HEALTHY Tri-County

TRI-COUNTY
HEALTH LANDSCAPE

BERKELEY | CHARLESTON | DORCHESTER

2025 Community Health Needs Assessment Report

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

Message to the Community

Since its inception in 2016, the Healthy Tri-County Coalition (HTC) has been a collaborative effort among MUSC Health, Roper St. Francis Healthcare, and Trident United Way, aimed at enhancing the health outcomes of residents in Berkeley, Charleston, and Dorchester counties. In 2023, we were excited to welcome Trident Health as a new Core Partner, further strengthening our commitment to this mission.

The Community Health Needs Assessment (CHNA) has been a cornerstone of our efforts, providing valuable insights into the health challenges faced by our community. As we present the latest CHNA, we are focused on the future and the opportunities it holds for improving community health.

Over the past 6-months, our Core Partners, alongside key community leaders from healthcare, community groups, mental health services, faith-based organizations, educational institutions, nonprofits, and local governments, have worked diligently to conduct comprehensive qualitative and quantitative assessments. These efforts are crucial in identifying the evolving needs of our community and ensuring that we remain responsive and proactive.

The Healthy Tri-County Coalition remains steadfast in its commitment to reassessing community priorities every three years. We continue to gather partners who can help us to design and implement programs and services that are complementary and mutually reinforcing, with the ultimate goal of fostering a healthier future for all residents.

As we reflect on our journey, we are inspired by the progress made and the potential that lies ahead. We are grateful for the unwavering support and collaboration of our partners and community members, whose dedication and spirit drive us forward.

How To Use This Report

This report includes three sections under each of the health topic areas prioritized by the 2025 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.
- **Voices from the Community:** provides direct quotes from local community members during 2025 CHNA data collection that address the health topic area.

Healthy Tri-County Core Partners

MUSC Health
Medical University of South Carolina

ROPER ST. FRANCIS HEALTHCARE

TRIDENT HEALTH

Trident UNITED WAY

Want to know more about becoming a partner?
Visit www.healthytricounty.com.

Methodology

Purpose

This report provides insight into the health climate of Berkeley, Charleston, and Dorchester counties through data collected from MUSC Health, Roper St. Francis, Trident Health, and Trident United Way. Designed for a wide range of audiences, the 2025 Community Health Needs Assessment contains actionable data that can be used to inform and aid community health improvement plans.

Health Topics

To guide the data collection, the following top ten health-care topics were utilized for both quantitative and qualitative data collection. They were selected from a 10-year health improvement plan by the US Department of Health and Human Services and are as follows:

- 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 Use

CHNA Data Collection Process

Beginning in September of 2024, the Core Partners and Health Data Workgroup began to meet to plan out the timeline and review past CHNA processes. With priority populations and target communities in mind, the Health Data Workgroup began to distribute surveys (available in English, Spanish, Brazilian Portuguese, and Russian) and conduct both focus groups (English and Spanish) and key informant interviews within the Tri-County community. Specific activities included:

- Quantitative data including administering a 27-question online and paper survey to a total of 671 participants (language breakdown)
- Qualitative data including hosting 6 focus groups with over 100 community members from different priority populations, conducting interviews with 13 community members and professionals, and engaging with more than 32 community outreach events and communication outlets (social media, newsletters). To ensure a more comprehensive representation, participants were intentionally selected from diverse social, economic, and cultural backgrounds for focus groups, interviews, and outreach. This includes Latino and Hispanic, community services volunteers, veterans, and non-profit workers.

