











Florence County, South Carolina
Community Health Needs Assessment
2013

Produced by McLeod Health and Approved by MRMC Community Board on September 19, 2013

McLeod
Regional Medical Center

V11032013

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EXECUTIVE SUMMARY

In the contents of this report, you will learn about the health of Florence County. The key findings include:

	Florence	State
• County Population Estimate (2012)	137,948	4.7 million
• Median Household Income (2007-2011)	$41,325	$44,587
• Persons per household (2007-2011)	2.57	2.52
• Persons below the poverty level (2007-2011)	19.4%	17%
• Unemployment (Jul 2013)	9.4%	8.1%
• % without High School Diploma (2006-2010)	19%	17%
• % Children Eligible for Free/Reduced Price Lunch	62%	55%
• % Population Receiving Medicaid (2008-2010)	27%	28%
• Ambulatory Care Sensitive Condition Rate (2010)	86%	61%
• Population in Underserved Health Shortage Area, Rate per 1,000 enrollees (2010)	63	50

TOP HEALTH CHALLENGES

Risk Behaviors and Disease	Florence	State
% Physical Activity/Exercise, last 30 days (2008-2010)	67%	73%
% Adults with Poor Dental Health	31%	20%
HIV Incidence Rate	26	16
HIV Prevalence Rate, per 100,000 population	477	318
Chlamydia Rate, per 100,000 population	805	606
Gonorrhea Rate, per 100,000 population	251	175
% Low Birth Weight	12%	10%
Age-Adjusted Death Rate, Heart Disease (2006-2010)	167	122
Age-Adjusted Death Rate, Stroke (2006-2010)	60	52
Age-Adjusted Death Rate, Cancer (2006-2010)	196	188
Infant Mortality Rate, per 1,000 births (2010)	11.4	8.4
Infant Mortality Rate, per 1,000 births (2009-2011)	7	4
Birth Rate to Teenagers, Age 15-19 (2010)	58	43
Premature death	10,509	8,448
Years of Potential Life Lost (rate per 100,000 population) (2008-2010)	10,912	9,101

TOP COMMUNITY HEALTH CONCERNS

- Heart Disease
- Obesity
- Cancer
- Hypertension
- Diabetes
- Stroke

TOP COMMUNITY LEADER CONCERNS

- Obesity, Heart Disease, Diabetes, and Sedentary Lifestyle
- Health care education for children with the goal of preventing obesity
- Public Education for the community, including prevention and healthy living

OPPORTUNITIES& PLAN PRIORITIES

McLeod Regional Medical Center will collaborate with community partners to provide community health initiatives that are focused on areas listed below and further described within the Implementation Plan.

- Obesity
- Heart Disease
- Cancer
- Diabetes
- Hypertension

ABOUT MCLEOD MEDICAL REGIONAL MEDICAL CENTER

McLeod Regional Medical Center, the "flagship" of the McLeod Health organization, is a regional referral tertiary care center with Cancer, Heart & Vascular, Women's Health, Surgery, and Orthopedic service lines, among others. McLeod Regional Medical Center offers the region's only Children's Hospital and is a teaching facility, supporting a Family Medicine Residency Program.

Although McLeod Health includes five hospitals covering 15 counties in South and North Carolina, the study area for this assessment is defined as Florence County, which represents the majority of the patients served.

To meet these needs, McLeod Regional Medical Center continues to expand its range of heart and cardiovascular services and specialists.

The Medical Center will open the McLeod Center for Cancer Treatment and Research in early 2014, consolidating and co-locating resources in the McLeod Health System for cancer diagnosis, treatment and research.

McLeod Health utilizes resources, such as the US Department of Health & Human Services "Healthy People 2020", which uses evidence-based, best practices for health promotion and disease promotion efforts.

Although there continue to exist a number of gaps to achieving a healthy community and McLeod Regional Medical Center may not alone be able to eradicate every illness, there is much we can accomplish by fostering good health and addressing gaps with best practices and continuous improvement.

MESSAGE TO THE COMMUNITY

Marie Segars
Administrator
McLeod Regional Medical Center

Health begins —long before illness—in our homes, schools and jobs. Through meaningful collaboration, we have the opportunity to make choices that can help us all to live a healthy life, regardless of income, education or ethnic background. The opportunity for health starts long before medical care is needed.

People whose circumstances have made them vulnerable to poor health need our help in working towards eliminating barriers that provide everyone with the chance to live a healthy life. This work can't happen without first making use of the facts that serve as the foundation. Health research provides indicators of health status, such as the prevalence of an issue and its effect in both economic and human terms. As health improvement initiatives are introduced, it can reflect the effectiveness of an approach or intervention. By using the *Community Health Needs Assessment*, we can evaluate relevant determinants of health that gives valuable insight in guiding decisions that create a pathway for improving the health of our community. As you read the *Community Heath Needs Assessment*, it will change the way you think about health.

After reviewing the report, it is important to begin where health starts. Everyone in our community should have the opportunity to make good healthy choices (e.g., regarding smoking, diet, alcohol use, physical activity) since this has the largest impact on future health outcomes. Wherever possible, through programs, services, public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. Research has shown that the health care system represent only 10% of determining health status, while behavioral choices account for 40% or more.

Through changes in public policy, it is possible that most people, regardless of income, could have the ability to see a doctor. Health insurance does not guarantee good health, but it does provide crucial access to preventative health services, early detection of disease, and continuity of care over time with a primary care physician. Insurance can reduce the risk of deferring needed care and the financial risk associated with receiving care. Those most vulnerable to poor health often have the weakest voice when it comes to health policy. Our efforts should prioritize our resources to address the most pressing needs, disparities, and inequalities where we may be impactful.

Our success should be linked to collaboration with community leaders and resources where our collective efforts can build a healthy community that nurtures its families and communities. We encourage partnerships with volunteers, business, government, and civic and religious institutions to join us in this work. Although we may not be able to eradicate every illness, there is much we can accomplish by fostering good health and addressing gaps. Health begins with healthy relationships, healthy communities, and healthy jobs, which protect us from the stress of everyday life.

Best of Health,

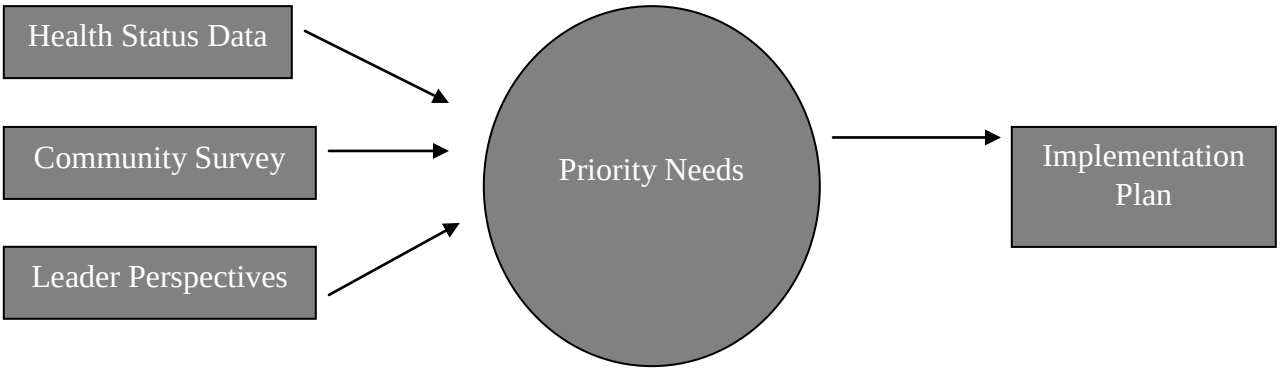
Marie Segars

OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Florence County. The March 2010 passage of the Patient Protection and Affordable Care Act (PPACA) introduced new reporting requirements for private, not-for-profit hospitals. To meet these new federal requirements, the information gathered in this assessment is used to guide the strategic planning process in addressing health disparities.

A Community Health Needs Assessment gives information to health care providers to make decisions and commit resources to areas of greatest need, making the greatest impact on community health status.

This assessment incorporates data from within the community, such as individuals served and health organizations, as well as vital statistics and other existing health-related data.



McLeod Regional Medical Center
Located in Florence, SC (Florence County)

McLeod Regional Medical Center is a part of the McLeod Health system which five respected acute-care hospitals in South Carolina.

McLeod Health is a 501 (c) and 509 (c) Corporation. ***Founded in 1906, the mission of McLeod Health is to improve the overall health and well-being of the people living within the eastern regions of North & South Carolina by providing excellence in health care.***

The flagship hospital of the McLeod Health organization is McLeod Regional Medical Center in Florence, South Carolina. This regional referral tertiary care center serves patients and families living in the northeastern region of South Carolina. The medical center includes an accredited Cancer Center, three dedicated open heart surgery suites and the new Heart & Vascular Institute as well as Centers of Excellence, Cancer, Surgery, Neurosurgery, Trauma, Children's and Women's Services in addition to a Diabetes Center, Rehabilitation and Sports Medicine Services, and the Center for Advanced Surgery, which all deliver an unmatched level of care and experience to people in the region. One of only five state-designated regional perinatal centers, McLeod Regional Medical Center also offers the region's only Children's Hospital which includes a 40-bed Neonatal Intensive Care Unit and six-bed Pediatric Intensive Care Unit. As the only teaching facility in the region, McLeod supports a Family Medicine Residency Program.

METHODS

An assessment team comprised of McLeod Health's Community Health and Communication and Public Information staff reviewed literature, data and publications from public sources. Members of the assessment team represented each of the five acute care hospital facilities within the within McLeod Health and were assigned to collect data that represented indicators of community health status or its socioeconomic determinants. Therefore, focus was placed on identifying locally-appropriate indicators, benchmarks, and pertinent health issues.

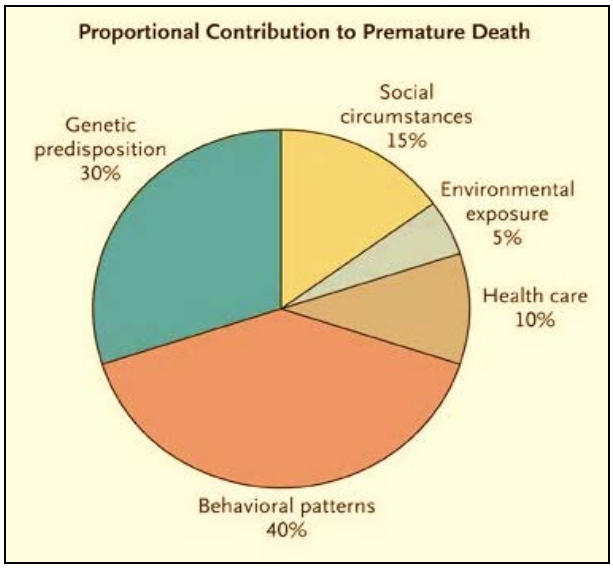
Pre-existing databases containing local, state and national health and behavior data were used for comparisons when possible. Sources of this data are listed at the end of this document.

Data collection was limited to the most recent publically available resources. As a result, this document portrays a partial picture of the health status of the community served.

Data analysis included demographic, socioeconomic and health determinant measures. When possible, data also were analyzed according to age, gender and/or race to offer insight into health disparities that may affect specific subgroups in the community.

A summary of county data is reflected as a comparison to state and national data when available to indicate particular health concerns of the community. Relevant targets, such as Healthy People 2020 (HP 2020), are also included as a benchmark for community health standards when applicable to this national health initiative.

What are the determinants of health?
Health behaviors had the majority overall impact on future health outcomes (i.e., smoking, diet, drug & alcohol use, physical activity, other lifestyle behaviors) and account for 40% of causes for premature death. Genetic predisposition is responsible for 30%, Social circumstances 15%, and Health care for only 10% (i.e., access to physician and other health services) of health risk for premature death.



Source: Schroder, Steven A., *We Can Do Better — Improving the Health of the American People*, N Engl J Med; 357:1221-1228, September 20, 2007.

Behavioral Determinants (40%)

- Diet
- Physical activity
- Alcohol, cigarette, and other drug use
- Hand washing

Genetic Determinants (30%)

- Age
- Sex
- HIV status
- Inherited conditions, such as sickle-cell anemia, hemophilia, and cystic fibrosis
- Carrying the BRCA1 or BRCA2 gene, which increases risk for breast and ovarian cancer
- Family history of heart disease, cancer, etc.

Social Determinants (15%)

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination

- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety

Health Care Determinants (10%)

- Quality, affordability, and availability of services
- Lack of insurance coverage
- Limited language access

Environmental Determinants (5%)

- Quality of food, water, and air
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities

What are health disparities?

"Health disparity" refers to a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group. Health disparities can involve the medical care differences between groups in health insurance coverage, access to care, and quality of care. While disparities are commonly viewed through the lens of race and ethnicity, they occur across many dimensions, including socioeconomic status, age, location, gender, and disability status. Poor health status is often linked with people without health insurance, those who have poor access of care (i.e., limited transportation), lower socioeconomic status, lower education obtainment, and those among racial minority groups. Beyond the provision of health care services, eliminating health disparities will necessitate behavioral, environmental, and social-level approaches to address issues such as insufficient education, inadequate housing, exposure to violence, and limited opportunities to earn a livable wage.

Health disparities have persisted across the nation and have been documented for many decades and, despite overall improvements in population health over time, many disparities have persisted and, in some cases, widened. Moreover, economic downturns contributed to a further widening of disparities.

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher in incidence of disease, disability, or at risk of experiencing worse health outcomes. Within these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs will be take in consideration existing initiatives, the available resources, and where future improvements can be anticipated to make meaningful impact on improving community health.

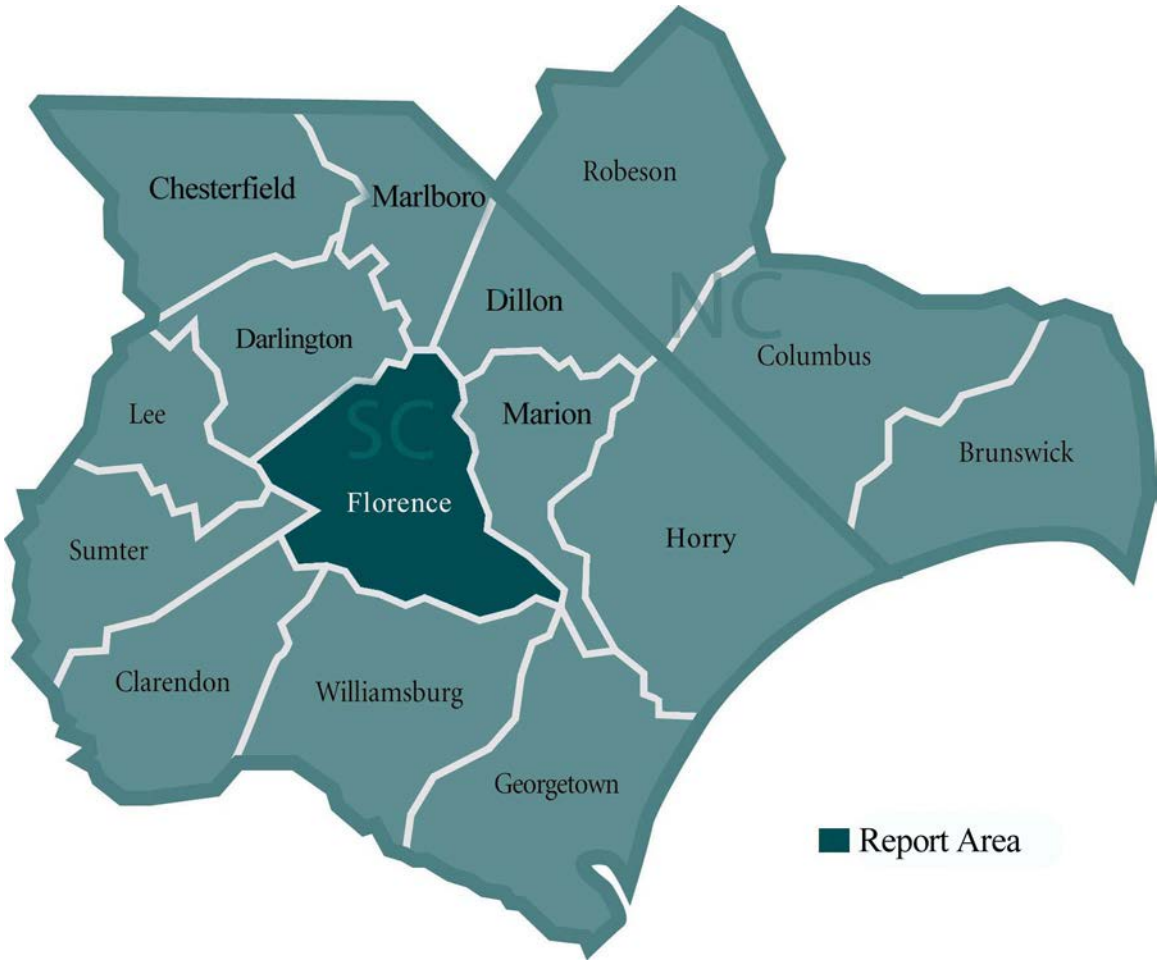
What are Key Initiatives to reduce disparities?
In 2010, the Department of Health and Human Services (HHS) established a vision of, "a nation free of disparities in health and health care," and set out a series of priorities, strategies, actions, and goals to achieve this vision. States, local communities, private organizations, and providers also are engaged in efforts to reduce health disparities.

Through the federal law, the Affordable Care Act (ACA) can advance efforts to reduce health disparities and to improve health and health care for vulnerable populations depending on the state's election to participate in Medicaid expansion, the ACA health coverage expansions can significantly increase health insurance coverage options for low- and moderate-income populations and particularly benefit those most vulnerable. The ACA includes provisions to strengthen the safety-net delivery system, improve access to providers, promote greater workforce diversity and increase cultural competence, strengthen data collection and research efforts, and implement an array of prevention and public health initiatives.

Federal, state, and local agencies and programs work along with local hospitals, often in cooperation, to provide access to needed health care services. Within constraints of limited resources, each of these entities generally target populations with specific services offered within the county. This study attempts to incorporate their input into determining the priorities among health disparities and look for opportunities for collaboration.
A complex and interrelated set of individual, provider, health system, societal, and environmental factors contribute to disparities in health and health care. Individual factors include a variety of health behaviors from maintaining a healthy weight to following medical advice such as taking prescription medication. Provider factors encompass issues such as how health care is organized, financed, and delivered also shapes disparities as do social and environmental factors, such as poverty, education, proximity to care, and neighborhood safety.

COMMUNITY PROFILE AND DEMOGRAPHICS

COMMUNITY DEFINED FOR THIS ASSESSMENT



The community was defined based on the geographic origins of McLeod Regional Medical Center inpatient and outpatient hospital data, the study area for this assessment is defined as Florence County which represents the majority of patients served, to include the zip codes shown in table 1.

Table 1. Zip Codes, Florence County

Florence County	
Florence	29501, 29502, 29503, 29504, 29505, 29506
Coward	29530
Effingham	29541
Johnsonville	29555
Lake City	29560
Olanta	29114
Pamplico	29583
Timmonsville	29161

About Florence County

Florence County is about 60% urban and is located in the northeastern part of South Carolina. Florence County is 804 square miles. According to the U.S. Department of Commerce, the county is driven by the following top industries: health care and social assistance, retail trade, accommodation and food services, and manufacturing.

POPULATION

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Population Change

The population for Florence County compared to state and national data from 2000-2010 is shown in table 2. Florence County has shown below average growth of 8.85% over 10 years.

Table 2. Population Change, 2000 - 2010

Geographic Area	Census 2000 Population	Census 2010 Population	Population Change	% Change
Florence County, South Carolina	125,761	136,885	11,124	8.85
South Carolina	4,011,832	4,625,364	613,532	15.29
United States	281,424,602	312,471,327	31,046,725	11.03

Source: U.S. Census Bureau, Population Division, Census 2010. Release Date: February 2011

Age and Gender

The population for Florence County by gender is shown in Table 3. According to the 2010 U.S. Census population counts, the female population made up 53.01% of the report area, while the male population represented 46.99%. The Florence County population age 65 and over is 13.16%, which is slightly under the state average.

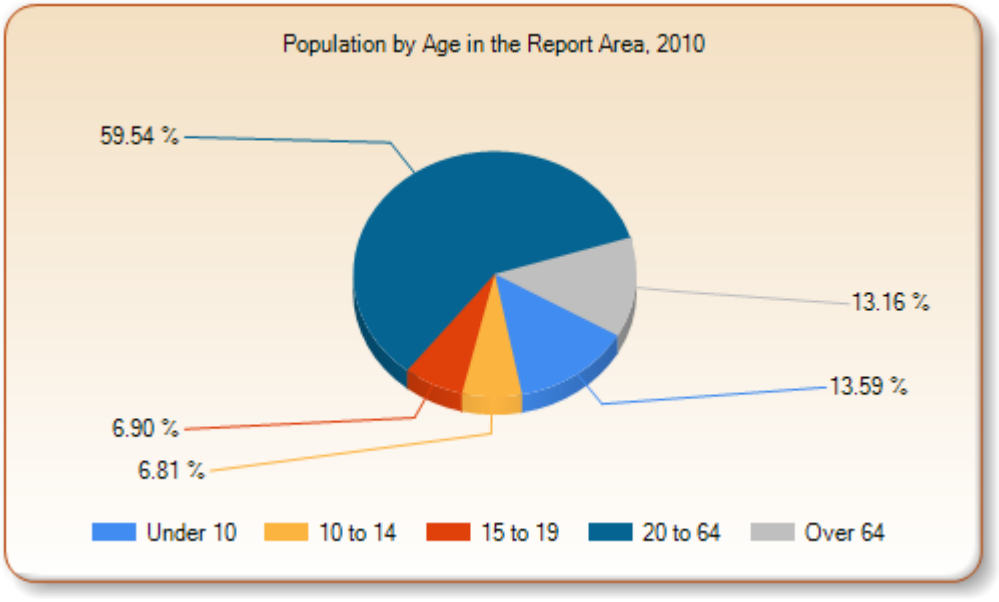


Table 3. Population By Gender, 2010

Geographic Area	0 to 4		5 to 9		10 to 14		15 to 19		20 to 64		65 and Over	
	M	F	M	F	M	F	M	F	M	F	M	F
Florence County, South Carolina	4,594	4,632	4,799	4,573	4,737	4,586	4,719	4,720	38,121	43,387	7,349	10,668
South Carolina	153,432	148,865	150,301	145,552	152,166	145,120	168,250	160,739	1,352,470	1,416,595	273,482	358,392
United States	10,434,600	9,991,518	10,512,866	10,075,795	10,717,151	10,228,614	11,448,519	10,876,083	92,853,980	94,522,219	17,599,381	23,210,601

Source: U.S. Census Bureau, 2010 Census Summary File 1, Release Date August 25, 2011.

