Greenville Health Authority
Board of Trustees
Community Health Initiative*

Strategic Plan for Health Impact

April 5, 2017
Updated by GHA Grant Committee 06/07/2017; see page 9

*Funding for the Community Health Initiative is provided by:
Table of Contents

Name of Initiative ........................................................................................................ 3

Vision, Mission, Guiding Principles .............................................................................. 3

Vision .................................................................................................................................. 3

Mission .................................................................................................................................. 3

Guiding Principles ............................................................................................................. 3

Goals ....................................................................................................................................... 4

Strategies to Accomplish Goals .......................................................................................... 4

Measures of Success for Healthy Greenville 2036 .......................................................... 5

Appendix A: Eligibility ........................................................................................................ 7

Appendix B: Criteria ............................................................................................................. 8

Appendix C: Grantmaking Flow Chart ............................................................................... 9

Appendix D: First Year Grant Applicant Information Sessions ........................................ 10

Appendix E: Community Health Needs Assessment ......................................................... 11
Name of Initiative

Healthy Greenville 2036
A Bold Health Initiative for Greenville County

Vision, Mission, Guiding Principles

Vision
By 2036, Greenville County is the healthiest county in America.

Mission
Fund health-related care, health research, and health education that improves the health of Greenville County residents.

Guiding Principles

- Healthy Greenville 2036 is committed to transparency in the grantmaking process and communications about that process.

- The focus areas of the GHS Community Health Needs Assessment will guide our grantmaking.

- The County Health Rankings for Greenville County will guide our data gathering and measurement of progress.

- Grantmaking decisions will be based on merit and directly tied to the eligibility and criteria outlined in requests for proposals issued by Healthy Greenville 2036.

- Applicants will describe how they will achieve the desired results of the initiative, with both annual and long-term measures of success.

- Collaborative, cross-functional, multi-year projects are encouraged.

- New and existing programs/projects will receive equal weight if applicants can demonstrate a track record of success.

- All funded work must be trackable and measurable.
Goals

1. Make grants that improve health outcomes for Greenville County’s residents by:
   a. Preventing health problems through individual choices
   b. Providing access to health and medical care
   c. Supporting medical education/health workforce needs

2. Leverage existing community projects and partners to improve the health of people in Greenville County.

Strategies to Accomplish Goals

A. Make grants of at least $250,000 each to eligible organizations. This amount may be granted over multiple years.
   a. Employ a Request for Proposal process that asks for letters of intent to qualify ideas
   b. Utilize County Health Rankings and Greenville County Community Health Needs Assessment information to inform grantmaking
   c. As the initiative ages, adjust the grantmaking as learning accrues from the evaluation of the grantmaking
   d. The GHA Grants Committee will make recommendations to the GHA board following the grant review process (see Appendix C)
   e. The Grants Committee will assure a modest contingency fund is set aside each year to be able to support the initiative
   f. Capital funding will be considered if it meets the criteria and furthers the goals of Healthy Greenville 2036

B. Evaluate our grantmaking and report results to the community annually.
   a. Evaluator will be engaged by Healthy Greenville 2036
   b. Grantees will be trained in reporting methodology
   c. Grantees will report their progress annually

C. Communicate with the community about Healthy Greenville 2036.
   a. Deliver key messages to the community about Healthy Greenville 2036
   b. Make specific outreach to community groups
   c. Hold information meetings about initiative in April, 2017
   d. Create and launch a website by April 30, 2017
   e. Utilize a Facebook page to communicate until website is ready
   f. Deliver a “report card” to the community beginning in October, 2018
**Measures of Success for Healthy Greenville 2036**

Healthy Greenville 2036 will make grants that improve at least one of the four focus areas* of the 2016 Community Health Needs Assessment (CHNA) of the Greenville Health System:

1. **Access to Healthcare**
2. **Social Determinants of Health**
3. **Mental/Behavioral Health**
4. **Healthy Eating and Exercise**

*Focus areas will be updated to reflect the most current CHNA as it is updated from time to time.