CHNA Data Analysis

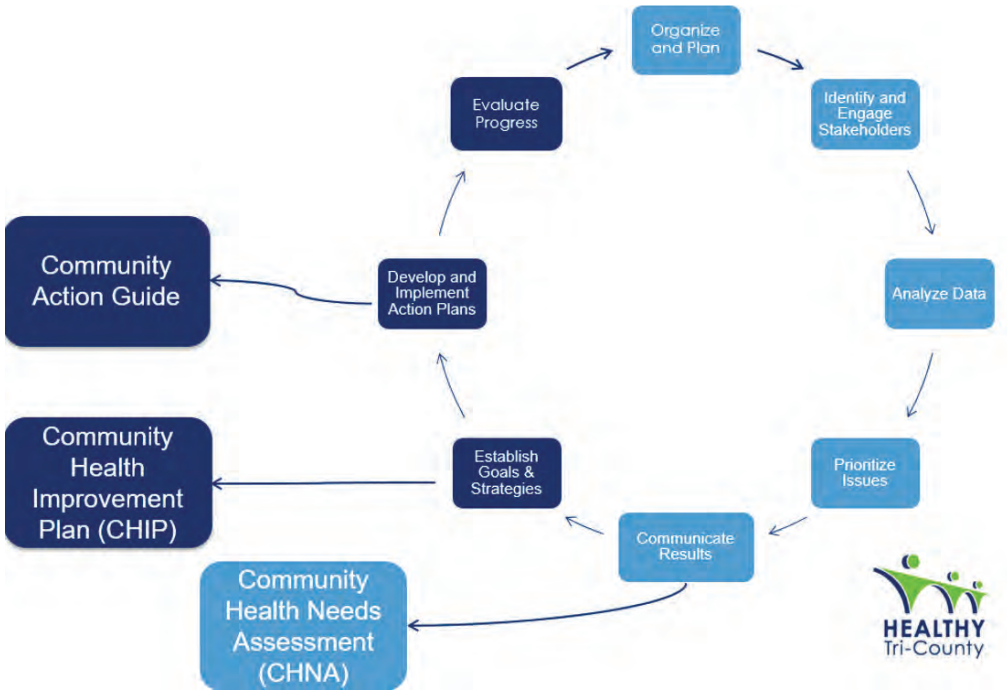
Utilizing a combination of human reviewers and online tools, the data was coded and analyzed for review. The goal of this analysis was to identify themes and key points of concern as well as understanding the impact of social drivers of health as informed by the community members and leaders. The appearance of each code was tallied in order to quantify and measure the data collected.

Challenges and Improvements to Data Collection

Employing insights gained from previous years, the HTC steering committee took intentional steps to reach populations which were underrepresented in previous years, including Latino and Hispanic, LGBTQIA+, and veteran populations. This included working closely with leaders in those communities to ensure equal representation and thorough data collection. We also provided access to our digital survey in 3 languages including English, Spanish and Brazilian Portuguese. As in past years, there was a disproportionate female to male ratio indicating that further intentionality could be applied in future efforts to engage male participants.

Community Health Needs Assessment and Engagement

This process of assessing community needs is cyclical and requires community partnership at every step of the way. Once this report is published, the Core Partners will begin work on the next Tri-County Community Health Improvement Plan (TCHIP) to re-establish goals for our coalition. Following this shared assessment phase, each organization tailors its response based on its unique mission, goals, and regulatory requirements, allowing for strategic prioritization and implementation of health initiatives. Progress is tracked through annual monitoring and evaluation, with HTC Core Partners and collaborating organizations reporting on outcomes and refining strategies to maximize community impact.



What You Can Do
to Support Community Health

- **Share the Data** – Help raise awareness by sharing findings from the 2025 Community Health Needs Assessment (CHNA) with elected officials, community leaders, and your personal and professional networks.
- **Take Informed Action** – Use insights from the Examining the Issue sections to guide meaningful actions within your organization or community.
- **Request the Data File** – Email HTCsupport@tuw.org to request the full 2025 CHNA data file for deeper analysis and to inform your health strategies and programming.
- **Engage the Community** – Seek feedback from community members and involve them in co-creating culturally relevant programs and materials.
- **Become an Organizational Member** – Join Healthy Tri-County as an organization by submitting a commitment pledge from your company or institution's senior leadership.
- **Join as an Individual** – Support the coalition by becoming an individual member. Visit healthytri-county.com/become-member to learn more and complete the member interest form.

Community Engagement in Action

Similar to the 2022 CHNA, we continued to build upon previous assessment efforts to engage with all populations in our Tri-County. In collaboration with our Health Data Workgroup, we identified target populations including who have been historically underrepresented in our surveys. With the help of undergraduate students Kiran Sharma (CSU) and Jocelyn Nguyen (CofC), the Core Partners took a multi-sector approach to ensure community stakeholder engagement to advance our goal of hearing from all populations in the Tri-County.