Race Demographics

Population by race and gender is shown in Table 4.

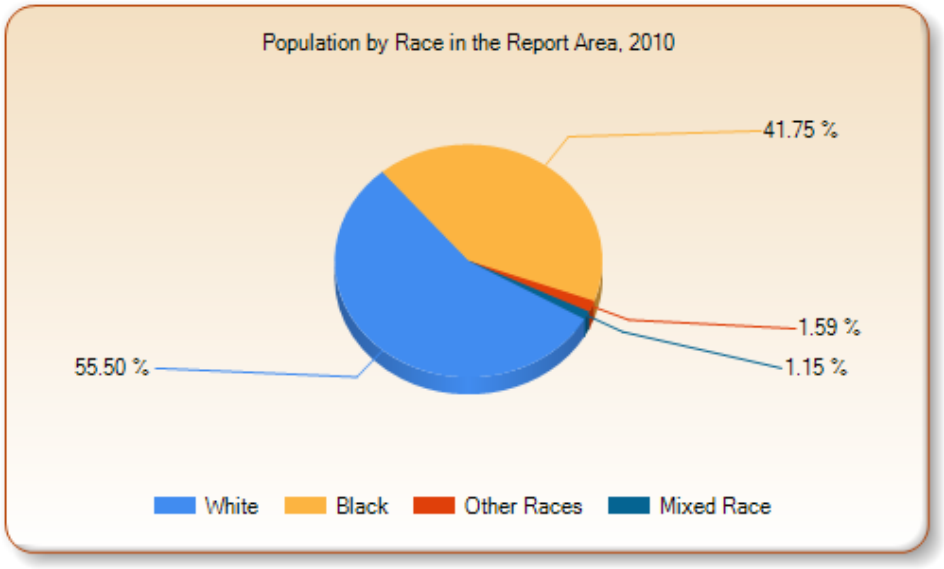


Table 4. Population By Race, 2010

Geographic Area	White		Black		American Indian		Asian		Native Hawaiian / Pacific Islander		Some Other Race	
	M	F	M	F	M	F	M	F	M	F	M	F
Florence County, South Carolina	36,288	38,828	25,405	31,101	206	258	812	859	12	11	750	807
South Carolina	1,501,146	1,558,854	605,351	685,333	9,944	9,580	27,504	31,547	1,462	1,244	39,080	40,855
United States	111,492,453	114,885,912	18,795,764	20,595,053	1,473,115	1,478,972	6,974,010	7,707,073	274,228	266,155	4,503,021	4,628,298

Source: U.S. Census Bureau, 2010 Census Summary File 1, Release Date August 25, 2011.

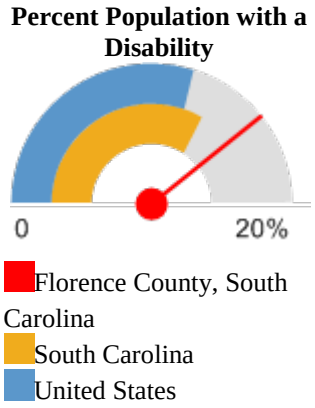
Disability

Population with Any Disability

This indicator reports the percentage of the total civilian noninstitutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Population for Whom Disability Status Is Determined	Total Population with a Disability	Percent Population with a Disability (2009-2011)
Florence County, South Carolina	137,016	21,208	**15.70%**
South Carolina	4,635,405	622,136	13.42%
United States	309,231,232	36,499,048	12%

Note: This indicator is compared with the state average.
Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates. Source geography: PUMA.

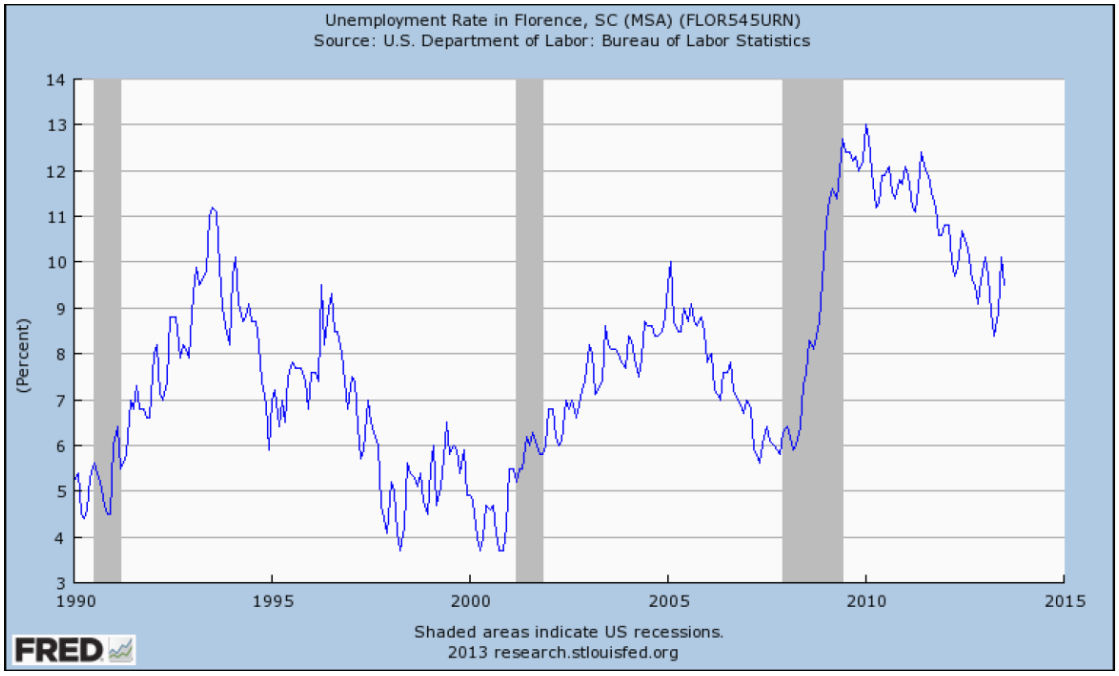


SOCIAL AND ECONOMIC FACTORS

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Employment and Income

Unemployment in Florence County is consistently above the state rate. Florence County Percent Unemployment is trending downward between 2010 and 2013. According to The United States Department of Labor Bureau of Labor Statistics, Florence County's unemployment rate was 9.4% in July 2013 which is slightly above the state seasonally adjust rate at 8.1% and nationally at 7.4%.



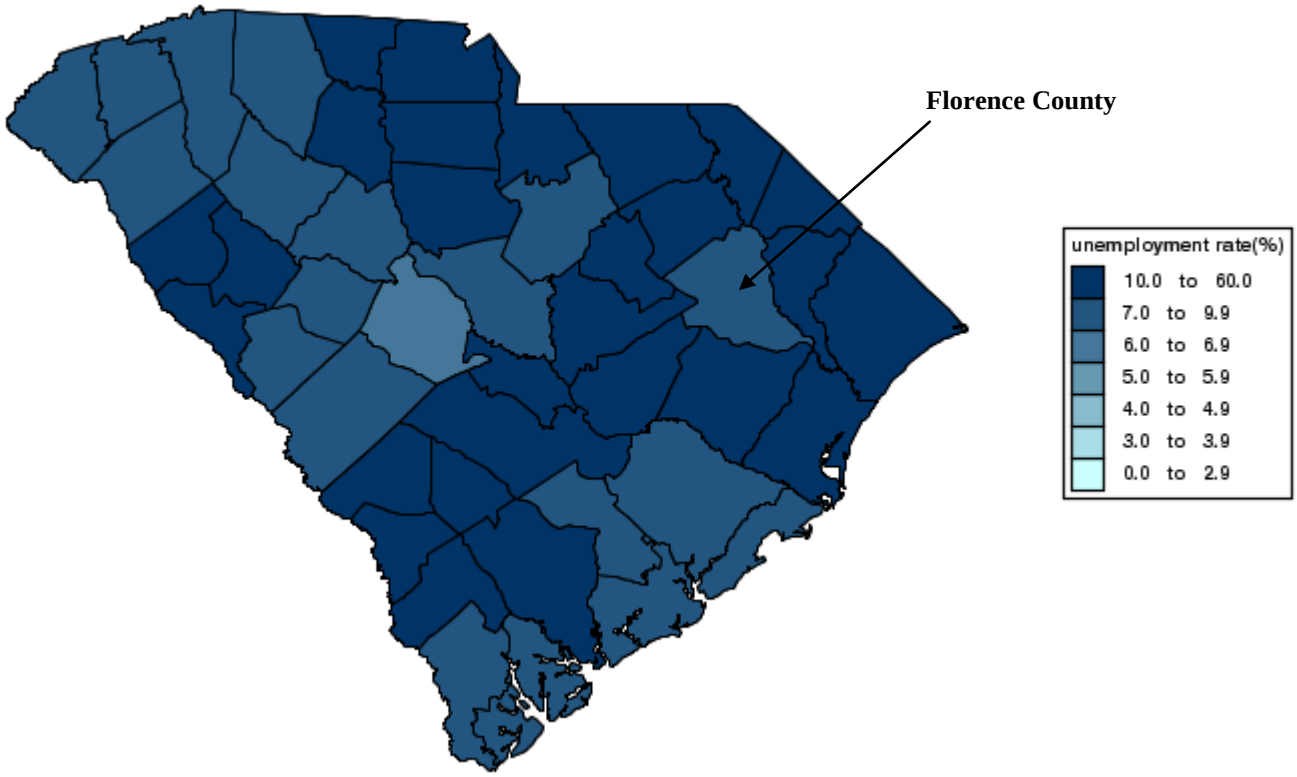
Unemployment in Florence County is consistently run slightly above state and national averages. Comparison benchmarks in unemployment in Florence County are from November 2011 to November 2012 is shown in the chart below.

Table 5. Change in Unemployment Rates, November 2011 - November 2012

Geographic Area	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012
Florence County, South Carolina	9.6	10.0	10.4	10.2	9.5	9.4	9.9	10.2	9.8	9.5	8.7	8.6	8.7
South Carolina	9.3	9.5	9.6	9.6	8.7	8.5	9.3	9.9	9.7	9.4	8.3	8.2	8.3
United States	8.3	8.3	8.9	8.8	8.4	7.8	8.0	8.5	8.6	8.2	7.6	7.6	7.4

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, Jan 22, 2013.

Unemployment rates by county, not seasonally adjusted, South Carolina January 2013



Source: United States Department of Labor Bureau of Labor Statistics.

Two common measures of income are Median Household Income, based on U.S. Census Bureau estimates, and Per Capita Income, based on U.S. Department of Commerce estimates. Both measures are shown for Florence County in Table 6. The average Per Capita income for the report area is $22,198 as compared to a national average of $23,854.

Table 6. Income Levels by County, 2007-2011

Geographic Area	Median Household Income, 2007-2011	Per Capita Income, 2007-2011
Florence County, South Carolina	$41,325	$22,198
South Carolina	$44,587	$23,854

Source: U.S. Census Bureau, State and County Quick Facts, 2012.

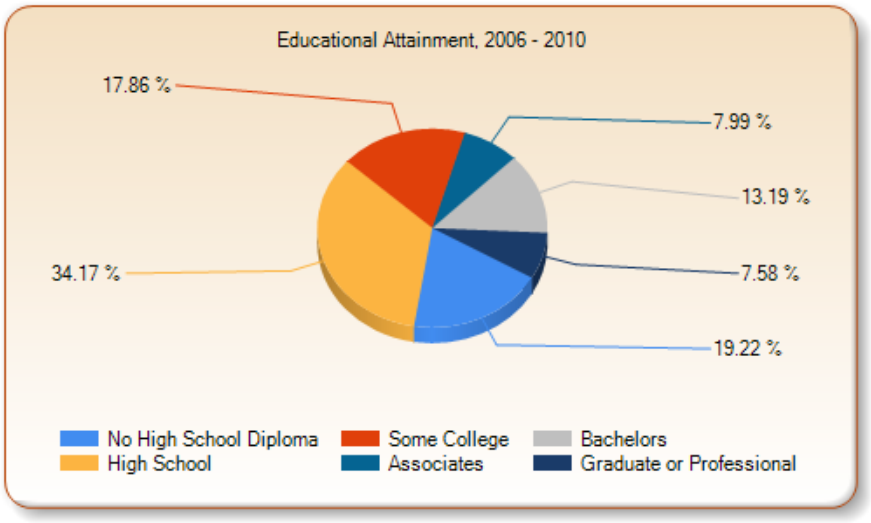
Education

Table 7 shows the distribution of educational attainment levels in Florence County. Educational attainment is calculated for persons over 25, and is an average for the period from 2006 to 2010.

Table 7. Percent Attaining Educational Levels, 2006 - 2010

Geographic Area	% No High School Diploma, 2006/2010	% High School Only, 2006/2010	% Some College, 2006/2010	% Associates, 2006/2010	% Bachelors, 2006/2010	% Graduate or Professional, 2006/2010
Florence County, South Carolina	19.21	34.17	17.86	7.99	13.19	7.58
South Carolina	16.99	31.25	19.51	8.30	15.5	8.44
United States	14.97	28.99	20.62	7.52	17.6	10.30

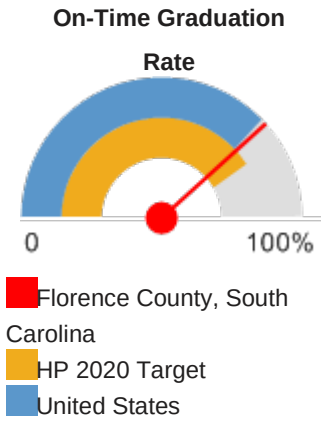
Source: U.S. Census Bureau, American Community Survey, 2010 Data Release, December 2012.



High School Graduation Rate

This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Florence County, South Carolina	1,964	1,505	76.60
South Carolina	59,274	39,114	66
United States	4,024,345	3,039,015	75.50
HP 2020 Target			>82.4



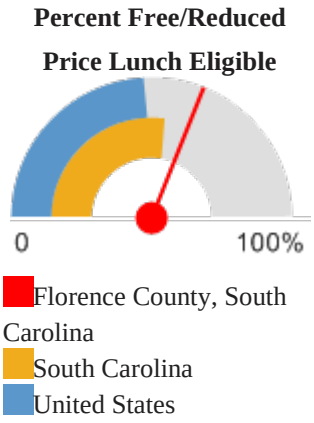
Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.
Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2012 and the U.S. Department of Education, National Center for Education

Statistics (NCES), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08. Source geography: County.

Children Eligible for Free/Reduced Price Lunch

This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Florence County, South Carolina	23,246	14,495	62.35%
South Carolina	724,660	394,997	54.51%
United States	49,692,766	24,021,069	48.34%



Note: This indicator is compared with the state average. No breakout data available.
Data Source: U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2010-2011. Source geography: Address.

Homelessness and Poverty

According to the South Carolina HUD Homeless Count release January 27, 2011, Florence County has a rate of 13.37 per 10,000.

2010 poverty estimates show a total of 29,054 persons living below the poverty rate in Florence County.

Table 8. Poverty Information, 2010

Geographic Area	All Ages		Age 0-17		Age 5-17	
	Number of Persons	Poverty Rate	Number of Persons	Poverty Rate	Number of Persons	Poverty Rate
Florence County, South Carolina	29,054	21.7	9,990	29.9	6,684	27.7
South Carolina	813,939	18.1	276,637	26.0	180,286	23.6
United States	46,215,956	15.3	15,749,129	21.6	10,484,513	19.8

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2010.

Table 9 shows the number of households in poverty by type in Florence County. The U.S. Census Bureau estimates that there were 5,245 households living in poverty.

Table 9. Households in Poverty by Family Type, 2006 - 2010

Geographic Area	Total Households, 2006-2010	Households in Poverty			
		Total	Married Couples	Male Householder	Female Householder
Florence County, South Carolina	36,052	5,245	1,412	392	3,441
South Carolina	1,173,912	144,439	43,820	12,302	88,317
United States	76,254,320	7,685,345	2,773,694	760,085	4,151,566

Source: U.S. Census Bureau, American Community Survey, 2010 Data Release, December 2012.

The poverty rate change for children under five years of age in Florence County from 2000 to 2010 is shown in Table 10. According to the U.S. Census, the poverty rate increased by 6.1%, compared to a national increase of 6.0 percent.

Table 10. Poverty Rate Change for Children (under 5), 2000 - 2010

Geographic Area	Children 0-4 in Poverty, 2000	Poverty Rate, 2000	Children 0-4 in Poverty, 2010	Poverty Rate, 2010	Change in Poverty Rate, 2000 - 2010
Florence County, South Carolina	2,464	29.5	3,306	35.6	6.1
South Carolina	61,653	22.9	96,351	32.1	9.2
United States	4,050,543	20.3	5,264,616	26.4	6.0

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2010.

Poverty rates for seniors (persons age 65 and over) are shown in Table 11. According to American Community Survey estimates, there were 2,271 seniors, or 13.1 percent, living in poverty within Florence County.

Table 11. Seniors in Poverty, 2006 - 2010

Geographic Area	Seniors	Seniors in Poverty	Senior Poverty Rate
Florence County, South Carolina	17,304	2,271	13.1
South Carolina	617,252	64,840	10.5
United States	38,221,316	3,554,291	9.3

Source: U.S. Census Bureau, American Community Survey, 2010 Data Release, December 2011.

The poverty rate change in Florence County from 2000 to 2010 is shown in Table 12. According to the U.S. Census Bureau, the County poverty rate increased by 5.8 percent.

Table 12. Change in Poverty Rate, 2000 - 2010

Geographic Area	Persons in Poverty, 2000	Poverty Rate, 2000	Persons in Poverty, 2010	Poverty Rate, 2010	Change in Poverty Rate, 2000 - 2010
Florence County, South Carolina	19,692	15.9	29,054	21.7	5.8
South Carolina	504,961	12.8	813,939	18.1	5.3
United States	31,581,086	11.3	46,215,956	15.3	4.0

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2010.

Table 13 shows the number and percentage of households in poverty in Florence County. In 2010, it is estimated that there were 8,911 households, or 17.3 percent, living in poverty.

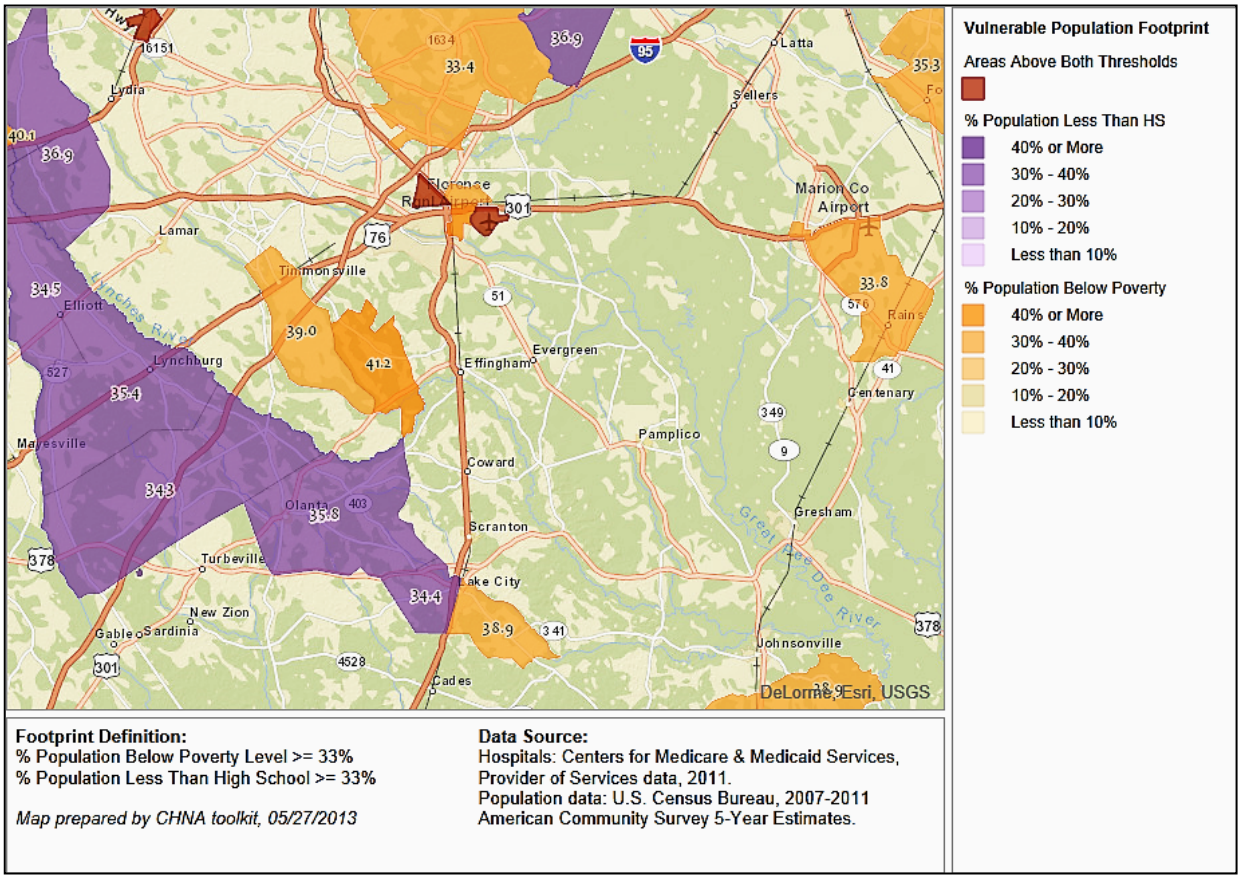
Table 13. Households in Poverty, 2006 - 2010

Geographic Area	Total Households, 2006/2010	Households in Poverty, 2006 2010	% Households in Poverty, 2006 2010
Florence County, South Carolina	51,636	8,911	17.3
South Carolina	1,741,994	274,201	15.7
United States	114,236,000	14,865,322	13.0

Source: U.S. Census Bureau, American Community Survey, 2010 Data Release, December 2012.

