

2023-2025 Implementation Plan

of the 2022 Community Health Needs Assessment



Introduction and Executive Summary

Roper St. Francis Healthcare have four flagship hospitals strategically placed 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 Carnes Crossroads in Berkeley County. In an emergency, we have six strategically placed ERs. With almost 6,000 teammates, we're the Lowcountry's second-largest private employer. We have nearly 1,000 doctors representing almost every medical specialty. Our 657-bed system consists of 117+ facilities and services across five counties, predominately serving residents of Berkeley, Charleston and Dorchester counties and surrounding areas.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessments, completed by MUSC Health, Roper St. Francis Healthcare and Trident United Way and community leaders, include quantitative and qualitative data that guide both our community benefit and strategic planning.

The Tri-County Health Landscape 2022 Community Health Needs Assessment Report document is the detailed CHNA adopted for Roper St. Francis Healthcare, including Roper Hospital, Bon Secours St. Francis Hospital, Roper St. Francis Mount Pleasant Hospital and Roper St. Francis Berkeley Hospital. As a system, Roper St. Francis Healthcare lives our mission of healing all people with compassion, faith and excellence. As the area's only private not-for-profit healthcare system, we choose purpose over profits by putting our extra money back into our system to help meet the health needs of our community.

Roper St. Francis Healthcare also provide millions of dollars in charitable services and care for our community through patient financial assistance, community-based programs and the incredible dedication and volunteerism of our teammates.

Through collaborative efforts such Healthy Tri-County, Roper St. Francis Healthcare remains committed to reassessing the community's priorities every three years, and will continue to promote, design and create programs and services that complement and supplement our partners' efforts.

The detailed process, participants, and results are available in the Tri-County Health Landscape: 2022 Community Health Needs Assessment (CHNA), which is available at RSFH.com. Tri-County area prepared a joint CHNA report, including Roper Hospital, Bon Secours St. Francis Hospital, Roper St. Francis Mount Pleasant Hospital and Roper St. Francis Berkeley Hospital, to reflect the hospitals' collaborative efforts to assess the health needs of the community they serve.

Roper St. Francis Healthcare collaborated with the following organizations as part of the process of conducting the needs assessment: AccessHealth Tri-County Network, Alliance for a Healthier SC, AmeriCorps, Art Pot, Barrier Island Free Medical Clinic, Charleston Promised Neighborhood, City of Charleston, College of Charleston, Ernest E. Kennedy Center, MUSC Health, Palmetto Community Care, Ryan White Wellness Center, SC Hospital Association, SC Department of Environmental Control, St. James Health and Wellness, and Trident United Way

This Implementation Plan is a companion report to the joint Community Health Needs Assessment (CHNA) and joint Tri-County Health Improvement Plan (2018-2023). This document describes how Roper St. Francis Healthcare plans to continue to address needs found in the 2022 Community Health Needs Assessment (CHNA) approved on December 8th, 2022. At which time, the Diversity, Inclusion and Health Equity/Community Health strategy for the continuation of the 2022 RSFH CHNA Implementation Plan for calendar (tax) years 2023 through 2025 was adopted. Roper St. Francis Healthcare 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, Roper St. Francis Healthcare will address the health care needs of the community by continuing to operate in accordance with its mission of healing all people with compassion, faith and excellence.

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

CHNA Data Collection Process

The CHNA process began in February 2022, and the collection of quantitative and qualitative data concluded in September 2022. 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. No written comments were received on the most recently conducted CHNA. Specific activities included:

- Administering 35 and 40-question paper and online surveys (40 questions for medical/ social service providers and 35 for community members).
- Conducting 9 focus groups with 47 community members from different areas with various perspectives represented.
- Engaging in interviews with 10 community leaders and health care professionals.
- Hosting three virtual Community Input Sessions with 194 participants.