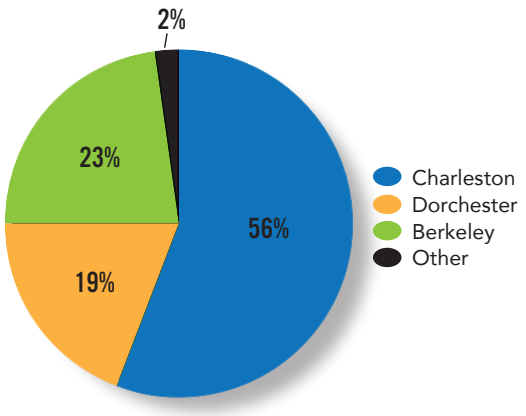
Health Interns, Jocelyn & Kiran, with Health Program Manager Madison James (not pictured) attended the Charleston Hispanic Association's Consulate Day where they encouraged attendees to take the CHNA, celebrated World Water Day, and provided connection to health resources in Spanish & English.

The Healthy Tri-County Core Partner team was excited to share about our work and resources at the 2025 Charleston Black Expo.

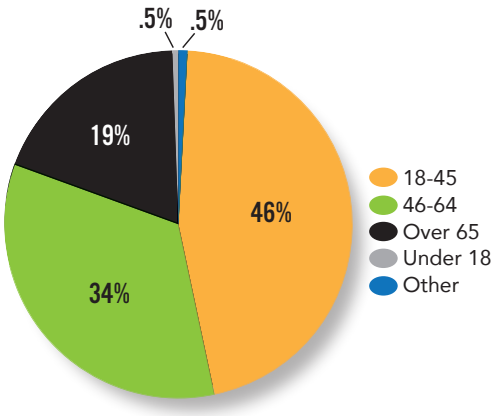
What We Found: Common Barriers and Challenges Identified in Focus Groups and Interviews

- **Mental Health and Stigma**
  - Barriers: Anxiety, depression, untreated trauma, stigma, and lack of providers
- **Healthcare access Barriers in Rural Areas**
  - Barriers: Few providers, transportation, insurance limitations, lack of mobile units
- **Equity Gaps & Cultural Competence in Care**
  - Barriers: Black Maternal Mortality, Unequal Bedside Manner, Culturally Irrelevant Nutrition Advice
- **Preventative Health Gaps**
  - Barriers: Missed lung cancer screenings, diabetes prevention, dental decay due to lack of earlier care
- **Community Health Workers as a Vital Connector**
  - Benefits: Bridge gaps in trust, cultural alignment, communication.
- **Barriers from Insurance & Income "Gray Zones"**
  - Barriers: Working people who make too much for assistance but not enough to thrive
- **Basic Needs First**
  - Barriers: If survival needs aren't met, health takes a back seat
- **Digital & Language Barriers**
  - Barriers: Tech literacy, informed consent, accessing telehealth appointment systems
- **Desire for Integrated, Holistic Care**