Vulnerable Populations

A map of vulnerable populations based on educational attainment and poverty is shown below. This indicator is relevant because low levels of education and high levels of poverty are often linked to poor health.



Footprint Definition:
% Population Below Poverty Level >= 33%
% Population Less Than High School >= 33%

Map prepared by CHNA toolkit, 05/27/2013

Data Source:
Hospitals: Centers for Medicare & Medicaid Services, Provider of Services data, 2011.
Population data: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates.

PHYSICAL ENVIRONMENT

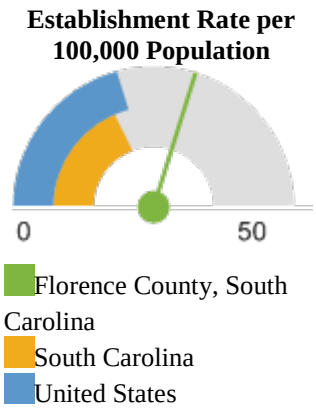
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Grocery Store Access

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
Florence County, South Carolina	136,885	41	**29.95**
South Carolina	4,625,364	873	18.87
United States	308,745,538	64,366	20.85

Note: This indicator is compared with the state average. No breakout data available.
Data Source: U.S. Census Bureau, County Business Patterns, 2011. Source geography: County.

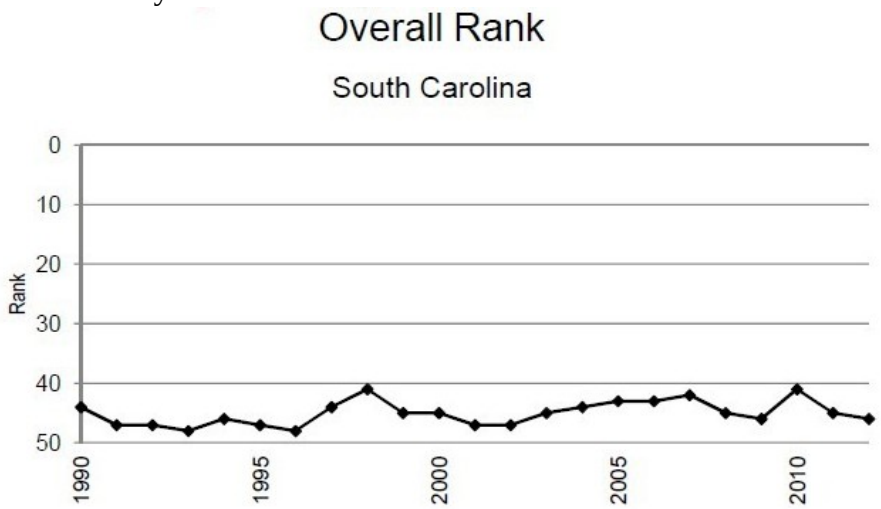


DETERMINANTS OF HEALTH

HEALTHY AND UNHEALTHY BEHAVIORS

SOUTH CAROLINA PROFILE

According to America's Health Rankings®, 2012 Edition South Carolina, South Carolina is ranked 46th in 2012 for overall health. The state has varied from its healthiest ranking of 41st to its poorest ranking of 48th. The overall health of the state has been gradually declining the last three years.



Health Indicators:

- 435,000 adults in South Carolina have diabetes - almost one in eight. South Carolina has a high diabetes rate of 12.1 percent of the adult population.
- Since 2011, high school graduation increased from 62.2 percent to 66.0 percent of incoming ninth graders who graduated within four years.
- Children in poverty increased from 15.6 percent to 26.3 percent of persons under age 18 in the past five years.
- The rate of preventable hospitalizations decreased from 78.6 to 61.2 discharges per 1,000 Medicare enrollees in the past ten years.
- Binge drinking and preventable hospitalizations are the only measures in which South Carolina ranked about the median state.
- 831,000 adults smoke in South Carolina - almost one in four. The prevalence of smoking continues to be above the national median.
- 1,108,000 adults are obese in South Carolina. Obesity in South Carolina is higher than most states.
- 979,000 adults are sedentary in South Carolina - more than one in four. Sedentary lifestyles are a possible precursor to obesity and chronic health problems.

The statewide measures used in America's Health Rankings® reflect the condition of the "average" resident and can mask differences within the state. When the measures are examined by race, gender, geographic location and/or economic status, startling differences can exist within a state.

University of Wisconsin, the County Health Rankings, South Carolina. (2012). Available at http://americashealthrankings.org/customreport

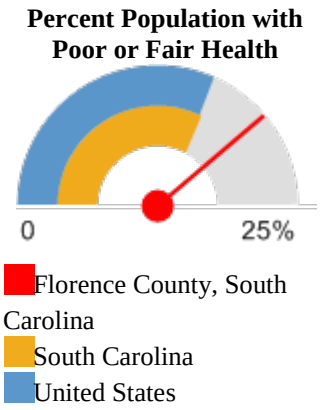
HEALTH INDICATORS

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Poor/Fair General Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this indicator is the Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System (BRFSS) 2010.

Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
Florence County, South Carolina	101,331	19,658	**19.40%**
South Carolina	3,442,167	557,631	16.20%
United States	229,932,154	36,429,871	15.84%



Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011. Source geography: County.

County Specific Health Indicators
FLORENCE County

Category	Health Indicator	Frequency	Rate or Percentage	Rank	SC Rate or Percentage
Access to Health Services	Births paid by Medicaid (2011) [1,5]	1102	60.2	22	50.8
	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (2008-2010) [2,5]	47192	15.7	17	16.4
Clinical Preventive Services	Hep B Vaccine dose in facility (2011) [1,6]	1778	97.1	5	76.5
	Flu Vaccine (65+) (2008-2010) [2,6]	34107	66.7	25	68.6
	Pneumococcal Vaccine (65+) (2008-2010) [2,6]	33414	65.7	20	68.8
Chronic Disease	Diabetes (Have you ever been told by a doctor that you have diabetes? (2008-2010) [2,5]	33981	11.2	25	10.4
	Hypertension (Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?) (2008-2010) [2,5]	106336	35.9	22	33.4
Nutrition, Physical Activity, and Obesity	Adults who are Obese (20+ years of age) (2008-2010) [2,5]	86053	31.8	15	32.4
	Physical Activity (Adults that report doing physical activity or exercise during the past 30 days other than their regular job.) (2008-2010) [2,5]	203073	67.3	32	73.0
Tobacco	Current smokers (18+ years of age) (2008-2010) [2,5]	66034	22.0	30	20.5

1 Percentage
2 Weighted Frequency and Percentage
3 Rate per 1,000 live births
4 Rate per 100,000 population
5 Rates ranked in ascending order. A rank of 1 signifies the lowest rate in the state.
6 Rates ranked in descending order. A rank of 1 signifies the highest rate in the state.
Source: DHEC, PHSIS

Source: South Carolina Department of Health and Environmental Control, Public Health Statistics and Information Services, 2008-2011.

County Specific Health Indicators
FLORENCE County

Category	Health Indicator	Frequency	Rate or Percentage	Rank	SC Rate or Percentage
Infectious Disease	HIV incidence (2011) [4,5]	36	26.1	35	16.2
	HIV prevalence (2011) [4,5]	657	476.6	36	317.6
	Chlamydia (2011) [4,5]	1110	805.2	36	606.3
	Gonorrhea (2011) [4,5]	346	251.0	38	174.8
	Syphilis (2011) [4,5]	29	21.0	37	13.7
Maternal, Infant, and Child Health	Infant mortality (2009-2011) [3,5]	65	11.8	38	7.3
	Neonatal mortality (2009-2011) [3,5]	38	6.9	35	4.4
	Postneonatal mortality (2009-2011) [3,5]	27	4.9	41	2.9
	Low Birth Weight (2011) [1,5]	219	12.0	34	9.9
	Preterm births (2011) [1,5]	231	12.6	27	11.5
	Pregnant females receiving early and adequate prenatal care (Kotelchuck Adequate and Adequate+) (2011) [1,6]	1474	80.5	9	73.9

1 Percentage
2 Weighted Frequency and Percentage
3 Rate per 1,000 live births
4 Rate per 100,000 population
5 Rates ranked in ascending order. A rank of 1 signifies the lowest rate in the state.
6 Rates ranked in descending order. A rank of 1 signifies the highest rate in the state.
Source: DHEC, PHSIS

Source: South Carolina Department of Health and Environmental Control, Public Health Statistics and Information Services, 2008-2011.

County Specific Health Indicators
FLORENCE County

Category	Health Indicator	Frequency	Rate or Percentage	Rank	SC Rate or Percentage
	Breastfeeding initiation (2011) [1,6]	1016	55.5	19	65.7
	Women who smoked during pregnancy (2011) [1,5]	130	7.1	6	11.5
	Teen live births (2011) [1,5]	194	10.6	12	10.6
	WIC enrollment need met(pregnant women) (2012) [1]	670	61.0	.	42.0
	WIC enrollment need met (infants) (2012) [1]	1313	150.0	.	121.0
	WIC enrollment need met (children) (2012) [1]	2434	67.0	.	52.0

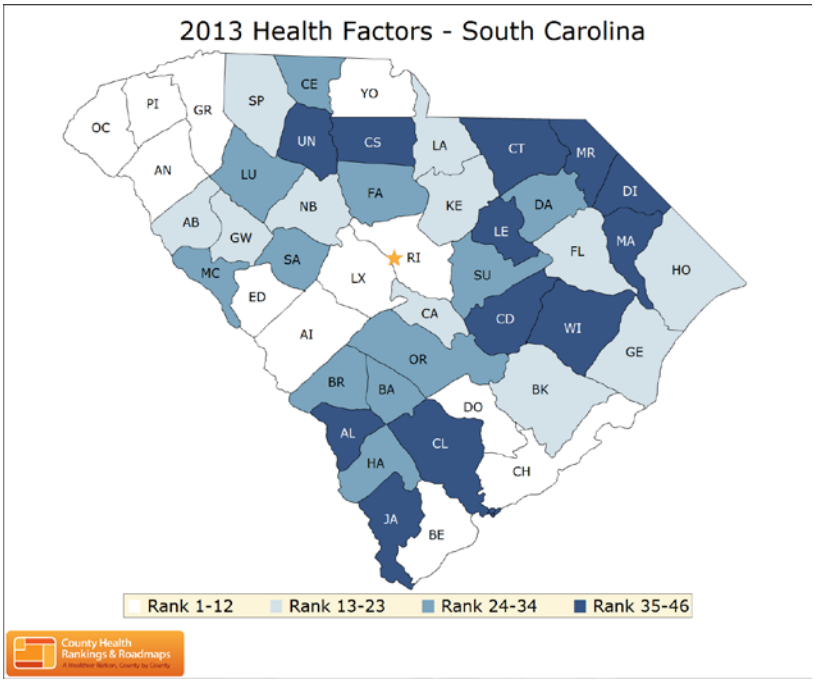
1 Percentage
2 Weighted Frequency and Percentage
3 Rate per 1,000 live births
4 Rate per 100,000 population
5 Rates ranked in ascending order. A rank of 1 signifies the lowest rate in the state.
6 Rates ranked in descending order. A rank of 1 signifies the highest rate in the state.
Source: DHEC, PHSIS

Source: South Carolina Department of Health and Environmental Control, Public Health Statistics and Information Services, 2008-2011.

HEALTH FACTORS AND BEHAVIORS

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

The County Health Rankings, published by the University of Wisconsin and the Robert Wood Johnson Foundation, are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.



Source: University of Wisconsin, The County Health Rankings, South Carolina. 2012.

Table 14. SC County Health Factor Rankings

	Florence County	Error Margin	South Carolina	National Benchmark	Rank (of 46)
Health Factors					**19**
Health Behaviors					**23**
Adult smoking	**21%**	**19-24%**	**21%**	**13%**	

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime.

Reason for ranking: Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

Adult obesity	**35%**	**31-38%**	**31%**	**25%**	

This measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m^2.

Reason for ranking: Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart

disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

Physical inactivity **33%** **30-37%** **28%** **21%**

Physical inactivity is the estimated percent of adults aged 20 and over reporting no leisure time physical activity.

Reason for ranking: Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. In addition, physical inactivity at the county level is related to health care expenditures for circulatory system diseases.

Excessive drinking **13%** **11-16%** **14%** **7%**

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

Reason for ranking: Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.

Motor vehicle crash death rate **23** **20-26** **22** **10**

Motor vehicle crash deaths are measured as the crude mortality rate per 100,000 population due to traffic accidents involving a motor vehicle. Motor vehicle deaths include traffic accidents involving motorcycles; 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; or bicyclists and pedestrians when colliding with any of the previously listed motor vehicles. Deaths due to boating accidents and airline crashes are not included in this measure. In prior years, non-traffic motor vehicle accidents were included in this definition. Our definition has changed to better align with Healthy People 2020.

Reason for ranking: Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of alcohol-impaired driving.

Sexually transmitted infections **745** **573** **92**

The sexually transmitted infection (STI) rate is measured as chlamydia incidence (number of new cases reported) per 100,000 population.

Reason for ranking: Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. STIs also have a high economic burden on society. The cost of managing chlamydia and its complications in the US, for example, was approximately 2 billion dollars in 1994.

Teen birth rate **54** **52-57** **49** **21**

Clinical Care **11**

Uninsured **19%** **17-20%** **20%** **11%**

This measure represents the estimated percent of the population under age 65 that has no health insurance coverage.

Reason for ranking: Lack of health insurance coverage is a significant barrier to accessing needed health care.

The number of Americans who do not have health insurance continues to increase and there are disparities in access to care based on race/ethnicity, employment, gender, and income level. Ethnic minorities are more likely to be uninsured than non-Hispanic

whites. Employer-based coverage is the largest source of health coverage in the US, and many unskilled, low paying, and part-time jobs do not offer benefits.

Uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. Individuals without insurance are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and, on average, receive less treatment for their condition than insured individuals. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.

Primary care physicians** **1,097:1** **1,545:1** **1,067:1**
Primary care physicians include practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The measure represents the population per physician.

Reason for ranking: Access to care requires not only financial coverage, but also, access to providers. While high rates of specialist physicians have been shown to be associated with higher, and perhaps unnecessary utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and when needed, referrals to appropriate specialty care.

Dentists** **1,711:1** **2,229:1** **1,516:1**
This measure represents the population per dentist in the county.

Reason for ranking: Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages. According to the Health Resources and Services Administration, as of December 2012, there were 4,585 Dental Health Professional Shortage Areas (HPSAs) with 45 million people living in them.

Preventable hospital stays **86** **82-91** **61** **47**
Preventable hospital stays is measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

Reason for ranking: Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

Diabetic screening **85%** **82-89%** **85%** **90%**
Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels.

Reason for ranking: Regular HbA1c screening among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented.

Mammography screening **65%** **61-69%** **69%** **73%**
This measure represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

Reason for ranking: Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral—and satisfaction with physicians—are major factors facilitating breast cancer screening. The percent of women ages 40-69 receiving a mammogram is a widely endorsed quality of care measure.

Social & Economic Factors **21**

High school graduation** **80%** **74%**
High school graduation is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years.

Reason for ranking: Not only does one's education level affect his or her health; education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her offspring. Parents' level of education affects their children's health directly through resources available to the children, and also indirectly through the quality of schools that the children attend.

Further, education levels also positively influence a variety of social and psychological factors. For example, increased education improves an individual's self-perception of both his and her sense of personal control and social standing, which also have been shown to predict higher self-reported health status.

Some college **53%** **50-56%** **58%** **70%**

This measure represents the percent of the population ages 25-44 with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.

Reason for ranking: The relationship between higher education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.

Unemployment **11.00%** **10.30%** **5.00%**

Unemployment is measured as the percent of the civilian labor force, age 16 and older, that is unemployed but seeking work.

Reason for ranking: The unemployed population experiences worse health and higher mortality rates than the employed population. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide. Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.

Children in poverty **31%** **25-37%** **28%** **14%**

Children in poverty are the percent of children under age 18 living below the Federal Poverty Line (FPL).

Reason for ranking: Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. A 1990 study found that if poverty were considered a cause of death in the US, it would rank among the top 10 causes. While negative health effects resulting from poverty are present at all ages, children in poverty experience greater morbidity and mortality than adults due to increased risk of accidental injury and lack of health care access. Children's risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children in poverty measure is highly correlated with overall poverty rates.

Inadequate social support **25%** **22-28%** **22%** **14%**

The social and emotional support measure is based on responses to the question: "How often do you get the social and emotional support you need?" The *County Health Rankings* reports the percent of the adult population that responds that they "never," "rarely," or "sometimes" get the support they need.

Reason for ranking: Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. A 2001 study found that the magnitude of health risk associated with social isolation is similar to the risk of cigarette smoking. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. A study that compared Behavioral Risk Factor Surveillance System (BRFSS) data on health status to questions from the General Social Survey found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust.

Children in single-parent households **49%** **45-52%** **39%** **20%**

This measure is the percent of all children in family households that live in a household headed by a single parent (male or female head of household with no spouse present).

Reason for ranking: Adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when socioeconomic characteristics are controlled for. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality then their peers in two-parent households.

Violent crime rate **744** **667** **66**

Violent crime is represented as an annual rate per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault.

Reason for ranking: High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses such as upper respiratory illness and asthma in neighborhoods with high levels of violence.

Physical Environment **35**

Daily fine particulate matter **13.1** **12.9-13.2** **12.9** **8.8**

This measure represents the estimated percentage of the population aged 65 years and older in a given county.

Reason for ranking: Demographic variables are included as additional measures since they provide background for understanding ranked measures while remaining relatively stable year to year.

Drinking water safety **0%** **2%** **0%**

This measure represents the percentage of the population getting water from public water systems with at least one health-based violation during the reporting period. Health-based violations include Maximum Contaminant Level, Maximum Residual Disinfectant Level and Treatment Technique violations.

Reason for ranking: Recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.

Access to recreational facilities **5** **9** **16**

This measure represents the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.

Reason for ranking: The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity. The evidence for the effectiveness of improving access

to recreational facilities is so strong that the Centers for Disease Control and Prevention (CDC) recommend it as one of the 24 environmental- and policy-level strategies to reduce obesity in its Common Community Measures for Obesity Prevention Project.

Limited access to healthy foods **9%** **8%** **1%**

Limited access to healthy foods captures the proportion of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

Reason for ranking: There is strong evidence that residing in a food desert is correlated with a high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, lack of access to fresh fruits and vegetables is a substantial barrier to consumption and is related to premature mortality.

Fast food restaurants **57%** **49%** **27%**

A fast food restaurant examines the proportion of restaurants in a county that are fast food establishments.

Reason for ranking: Access to fast food restaurants is correlated with a high prevalence of overweight, obesity, and premature death. The average number of kilocalories consumed daily in the US has been on an increasing trend over the past several decades. Among most child age-groups, fast food restaurants are the second highest energy provider, second only to grocery stores.

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition.
Note: Blank values reflect unreliable or missing data
Highlights potential challenges for the county.

Source: University of Wisconsin, The County Health Rankings, South Carolina. 2012.

Alcohol Expenditures

This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Average Total Household Expenditures (USD)	Average Household Alcoholic Beverage Expenditures (USD)	Percent Alcoholic Beverage Expenditures	Alcoholic Beverage Expenditures, County Rank (In-State)	Alcoholic Beverage Expenditures, County Percentile
Florence County, South Carolina	no data	no data	no data	20	43.48%
South Carolina	45,543	855	1.88%	no data	no data
United	50,932	910	1.79%	no data	no data

Report Area	Average Total Household Expenditures (USD)	Average Household Alcoholic Beverage Expenditures (USD)	Percent Alcoholic Beverage Expenditures	Alcoholic Beverage Expenditures, County Rank (In-State)	Alcoholic Beverage Expenditures, County Percentile
States					

Note: This indicator is compared with the state average. No breakout data available.
Data Source: Nielsen Claritas SiteReports, Consumer Buying Power, 2011. Source geography: Tract.

Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

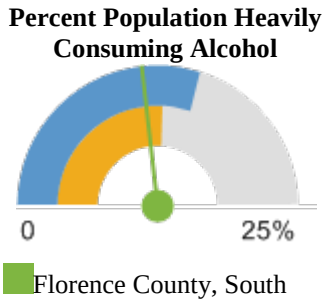
Report Area	Average Total Household Expenditures (USD)	Average Household Fruit / Vegetable Expenditures (USD)	Percent Fruit / Vegetable Expenditures	Fruit / Vegetable Expenditures, County Rank (In-State)	Fruit / Vegetable Expenditures, County Percentile
Florence County, South Carolina	no data	no data	no data	16	34.78%
South Carolina	45,543	607	1.33%	no data	no data
United States	50,932	737	1.45%	no data	no data

Note: No breakout data available.
Data Source: Nielsen Claritas SiteReports, Consumer Buying Power, 2011. Source geography: Tract.

