

# McLeod Health Loris

## McLeod Health Seacoast

### 2025 Community Health Needs Assessment



## 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 to 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. 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

Surveys were conducted in Spring 2024 and 2025 as a means to gather input.

## Top Health Concerns Reported Among Community Members and Professionals

- Access to Primary Care
- Access to Specialty Care
- Care for the Elderly
- Heart Disease/Stroke
- Cancer

*Source: McLeod Health Survey*

## Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Health Loris Seacoast Emergency Department October 2023 – September 2024:

- Chest pain
- Fall
- Upper Respiratory Tract Infection
- Nausea and Vomiting
- Shortness of Breath
- Closed Head Injury
- COVID-19

*Source: McLeod Health Clinical Outcomes*

## Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Health Loris Seacoast Emergency Department October 2023 – September 2024:

- Sepsis

- Non-ST Elevation (NSTEMI) Myocardial Infarction
- Hypertensive Heart and Chronic Kidney Disease
- Hypertensive Heart Disease with Heart Failure
- Acute Kidney Failure
- Paroxysmal Atrial Fibrillation

*Source: McLeod Health Clinical Outcomes*

## Opportunities & Plan Priorities

McLeod Health Loris and McLeod Health Seacoast have 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:

- Lung Disease
- Cancer
- Heart Disease and Stroke
- Access to Care

## About McLeod Health Seacoast

Serving northern Horry County (SC) and southern Brunswick County (NC), McLeod Health Seacoast has 155 patient beds, a 24-bed Emergency Department and comprehensive outpatient and inpatient surgical services. The hospital offers advanced specialties including Cardiology, Orthopedics, Pulmonology, ENT, Neurology, Gastroenterology, Oncology, Urology, General Surgery and Vascular care. The outpatient testing department provides radiology, laboratory, rehabilitation, pharmacy, respiratory and medical nutrition therapy services.

McLeod Health Seacoast has more than 200 physicians on the active medical staff, which represents more than 32 medical specialties.

A Department of McLeod Regional Medical Center, a second McLeod Center for Cancer Treatment and Research opened in 2025 on the campus of McLeod Health Seacoast. The opening marked the first comprehensive cancer center in Horry County where medical oncology, infusion services (chemotherapy/ immunotherapy) and radiation oncology are all offered under one roof.

### About McLeod Health Carolina Forest

On the coast, the McLeod Health Carolina Forest campus located in Myrtle Beach has been designed as a seven-building complex offering a variety of services. The Carolina Forest Campus currently has three buildings that have a wide variety of physician practices and outpatient services including Family Medicine, Cardiology, Vascular, Orthopedics, Pulmonology and Critical Care, General Surgery, Digestive Health, Rheumatology, Rehabilitation, and a free-standing Emergency Department. Construction is underway on a 48-bed hospital that will serve the growing population of Horry County and the Grand Strand area. The four-story building will house operating suites, diagnostic imaging, and laboratory services, providing a full range of medical capabilities.

### About McLeod Health Loris

One of the two McLeod hospitals located in Horry County, McLeod Health Loris serves those individuals living in northern Horry County in South Carolina and southern Columbus County in North Carolina.

A vital part of Loris and the surrounding areas for more than 70 years, McLeod Health Loris has grown to meet the healthcare needs of the community by offering new services and technology for its patients. The 50-bed hospital also offers a dedicated Dialysis Access Center and 3D mammography. The hospital has more than 200 physicians on active and affiliate medical staff representing more than 38 specialties.

