



FAIRFIELD
FORWARD

Strategic Plan

2023-2027

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ACKNOWLEDGEMENTS

Thanks, and gratitude to the Fairfield Forward community (those who live, work, play, conduct business, pray or visit Fairfield County including the Fairfield Forward Committee), partner individuals, and organizations that are part of the public health system.

FAIRFIELD FORWARD STRATEGIC PLANNING COMMITTEE:

Vernon Kennedy, Sr.; Patti Wilkes; Liz Walsh; Tom Ledbetter; Synithia Williams; Sherry Dockter; Cheryl Johnson Benjamin; Malik Whittaker; Darlene Lynch; Chris Clauson; Gene Stephens; Shelley Fentress; Stephanie Eidt; Victor Young; Veronica Dadzie-Edmonds; Tyler Dorman; Dr. J.R. Green; Punam Patel; Shirley Green; Albertha Woodard.

A Special Thanks to:

- **ALL THOSE WHO PARTICIPATED IN KEY INFORMANT INTERVIEWS**
- **ALL THOSE WHO PARTICIPATED IN THE DECEMBER 7, 2022 MEETING**

1. EXECUTIVE SUMMARY

Background

In June of 2022, Fairfield Forward issued a Request for Proposal for their first-ever strategic plan. Kulik Strategic Advisers (dba KSA) was awarded this contract. The project timeline was initially set for a compressed three-month tenure, with the project launch in early September and anticipated completion by November 30th of 2022. Contracting took longer than planned, so the project did not start until late in September, culminating with a presentation of the plan findings and strategies on December 7, 2022.

The project kick-off meeting was held on September 23rd with the strategic planning group, with discussions centered around the project approach, timeline, deliverables, and identification of key stakeholders. We reviewed the current mission and vision statements, as well as the history of Fairfield Forward over the past 22 years and brainstormed current challenges. These included funding, as the Duke Endowment grant was nearing its end (June 2023), as well as capacity, as Fairfield Forward members felt that they could not support additional programs without more people and a dedicated staff. KSA was also asked to draft a press release. The article and press release is found in Appendix A.

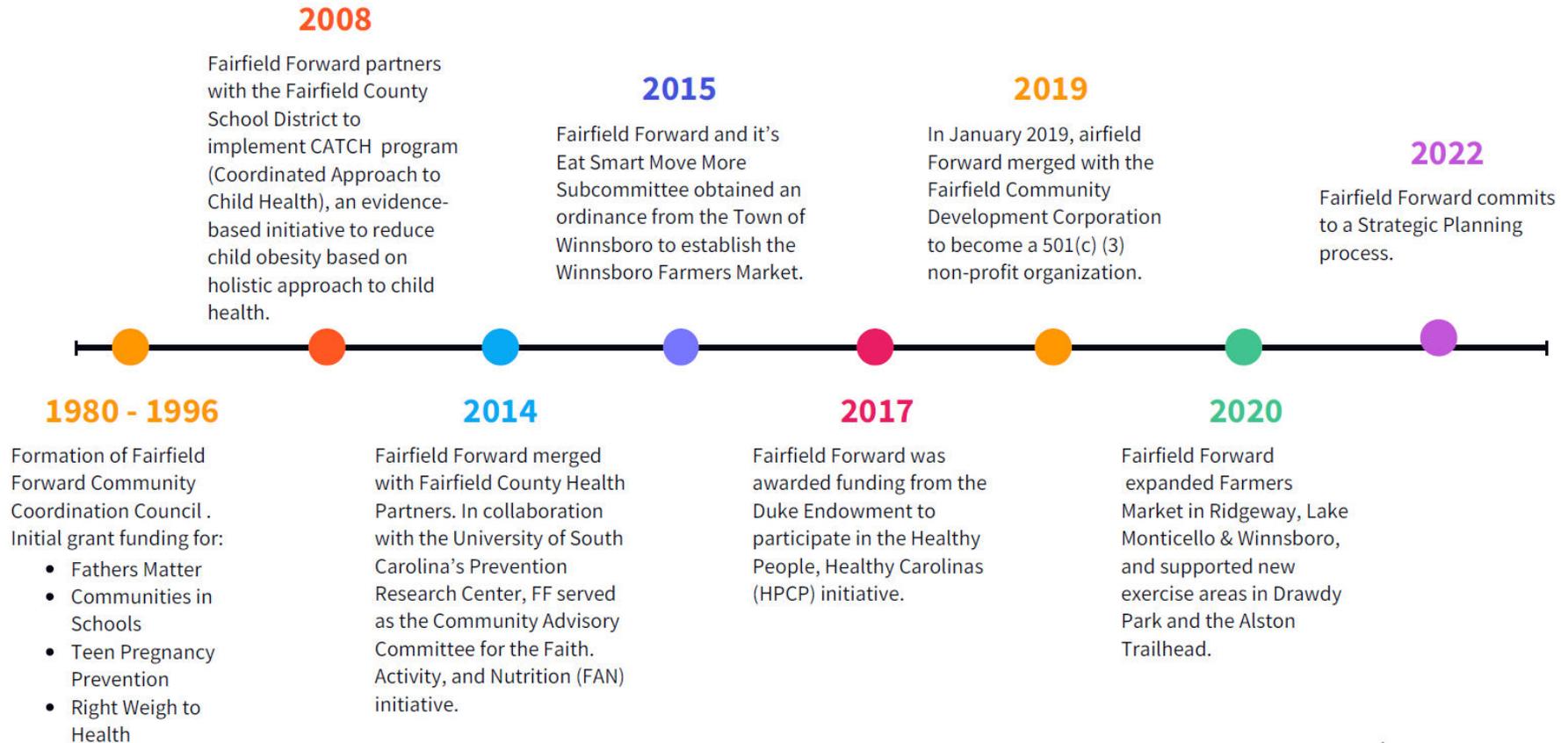
This meeting allowed us to query the group about what a healthy community meant to them. We prioritized the results and learned that most of those present had a broad definition of a healthy community which went beyond healthy eating, an active lifestyle, and access to basic healthcare. The group approved the direction and content for key informant interviews and set the dates of October 24-25th for the intensive strategic planning meetings.

The initial phase of the project included secondary research. KSA reviewed prior work as well as current data on demographic, socioeconomic, and health status/risk behaviors for Fairfield County. This data was distilled and presented at the strategic planning meeting (Appendix A). Key informant interview themes were also presented and served as the basis for the Strengths/Weaknesses/Opportunities/Challenges (SWOC) analysis.

Phase II included a review of the strategic planning work conducted in October. This resulted in a revised mission and vision, five goals with gameplans and draft implementation plans. An additional meeting was scheduled for November 16th to review the work and gain consensus. The group decided to use the first quarter of 2023 to finalize their implementation plans and the December 7th meeting to recruit partners and ask for additional support from the community. The final phase was development of the final strategic “graphic gameplans” and presentation of the project findings and results to a broader audience on December 7, 2022.

An Infographic was developed with approval on January 18th by the Fairfield Forward Board Chair for posting to the website. This report was submitted on January 25, 2023.

■ *Where has Fairfield Forward Been?*



Findings

KSA completed a total of 36 key informant interviews with local partners. The following themes displayed in a Strength-Opportunities-Weaknesses-Challenges or SWOC format, were considered after the Key Informant Interviews and discussions with the strategic planning team.

STRENGTHS OF FAIRFIELD FORWARD	OPPORTUNITIES FOR FAIRFIELD FORWARD
<ol style="list-style-type: none"> 1. Devoted, passionate members 2. Collaboration and partnerships with community organizations 3. Strong reputation 4. Strength of leadership 5. Strong government support from Fairfield County 6. Members are knowledgeable about health and social issues 	<ol style="list-style-type: none"> 1. Increase awareness; need marketing 2. Solidify membership to include a broader group of doers and the next generation 3. Build a staff that will support the new vision 4. Use SMART goals to transform into a high-performing organization 5. Expand partnerships and engage businesses
WEAKNESSES OF FAIRFIELD FORWARD	CHALLENGES FOR FAIRFIELD FORWARD
<ol style="list-style-type: none"> 1. Accountability 2. Membership should be broader and include more local members 3. Leadership should include the next generation 4. Need to move out of transition mode 	<ol style="list-style-type: none"> 1. Sustainability; consistent funding 2. Politics 3. Rural nature of Fairfield County means resources are scarce, it is difficult to make people aware of availability of services and transportation must be factored in to all programs 4. Racism; barriers exist for marginalized people to use programs and services

Despite these challenges, one of the key findings of the strategic planning was that Fairfield County has many characteristics that make it attractive for grant funding, including its rural nature, high poverty levels, and disproportionate percentage of African-American population. Fairfield Forward needs to position itself as the logical recipient in the region for these grants and use its partners to develop and implement the programs that result from this funding.

Appendix E. shows a snapshot of grant opportunities.

Mission and Vision

The strategic planning process resulted in considerable discussion about what is meant by the phrase “a healthy community.” It was decided that a broader definition than used in the past was appropriate. Fairfield Forward acknowledged that although they did not have the power alone to bring adequate housing, necessary educational opportunities, and good jobs to Fairfield County that they could aid those efforts with their support and advocacy.

Fairfield Forward adopted a new vision, which is **“to work with our partners to transform Fairfield County into a healthy community.”**

A healthy community is defined as one where all residents have access to a quality education, safe and healthy homes, adequate employment, transportation, physical activity, good nutrition, and quality health care.