Advancement of community health in these four areas will be measured by Greenville County’s ranking among all counties in the U.S. Measurement of progress will utilize the County Health Rankings, a project of the Robert Wood Johnson Foundation that tracks the health of residents in all U.S. counties ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

<table>
<thead>
<tr>
<th>Element of the County Health Rankings</th>
<th>Greenville County</th>
<th>Top US Performers</th>
<th>Focus Areas of the 2016 Community Health Needs Assessment (CHNA)* Related to this Element of the County Health Rankings</th>
<th>Priorities for GHA’s Commitment to the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature Death</td>
<td>7,000</td>
<td>5,200</td>
<td>Access to Healthcare; Social Determinants of Health; Mental/Behavioral Health; Healthy Eating and Exercise</td>
<td>Health-related care Health Research Health Education</td>
</tr>
<tr>
<td>Poor or Fair Health</td>
<td>14%</td>
<td>12%</td>
<td>Access to Healthcare; Social Determinants of Health; Mental/Behavioral Health; Healthy Eating and Exercise</td>
<td>Health-related care Health Research Health Education</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>3.4</td>
<td>3.0</td>
<td>Access to Healthcare; Social Determinants of Health; Mental/Behavioral Health; Healthy Eating and Exercise</td>
<td>Health-related Care Health Research Health Education</td>
</tr>
<tr>
<td>Poor Mental Health Days</td>
<td>3.9</td>
<td>3.0</td>
<td>Access to Healthcare; Social Determinants of Health; Mental/Behavioral Health</td>
<td>Health-related care</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>9%</td>
<td>6%</td>
<td>Access to Healthcare; Social Determinants of Health; Healthy Eating and Exercise</td>
<td>Health-related care Health Education</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>15%</td>
<td>14%</td>
<td>Social Determinants of Health; Mental/Behavioral Health</td>
<td>Health-related care Health Education</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>26%</td>
<td>26%</td>
<td>Access to Healthcare; Social Determinants of Health; Mental/Behavioral Health; Healthy Eating and Exercise</td>
<td>Health-related care Health Research Health Education</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>22%</td>
<td>19%</td>
<td>Social Determinants of Health; Healthy Eating &amp; Exercise</td>
<td>Health Research Health Education</td>
</tr>
<tr>
<td>Element of the County Health Rankings</td>
<td>Greenville County</td>
<td>Top US Performers</td>
<td>Focus Areas of the 2016 Community Health Needs Assessment (CHNA)* Related to this Element of the County Health Rankings</td>
<td>Priorities for GHA’s Commitment to the Community</td>
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</tr>
<tr>
<td>Access to Exercise Opportunities</td>
<td>82%</td>
<td>91%</td>
<td>Social Determinants of Health; Healthy Eating &amp; Exercise</td>
<td>Health Research Health Education</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>17%</td>
<td>12%</td>
<td>Mental/Behavioral Health</td>
<td>Health-related care Health Research Health Education</td>
</tr>
<tr>
<td>Alcohol-Impaired Driving Deaths</td>
<td>39%</td>
<td>13%</td>
<td>Mental/Behavioral Health</td>
<td>Health Research Health Education</td>
</tr>
<tr>
<td>Sexually-transmitted Infection</td>
<td>528.8</td>
<td>145.5</td>
<td>Access to Healthcare; Social Determinants of Health</td>
<td>Health-related care Health Research Health Education</td>
</tr>
<tr>
<td>Teen births</td>
<td>37</td>
<td>17</td>
<td>Access to Healthcare; Social Determinants of Health</td>
<td>Health-related care Health Education</td>
</tr>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>8%</td>
<td>Social Determinants of Health</td>
<td>Health-related Care Health Research Health Education</td>
</tr>
<tr>
<td>Primary Care Physicians¹</td>
<td>980:1</td>
<td>1040:1</td>
<td>Access to Healthcare; Social Determinants of Health</td>
<td>Health-related care Health Education</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>560:1</td>
<td>360:1</td>
<td>Access to healthcare; Mental/Behavioral Health; social determinants</td>
<td>Health-related care Health Education</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>68%</td>
<td>71%</td>
<td>Access to Healthcare; Social Determinants of Health</td>
<td>Health-related care</td>
</tr>
<tr>
<td>Diabetes Monitoring</td>
<td>87%</td>
<td>91%</td>
<td>Access to Healthcare; Social Determinants of Health; Healthy Eating and Exercise</td>
<td>Health-related care Health Research Health Education</td>
</tr>
</tbody>
</table>

*CHNA and focus areas will be updated from time to time.

¹ Maintenance of an acceptable number will be important in future years.
Appendix A: Eligibility

Eligibility for Grants from Healthy Greenville 2036

These types of organizations are eligible to apply for a grant from Healthy Greenville 2036:

- Nonprofit organizations with 501(c)3 tax exempt status
  - Community Based
  - Healthcare providers regardless of affiliation (including GHS)
  - Non-GHS Hospitals regardless of affiliation

- Academic institution
  - School
  - College
  - University

- Coalitions or collaboratives

- Government agencies

These types of organizations are not eligible to apply for a grant from Healthy Greenville 2036:

- Nonprofit organizations who do not have 501(c)(3) tax exempt status
- For-profit entities
- Programs not located in Greenville County
- Religious Organizations
Appendix B: Criteria

**Grantmaking Criteria**

Successful applicants will:

- Have a track record of results on previous projects or programs;
- Propose an existing or new program/project that aligns with our goals and addresses at least one of Healthy Greenville 2036’s key measures of success;
- Provide anticipated outcomes for the project or program; and
- Provide a detailed budget for their project or program;

Collaboration among two or more organizations is welcomed and encouraged.