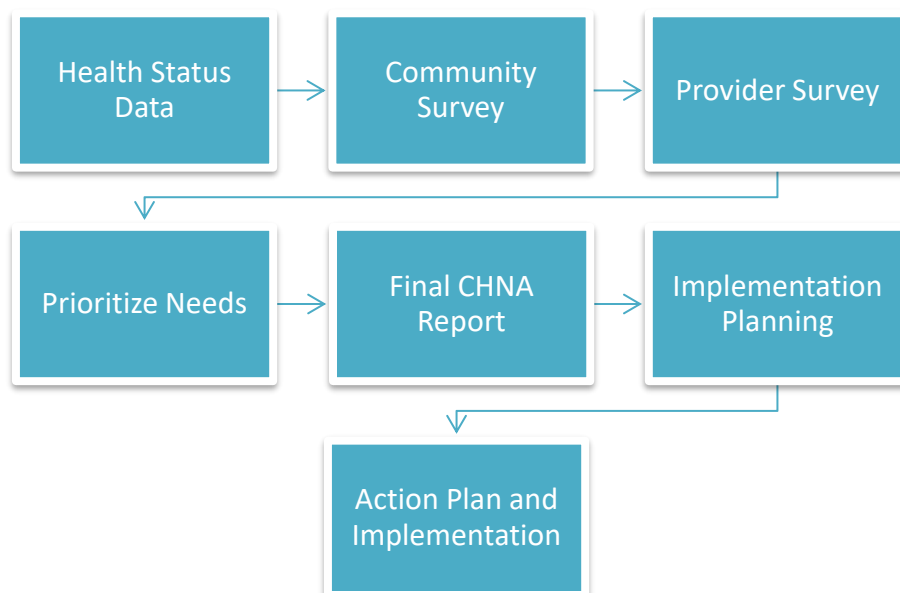
The medical teams caring for patients at McLeod Health Loris specialize in General Surgery, Women's Services, Urological Surgery and Emergency Care.

## OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Horry 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 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 largest 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:



## METHODS

An assessment team comprised of the McLeod Health Community Health and Communications and Public Information staff reviewed literature, data and publications from public sources. Members of the assessment team represented each of the 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.

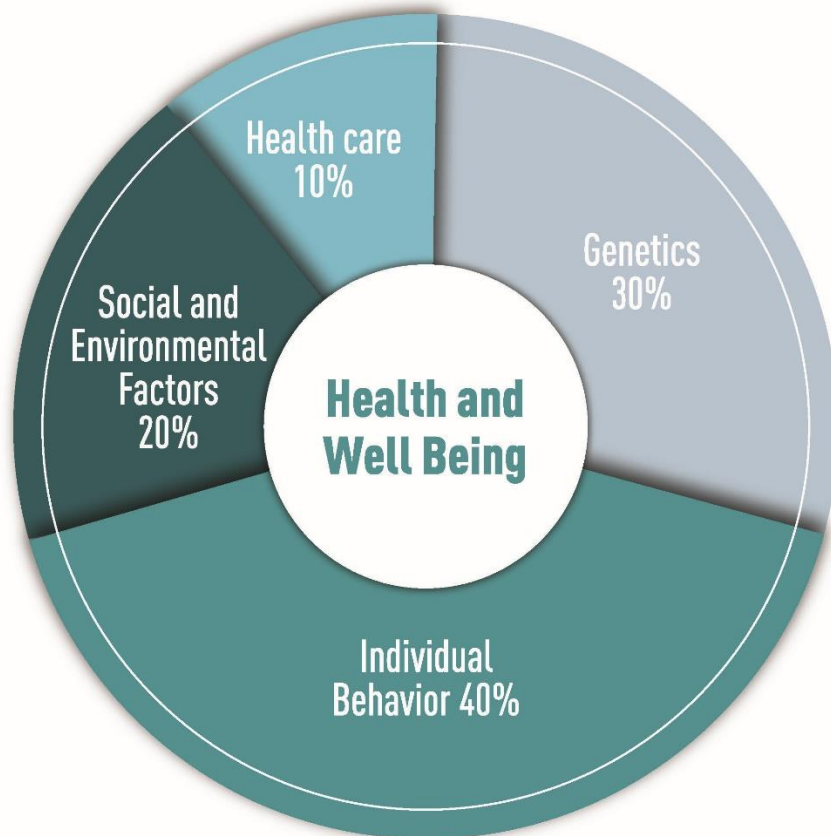
A summary of county data is reflected as a comparison to state and national data when available to indicate community health concerns.