The new mission is: **“Building a healthy community by providing local resources and opportunities through advocacy, funding, and partnerships.”**

Success Factors

The group recognized that in order to be successful, they need to transform Fairfield Forward into a high-performing organization. Inherent in this transformation is full-time leadership with an Executive Director and appropriate staff, consistent funding, marketing, improved communication, and a broader network of active partners. Eventually, Fairfield Forward will need to break free from the County and become a freestanding 501(c)(3) responsible for its own funding whilst maintaining a good working relationship with Fairfield County governance. Fairfield Forward will also need to improve their grant management and reporting skills, which should become part of the full-time staff’s responsibilities.

Implementation Plans

Fairfield Forward will be using the first quarter of 2023 to finalize the implementation plans for the five strategic initiatives adopted as part of the strategic plan and to weave existing programs into the new strategy. These plans should include specific goals, with assigned accountability and time frames for each of the goals. Many of the goals are tied to grant opportunities that have set deadlines. Fairfield Forward will need to become nimble with their grant writing and decision process to meet these deadlines and create an environment to maximize their opportunity to win these grants at the regional and federal levels.

2. INTRODUCTION

Fairfield County, South Carolina has 710 square miles of land area and is the 29th largest county in South Carolina by total land mass out of 46 counties. It is the tenth smallest county in South Carolina by population. Fairfield County is bordered by Chester County, Lancaster County, Kershaw County, Richland County, Newberry County. The County seat is Winnsboro, which lies 34 miles north of the state capital of Columbia and approximately 60 miles south of Charlotte, North Carolina.

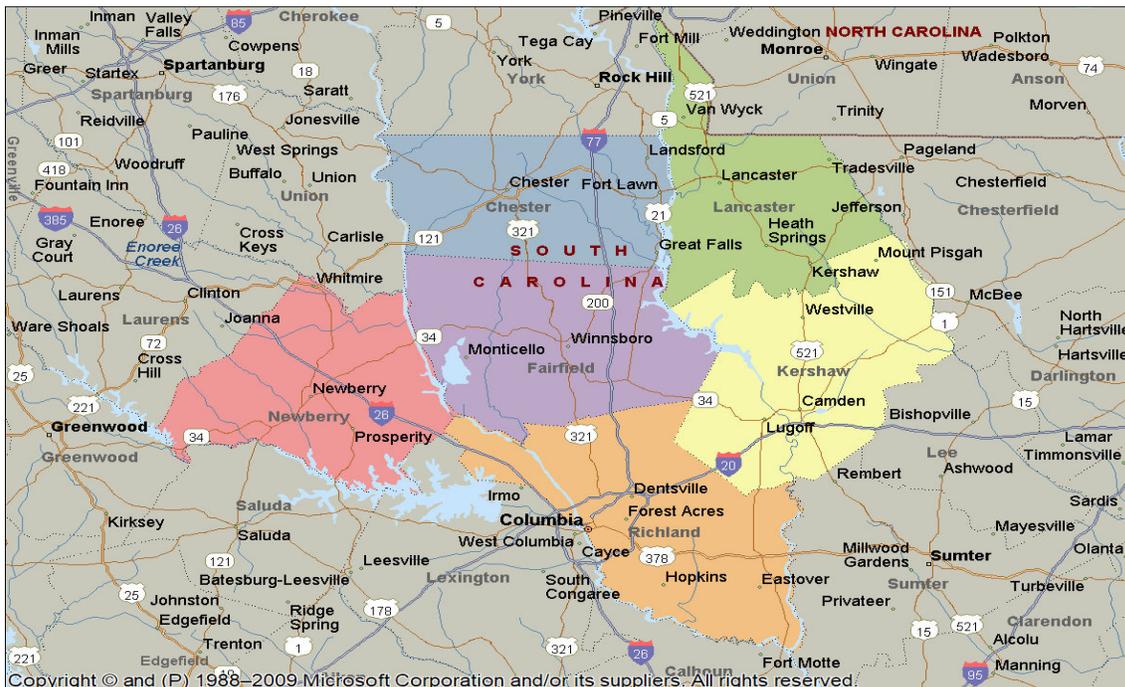
Fairfield County had 22,406 residents as of the 2020 census, with the most recent data showing population at 20,690 residents (July 2022). This marks a decline of 13.6 % since 2010.

The number of residents living at or below the federal poverty level is 18.5%, with 12.1% without health insurance. As of January 2022, the unemployment rate was 5% and only 55% of residents are employed.

Within the County, 86.2% of persons age 25+ are high school graduates and 17.8% have a Bachelor’s degree or higher.

Housing is a significant problem in Fairfield County, with many living in sub-par conditions. There are only 10,943 housing units in the County.

The demographics of the population are 52% female and 48% male, 56% African-American and 41% White. Almost a quarter of the population (23.7%) is aged 65 or older, and 10.9% under the age of 65 live with a disability.



Map of Fairfield County

3. PRIMARY RESEARCH

Key Informant Interview Themes:

KSA reached out to over 100 local partners by phone and email, of which 36 individuals participated in key informant interviews by phone that were approximately 15 minutes to one hour in length. Discussions centered on the key informants' perception of quality of life in Fairfield County for residents, their children and families, and their perception of Fairfield Forward.

Common Themes:

1. Access to Healthcare
 - a. Not enough providers for primary care or specialty care; many people just assume they need to travel to Columbia.
 - b. Transportation challenges in getting to/from appointments
 - c. Many discussed the lack of a hospital in the County
2. Mental Health
 - a. Limited services and providers for mental health
 - b. Depression and isolation, especially for the young and the old
 - c. No inpatient treatment facilities (youth or adult)
 - d. Transportation is an issue
3. Early Child Care/Education
 - a. Limited access to quality early childcare
 - b. Parenting support
 - c. First Steps was mentioned in a positive way by several respondents
4. Digital Inequalities
 - a. Lack of internet providers, no competition, no choice
 - b. Limited access to internet for cost-burdened households
5. Cost-burdened Households
 - a. No affordable housing stock
 - b. Quality of housing stock (and age)
 - c. Affordability of rent and homeownership
6. Safe and affordable Opportunities for Youth (and their families)
 - a. Safe spaces for youth to gather for recreation and enjoyment
 - b. Sports-related activities for youth exist but transportation does not
7. Fairfield Forward
 - a. Many were familiar with the group but did not know their mission or of all their successes. A positive reputation but no details.
 - b. Several mentioned that they felt the group seemed to be perpetually be in transition mode, although well-intentioned.

The discussion guide is provided in Appendix B.

4. SECONDARY RESEARCH

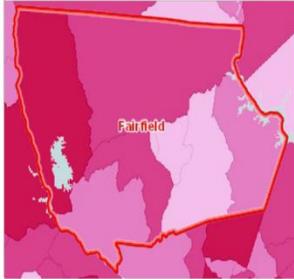
During our initial meeting with the Fairfield Forward strategic planning committee, they told KSA that they had reviewed available data many times and that had done a “data walk” in 2019 that familiarized them with health and social data for Fairfield County. Yet, they felt that they were having trouble synthesizing the data and being able to make solid decisions about where they could make the most difference “moving the needle” on health indicators, given their lack of resources. Their programs regarding the availability of healthy food (Food Gardens, Farmer’s Market and Food Baskets) as well as their exercise initiatives were good programs, but they found it difficult to measure the results.

KSA responded by reviewing the prior work, and performing new research with a Community Needs Assessment for Fairfield County that showed results compared to the State of South Carolina as well as the total United States. We further distilled this data into a format that would show areas with the highest significance, based on the size of the issue, the seriousness of the issue, the ranking of Fairfield County in South Carolina and disparities. These topline results were the basis for much of the discussion during the October 24-25th planning meetings, and are reproduced on the next four pages.

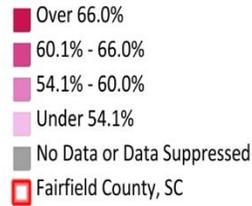
TOP 5 INDIVIDUAL HEALTH PRIORITIES	TOP 5 POPULATION HEALTH PRIORITIES
1) EMPLOYMENT (23%)	1) HOUSING (32%)
2) HOUSING (19%)	2) EMPLOYMENT (24%)
3) DIABETES (16%)	3) ACCESS TO, UTILIZATION OF PHYSICAL HEALTH (23%) – <i>Maternal: Child</i>
4) EDUCATIONAL OPPORTUNITIES (9%)	4) MENTAL HEALTH (9%)
5) ACCESS TO/UTILIZATION OF MENTAL HEALTH (7%)	5) EDUCATIONAL OPPORTUNITIES (6%)
6) ACCESS TO/UTILIZATION OF EXERCISE, FITNESS, RECREATION (7%)	6) TRANSPORTATION (3%)

• **Employment (2016 – 2022):**

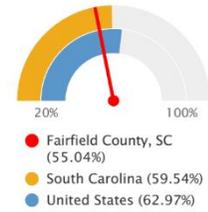
Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Fairfield County, SC	18,692	10,288	55.04%
South Carolina	4,111,745	2,448,315	59.54%
United States	216,649,873	164,759,496	62.97%



Labor Force, Participation Rate by Tract, ACS 2016-20



Labor Force Participation Rate

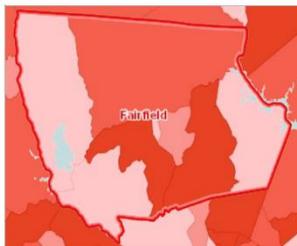


• **Unemployment Rate (2022):**

Reported Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Fairfield County, SC	9,165	8,719	446	4.9%
South Carolina	2,388,657	2,311,676	76,981	3.2%
United States	166,477,114	160,156,392	6,320,721	3.8%

