstate, Sterling Land Trust, Greenville Housing Authority, CommunityWorks, Greenville Human Relations Commission, and other community organizations that promote home ownership and affordable housing.

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include United Housing Connections, Safe Harbor, Greenville Homeless Alliance, Homeless Coalition, Triune Mercy Center, United Ministries, United Way of Greenville County, Piedmont Health Foundation, First Christian Fellowship, Continuum of Care, Sterling Land Trust, Habitat for Humanity, WC Works, Thrive Upstate, City and County Development, City and County Public Works, City and County Law Enforcement, South Carolina Department of Health and Environmental Control, major health systems and network of care services: Bon Secours St. Francis Health System and Prisma Health.

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

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

Access to Care Goals
The overarching goal is to improve access to care and health equity. That goal is divided into three primary areas.

Goal 1
Access to Care (general): Improve access to care in target neighborhoods by helping local churches and community centers create and/or equip health ministries.

Expected impact
Improved early identification of health issues and referrals to appropriate providers. Empowered churches that can address health needs of their congregations.

Targeted population
Low-income Black, Hispanic, and older (60+) individuals in our target neighborhoods: Sterling, Pleasant Valley/District 25, San Sebastian, and City View.

Strategy
Help local churches and community centers create and/or equip health ministries.

Strategic measure
Improve access to care by helping local churches and community centers create and/or equip health ministries.

Year 1

- Hold at least two meetings with community partners to explore the possibility of BSSF becoming the coordinator of LiveWell's At Worship group, a role that would allow us to take advantage of an existing church/health structure to begin empowering local congregations to take charge of their own health. Develop at least two church or community partnerships from those meetings.
- Develop a portfolio of at least four trainings directed at improving access to care that could be offered to churches and community centers.
- Send at least four Community Health staff members to classes/programs to increase the breadth of evidence-based trainings we can offer in community. Those classes may include:
    - Matter of Balance
    - HeartMath and/or Mental Health First Aid (overlap with the MH/BH area work)
    - Diabetes Prevention Program

Year 2

- From our portfolio, schedule at least three educational events in community that improve access to care.

Year 3

- Identify one additional training for staff and enroll at least two staff members in that course.
- Schedule at least three more educational events in community that improve access to care.

Goal 2
Aging: Increase awareness of and access to available health and SDoH-related resources for senior adults.

Expected impact
Improved ability of physicians and community partners to refer senior adults to appropriate resources and improved senior adults' knowledge of the resources available to them and how to access those resources.

Targeted populations
Senior adults (60+)

Strategy
Provide a resource guide and events directed at improving seniors' knowledge about and access to resources.

Strategic measure
Increase awareness of and access to available health and SDoH-related resources for senior adults.

Year 1

- Develop a comprehensive, senior-specific resource guide that can be shared in community.
- Host one event on Aging in Place to increase awareness of housing and food-related resources.

Year 2

- Conduct at least one focus group with community partners (community centers, churches, LifeWise partner organizations, etc.) to determine how and where we can best increase awareness about available resources.
- Share the resource guide online with at least four partnering organizations/individuals.
- Using the information obtained from the focus group in Year 1, engage with at least two community partners to increase awareness of resources for seniors.
- Host at least one educational or informational event on caregiving or a related topic, including resources available to caregivers and to those who need care.

Year 3

- Create an advisory board for LifeWise, with at least four members from the Greenville community, to help guide advocacy and educational efforts around access to care for senior adults.

Goal 3
Obesity and Chronic Conditions: Improve continuity of care by increasing the number of at-risk individuals with obesity and chronic conditions who have a care plan.

Expected impact
Improved patient health by improving the management of chronic conditions for at-risk patients and prevent unnecessary ED visits and IP stays.

Targeted populations
Low-income, uninsured BSSF patients.

Strategy
Work with internal stakeholders to improve continuity of care.

Strategic measure
Connect those with obesity and chronic conditions with a care plan to improve continuity of care.

Year 1

- Collaborate with Bon Secours case management, Legacy Clinic, and Bon Secours Mobile Clinic to develop a plan to actively identify patients who are at high risk for readmission, return to the ED, or initial unnecessary ED visits and IP stays who are also eligible for Wellness Outreach services. (i.e., develop reports in EPIC and refine referral process).
- Collaborate with at least two of the partners above on a process to incorporate Bon Secours Wellness Outreach notes in EPIC to promote continuity of care and reduce duplication of services.

Year 2

- Generate at least 50 referrals to Wellness Outreach from BSSF and BSMG partners.
- Convene at least one partner meeting to review the referral process and the effectiveness of the collaboration to facilitate adjustment of the process.