## 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 and Environmental circumstances 20%, and Health Care for only 10% (i.e., access to physician and other health services) of health risk for premature death.





Source: <https://aligningforhealth.org/social-determinants-of-health/>

### Individual 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 and Environmental Determinants (20%)

Examples of Social Determinants:

- 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

Examples of Environmental Determinants:

- 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

## Health Care Determinants (10%)

Examples:

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

## 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 to care (i.e., limited transportation), lower socioeconomic status, lower education attainment, 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 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 impacts 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 with local hospitals 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 develop. 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.

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](http://www.uspreventiveservicestaskforce.org).

The table below highlights USPSTF Grade A and B preventative care recommendations pertaining to community health priority areas.

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

<b>Topic</b>	<b>Recommendation</b>	<b>Grade</b>
Hypertension in Adults: Screening	The USPSTF recommends screening for high blood pressure in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure 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 40 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 in all adults aged 50 to 75 years.  The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	A, B
Prevention of Dental Caries in	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6	B

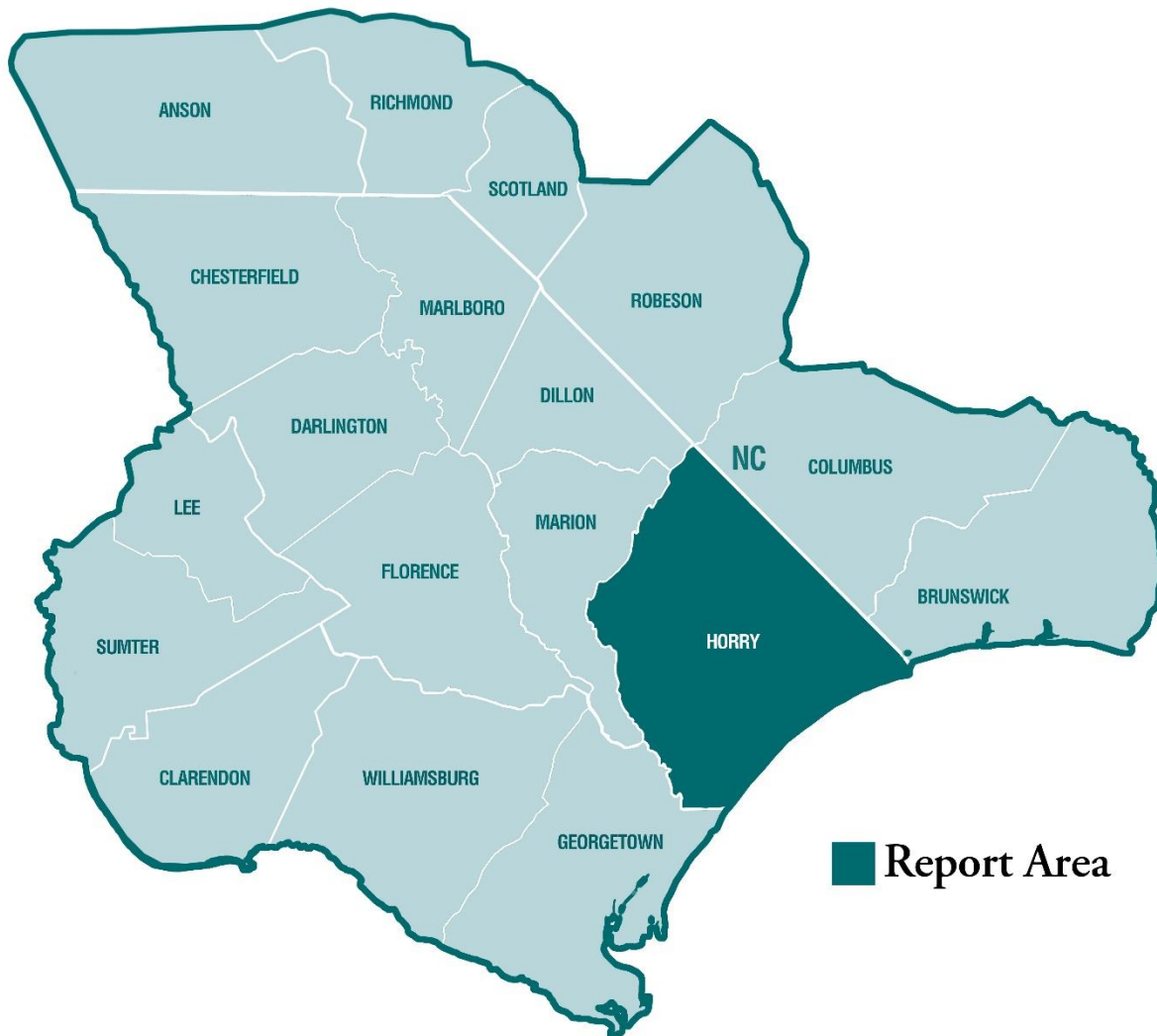
Children Younger than 5 years: Screenings and Interventions.	months for children whose water supply is deficient in fluoride.  The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children at the age of primary tooth eruption.	
Diabetes & Type 2 Diabetes Screening	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B
Lung Cancer Screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently 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.	B
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B
High Body Mass Index in Children	The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body	B