• **Households (2016 – 2020)**

Reported Area	Total Households	Family Households	Family Households (%)	Non-Family Households	Non-Family Households (%)
Fairfield County, SC	9,315	6,166	66.19%	3,149	33.81%
South Carolina	1,961,481	1,280,623	65.29%	680,858	34.71%
United States	122,354,219	79,849,830	65.26%	42,504,389	34.71%

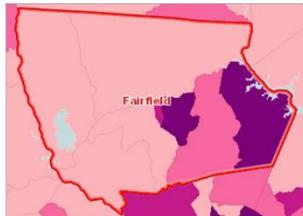


Family Households, Percent by Tract, ACS 2016-20



• **Housing with 1 or More Substandard Conditions (2016 – 2020)**

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions (%)
Fairfield County, SC	9,315	2,469	26.51%
South Carolina	1,961,481	528,947	26.97%
United States	122,354,219	38,476,032	31.45%



Substandard Housing Units, Percent of Total by Tract, ACS 2016-20

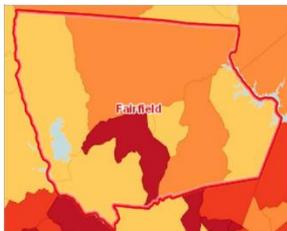


Occupied Housing Units with One or More Substandard Conditions, Percent



• **Median Household Income (2016 – 2022)**

Report Area	Total Households	Average Household Income	Median Household Income
Fairfield County, SC	9,315	\$62,343	\$43,861
South Carolina	1,961,481	\$76,390	\$54,864
United States	122,354,219	\$91,547	\$64,994



Median Household Income by Tract, ACS 2016-20



Median Household Income

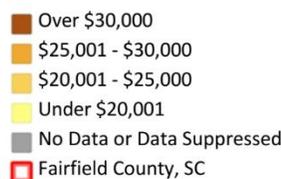


• **Per Capita Income (2016 – 2020)**

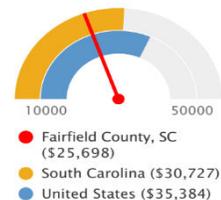
Report Area	Total Population	Total Income (\$)	Per Capita Income (4)
Fairfield County, SC	22,406	\$575,783,900	\$25,698
South Carolina	5,091,517	\$156,449,269,400	\$30,727
United States	326,569,308	\$11,555,302,096,600	\$35,384



Per Capita Income by Tract, ACS 2016-20



Per Capita Income (\$)



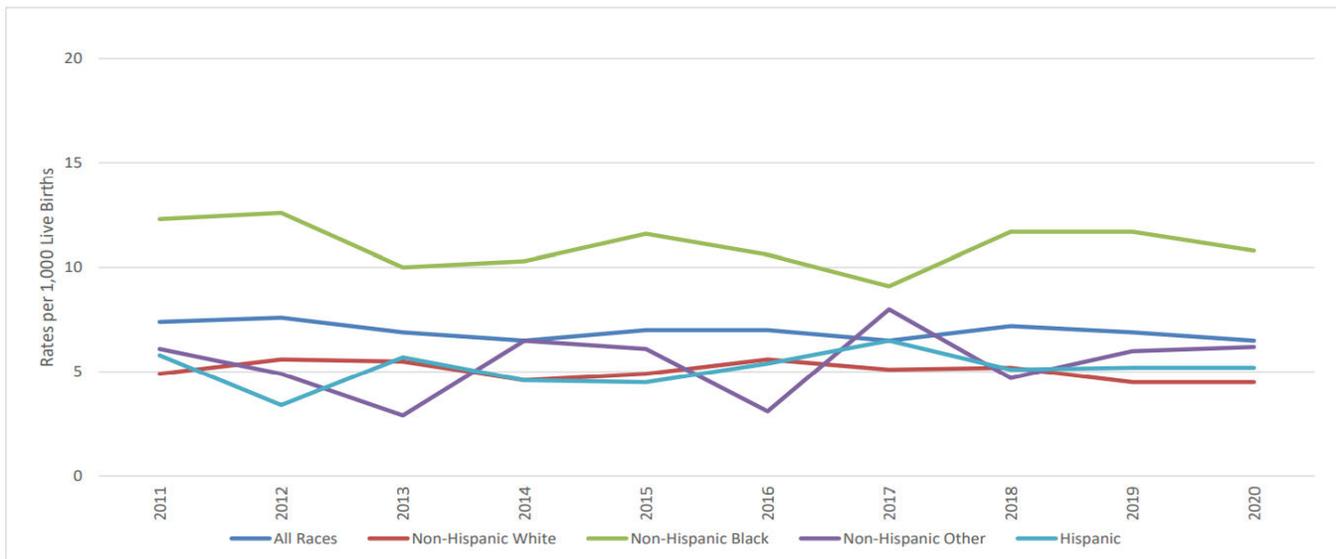
- Physical Health – Maternal Child Health

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births (%)
Fairfield County, SC	1,419	160	11.3%
South Carolina	399,405	38,467	9.6%
United States	26,896,859	2,203,029	8.2%

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Fairfield County, SC	7.5	13.3	No Data
South Carolina	7.3	14.9	7.0
United States	6.9	13.6	7.3

- Physical Health – Infant Mortality Rate: 2016 – 2020, by Residence of Mother

**South Carolina Infant Mortality Rates¹ by Race and Hispanic Origin of Mother
Residence Data, 2011-2020**



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
All Races	7.4	7.6	6.9	6.5	7.0	7.0	6.5	7.2	6.9	6.5
Non-Hispanic White	4.9	5.6	5.5	4.6	4.9	5.6	5.1	5.2	4.5	4.5
Non-Hispanic Black	12.3	12.6	10.0	10.3	11.6	10.6	9.1	11.7	11.7	10.8
Non-Hispanic Other	6.1	4.9	2.9	6.5	6.1	3.1	8.0	4.7	6.0	6.2
Hispanic	5.8	3.4	5.7	4.6	4.5	5.4	6.5	5.1	5.2	5.2

¹Rates per 1,000 live births

• **Mental Health – Suicide**

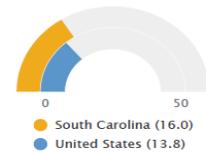
Reported Area	Total Population, 2016 – 2020 Average	Five Year Total Deaths, 2016 – 2020 Total	Crude Death Rate (Per 100,000 Population)	Age – Adjusted Death Rate (Per 100,000 Population)
Fairfield County, SC	22,414	17	No Data	No Data
South Carolina	5,087,274	4,184	16.4	16.0
United States	326,747,554	233,972	14.3	13.8



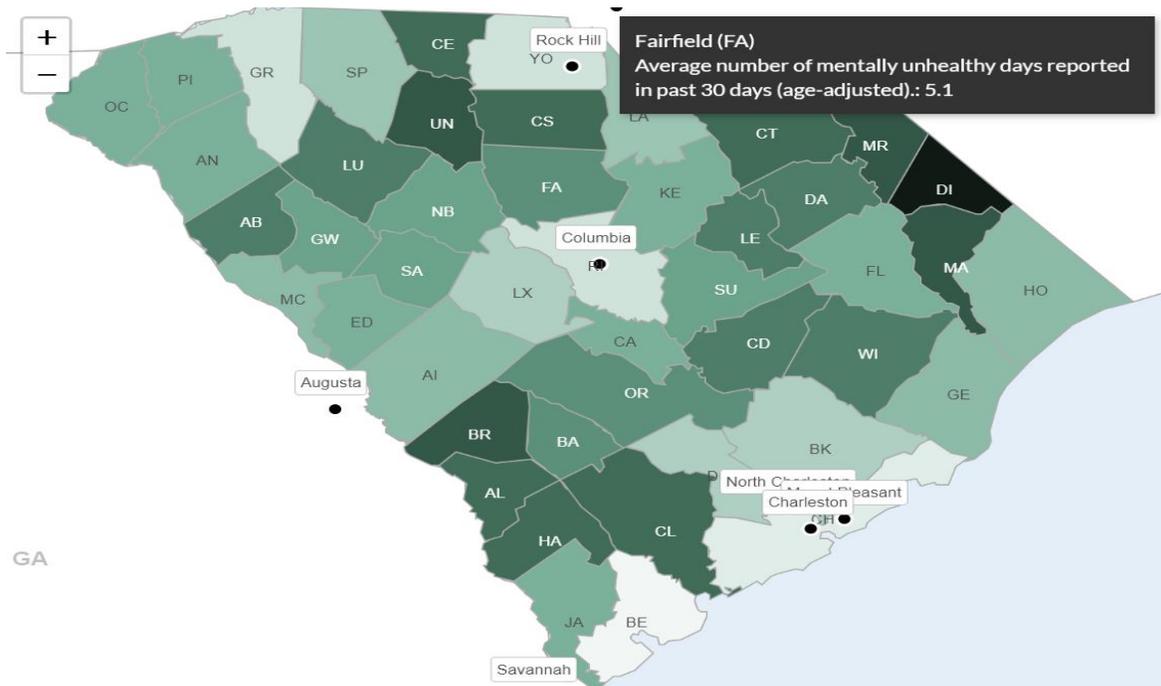
Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20



Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



• **Mental Health (2019, Average Number of Mentally Unhealthy Days in Last Month)**



Reported Area	Number of Mentally Unhealthy Days
Fairfield County, SC	5.1
South Carolina	4.5
United States	4.0

• **Diabetes (2019, Diagnosis Adults)**

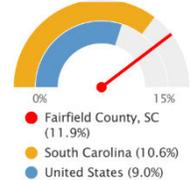
Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Fairfield County, SC	17,595	2,692	11.9%
South Carolina	3,902,982	482,787	10.6%
United States	239,919,249	24,189,620	9.0%