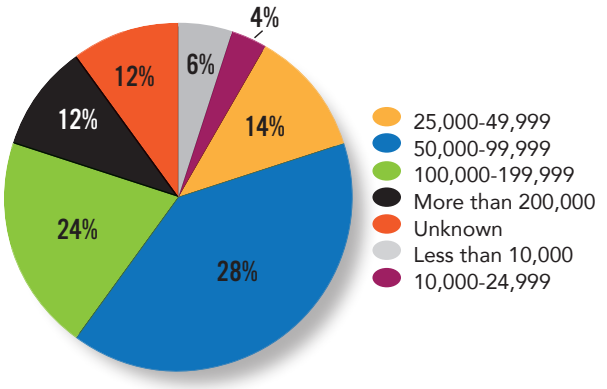
CHNA Data and Demographics



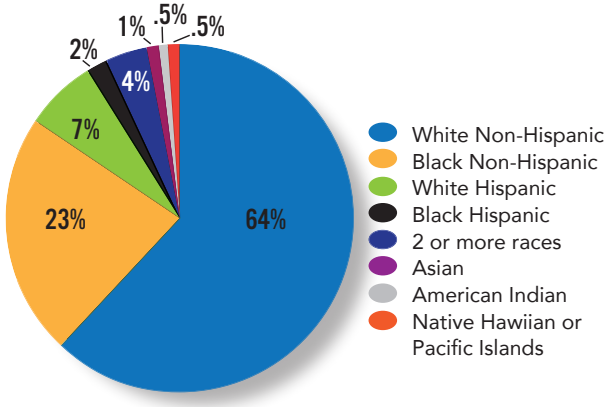
Respondents by County



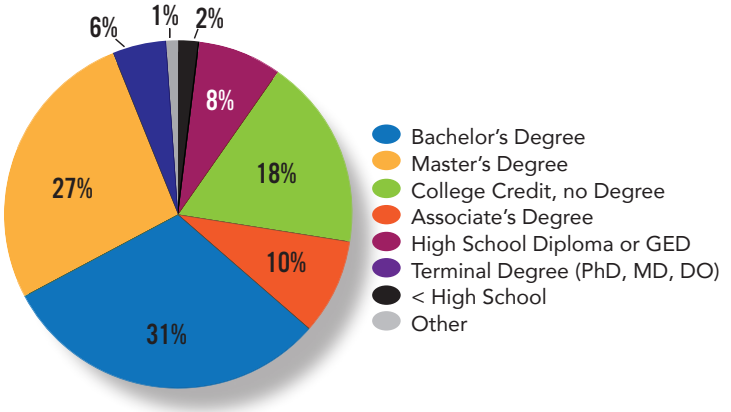
Respondents by Age



Respondents by Income



Respondents by Race/Ethnicity



Respondents by Education

864
Total Participants

671
Total Surveys

13
Interviews

86
Focus Group Participants

84
Community Input Session Participants

10
Focus Groups

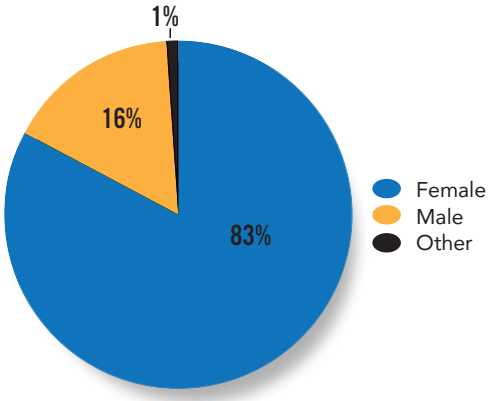
Community At a Glance

What We Found: Common Barriers and Challenges Identified in Focus Groups and Interviews

Health Topic Rankings and Writeup

1) Access To Care
2) Clinical Preventative Services
3) Mental Health
4) Obesity, Nutrition, and Physical Activity
5) Oral health
6) Injury and Violence
7) Maternal, Infant, Child Health
8) Sexual Health
9) Substance Misuse
10) Tobacco Use

Data Infographics



Respondents by Sex

Between 2022 and 2025, the health topic of Injury and Violence rose from the 8th to the 6th priority health concern in the community, *reflecting a growing awareness and increased incidence of related issues. This rise highlights the escalating impact of community violence, domestic abuse, unintentional injuries, and other safety concerns on the well-being of residents. Injury and violence are closely connected to other social drivers of health, including poverty, housing instability, lack of education, and limited access to mental health and social support services. Communities facing higher levels of socioeconomic disadvantage often experience disproportionate rates of violence and injury, making this issue both a public health priority and a social justice concern.*

Access to Care

Examining the Issue

Achieving the best possible health outcomes requires timely and equitable access to health care. However, many residents across the Tri-County region face persistent barriers that prevent them from receiving the care they need. These challenges range from a lack of awareness about available services and limited transportation options to difficulty forming trusted relationships with providers. Many of these barriers are rooted in broader social drivers of health, which continue to impact individuals and communities in complex ways. While not all populations face the same challenges, the data suggests that all are affected by access issues in some form.

Charleston County:
Approximately **10.6%** of residents under age 65 are without health insurance, slightly below the national average of **11.5%**.

Berkeley County:
The uninsured rate for those under 65 stands at **10.7%**, also below the national average.

Dorchester County:
11.5% of residents under 65 lack health insurance, aligning with the national average.

COMMUNITY SPOTLIGHT

The Medi Community Resource Center, located in North Charleston, South Carolina, is a nonprofit organization committed to promoting health equity through patient-centered approaches. A key aspect of their mission is enhancing access to care by connecting communities with existing healthcare and social services. Utilizing technology, The Medi facilitates efficient and person-centered information exchange to ensure individuals can easily find resources such as food, health services, housing, and job training programs. Their initiatives include "Red Dress Sundays," which educates women in faith-based communities about heart disease risk factors, and "Medi Mondays," a weekly broadcast on WJNI 106.3 FM focused on community education.