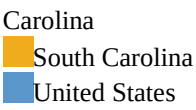
Heavy Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Florence County, South Carolina	101,331	11,754	**11.60%**



South Carolina	209,514	27,027	12.90%
United States	89,135,163	13,385,866	15.02%



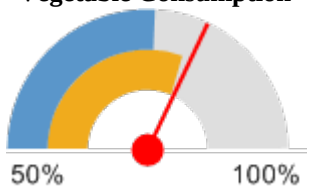
Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011. Source geography: County.

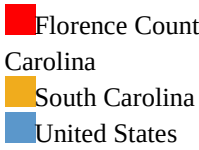
Inadequate Fruit/Vegetable Consumption (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

Report Area	Total Population Age 18	Estimated Population with Inadequate Fruit / Vegetable Consumption	Percent Population with Inadequate Fruit / Vegetable Consumption
Florence County, South Carolina	98,523	80,887	**82.10%**
South Carolina	3,355,523	2,714,618	80.90%
United States	116,676,632	88,508,989	75.86%

Percent Population with Inadequate Fruit / Vegetable Consumption





Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2009. Source geography: County.

Physical Inactivity (Adult)

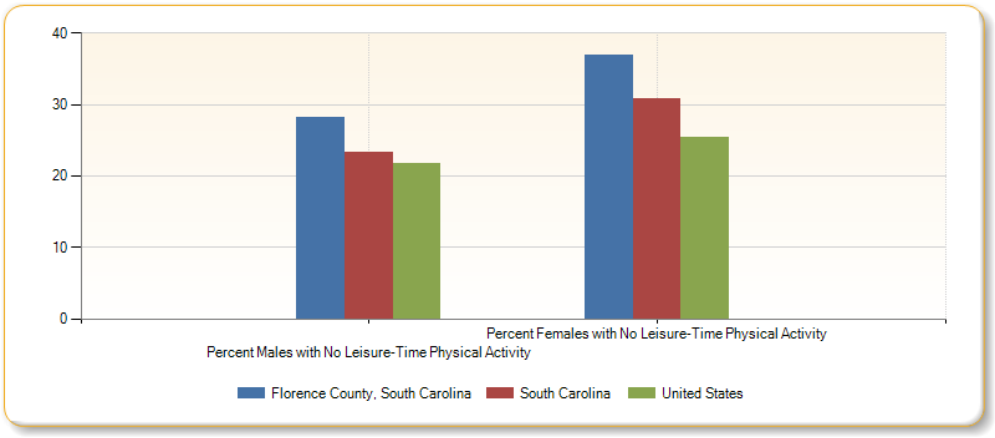
This indicator reports the percentage of adults aged 20 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Adults with No Leisure-Time Physical Activity by Gender

Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
Florence County, South Carolina	12,591	28.20%	19,648	36.90%

Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
South Carolina	375,417	23.34%	547,286	30.84%
United States	23,736,266	21.73%	29,817,193	25.41%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.



Soft Drink Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity.

Report Area	Average Total Household Expenditures (USD)	Average Household Soda Expenditures (USD)	Percent Soda Expenditures	Soda Expenditures, County Rank (In-State)	Soda Expenditures, County Percentile
Florence County, South Carolina	no data	no data	no data	10	21.74%
South Carolina	45,543	245	0.54%	no data	no data
United States	50,932	252	0.49%	no data	no data

Note: No breakout data available.
Data Source: Nielsen Claritas SiteReports, Consumer Buying Power, 2011. Source geography: Tract.

Tobacco Expenditures

This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

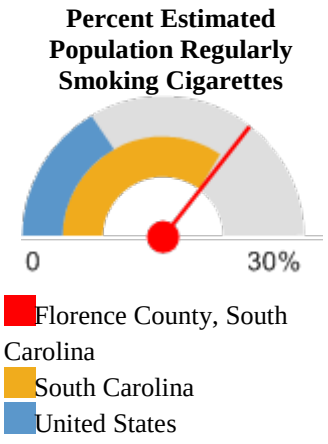
Report Area	Average Total Household Expenditures (USD)	Average Household Cigarette Expenditures (USD)	Percent Cigarette Expenditures	Cigarette Expenditures, County Rank (In-State)	Cigarette Expenditures, County Percentile
Florence County, South Carolina	no data	no data	no data	13	28.26%
South Carolina	45,543	832	1.83%	no data	no data
United States	50,932	810	1.59%	no data	no data

Note: No breakout data available.
Data Source: Nielsen Claritas SiteReports, Consumer Buying Power, 2011. Source geography: Tract.

Tobacco Usage (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18 and older	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Florence County, South Carolina	101,331	21,685	**21.40%**
South Carolina	209,514	43,788	20.90%
United States	207,962	20,796	10%

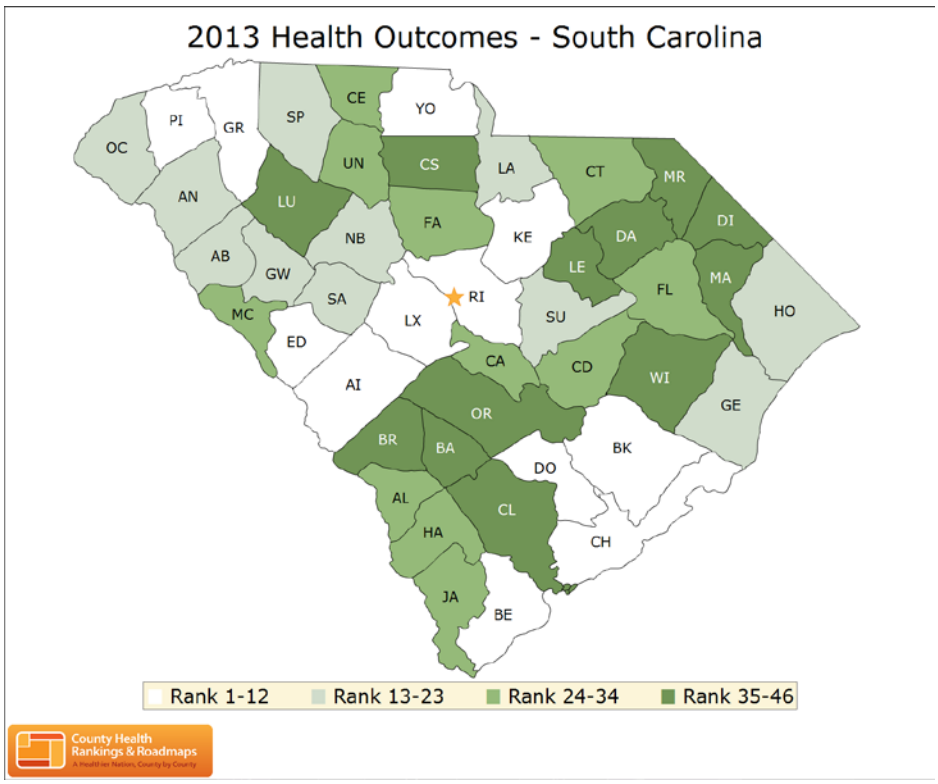


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011. Source geography: County.

HEALTH OUTCOMES

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

The County Health Rankings 2013 Health Outcomes is shown below. Health Outcomes is used as the primary indicator to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state. **Florence County is ranked 31 out of 46 counties in South Carolina.**



Source: University of Wisconsin, The County Health Rankings, South Carolina. 2012.

Table 15. SC County Health Outcomes Rankings

	Florence	Error Margin	South Carolina	National Benchmark	Rank (of 46)
Health Outcomes					**31**
Mortality					**29**
Premature death	**10,509**	**9,894-11,123**	**8,448**	**5,317**	

Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

Reason for ranking: Measuring premature mortality, rather than overall mortality, reflects the *County Health Rankings*' intent to focus attention on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.

Morbidity					**30**
Poor or fair health	**19%**	**17-22%**	**16%**	**10%**	

Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the *County Health Rankings* is the percent of adult respondents who rate their health "fair" or "poor." The measure is age-adjusted to the 2000 US population.

Reason for ranking: Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive.

Poor physical health days	**4**	**3.6-4.5**	**3.6**	**2.6**

Poor physical health days are one of four measures of morbidity used in the *County Health Rankings.* This measure is based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported in the *County Health Rankings* is the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 US population.

Reason for ranking: Measuring health-related quality of life (HRQoL) helps characterize the burden of disabilities and chronic diseases in a population. In addition to measuring how long people live, it is also important to include measures of how healthy people are while alive – people's reports of days when their physical health was not good are a reliable estimate of their recent health.

Low birthweight	**12.70%**	**12.1-13.2%**	**10.10%**	**6.00%**

Low birthweight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

Reason for ranking: Low birthweight (LBW) represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to health care, the social and economic environment she inhabits, and environmental risks to which she is exposed. In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality and/or morbidity over the life course and potential for cognitive development problems.

* 90th percentile, i.e., only 10% are better.

Source: University of Wisconsin, The County Health Rankings, South Carolina. 2012.

DISEASE AND INTERVENTION

Chronic Conditions

Chronic conditions are making an impact on the health of many South Carolinians. Some common behavioral risk factors that contribute to an increased risk of developing a chronic condition and to the leading causes of death are smoking, sedentary lifestyle, obesity, high cholesterol, and low consumption of fruits and vegetables. These risk factors are related to the major causes of morbidity in the state.

Source: SC Department of Health and Environmental Services, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet. January 2013.

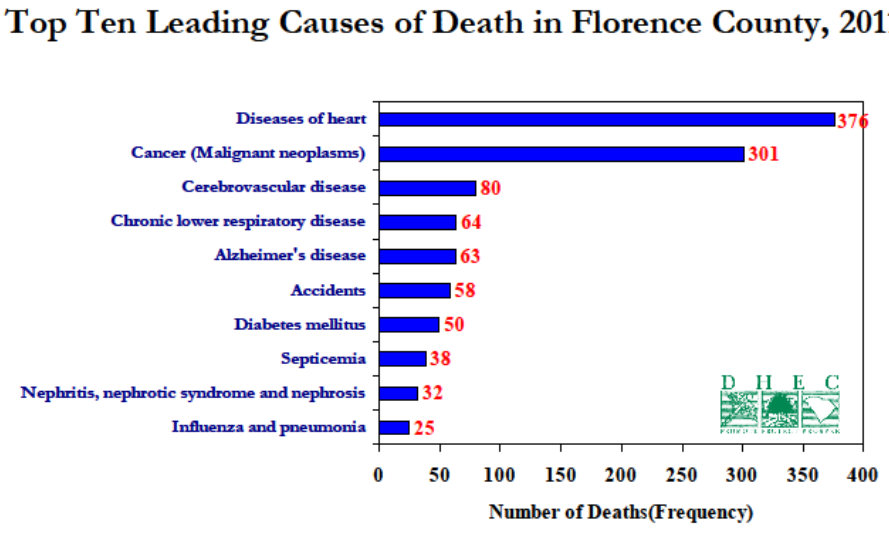
Table 16. 2011 SC County Health Risk Factors

	SC DHEC Region 4					State
Risk Factor	Total	Blacks	Whites	Males	Females	Total
Current Smoking (%)	23.68	21.78	25.81	25.86	21.73	23.14
Sedentary Lifestyle (%)	28.41	28.89	26.42	25.19	31.24	27.21
Overweight or Obese (%)	69.52	75.97	64.53	73.33	65.89	65.85
High Cholesterol (%)	42.69	41.41	44.3	45.5	40.18	41.63
Median Daily Servings of Fruits	0.99	0.94	0.97	0.8	0.97	0.97
Median Daily Servings of Vegetables	1.32	1.07	1.57	1.25	1.43	1.47

Source: SC Department of Health and Environmental Services, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet. January 2013.

Leading Causes of Death

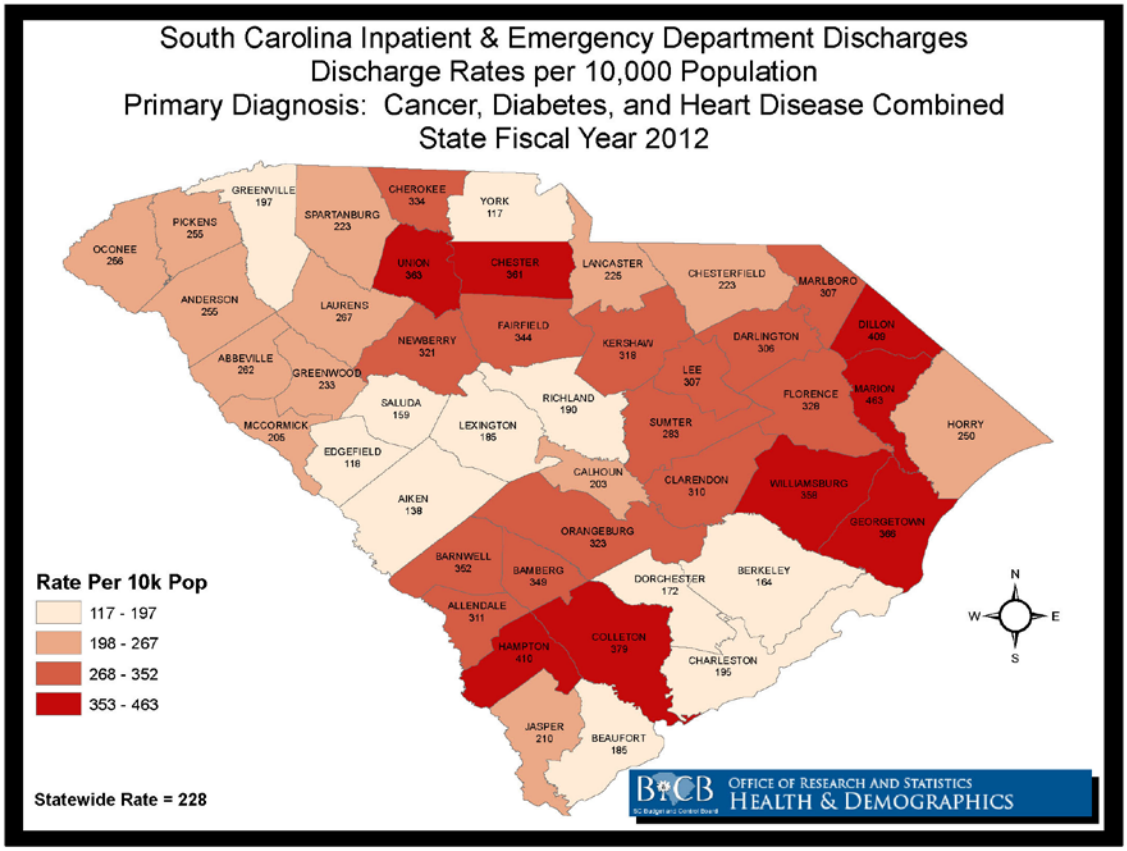
The top ten leading causes of death in Florence County (2011) according to the South Carolina DHEC include diseases that can be attributed to risk factors present in the population - such as heart disease and stroke, cancer, and diabetes.



Data Source: SCDHEC SCAN http://scangis.dhec.sc.gov/scan/ ; Generated by Chronic Disease Epidemiology and Evaluation January 2013

For methodology of ranking, see Technical Document: http://www.scdhec.gov/health/epidata/docs/EpiTechNotes.pdf

Florence County hospital inpatient and emergency department discharge rates for heart disease and stroke, cancer, and diabetes rank above the 50th quartile within the state.



Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2013.

Impact of Heart Disease and Stroke

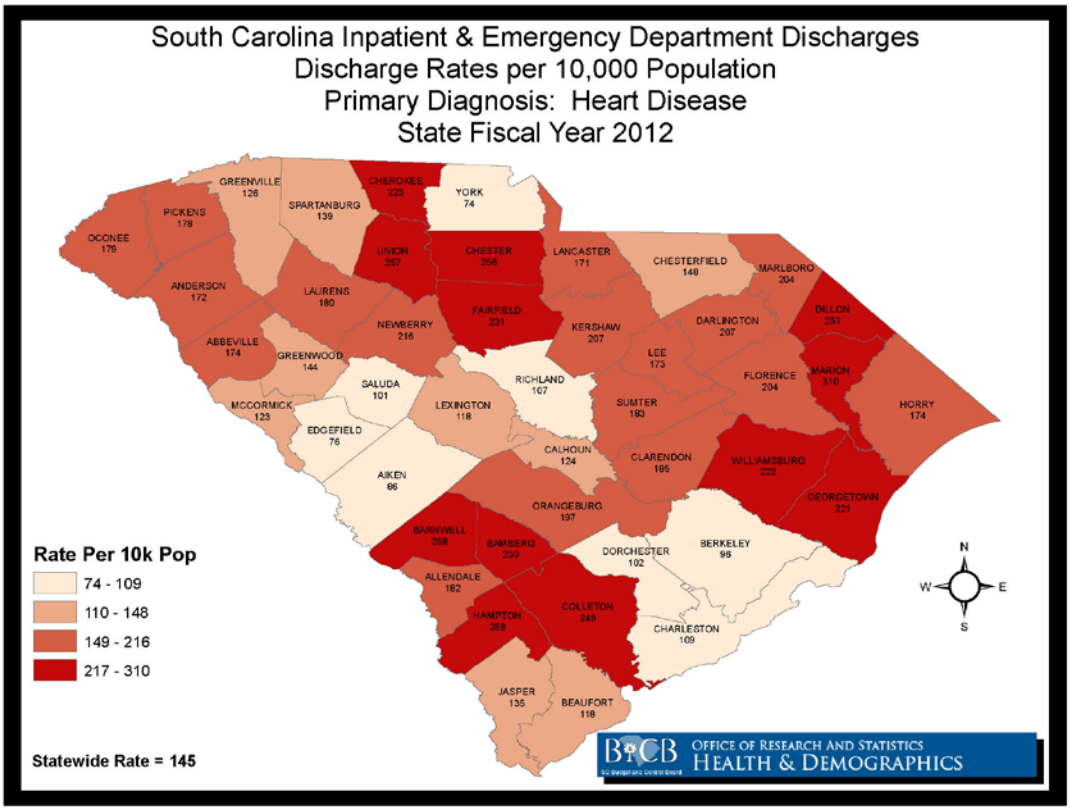
According to SC DHEC, Florence County is in the 'Buckle of the Stoke Belt" where rates of heart disease and stroke are among the highest in the nation. In table 17, mortality rates are compared against state rates.

Table 17. 2007 Heart Disease and Stroke Mortality Rates

County Age-Adjusted Rates (per 100,000 population) 2007			
	Heart Disease Mortality	Heart Failure Mortality	Stroke Mortality
Florence County	283.7	18.1	56.3
South Carolina	185.7	19.1	49.8

Source: SC Department of Health and Environmental Services, Heart Disease and Stroke Prevention Division, 2010 Edition.

Diseases of the heart are the top cause of death for Florence County according to SC DHEC.

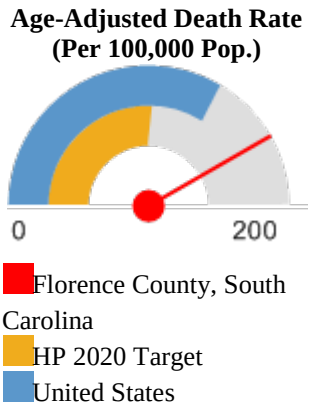


Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2013.