Diabetes Prevalence, Percent of Adults Age 20+ by County, CDC NCCDPHP 2019



Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2019



• Obesity

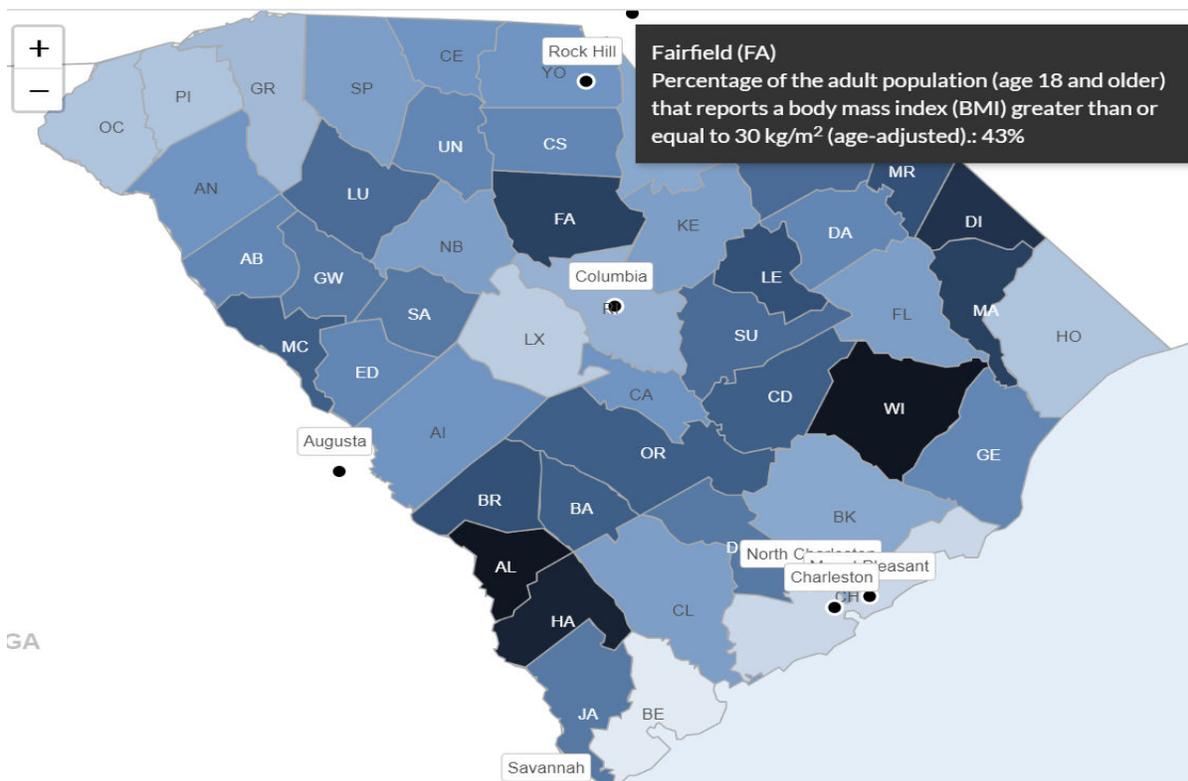
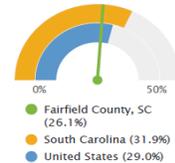
Report Area	Population Age 20+	Adults with BMI > 30.0 (Obesity)	Adult with BMI > 30.0 (Obesity) (%)
Fairfield County, SC	17,595	4,666	26.1%
South Carolina	3,902,982	1,246,753	31.9%
United States	239,919,249	69,961,348	29.0%



Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2019



Percentage of Adults Obese (BMI > 30.0), 2019



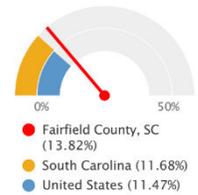
Reported Area	Number of Mentally Unhealthy Days
Fairfield County, SC	43%
South Carolina	36%
United States	30%

- Education (2016 – 2020)

Reported Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelor's degree	Graduate or Professional Degree
Fairfield County, SC	13.82%	39.4%	20.2%	8.8%	11.8%	6.0
South Carolina	11.68%	28.9%	20.6%	9.9%	18.2%	10.9%
United States	11.47%	26.7%	20.3%	8.6%	20.2%	12.7%



Population with No High School Diploma (Age 18+), Percent by Tract, ACS 2016-20



SIZE OF ISSUE

Deaths: (Rate per 100,000 population in 2020) - 373 deaths in Fairfield County in 2020/
22,402 = 1.7% of the population. (2020)

1. Cancer
2. Heart Disease
3. Unintentional Injuries
4. Chronic Lower Respiratory Disease
5. Stroke
6. Alzheimer's Disease
7. Diabetes Mellitus
8. Kidney Disease
9. Septicemia
10. Suicide

Hospitalizations: (2020)

1. COVID-19
2. Circulatory System Disease (heart disease and stroke)
3. Births and Pregnancy Complications
4. Digestive System Disease
5. Respiratory System Disease
6. Injury and Poisoning

Emergency Room Visits: (2020)

1. COVID-19
2. Other Chest Pain
3. Acute Upper Respiratory Infection, unspecified
4. Urinary tract infection, site not specified
5. Nausea with vomiting, unspecified

SERIOUSNESS OF ISSUE

Perceived Health Issues of Importance: (provided by the group on 9.23.2022)

1. Access to Healthcare
2. Access to Mental Health Services
3. Elder care options
4. Mental Health
5. Chronic Disease
6. Access to information of diabetes
7. Care Management
8. Increased use of substance use treatment

Perceived Community Issues of Importance:

1. Access to exercise, fitness, recreation
2. Access to Healthy Food
3. Employment
4. Educational Opportunities
5. Public Transportation
6. More Community Gatherings/Festivals
7. Access to Stable/Affordable Housing
8. Racial equality and inclusion for all

Perceived Environmental Issues of Importance:

1. Clean environment (air & water)
2. Water pollution
3. Housing

RANKING OF FAIRFIELD COUNTY IN SOUTH CAROLINA

Overall:
#36/out of 46 Counties in South Carolina

- #18 – Clinical Care – 2020**
- #31 – Quality of Life - 2020**
- #33 – Health Behaviors -2019**
- #36 – Social Determinants -2020**
- #37 – Length of Life -2021**
- #43 – Physical Environment – 2020**

Areas of Strength:

Health Indicators:

- Preventable - Hospital Stays
- Mammography - Screening

Social Determinants:

- Social Associations

Areas to Explore:

Life Expectancy/ Years of Potential Life Lost:

- Life Expectancy – 2018-2020
- Premature Death – 2018-2020

Health Indicators:

- Flu vaccinations - 2020
- Sexually Transmitted Infections (2019-2020)
- Low Birth Weight: Infants (2016-2020)
- Teen Births(2014-2020)
- Mental Health ER Visits (2020)

Health Behaviors:

- Adult Smoking - 2019
- Alcohol Impaired - driving deaths
- Injury deaths
- Physical Inactivity
- Adult Obesity

Social Determinants: 2020

- Uninsured
- Income Inequality
- Unemployment
- Children in Single Parent Households
- Disconnected Youth

Physical Environment: 2020

- Long Commute to Work
- Sole Drivers

DISPARITIES

Health Conditions:

- Coronary Heart Disease: Male/Black
- Hypertension: Black and over 65 years of age
- Diabetes: Male, Black and Hispanic
- Asthma: Age (below 65)
- Infant Mortality: Black

Health Indicators:

- Premature Birth: Black
- Low Birth Weight Infants: Black
- Teen Births: Hispanic

Health Behaviors:

- Late Entry into Prenatal Care: Hispanic

Social Determinants:

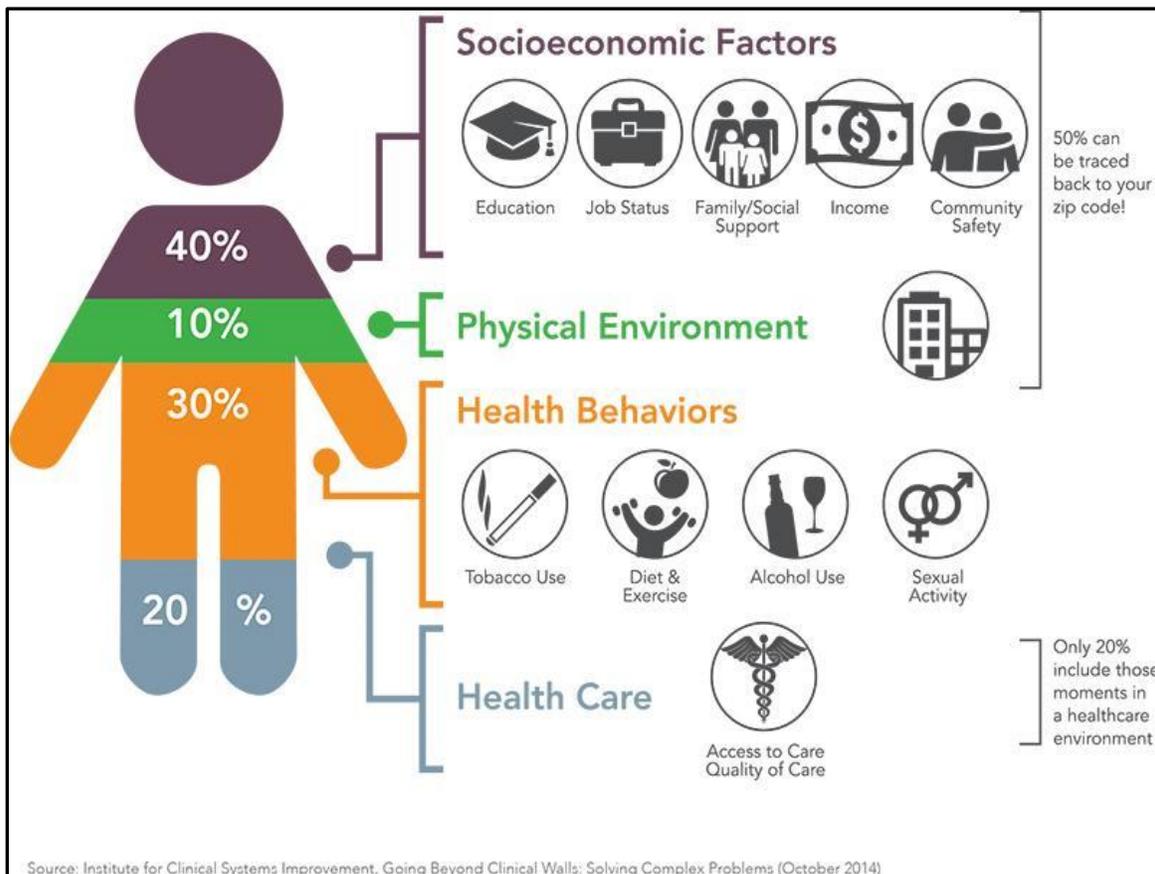
- Adults/Children living below 100% and 200% of FPL: Black and Hispanic
- Disconnected Youth: 16-24, Black

