McLeod Regional Medical Center
2019 Community Health Needs Assessment

Approved by McLeod Regional Medical Center Community Board on 08/12/2019

McLeod Health
The Choice for Medical Excellence

Introduction

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. This *Community Health Needs Assessment* and *Action Plan* presents an opportunity for improving health status.

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 disease or health 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 provides valuable insight in guiding decisions that create a pathway for improving the health of our community. As you read the *Community Health Needs Assessment*, it can 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 and prevention before there is a medical need. Research has shown that the health care system represents only 10-20% of determining health status, while our individual health behaviors we choose 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 important access to preventative health services. It 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 where our collective efforts can build a healthy community that nurtures its families and communities. McLeod Health encourages partnerships with volunteers, business, government, civic and religious institutions to join us in this work. Although we will not be able to eradicate every illness, there is much we can accomplish by education, fostering good health and addressing community health gaps. Health begins with healthy relationships, healthy communities, and healthy jobs, which can protect us from the stress of everyday life.

Input was solicited and taken into account from the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs:

- At least one state, local, or regional governmental public health department (or equivalent department or agency), or State Office of Rural Health with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income, and minority populations in the community served by the hospital facility or individuals or organizations serving or representing the interests of these populations
- Solicitation of comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy

One-on-one interviews, questionnaires, and forums were conducted in Spring 2019 as a means to gather input.

Top Health Concerns Reported Among Community Members

- Access to Primary Care Providers and Services

- Heart Disease/Stroke

- Diabetes

- Drug Abuse

Source: McLeod Health 2019 Survey

Top Health Concerns Reported Among Health Professionals

Most frequent health concerns:

- Cancer

- Diabetes

- Heart Disease/Stroke

- Addressing Mental Health Services

- Access to Primary Care Providers

- Obesity

Source: McLeod Health 2019 Survey

Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Regional Medical Center Emergency Department October 2017 – September 2018:

- Abdominal Pain

- Chest Pain

- Acute Upper Respiratory Infection

- Urinary Tract Infection

- Headache

- Injury of Head

- Influenza

- Hypertension

- Acute Bronchitis

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Regional Medical Center
October 2017 – September 2018:

- Obstetrical Care, Labor and Delivery, Vaginal and Cesarean Section

- Sepsis

- Acute Kidney Failure

- Non-ST-Elevation Myocardial Infarction

- Hypertension with Heart Failure

- Pneumonia

- Hypertension with Heart Disease and Heart Failure

- Paroxysmal Atrial Fibrillation

Opportunities & Plan Priorities

McLeod Regional Medical Center has developed an action plan that collaborates with community partners to provide community health initiatives that are focused on areas listed below and further described within the Implementation Plan that utilizes evidence-based practices for addressing:

- Access to Health Care Services for Vulnerable Populations

- Heart Disease and Stroke

- Diabetes

- Cancer

- Oral Health

About McLeod Regional Medical Center

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 with a Stereotactic Radiosurgery program, three dedicated open heart surgery suites and two vascular surgery hybrid Operating Rooms within the Heart & Vascular Institute. Centers of Excellence are available in Surgery, Neurosurgery, Trauma and Women's Services. The medical center has a Diabetes Center, Rehabilitation and Sports Medicine Services, and the Center for Advanced Surgery, which all deliver an unmatched level of care to people in the region.

As one of only five state-designated regional perinatal centers, McLeod Regional Medical Center offers the region's only Children's Hospital which includes a 48-bed Neonatal Intensive Care Unit and six-bed Pediatric Intensive Care Unit.
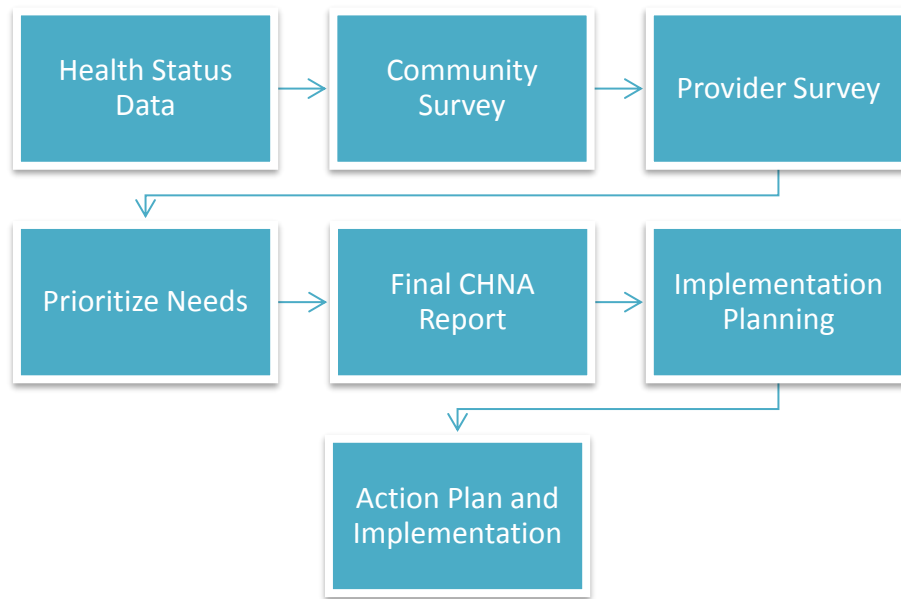
Since 1980, McLeod has offered a three-year Family Medicine Residency Program as a teaching facility for physicians.

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 (ACA) introduced 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 to develop a tailored plan which targets the needs of the county. The Community Health Needs Assessment includes:

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┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│ Health Status│ ──> │  Community   │ ──> │Provider Survey│
│     Data     │     │   Survey     │     │              │
└──────────────┘     └──────────────┘     └──────────────┘
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┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│Prioritize    │ ──> │  Final CHNA  │ ──> │Implementation│
│   Needs      │     │   Report     │     │  Planning    │
└──────────────┘     └──────────────┘     └──────────────┘
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                     ┌──────────────┐
                     │Action Plan and│
                     │Implementation │
                     └──────────────┘
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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 seven acute care hospital facilities 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 publicly available resources and some primary data from qualitative and quantitative investigation. 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 was 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 community health concerns.

HEALTH DETERMINANTS AND DISPARITIES

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.

Determinants of Overall Health
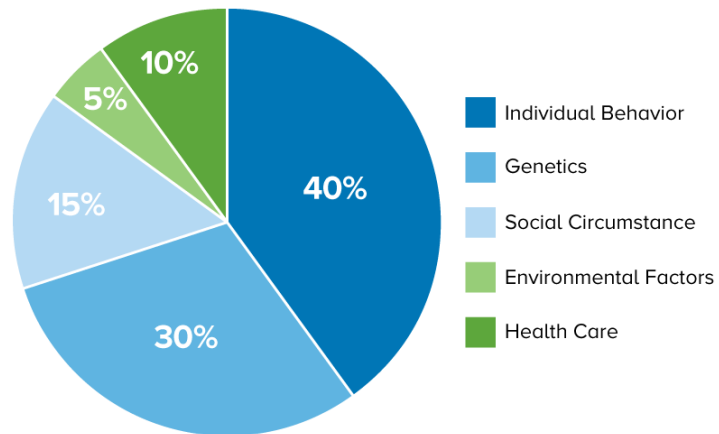
Source: *We Can Do Better—Improving the Health of the American People*, The New England Journal of Medicine, September 2007

Behavioral Determinants (40%)

Examples:

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

Genetic Determinants (30%)

Examples:

- 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%)

Examples:

- 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%)

Examples:

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

Environmental Determinants (5%)

Examples:

- 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 take in consideration the existing initiatives, the available resources that we are aware of, 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 U.S. 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.

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.

Preventative Care

Preventative care includes medical services such as screenings, immunizations, counseling, and preventative medications intended to prevent illness or detect diseases early before symptoms are developed. With early detection, diseases can be treated more effectively, reducing potential complications of disease or even death. Regular preventative care can improve individual health and the overall health of a community.

Various preventative care guidelines and recommendations are published by different professional organizations, but most health care professionals refer to the recommendations published by the United States Preventative Services Task Force (USPSTF) as a reliable, widely accepted, and evidence-based guide. The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Their recommendations are based on a rigorous review of existing peer-reviewed data. The USPSTF assigns a letter grade (A, B, C, D,

or I) to each recommendation based on the strength of evidence and the balance of benefits and potential harms of the preventative service. Grade A and Grade B preventative services are recommended because the USPSTF has determined a high or moderate certainty that the net benefit is moderate or substantial.[1]

USPSTF preventative care recommendations apply to people who have no signs or symptoms of a specific disease or condition. USPSTF recommendations are evidence-based guidelines that help physicians identify appropriate preventative services for certain patient populations, but preventative care should be tailored for each patient depending on individual circumstances. Determining appropriate preventative services for an individual patient requires a one-on-one discussion between the physician and patient.

A complete list of USPSTF preventive care guidelines, including A and B grade recommendations, can be found at www.uspreventiveservicestaskforce.org. The table below highlights USPSTF grade A and B preventative care recommendations pertaining to community health priority areas including heart disease and stroke, diabetes, cancer, and oral health.

USPSTF Grade A and B Preventative Service Recommendations Associated with Identified Key Priority Areas

Topic	Recommendation	Grade
Blood Pressure Screening: Adults	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A
Breast Cancer Screening	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B

Cervical Cancer Screening	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	A
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.	A
Dental Caries Prevention: Infants and children up to age 5 years	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	B
Diabetes Screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	B
Lung Cancer Screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently	B

	smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	
Obesity Screening and Counseling: Adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B
Obesity Screening: Children and Adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B
Skin Cancer Behavioral Counseling	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B
Tobacco Use Counseling and Interventions: Non-Pregnant Adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	A

Tobacco Use Counseling: Pregnant Women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A
Tobacco Use Interventions: Children and Adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	B

USPSTF A and B Recommendations by Date. U.S. Preventive Services Task Force. June 2019.

https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/

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. McLeod Regional Medical Center Primary Service Area ZIP Codes

ZIP Code	City	County
29009	Bethune	Kershaw
29010	Bishopville	Lee
29046	Elliott	Lee
29080	Lynchburg	Lee
29101	McBee	Chesterfield
29104	Mayesville	Sumter
29114	Olanta	Florence
29161	Timmonsville	Florence
29162	Turbeville	Clarendon
29501	Florence	Florence
29505	Florence	Florence
29506	Florence	Florence
29516	Blenheim	Marlboro
29518	Cades	Williamsburg
29519	Centenary	Marion
29530	Coward	Florence
29541	Effingham	Florence
29555	Johnsonville	Florence
29560	Lake City	Florence
29565	Latta	Dillon

29571	Marion	Marion
29574	Mullins	Marion
29583	Pamplico	Florence
29591	Scranton	Florence
29592	Sellers	Dillon

Demographics

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.

The following information represents indicators of health status. The gauge displays, where available, compare local data to state and national data. A green needle on the gauge indicates the county is performing above the state and national data. A red needle indicates the county is performing below the state and national data.

Total Population

A total of 138,537 people live in the 799.96 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 173.18 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Florence County, SC	138,537	799.96	173.18
South Carolina	4,893,444	30,062.97	162.77
United States	321,004,407	3,532,315.66	90.88

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract ➜ Show more details

Total Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Florence County, SC	75,284	58,731	1,808	283	74	548	1,809
South Carolina	3,292,598	1,332,110	71,994	14,992	3,015	74,328	104,407
United States	234,370,202	40,610,815	17,186,320	2,632,102	570,116	15,553,808	10,081,044

Total Population by Race Alone, Total
Florence County, SC

Multiple Races: 1.3%
Some Other Race: 0.4%
Asian: 1.3%
Black: 42.4%
White: 54.3%
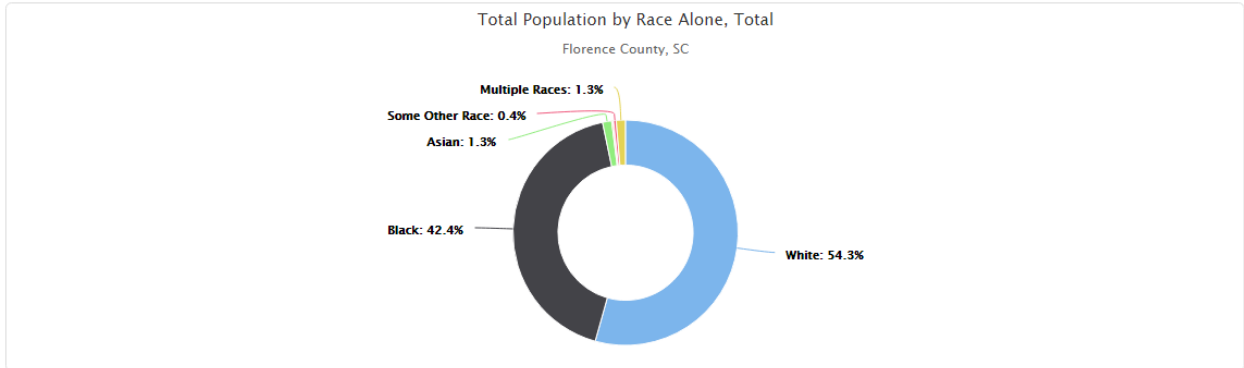
Population in Limited English Households

This indicator reports the percentage of the population aged 5 and older living in Limited English speaking households. A "Limited English speaking household" is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well." This indicator is significant as it identifies households and populations that may need English-language assistance.

Report Area	Total Population Age 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
Florence County, SC	129,715	1,016	0.78%
South Carolina	4,603,480	76,656	1.67%
United States	301,150,892	13,323,495	4.42%

Percent Linguistically Isolated Population

0%   15%
● Florence County (0.78%)
● South Carolina (1.67%)
● United States (4.42%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract ➙ Show more details
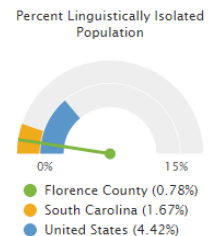
Social & Economic Factors

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.

Education – Bachelor's Degree or Higher

22.53% of the population aged 25 and older, or 20,867 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
Florence County, SC	92,623	20,867	22.53%
South Carolina	3,325,601	898,081	27.01%
United States	216,271,644	66,887,603	30.93%
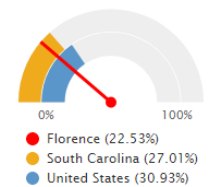
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract → Show more details

Percent Population Age 25+ with Bachelor's Degree or Higher

● Florence (22.53%)
● South Carolina (27.01%)
● United States (30.93%)

Education - High School Graduation Rate

Within the report area 85.5% of students are receiving their high school diploma within four years. Data represents the 2016-17 school year.

This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Florence County, SC	1,594	1,363	85.5%
South Carolina	49,427	42,320	85.6%
United States	3,095,906	2,688,701	86.8%
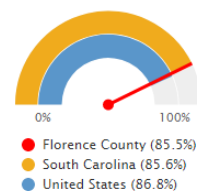
Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17. Source geography: School District → Show more details

Cohort Graduation Rate

● Florence County (85.5%)
● South Carolina (85.6%)
● United States (86.8%)

High School Graduation Rate by Year, 2011-12 through 2016-17

The table below shows local, state, and National trends in cohort graduation rates.
Note: Data for some states are omitted each year when they fail to meet federal reporting standards or deadlines. Use caution when comparing national trends as the "universe" population may differ over time.

Report Area	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Florence County, SC	80.4%	79.1%	79.1%	81.1%	81.4%	85.5%
South Carolina	76.9%	79.4%	81.5%	84.1%	85%	85.6%
United States	81.8%	83.2%	84.3%	84.3%	86.1%	86.8%

High School Graduation Rate by Year, 2011–12 through 2016–17
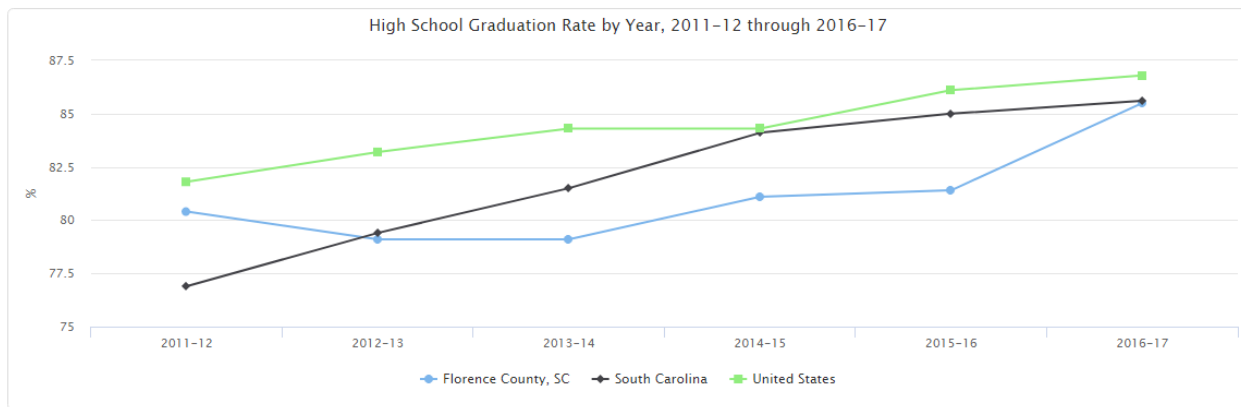
Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Report Area	Total Households	Average Household Income	Median Household Income
Florence County, SC	52,092	$60,952.00	$43,310.00
South Carolina	1,871,307	$66,759.00	$48,781.00
United States	118,825,921	$81,283.00	$57,652.00

Median Household Income

● Florence ($43,310.00)
● South ($48,781.00)
● United ($57,652.00)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract → Show more details
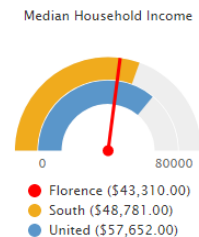
Poverty - Population Below 100% FPL

Poverty is considered a *key driver* of health status.