Heart Disease Mortality

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	134,857	226	167.44	**166.59**
South Carolina	4,509,238	5,692	126.22	**121.71**
United States	303,844,430	432,552	142.36	**134.65**
HP 2020 Target				<= 100.8

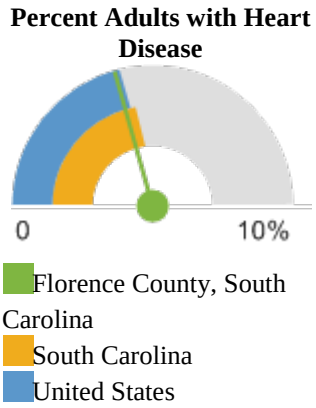


Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

Heart Disease Prevalence

This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Total Population (Age 18)	Number Adults with Heart Disease	Percent Adults with Heart Disease
Florence County, South Carolina	101,331	4,195	**4.14%**
South Carolina	3,442,167	155,242	4.51%
United States	232,747,222	9,911,760.85	4.26%

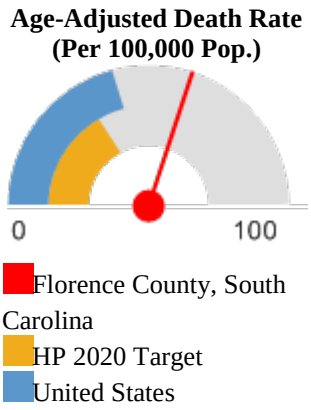


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Stroke Mortality

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	134,857	82	60.66	**59.94**
South Carolina	4,509,238	2,369	52.53	**52.19**
United States	303,844,430	133,107	43.81	**41.78**
HP 2020 Target				<= 33.8

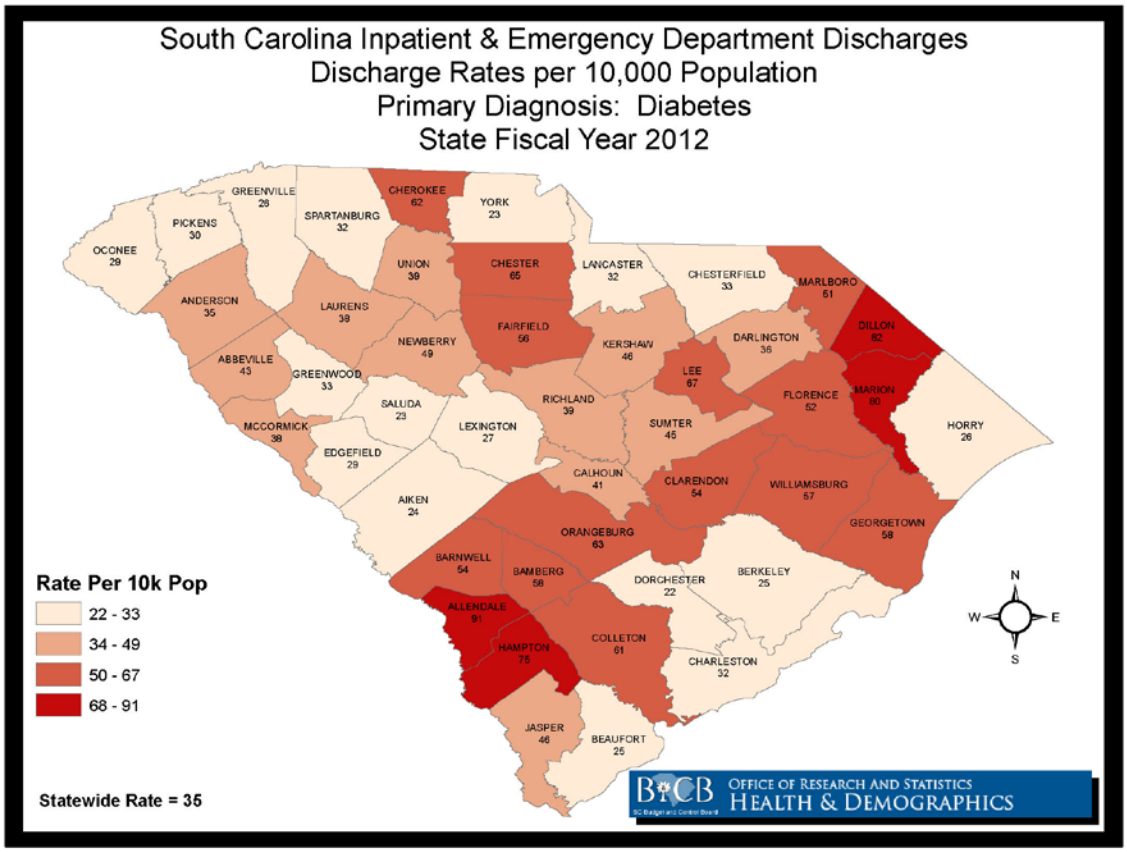


Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

Impact of Diabetes

In 2010, there were 515 hospitalizations for diabetes in Florence County for all ages. There were an additional 4,728 hospital discharges with diabetes-related conditions in Florence County. In 2010, there were 538 emergency room visits for diabetes as the primary diagnosis, among which 391 (73%) were by African-American patients. There were 3,317 emergency room visits for diabetes as a related condition.

Diabetes is the seventh leading cause of death in Florence County. A total of 45 people in Florence County died from diabetes in 2009. Florence County ranks #14 in diabetes mortality in South Carolina (2007-2009).

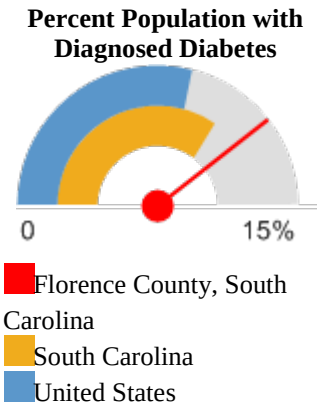


Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2013.

Diabetes Prevalence

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

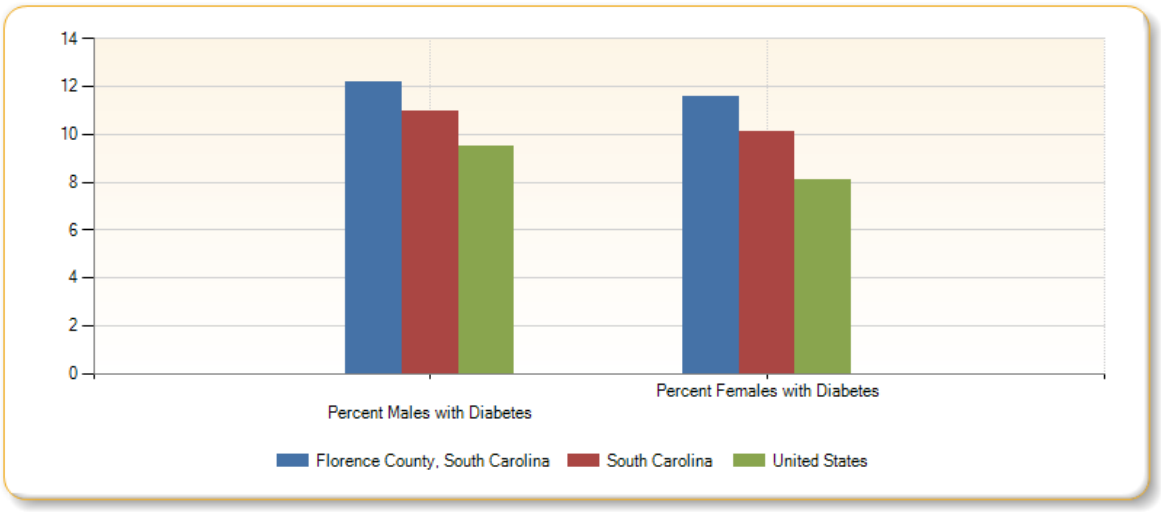
Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Percent Population with Diagnosed Diabetes
Florence County, South Carolina	96,302	12,423	**11.80%**
South Carolina	3,339,972	377,662	10.46%
United States	223,653,607	20,615,282	8.72%



Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.

Adults Diagnosed with Diabetes by Gender

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Florence County, South Carolina	5,649	12.20%	6,774	11.60%
South Carolina	182,320	10.96%	195,344	10.08%
United States	10,488,129	9.49%	10,127,138	8.08%



Impact of Obesity

The McLeod Health and Fitness Center is a state-of-the-art wellness center in Florence County. Florence County also become a chapter of Eat Smart Move More and promotes walking and biking with trails throughout Florence. Rates of obesity are above the state and national percentages, as well as the *Healthy People 2020* goal. *Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. *Healthy People* has established benchmarks for these objectives and monitored progress over time.

Table 18. 2010 Florence County Profile on Nutrition, Physical Activity, and Obesity

Adults	Florence County	SC	US	Healthy People 2020
Obese (%)	31.4	30.3	27.7	15
Not meeting physical activity recommendation (%)	57.2	54.6	49.4	50
Not meeting fruit and vegetable recommendation (%)	86.0	82.6	76.6	N/A

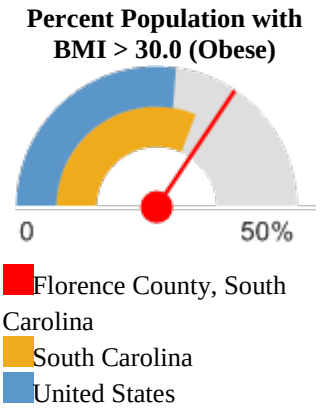
Source: SC Department of Health and Environmental Services, Bureau of Community Health and Chronic Disease Prevention, 2010 Florence County Profile Nutrition, Physical Activity, and Obesity. April 2011.

According to the SC DHEC 2011 South Carolina Obesity Burden Report, in 2010 67.4% of all SC adults and 29.6% of all high school students were overweight or obese. In 2010, Florence County ranked 24th in the state with 67.6% of adults overweight or obese.

Obesity (Adult)

This indicator reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

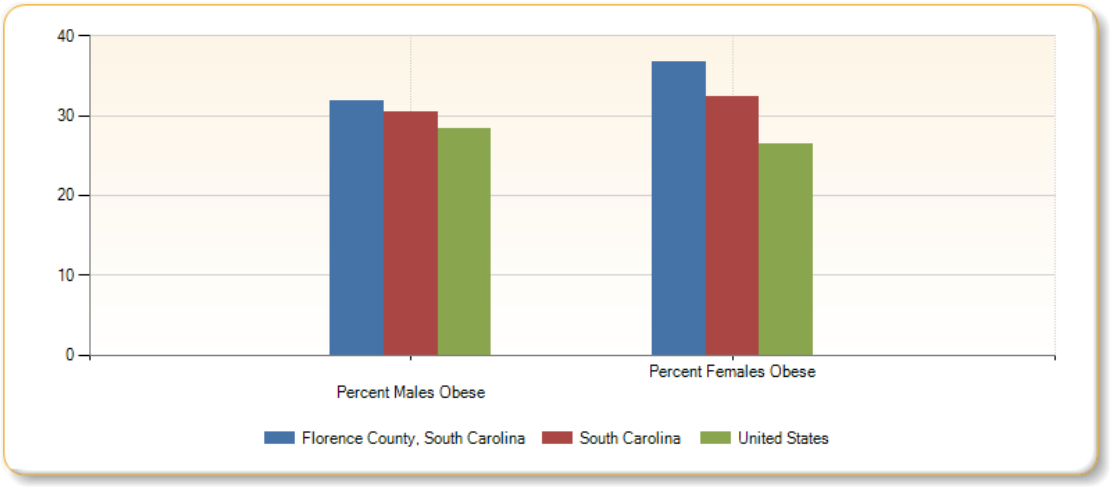
Report Area	Total Population Age 20	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
Florence County, South Carolina	96,461	33,279	**34.50%**
South Carolina	3,344,854	1,051,209	31.49%
United States	223,576,989	61,460,308	27.35%



Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.

Adult Obesity by Gender

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Florence County, South Carolina	14,054	31.80%	19,226	36.80%
South Carolina	489,795	30.53%	561,412	32.39%
United States	31,008,901	28.30%	30,451,365	26.37%

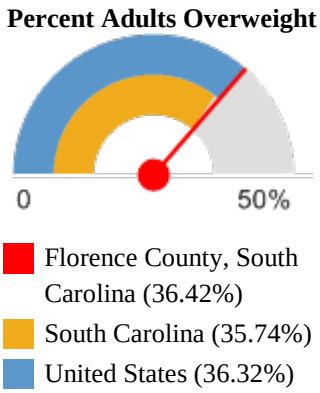


Overweight (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 18)	Total Adults Overweight	Percent Adults Overweight
Florence County, South Carolina	101,331	36,905	**36.42%**
South Carolina	3,500,728	1,251,003	35.74%
United States	235,375,690	85,495,735	36.32%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.



Impact of Cancer

Cancer indicators are relevant because cancer is a leading cause of death in the United States.

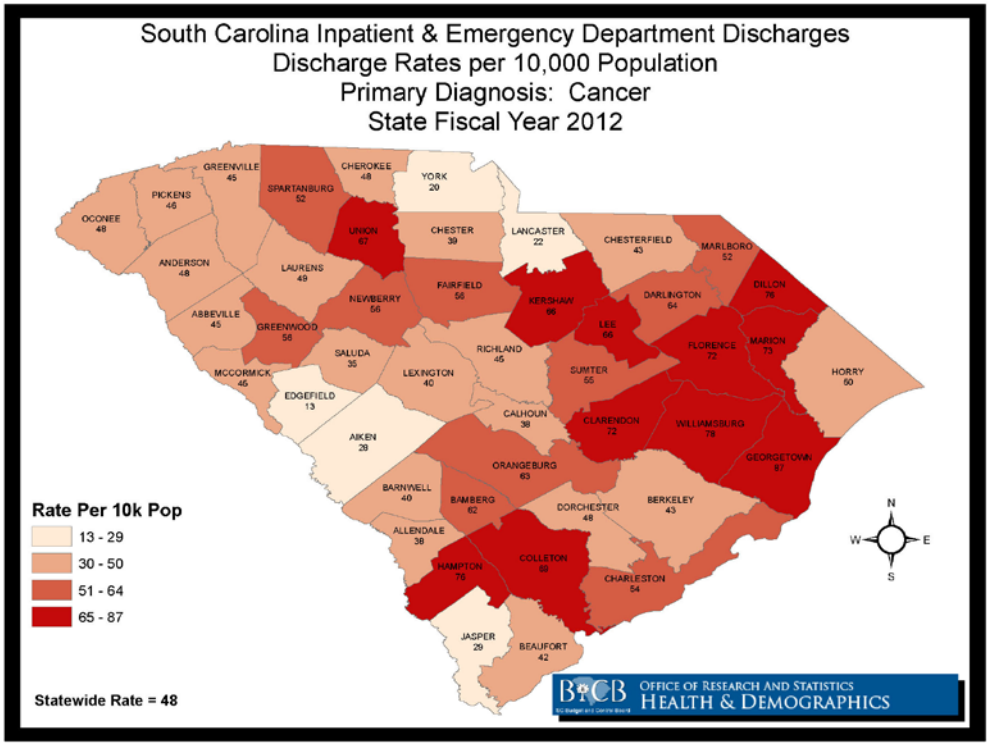
Major risk factors for cancer include tobacco use, unhealthy diet, lack of exercise and over exposure to sunlight (solar radiation) - all risk factors in Florence County and South Carolina as a whole. Genetic factors also appear to play a role in some types of cancer. However, the cause or origin of many cancer types is unknown and likely determined by the combined effects of multiple factors.

Cancer statistics are listed in the table below for the SC Department of Health and Environmental Control (DHEC) Health Region 4: Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro, and Sumter Counties.

Table 19. Statistics on All Cancers

All Cancers	SC DHEC Region 4 Total	Blacks	Whites	Males	Females	State Total
Number of hospitalizations	162	68	86	85	77	15,242
Crude rate of hospitalizations (per 100,000)	510	453	548	567	459	326
Median age of hospitalized patients	61	62	61	63	57	64
Total cost of hospitalization ($)	7,218,000	3,000,700	3,910,300	3,963,200	3,254,800	906,361,600
Average length of hospital stay (days)	6	6	5	6	5	7
Number of deaths	77	30	45	49	28	9,510
Age-Adjusted Death rate (per 100,000)	219.9	237.2	210.1	352.4	134.1	181.2

Source: SC Department of Health and Environmental Services, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet. January 2013.

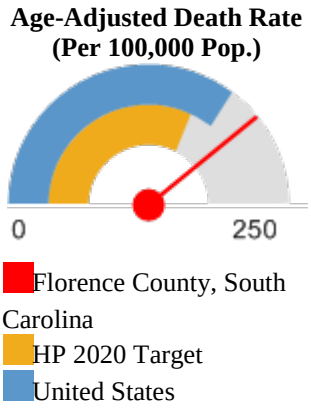


Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2013.

Cancer Mortality

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available.

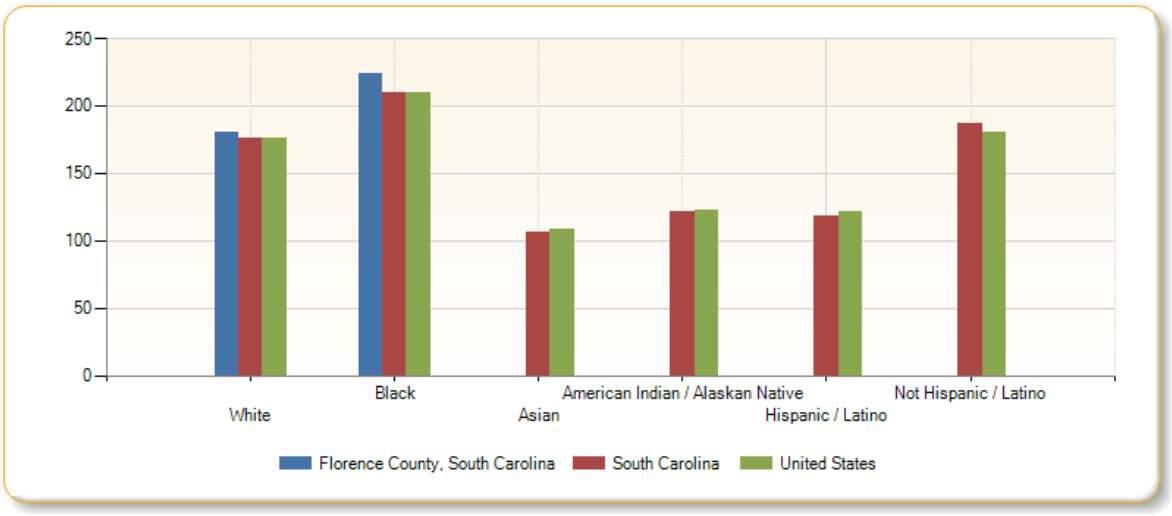
Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	134,857	281	208.07	**195.79**
South Carolina	4,509,238	9,080	201.36	**187.78**
United States	303,844,430	566,121	186.32	**176.66**
HP 2020 Target				<= 160.6



Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

Population by Race / Ethnicity, Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Florence County, South Carolina	180.46	224.62	no data	no data	no data	no data
South Carolina	175.71	209.46	106.25	121.84	118.47	187.54
United States	176.12	209.70	108.72	122.20	121.09	180.92

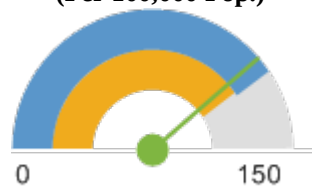


Breast Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Florence County, South Carolina	132,153	153	**115.90**
South Carolina	4,416,867	5,362	121.40
United States	301,461,536	367,783	122

Annual Incidence Rate (Per 100,000 Pop.)



Florence County, South Carolina
South Carolina
United States

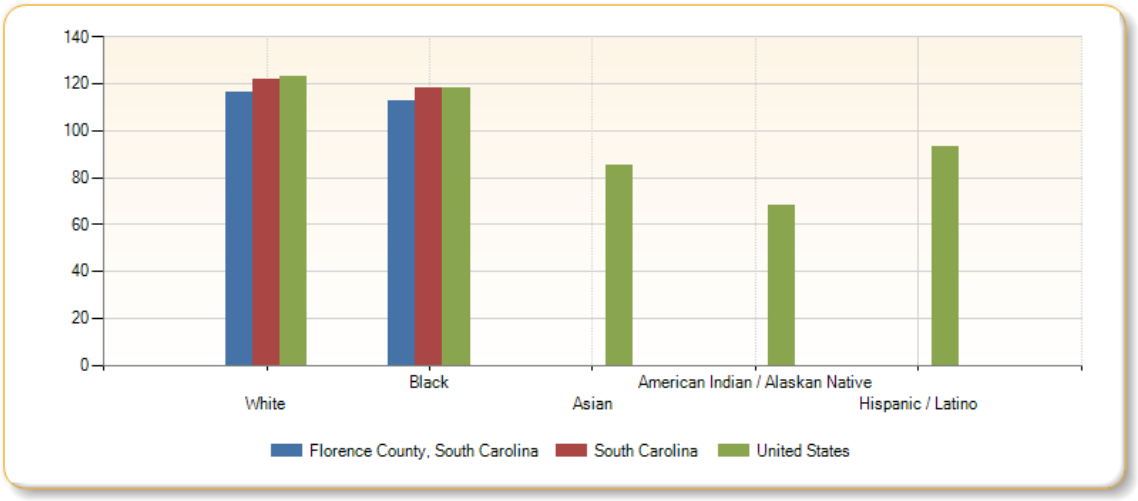
Note: This indicator is compared with the state average.
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.

Population by Race / Ethnicity, New Breast Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Florence County, South Carolina	88	60	no data	no data	no data
South Carolina	3,632	1,470	no data	no data	no data
United States	276,098	43,972	11,261	1,655	280,661

Population by Race / Ethnicity, Breast Cancer Incidence Rate (Per 100,000)

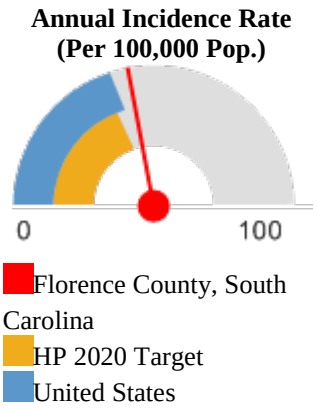
Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Florence County, South Carolina	116.30	112.60	no data	no data	no data
South Carolina	122	118	no data	no data	no data
United States	123	118	85.30	68.30	93.10



Colon and Rectum Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Florence County, South Carolina	132,153	58	**44**
South Carolina	4,416,867	1,974	**44.70**
United States	301,461,536	121,188	**40.20**
HP 2020 Target			<= 38.6



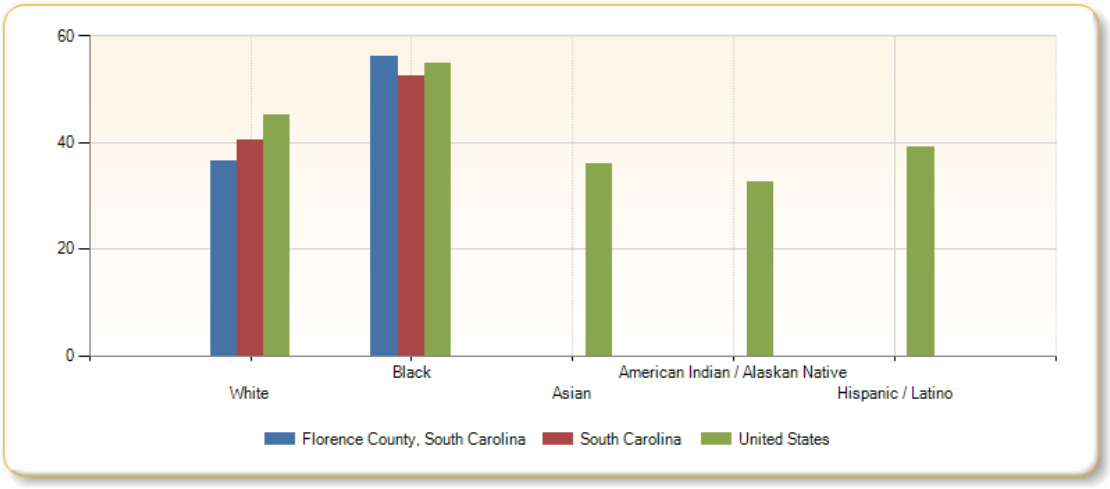
Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.