and Adolescents: Interventions	mass index (BMI) ( $\geq 95$ th percentile for age and sex) to comprehensive, intensive behavioral interventions.	
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

Source: [https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=P](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P)



## COMMUNITY DEFINED FOR THIS ASSESSMENT



The community was defined based on the geographic origins of McLeod Seacoast and McLeod Loris inpatient and outpatient hospital data. The study area for this assessment is defined as Horry County which represents the majority of patients served, to include the zip codes shown in Table 1 and Table 2.

**Table 1. McLeod Seacoast Primary Service Area ZIP Codes**

ZIP Code	City	County
28420	Ash	Brunswick, NC
28452	Longwood	Brunswick, NC
28455	Nakina	Columbus, NC
28468	Sunset Beach	Brunswick, NC
28469	Ocean Isle Beach	Brunswick, NC
28470	Shallotte	Brunswick, NC
29511	Aynor	Horry, SC
29526	Conway	Horry, SC
29527	Conway	Horry, SC
29544	Galivants Ferry	Horry, SC
29566	Little River	Horry, SC
29568	Longs	Horry, SC
29572	Myrtle Beach	Horry, SC
29575	Myrtle Beach	Horry, SC
29576	Murrells Inlet	Horry, SC
29577	Myrtle Beach	Horry, SC
29579	Myrtle Beach	Horry, SC
29582	North Myrtle Beach	Horry, SC
29588	Myrtle Beach	Horry, SC
29569	Loris	Horry, SC
28467	Calabash	Brunswick, NC

28463	Tabor City	Columbus, NC
29581	Nichols	Horry, SC
28472	Whiteville	Columbus, NC
29545	Green Sea	Horry, SC

**Table 2. McLeod Loris Primary Service Area ZIP Codes**

ZIP Code	City	County
28430	Cerro Gordo	Columbus, NC
28432	Clarendon	Columbus, NC
28439	Fair Bluff	Columbus, NC
28463	Tabor City	Columbus, NC
29545	Green Sea	Horry, SC
29569	Loris	Horry, SC
29581	Nichols	Marion, SC
29566	Little River	Horry, SC
29582	North Myrtle Beach	Horry, SC
29568	Longs	Horry, SC
29579	Myrtle Beach	Horry, SC
28467	Calabash	Brunswick, NC
29526	Conway	Horry, SC
28468	Sunset Beach	Brunswick, NC
29577	Myrtle Beach	Horry, SC
29572	Myrtle Beach	Horry, SC
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29588	Myrtle Beach	Horry, SC
29527	Conway	Horry, SC
29511	Aynor	Horry, SC
29544	Galivants Ferry	Horry, SC
28472	Whiteville	Columbus, NC