Within the report area 19.6% or 26,444 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Florence County, SC	134,942	26,444	19.6%
South Carolina	4,751,345	790,657	16.64%
United States	313,048,563	45,650,345	14.58%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract → Show more details

Percent Population in Poverty

● Florence County (19.6%)
● South Carolina (16.64%)
● United States (14.58%)
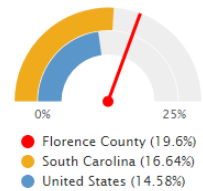
Florence County, SC

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.

Air Quality - Respiratory Hazard Index

This indicator reports the non-cancer respiratory hazard index score. This score represents the potential for non-cancer adverse health effects, where scores less than 1.0 indicate adverse health effects are unlikely, and scores of 1.0 or more indicate a potential for adverse health effects.

Report Area	Total Population	Respiratory Hazard Index Score
Florence County, SC	136,885	1.79
South Carolina	4,625,357	1.63
United States	312,576,287	1.83

Data Source: EPA National Air Toxics Assessment. → Show more details

Food Environment - Grocery Stores

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	Establishments, Rate per 100,000 Population
Florence County, SC	136,885	31	22.65
South Carolina	4,625,364	848	18.33
United States	308,745,538	65,399	21.18

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA → Show more details

Grocery Stores, Rate
(Per 100,000 Population)

● Florence County (22.65)
● South Carolina (18.33)
● United States (21.18)
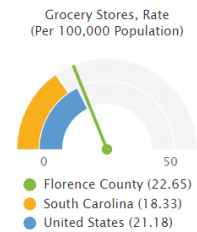
Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2015

| Report Area	2010	2011	2012	2013	2014	2015	2016
Florence County, SC	29.95	29.95	27.03	26.3	27.03	24.11	22.65
South Carolina	18.96	18.87	18.94	19.13	18.49	18.31	18.33
United States	20.85	20.85	21.39	21.47	21.37	21.47	21.18
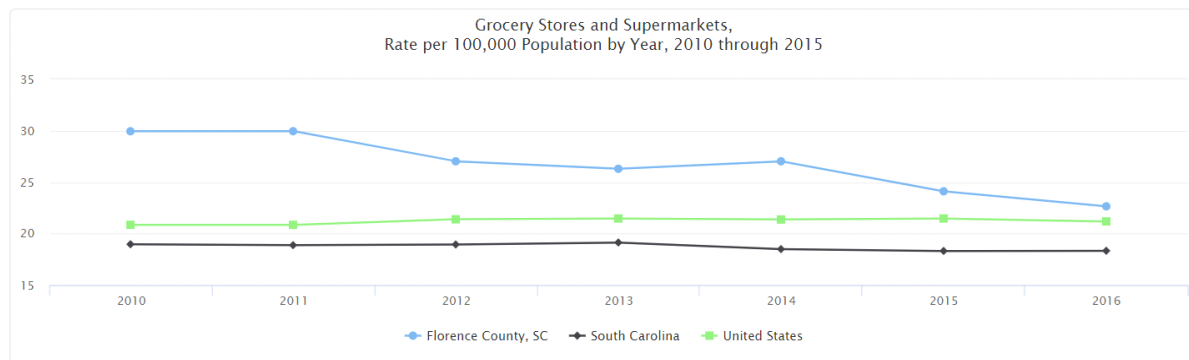
Food Environment - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Florence County, SC	136,885	175	12.78
South Carolina	4,625,364	5,145	11.12
United States	312,383,875	250,022	8

SNAP–Authorized Retailers, Rate (Per 10,000 Population)

- Florence County (12.78)
- South Carolina (11.12)
- United States (8)

Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2019. Source geography: Tract
➔ Show more details
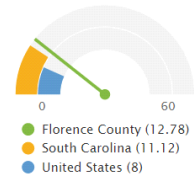
Clinical Care

A lack of access to medical care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, 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.

## 30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge.

Report Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Florence County, SC	2,607	13.7
South Carolina	52,069	14.5
United States	2,885,032	14.9

Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. → Show more details

Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries

● Florence County (13.7)
● South Carolina (14.5)
● United States (14.9)
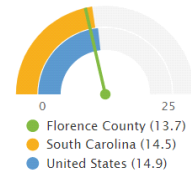
Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Florence County, SC	138,900	81	58.32
South Carolina	4,896,146	2,549	52.1
United States	321,418,820	210,832	65.6

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County →
Show more details

Dentists, Rate per 100,000 Pop.
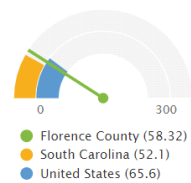
● Florence County (58.32)
● South Carolina (52.1)
● United States (65.6)

Access to Dentists, Rate (Per 100,000 Pop.) by Year, 2010 through 2015

This indicator reports the rate of dentists per 100,000 population by year.

Report Area	2010	2011	2012	2013	2014	2015
Florence County, SC	59.9	57.3	58	58.6	58.2	58.3
South Carolina	46.3	47	48.4	49.9	51.2	52.1
United States	58.9	60.3	61.7	63.2	64.7	65.6

Access to Dentists, Rate (Per 100,000 Pop.) by Year, 2010 through 2015

● Florence County, SC   ● South Carolina   ● United States
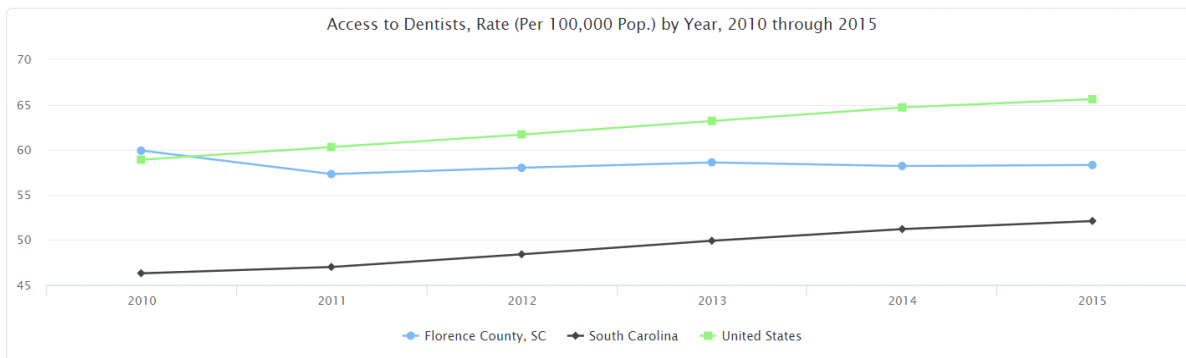
Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Florence County, SC	138,566	275	503.9	198.5
South Carolina	5,024,369	8,231	610.4	163.8
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)
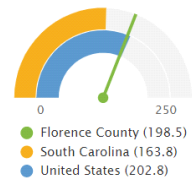
- Florence County (198.5)
- South Carolina (163.8)
- United States (202.8)
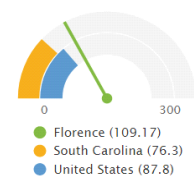
Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017. Source geography: County ➞ Show more details

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Florence County, SC	139,231	152	109.17
South Carolina	4,832,482	3,689	76.3
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.

- Florence (109.17)
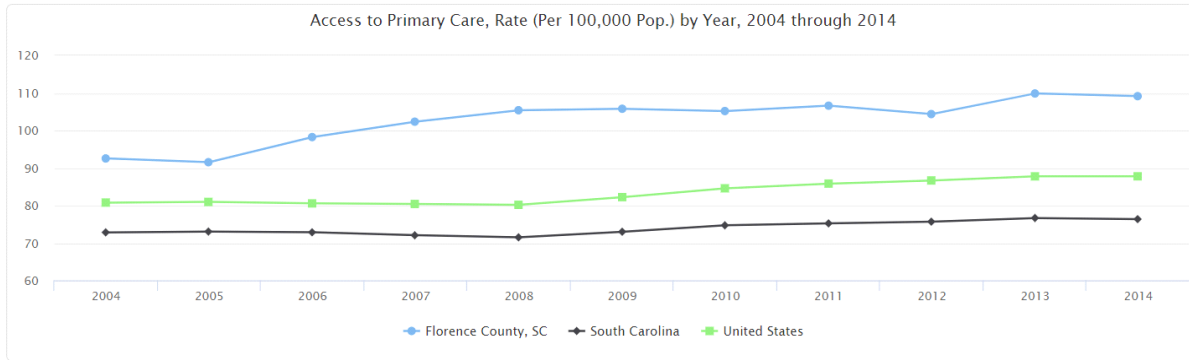- South Carolina (76.3)
- United States (87.8)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County ➞ Show more details

Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2004 through 2014

This indicator reports the rate of primary care physicians per 100,000 population by year.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Florence County, SC	92.54	91.54	98.25	102.36	105.42	105.81	105.2	106.63	104.39	109.89	109.17
South Carolina	72.8	73.02	72.83	72.03	71.48	72.98	74.7	75.2	75.66	76.63	76.34
United States	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83	86.66	87.76	87.77

Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2004 through 2014

Legend: Florence County, SC; South Carolina; United States

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. In the report area, 2,395 Medicare enrollees with diabetes have had an annual exam out of 2,775 Medicare enrollees in the report area with diabetes, or 86.3%. 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, SC	18,113	2,775	2,395	86.3%
South Carolina	550,660	70,300	61,388	87.3%
United States	26,937,083	2,919,457	2,501,671	85.7%

Percent Medicare Enrollees with Diabetes with Annual Exam
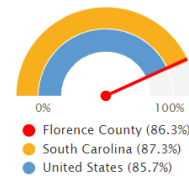
- Florence County (86.3%)
- South Carolina (87.3%)
- United States (85.7%)

Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County → Show more details

Annual Hemoglobin A1c Test by Year, 2009 through 2015

Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test

Report Area	2009	2010	2011	2012	2013	2014	2015
Florence County, SC	82.67	85.12	84.13	84.55	84.22	87.43	86.34
South Carolina	83.61	84.54	85.09	85.75	83.70	86.23	87.32
United States	83.52	83.81	84.18	84.57	84.92	85.16	85.69

Annual Hemoglobin A1c Test by Year, 2009 through 2015
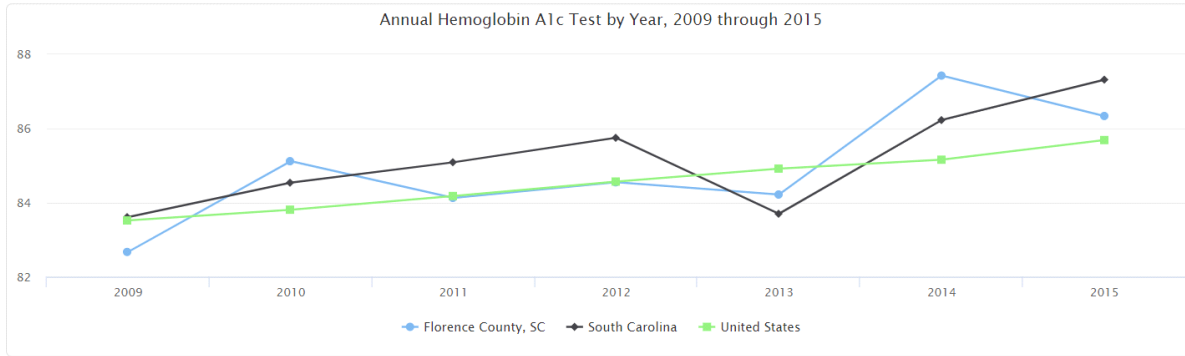
Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Report Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Florence County, SC	136,885	10	7.31
South Carolina	4,625,364	187	4.04
United States	312,471,327	8,768	2.81

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. December 2018. Source geography: Address ➡ Show more details

Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

| Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Florence County, SC	1	1	1	3
South Carolina	49	48	47	144
United States	3,599	3,171	3,071	9,836

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. February 2019. Source geography: Address ➡ Show more details

Lack of Prenatal Care

This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. 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 Births	Mothers Starting Prenatal Care in First Semester	Mothers with Late or No Prenatal Care	Prenatal Care Not Reported	Percentage Mothers with Late or No Prenatal Care
Florence County, SC	7,667	5,351	2,287	29	29.83%
South Carolina	244,908	158,850	76,352	9,706	31.2%
United States	16,693,978	7,349,554	2,880,098	6,464,326	17.3%

Percentage Mothers with Late or No Prenatal Care
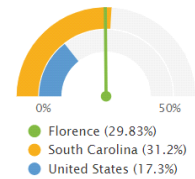
- Florence (29.83%)
- South Carolina (31.2%)
- United States (17.3%)
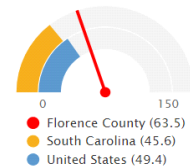
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10. Source geography: County ➡ Show more details

Preventable Hospital Visits

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, SC	14,077	893	63.5
South Carolina	434,703	19,801	45.6
United States	22,488,201	1,112,019	49.4

Preventable Hospital Events, Age–Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

- Florence County (63.5)
- South Carolina (45.6)
- United States (49.4)

Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County ➡ Show more details

Ambulatory Care Sensitive Condition Discharges by Year, 2009 through 2015

Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)

Report Area	2009	2010	2011	2012	2013	2014	2015
Florence County, SC	91.9	86.24	85.10	72.94	72.54	70.78	63.50
South Carolina	63.62	61.20	59.44	54.08	57.60	46.23	45.55
United States	68.16	66.58	64.93	59.29	53.76	49.90	49.45
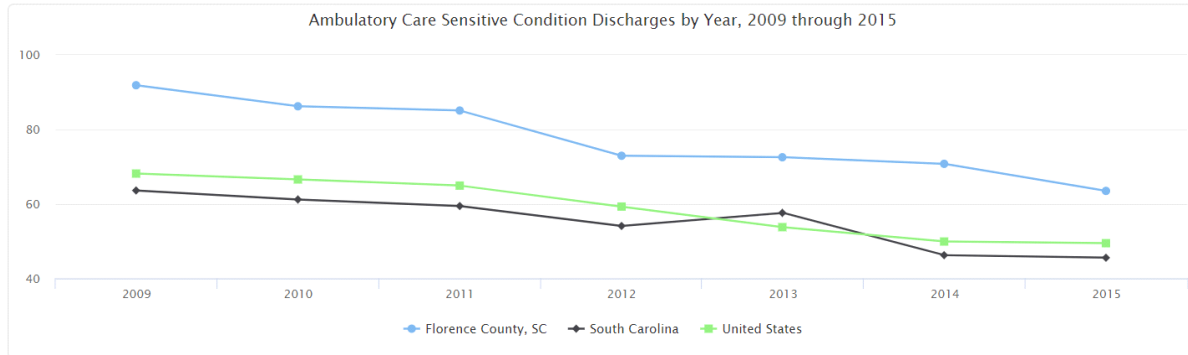
Prevention - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, 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 Year
Florence County, SC	18,113	1,960	1,321	67.4%
South Carolina	550,660	58,753	39,850	67.8%
United States	26,937,083	2,544,732	1,607,329	63.2%
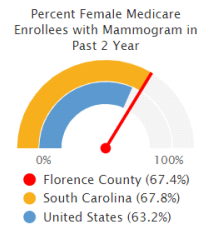
Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County ➝ Show more details

Breast Cancer Screening by Year, 2009 through 2015

Percent of Female Medicare Beneficiaries Age 67-69 with Mammogram trend

Report Area	2009	2010	2011	2012	2013	2014	2015
Florence County, SC	68.73	65.38	62.11	62.5	65.14	66.65	67.45
South Carolina	69.46	68.89	66.69	67.10	57.67	67.59	67.83
United States	65.87	65.37	62.90	62.98	62.82	63.06	63.16

Breast Cancer Screening by Year, 2009 through 2015
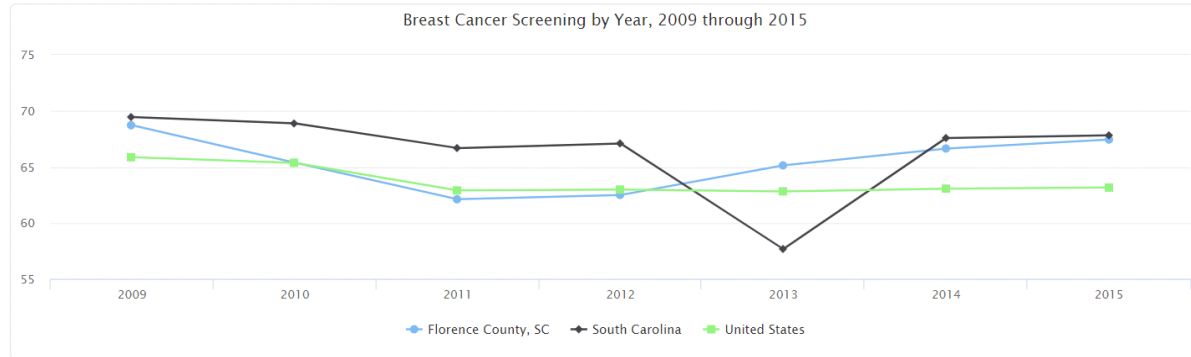
Health Behaviors

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

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 on average for men and one drink per day on average 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 Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Florence County, SC	102,355	12,590	12.3%	12.6%
South Carolina	3,500,728	500,604	14.3%	14.9%
United States	232,556,016	38,248,349	16.4%	16.9%
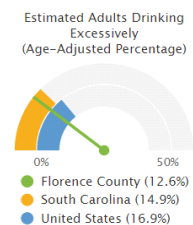
Estimated Adults Drinking Excessively (Age–Adjusted Percentage)

● Florence County (12.6%)
● South Carolina (14.9%)
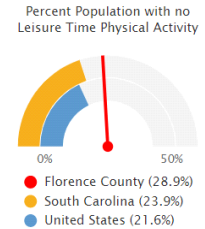● United States (16.9%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County ➡ Show more details

Physical Inactivity

Within the report area, 30,451 or 28.9% of adults aged 20 and older 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.