Community Served by the Hospital

Roper St. Francis Healthcare participated alongside MUSC Health and Trident United Way and regional partners to develop the 2022 Community Health Needs Assessment (CHNA). Hospital members of the CHNA Advisory Group joined the collaboration which resulted in a robust portrait of the larger Lowcountry region. The regional report covers Berkeley, Charleston and Dorchester counties. The population of Tri-County in 2020 was 806,566 and continues to increase. Roughly 64% of the population is white and 25% Black/African American, and 6% Hispanic.

Significant and Prioritized Health Needs

After analyzing the qualitative and quantitative feedback from the community engagement process, the following five significant health needs were identified and prioritized as the 2022 health needs.

1. Access to Care (Includes Oral Health)
2. Clinical Preventive Services
3. Mental Health (Behavioral Health)
4. Obesity, Nutrition and Physical Activity
5. Maternal, Infant and Child Health (Includes Sexual/Reproductive Health)

Resources Available

The regional CHNA process highlighted existing assets and concrete strategies to address health and social service care delivery challenges. Assets included established agencies and organizations with expertise in a priority area, and models or best practices that community members agree would address prioritized needs if implemented. The list is limited to the perceptions and ideas of those who were engaged in the CHNA community engagement and CHIP planning activities.

Roper St. Francis Healthcare (Includes Roper Hospital, Bon Secours St. Francis Hospital, Roper St. Francis Mount Pleasant Hospital and Roper St. Francis Berkeley Hospital) is committed to addressing the prioritized needs identified in our 2022 Community Health Needs Assessment process and to making a measurable impact on community health across the Lowcountry. True collective impact comes when strategic partnerships are formed, and when collaborations are built that can achieve greater results. Roper St. Francis partners or collaborates with over ninety (90) organizations across the Berkeley, Charleston and Dorchester counties and surrounding areas to help patients connect to community support outside of the acute or outpatient setting. Outlined within Our Health, Our Future Tri-County Health

Improvement Plan (TCHIP) 2018-2023 are the organizations, programs and strategies identified within the CHNA process as regional assets which link the CHNA to concrete action steps to address prioritized needs (Visit <https://www.rsfh.com/upload/docs/About%20Us/Mission/OurHealthOurFuture-TCHIP-2018-2023.pdf> for additional information).

The list below provides a representative but not exhaustive list of existing resources that collaborate with or support Roper St. Francis Healthcare hospitals and their patients. While each prioritized need below is currently being addressed to some capacity, there remains an inadequacy of services to meet the needs of the community completely.

Access to Care: RSFH's Ryan White Wellness Center was founded in 2000 to care for the region's uninsured patients living with HIV. For two decades, the Ryan White Wellness Center has sustained a legacy of compassionate, state-of-the-art care. The Center empowers patients and the community to take charge of their sexual health while championing overall wellness. It is the only one-stop-shop sexual health center in the Tri-County, offering more than 20 different onsite services.

Clinical Preventive Services: The Diabetes Prevention Project Expansion at RSFH's AccessHealth Tri-County Network began in 2019. Their mission is to meet the community where they are; to empower and equip with the tools that are needed to change the course of their health through education in diabetes prevention. AHTN serves as the HUB of Diabetes Prevention Programs in Berkeley, Charleston and Dorchester counties.

Behavioral Health: RSFH's Greer Transitions Clinic closes this gap for unfunded or underfunded patients who do not have a medical home. The Clinic is helping improve care coordination as a one-stop shop for approximately 2,500 patients annually and on average 96% reduction rate in ED utilization. Patients can visit board-certified physicians, learn preventive care and health literacy, connect with social services and find a primary medical home. The Clinic continues to expand and make a dramatic impact meeting the medical needs and addressing the social determinants of health and wellness which includes behavioral health and counseling services.