## 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 368,937 people live in the 1,133.16 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2019-23 5-year estimates. The population density for this area, estimated at 326 persons per square mile, is greater than the national average population density of 94 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Horry County, SC	368,937	1,133.16	326
South Carolina	5,212,774	30,064.23	173
United States	332,387,540	3,533,298.58	94

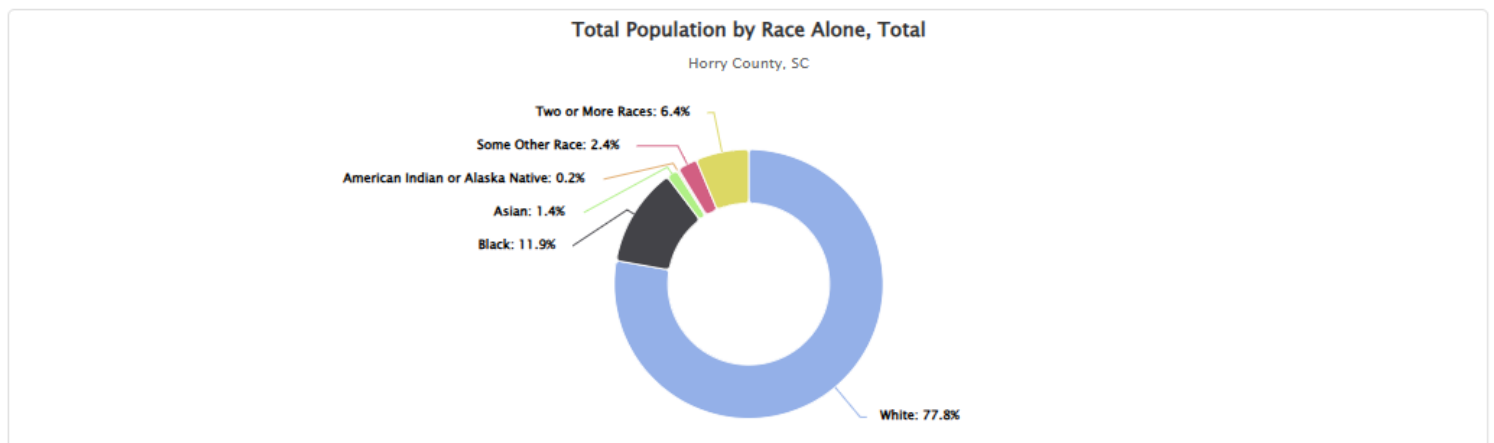
Data Source: US Census Bureau, American Community Survey. 2019-23. → [Show more details](#)

## Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone, without considering respondents' ethnicity. An ACS survey respondent may identify as a single race, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races.”

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Horry County, SC	286,993	43,726	4,986	693	320	8,719	23,500
South Carolina	3,339,447	1,318,630	89,723	16,823	3,642	142,798	301,711
United States	210,875,446	41,070,890	19,352,659	2,924,996	629,292	21,940,536	35,593,721

Data Source: US Census Bureau, American Community Survey. 2019-23. → [Show more details](#)



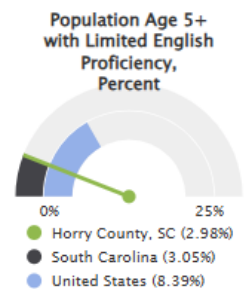
## Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 353,168 total population aged 5 and older in the report area, 10,510 or 2.98% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Horry County, SC	353,168	10,510	2.98%
South Carolina	4,924,906	150,169	3.05%
United States	313,447,641	26,299,012	8.39%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2019-23. → [Show more details](#)



## Income and Economics

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.

### Income - Median Household Income

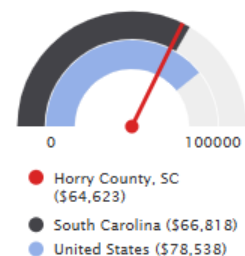
This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 150,342 households in the report area, with an average income of \$84,884.14 and a median income of \$64,623.