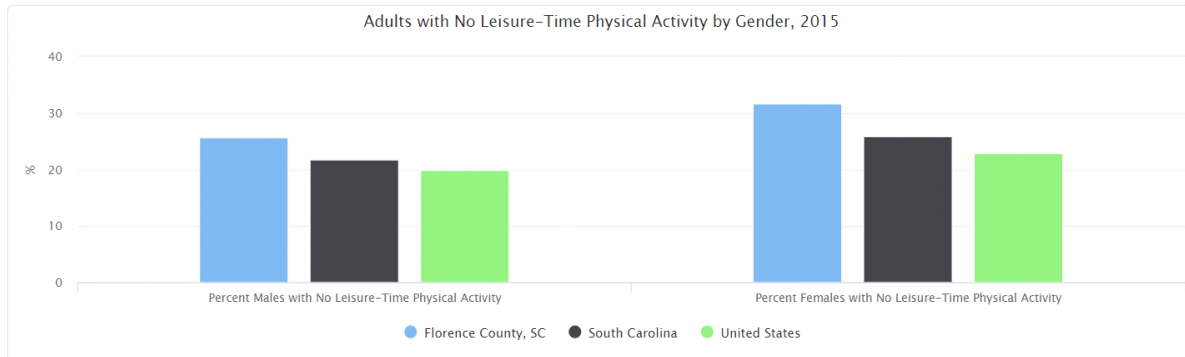| Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Florence County, SC	102,184	30,451	28.9%
South Carolina	3,674,036	907,850	23.9%
United States	238,798,321	52,960,511	21.6%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →
Show more details

Percent Population with no Leisure Time Physical Activity

- Florence County (28.9%)
- South Carolina (23.9%)
- United States (21.6%)

Adults with No Leisure-Time Physical Activity by Gender, 2015

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, SC	12,217	25.7%	18,233	31.7%
South Carolina	389,165	21.7%	518,684	25.9%
United States	23,655,542	20%	29,304,977	23%

Percent Adults Physically Inactive by Year, 2004 through 2015

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Florence County, SC	28.4%	28.9%	28.4%	27.3%	29%	32.9%	29.5%	27.3%	26.7%	28.1%	29.7%	28.9%
South Carolina	24.5%	24.6%	24.9%	25.2%	26.3%	27.2%	26.4%	25%	24.6%	23.7%	24.2%	23.9%
United States	23%	22.8%	22.9%	23.2%	23.5%	23.7%	23.4%	22.5%	22.6%	21.8%	22.6%	21.6%

Percent Adults Physically Inactive by Year, 2004 through 2015
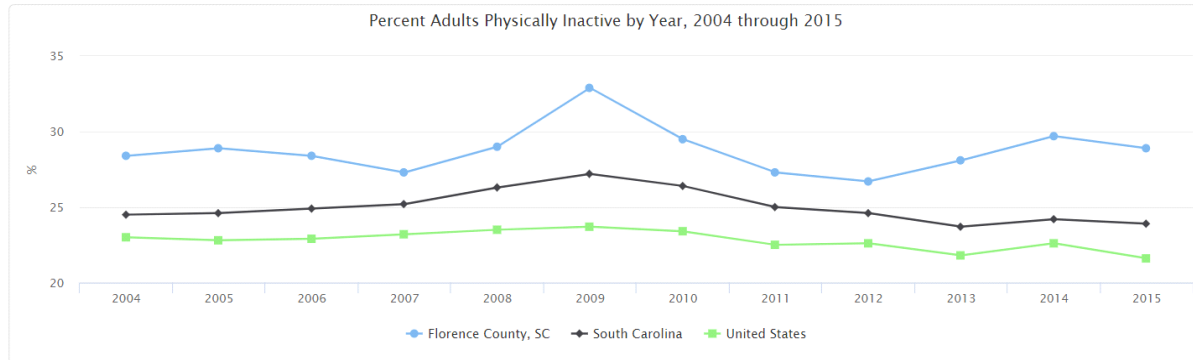
STI - Chlamydia Incidence

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.

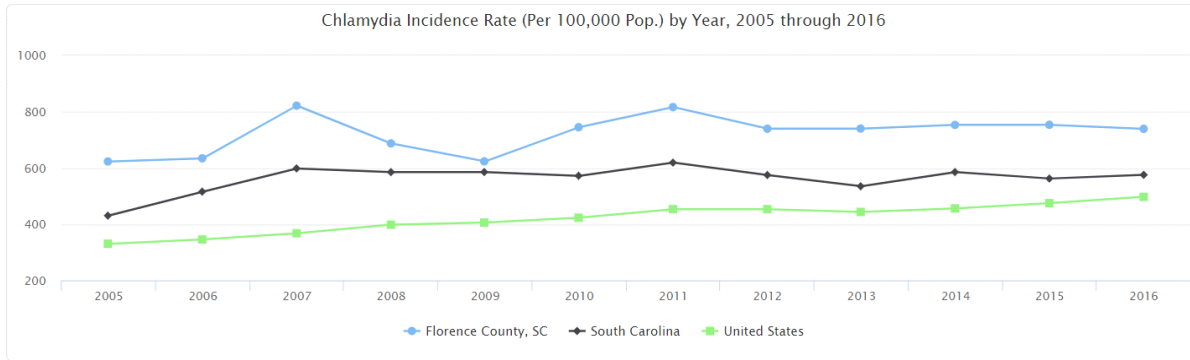| Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infections, Rate (Per 100,000 Pop.)
Florence County, SC	138,900	1,027	739.4
South Carolina	4,896,146	28,179	575.5
United States	321,418,820	1,598,354	497.3
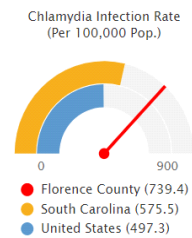
Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County ➔ Show more details

Chlamydia Infection Rate (Per 100,000 Pop.)

● Florence County (739.4)
● South Carolina (575.5)
● United States (497.3)

Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Florence County, SC	623.2	634.44	821.92	687.5	623.66	745.15	816.76	739.87	740.28	753.29	753.78	739.38
South Carolina	430.39	515.7	598.38	585.25	585.25	572.11	619.06	574.77	534.8	585.5	562.44	575.53
United States	330.3	345.4	367.7	398	405.7	422.8	453.4	453.4	443.5	456.1	474.97	497.28

Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea 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.

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infections, Rate (Per 100,000 Pop.)
Florence County, SC	138,900	363	261.3
South Carolina	4,896,146	9,194	187.8
United States	321,418,820	468,514	145.8
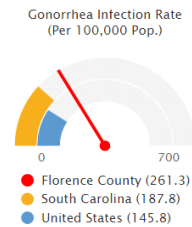
Gonorrhea Infection Rate (Per 100,000 Pop.)

● Florence County (261.3)
● South Carolina (187.8)
● United States (145.8)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source geography: County ➝ Show more details

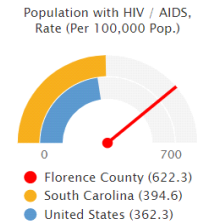## Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Florence County, SC	357.75	374.72	354.09	265.81	237.69	169.49	253.15	224.86	227	239.29	218.86	261.34
South Carolina	201.39	238.11	233.78	209.93	182.64	171.9	178.67	161.7	150.7	172.8	167.6	187.78
United States	114.9	120.1	118.1	110.7	98.2	100	103.3	106.7	105.3	110.7	122.96	145.76

Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016
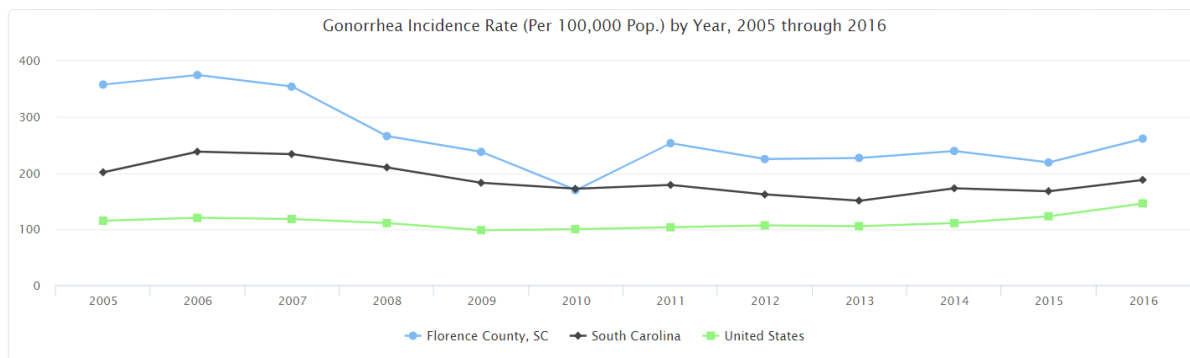
STI - HIV Prevalence

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 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Florence County, SC	114,900	715	622.3
South Carolina	4,111,529	16,224	394.6
United States	268,159,414	971,524	362.3

Population with HIV / AIDS, Rate (Per 100,000 Pop.)

- Florence County (622.3)
- South Carolina (394.6)
- United States (362.3)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015. Source geography: County → Show more details

HIV Prevalence Rate by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Florence County, SC	155.98	1,177.77	427.35
South Carolina	139.1	1,013.97	369.98
United States	174	1,243.8	462

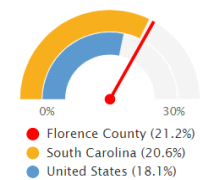HIV Prevalence Rate by Race / Ethnicity
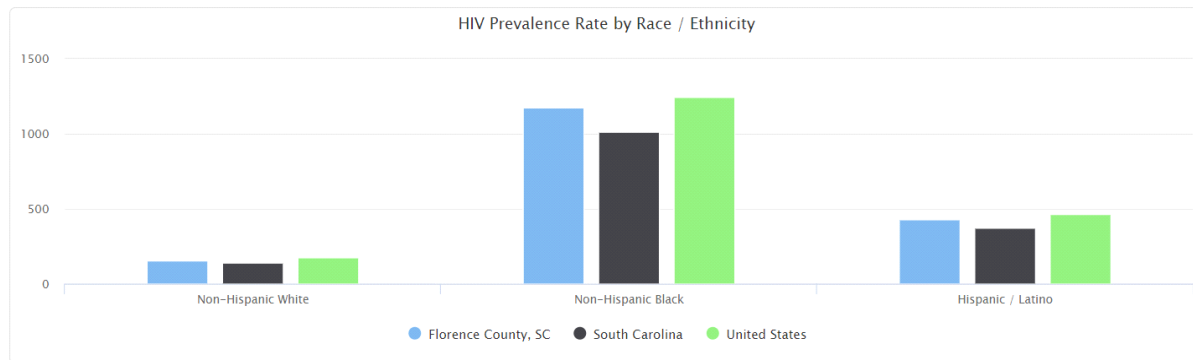
Tobacco Usage - Current Smokers

In the report area an estimated 21,597, or 21.1% of adults age 18 or older 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+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Florence County, SC	102,355	21,597	21.1%	21.2%
South Carolina	3,500,728	710,648	20.3%	20.6%
United States	232,556,016	41,491,223	17.8%	18.1%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Accessed via the *Health Indicators Warehouse*. US Department of Health & Human Services, *Health Indicators Warehouse*. 2006-12. Source geography: County → Show more details

Percentage of Adults Smoking Cigarettes
- Florence County (21.2%)
- South Carolina (20.6%)
- United States (18.1%)
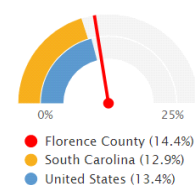
Health Outcomes

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.

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	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Florence County, SC	100,958	14,547	14.4%
South Carolina	3,526,734	456,596	12.9%
United States	237,197,465	31,697,608	13.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Additional data analysis by CARES. 2011-12. Source geography: County → Show more details

Percent Adults with Asthma
- Florence County (14.4%)
- South Carolina (12.9%)
- United States (13.4%)
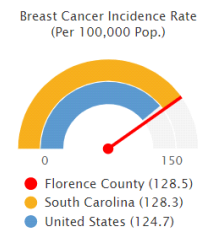
Cancer Incidence - All Sites

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 (Under Age 1,

1-4, 5-9, ..., 80-84, 85 and older). 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	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Florence County, SC	8,949	115	128.5
South Carolina	299,688	3,845	128.3
United States	18,800,721	234,445	124.7

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details

Breast Cancer Incidence Rate (Per 100,000 Pop.)
- Florence County (128.5)
- South Carolina (128.3)
- United States (124.7)

Cancer Incidence - All Sites

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 (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). 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	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Florence County, SC	8,949	115	128.5
South Carolina	299,688	3,845	128.3
United States	18,800,721	234,445	124.7

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details
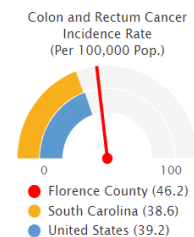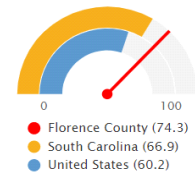
Cancer Incidence - Colon and Rectum

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 (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). 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	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Florence County, SC	16,017	74	46.2
South Carolina	561,398	2,167	38.6
United States	35,701,530	139,950	39.2

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details

Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)
- Florence County (46.2)
- South Carolina (38.6)
- United States (39.2)

Cancer Incidence - Lung

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 (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). 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	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Florence County, SC	16,419	122	74.3
South Carolina	582,212	3,895	66.9
United States	36,137,043	217,545	60.2

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details

Lung Cancer Incidence Rate (Per 100,000 Pop.)
- Florence County (74.3)
- South Carolina (66.9)
- United States (60.2)

Cancer Incidence - Prostate

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 (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). 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	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Florence County, SC	7,442	103	138.4
South Carolina	281,658	3,363	119.4
United States	17,489,816	190,639	109

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details

Prostate Cancer Incidence Rate (Per 100,000 Pop.)
- Florence County (138.4)
- South Carolina (119.4)
- United States (109)
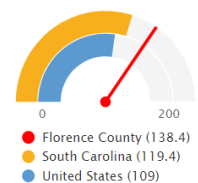
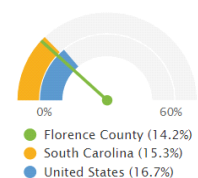# Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Florence County, SC	24,580	3,500	14.2%
South Carolina	691,524	105,719	15.3%
United States	34,118,227	5,695,629	16.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details