Obesity, Nutrition and Physical Activity: The Lowcountry Senior Center and Waring Senior Center are welcoming places for adults 50 and older to learn, exercise and socialize. The Centers promote the whole person's health - spirit, mind and body. The Lowcountry Senior Center and Waring Senior Center are owned by the City of Charleston and managed by Roper St. Francis Healthcare. Both locations offer hundreds of programs a month ranging from strength training and exercise to support groups and painting lessons.

Maternal, Infant and Child Health: Since 2011, Roper St. Francis Maternal Fetal Medicine department has partnered with Our Lady of Mercy Community Outreach to provide free OBGYN Care to the women who lack insurance or the ability to pay.

After examining the range of services currently available, significance, impact ability, relevance to the population served, and needs already being addressed by community partners, Roper St. Francis chose the following priorities to address:

- Access to Care
- Obesity, Nutrition, and Physical Activity
- Maternal, Infant, Child Health
- Mental and Behavioral Health
- Clinical Preventive Services

Fortunately, the priorities identified for 2022 directly complement the strategies and services initiated in 2013, 2016, and 2019. The plan to continue to adopt these strategies was shared with the Board in December 2022 and approved with the CHNA. This will allow Roper St. Francis teammates to continue successful efforts to address the identified priorities. In addition, it allows administrative staff an opportunity to explore these health topics in more detail, allowing opportunities for innovation and creativity.

Roper St. Francis will engage system leaders and essential community partners to implement evidence-based strategies to address each health priority identified in the 2022 Community Health Needs Assessment (CHNA) process. We will:

- Identify local organizations and agencies that address each health priority, and provide support;
- Develop specific and measurable goals;
- Develop detailed work plans across internal departments and external local partners;
- Ensure coordination of related priorities and efforts; and
- Communicate regularly with the assessment team.

This plan will be used and assessed each year for three years (2023-2025). Strategies are clearly defined, and applicable hospital campuses are identified. The team will also develop a monitoring method at the conclusion of the implementation planning process to provide status updates to community partners, stakeholders, and the community-at-large. As such, the community benefit planning is integrated into the system's annual planning and budgeting process.

IMPLEMENTATION PLAN AT-A-GLANCE

Roper St. Francis Healthcare Sites: Roper Hospital (RH); Bon Secours St. Francis Hospital (BSSF); RSF Mount Pleasant Hospital (MPH); RSF Physician Partners (PP); RSF Berkeley Hospital (BH)

Health Priority	Strategy	RH	BSSF	MPH	PP	BH
Access to Care Ability to reach and receive regular medical/dental care from a primary care provider or health center	Navigate high users of emergency departments to primary care medical homes.	*	*	*	*	*
	Connect underinsured and uninsured patients to medical homes.	*	*	*	*	*
	Coordinate and collaborate with safety-net partners for delivery of services, including area Federally Qualified Health Centers (FQHCs), free clinics, and homeless shelters.	*	*	*		*
Clinical Preventive Services Routine physical exams, cancer screenings and immunizations	Provide routine, primary care for low-income, uninsured adults that live or work on the sea islands of Charleston County.	*	*	*		*
	Provide early intervention services for patients diagnosed with HIV/AIDS.	*	*	*	*	*
	Provide evidence-based outpatient care for diabetic patients.	*	*	*	*	*
	Expand access to free annual breast health screenings for all women, particularly African-American women.	*	*	*	*	*
Mental Health Emotional, psychological and behavioral services, programs, and providers	Coordinate services between Emergency Departments and regional mental health agencies.	*	*	*		*
	Expand mental health services within central outpatient clinic.	*	*	*	*	*
Obesity/Nutrition/Physical Activity Diet, exercise and weight management to control health and wellness	Increase opportunities for comprehensive wellness for older adults.	*	*	*	*	*
	Collaborate with local partners to increase healthy food options in underprivileged communities.	*	*	*		*
	Host evidence-based health and wellness community programs for older adults.	*	*	*	*	*
Maternal, Infant & Child Health Adequate prenatal care and birth outcomes	Offer specialized services for high-risk pregnancies.		*	*		*
	Provide prenatal care for uninsured patients that are not eligible for Medicaid.		*	*	*	*
	Host expectant parent education classes and tours, and Safe Sitter® classes.		*	*		*

- Roper Hospital, Inc. no longer offers labor and delivery services at its hospital facility and will not directly address this identified significant health need. While this need is not a direct focus for the hospital, Roper Hospital will support the strategies of the Roper St. Francis sites and other local organizations specifically designed and better prepared both through resources and experience to respond to this need.