Population by Race / Ethnicity, New Colon and Rectum Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Florence County, South Carolina	28	30	0	0	0
South Carolina	1,206	655	0	0	0
United States	101,236	20,421	4,752	788	118,173

Population by Race / Ethnicity, Colon and Rectum Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Florence County, South Carolina	36.60	56.10	0	0	0
South Carolina	40.50	52.60	0	0	0
United States	45.10	54.80	36	32.50	39.20

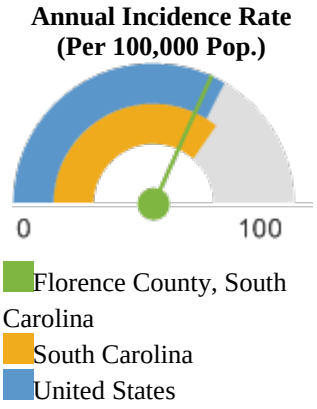


Lung Cancer Incidence

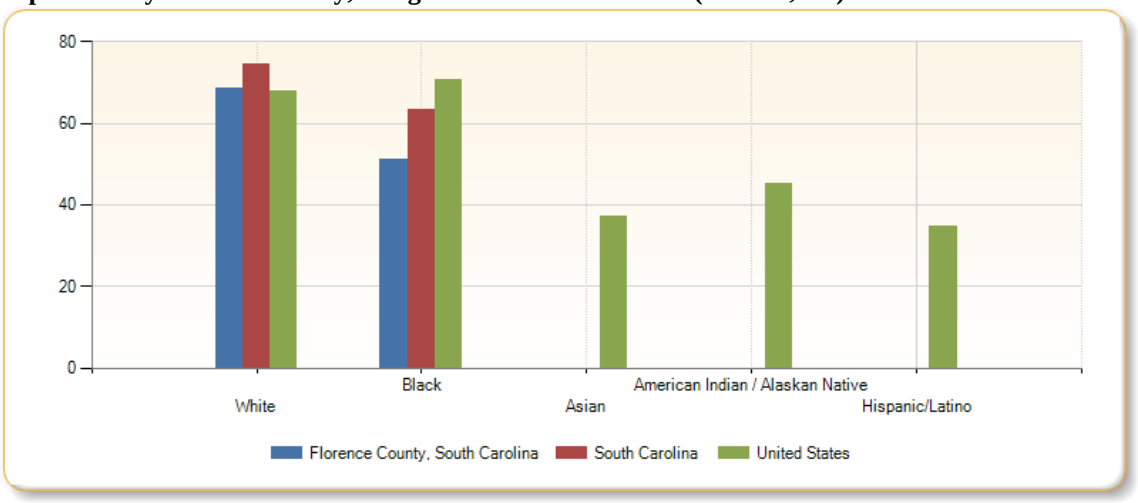
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Florence County, South Carolina	132,153	84	**63.50**
South Carolina	4,416,867	3,180	72
United States	301,461,536	202,582	67.20

Note: This indicator is compared with the state average.
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.



Population by Race / Ethnicity, Lung Cancer Incidence Rate (Per 100,000)

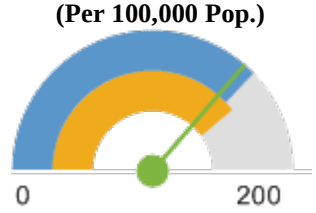


Prostate Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Florence County, South Carolina	132,153	192	**145.40**
South Carolina	4,416,867	7,022	159
United States	301,461,536	456,412	151.40

Annual Incidence Rate (Per 100,000 Pop.)



Florence County, South Carolina
South Carolina
United States

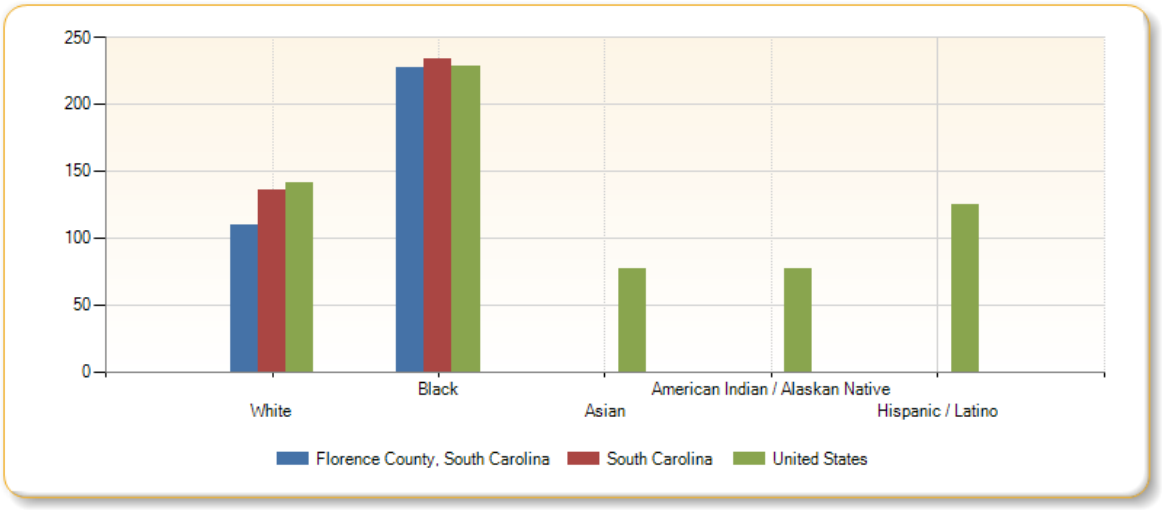
Note: This indicator is compared with the state average.
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.

Population by Race / Ethnicity, New Prostate Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Florence County, South Carolina	83	120	no data	no data	no data
South Carolina	4,040	2,912	no data	no data	no data
United States	316,053	85,187	10,151	1,861	375,018

Population by Race / Ethnicity, Prostate Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Florence County, South Carolina	109.80	227.30	no data	no data	no data
South Carolina	135.70	233.80	no data	no data	no data
United States	140.80	228.60	76.90	76.80	124.40



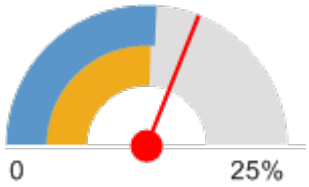
Impact of Asthma

Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Total Population (Age 18)	Number Adults with Asthma	Percent Adults with Asthma
Florence County, South Carolina	101,331	15,757	**15.55%**
South Carolina	3,442,167	441,630	12.83%
United States	232,747,222	30,473,296.44	13.09%

Percent Adults with Asthma



Florence County, South Carolina

Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

South Carolina
United States

In 2010 approximately 10.2% of adults in Florence County suffer annually from asthma. In that year, there were 352 hospitalizations for asthma in Florence County for all ages.

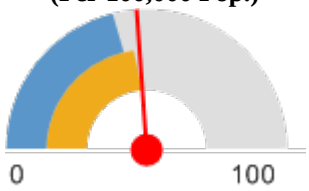
Impact of Lung Disease

Lung Disease Mortality

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	134,857	65	48.20	**47.64**
South Carolina	4,509,238	2,164	47.98	46.42
United States	303,844,430	133,806	44.04	42.40

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

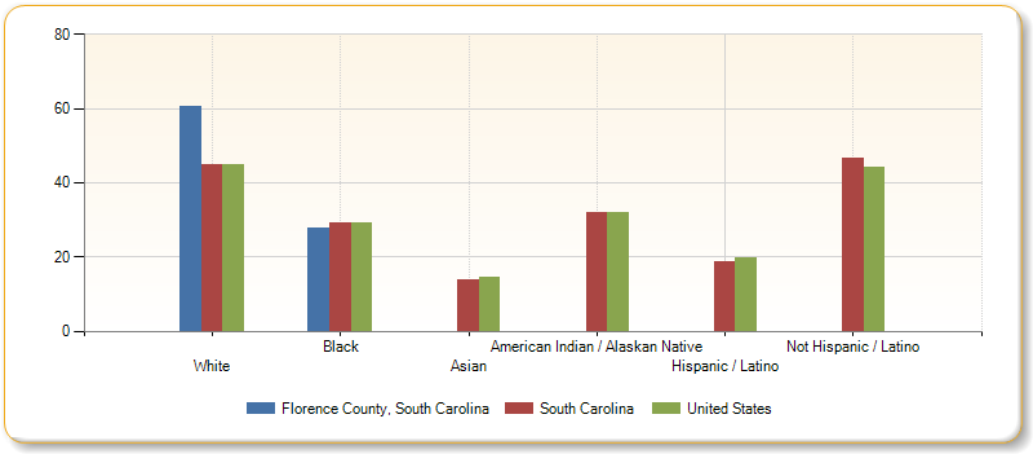


Florence County, South Carolina
South Carolina
United States

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

Population by Race / Ethnicity, Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

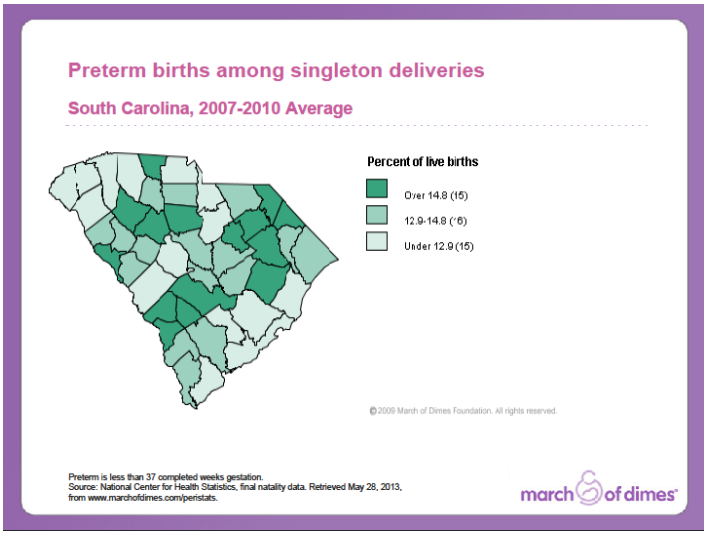
Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Florence County, South Carolina	60.59	27.74	no data	no data	no data	no data
South Carolina	44.89	29.20	13.80	31.99	18.51	46.59
United States	44.71	29.15	14.61	32.07	19.64	44

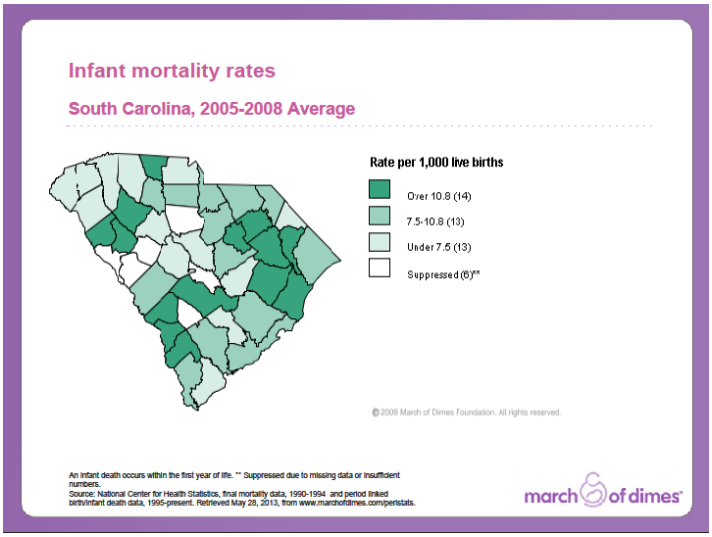


Impact of Birth Outcomes

Poor birth outcomes for Florence County have remained above South Carolina percentages and rates. Birth outcomes are an indicator of health of an individual throughout life.

The following maps from the March of Dimes illustrate the percent of preterm births and infant mortality throughout South Carolina. Florence County consistently has higher mortality rates than the state average.





Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Florence County, South Carolina	13,584	155	**11.41**
South Carolina	418,687	3,529	**8.43**
United States	58,600,996	393,074	**6.71**
HP 2020 Target			<= 6.0

Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009. Source geography: County.

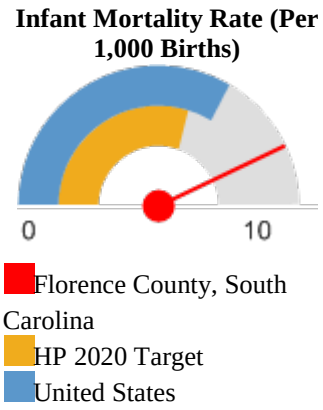


Table 20. Birth Outcomes for Florence County

	Percent of Babies Born with Low Birthweight (Percent)				
	2006	**2007**	**2008**	**2009**	**2010**
Florence	11.80	12.60%	12.40%	12.90%	12.60%
South Carolina	10.10%	10.20%	9.90%	10.00%	9.90%

	Percent of Babies Born to Mothers with Less Than Adequate Prenatal Care (Percent)				
	2006	**2007**	**2008**	**2009**	**2010**
Florence	29.90%	30.80%	29.90%	29.50%	29.80%
South Carolina	37.80%	36.20%	35.40%	33.60%	31.90%

	Births to Teens 15 to 19 Years of Age (rate)				
	2006	**2007**	**2008**	**2009**	**2010**
Florence	52.1	60.8	60.9	51.9	46.6
South Carolina	53	53.6	53	49	42.6

	Infant Mortality Rate (Per 1,000 Live Births) (rate)				
	2006	**2007**	**2008**	**2009**	**2010**
Florence	14.9	10.8	10.8	11.6	10.6
South Carolina	8.4	8.5	8	7.1	7.4

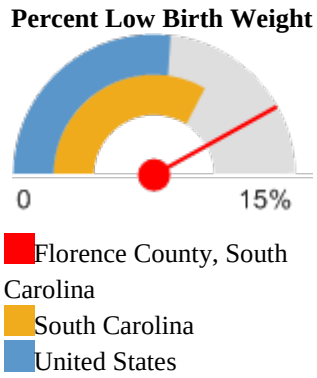
Source: The Anne E. Casey Foundation. Data Center Kids Count. 2013.

Low Birth Weight

This indicator reports the percentage of total births that were low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Births	Number Low Birth Weight (< 2500g)	Percent Low Birth Weight
Florence County, South Carolina	13,517	1,697	**12.55%**
South Carolina	412,400	41,575	10.08%
United States	29,126,451	2,359,843	8.10%

Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse. Source geography: County.

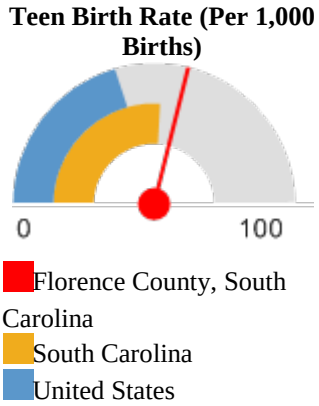


Teen Births

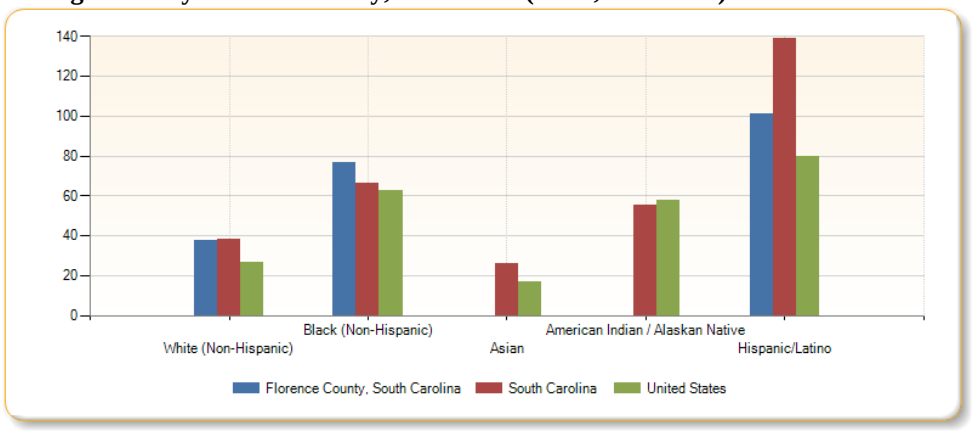
The teen births indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Florence County, South Carolina	33,010	1,908	**57.80**
South Carolina	1,053,545	54,679	51.90
United States	72,071,117	2,969,330	41.20

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse. Source geography: County.



Teenage Girls by Race / Ethnicity, Birth Rate (Per 1,000 Births)



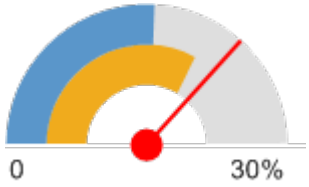
Impact of Dental Health

Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18)	Number Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Florence County, South Carolina	101,331	22,313	**22.02%**
South Carolina	3,442,167	686,024	19.93%
United States	232,747,222	36,229,520	15.57%

Percent Adults with Poor Dental Health



Florence County, South Carolina
South Carolina
United States

Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

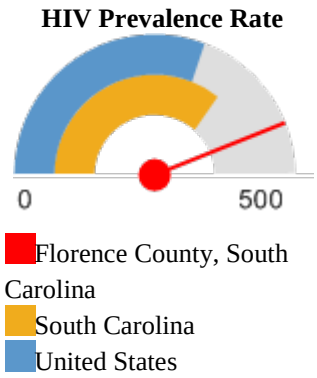
Impact of HIV and STDs

HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Report Area	Population Age 18	Population with HIV	HIV Prevalence Rate
Florence County, South Carolina	103,185	578	**560.10**
South Carolina	3,544,890	12,786	360.70
United States	234,564,075	724,515	308.88

Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009. Source geography: County.

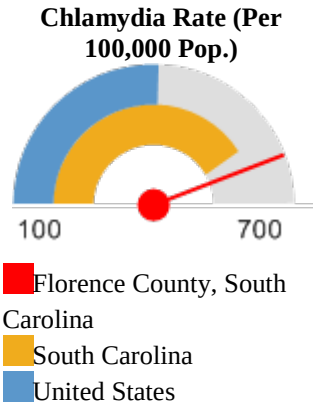


Chlamydia Incidence

This indicator reports incidence rate of Chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. Chlamydia is also linked to cervical cancer.

Report Area	Total Population, 2010 Census	Reported Cases of Chlamydia	Chlamydia Rate (Per 100,000 Pop.)
Florence County, South Carolina	136,885	837	**630.30**
South Carolina	4,625,364	26,647	594.83
United States	308,730,677	1,236,680	406.89

Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009. Source geography: County.

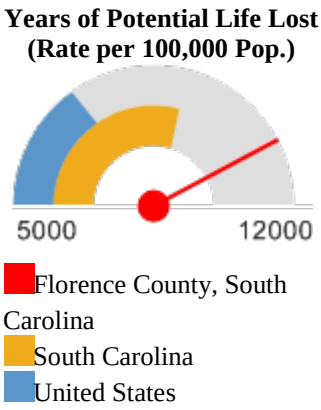


Impact of Premature Death

Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death ad is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population, 2006-2008 Average	Annual Premature Deaths, 2006-2008 Average	Years of Potential Life Lost (Rate per 100,000 Pop.)
Florence County, South Carolina	126,492	723	**10,912**
South Carolina	4,195,347	20,034	9,101
United States	283,115,015	1,058,493	7,131

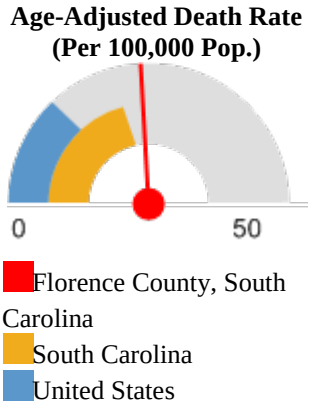


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 (As Reported in the 2012 County Health Rankings). Source geography: County.

Motor Vehicle Crash Death

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	134,857	33	24.32	**24.15**
South Carolina	4,509,238	956	21.21	21.15
United States	303,844,430	40,120	13.20	13.04

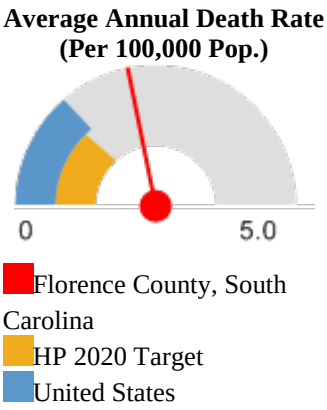


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

Pedestrian Motor Vehicle Death

This indicator reports the rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	9	3	**2.19**
South Carolina	280	93	**2**
United States	12,750	4,250	**1.38**
HP 2020 Target			<= 1.3

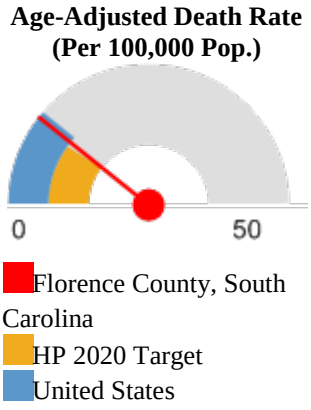


Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.
Data Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010. Source geography: County.

Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, South Carolina	134,857	15	11.27	**10.75**
South Carolina	4,509,238	575	12.75	**12.40**
United States	303,844,430	35,841	11.80	**11.57**
HP 2020 Target				<= 10.2



Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

Emergency Department Utilization

The rate of Florence County Emergency Department visits per 1,000 uninsured ages 0-64 in CY2012 is reported in the high range (814.7-1,218.5).