Percentage of Medicare Beneficiaries with Depression
- Florence County (14.2%)
- South Carolina (15.3%)
- United States (16.7%)

Percentage of Medicare Population with Depression by Year, 2010 through 2015

This indicator reports the percentage trend of the Medicare fee-for-service population with depression over time.

| Report Area	2010	2011	2012	2013	2014	2015
Florence County, SC	9.2%	11.5%	12.6%	13.5%	14%	14.2%
South Carolina	12.3%	13.5%	14.1%	14.4%	14.8%	15.3%
United States	14%	15%	15.5%	15.9%	16.2%	16.7%
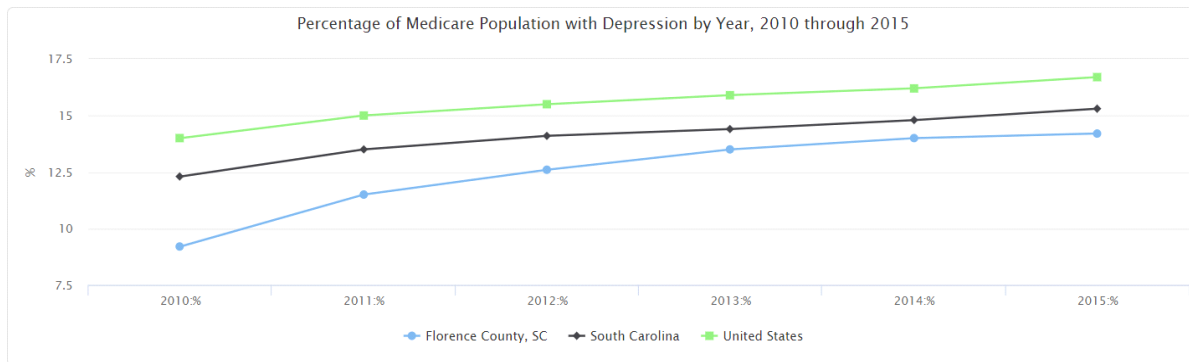
Diabetes (Adult)

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	Population with Diagnosed Diabetes, Age-Adjusted Rate
Florence County, SC	102,074	15,107	13.2%
South Carolina	3,675,498	463,200	11.17%
United States	241,492,750	24,722,757	9.28%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County ➡
Show more details

Percent Adults with Diagnosed Diabetes (Age-Adjusted)
● Florence County (13.2%)
● South Carolina (11.17%)
● United States (9.28%)
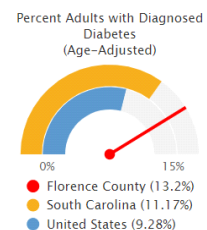
Adults with Diagnosed Diabetes by Gender, 2015

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Florence County, SC	6,663	13%	8,444	13.4%
South Carolina	221,906	11.4%	241,297	11%
United States	12,333,249	9.9%	11,950,019	8.6%
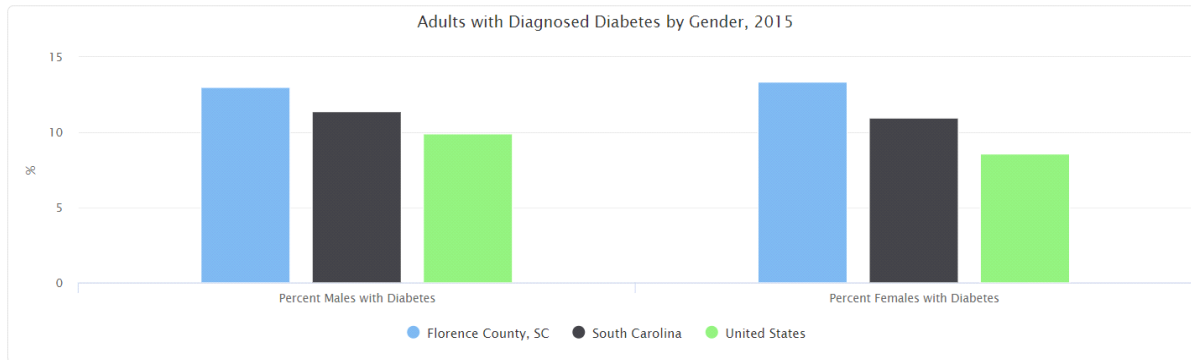
Adults with Diagnosed Diabetes by Gender, 2015

Percent Adults with Diagnosed Diabetes by Year, 2004 through 2015

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Florence County, SC	10.3%	10.9%	11.4%	11.2%	11%	11.8%	12.6%	12.6%	13.5%	12.8%	13%	13.2%
South Carolina	9.3%	9.5%	9.8%	9.9%	10.2%	10.5%	10.9%	11%	11.2%	11.2%	11.2%	11.2%
United States	7.3%	7.6%	8%	8.3%	8.6%	8.7%	8.9%	9%	9.1%	9.1%	9.1%	9.2%
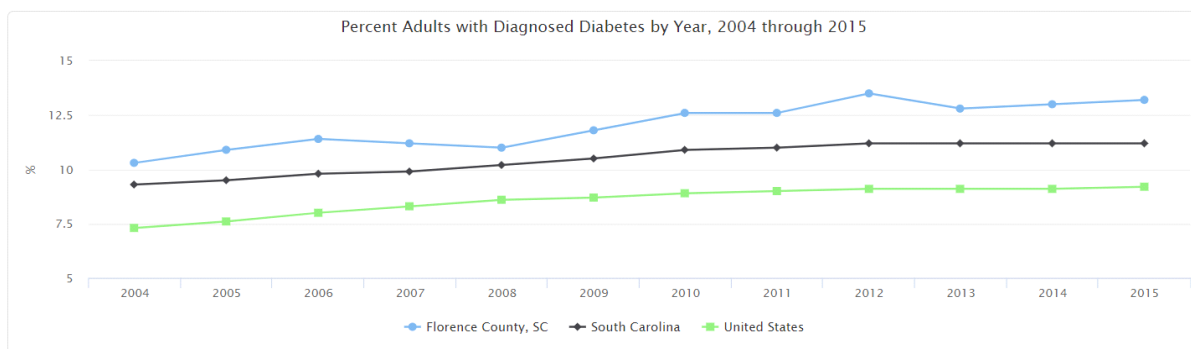
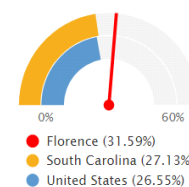Percent Adults with Diagnosed Diabetes by Year, 2004 through 2015

Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

| Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Florence County, SC	24,580	7,765	31.59%
South Carolina	691,524	187,643	27.13%
United States	34,118,227	9,057,809	26.55%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details

Percentage of Medicare Beneficiaries with Diabetes

0%   60%

● Florence (31.59%)
● South Carolina (27.13%)
● United States (26.55%)

Percentage of Medicare Population with Diabetes by Year, 2010 through 2015

This indicator reports the percentage trend of the Medicare fee-for-service population with diabetes over time.

Report Area	2010	2011	2012	2013	2014	2015
Florence County, SC	30.7%	30.9%	31.1%	31.1%	31.1%	31.6%
South Carolina	27.3%	27.3%	27.4%	27.2%	27.1%	27.1%
United States	26.8%	27%	27.1%	27%	26.7%	26.5%

Percentage of Medicare Population with Diabetes by Year, 2010 through 2015
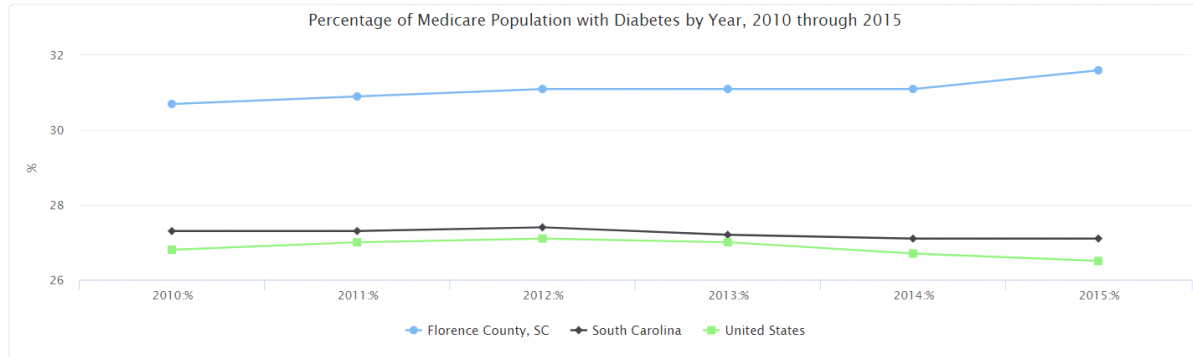
Heart Disease (Adult)

5,198, or 5.2% of adults aged 18 and older 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	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Florence County, SC	100,712	5,198	5.2%
South Carolina	3,509,878	163,079	4.6%
United States	236,406,904	10,407,185	4.4%

Percent Adults with Heart Disease

● Florence County (5.2%)
● South Carolina (4.6%)
● United States (4.4%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County ➡ Show more details
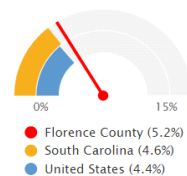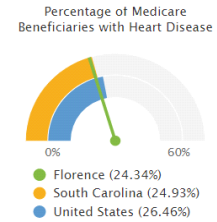
Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with ischaemic heart disease.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Florence County, SC	24,580	5,983	24.34%
South Carolina	691,524	172,428	24.93%
United States	34,118,227	9,028,604	26.46%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details

Percentage of Medicare Beneficiaries with Heart Disease
- Florence (24.34%)
- South Carolina (24.93%)
- United States (26.46%)

Percentage of Medicare Population with Heart Disease by Year, 2010 through 2015

This indicator reports the percentage trend of the Medicare fee-for-service population with ischaemic heart disease over time.

Report Area	2010	2011	2012	2013	2014	2015
Florence County, SC	26.3%	25.5%	24.9%	24.6%	24%	24.3%
South Carolina	27.1%	26.6%	26.2%	25.7%	25.3%	24.9%
United States	30%	29.3%	28.6%	27.8%	27%	26.5%

Percentage of Medicare Population with Heart Disease by Year, 2010 through 2015

Legend: Florence County, SC · South Carolina · United States
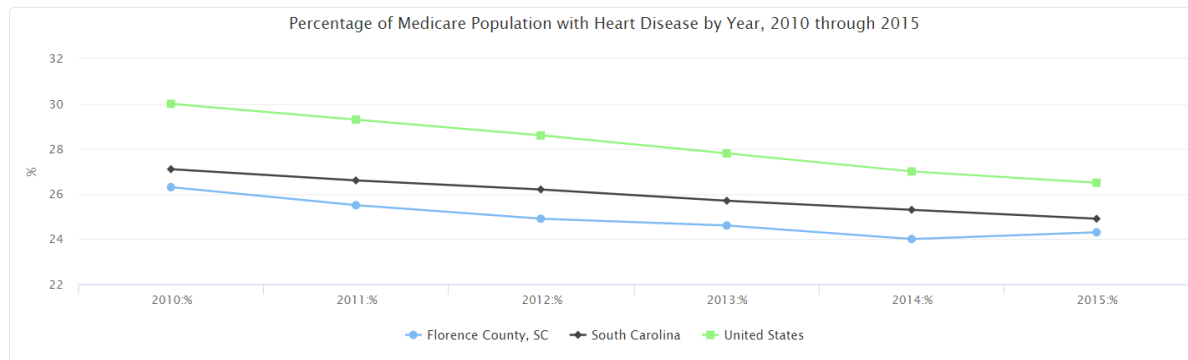
High Blood Pressure (Adult)

33,265, or 32.5% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Florence County, SC	102,355	33,265	32.5%
South Carolina	3,500,728	1,106,230	31.6%
United States	232,556,016	65,476,522	28.16%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County → Show more details

Percent Adults with High Blood Pressure
- Florence County (32.5%)
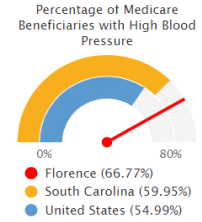- South Carolina (31.6%)
- United States (28.16%)
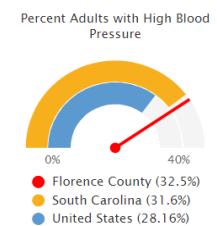
High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Florence County, SC	24,580	16,412	66.77%
South Carolina	691,524	414,573	59.95%
United States	34,118,227	18,761,681	54.99%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details

Percentage of Medicare Beneficiaries with High Blood Pressure

- Florence (66.77%)
- South Carolina (59.95%)
- United States (54.99%)

Percentage of Medicare Population with High Blood Pressure by Year, 2010 through 2015

This indicator reports the percentage trend of the Medicare fee-for-service population with ischaemic heart disease over time.

Report Area	2010	2011	2012	2013	2014	2015
Florence County, SC	65.4%	65.1%	64.9%	65.1%	65.9%	66.8%
South Carolina	60.2%	59.9%	60.1%	60%	60%	60%
United States	55.8%	55.7%	55.6%	55.6%	55.1%	55%
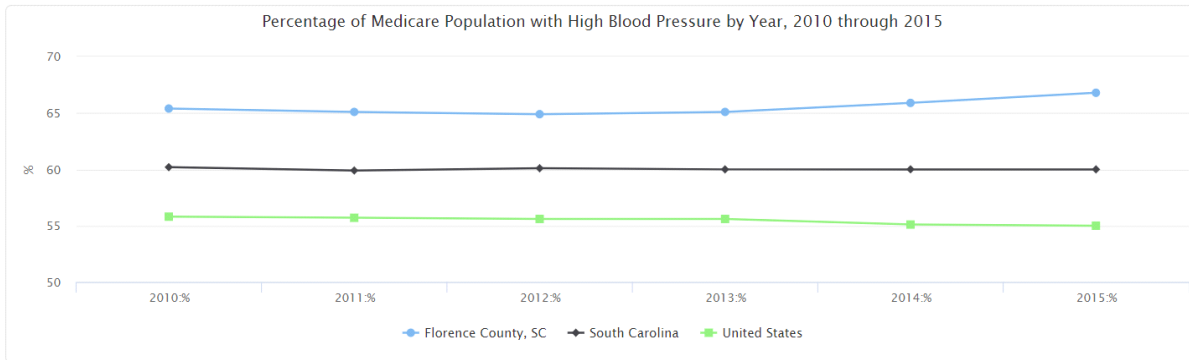
Infant Mortality

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.
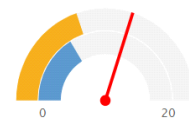
Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Florence County, SC	9,510	114	12
South Carolina	302,210	2,387	7.9
United States	20,913,535	136,369	6.5

Infant Mortality Rate (Per 1,000 Births)
- Florence County, SC (12)
- South Carolina (7.9)
- United States (6.5)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County
→ Show more details

Low Birth Weight

This indicator reports the percentage of total births that are 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.
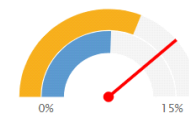
Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Florence County, SC	13,587	1,685	12.4%
South Carolina	418,684	41,450	9.9%
United States	29,300,495	2,402,641	8.2%

Percent Low Birth Weight Births
- Florence County (12.4%)
- South Carolina (9.9%)
- United States (8.2%)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County → Show more details
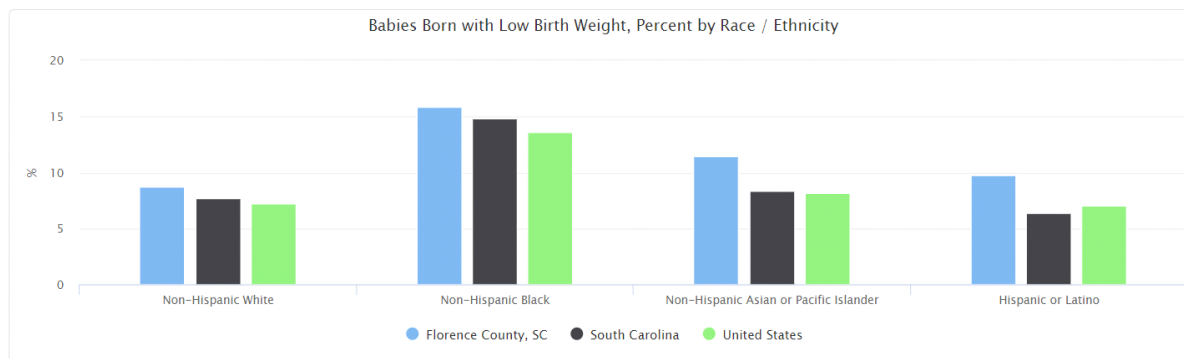
Babies Born with Low Birth Weight, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian or Pacific Islander	Hispanic or Latino
Florence County, SC	8.7%	15.9%	11.5%	9.8%
South Carolina	7.7%	14.8%	8.4%	6.4%
United States	7.2%	13.6%	8.2%	7%