Report Area	Total Households	Average Household Income	Median Household Income
Horry County, SC	150,342	\$84,884.14	<b>\$64,623</b>
South Carolina	2,070,390	\$92,833.29	\$66,818
United States	127,482,865	\$110,490.58	\$78,538

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2019-23. → Show more details

Median Household Income



## Poverty - Population Below 100% FPL

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

Within the report area 12.82% or 46,454 individuals for whom poverty status is determined 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.

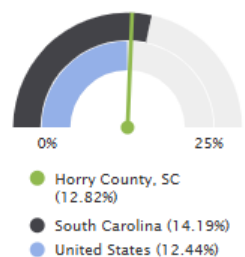
*Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters.*

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Horry County, SC	362,435	46,454	<b>12.82%</b>
South Carolina	5,072,217	719,720	14.19%
United States	324,567,147	40,390,045	12.44%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2019-23. → Show more details

Population in Poverty, Percent



## Education

This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

## Attainment - Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old, and is an estimated average for the period from 2019 to 2023.

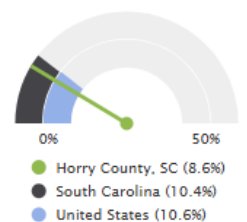
For the selected area, 17.3% have at least a college bachelor's degree, while 31.4% stopped their formal educational attainment after high school.

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Horry County, SC	8.6%	31.4%	22.8%	10.6%	17.3%	9.3%
South Carolina	10.4%	28.2%	20.0%	9.9%	19.4%	12.0%
United States	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2019-23. → Show more details

Percent Population with No High School Diploma



## Attainment - Bachelor's Degree or Higher

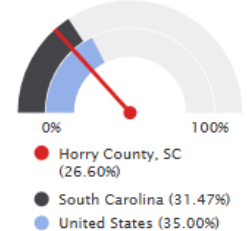
26.60% of the population aged 25 and older, or 73,626 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Horry County, SC	276,831	73,626	26.60%
South Carolina	3,610,374	1,136,208	31.47%
United States	228,434,661	79,954,302	35.00%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2019-23. → Show more details

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





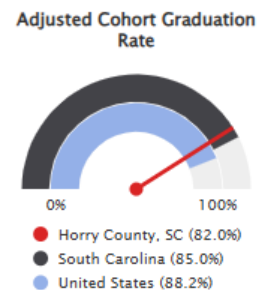
## Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year, and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 82.0% during the most recently reported school year. Students in the report area performed worse than the state, which had an ACGR of 85.0%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Horry County, SC	3,525	2,891	82.0%
South Carolina	53,032	45,077	85.0%
United States	3,479,541	3,067,953	88.2%

*Note: This indicator is compared to the state average.*

*Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23. → [Show more details](#)*