Rate of ED Visits per 1,000 Uninsured	
Without Admission	Resulting in Hospital Admission
887.7	951.9

Source: University of South Carolina, Institute for Families in Society, Division of Policy and Research on Medicaid and Medicare (July 2013).

McLeod Regional Medical Center Emergency Department (ED) sees nearly 65,000 annually. In FY2012, the chief complaints are listed in Table 21.

Table 21. McLeod Regional Medical Center ED Chief Complaints, 2012

OUTPATIENT THROUGH THE ED AND DISCHARGED		INPATIENT THROUGH THE ED AND ADMITTED	
	OUTPT		INPT
CHEST PAIN	1,934	CHEST PAIN	356
MVA	1,693	SEPSIS	153
ABDOMINAL PAIN	1,378	PNEUMONIA	137
BACK PAIN	900	CHF	115
ABD PAIN	889	COPD EXACERBATION	98
FALL	832	GI BLEED	86
HEADACHE	689	CVA	79
FEVER	627	SYNCOPE	72
SHORTNESS OF BREATH	556	SHORTNESS OF BREATH	66
CP	456	ASTHMA EXACERBATION	64

During that same time frame, the primary diagnoses of patients that visited the ED are listed in Table 22.

Table 22. McLeod Regional Medical Center ED Primary Diagnoses, 2012

OUTPATIENT THROUGH THE ED AND DISCHARGED		INPATIENT THROUGH THE ED AND ADMITTED	
	OUTPT		**INPT**
789.00 - ABDOMINAL PAIN-SITE NOS	3,629	038.9 - SEPTICEMIA NOS	513
786.50 - CHEST PAIN NOS	2,213	486 - PNEUMONIA ORGANISM NOS	364
784.0 - HEADACHE	1,503	410.71 - SUBEND INFARCT-INITIAL	348
729.5 - PAIN IN LIMB	812	786.59 - CHEST PAIN NEC	321
724.2 - LUMBAGO	714	584.9 - ACUTE KIDNEY FAILURE NOS	298
724.5 - BACKACHE NOS	708	434.91 - CEREB ART OCCL W INFARCT	276
599.0 - URINARY TRACT INF NOS	682	428.23 - AC & CHR SYSTOLIC HF	244
786.59 - CHEST PAIN NEC	673	491.21 - OCB W EXACERBATION	234
780.60 - FEVER NOS	664	414.01 - COR AS-NATIVE VESSEL	214
786.52 - PAINFUL RESPIRATION	623	427.31 - ATRIAL FIBRILLATION	193

Inpatient Hospital Utilization

According to the SC Office of Research and Statistics, McLeod Regional Medical Center had 23,602 discharges in 2011. During that same year, there were 21,125 hospital discharges of people in Florence County. This total equates to a rate of 15,323 per 100,000. The highest diagnosis category of hospitalization was Diseases of the Circulatory System, which includes heart disease. There were 3,401 in this category which is a rate of 2,466 per 100,000. The top 25 reasons for inpatient hospitalization for residents of Florence County are shown in table.

Table 23. Florence County Top 25 Inpatient Hospitalizations, 2011

Rank	Medicare Severity Diagnosis Related Group (MS-DRG)	Discharges	Percent of Total
1.	775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	765	3.6 %
2.	392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	573	2.7 %
3.	766 - CESAREAN SECTION W/O CC/MCC	466	2.2 %
4.	470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	413	1.9 %
5.	951 - OTHER FACTORS INFLUENCING HEALTH STATUS	404	1.9 %
6.	641 - NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC	372	1.7 %
7.	313 - CHEST PAIN	348	1.6 %
8.	765 - CESAREAN SECTION W CC/MCC	343	1.6 %
9.	885 - PSYCHOSES	342	1.6 %
10.	871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	335	1.6 %
11.	690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC	316	1.5 %
12.	292 - HEART FAILURE & SHOCK W CC	310	1.5 %
13.	743 - UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	292	1.4 %
14.	683 - RENAL FAILURE W CC	288	1.3 %
15.	945 - REHABILITATION W CC/MCC	279	1.3 %
16.	194 - SIMPLE PNEUMONIA & PLEURISY W CC	272	1.3 %
17.	287 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	261	1.2 %
18.	603 - CELLULITIS W/O MCC	260	1.2 %
19.	291 - HEART FAILURE & SHOCK W MCC	240	1.1 %
20.	203 - BRONCHITIS & ASTHMA W/O CC/MCC	233	1.1 %
21.	312 - SYNCOPE & COLLAPSE	228	1.1 %
22.	195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	211	1 %
23.	310 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	207	1 %
24.	812 - RED BLOOD CELL DISORDERS W/O MCC	199	0.9 %
25.	192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	179	0.8 %

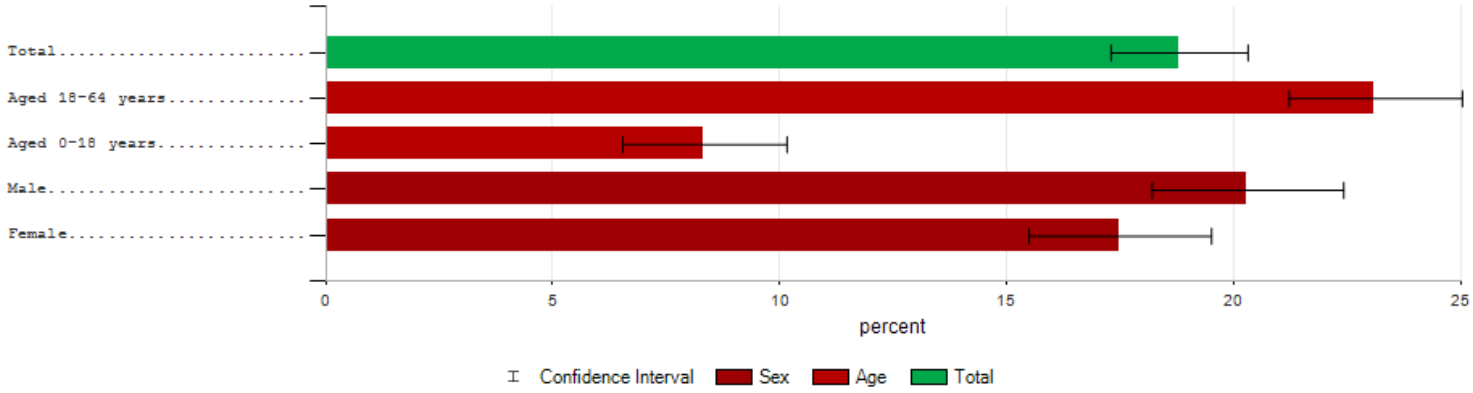
Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2011.

HEALTH INSURANCE DEMOGRAPHICS

Insured Population
The lack of health insurance is considered a *key driver* of health status.

This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

In 2010, a total of 18.7% of Florence Country residents under 65 years of age were without health insurance according to Health Indicators Warehouse. Of those aged 18-64, 23.0% were without health insurance.



In comparison, in that same year there were a total of 20.3% residents less than 65 years of age were without health insurance in South Carolina. Of those aged 18-64, 24.4% were without health insurance.

Health Programs to Cover the Uninsured

Medicaid
In addition to meeting minimum federal Medicaid standards, Healthy Connections covers pregnant women and infants under age 1 up to 185 percent of federal poverty guidelines. Partners for Healthy Children cover all other children up to 150 percent of federal poverty guidelines.

CHIP
Healthy Connections Kids covers children up to 200 percent of federal poverty guidelines.

State-Only Programs
High-Risk Pool: The South Carolina Health Insurance Pool covers those who have been refused insurance for health reasons, are offered only reduced coverage, are offered coverage at more than 50 percent higher than the pool rate, or have federal eligibility under HIPAA or TAA. The program is funded by premiums and insurance carrier assessments.

American Health Benefit Exchange (Marketplaces)

The Affordable Care Act requires the creation of state-based American Benefit Exchanges. Exchanges create a marketplace for health insurance purchasers by providing choices to consumers in picking their health coverage that begins January 1, 2014. They will also provide coverage options for people who do not qualify for Medicaid or have employer sponsored insurance.

Premium assistance, in the form of a credit, will be provided through the exchange to individuals between 133 and 400 percent of the federal poverty guidelines to ensure affordable options. The premiums for individuals and/or families will be limited based on income; the maximum premium cost will be limited to 2 percent of income for those with incomes at or below 133 percent of the federal poverty guidelines and up to 9.5 percent of income for those between 300 to 400 percent of FPL.

Health Disparities Law in South Carolina

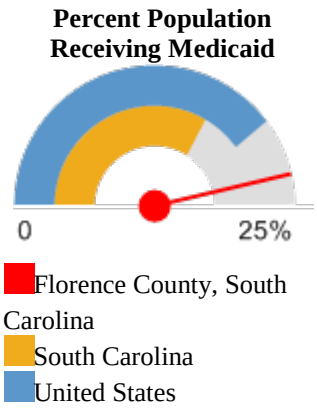
S.C. Code Ann. § 11-11-170- Establishes the South Carolina Healthcare Tobacco Settlement Trust Fund from tobacco manufacturers settlement agreement. Funds are kept separate from other state funds. Seventy-three (73%) percent of available funds must be used for healthcare programs and specifies that only interest earnings may be appropriated and used for, but not limited to disease prevention and elimination of health disparities: diabetes, HIV/AIDS, hypertension, and stroke, particularly in minority populations.

Population Receiving Medicaid

This indicator reports the percentage of the population that is enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

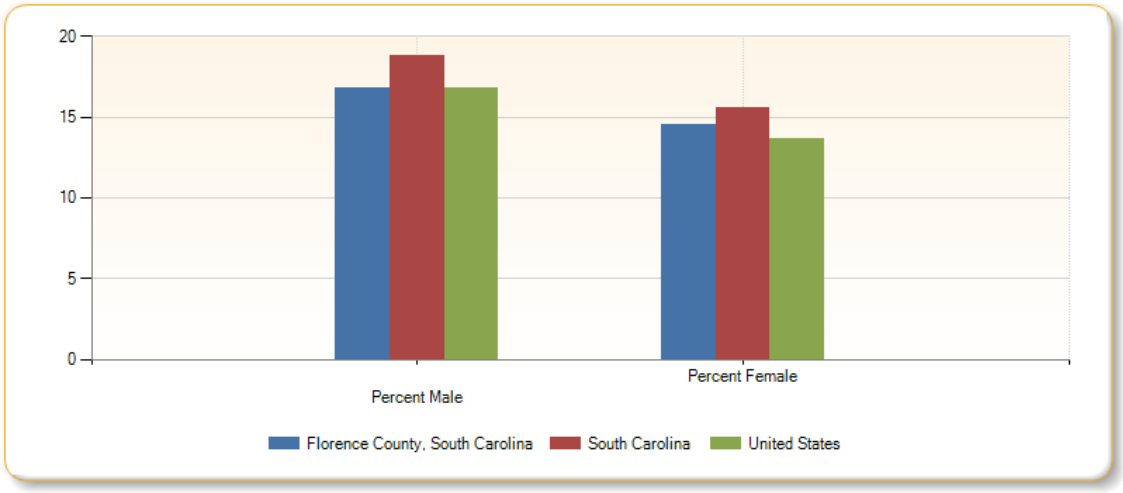
Report Area	Population (for Whom Insurance Status is Determined)	Population Receiving Medicaid	Percent Population Receiving Medicaid
Florence County, South Carolina	137,016	30,648	**26.88%**
South Carolina	4,635,405	780,459	16.84%
United States	309,231,232	51,335,184	19.91%

Note: This indicator is compared with the state average.
Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates. Source geography: PUMA.



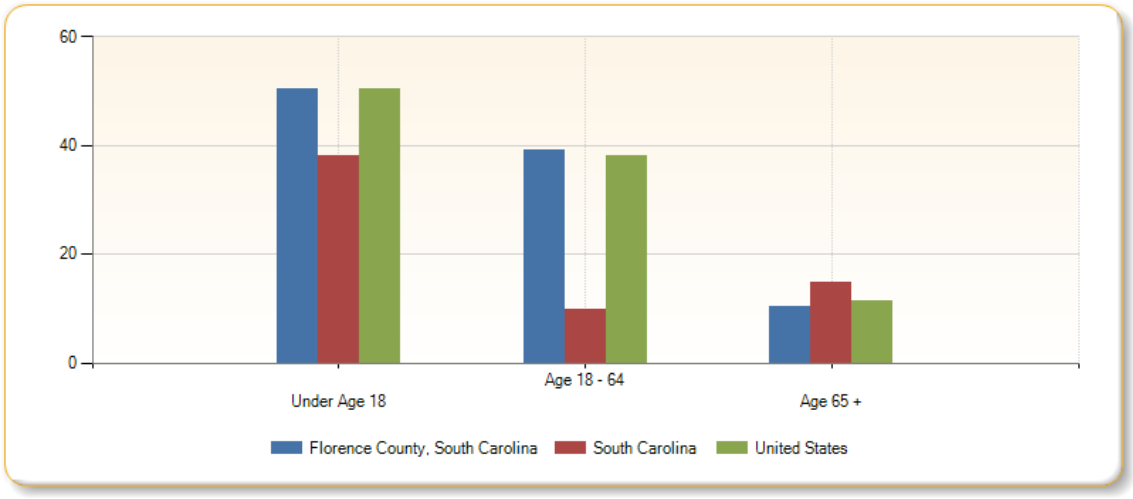
Population Receiving Medicaid by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Florence County, South Carolina	10,594	10,497	16.83%	14.55%
South Carolina	408,626	366,612	18.78%	15.55%
United States	24,979,664	21,302,552	16.84%	13.68%



Population Receiving Medicaid by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Florence County, South Carolina	50.37%	39.22%	10.42%
South Carolina	38.03%	9.87%	14.71%
United States	50.46%	38.20%	11.34%



CLINICAL CARE

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Major Health Resources (partial listing of available resources)

Acute Care Hospitals:

- McLeod Regional Medical Center, Florence, SC
- Carolinas Hospital System, Florence, SC
- Lake City Community Hospital, Lake City, SC

Urgent Care Center:

- McLeod Urgent Care, Florence, SC

Other Major Health Resources:

- **Florence Health Department, Florence, SC**

The Florence Health Department offers a wide variety of health care services at a low cost or for free.

- **Lake City Public Health Department, Lake City, SC**

The Florence Health Department offers a wide variety of health care services at a low cost or for free.

- Health Care Partners, Johnsonville, SC

Health Care Partners is open Monday, Tuesday, and Thursday from 8:00 am – 5:00 pm, Wednesday from 11:00 am – 5:00 pm, and Friday from 8:00 am to 2:00 pm. They offer low-cost medical care on a sliding fee basis and accept Medicaid. They require a Social Security number.

- **Mercy Medicine Clinic, Florence, SC (Free Medical Clinic)**

The Mercy Medicine Clinic offers free medical services to low income individuals without insurance or Medicaid living in Florence or Williamsburg County. They are open Monday – Thursday from 8:30 am – 5:30 pm. The Clinic also offers Dental

extraction services to anyone in the Pee Dee Region. Applications for care are taken Monday 9:00 am – 11:30 pm.

- **Black River Medical Center (FQHC)**
  Olanta, SC, Office
  The Olanta Medical Center is open Monday, Tuesday, Thursday, and Friday from 8:00 am – 1:00 pm and from 2:00 pm – 5:30 pm, and Wednesday from 8:00 am – 12:00 pm. They offer medical services on a sliding fee scale for those without insurance, or they accept Medicaid.

  Greeleyville, SC, Office
  Open Monday, Tuesday, Wednesday, and Thursday: 8am – 5:30pm
  Friday: 8am – noon. They offer medical services on a sliding fee scale for those without insurance, or they accept Medicaid.

  Timmonsville, SC, Office
  Open Monday, Tuesday, Wednesday, and Thursday: 8 am – 5:30 pm
  Friday: 8 am – noon. They offer medical services on a sliding fee scale for those without insurance, or they accept Medicaid.

- **HopeHealth (FQHC)**
  Main Office, Florence, SC (Two Clinics located on Palmetto Street & Cheves Street near McLeod Regional Medical Center)
  This is a federally funded community health center providing quality, comprehensive medical care for families and people of all ages in Chesterfield, Darlington, Dillon, Florence Marlboro and Marion counties. Medicaid, Medicare, and most insurance programs are accepted. A Sliding Fee Scale Program is available for those who qualify, and no-interest payment plans are available if you are not able to pay during your visit. HopeHealth has also partnered with several homeless shelters in the Pee-Dee area to provide health care vouchers for free medical attention. The center also provides healthcare and support services for those with HIV/AIDS.

  HopeHealth at Francis Marion University, Florence, SC
  This is a federally funded community health center providing quality, comprehensive medical care for families and people of all ages in Chesterfield, Darlington, Dillon, Florence Marlboro and Marion counties. Medicaid, Medicare, and most insurance programs are accepted. A Sliding Fee Scale Program is available for those who qualify, and no-interest payment plans are available if you are not able to pay during your visit. HopeHealth has also partnered with several homeless shelters in the Pee Dee area to provide health care vouchers for free medical attention.

  HopeHealth on Cherokee, Florence, SC
  This is a federally funded community health center providing quality, comprehensive medical care for families and people of all ages in Chesterfield, Darlington, Dillon, Florence Marlboro and Marion counties. Medicaid, Medicare, and most insurance programs are accepted. A Sliding Fee Scale Program is available for those who

qualify, and no-interest payment plans are available if you are not able to pay during your visit.

Homeless Shelters

HopeHealth has also partnered with several homeless shelters in the Pee Dee area to provide health care vouchers for free medical attention. The center further can provide healthcare and support services for those with HIV/AIDS.

- **Doctors Care, 2 locations in Florence, SC**

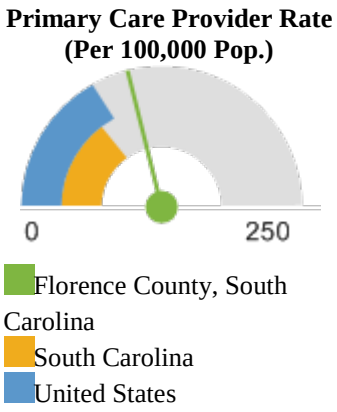
Doctors Care is a state wide medical provider with 50 office locations. Doctors Care accepts Medicaid and Medicare as well as offers a 25% reduction in fees to uninsured patients.

Access to Primary Care

The access to primary care indicator reports the number of primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
Florence County, South Carolina	136,885	144	**105.19**
South Carolina	4,625,364	3,455	74.60
United States	312,471,327	264,897	84.70

Note: This indicator is compared with the state average. No breakout data available.
Data Source: U.S. Health Resources and Services Administration Area Resource File, 2011 . Source geography: County.



An inventory of health professionals in Florence County compared to South Carolina is displayed in tables 24-27.

Table 24. Physicians in Florence and South Carolina, 2012

Physicians	Florence	South Carolina
Total Physicians Whose Primary Practice is in This Area	418	10,163
Family Practice	87	1,650
Internal Medicine	39	1,166
Obstetrics / Gynecology	23	552
Pediatrics	13	727
General Surgery	15	441
All other Physicians (Specialists)	238	5,368
Physicians Per 10,000 Population	31.1	22.3
Primary Care Physicians Per 10,000 Population	12.1	9.0
Federal Physicians	3	259

Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.

Table 25. Nurses in Florence and South Carolina, 2012

Nurses	Florence	South Carolina
Registered Nurses	2,108	36,213
Certified Nurse Midwife	0	84
Nurse Practitioners	47	1,525
Certified Nurse Anesthetists	73	923
Clinical Nurse Specialists	1	60
Licensed Practical Nurses	577	9,089

Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.

Table 26. Dentists and Hygienists in Florence and South Carolina, 2012

Dentists and Hygienists	Florence	South Carolina
Dentists	71	2,069
Dental Hygienists	82	2,381
Dental Technicians	9	138

Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.

Table 27. Other Health Professionals in Florence and South Carolina, 2012

Other Health Professions	Florence	South Carolina
Pharmacists	154	4,111
Pharmacy Technicians	235	5,962
Physical Therapists	95	2,181
Physical Therapy Assistants	70	1,194
Occupational Therapists	63	1,128
Occupational Therapy Assistants	27	465
Physician Assistants	27	679
Respiratory Care Practitioners	136	2,188
Optometrists	14	452

Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.

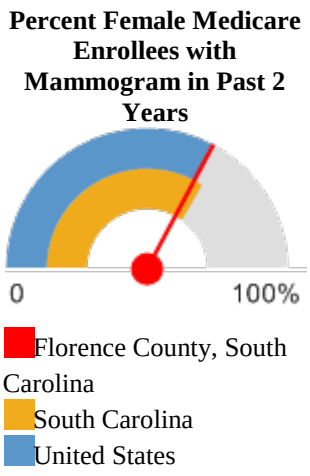
PREVENTATIVE SCREENINGS

Breast Cancer Screening (Mammogram)

This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Years
Florence County, South Carolina	16,635	1,632	1,066	**65.38%**
South Carolina	483,003	45,940	31,648	68.89%
United States	51,875,184	4,218,820	2,757,677	65.37%

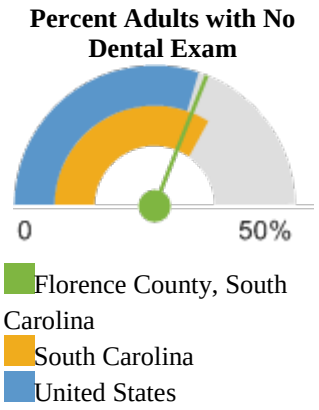
Note: This indicator is compared with the state average. No breakout data available.
Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.