Babies Born with Low Birth Weight, Percent by Race / Ethnicity

Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012

Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Florence County, SC	12.6%	12.7%	12.7%	12.6%	12.4%
South Carolina	10.1%	10.1%	10.1%	10%	9.9%
United States	8.1%	8.1%	8.2%	8.2%	8.2%

Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012
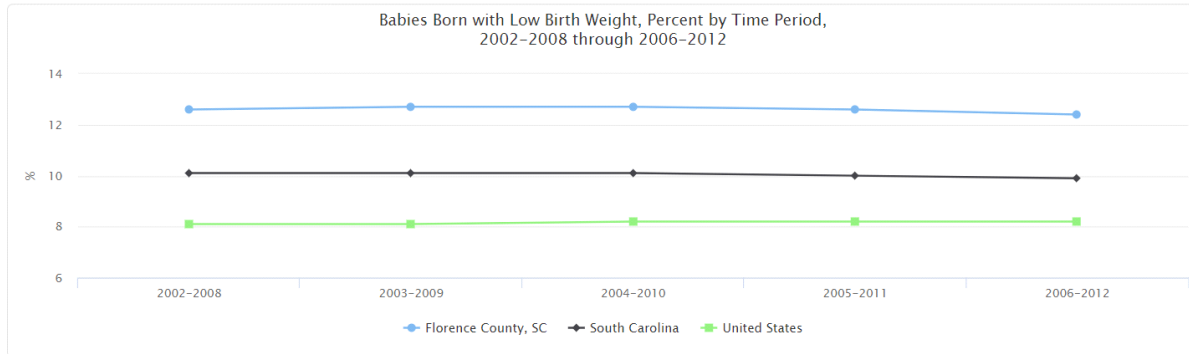
Mortality - Cancer

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 re-summarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

| Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, SC	138,629	288	207.6	178.3
South Carolina	4,837,662	9,942	205.51	171.5
United States	318,689,254	590,634	185.3	160.9
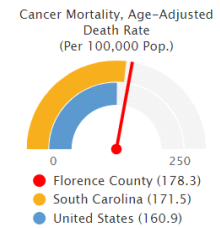
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County ➜ Show more details

## Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Findings:

Report Area	Male	Female
Florence County, SC	232.28	140.73
South Carolina	213.27	141.41
United States	192.58	137.85

Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Legend: Florence County, SC; South Carolina; United States
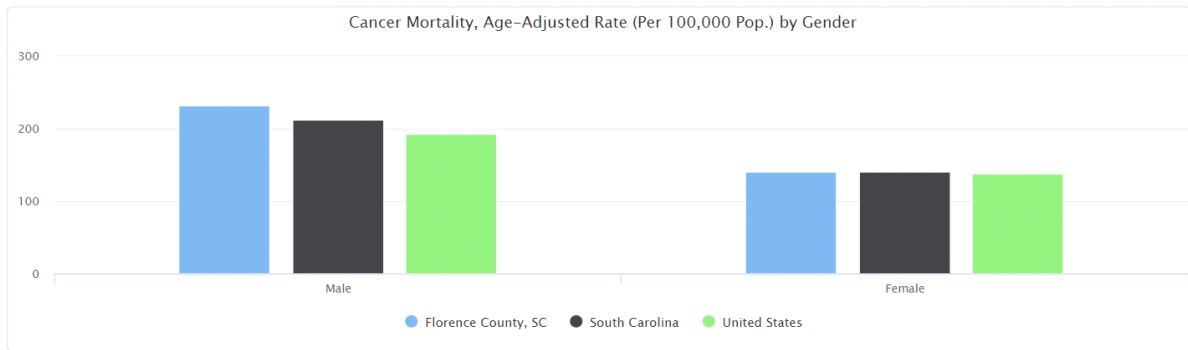
Key Findings from South Carolina Cancer Alliance:
## South Carolina Cancer Facts

Breast Cancer:

- The most commonly diagnosed cancer among women
- Ranks 3rd for cancer deaths
- Death rate for black women is 43.5% higher than for white women
- Greatest influence of survivability is early detection
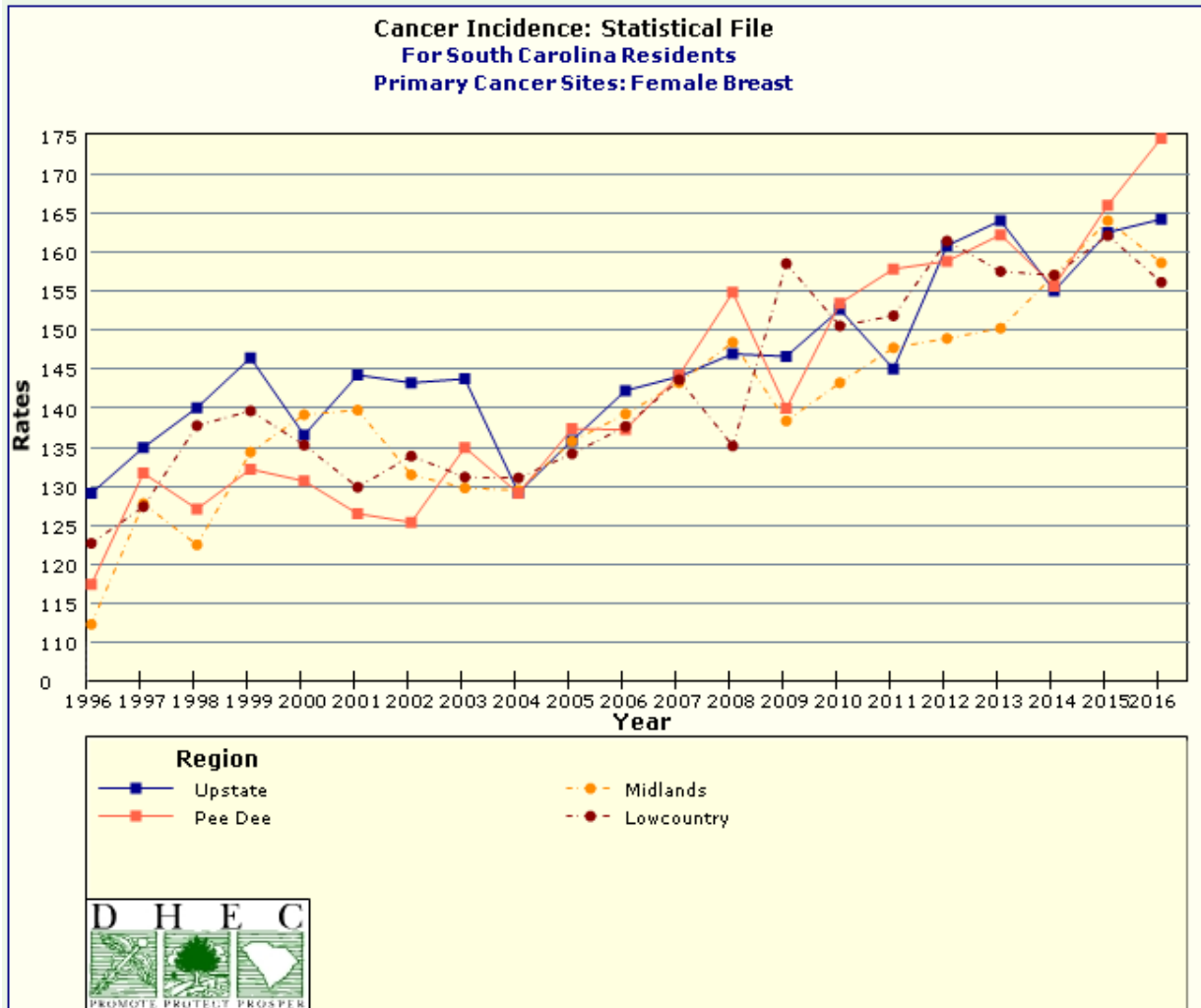
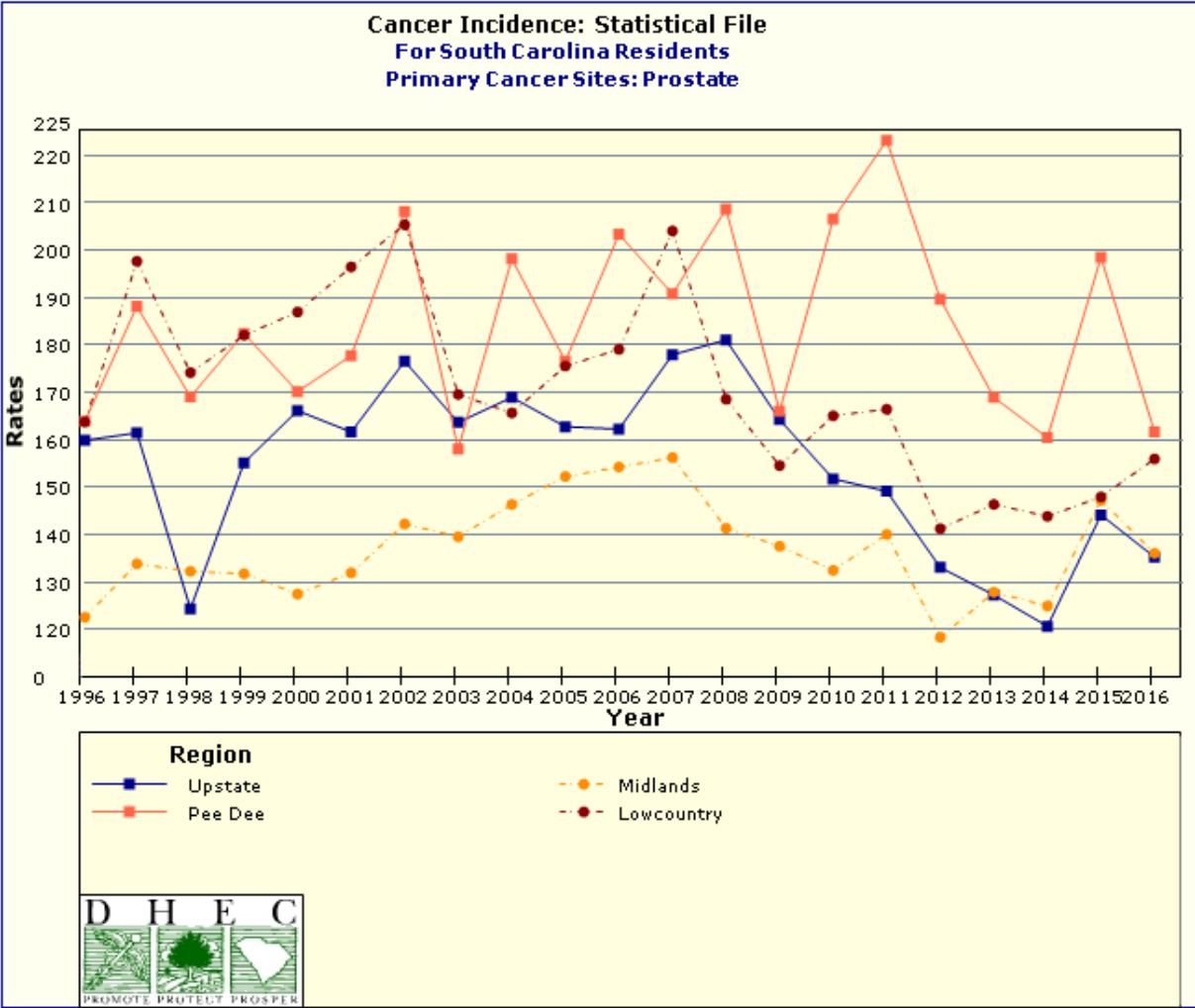*Regional Comparison: Incidence: Breast Cancer*

Lung Cancer:

- The most commonly diagnosed cancer in SC
- Ranks 1st in cancer deaths
- Incidence and mortality rates among black men are statistically significantly higher than any other group
- Prevention Strategies include (1) decreasing tobacco use, (2) offer smoking cessation assistance, (3) prevent youth from smoking, (4) promote policy change and (5) Increase minimum legal age of access to tobacco products to 21 years of age
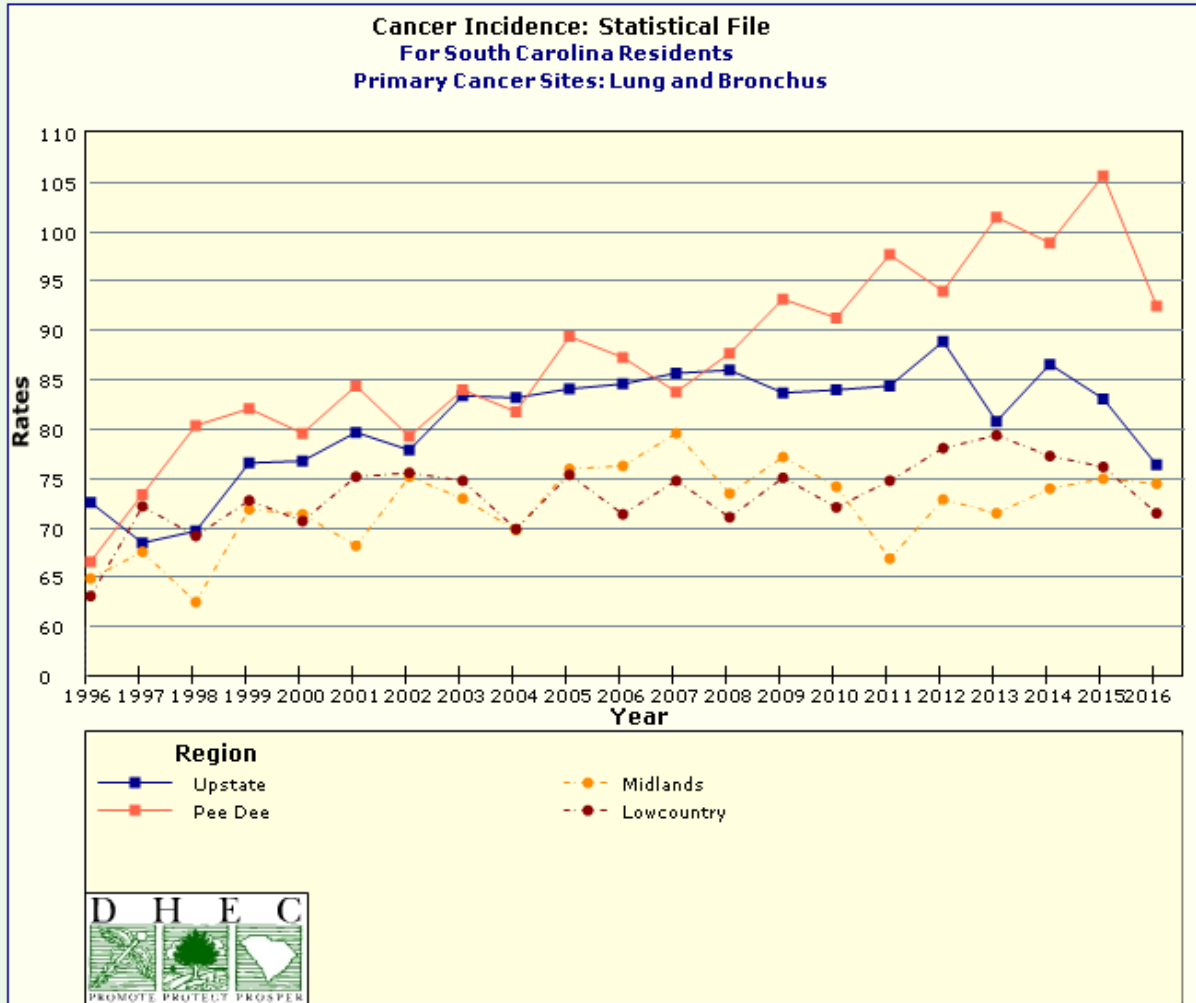
Regional Comparison: Incidence: Lung Cancer

Prostate Cancer:

- Most commonly diagnosed cancer in men in SC and US
- Ranks 5th for cancer deaths
- The death rate for black men is three times higher than for white men
- Biggest risk factor is age

Cancer Incidence: Statistical File
For South Carolina Residents
Primary Cancer Sites: Prostate

Regional Comparison: Incidence: Prostate Cancer

Colorectal Cancer:

- The fourth most commonly diagnosed cancer in SC
- Ranks 2nd in cancer deaths
- One of the most deadly of the leading cancers, but preventable through screening and early detection
- Incidence and mortality rates among black men are statistically significantly higher than any other group
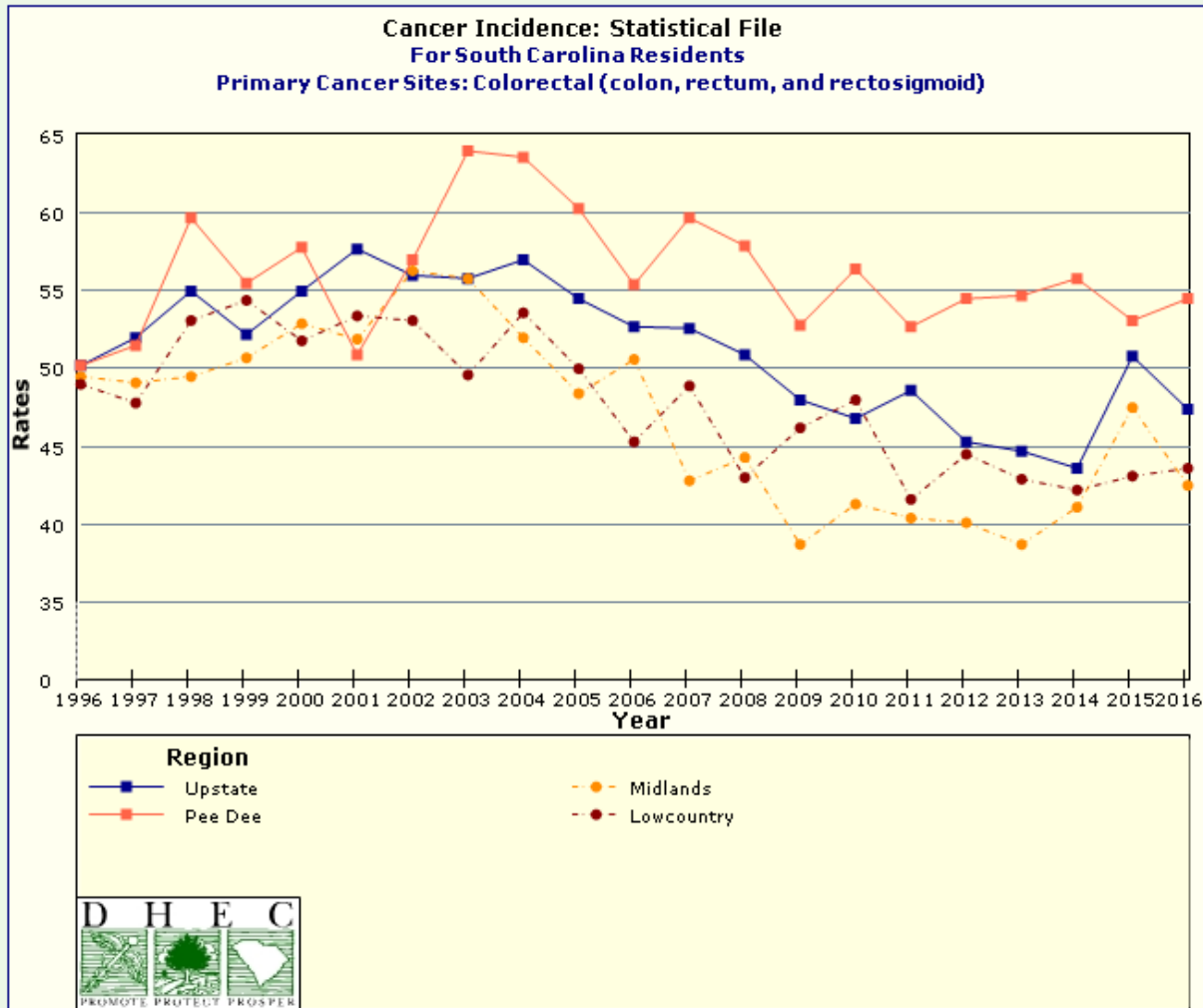
Regional Comparison: Incidence: Colorectal Cancer

Melanoma:

- The fifth most commonly diagnosed cancer in SC
- Incidence increases 21.2% among white males and 24.6% among white females mirror national trends
- Biggest risk factor is UV ray exposure from the sun and tanning beds

Other:

- While the 20 year SC Cancer Reports demonstrates an overall decline in cancer incidence and cancer mortality, significant racial disparities persist

Source: info@sccancer.org

Other Info:

- The American Cancer Society estimates that 1,735,350 new cancer cases were diagnosed in the US in 2018. Furthermore, ACS estimates that 609,640 people in the US died from cancer in 2018.
- In SC, the ACS estimates that 30,450 new cases of cancer were diagnosed in 2018.
  And estimates that 10,630 South Carolinians died from cancer in 2018.

Source: American Cancer Society; Cancer Statistics, accessed June 2019.

- Health rankings: 5 of the 11 counties identified in the MRMC primary service area are ranked as the bottom 5 by Health rankings for SC. These 5 counties are Lee, Dillon, Marlboro, Marion, and Williamsburg
- Breast, Lung, Prostate, and Colorectal Cancers account for almost 50% of all new cancer cases in the US annually.
- Lung, Colorectal, Pancreatic and Breast Cancers are responsible for nearly 50% of cancer related deaths in the US annually.

Source: http://www.countyhealthrankings.org/rankings/data/SC, accessed June 2019.

Early Detection Matters:

- 5-year survival rates for localized <u>lung cancer</u> (early stage diagnosis) = 56% vs late stage diagnosis = 5%
- 5-year survival rates for localized <u>breast cancer</u> (early stage diagnosis) = 99% vs late stage diagnosis = 27%
- 5-year survival rates for localized <u>colorectal cancer</u> (early stage diagnosis) = 90% vs late stage diagnosis = 14%
- 5-year survival rates for localized <u>prostate cancer</u> (early stage diagnosis) = >99% vs late stage diagnosis = 30%

Source: Surveillance, Epidemiology, and End Results (SEER) 18 registries, National Cancer Institute, 2018

Why focus on the Pee Dee Region?

- The Pee Dee Region has the highest incidence rates compared to other regions *(excluding counties with number too small to rank)*

- The Pee Dee Region has the highest mortality rates compared to other regions *(excluding counties with numbers too small to rank)*

- The Pee Dee Region has the <u>highest</u> proportion of late-staged diagnosis (~60%) compared to other regions

- The Pee Dee Region had <u>higher</u> than the stat (55%), and U.S. (~51%) late-stage proportions
- For Pee Dee Region Black incidence rates are <u>29% higher</u> than that of Whites
- For Pee Dee Region Black mortality rate is <u>170% higher</u> than that of Whites

*The above information was provided by South Carolina Central Cancer Registry. The entire presentation is available at www.HPVVAXSC.com
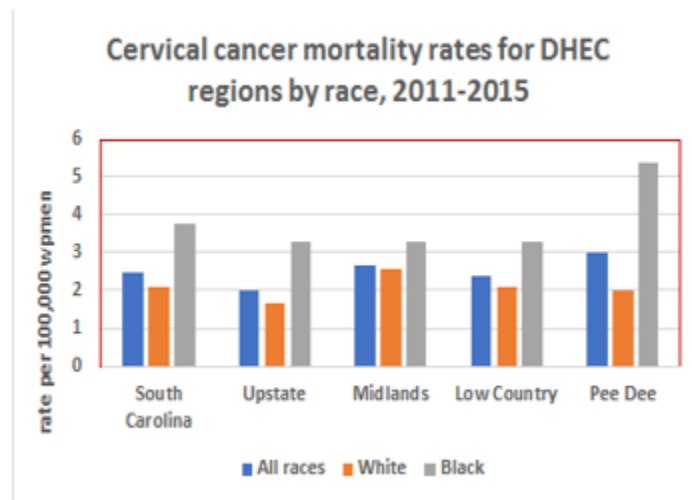
Mortality - Coronary Heart Disease

Within the report area the rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population is 112.6. This rate is greater than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-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, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, SC	138,629	174	125.7	112.6
South Carolina	4,837,662	5,270	108.94	94.16
United States	318,689,254	367,306	115.3	99.6
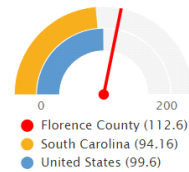
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County ➡ Show more details

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
- Florence County (112.6)
- South Carolina (94.16)
- United States (99.6)

Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Florence County, SC	155.52	82.82
South Carolina	132.26	64.66
United States	134.28	72.41

Coronary Heart Disease Mortality, Age–Adjusted Rate (Per 100,000 Pop.) by Gender
● Florence County, SC ● South Carolina ● United States

Mortality - Lung Disease

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 re-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.

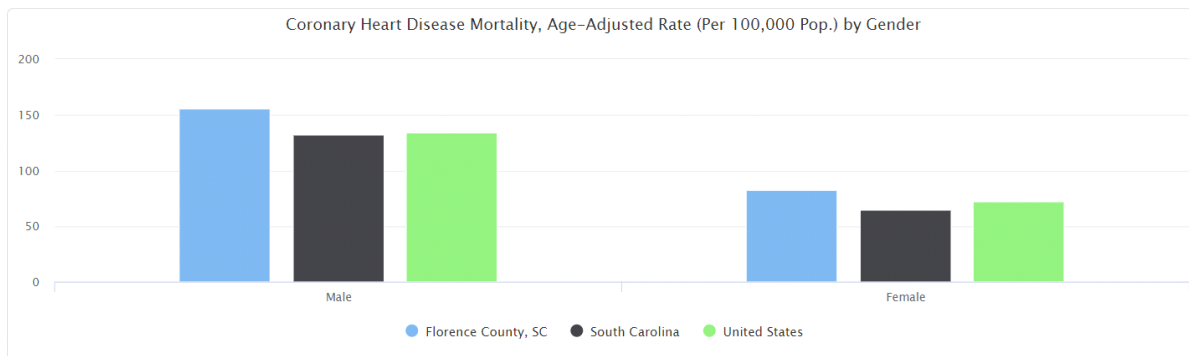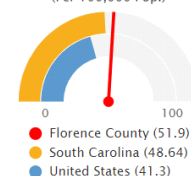| Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, SC	138,629	81	58.7	51.9
South Carolina	4,837,662	2,743	56.71	48.64
United States	318,689,254	149,886	47	41.3

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County ➡ Show more details

Lung Disease Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)
- Florence County (51.9)
- South Carolina (48.64)
- United States (41.3)

Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender
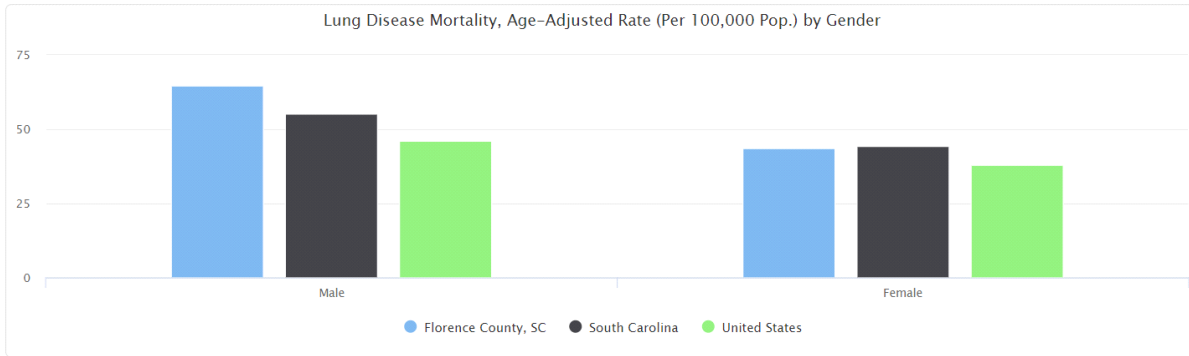
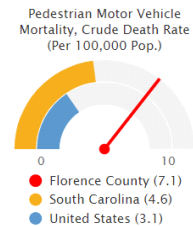## Mortality - Pedestrian Motor Vehicle Crash

This indicator reports the crude 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 Population (2010)	Total Pedestrian Deaths, 2011-2015	Average Annual Deaths, Rate per 100,000 Pop.
Florence County, SC	136,885	29	7.1
South Carolina	4,625,364	645	4.6
United States	312,732,537	28,832	3.1

Note: This indicator is compared to the state average.
Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County ➞ Show more details

Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)
● Florence County (7.1)
● South Carolina (4.6)
● United States (3.1)

Mortality - 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 and 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	Total Premature Death, 2013-2017	Total Years of Potential Life Lost, 2013-2017 Average	Years of Potential Life Lost, Rate per 100,000 Population
Florence County, SC	390,442	2,368	40,834	10,458
South Carolina	13,928,349	73,733	1,216,076	8,731
United States	908,082,355	3,744,894	63,087,358	6,947
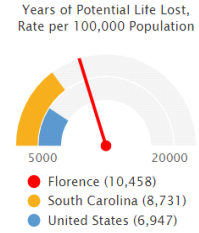
Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-17. Source geography: County ➝ Show more details

Years of Potential Life Lost, Rate per 100,000 Population

● Florence (10,458)
● South Carolina (8,731)
● United States (6,947)

Premature Death Rate by Time Period, 2005-2009 to 2010-2014

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017
Florence County, SC	11,669.6	11,794.1	10,704.8	10,794.79	10,388	10,252.3	10,458.46
South Carolina	9,707.6	9,538.1	9,347.9	8,932.05	8,328	8,197.4	8,678.14

Premature Death Rate by Time Period, 2005–2009 to 2010–2014
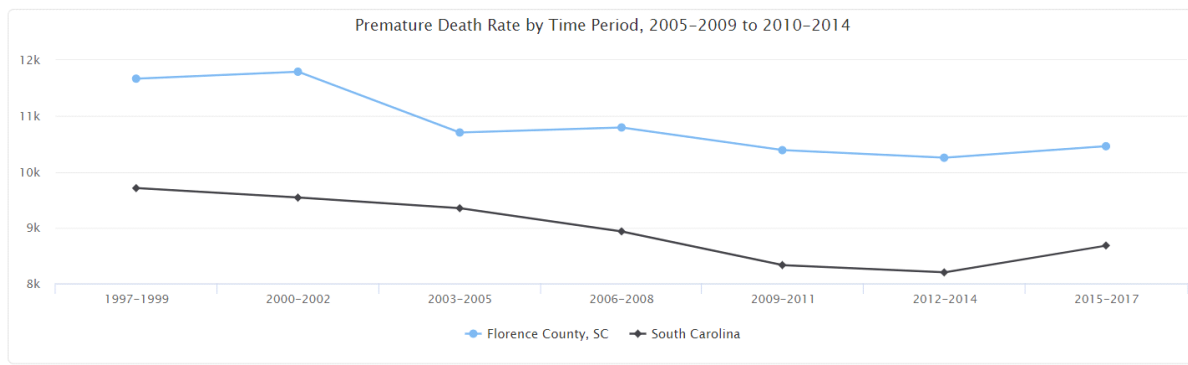
Mortality - Stroke

Within the report area there are an estimated 67.3 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-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, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, SC	138,629	100	72.1	67.3
South Carolina	4,837,662	2,495	51.58	45.93
United States	318,689,254	134,618	42.2	36.9
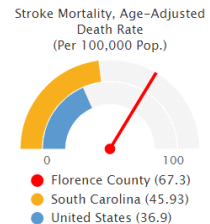
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County ➝ Show more details

Stroke Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)

● Florence County (67.3)
● South Carolina (45.93)
● United States (36.9)

Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Florence County, SC	72.84	62.25
South Carolina	47.41	43.91
United States	37.18	36.04

Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender
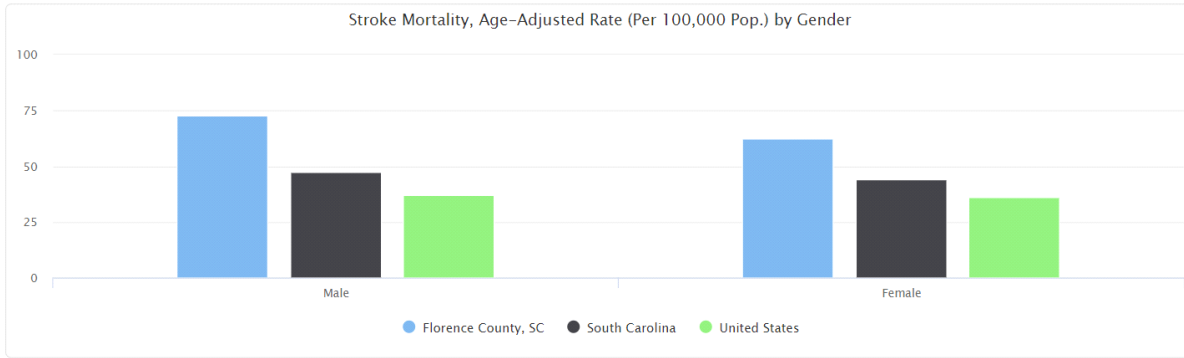
Mortality - Suicide

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 re-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, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, SC	138,629	14	9.9	9.9
South Carolina	4,837,662	736	15.21	14.67
United States	318,689,254	42,747	13.4	13

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)
● Florence County (9.9)
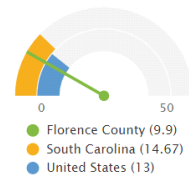● South Carolina (14.67)
● United States (13)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County ➔ Show more details

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Florence County, SC	15.68	-7,777
South Carolina	23.43	6.71
United States	20.76	5.75

Mortality - Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Florence County, SC	138,629	77	55.4	54.6
South Carolina	4,837,662	2,562	52.95	51.28
United States	318,689,254	140,444	44.1	41.9

Unintentional Injury (Accident)
Mortality, Age–Adjusted Death
Rate
(Per 100,000 Pop.)