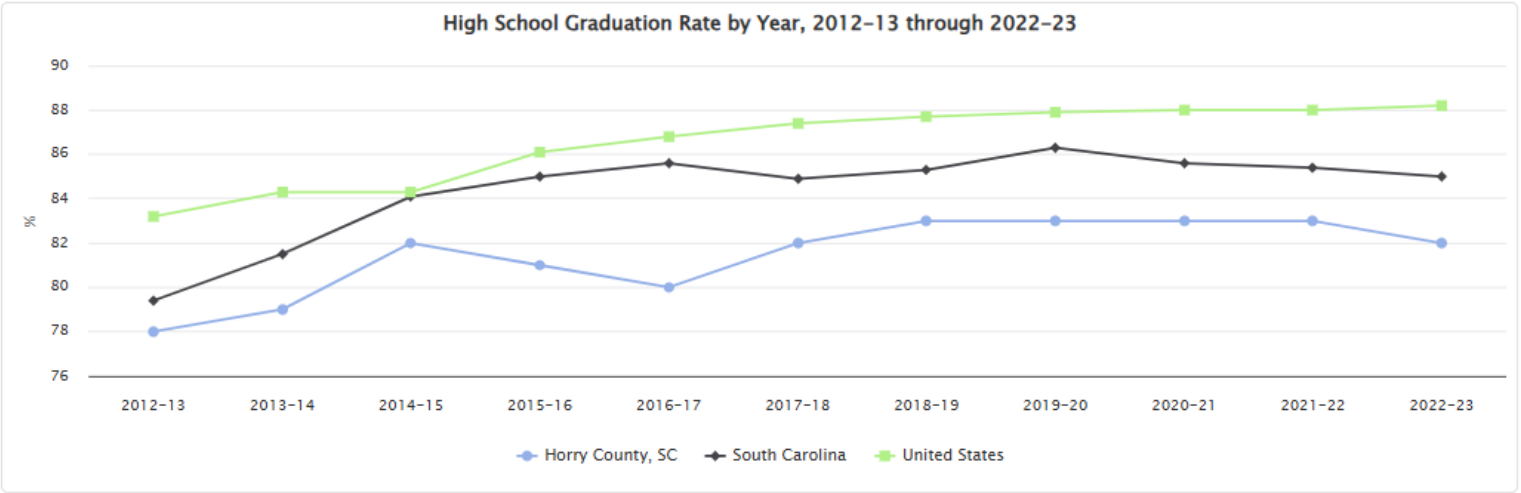
## High School Graduation Rate by Year, 2012-13 through 2022-23

The table below shows county, 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	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Horry County, SC	78.0%	79.0%	82.0%	81.0%	80.0%	82.0%	83.0%	83.0%	83.0%	83.0%	82.0%
South Carolina	79.4%	81.5%	84.1%	85.0%	85.6%	84.9%	85.3%	86.3%	85.6%	85.4%	85.0%
United States	83.2%	84.3%	84.3%	86.1%	86.8%	87.4%	87.7%	87.9%	88.0%	88.0%	88.2%

Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23. [→ Show more details](#)



## Other 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.

## Insurance - Uninsured Population (ACS)

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

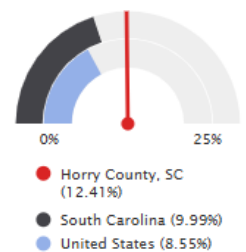
In the report area 12.41% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 9.99%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Horry County, SC	367,312	45,569	12.41%
South Carolina	5,113,158	510,757	9.99%
United States	327,425,278	28,000,876	8.55%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2019-23. → Show more details

Uninsured Population, Percent



## SNAP Benefits - Population Receiving SNAP (SAIPE)

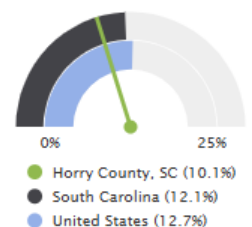
The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Horry County, SC	351,029	35,549	10.1%
South Carolina	5,118,425	619,109	12.1%
United States	331,449,281	41,975,381	12.7%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022. → Show more details

Percentage of Total Population Receiving SNAP Benefits



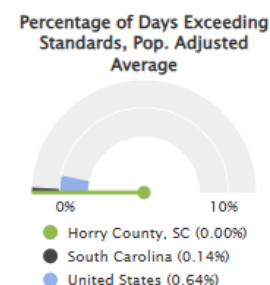
## Physical Environment

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 and Water Quality – Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding NAAQS Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Horry County, SC	351,029	7.00	0.00	0.00%	0.00%
South Carolina	5,110,386	7.72	1.00	0.14%	0.14%
United States	330,251,614	9.19	2.00	0.59%	0.64%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020. → [Show more details](#)

### Food Environment - Grocery Stores

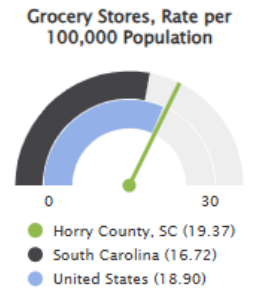
Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 68 grocery establishments in the report area, a rate of 19.37 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged 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. Delicatessen-type establishments are also included. Convenience stores and large general

merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Horry County, SC	351,029	68	19.37
South Carolina	5,118,425	856	16.72
United States	331,449,275	62,647	18.90

Note: This indicator is compared to the state average.