Year 3

- Generate at least 50 additional referrals from BSSF and BSMG partners.
- Complete a review of partners to determine if any need to be added.

Community collaborations
Bon Secours St. Francis is collaborating with Bob Jones University (intern to compile senior resource guide) and with churches in Greenville County, particularly those in the Greenville market's target neighborhoods. BSSF also is partnering with Clemson University and Hispanic Alliance to identify training opportunities.

Community resources available
The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include Greenville Free Medical Clinic, New Horizon Family Health Services, Unity Health on Main, local churches and faith-based groups, Hispanic Alliance and LiveWell Greenville BUILD, PASOS, South Carolina Department of Health and Environmental Control, Taylors Free Medical Clinic, major health systems and network of care services: Bon Secours St. Francis Health System and Prisma Health.

Prioritized Significant Clinical Health Needs Implementation Strategies:

Behavioral and Mental Health

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

Behavioral and Mental Health Goals
To improve awareness of and access to behavioral and mental health resources.

Goal 1
Expand mental/behavioral health educational opportunities and awareness of resources for the senior population.

Expected impact
Improved senior adults' understanding of significant mental and behavioral health conditions and awareness of available resources.

Targeted population
Senior adults (60+) in Greenville County

Strategy
Coordinate mental/behavioral health-focused "Walk with a Doc" events and mental/behavioral health provider presentations for senior adults.

Strategic measure
Walk with a Doc events.
Year 1

- Using the results of the LifeWise survey and senior community focus groups and discussions, in partnership with the Regional Practice Administrator, identify at least three providers and therapists who could partner with BSSF's LifeWise program to present mental and behavioral health topics of critical interest to senior adults.

Year 2

- Schedule at least one "Walk with a Doc" event with a provider or therapist.

Year 3

- Using feedback from Year 2 event attendees, schedule at least one provider or therapist for a "Walk with a Doc" session.

Provider presentations for LifeWise.

Year 1

- Using the results of the LifeWise survey and senior community focus groups and discussions, in partnership with the Regional Practice Administrator, identify at least three providers and therapists who would be willing to engage in one-hour presentations at LifeWise events.

Year 2

- Schedule at least one provider or therapist for a mental/behavioral health-related presentation at a LifeWise event.

Year 3

- Using feedback from Year 2 event attendees, schedule a provider or therapist for a mental/behavioral health-related presentation at a LifeWise event.

Goal 2

Expand mental/behavioral health resources available in under-resourced communities.

Expected impact

Increased knowledge of individuals in under-resourced communities about behavioral and mental health resources; increased early interventions; increased and improved delivery of mental and behavioral health trainings by Community Health staff.

Targeted population

Black, Hispanic, and older adults in our target neighborhoods: Sterling, Pleasant Valley/District 25, San Sebastian, and City View.

Strategy

Offer mental/behavioral health training and education in under-resourced communities through churches, community centers, and other partner organizations.

Strategic measure

Year 1

- Identify at least two evidence-based mental/behavioral health classes that would allow staff to provide critical trainings in community.
- Send at least two staff members to evidence-based mental/behavioral health classes that would allow them to make presentations to community and/or to offer “train the trainer” classes to empower community partners to offer their own training.

Year 2

- Offer at least two mental/behavioral health trainings in our target neighborhoods.

Year 3

- Offer at least one “train the trainer” event in our target neighborhoods to empower community partners to host their own mental/behavioral health educational events.

Community collaborations

Bon Secours St. Francis will be collaborating with Hispanic Alliance and with various community centers and churches in Greenville County, particularly those in our target neighborhoods.

Community resources available

The existing healthcare facilities and other resources in the community that are available to meet the prioritized need include Upstate Behavioral Health Coalition, Greenville Crisis Response Team, SC Hospital Association Behavioral Health Coalition, Greenville Shared Solutions, FAVOR – Faces and Voices of Recovery, Department of Mental Health, Well-Being Partnership for Greenville, NAMI – National Alliance on Mental Illness, Mental Health America of Greenville County, The Carolina Center for Behavioral Health, Phoenix Center, Safe Harbor, Compass of Carolina, Greenville Homeless Alliance, United Housing Connections, and Greenville Free Medical Clinic.

Board Approval

The Bon Secours St. Francis Health System 2023 Community Health Improvement Plan was approved by the BSSF Board on April 26, 2023

Board Signature _____

Date 4/27/23

For further information or to obtain a hard copy of the CHIP, please contact: Sean Dogan, Director, Community Health, at RichardSean_Dogan@bshsi.org.

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