Social Determinants of Health:

In review of secondary data sources, the Fairfield Forward strategic planning committee focused primarily on Social Determinants of Health (SDOH). SDOH are the **conditions in which people are born, grow, work, live, and age**, and the wider set of forces and systems shaping conditions of daily life.

These circumstances are shaped by the distribution of money, power, and resources. Social determinants of health are responsible for many health inequities, unfair and avoidable differences in health status. Resources that enhance the quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

The infographic on the following page explains the impact factors can have on an individual's health outcomes. Only 30% of one's health behaviors and choices impact health outcomes. The other 70% consists of physical environment - 10% (where you live, work, and play); access and ability to connect to health care and health care resources - 20%; and socioeconomic factors such as one's education, employment status, income, safety, and social supports - 40%.

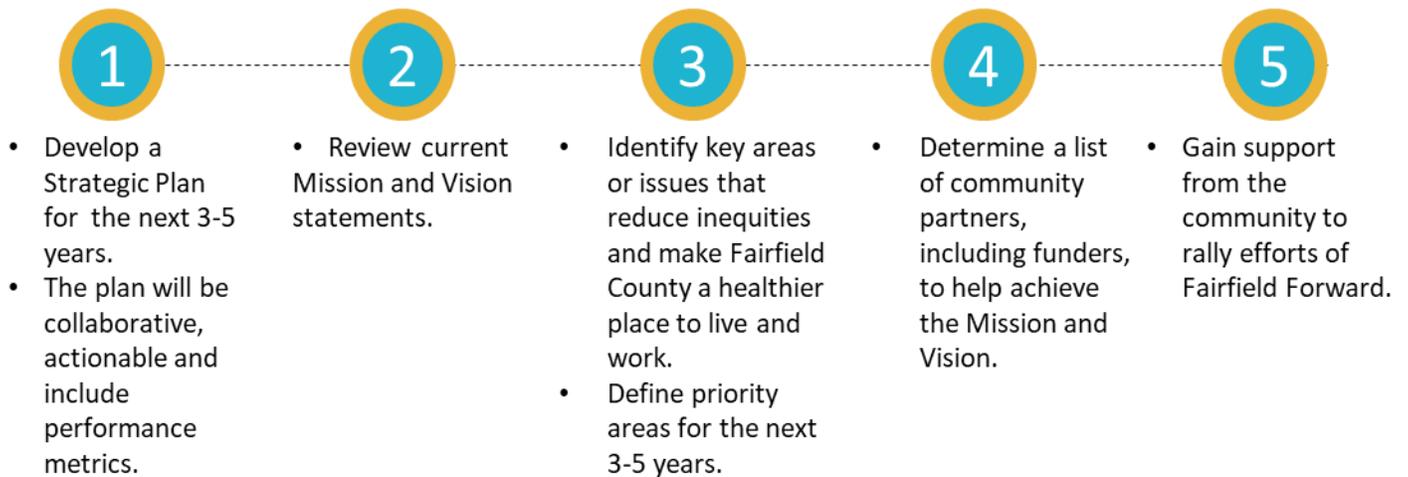


5. STRATEGIC PLAN

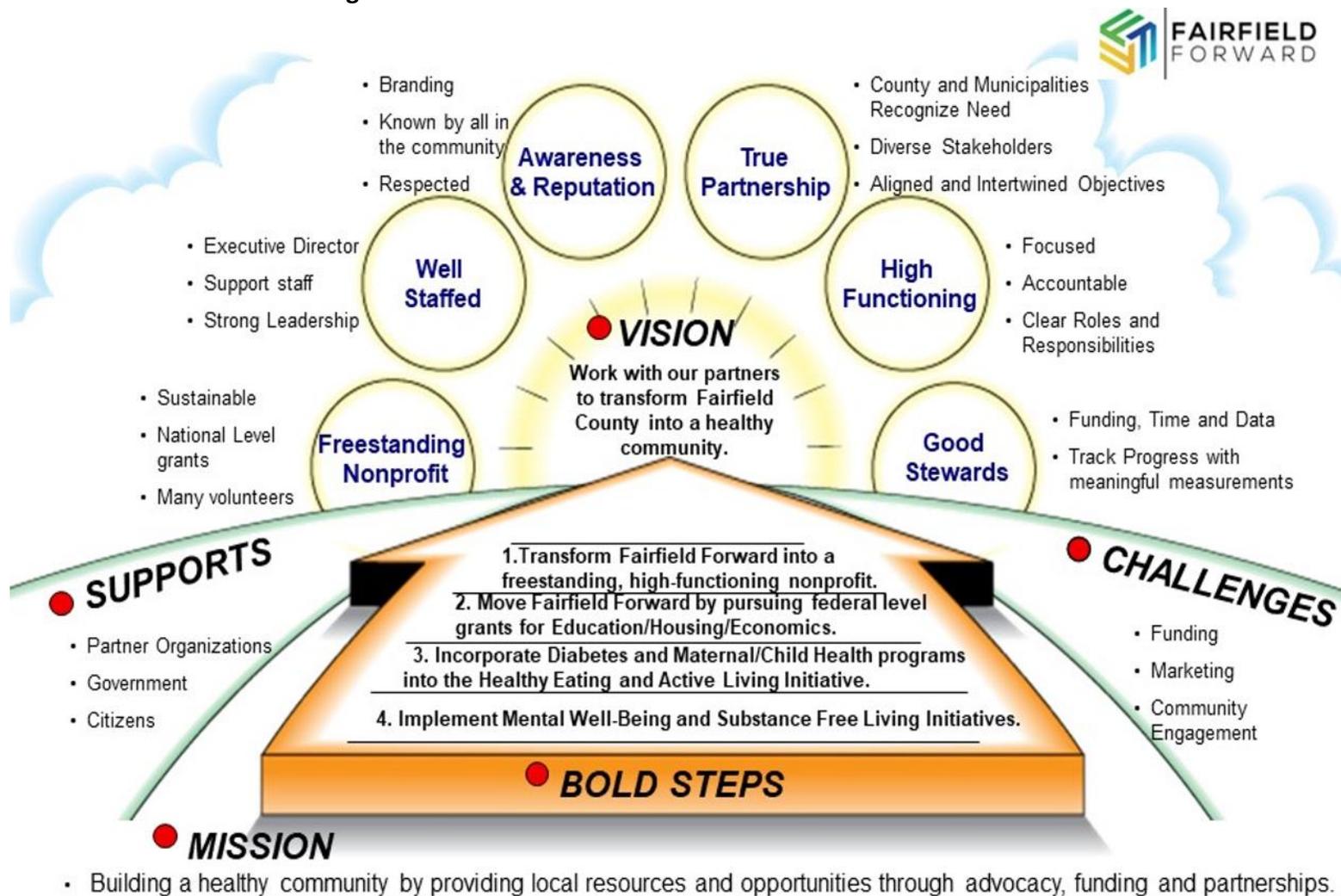
The group decided upon four initiatives that Fairfield Forward could adopt for the next five years, and KSA helped Fairfield Forward tie some of these to possible grant funding. A fifth initiative was adopted in recognition of the leadership, staffing and support efforts that would be required to transform Fairfield Forward with the revised mission and vision. The five initiatives were each mapped out in the form of a graphic gameplan with additional details regarding next steps, goals and the five-year vision. They are:

1. Mental Well-Being and Substance Free Living
2. Healthy Eating and Active Living – Maternal Child Health
3. Health Eating and Active Living – Diabetes
4. Moving Fairfield Forward
5. Leadership (Vision, Mission and Structure)

Fairfield Forward strategic plan objectives:



- Where is Fairfield Forward Going?



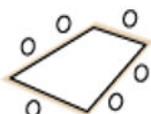
A Health Community is one where all residents have access to: a quality education, safe and healthy, adequate employment, transportation, physical activity, good nutrition, and quality health care. *Definition courtesy of UNLV*

• **GAMEPLAN: Leadership Team (Vision, Mission, Structure)**

● **TEAM/ RESOURCES**

Leader:
Vernon Kennedy Sr.