IMPLEMENTATION PLAN

Roper St. Francis Healthcare’s four full-service member hospitals are the heart of the extensive regional healthcare network. For nearly two centuries, **Roper Hospital (RH)** and **Bon Secours St. Francis Hospital (BSSF)** have been medical anchors for the residents of Charleston. In the last decade, the system added **Roper St. Francis Mount Pleasant Hospital (MTP)** and **Roper St. Francis Berkeley Hospital (BH)** to create a vast system that stretches throughout Berkeley, Charleston and Dorchester counties. The 668-bed system also includes more than 90 facilities and doctor offices (**Physician Partners (PP)**).

The implementation strategies for each campus are provided below by priority area. Often, more than one campus will contribute to a strategy to ensure system-wide synergy and community health improvements.

PRIORITY: ACCESS TO CARE

More than 20% of the Tri-county residents are without health insurance at any given time. Nearly 16% of adults do not have a regular doctor and approximately 14% of hospital discharges are designated as due to ambulatory care sensitive conditions, conditions that could have been prevented if adequate primary care resources were available and accessed by patients.

EXPECTED IMPACT

Increase access to quality health care and services (including medical, clinical preventative, behavioral health and dental).

STRATEGY: Navigate high users of emergency departments to primary care medical homes.			
Lead Agency: Roper St. Francis Healthcare (system-wide)			
Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Collaborate with local healthcare systems to identify Emergency Department “super utilizers”.	Care Coordination	The four local hospital systems actively participate in AccessHealth Tri-County Network.	Sustain support and participation with AccessHealth.
Navigate uninsured Emergency Department “super utilizers” to AccessHealth and/or the Transitions Clinic.	AccessHealth Transitions Clinic/RSFPP	AccessHealth (2022): 1128 patients (640 new patients) Transitions (2022): visits by 2,560 patients (997 new patients) resulting in a 58% reduction in ED visits.	Continue to coordinate with AccessHealth and Transitions.
Develop a team-based program to create a comprehensive, patient-centered care plan for Emergency Department “super	ED U-Turn Program	Program paused during	Seek opportunities to expand program to other facilities. Continue efforts to

utilizers,” engaging both RSF and community resources.		the COVID 19 Pandemic.	identify patients and enroll in program.
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STRATEGY: Connect underinsured and uninsured patients to medical homes.

Lead Agency: Roper St. Francis Healthcare (system-wide)

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Refer underinsured and uninsured RSF patients to AccessHealth and/or the Transitions Clinic.	AccessHealth Transitions Clinic Care Coordination	AccessHealth (2022): 1128 patients (640 new patients) Transitions (2022): visits by 2560 patients (997 new patients).	Continue to coordinate with AccessHealth and Transitions.

STRATEGY: Coordinate and collaborate with safety-net partners for delivery of services, including area Federally Qualified Health Centers (FQHC), free clinics, and homeless shelters.

Lead Agency: Roper St. Francis Healthcare (system-wide)

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Provide lab work, free supplies, and ancillaries to partner medical clinics and supportive service agencies: Barrier Islands Free Medical Clinic, Our Lady of Mercy Outreach, East Cooper Community Outreach, Dream Center, One80 Place Medical Ministries	Mission	Signed contracts to continue partnerships.	Continue providing in-kind services.
Manage care coordination for eligible patients referred from local partners through the shared care navigation hub managed by AccessHealth.	Care Coordination AccessHealth	AccessHealth (2022): 1128 patients (640 new patients)	Continue to coordinate with local partners.