- Florence County (54.6)
- South Carolina (51.28)
- United States (41.9)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County → Show more details
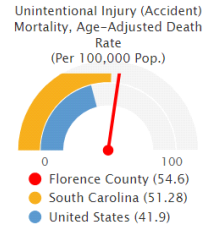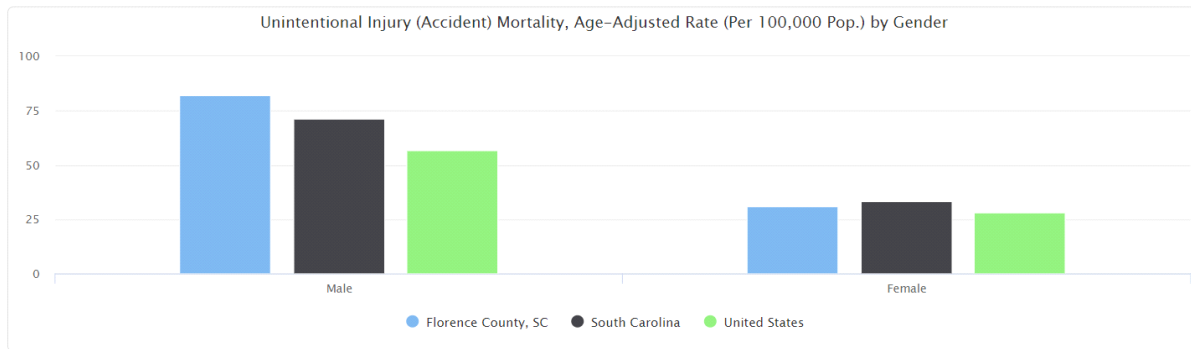
Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Florence County, SC	82.15	31.08
South Carolina	71.15	33.19
United States	56.87	27.98

Unintentional Injury (Accident) Mortality, Age–Adjusted Rate (Per 100,000 Pop.) by Gender

Obesity

35.2% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Florence County, SC	102,150	35,957	35.2%
South Carolina	3,674,444	1,190,573	32.4%
United States	238,842,519	67,983,276	28.3%
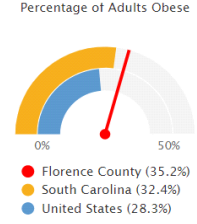
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →
Show more details

Percentage of Adults Obese

● Florence County (35.2%)
● South Carolina (32.4%)
● United States (28.3%)

Adults Obese (BMI > 30.0) by Gender, 2015

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Florence County, SC	15,144	32.4%	20,812	37.5%
South Carolina	556,571	31.7%	634,001	33.2%
United States	33,600,782	28.7%	34,382,509	27.9%
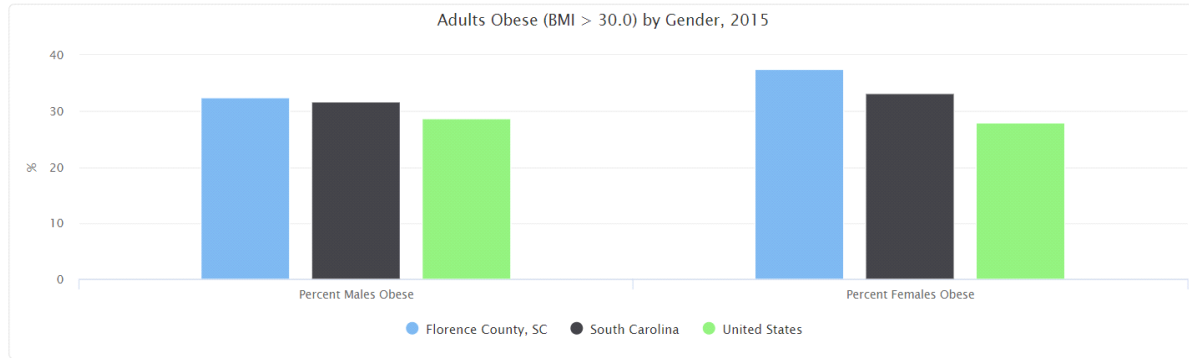
Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2015

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Florence County, SC	27.4%	29.29%	30.3%	31.7%	32.4%	34.5%	35.9%	36.8%	36.6%	34.2%	35%	35.2%
South Carolina	26.1%	27.3%	28.7%	29.2%	29.9%	31.5%	31.5%	31.6%	31.5%	31.8%	31.9%	32.4%
United States	23.1%	23.8%	24.8%	25.6%	26.4%	27.4%	27.3%	27.2%	27.1%	27.5%	27.8%	28.3%
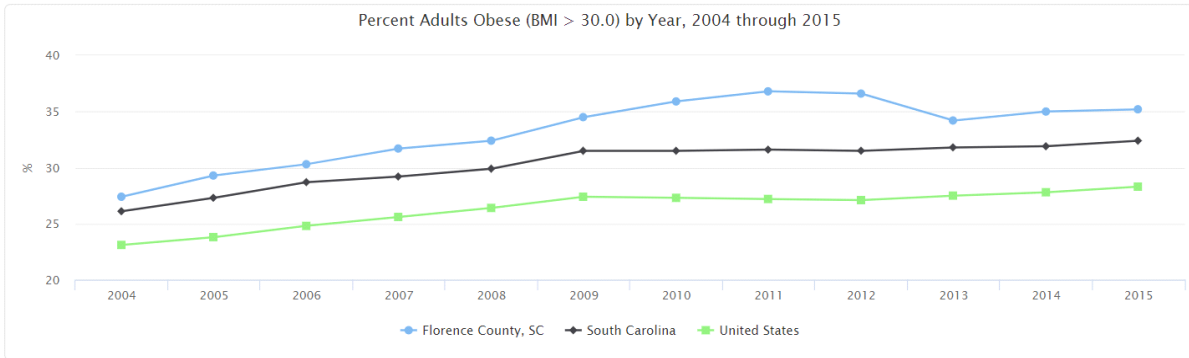
Poor Dental Health

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+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Florence County, SC	101,331	22,317	22%
South Carolina	3,500,728	697,720	19.9%
United States	235,375,690	36,842,620	15.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County ➝ Show more details

Percent Adults with Poor Dental Health
- Florence County (22%)
- South Carolina (19.9%)
- United States (15.7%)
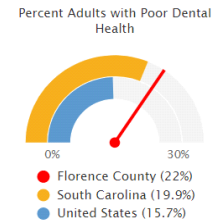
Oral Health Need: Pee Dee Region

A policy brief published by National Advisory Committee on Rural Health and Human Services in December 2018 highlights oral health as one of the greatest unmet health needs of rural Americans.

Dental caries (tooth decay) and periodontal disease (gum disease) are two of the most common chronic conditions, affecting over 91% of all Americans at some point in their life. If left untreated, poor oral health can create or worsen serious overall health conditions.

Untreated oral health conditions have been found to be associated with increased incidence of stroke, coronary heart disease, asthma, diabetes, and Alzheimer 's disease. Nearly 30,000 annual cases of oral and pharyngeal cancers are diagnosed in the U.S. each year, resulting in approximately 7,500 deaths. Poor oral health can affect the ability to eat, speak, smile, smell, taste, touch, and communicate effectively. Oral health status can impact overall quality of life, self-worth, and the ability to receive and retain a job.[1]

Undiagnosed and untreated oral health issues are expansive across the Pee Dee region. According to a recent analysis conducted for the 2018 American Public Health Association Annual Conference, several counties in the Pee Dee region were identified using a social determinants of health model as among those in South Carolina at the greatest overall risk for unmet oral health needs. This analysis examined 2016 state Medicaid data and found in the Pee Dee region an average of 50% of Medicaid-enrolled children aged 4-9 years had no dental visit

in 2016 and 25% had at least one emergency room visit for dental reasons. For the adult population, there is less data available for state populations, but the CDC notes that 1 in 4 adults in the U.S. has untreated tooth decay and nearly half (46%) display some form of periodontal disease.[2]

The South Carolina Office for Healthcare Workforce (SCOHW)published a data brief in February 2018 documenting dental workforce changes in South Carolina.[3] The state experienced a six-year growth rate of 12% for the number of dentists providing direct patient care from 2009 to 2015. During this same period, the Pee Dee region experienced an increase in population growth (6.1%) but sustained losses in the dental workforce. As of 2015, the Pee Dee had 30.8 dentist FTEs per 100,000 people, which is a considerable loss (-7.7%) compared to 2009.
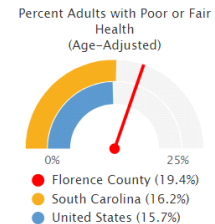
Poor General Health

Within the report area 20.1% of adults age 18 and older self-report having poor or fair health in response to the question "would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Florence County, SC	102,355	20,573	20.1%	19.4%
South Carolina	3,500,728	598,624	17.1%	16.2%
United States	232,556,016	37,766,703	16.2%	15.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County ➝ Show more details

Percent Adults with Poor or Fair Health (Age-Adjusted)

● Florence County (19.4%)
● South Carolina (16.2%)
● United States (15.7%)

Florence County Health Rankings 2016 vs. 2019

To evaluate the impact of any actions that were taken to address the significant health needs identified in the 2016 CHNA the following is a comparison of health outcomes and behaviors in 2016 and in 2019.

	Florence 2016 Ranking	Progress	Florence 2019 Ranking
Health Outcomes	28		32
Length of Life	28		27
Premature Death	10,100	Getting Worse	10,500
Quality of Life	26		39
Poor or Fair Health	21%		22%

Poor Physical Health Days	4.1		4.4
Poor Mental Health Days	3.9		4.7
Low Birthweight	12%		13%
Health Factors	20		24
Health Behaviors	27		28
Adult Smoking	21%		20%
Adult Obesity	37%	Improving	35%
Food Environment Index	6.1		6.7
Physical Inactivity	27%	Getting Worse	30%
Access to Exercise Opportunities	58%		57%
Excessive Drinking	13%		16%
Alcohol-Impaired Driving Deaths	29%		34%
Sexually Transmitted Infections	742.3	Improving	739.4
Teen Births	49	Improving	35
Clinical Care	9		19
Uninsured	16%		10%
Primary Care Physicians	1,060:1		1,000:1
Dentists	1,720:1		1,730:1
Mental Health Providers	670:1		500:1
Preventable Hospital Stays	73		7,124
Diabetes Monitoring	84%		
Mammography Screening	65%	Getting Worse	41%
Social & Economic Factors	23		20
High School Graduation	79%		85%
Some College	56%		57%
Unemployment	7.30%	Improving	4.60%
Children in Poverty	28%	Little or No Change	28%
Income Inequality	5.1		5
Children in Single-Parent Households	49%		45%
Social Associations	12.2		11.7
Violent Crime	521	Getting Worse	560
Injury Deaths	65		77
Physical Environment	2		43
Air Pollution – Particulate Matter	12.2	Improving	10.2

Drinking Water Violations	No		Yes
Severe Housing Problems	14%		14%
Driving Alone to Work	84%		84%
Long Commute – Driving Alone	25%		28%

Data Source: https://www.countyhealthrankings.org/app/south-carolina/2016/compare/snapshot?counties=45_041

Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health and South Carolina State Health Improvement Plan which serves to guide health promotion and disease prevention efforts. The South Carolina State Health Improvement Plan (SHIP) lays out the foundation for giving everyone a chance to live a healthy life. It is a call to action for South Carolinians to take data-driven, evidence-based steps to advance the health and well-being of all South Carolinians. The plan highlights goals and strategies on which communities can focus so the state can make measurable health improvement by 2023. Attention is focused on 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 meaningful impacts on building healthier communities. Through collaboration with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in the community, McLeod Health can better serve its mission.

In prioritization of needs, consideration was given to the following:

- Based on importance to community
- Capacity to address change
- Alignment to McLeod Health Mission, Vision and Values
- Collaboration with existing organizations
- Magnitude/Severity of problem

- Need among vulnerable populations

- Willingness to act on issue

- Ability to have meaningful impact

- Availability of hospital resources

Plan Priorities

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

- Access to Health Care

- Heart Disease and Stroke

- Diabetes

- Cancer

- Oral Health

Implementation Plan

Priority issues were determined from the community input gathered for the CHNA. The priority issues, or "goal", are listed as Strategies, Metrics on how to measure those strategies, Community Partners and Timeframe.

Through successful partnerships and collaborations with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and other 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.

CHNA Need #1: Access to Health Care (Delays getting into Primary Care Physician Office and Uninsured) – Florence and Darlington Counties				
Goal	**Strategies**	**Metrics/What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Reduce barriers to healthcare for the under and uninsured.	**Strategy 1:** Provide alternative access to care and continued collaboration with community agencies, such as FQHC.	• Number of participants in the Access Health program. • Number if telehealth users.	• FQHC: Hope Health, CareSouth, Genesis • Mercy Medicine and Darlington Free Clinic • DHEC • Access Health • Telehealth and Telemedicine • McLeod Occupational Health • McLeod Healthier You	Ongoing
	Strategy 2: Distribute community resource guide in the ED to inpatients and within the community.	• Number of resource guides distributed	• FQHC • Access Health • MRMC Emergency Department and Case Managers • Urgent Care Centers	Ongoing
	Strategy 3: Exploring implementation of same-day and next-day appointments in primary care physician offices.	• Number of physician offices who offer same-day and next-day appointments	• McLeod Physician Associates	Ongoing
	Strategy 4: Recruitment of specialty physicians and primary care physicians to the area	• Number of specialty physicians and primary care physicians recruited	• McLeod Recruiting • FQHC • South Carolina Office of Rural Health	Ongoing
Goal #2: Access to behavioral health services and providers	**Strategy 1:** Offer services through McLeod Behavioral Health	• Number of patients served	• McLeod Darlington • South Carolina State Health Improvement Plan 2023 Objective:	Ongoing

			Decrease the suicide rate from 15.7 per 100,000 to 14.9 per 100,000	
Goal #3: Improve education and access to remove transportation and financial barriers for underserved population.	**Strategy 1:** Expand McLeod Nurse Family Partnership enrollment and continue Hope Fund and Lift Program through the McLeod Health Foundation	• Number of referred patients • Number of patients who utilize the hope fund and lift program	• McLeod Nurse Family Partnership • Access Health • Lift Program • Hope Fund • McLeod Health Foundation • PDRTA	Ongoing

CHNA Need #2: Heart Disease and Stroke – Florence and Darlington Counties				
Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
Goal #1: Raise awareness and prevention of Heart Disease and Stroke	**Strategy 1:** Partner with local and regional agencies and organizations. Evidence shows increasing physical activities in communities by social support interventions (Healthy People 2020). **Actions/Tactics:** • Participate in community group presentations and outreach activities. • Offer hands only CPR training classes. • Health Fairs • AHA Heart Walk • McLeod Lunch and Learns	• Number of participants at speaking opportunities and events • Number of participants trained on hands only CPR.	• American Heart Association • American Stroke Association • Community Outreach partners: Kiwanis Club, Rotary, Lions Club, etc. • South Carolina State Health Improvement Plan 2023 Objective: Decrease the percent of adults ages 20 years or older who are obese from 33.2% to 31.5%	Ongoing
	Strategy 2: Publish educational information around the signs and symptoms of heart disease and stroke, evidence shows health communication and social marketing are effective (Healthy People 2020).	• Number of educational articles published	• Morning News • Golden Life • Savvy Magazine • McLeod Magazine	Ongoing
	Strategy 3: Achieve Stroke Certification throughout the McLeod Health system.	• Number of McLeod hospitals stroke certified.	• MRMC • McLeod Dillon • McLeod Cheraw • McLeod Clarendon • McLeod Seacoast • McLeod Loris • South Carolina State Health Improvement Plan 2023 Objective: Decrease the stroke death rate from 45.4 per 100,000 to 43.1 per 100,000.	Ongoing