Requests for multi-year grants are welcomed and encouraged.

- *If an organization is awarded a multi-year grant, review will take place beginning with the second year funding and the ongoing funding is predicated on satisfactory progress toward stated outcomes.*

The applicant must be a financially sustainable organization or project.

Applicant requests to fund indirect costs will be considered on a case-by-case basis.
Appendix D: First Year Grant Applicant Information Sessions

Healthy Greenville 2036
Grant Applicant Information Sessions

Monday, April 24, 2017
12:00 pm – 1:00 pm
Greenville Memorial Hospital
Board Room
701 Grove Road, Greenville, S.C. 29605

Park: In the North or South parking garage in front of Memorial Hospital.
Directions to meeting room: Enter the “Main” Entrance to the hospital; just past the information
desk, turn left. At the end of the short hallway, enter “Administration” through the glass doors.
Someone will greet you and direct you to the Board Room.

Monday, April 24, 2017
5:30 pm – 6:30 pm
Furman University
Garden Room
3300 Poinsett Highway, Greenville, S.C. 29613

Park: Park on the right side of the Chapel (see below)
Directions to meeting room: From the Poinsett Highway main gate, follow arrows to the Chapel. Please park on the right side of the Chapel. The Garden Room entrance is on the right. Follow red arrows to enter the building.

Wednesday, April 26, 2017
5:30 – 6:30 pm
Hillcrest Memorial Hospital
Conference Room E
729 S.E. Main Street, Simpsonville, S.C. 29681

Park: Any open space in front of the hospital.
Directions to meeting room: Enter into the front lobby. Take the main hallway following the signs toward Surgery Waiting. Half-way down hallway, take first hallway to the left. Conference Room E is 4th door on the left.

Thursday, April 27, 2017
5:30 pm – 6:30 pm
Greer Memorial Hospital
Classroom MOB340
830 South Buncombe Road, Greer, S.C. 29650

Park: Parking lots in front of the hospital.
Directions to meeting room: Enter through the front of the hospital. Turn left and then walk straight, passing the mammography desk. Continue straight through the connector (between Greer Memorial Hospital and Cancer Treatment Center building). Continue straight until you see a silver plate on the left-hand side of the wall. Press the plate for entrance to the conference room.
Appendix E: Community Health Needs Assessment

GHS Community Health Needs Assessment Results for Greenville County: 2016

Primary Data Results

Greenville County Survey Primary Findings:

- Access to health care appears to be good for most in the county. For example, 92% have health insurance, 85% have had a physical in the past two years, and 74% said they could always go to a doctor when they need to.

- However, almost a quarter (24%) said they could visit a doctor only sometimes. Lack of insurance or the ability to pay is the primary reason why. Further, 32% say they know of someone who has had trouble getting health care for financial reasons.

- Latinos appear to have less access to basic health screenings like hypertension, vision, and dental. Among Latinos, 47% reported having a dental cleaning, compared to 59% of Blacks and 69% of Whites.

- Obesity is the leading health concern identified in the study with 22% of respondents saying they had been told by a health professional that they are obese or overweight.

- Alcohol abuse was picked as one of the top five community concerns. Among men, 17% said they drink more than two alcoholic beverages per day, and 20% said they have consumed more than five on a single occasion in the past 30 days.

- 21% reported there are days when they are feeling so sad or worried they cannot go about their normal business. Those under 35, and those earning less than $25,000/year, are most likely to feel this way.

- Only 31% of Greenville children eat at least five servings of fresh fruits and vegetables daily, compared to 48% of children across the region. Most parents (55%) believe their children need to know more about nutrition.
Greenville County Focus Group’s Primary Findings:

Three focus groups were held in Greenville County. They were organized and hosted by Bon Secours St. Francis Health System (BSSFHS) and Greenville Health System (GHS). Two of the groups consisted of representatives of social service and allied health organizations that provide community services, particularly to low-income, uninsured, homeless and other at-risk citizens. The third group was a larger gathering of neighborhood leaders and community advocates representing inner city Greenville.

Similar to the findings of the quantitative research, the primary concerns of those in the focus groups focused more on social and cultural issues, rather than disease or health system performance.