STRATEGY: Provide in-home care to patients with limited mobility through Home Health and Hospice Care.

Lead Agency: Roper St. Francis Healthcare (system-wide)

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Provide high quality care for patients with transportation or mobility issues or those with end-of-life needs through in-home or inpatient Hospice or Home Health services.	Home Health	Home Health: 6364 patients In-home Hospice:573 patients Inpatient Hospice: 551patients	Continue providing Home Health and Hospice services. Increase community awareness of Hospice Cottage option

PRIORITY: CLINICAL PREVENTIVE SERVICES

Routine physical exams, disease screenings and immunizations have been highlighted as critical preventive services to reduce premature death and disability. Yet, thousands of South Carolinians forgo preventive services due to a list of antecedents. Fortunately, the Tri-county has been ranked as three of the healthiest counties (of 46) in South Carolina.

EXPECTED IMPACT

Increase the awareness of cancer risks (breast, cervical, colorectal, lung and prostate) for all Tri-County residents through early detection, prevention and education efforts.

Reduce rates of type 2 diabetes among Tri-County residents through screening, education and awareness efforts by 2023.

Increase access to quality Increase immunization rates across the lifespan of Tri-County residents

STRATEGY: Provide routine, primary care for low-income, uninsured adults that live or work on the Sea Islands of Charleston County.			
Lead Agency: Roper St. Francis Healthcare (system-wide)			
Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Provide lab work, free supplies, and ancillaries to partner medical clinics and supportive service agencies: Barrier Islands Free Medical Clinic, Our Lady of Mercy Outreach, East Cooper Community Outreach, Dream Center, One80 Place Medical Ministries.	Mission	Signed contracts to continue partnerships.	Continue providing in-kind services.
Provide financial support for clinical staff and infrastructure at Our Lady of Mercy Outreach.	Mission	Signed contracts to continue partnerships.	Continue financial support and promote services of the agency.
STRATEGY: Provide early intervention services for patients diagnosed with HIV/AIDS.			
Lead Agency: Roper St. Francis Healthcare (system-wide)			
Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Enroll HIV positive patients into federally funded Ryan White program.	Ryan White Wellness Center	Ryan White Wellness Center provided comprehensive HIV and primary care for 880 HIV positive patients.	Continue to provide comprehensive HIV care

Ensure continued health insurance coverage for HIV positive adults using federal and employer insurance programs.	Ryan White Wellness Center	Ryan White Wellness Center maintains health insurance coverage for 338 patients.	Continue to enroll patients in federal insurance program and assist with employer-based plans.
Seek grant funding to expand primary prevention services for high risk HIV negative adults, and prevent the rate of transmission for HIV positive patients.	Ryan White Wellness Center	Ryan White Wellness Center invested over \$78,039 in transportation assistance to reduce barriers to accessing services. RWWC provided HIV prevention (PrEP) to 155 HIV negative patients.	Continue to promote HIV awareness and prevention.
Provide free HIV testing at community events and in-clinic.	Ryan White Wellness Center	Community events: 16 HIV tests Clinic Testing: 335 HIV tests	Continue to promote HIV testing, awareness, and prevention.

STRATEGY: Provide evidence-based outpatient care for diabetic patients.

Lead Agency: Roper St. Francis Physician Partners

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Track percentage of patients who receive evidence-based outpatient care for diabetes.	RSF Physician Partners	70.3% of all RSFPP patients with a diagnosis of diabetes received A1c testing.	Continue assessments via the RSF Physician Partners.

STRATEGY: Expand access to free annual breast health screenings for all women, particularly African-American women.