Did You Know

In some Hispanic and Latin communities, the meanings of urgent care and emergency room don't always align with how those terms are understood in the U.S. healthcare system. In fact, in certain countries, the term "urgent care" may be more closely associated with the level of seriousness we attribute to emergency departments—leading individuals to seek out urgent care centers for severe symptoms like chest pain or difficulty breathing. On the other hand, some may view emergency departments as places for less pressing issues simply because of how those services were structured or labeled in their home countries. These differences in interpretation, combined with language barriers and unfamiliarity with the U.S. healthcare landscape, can create confusion and result in delays or inappropriate care. That's why culturally tailored health education and patient navigation services are essential in ensuring all communities can access the right care at the right time.

Voices From The Community

"We may have some of the best healthcare resources in the world you just can't get them"
- Community Organization

"If you don't speak English, it's harder to get care. There's a lot of reasons, part of it being liability reasons and some providers don't feel comfortable getting informed consent if it's not in the same language, and don't feel well positioned or supported to find a way to get informed care."
- Community Leader

Clinical Preventive Services

Examining the Issue

Preventive care significantly reduces the risk of disease, disability, and premature death — yet millions of people across the United States still do not receive the recommended services. Clinical preventive services include routine health screenings, dental check-ups, immunizations, and counseling for healthy behaviors. These services are designed to catch health issues early—such as high blood pressure, diabetes, or certain cancers—before they become more serious and costly to treat. They also include interventions that help prevent illness altogether, like flu shots and smoking cessation support.

Despite their importance, many individuals face barriers that keep them from accessing this care. These barriers include cost, lack of a primary care provider, geographic distance from clinics or providers, language and cultural challenges, and limited awareness about which preventive services are recommended for their age or risk factors. Expanding access to clinical preventive services, especially in underserved communities, is essential for improving health outcomes and reducing health disparities across the Lowcountry.

COMMUNITY SPOTLIGHT

North Charleston Dental Outreach (NCDO) is a faith-based nonprofit dental clinic dedicated to providing essential dental care to underinsured individuals facing financial constraints. Among its array of services, NCDO emphasizes preventative care to promote long-term oral health. In collaboration with Trident Technical College, the clinic offers basic hygiene services, including deep cleanings, to established patients. These services are designed to prevent dental issues before they escalate, ensuring patients maintain optimal oral health. Eligible patients can access these preventative care services for a nominal fee on a sliding scale. By focusing on preventive measures, NCDO aims to reduce the incidence of severe dental problems in the community, aligning with its mission to serve those in need through compassionate and accessible dental care.

Did You Know

South Carolina is part of the "Stroke Belt," a region in the southeastern United States with a notably higher incidence of stroke and cardiovascular diseases compared to the national average. This area includes 11 states, among them South Carolina, where factors such as higher rates of hypertension, diabetes, and obesity contribute to the increased risk. Regular clinical preventive services, including blood pressure screenings, cholesterol checks, and lifestyle counseling, are essential in mitigating these risks and reducing the prevalence of stroke in the region.

Voices From The Community

"When people are focused on their basic needs, then they're not going to be as concerned about other things that they may see as optional"
- Community Organization

"My mom's 84 and I still see people in her generation, her age range that don't have access to consistent, reliable health care. Health care is defined by an event and not a lifestyle, so if something happens, they'll go to a doctor. But just as a routine maintenance type. It's a reactionary. It's very reactionary."
- Community Leader

Behavorial Health

Examining The Issue

According to data from the federal Health Resources and Services Administration, about 122 million people, or about 35% of the U.S. population, live in an area with a mental health care professional shortage. In SC, the factors impacting mental health, such as increased pressures from social media; population disparities; and lingering impacts of the global pandemic are amplified by the lack of access to mental health care. These pressures are especially impacting youth, who, are also pressured by academic demands and societal expectations. Therefore, prioritizing youth will be essential in strengthening our future generations.