Members:
Punam Patel
Sherry Dockter



Resources:
Executive Director is key

● **STAGES/TASKS**

Years 1-2

- Finalize Implementation Plan by Mar 31, 2023
- Hire Executive Director
- Sell the Vision; Work on Branding and Develop Marketing Plan
- Engage the Community
- Recruit new generation of FF members; Define Roles/Responsibilities
- Instill accountability
- Board Education
- Revise bylaws to reflect all adopted GAMEPLANS

Years 3-4 Transition

- Executive Director takes a more prominent leadership role
- Continue to Sell the Vision and Engage the Community
- Hire additional staff as funding and workload increase
- Continue Marketing

Years 5

- Fairfield Forward is a freestanding organization
- Community Board of Directors
- Responsible for our own sustainability
- Ready for national level funding

● **END GAME GOAL**

Transform Fairfield County to have adequate employment, safe and healthy homes, education opportunities, transportation, good nutrition, physical activity, and quality health care for all residents.

● **TARGET**

- Marked improvement in all health areas
- Fairfield County moves up in state rankings
- Community-wide awareness of FF as the organization for healthy community support

PRIMARY OBJECTIVES

OBJECTIVE

- Receive a national level grant such as a Promise Community

OBJECTIVE

- Be recognized throughout the South as a high-performing nonprofit

OBJECTIVE

- Have an even more diverse partnership including Youth and persons with lived experience

OBJECTIVE

- Next generation of leaders involved

OTHER OBJECTIVES

- Trusted partner in the State; seen as a mover and shaker

- Data driven & action planned meetings that produce results with strong buy-in

● **SUCCESS FACTORS**



● **CHALLENGES**

- Personnel Turnover
- Consistent Funding

Proposed Mission: Building a healthy community by providing local resources and opportunities through advocacy, funding and partnerships.

Proposed Vision: To work with our partners to transform Fairfield County into a healthy community.

A Health Community is one where all residents have access to: a quality education, safe and healthy, adequate employment, transportation, physical activity, good nutrition, and quality health care.

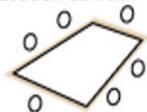
Definition courtesy of UNLV

• **GAMEPLAN: Healthy Eating and Active Living: Diabetes**

• **TEAM/ RESOURCES**

Sponsor: Fairfield Forward

Leader: *Liz Walsh*



Members:

- Melva Rodgers
- Jennifer Glover-Hawkins
- Albertha Woodard
- Diana White
- Veronica Edmonds

Resources:

- SC DHEC
- MUSC Health
- Prisma Family Medicine
- Fairfield Transit
- Cooperative Health
- Black Jack Church
- WeVista
- Pharmacies
- Diabetes Free SC
- Diabetes Action Council
- Local dialysis clinics
- USC
- Hawthorne
- Rural Health

• **STAGES/TASKS**

<p>2023: Short-term</p> <ul style="list-style-type: none"> • Finalize Implementation Plan by Mar. 31, 2023 • Increase residents in Fairfield County in Diabetes Prevention Program • Increase participation in FoodShare in areas with high diabetes rates • Increase utilization of Fairfield recreation and walking facilities • Explore funding opportunities and apply for grants - Produce Prescription funds through USDA and Diabetes Control & Prevention (OMH) 	<p>2024-2025: Medium</p> <ul style="list-style-type: none"> • Fund and hire a CHW to screen clients for diabetes risk and pre-diabetes / connect with services • Identify opportunities to decrease cost of diabetes medication • Identify interventions that decrease hospitalization/ dialysis needs and apply for funding 	<p>2025-2026: Medium</p> <ul style="list-style-type: none"> • Explore and/or support the opening of a diabetes management center • Develop and fund a medically tailored meal program • Identify interventions to decrease mortality among dialysis patients with diabetes and partner with dialysis centers to obtain funding 	<p>2027: Long-term</p> <ul style="list-style-type: none"> • Obtain Medicaid reimbursement for "Food is Medicine" and other interventions for improving diabetes outcomes • Marketing & Communication program • Analyze impact of programming in partnership with academic institutions for replication in other communities
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• **TARGET**

PRIMARY OBJECTIVES

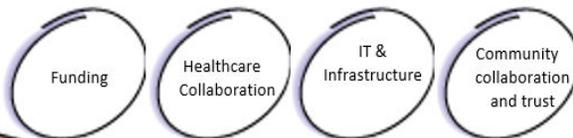
OBJECTIVE

- Decrease rate of individuals living with pre-diabetes:
- Increase Foodshare program reach
- Implement produce prescription programming
- Increase % of people with pre-diabetes linked to Diabetes Prevention Program

OBJECTIVE

- Improve outcomes with a focus on reducing disparities for individuals living with diabetes:
 - 1) Decrease hospitalizations for diabetes
 - 2) Reduce adverse health outcomes
 - 3) Decrease no. of people with diabetes on dialysis (current: 1 in 3)
 - 4) Reduce deaths due to diabetes & dialysis (expected lifespan upon dialysis: 5-7 years)

• **SUCCESS FACTORS**



• **CHALLENGES**

- Unaware of diagnosis
- Believe it is unavoidable from generations
- Unhealthy eating
- Lack of physical activity
- Overweight or Obese
- Unaware of local resources (i.e. Cooperative Health Diabetes Care Team in Winnsboro, Ridgeway, Monticello)
- Fat does not equal unhealthy or diagnosed with Diabetes
- Unaware of diabetes complications (i.e. dialysis, blindness, amputation)

• **GAMEPLAN: Mental Well-Being and Substance Free Living**

GAMEPLAN: Mental Well-Being and Substance Free Living

● **DEFINITIONS**

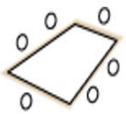
Mental Health
includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Behavioral Health
The integration of mental health, resilience, and well-being, the treatment of mental and substance use disorders, and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

● **TEAM/RESOURCES**

Sponsor: Fairfield Forward

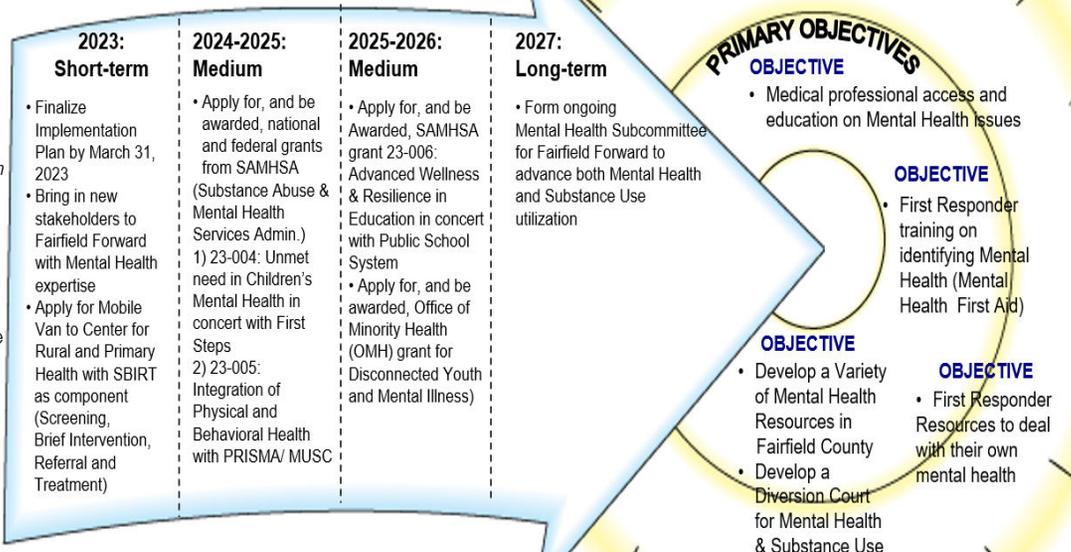
Leader: *Synthia Williams*



Members:
• Cheryl Johnson Benjamin
• Chris Clauson

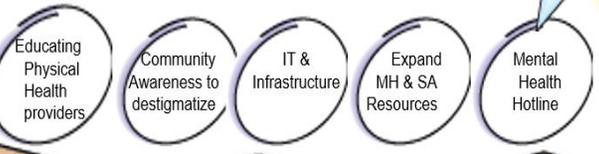
Resources:
• National Alliance for Mental Illness (NAMI)
• Public Safety Committee
• First Steps
• 211 United Way
• Employee Assistance Programs (EAP)
• BCBS South Carolina Foundation
• Duke Endowment
• Public School System

● **STAGES/TASKS**



Substance Abuse
A chronic and complex disorder involving the continued use of drugs or alcohol (substances) despite significant substance related problems. A person is considered someone with a substance use disorder when the recurrent use of alcohol or drugs causes significant impairment based on a diagnosed level of severity according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

● **SUCCESS FACTORS**



● **CHALLENGES**

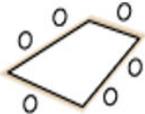
- Buy-in
- Lack of knowledge
- Integration of Mental and Physical Health
- Overcoming Mental Health Stigma
- Rural Isolation
- Mostly a self-reported issue
- Lack of resources (quality staff and dollars)
- Grants management

• **GAMEPLAN: Healthy Eating & Active Living-Maternal Child Health**

● **TEAM/ RESOURCES**

Sponsor: Fairfield Forward

Leader: *Liz Walsh*



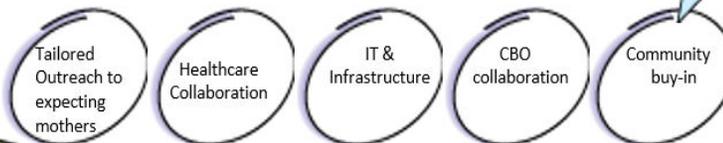
Members:

- *Melva Rodgers*
- *Jennifer Glover-Hawkins*
- *Albertha Woodard*
- *Diana White*
- *Veronica Edmonds*

Resources:

- Fact Forward
- SC Office of Rural Health
- SC DHEC; SC DSS
- All FC Schools
- SC DMH
- Breast Feeding Groups
- MUSC Health
- Prisma Family Medicine
- FBHS
- Fairfield Transit
- Cooperative Health
- Sistercare
- Black Jack Church
- WelVista
- Pharmacies

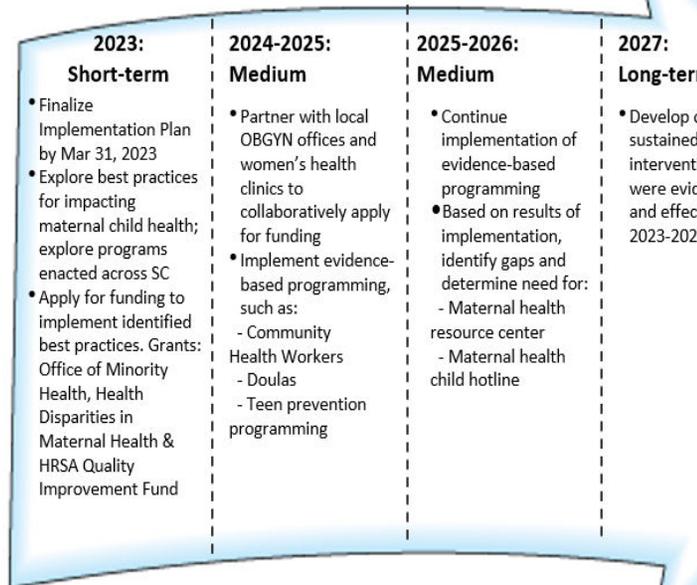
● **SUCCESS FACTORS**



● **CHALLENGES**

- MCH:
- Buy-in
 - Lack of knowledge
 - Prejudicial providers
 - Stigma
 - Lack of awareness of local OB/GYN resources (i.e. PRISMA)
 - Transportation for prenatal & post-natal care

● **STAGES/TASKS**



● **TARGET**

PRIMARY OBJECTIVES

OBJECTIVE

- MCH: Close the equity gap in Maternal/Child health outcomes (black infant deaths, Women engaged in prenatal, natal & post-natal care)

OBJECTIVE

- MCH: 80% of expecting Moms are engaged in prenatal care in first trimester in Fairfield County, SC

OBJECTIVE

- MCH: Increase awareness of postpartum resources for mothers in FC

OBJECTIVE

- MCH: Reduce teen births from 25.6 per 1,000 to below 23.2 per 1,000

OBJECTIVE

- MCH: Reduce maternal specific health related issues, including high-blood pressure during pregnancy and postpartum depression

OBJECTIVE

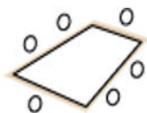
- MCH: Reduce low birth weight rate from 11.3% to less than 9.6%; specifically reduce low birth weight rate among black mothers from 13.3% to below 10%

• **GAMEPLAN: Physical Health – Focus on Maternal Child Health & Diabetes**

● **TEAM/ RESOURCES**

Sponsor: Fairfield Forward

Leader: *Liz Walsh*



Members:

- *Melva Rodgers*
- *Jennifer Glover-Hawkins*
- *Albertha Woodard*
- *Diana White*
- *Veronic Dadzie-Edmonda*

Resources:

- SC DHEC
- SC DSS
- SC DMH
- MUSC Health
- Prisma Family Medicine
- Fairfield Behavioral Health Services
- Fairfield Transit
- Cooperative Health
- Sistercare
- Black Jack Church
- WelVista
- Pharmacies

● **STAGES/TASKS**

2023: Short-term	2024-2025: Medium	2025-2026: Medium	2027: Long-term
<ul style="list-style-type: none"> • MCH: Target women 16-25 years for education • Grants: Office of Minority Health, Health Disparities in Maternal Health & HRSA, Quality Improvement Fund, Maternal Health • Diabetes: Increase Residents in Fairfield County in Diabetes Prevention Program • Increase people using <u>FoodShare</u> • Grants: Diabetes Control & Prevention (OMH) 	<ul style="list-style-type: none"> • MCH: Target women ages 26-35 • Use Community Health Worker to screen clients • Diabetes: Use <u>CHW</u> to screen clients for diabetes risk and pre-diabetes • Decrease cost of Diabetes medication 	<ul style="list-style-type: none"> • MCH: Target women age 36+ • Diabetes: Open a diabetes Management center • Diabetes: Develop a food Prescription program • Diabetes: Develop a Medically tailored Meal prescription program 	<ul style="list-style-type: none"> • MCH & Diabetes: Convince employers to support an on-site resourced health program for expectant Moms care and for Diabetes Prevention • Diabetes: Develop a Medically tailored Meal prescription program with SC Medicaid reimbursement • Diabetes: Marketing & Communication program

● **TARGET**

PRIMARY OBJECTIVES

- **OBJECTIVE**
MCH: Close the equity gap in Maternal: Child health outcomes (black infant deaths, Women engaged in prenatal, natal & post natal care)
- **OBJECTIVE**
MCH: 80% of expecting Moms are engaged in prenatal care in first trimester in Fairfield County, SC
- **OBJECTIVE**
Diabetes: Increase % of people with pre-diabetes linked to Diabetes Prevention Program
- **OBJECTIVE**
Diabetes: Improve outcomes:
1) Decrease hospitalizations for diabetes
2) Reduce adverse health outcomes
3) Decrease no. of people with diabetes on dialysis (current: 1 in 3)
4) Reduce deaths due to diabetes & dialysis (expected lifespan upon dialysis: 5-7 years)

● **SUCCESS FACTORS**



● **CHALLENGES**

- | | | | |
|--|--|--|---|
| <p>MCH:</p> <ul style="list-style-type: none"> • Buy-in • Lack of knowledge | <ul style="list-style-type: none"> • Prejudicial providers • Stigma | <ul style="list-style-type: none"> • Lack of awareness of local OB/GYN resources (i.e. PRISMA) | <ul style="list-style-type: none"> • Transportation for prenatal & post-natal care |
| <p>Diabetes:</p> <ul style="list-style-type: none"> • Unaware of diagnosis • Believe it is unavoidable from generations | <ul style="list-style-type: none"> • Unhealthy eating • Lack of physical activity • Overweight or Obese | <ul style="list-style-type: none"> • Unaware of local resources (i.e. Cooperative Health Diabetes Care Team in Winnsboro, Ridgeway, Monticello) | <ul style="list-style-type: none"> • Fat does not equal Diabetes • Unaware of diabetes complications (i.e. dialysis, blindness, amputation) |

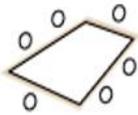
© 1996-2009 THE GROVE

• **GAMEPLAN: Moving Fairfield Forward Team**

● **TEAM/ RESOURCES**

Leader:
Tom Ledbetter

Members:
Vic Young
Gene Stephens
Patti Wilkes
Shelley Fentress
Kristin Chrissen

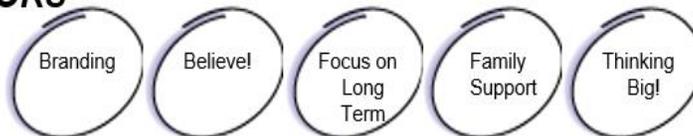


Resources:
Executive Director
Grant Expertise

● **STAGES/TASKS**

Year 1/2023	Years 2-3	Years 4-5	Year 5+
<ul style="list-style-type: none"> • Develop Implementation Plan by Mar 31, 2023 • Share with Community Leaders • Develop detailed plan for FC <ul style="list-style-type: none"> - Education - Housing - Income • Develop and implement plan for "College isn't the only option" program 	<ul style="list-style-type: none"> • Education • Housing • Income • Employment • Keep implementing Options plan 	<ul style="list-style-type: none"> • Education • Housing • Income • Apply for Federal Grant • Keep implementing Options plan 	<ul style="list-style-type: none"> • FF awarded a national level economic opportunity grant • Housing catches up to demand • Make programs sustainable

● **SUCCESS FACTORS**



● **CHALLENGES**

- Engaging existing individuals
- Culture
- Infrastructure
- Lobby for Education

● **TARGET**

- More Opportunities
- More good choices for housing
- Less despair; improved mental health

PRIMARY OBJECTIVES

OBJECTIVE

- All 17 YO's in Fairfield County see a clear path to employment

OBJECTIVE

- More of Fairfield County Youth choose to live, work and play here in Fairfield County

OBJECTIVE

- Community sees options besides college for 18 YO's

OBJECTIVE

- Economic revival for Fairfield County

OTHER OBJECTIVES

- Entrepreneurial Opportunities
- Increased average per capita income

6. FAIRFIELD FORWARD GRANT FORECAST

#	GRANT OPPORTUNITY: NOTICE OF FUNDING OPPORTUNITY	FUNDER	DOLLAR AMOUNT	TENURE	COVER SHELLEY/STAFF?
CURRENT NOFOs					
1	Rural Communities Opioid Response	HRSA: Federal Office of Rural Policy	\$300,000	9/1/2023-8/31/2024 (annually released) – due 1/19/2023	YES
2	Rural Residency Planning & Development: Rural hospitals, rural health clinics, GME consortia, faith-based or CBOs (consider with PRISMA?)	HRSA: Federal Office of Rural Policy	\$750,000	8/1/2023-7/31/2026 due 1/27/2023	YES
GRANT FORECAST FOR 2023					
3	Project AWARE (Advancing Wellness and Resiliency in Education) Program: Develop a sustainable infrastructure for school-based mental health programs and services.	93.243: Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$1,815,566	4/1/2023-3/31/2025	YES
4	Rural Emergency Medicine Grant: Recruit and train EMS personnel in rural areas with a particular focus on addressing mental and substance use disorders	TI-23-011: SAMHSA	\$200,000	5/1/2023-4/30/2025	YES
5	Transforming Lives through Supported Employment: Support community efforts to refine, implement, and sustain evidence-based supported employment programs and evidence-based practices for transition-aged youth/young adults (ages 16-25) with serious emotional disturbance (SED), and adults with serious mental illness (SMI) or co-occurring mental and substance use disorders (COD).	SM-23-008: SAMHSA	\$841,339	6/1/2023-5/31/2025	YES

LEGEND:

SAMHSA: Substance Abuse and Mental Health Services Administration

HRSA – Health Resources & Services Administration

OMH: Office of Minority Health – I requested a customized search from OMH since they have not yet published their FY 2023 Grants Forecast.