Lead Agency: Roper St. Francis Physician Partners

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Host annual "Family Wellness Night" (formerly Ladies' Night Out) and other screening events for underserved men and women to get breast and colorectal screenings.	Oncology Services	61 clinical breast exams with 17 referrals for additional testing and 24 colorectal screenings with no referrals for positive FIT test	Continue hosting events and encouraging participation.
Host annual skin cancer screening.	Oncology Services	84 skin cancer screenings with 30 referred for biopsy	Continue hosting events and encouraging participation

PRIORITY: MENTAL HEALTH

Research has proven 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 abuse, violent or self-destructive behavior, and suicide have been noted as measurable indicators of a community’s mental health. County Health Rankings identifies a shortage of mental health providers in the Tri-county area.

EXPECTED IMPACT

Increase the Tri-County’s knowledge about behavioral health issues and services/resources in order to reduce stigma and increase service utilization.

Improve access to and utilization of behavioral health services for all citizens of the Tri-County.

STRATEGY: Coordinate services between Emergency Departments and regional mental health agencies.			
Lead Agency: Roper St. Francis Healthcare (system-wide)			
Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Participate in the Charleston/Dorchester Mental Health Department’s community task force.	Emergency Services	Ongoing participation and collaboration	Continue participation in regularly scheduled meetings.
Coordinate care of behavioral health patients, using local agencies and resources for support.	Care Coordination	Ongoing coordination and collaboration	Continue coordination using community resources.
Collaborate with mental health providers to engage community members in highest need areas to direct to appropriate services.	Farmacy Program	Over 2,000 bags of fresh produce distributed to families in need	Continue partnership with Charleston Police Department, MUSC,

		Added Charleston County Public Library to the list of collaborators	Lowcountry Food Bank, and CDMHC. Coordinate with other agencies to broaden the scope of the project.
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STRATEGY: Provide services and education to combat the opioid epidemic.

Lead Agency: Roper St. Francis Healthcare (system-wide)

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Develop partnerships with local law enforcement to create an alliance for holding Drug Take Back events	Pharmacy, Mission	Expanded initiative and created relationships with North Charleston Police Dept and Berkeley County Sheriff's Dept	Continue current partnerships and build new ones throughout the area.
Organize Drug Take Back events throughout the Tri-County	Pharmacy, Mission	Held 2 take back events and collected 158 pounds of drugs.	Hold at least 4 Take Back events in the area per year.

STRATEGY: Provide mental health screenings at wellness and postpartum OB/GYN visits.

Lead Agency: Roper St. Francis Healthcare (system-wide)

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Incorporate depression screenings at primary care wellness visits and postpartum OB/GYN patient visits.	RSF Physician Partners	82 % of all patients received a depression screening during primary care wellness checks. 94.6% of all patients received a depression screening during follow-up postpartum visit.	Continue tracking and promoting mental health screenings as part of routine primary care and postpartum medical exams.

PRIORITY: OBESITY, NUTRITION, AND PHYSICAL ACTIVITY

Diet, exercise and weight management are the foundations of health and wellness. A healthy balance of each greatly contributes to better long-term health outcomes and decreased health risks. USDA data shows a number of food deserts in the Tri-county area, a common measure synonymous with high poverty areas. Charleston County contains 12 urban census tracts that have a significant number of people with low access to a grocery store. Berkeley and Dorchester counties contain rural census tract food deserts, which means a significant amount of people are more than 10 miles from a healthy food outlet.

EXPECTED IMPACT

Reduce obesity in children and adults in the Tri-County by creating environments that promote healthful nutrition and regular physical activity.