COMMUNITY SPOTLIGHT

Landmarks for Families, formerly known as the Carolina Youth Development Center, is a Charleston-based nonprofit organization dedicated to supporting the behavioral health and overall well-being of children and families in South Carolina. Recognizing behavioral health as a critical need, the organization offers a continuum of care that includes parent education, family preservation, residential services, and community-based programs. Utilizing evidence-based models like the Teaching-Family Model® and Trust-Based Relational Intervention, Landmarks for Families provides trauma-informed, individualized care aimed at healing and empowering individuals. Their services address the impacts of trauma, abuse, and neglect, fostering resilience and promoting mental health through supportive environments and skill-building initiatives. By focusing on prevention, safety, and continuous support, Landmarks for Families plays a pivotal role in nurturing the mental and emotional health of the communities they serve.

Did You Know

In Charleston County, the Tri-County Crisis Stabilization Center (serving Charleston, Dorchester, and Berkeley) saw a 57% increase in admissions and a 35% increase in referrals since 2023—a sign of both rising demand for mental health crisis care and the growing utilization of dedicated crisis services. This surge highlights an urgent need for accessible, specialized behavioral health support across the tri-county region.

Voices From The Community

"I would love to see our community take more steps in preventative care and be more open to talk about mental health and how those things can also lead to other things. I think about our immigrant population who has issues with substance abuse - they go to work, they come home, and repeat six days a week, seven days a week. I have noticed just from being in this community that that takes a total on their mental health. Their way of dealing with it is through alcohol predominantly. They're hard workers, but it pains me to see them not enjoy a healthy lifestyle, because that can lead to aggressive behavior, domestic violence, or things of that nature."

- Community Leader

Obesity, Nutrition, Physical Activity

Examining the Issue

Healthy Tri-County's approach to Obesity, Nutrition, and Physical Activity focuses on ensuring that individuals have access to the fresh fruits and vegetables and safe spaces for physical recreation to reduce the prevalence of chronic diseases and thus improve quality of life. We know that maintaining a healthy diet and an active lifestyle are among the recommendations for maintaining a healthy weight which can decrease the risk for a number of other conditions. All of our counties have pockets of food desserts, an area without access to healthy food options. Creating more access points to fresh produce has been one of our focuses since the last CHNA through funding provided by Healthy People, Healthy Carolinas.

COMMUNITY SPOTLIGHT

FoodShare SC is a state-wide initiative to increase access to fresh produce across the state of South Carolina. In 2023, FoodShare of Berkeley County began in Moncks Corner, at the Berkely County Resource Connection center. Moncks Corner is both an urban center for the county and a food desert which makes it an ideal location for the first distribution site. As of April 2025, the program has expanded to FoodShare Tri-County including 6 partner sites, serving an average of 250 unique customers and approximately 1000 boxes of food per quarter thanks to funding by Healthy Tri-County and other community partners.

Voices of The Community

"Diabetes does so much damage, it affects your vision and your limbs. If we can prevent that just by healthy eating and education, we would really be able to reduce so many other issues that come from diabetes".

- Community Organization

"I've been in some classes where they teach people how to eat healthier and talk about portions, but it's all relevant to an American based diet,so people can't relate, can't connect. Changing that perspective in those programs to also be culturally competent is really important, because obesity is heavy in our community, the sugar intake from sodas is very high."

- Community Leader

Maternal Infant Child Health

Examining the Issue

Maternal and child health in the Charleston, Berkeley, and Dorchester counties of South Carolina focuses on improving health outcomes for women, infants, and children. Key initiatives aim to enhance reproductive health, reduce maternal mortality and morbidity, and ensure early identification and treatment of developmental delays in young children. Despite advancements in medical care, persistent inequities in maternal and infant health continue to affect communities of color throughout these regions. One of the worst health outcomes for women and infant health in the United States remains maternal mortality, which remains significantly higher than in other high-income countries. Black women face the highest rates of maternal deaths, with many of these deaths being preventable, underscoring the urgent need for better healthcare and policy changes. Severe maternal morbidity, including complications during pregnancy and childbirth, is also a critical issue.

COMMUNITY SPOTLIGHT

BEE Collective (Beloved Early Education and Care Collective) is a community-focused organization dedicated to birthing and healing justice in South Carolina. Founded in 2017, the Collective aims to improve children's social-emotional development from birth to age six, particularly in Berkeley County. They address issues like exclusion and expulsion in early learning settings, which disproportionately affect children of color and children with disabilities.

The BEE Collective's work is not just about providing services; it's about inspiring change. They support family resilience through various services, including doula support, reproductive health information, and parent groups. They aim to ensure all families can access quality maternal, child, and family health care. By tackling biases in the birthing and early education systems, the Collective is inspiring the community to lead the way toward solutions, showing that change is possible and within reach.