We could discuss topics (Diabetes/MCH health, Behavioral Health, Disconnected Youth) to explore with them:

[Funding Search Request - The Office of Minority Health \(hhs.gov\)](#) **CAVEAT: All require System for Award Management or SAM registration!**

Appendix 1. Press Article

HORSE from page 5



people were excited about seeing the horse that it quickly grew from a hobby into a business. I had owned a photography business and a computer repair business before that both did very well. I've been fortunate to be semi-retired at age 39. I've also had experience in education, and while I don't miss the classroom, I miss giving students--younger and older--great experiences in learning. I teach them that there is opportunity for diversity in equestrianism and how to have horses that are well taken care of," he explained.

Mr. Blocker has been doing the ranch

event for three years.

"I started in 2019 and it didn't look like what it looks like now. We've added some horses, some ATVs, and about three different locations. We used to do it once a year, but now we do it three times in the fall and three times in the spring. We started in Winstboro. Next, we're going to Sumter and Columbia. Thank you, Town of Winstboro, for giving me this opportunity, and thanks to *The Fairfield Post* for sharing this information with the community. I look forward to doing it again," Mr. Blocker concluded.

FAIRFIELD CENTRAL HIGH SCHOOL STUDENT GOVERNMENT ASSOCIATION

2022 Homecoming Parade

Where: Corner of Evans Street & N. Congress Street
When: Friday, October 21, 2022
Time: 5:00 pm with line-up beginning at 4:30 pm
NO FEE IS ASSOCIATED WITH THIS EVENT

FOR MORE INFORMATION CONTACT SABRINA WILLIAMS
SEWILLIAMS@FAIRFIELD.CSDE

Fairfield Forward Develops Five Year Strategic Plan



Trish Wampler
Consultant, KSA

Fairfield Forward has begun a three-month process to develop a strategic plan to set the direction for the consortium for 2023-2027 and attract new funding. The process will include stakeholder interviews, benchmarking, and a two-day retreat in October. Fairfield

Forward has engaged the consulting firm of Kulik Strategic Advisers (KSA) to assist in this process.

Fairfield Forward is an alliance of community members, leaders, and agencies that utilize collaboration and partnership to foster a culture of wellness within the community. Together, identifying needs and facilitating collaborative solutions, Fairfield Forward strength-

ens community ownership at all levels of their common agendas, positively changing the quality of life for current and future generations.

The Coalition was formed in 1996 after several years of informal collaboration and received 501(c)(3) non-profit status in 2019. Some of its programs include the Fathers Matter initiative, CATCH (Coordinated Approach to Child Health), Community Gardens in Schools, the Farmer's Market, Food Share, Water Bottle Filling Stations in schools, Alston Trailhead, Kids in Parks, the Walkabouts program in

schools and equipment for the Fairfield County Parks and Recreation Fitness Center. Fairfield Forward received grant support from the Duke Endowment for Healthy People Healthy Carolinas and is now looking to broaden its support base to allow for additional programs to make Fairfield County a healthier place to live, work, play and pray.

Contact Information
Trish Wampler / Consultant, KSA
Phone: 502.552.6343
Email: TWampler@kulikstrategic.com
Website: <https://fairfieldforward.org/>

JOB OPENING

Project Coordinator (254-000-001)

Office: Fairfield Forward

Salary: \$43,984.51 - \$61,596.29 FULL-TIME

Announcement Date: 8/22/2022

GENERAL STATEMENT OF JOB

Under limited supervision, the Project Coordinator functions mostly in a team setting. Is responsible for driving the coalition's work forward, in particular supporting communications, day-to-day administration, community engagement, and data functions. This position requires the ability to plan, implement, and direct programming that meets the needs of the community as directed by the Fairfield Forward coalition. The position also requires the ability to effectively communicate and work with a variety of diverse individuals, groups, and organizations. Joint supervision will be provided by the Assistant County Administrator and Fairfield Forward Coalition Chair/Board.

MINIMUM TRAINING AND EXPERIENCE

Bachelor's degree in public health, social work, community development, public administration or related field and experience in project management or community outreach programs, or any equivalent combination of education and experience which provides the required knowledge, skills and abilities.

Apply at: <https://tinyurl.com/2chm23rn>

Fairfield County is an Equal Opportunity Employer.

Job ad paid for by Fairfield Forward Coalition

BLOODDRIVE



Blair Coalition of Churches
Dollar General Parking Lot 13801 Newberry Road
Blair, SC 29015

11/05/2022 | 09:00 AM-02:00 PM

All donors will receive a \$10 eGift card and a \$10 charitable donation will be made for every blood donor.

The Blood Connection is a non-profit organization. Blood can be donated every 56 days. Donors must be 16 years or older and over 110 lbs. to donate. Sixteen year olds are required to have written consent to donate blood. Before you donate blood, make sure that you drink plenty of water and eat a healthy meal. TBC Donor ID card preferred of photo ID required to donate. Gift cards and other incentives are nontransferable.



Appendix 2. Key Informant Discussion Guide

DISCUSSION GUIDE FOR KEY STAKEHOLDER INTERVIEWS

Objectives:

1. Solicit input for Strengths, Weaknesses, Opportunities, and Challenges discussion.
2. Ensure that key stakeholders are aware of the Fairfield Forward strategic planning process and that they are supporting the development of the strategic plan.
3. Create buy-in for the process from those who should be aware of the strategic plan but may not be directly involved.
4. The information provided by all respondents is anonymous, with no record of the individual's identity. Comments will be collectively shared as themes. These themes will guide the strategic planning process and Fairfield Forward's efforts to improve the health and well-being of the residents of Fairfield County over the next five years.

This discussion guide is not a survey but rather a starting point for the interviewer and respondent. We hope that most respondents will talk about Fairfield Forward and Fairfield County organically and that we can gather most of the strengths, weaknesses, opportunities, and challenges from the discussion without having to "lead the witness."

These interviews will last 20 – 45 minutes by phone. KSA will email the respondent with notes from the session that cover the high points and ask them to clarify in case we missed or misconstrued any comments. The combined notes will be used to create themes for the October 24-25 strategic planning retreat, and no individual comments will be attributed to the respondent to protect their anonymity.

INTRODUCTION

- Good morning. Thank you for making the time to talk about Fairfield Forward. My name is Trish Wampler (or Tracy Kulik), and I am a consultant with Kulik Strategic Advisers. We have been contracted to assist Fairfield Forward with the development of a strategic plan.
- Your input is valuable and very appreciated. Please know that all comments will be kept confidential and only used in the aggregate as we go through our strategic planning process. You will receive a written record of our discussion by email, and I encourage you to read it over and let me know if you have any corrections or additional thoughts.
- This interview should take about 30 minutes and no more than 45 minutes. Do you have any questions before we get started?

1. Tell me a little bit about yourself/your role/how long you have lived or worked in Fairfield County.
2. What experience do you have with Fairfield Forward? What programs are you aware of that they have introduced to the County?
3. Do you know what the mission of Fairfield Forward is? **Providing Local Resources and Opportunities for Building a Healthy Community**
4. How do think Fairfield Forward goes about accomplishing this mission?
5. What does the phrase “community health” mean to you?
6. What do you think Fairfield Forward does particularly well?
7. What do you think Fairfield Forward could do better?
8. What do you see as opportunities for Fairfield Forward in the next ten years? What do you think they should consider as possible goals?
9. What kind of resources would they need to accomplish these goals? How long would it take to accomplish the set goals?
10. Fairfield Forward has been in existence as a coalition to improve the health of the citizens of Fairfield County in one form or another for nearly 30 years. Can you think of anything that might keep FF from its mission in the next 30 years?
11. As Fairfield Forward develops its strategic plan for the next three to five years, what kind of obstacles do you see this organization encountering? (Different way to ask about challenges if they did not provide any in question 10).

Probes:

- a. *What things are present in the community that **make it a healthy place to live or work?***
- b. *What things are present in the community that **improve the quality of life for its residents?***
- c. *What things are present or missing in the community that **make it an unhealthy place to live or work?***
- d. *Are there particular groups of people that are **more vulnerable than others** or have **unique needs** that are important for Fairfield Forward to address to be a healthier community? If so, **which populations** or areas? What **specific health issues?***

CLOSING

Thank you again for your time and your opinions. We'll send you an email within one day with a record of our discussion. Please look it over and let me know if our notes are accurate or if you have additional thoughts.