Strategy 4: Promotion of Health and Fitness Center membership and activities as means to a healthy lifestyle	• Number of health and fitness members	• McLeod Health and Fitness Center • South Carolina State Health Improvement Plan 2023 Objective: Decrease the percent of adults ages 20 years or older who are obese from 33.2% to 31.5%	Ongoing
Strategy 5: Participate in the American Heart Association STEMI National Initiative. This includes collaborating with first responders and hospitals to implement best practice guidelines to expedite care to Cath Lab.	• Number of patients presenting with Myocardial Infarction	• American Heart Association • County EMS	Ongoing
Strategy 6: Expand Chest Pain Center accreditation throughout the McLeod Health system.	• Number of McLeod hospitals accredited. • Number of patients cared for in the MRMC Chest Pain Center	• MRMC – Certified • McLeod Cheraw (next hospital scheduled for accreditation)	Ongoing
Strategy 7: Ongoing support recovery from heart attacks by providing Cardiac Rehab Program. **Actions/Tactics:** Offer scholarships to those that are uninsured and need to continue cardiac rehab program.	• Number of cardiac rehab participants • Number of patients serviced through scholarship funds.	• McLeod Health Foundation • McLeod Health and Fitness Center	Ongoing

CHNA Need #3: Diabetes – Florence and Darlington Counties				
Goal	**Strategies**	**Metrics/What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Raise awareness and prevention of diabetes	**Strategy 1:** Provide educational material on diabetes signs and symptoms and obesity as a risk factor, evidence shows health communication and social marketing are effective (Healthy People 2020).	• Number of educational materials distributed • Number of educational articles published	• McLeod Diabetes Center • Morning News • Golden Life • FQHC • South Carolina State Health Improvement Plan 2023 Objective: Decrease the percent of adults ages 20 years or older who are obese from 33.2% to 31.5%	Ongoing
	Strategy 2: Support programs to target obesity as a risk factor for diabetes. Evidence show employer health promotion programs are effective (Healthy People 2020).	• Biggest Loser Program • McLeod Healthier You Program	• United Way of Florence County • McLeod Health and Fitness Center • McLeod Health You	January 2019 – March 2019 (The United Way Biggest Loser Program) Ongoing
	Strategy 3: Provide diabetes education to the community through health fairs and events (Healthy People 2020).	• Number of people in attendance at the McLeod Diabetes Health Fair.	• McLeod Diabetes Center	November 2019
	Strategy 4: Offer Telehealth services to other McLeod hospitals through diabetes educators		• Telehealth	Ongoing

CHNA Need #4: Cancer – Florence County Specific				
Goal	**Strategies**	**Metrics/What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Lung	**Strategy 1:** Provide lung cancer screening opportunities for the insured population and for the uninsured population through scholarship assistance from the McLeod Foundation. Evidence shows screenings are very effective (Healthy People 2020).	• Number of screenings completed	• McLeod Regional Medical Center Radiology Department • McLeod Health Foundation	Annually
	Strategy 2: Provide educational information on lung cancer and lung cancer screenings, evidence shows health communication and social marketing are effective (Healthy People 2020).	• Number of Medical Minutes and educational articles	• Local radio stations • Morning News • Golden Life Magazine • Cancer Resource Library • Cancer Navigators	Ongoing
	Strategy 3: Continue to provide a smoking cessation program for employees • Offer financial incentive on benefits program for non-smoking employees.	• Maintain participation of numbers enrolled	• McLeod Employee Health • SCHA – Working Well Initiative • South Carolina State Health Improvement Plan – Decrease percent of adults who smoke from 20.6 to 18.5 percent (2023)	Annually

	Strategy 4: Provide support to the expansion of cancer services to Horry County through McLeod Seacoast and McLeod Loris	• Number of physicians recruited	• McLeod Seacoast • McLeod Loris	Ongoing
Goal #2: Prostate	**Strategy 1:** Provide education on the importance of prostate cancer screenings and early detection, evidence shows health communication and social marketing are effective (Healthy People 2020).	• Number of educational articles on the importance of screenings and early detection	• Morning News • Golden Life Magazine	Ongoing
	Strategy 2: Provide a prostate cancer support group	• Number of participants	• McLeod Cancer Center	Monthly

CHNA Need #5: Oral Health – Florence and Darlington Counties				
Goal	**Strategies**	**Metrics/What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Improve dental health care accessibility	**Strategy 1:** Provide dental services for the under and uninsured to have access to dental care	• Number of patients cared for in the dental clinic	• FQHC • McLeod Dental Clinic • McLeod Family Medicine Center • Florence Darlington Technical College • Duke Endowment	Annually (clinic scheduled to open July/August 2019)

Health Needs Not Addressed

There were some areas of the health needs that are important to improving the community but not addressed in this assessment. These areas were deemed to have 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 need not addressed is preventive education of sexually transmitted disease. These services are being provided by other community providers and on a limited basis by McLeod Health.

Sources

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Poverty – Population Below 100% FPL, Data Source: US Census Bureau, *American Community Survey.* 2013-17. *Source geography:* Tract

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Alcohol Consumption, Data Sources: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System.* Accessed via the *Health Indicators Warehouse.* US Department of Health & Human Services, *Health Indicators Warehouse.* 2006-12. Source geography: County

Physical Inactivity, Data Source: *Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.* 2015. Source geography: County

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STI- Gonorrhea Incidence, US Department of Health & Human Services, *Health Indicators Warehouse.* Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.* 2016. Source geography: County

STI – HIV Prevalence, US Department of Health & Human Services, *Health Indicators Warehouse.* Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.* 2015. Source geography: County

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Asthma Prevalence, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.* Additional data analysis by CARES. 2011-12. Source geography: County

Cancer Incidence – All Sites, Data Source: State Cancer Profiles. 2011-15. Source geography: County

Cancer Incidence – Colon and Rectum, Data Source: State Cancer Profiles. 2011-15. Source geography: County

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Mortality – Stroke, *Note: This indicator is compared to the state average.* Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System.* Accessed via CDC WONDER. 2012-16. Source geography: County

Mortality – Suicide, *Note: This indicator is compared to the state average.* Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System.* Accessed via CDC Wonder. 2012-16. Source geography: County

Mortality – Unintentional Injury, *Note: This indicator is compared to the state average.* Data Source: Center for Disease Control and Prevention, *National Vital Statistics System.* Accessed via CDC WONDER. 2012-16. Source geography: County

Obesity, *Note: This indicator is compared to the state average.* Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion.* 2015. Source geography: County

Poor Dental Health, *Note: This indicator is compared to the state average.* Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System.* Additional data analysis by CARES. 2006-10. Source geography: County

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Appendix A

List of civic groups, providers, and organizations surveyed:

- Florence Rotary

- Florence Kiwanis Club

- McLeod Physician Association

- Safe Kids Pee Dee/Coastal

- American Red Cross

- South Carolina Medical Group Management Association

- South Carolina Department of Health & Environmental Control

Appendix B

Below is supplemental information to the Health Outcomes data found in this report.

Florence County Health Profile[6]

INDICATOR	MEASURE	COUNT	VALUE	RANK[1]	STATE
Births[2]	Births with expected payor Medicaid (percent of all live births; 2015-2017)	3590	71.1	NA	50.1
	Breastfeeding initiation (percent of all live births; 2015-2017)	3246	64.3	26	76.5
	Low birthweight births (<2,500 grams; percent of all live births; 2015-2017)	644	12.8	42	9.6
	Mothers receiving adequate prenatal care (percent of all live births; 2015-2017)	3905	77.3	10	75.2
	Mothers who smoked during pregnancy (percent of all live births; 2015-2017)	439	8.7	14	9.1
	Preterm births (<37 weeks gestation; percent of all live births; 2015-2017)	628	12.5	32	11.2
	Teen live births (rate per 1,000 female population aged 15-19; 2015-2017)	376	28.8	23	23.8
Infant Mortality[2]	Infant mortality (rate per 1,000 live births; 2015-2017)	52	10.3	36	6.8
Chronic Diseases, Risk Factors, and Health Behaviors[3]	Coronary heart disease (percent; 2015-2017)	NA	6.8	35	4.6
	Stroke (percent; 2015-2017)	NA	4.8	27	3.8
	Heart attack (percent; 2015-2017)	NA	6.5	29	4.9
	Hypertension (percent; 2015-2017)	NA	40.7	19	38.4
	Diabetes (percent; 2015-2017)	NA	15.3	27	12.8
	Current asthma (percent; 2015-2017)	NA	9.6	28	8.7
	Current smoking (percent; 2015-2017)	NA	25.4	37	19.5
	Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2015-2017)	NA	39.9	37	33.2
	Reported leisure time physical activity in the past 30 days (percent; 2015-2017)	NA	67.6	29	72.7
	Received a flu vaccine in the last year, aged 65+ (percent; 2015-2017)	NA	60.9	25	62.4
	Received a pneumococcal vaccine ever, aged 65+ (percent; 2015-2017)	NA	69.1	30	73.4
Mortality[2]	Accidental drug overdose (age-adjusted rate per 100,000 population; 2015-2017)		16.6	32	16.7
	Alzheimer's disease (age-adjusted rate per 100,000 population; 2015-2017)		46.3	30	45.4
	Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2015-2017)		163.4	12	165.5
	Cerebrovascular disease (age-adjusted rate per 100,000 population; 2015-2017)		75.8	45	45.6
	Chronic lower respiratory disease (age-adjusted rate per 100,000 population; 2015-2017)		51.1	23	48.4
	Diabetes (age-adjusted rate per 100,000 population; 2015-2017)		34.8	34	23.4
	Diseases of the heart (age-adjusted rate per 100,000 population; 2015-2017)		200.9	32	174.0
	Motor vehicle accident (age-adjusted rate per 100,000 population; 2015-2017)		26.3	26	20.5
	Suicide (age-adjusted rate per 100,000 population; 2015-2017)		9.3	8	15.6
	All causes (age-adjusted rate per 1,000 population; 2015-2017)		9.4	28	8.3
Population Demographics[4]	Families below the poverty level (percent; 2013-2017)	NA	15.0	NA	12.3
	Population Non-Hispanic white (percent; 2017)	NA	52.4	NA	64.6
	Population Non-Hispanic black (percent; 2017)	NA	43.0	NA	27.5
	Population Non-Hispanic other (percent; 2017)	NA	1.9	NA	2.3
	Population Hispanic/Latino (percent; 2017)	NA	2.7	NA	5.7
Health Care Access	Delayed seeing a doctor in the last year due to cost (percent; 2015-2017)[3]	NA	16.5	25	15.8
	Has at least one person considered a personal doctor or health care provider (percent; 2015-2017)[3]	NA	81.5	22	78.0
	Population insured by Medicaid (percent; 2013-2017)[4]	NA	60.9	NA	65.2
	Population insured by private health insurance (percent; 2013-2017)[4]	NA	5.7	NA	5.3
	Population without health insurance (percent; 2013-2017)[4]	NA	10.6	NA	12.1
Home and Environmental Hazards	Elevated (≥5 mcg/dL) blood lead tests in children <6 years of age (percent of all tests; 2017)[5]	NA	4.6	44	1.9
	Homes built prior to 1980 (percent; 2013-2017)[4]	NA	47.4	NA	38.7

1 - Ranking based on VALUE column, Regardless of the INDICATOR a ranking of 1 is always better, NA - Not Applicable.
2 - Source: Division of Biostatistics, DHEC
3 - Source: Behavioral Risk Factor Surveillance System, DHEC
4 - Source: 2013-2017 American Community Survey 5-Year Estimates, US Census Bureau, US Department of Commerce
5 - Source: Lead Surveillance, DHEC
6 - Estimates for counties with low populations contain more error.
Source: South Carolina Department of Health and Environmental Control, County Profile, Accessed June 6, 2019.

Created: 01-2019

Appendix C

McLeod Regional Medical Center completed an inventory of community resources available within the service area. These resources include but are not limited to organizations, facilities, and programs in the community that are potentially available to address health needs.

Organizations are listed by county under the following headings:

- Medical/Health Assistance
- Home-Medical Assistance
- Elderly Services
- Counseling
- Day Labor
- Special Needs
- Information/Education
- Transportation
- Shelter/Housing Assistance
- Food
- Low Cost Dental Services

Community Resource Guide

provided by
McLeod Health

McLeod Health
The Choice for Medical Excellence

Low Cost Dental Services

Clarendon County

Smiles Manning	803-435-9555
Smiles Summerton	803-478-6277

Dillon County

Smiles Dillon	843-774-1230

Florence County

Children's Dental Clinic of Florence	843-673-0075
Mercy Medicine Clinic	843-667-9947

Horry County

LRMC Myrtle Beach/Medical and Dental Care (Little River Medical Center, Inc.)	843-839-3939

Marlboro County

Palmetto Dental Health Associates PA	843-523-5291

Shelter/Housing Assistance

Chesterfield County

Pee Dee Coalition Crisis Center	843-669-4600

Darlington County

Housing Authority of Darlington	843-393-0437

Florence County

Habitat for Humanity	843-665-1624
House of Hope of the Pee Dee (Men)	843-661-5377
House of Hope of the Pee Dee (Women)	843-661-5115
Housing Authority of Florence	843-669-4163
Pee Dee Chapter American Red Cross	843-662-8121
Pee Dee Coalition	843-669-4694
Pee Dee Coalition Crisis Center	843-669-4600
Pee Dee Girls' Home	843-665-7116
Resurrection Shelter	843-407-4591
The Salvation Army	843-662-4461
Transitional Shelter	843-678-3410

Georgetown County

Tara Hall Home for Boys	843-546-3000

Horry County

Street Reach Shelter	843-626-3643

Marion County

House of Blessings Shelter	843-464-6959

Williamsburg County

Full Gospel Church of God of Christ Mission in Kingstree	843-355-3162

Food

Florence County

Manna House	843-667-6077

Special Needs

Florence County

Mental Health Association	843-661-5407
Pee Dee Center	843-664-2600
SC Commission for the Blind	843-661-4788

Information/Education

Florence County

Alzheimer's Association	800-636-3346
American Diabetes Association	803-799-4246
American Kidney Fund	800-638-8299
Arthritis Foundation Carolina Chapter	800-883-8806
Consumer Credit Counseling (Family Service Center)	800-223-9213
DHEC Division of STD/HIV	800-322-2437
Florence Area Literacy Council	843-667-1908
Florence VA Clinic	843-292-8383
Lifelong Learning Center	843-374-5517
Medicare Hotline	800-633-4227
Poynor Adult/Community Education	843-664-8152
Social Security Administration	800-772-1213

Transportation

Florence County

Lighthouse Ministries	843-629-0830
Pee Dee Regional Transportation (PDRTA)	843-665-2227
Southeastern Bus Lines	843-662-8407

Elderly Services

Darlington County

Council on Aging	843-393-8521

Florence County

AARP Senior Community Service Employment Program	843-665-1344
Community Action Partnership	843-678-3400
DHHS-Community Long Term Care	843-667-8718
Leatherman Senior Center and Senior Citizens Association	843-669-6761

Counseling

Darlington County

Pee Dee Mental Health	843-332-4141
Rubicon Family Counseling	843-332-4156

Florence County

Alcoholics Anonymous	843-669-6345
Bethany Christian Services (Pregnancy Counseling/Adoption)	843-629-1177
Circle Park Family Counseling and Addictions Center	843-665-9349
Circle Park Prevention Center	843-669-8087
Consumer Credit Counseling (Family Service Center)	800-223-9213
Lighthouse Ministries	843-629-0830
McLeod Hospice	843-777-2564
Palmetto Center	843-662-9378
Pee Dee Big Brothers/Big Sisters	843-662-7081

Day Labor

Florence County

Labor Finders	843-669-0410

Medical/Health Assistance

Darlington County

Darlington Free Medical Clinic	843-398-0060
DHEC	843-332-7303
Health Center	843-332-7303
Health Department	843-398-4400

Dillon County

Mercy Medical Clinic	843-667-9947

Florence County

CareSouth	843-332-3422
SC Commission for the Blind	843-661-4788
Community Action Partnership	843-678-3400
Department of Social Services	843-669-3354
Health Department	843-661-4835
Health South Rehabilitation	843-679-9000
Hope Health	843-667-9414
Inpatient Rehabilitation Services	843-661-3181
Lighthouse Ministries	843-629-0830
Mercy Medical Clinic	843-667-9947
Outpatient Rehabilitation Services	843-661-4360
Pee Dee Mental Health	843-332-4141
Pee Dee Speech and Hearing Center	843-662-7802
Sickle Cell Foundation	843-673-9509

Home-Medical Assistance

Florence County

DHHS-Division of Community Long Term Care	843-667-8718
Florence Visiting Nurses	843-667-1515

The 2019 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.