Did You Know

As of 2021, 14 counties in South Carolina had no practicing OB-GYNs, and five counties had only one OB-GYN provider. This shortage is also evident in the Tri-County region.

According to The Post and Courier, the number of OB-GYNs whose primary practice location is in each county is as follows:

- Berkeley County: 1
- Dorchester County: 12
- Charleston County: 124

This stark disparity highlights a critical gap in access to maternal healthcare, particularly in rural and underserved areas.

Voices of The Community

"The TriCounty continues to lead the state and country with the highest rates of maternal mortality at 47.2/100,000 live births, significant racial disparities with black women 4 times more likely to die than white women, infant mortality rate 6.8/1,000 live births, and rural hospitals at continued risk of closing its doors annually. It's time SC health care is overhauled and resources are provided to allow providers to be proactive rather than reactive. This can be done in the form of improved access to care, doula services, enhanced provider education and cultural competency training."

- Community Leader

Acknowledgement

CHNA Advisory Group

This report is based on the collaboration of numerous organizations. The Core Partners are pleased to extend a special thanks to all staff and community partners who actively served on the Community Health Needs Assessment Advisory Workgroup.

South Carolina Department of Public Health
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Kimberly Balaguer, Community Engagement
Dr. DaQuarta Wright, Organizational Excellence

Trident United Way
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Angela Johnson*, Community Impact
Kiran Sharma, Health Intern (Charleston Southern University)
Jocelyn Nguyen, Health Intern (College of Charleston)

Supporting Community Partners
AccessHealth Tri-County Network
Alliance for a Healthier SC
BEE Collective
Cane Bay YMCA
Charleston Chamber of Commerce
Charleston Southern University
Cross High School
College of Charleston
County Libraries (Berkeley, Charleston, and Dorchester)
Department of Public Health
Fetter Healthcare
First Steps- Berkely, Charleston, and Dorchester counties
Kay Phillips Children's Advocacy Center
Midland Park Primary School
North Charleston Dental Outreach
Nuestro Estado News
Palmetto Goodwill
St. James Health & Wellness
Tri-County Diabetes Prevention Programs Coalition
Universal Latin News
Veterans Suicide Prevention Coalition
180Place

Healthy Tri-County Health Data Workgroup
Several staff and organizations dedicated additional time and resources to gather qualitative and quantitative data throughout the data collection process.
Lydia Ford
Rita Aidoo
Renee Dykstra
Elijah Melendez
Paul Wieters
Sydney Conrad
David Powell
Crystal Davis
Krystal Scott
Braw Dewalt
Denika Richardson
Simone Davis
Hyacinthi Mwangu

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Community at a Glance

// United States / South Carolina / Berkeley County, South Carolina

Populations and People
Total Population
229,861

Employment
Employment Rate
62.2%

Business and Economy
Total Employer Establishments
4,230

Income and Poverty
Median Household Income
$86,658

Housing
Total Housing Units
106,977

Families and Living Arrangements
Total Households
100,299

Education
Bachelor's Degree or Higher
33.8%

Health
Without Health Care Coverage
8.5%

Race and Ethnicity
Hispanic or Latino (of any race)
20,328

// United States / South Carolina / Charleston County, South Carolina

Populations and People
Total Population
408,235

Employment
Employment Rate
63.5%

Business and Economy
Total Employer Establishments
15,801

Income and Poverty
Median Household Income
$93,911

Housing
Total Housing Units
216,974

Families and Living Arrangements
Total Households
186,235

Education
Bachelor's Degree or Higher
51.6%

Health
Without Health Care Coverage
7.3%

Race and Ethnicity
Hispanic or Latino (of any race)
29,280

// United States / South Carolina / Dorchester County, South Carolina

Populations and People
Total Population
161,540

Employment
Employment Rate
63.1%

Business and Economy
Total Employer Establishments
2,861

Income and Poverty
Median Household Income
$83,907

Housing
Total Housing Units
71,069

Families and Living Arrangements
Total Households
67,113

Education
Bachelor's Degree or Higher
30.0%

Health
Without Health Care Coverage
7.5%

Race and Ethnicity
Hispanic or Latino (of any race)
10,861

Source: U.S. Census Bureau