STRATEGY: Increase opportunities for comprehensive wellness.			
Lead Agency: Roper St. Francis Healthcare (system-wide)			
Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Promote annual primary care screening for each RSF employee.	Human Resources Employee Health RSF Physician Partners	3,824 teammates had PCP visits	Continue to implement Wellness Works incentives to increase employee participation.
Promote employee participation in disease-specific events to increase health awareness and advocacy.	Mission	2,343 hours of staff time supporting initiatives, serving 68,898 community residents.	Continue to encourage participation in community-based health events.
Host informative and interactive tables/booths during local community and agency health fairs/screenings.	Mission	Participated in over 100 community health fairs, screenings and events.	Continue to encourage participation in health fairs/events.
STRATEGY: Collaborate with local partners to increase healthy food options in underprivileged communities.			
Lead Agency: Roper St. Francis Healthcare (system-wide)			
Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Engage community members in highest need areas to promote wellness and nutrition	Farmacy Project	Over 2,000 bags of fresh produce distributed to families in need.	Continue partnership with Charleston Police Department, MUSC, Lowcountry Food Bank, and CDMHC.

Collaborate with the Lowcountry Food Bank and East Cooper Meals on Wheels to provide home-delivered meals in low-income communities.	Mission	Assisted in providing 3,000 meals to 400 homebound residents in Charleston County.	Continue financial support and promote services of the agency.
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STRATEGY: Host evidence-based health and wellness community programs for older adults.

Lead Agency: Roper St. Francis Healthcare (system-wide)

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Offer physical wellness classes specifically targeting older adults.	Senior Services	<p>2022: 434 seniors were enrolled as members at Lowcountry Senior Center</p> <p>2022: over 75,000 visits to fitness and exercise activities, including exercising in our fitness centers</p> <p>2022: 652 seniors were enrolled as members at Waring Senior Center.</p>	Continue providing programs & classes throughout the Tri-County.

PRIORITY: MATERNAL, INFANT, AND CHILD HEALTH

The health of a community’s women and children are essential to growth and will predict the future’s public health strengths and challenges. The Healthy People 2020 recognizes adequate prenatal care and birth outcomes as two strong indicators of infant death and disability. Charleston County, Dorchester County, and Berkeley County are among the lowest infant mortality rate in state (4.7 per 1,000 live births, 4.2 per 1,000 live births, and 4.7 per 1,000 live births respectively). However, prenatal care and birth weight rates are comparable between the counties and with the state.

EXPECTED IMPACT

Improve the reproductive health of families in the Tri-County area.

Safeguard maternal health to lower maternal mortality and morbidity in the Tri-County area.

STRATEGY: Offer specialized services for high-risk pregnancies.

Lead Agency: Bon Secours St. Francis Hospital

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Continue specialized care teams for high-risk pregnant women to include a board-certified maternal fetal medicine specialist.	Women, Infant, and Children	Accomplished	Continue coordinating care teams.
Support a Maternal Fetal Medicine program that includes medical management, counseling, biophysical profiles, diagnosis and management of birth defects, and other highly specialized services.	Women, Infant, and Children	Continued services and support of a Maternal Fetal Medicine Program	Continue MFM services.

STRATEGY: Provide prenatal care for uninsured patients that are not eligible for Medicaid.

Lead Agency: Bon Secours St. Francis Hospital

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Support prenatal care for eligible uninsured and immigrant patients of Our Lady of Mercy Outreach, a local rural healthcare clinic.	Women, Infant and Children	Continued services and support for prenatal care.	Continue support and promote services of the agency.
Provide routine lab work, radiology services, prenatal education classes, and Maternal Fetal Medicine services for Spanish-speaking patients.	Women, Infant and Children	Signed contracts to continue partnerships	Continue support and promote services of the agency.

STRATEGY: Host expectant parent education classes and tours, and Safe Sitter® classes.

Lead Agency: Bon Secours St. Francis Hospital, Roper St. Francis Mt. Pleasant Hospital

Action Step	Lead RSF Department	2022 Outcome	2023-2025 Action
Facilitate regularly scheduled expectant parent education classes and hospital tours as well as Safe Sitter® classes.	Women, Infant and Children	Facilitated total 4 classes(including free classes) with 30 participants. Expanded classes to now include Berkeley Hospital campus.	Continue to offer onsite and online options for convenience.