Dental Care Utilization (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Number Adults with No Dental Exam	Percent Adults with No Dental Exam
Florence County, South Carolina	101,331	31,362	**30.95%**
South Carolina	3,442,167	1,178,598	34.24%
United States	232,747,222	70,151,188.94	30.14%

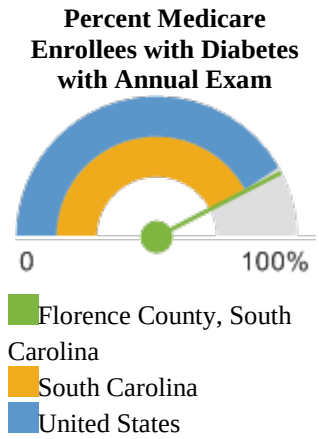


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Florence County, South Carolina	16,635	2,709	2,305	**85.12%**
South Carolina	483,003	67,918	57,415	84.54%
United States	51,875,184	6,218,804	5,212,097	83.81%

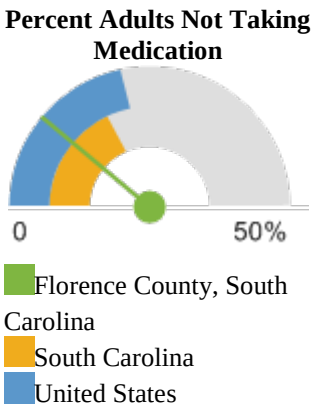


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.

High Blood Pressure Management

This indicator reports the percentage of adults aged 18 and older who self-report that they are not taking medication for their high blood pressure. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Number Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Florence County, South Carolina	101,331	11,258	**11.11%**
South Carolina	3,442,167	627,163	18.22%
United States	232,747,222	50,606,335.52	21.74%

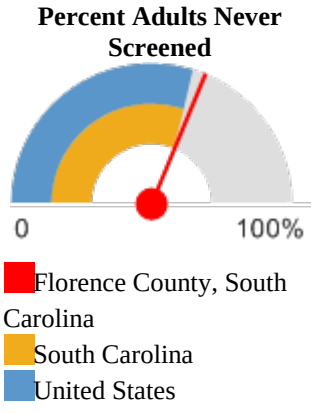


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

HIV Screenings

This indicator reports the percentage of teens and adults age 12-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Number Adults Never Screened	Percent Adults Never Screened
Florence County, South Carolina	101,331	63,443	**62.61%**
South Carolina	3,442,167	2,099,378	60.99%
United States	232,747,222	139,253,113.51	59.83%

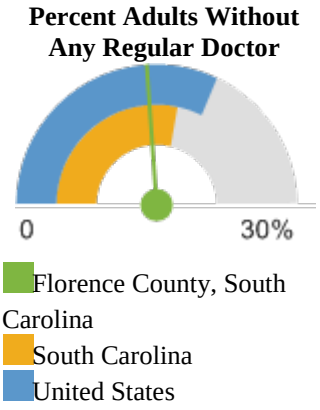


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Lack of a Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Report Area	Total Population (Age 18)	Number Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Florence County, South Carolina	101,331	14,440	**14.25%**
South Carolina	3,442,167	587,922	17.08%
United States	232,747,222	44,961,851.44	19.32%

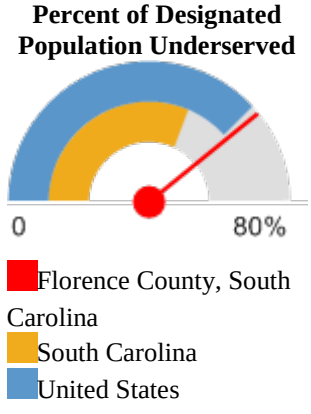


Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population	HPSA Designation Population	Underserved Population	Percent of Total Population Underserved	Percent of Designated Population Underserved
Florence County, South Carolina	136,885	6,676	4,182	3.06%	**62.64%**
South Carolina	4,625,364	1,010,480	509,959	11.03%	50.47%
United States	312,471,327	63,421,548	38,748,460	12.40%	61.10%



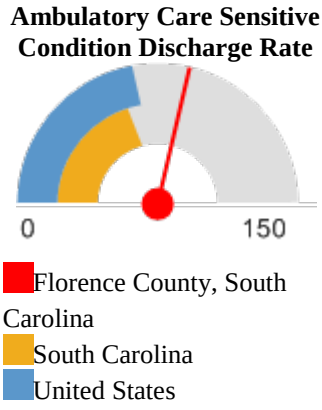
Note: This indicator is compared with the state average. No breakout data available.
Data Source: U.S. Health Resources and Services Administration Data Warehouse, Health Professional Shortage Area (Components), May 2013. Source geography: HPSA.

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Florence County, South Carolina	17,011	1,467	**86.24**
South Carolina	501,376	30,684	61.20
United States	56,167,590	3,737,659	66.54

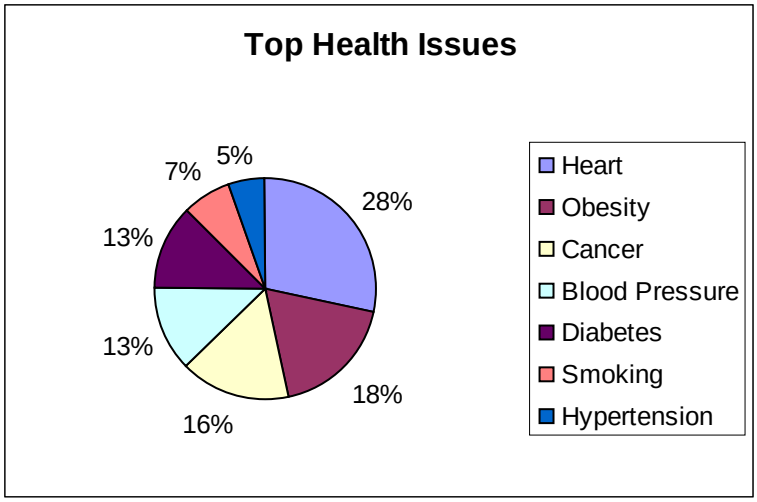
Note: This indicator is compared with the state average. No breakout data available.
Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.



COMMUNITY FEEDBACK

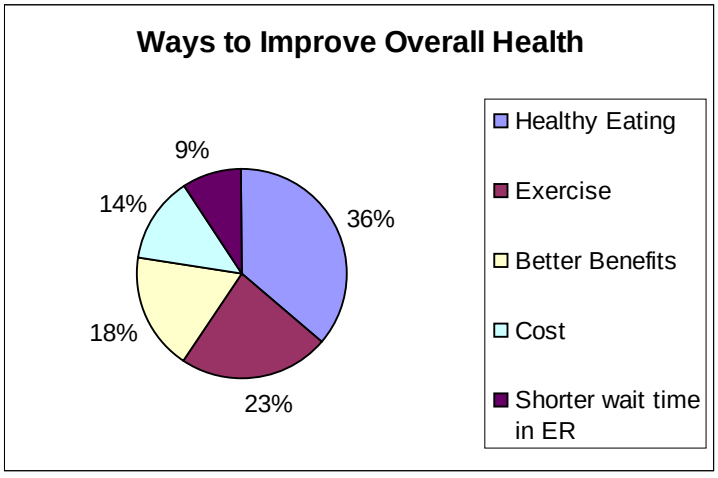
Significant Health Challenges and Key Health Needs

A written survey was distributed to community members in Florence County. The top health issues according to the residents of the county are obesity and the co-morbidities that accompany the problem. These include but are not limited to: heart disease, diabetes, blood pressure, and hypertension. As indicated in the below graph, cancer is also a top health concern.



The top barrier to accessing health care needs is cost and lack of insurance. However, a vast majority of those surveyed indicated they have a primary care/family physician but cite that cost has prevented them from seeking medical attention.

As shown in the graph below, a major of survey responders indicated that healthy lifestyle and exercise are top ways to improve health in the county.



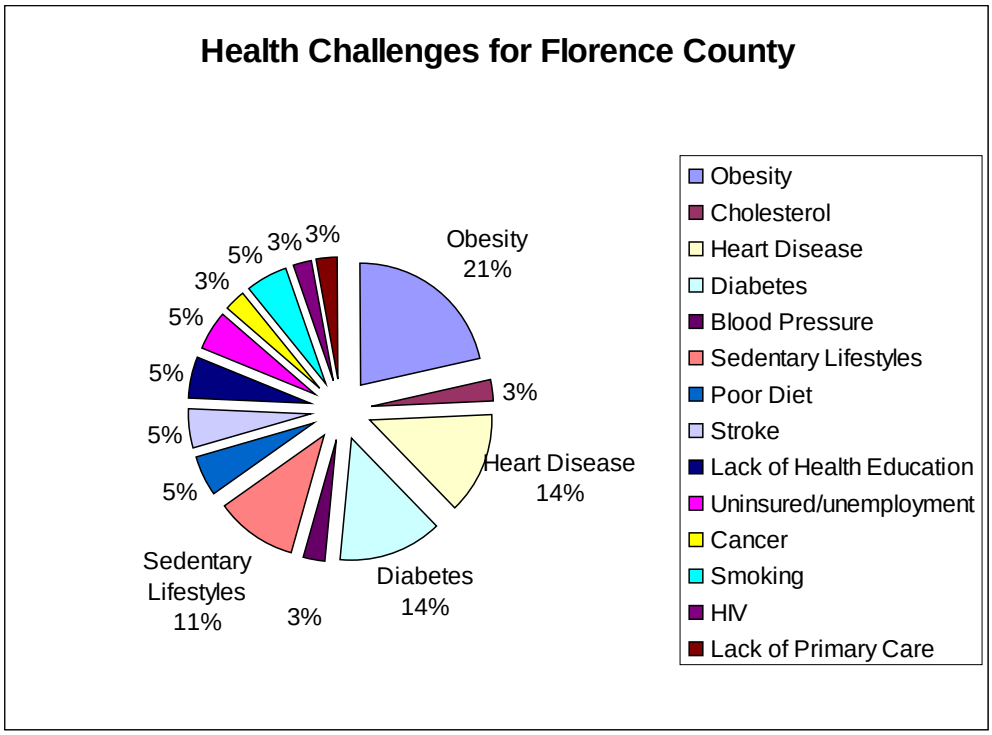
<u>Significant Health Challenges Identified:</u>

- Cardiac Health
- Cancer Prevention and Treatment
- Sedentary Lifestyle

Top Priorities and Key Health Needs

Community leaders, elected officials and service organizations that serve Florence County with special knowledge and expertise of public health were interviewed to obtain various perspectives of the county's health needs. Information was solicited from 19 local agencies and service providers (Appendix A). Residents learn about the services provided by these agencies by word of mouth, news/local media, advertising, community leaders, and public education and a majority serve a wide variety of ages and races.

Top priorities and key health needs cited by those interviewed are displayed in the following graph:



Responders overwhelmingly identified the lack of knowledge about proper diet and exercise, which exacerbates numerous co-morbidities, as the most significant health challenge in the county. Obesity, Heart Disease, High Blood Pressure, Stroke, and Diabetes were the main health concerns.

The general consensus of responders was that the main health challenges of the county were being addressed, but that the issue of obesity and the co-morbidities that coincide with obesity is a multi-faceted problem. Many commented on the daunting challenge to try and change the mindset of someone regarding their eating and lifestyle habits, especially at a later age. More education and outreach at a younger age was suggested as a solution.

<u>Key Health Needs Identified:</u>

- Obesity, Heart Disease, High Blood Pressure, Stroke, and Diabetes
- Health care education for children with the goal of preventing obesity
- Public Education for the community, including prevention and healthy living

Physicians that provide care in Florence County and have special knowledge and health care expertise was also interviewed about the county's health needs. The physicians cited diabetes (and the complications of diabetes), obesity, behavioral health, wound care, cancer (breast, colon, lung), hypertension, chest pain, GI problems, and endocrine problems as the most frequently treated health problems.

These health care providers described the top health needs to be smoking cessation programs, weight loss clinics, access to primary care physicians, and mental health services. Obesity, substance abuse and non-compliance to prescribed medical plan were also identified as areas of opportunities to further engage people to take control of their health.

The greatest contributors to these identified needs include obesity, tobacco use, uncontrolled diabetes, lack of education, poor diet. It was also noted that the contributors are not due to the availability of medical services, but that it is more of a social problem which includes non-compliance, lack of knowledge, and idleness.

Providers see the need for clinics to treat the under and uninsured patients, education for the community, more medical specialists, as well as prevention and early detection marketing. McLeod was given credit for it's presence in the community and complimented on being very progressive and visionary and for doing an absolutely excellent job in the region. It was added that McLeod's vision is absolutely incredible and that McLeod is the most outstanding institution in this area as far as quality and service.

PRIORITY ISSUES AND PLAN

PRIORITY ISSUES AND IMPLEMENTATION PLAN

McLeod Health utilizes resources such as the U.S. Department of Health and Human Services Healthy People 2020 program which serves to guide national health promotion and disease prevention efforts. This program identifies evidence-based, best practices to help advance targeted approaches that align with national objectives for improving the health of all Americans. Attention is focused on the "upstream" determinants that affect the public's health that contribute to health disparities by addressing identified needs through education, prevention, targeted initiatives validated through research, and the delivery of health services. Cross-sector collaboration is now widely considered as essential for having a meaningful impact on building healthier community. Through collaboration with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in our community, McLeod Health can better serve its mission.

PLAN PRIORITIES

McLeod Regional Medical Center has selected the following areas which to collaborate with community partners for improving community health in Florence County.

- Obesity
- Heart Disease
- Cancer
- Diabetes
- Hypertension

McLeod Regional Medical Center (Florence) Implementation Plan

Priority issues were determined from the community input gathered for the CHNA. The priority issues, or "recognized needs", are listed with a 3-fold action plan which covers Awareness of the issue, Education of the issue, and Accessibility to health care and information. Although other needs exist, the focus has been placed on identified health priorities and resources in our community.

Through successful partnerships and collaborations with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in our community, McLeod Health can more effectively satisfy its long standing mission dedicated to improving the health and well-being in our region through excellence in health care.

Recognized Need	Awareness	Education	Accessibility
Obesity	Sponsor community activities that promote physical fitness and/or healthy lifestyle. Explore opportunities with Eat Smart, Move More SC. Utilize publically available, free walking tracks / trails for community events. Participation by Athletic Trainers and physicians in coaches' clinics to stress the importance of being fit.	Provide education to the community through materials, education, speakers, internet, and other outreach activities. Explore obesity conference or program initiative hosted by McLeod Health. Conduct regional diabetes fair hosted by McLeod Health. Utilize Healthy People 2020 educational materials in outreach efforts. Emphasize the numerous orthopedic problems as a result of obesity during educational activities.	Offer heart healthy (low fat) options in the McLeod cafeteria. Participate in the American Heart Association's National Walk at Work day. Support the downtown Farmer's Market. (Florence, SC). Continue to offer the track at McLeod Health & Fitness Center and is available to the public free of charge. Publicize that dieticians are available for one on one counseling at McLeod Health & Fitness. Offer Kids Activity camps at McLeod Health & Fitness that stress the importance of an active lifestyle to youth.
Heart Disease	Sponsor the American Heart Association and support fundraising and educational efforts - such as the heart walk and Go Red for Women month. Team up with community leaders to gain momentum for the heart walks.	Provide education to the community through materials, education, speakers, internet, and other outreach activities. Diabetes is an important role in heart disease and obesity because diabetes is a risk factor for heart disease. Implement low cost and no cost screenings, counseling and education at the annual health fair.	Actively engage patients in their own care by providing them with education about hypertension medication, adherence support (for medication and other treatments), and tools and resources for self-management (including health behavior change). Apply for grant funding to offer scholarships to those in need of Cardiac

		Implement regional heart events hosted by McLeod Health. Distribute Stroke and Heart Attack Warning signs at various events and conferences including Healthy People 2020 educational material. Distribute Smoking & Heart Disease information at various events and conferences including Healthy People 2020 educational material.	Rehab that are under or uninsured. Promote McLeod Air Reach air transport and McLeod Heart Reach ambulance transport to regional first responders and hospitals to expedite care to interventional procedures. Utilize Carepoint for EKG transmittal at McLeod Regional Medical Center to expedite care for the patient. Participate in the American Heart Association STEMI National Initiative. McLeod Cardiology Outreach guides these efforts which include collaborating with first responders and hospitals to implement best practice guidelines to expedite care to cath lab. Maintain PCI accredited Chest Pain Center designation at MRMC. Offer smoking cessation classes and information. Facilitate care coordination and primary medical care services to targeted uninsured with chronic conditions that are eligible for Healthy Outcomes Plan Initiatives that focuses on behavioral health, hypertension, dental conditions,

			diabetes, and heart disease.
Cancer	Participation by the McLeod Cancer Center and the McLeod Hospice House at Health Fairs. Utilize McLeod Cancer Center team members for speaking engagements/events offered to the community. Distribute information and provided education to the community from the American Cancer Society about cancer prevention and living with/overcoming cancer. Offer support groups through McLeod Health free of charge. Offer smoking cessation classes and information.		Open the McLeod Cancer Center in 2014 to improve and expand services to the community. Continue to offer The "Color Me Pink" Boutique to the community at no charge to the patient. Patients may receive one free wig, breast prosthetic, and scarf.
Diabetes	Provide low cost and no cost blood sugar screenings, counseling and education. Participation by the McLeod Diabetes Center in regional health fairs and speaking engagements. Offer community support groups and classes to those living with or impacted by diabetes. Offer one-on-one diabetic counseling with dieticians for nutrition, coping, and lifestyle changes. Facilitate care coordination and primary medical care services to targeted uninsured with chronic conditions that are eligible for Healthy Outcomes Plan Initiatives that focuses on behavioral health, hypertension, dental conditions, diabetes, and heart disease.		
Blood Pressure	Stress the correlation of blood pressure to heart disease through outreach efforts, events, and health fairs/community gatherings. Collaborate with cardiac physicians and primary care physicians to monitor patients' blood pressure. Provide low cost and no cost screenings and counseling. Offer smoking cessation classes and information. Utilize Healthy People 2020 educational material in outreach efforts. Facilitate care coordination and primary medical care services to targeted uninsured with chronic conditions that are eligible for Healthy Outcomes Plan Initiatives that focuses on behavioral health, hypertension, dental conditions, diabetes, and heart disease.		

Health Needs Not Addressed

There were some areas of health needs that are important to improving community, but not addressed in this assessment. These were deemed to have a lower priority and less immediate impact, services already being provided by other initiatives, services outside the scope of resources, or will be addressed in a future plan or when the opportunity arises.

The most notable health needs not addressed is in dental care and behavioral health care. Preventive education of teenage pregnancy, sexually transmitted disease, low birth weight, and infant mortality were not addressed in the implementation plan. These services are being provided by other community providers and on a limited basis by McLeod Health.

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Appendix A

Community Leaders & Representatives Involved

1. Circle Park
   Holly Morrison- Clinical Director
   Serving in the field of addiction treatment, Holly Morrison has special knowledge of the needs of the underserved and at risk population.

2. County Council
   Alphonso Bradley- Vice Chairman, School District 2 & 3
   Representing the Florence County Public Education System, Alphonso Bradley has knowledge of the population he represents.

3. American Heart Association
   Sherryl Love- Senior Director of Development
   Sherryl Love serves as a representative of community members with heart disease, one of the top leaders of death in the county.

4. SC Department of Health Environmental Control
   Suzette McClellan - Community Systems director
   Suzette McClellan has expertise with the public health needs of Dillon residents, including low-income and underserved patients.

5. Florence Darlington Technical College
   Jill Heiden Lewis- VP of Institutional Advancement & Business Development
   Serving in the field of education, Jill Heiden Lewis has special knowledge of the educational status and needs of the county.

6. Greater Florence Chamber of Commerce
   Tom Marschel- Executive Director
   An executive representing Florence County, Tom Marschel has knowledge of the population he represents.

7. Florence County Council
   Octavia Williams-Blake
   Representing Florence County, Octavia Williams-Blake has knowledge of the population she represents.

8. United Way
   EJ Newby - President
   The United Way of Florence County works to improve the lives of residents, including low-income and underserved patients. As President, EJ Newby understands the biggest human services problems in Florence County.

9. Francis Marion University
   Darryl Bridges- VP for Public & Community Affairs
   Serving in the field of education, Darryl Bridges has special knowledge of the educational status and needs of the county.

10. American Red Cross Disaster Relief Services
    Linda Boone-Smith, Executive Director
    Serving Darlington County, Linda Boone-Smith serves as a representative of the families served in the county.

11. Florence County Emergency Medical Services
    Ryon Watkins- EMS Director, Kate Smith- Professional Standard & Training Officer
    Serving Florence County, Ryon Watkins and Kate Smith serve as representatives of the families served in the county.

12. Mercy Medicine Clinic
    Latrell Fowler- Director
    Mercy Medicine Clinic provides primary medical care and life sustaining medications for the indigent, uninsured, and working poor residents of Florence and Dillon Counties. In her role, Latrell Fowler has expertise of the public health needs of the county.

13. HopeHealth
    Carl Humphries- CEO
    HopeHealth is a federally funded community health center providing comprehensive medical care for families and people of all ages in Chesterfield, Darlington, Dillon, Florence Marlboro and Marion counties. Medicaid, Medicare, and most insurance programs are accepted. A Sliding Fee Scale Program and a no-interest payment plan are available. Carl Humphries is knowledgeable of the low-income and underserved patients in the county.

4 other agencies were contacted with no response.

Appendix B

Community Physicians Involved

Serving patients in Florence County gives each medical expert interviewed has special knowledge of the medical and public health needs of residents in Florence. Emergency Department physicians also have special health knowledge of the public health needs of low-income and underserved patients.

Interviews included McLeod Regional Medical Center - Medical Staff Representatives in the following specialties:

1. Emergency Medicine
2. Primary Care
3. Cardiovascular
4. Oncology
5. General Surgery

The 2013 McLeod Regional Medical Center Community Health Needs Assessment is located on the website of McLeod Health at *www.McLeodHealth.org*. A copy can also be obtained by contacting the hospital administration office.