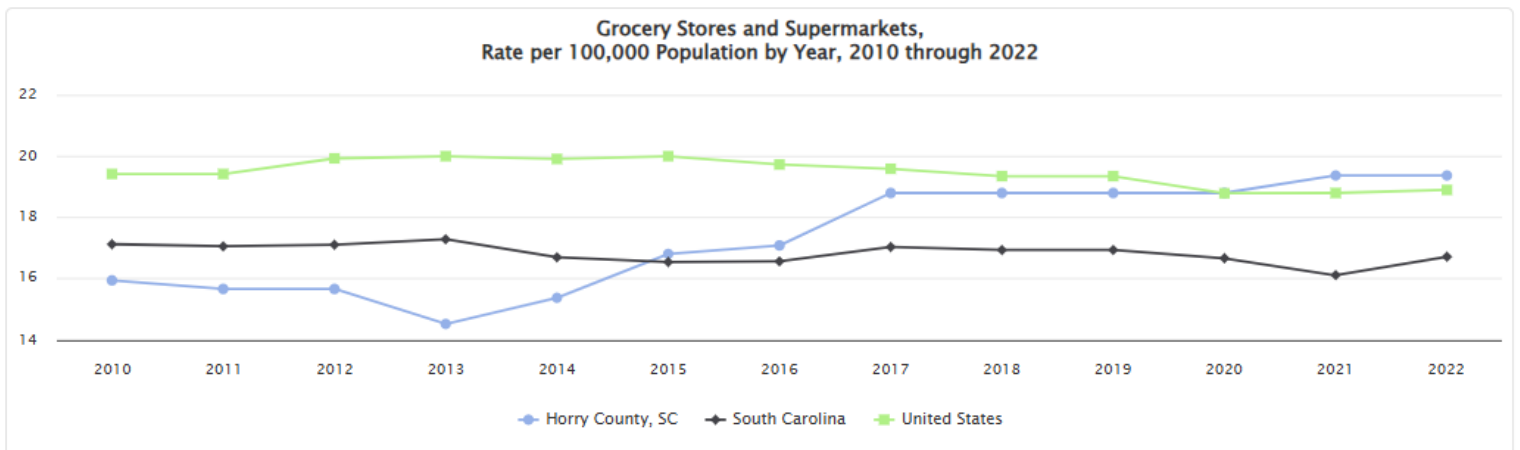
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → [Show more details](#)



## Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2022

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Horry County, SC	15.95	15.67	15.67	14.53	15.38	16.81	17.09	18.8	18.8	18.8	18.8	19.37	19.37
South Carolina	17.13	17.06	17.11	17.29	16.7	16.55	16.57	17.04	16.94	16.94	16.67	16.12	16.72
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79	18.8	18.9

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → [Show more details](#)



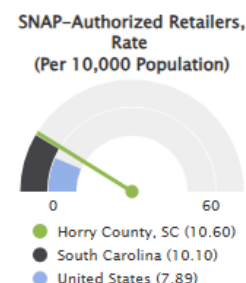
## Food Environment - SNAP-Authorized Food Stores

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. The report area contains a total of 391 SNAP-authorized retailers with a rate of 10.60.

Report Area	Total Population (2023)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Horry County, SC	368,937	391	10.60
South Carolina	5,212,774	5,265	10.10
United States	335,409,240	264,826	7.89

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. 2025. → [Show more details](#)



## Clinical Care and Prevention

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

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations.

Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

## Cancer Screening - Mammogram (Medicare)

This indicator reports the unsmoothed, age-adjusted rate screening mammography for female among the Medicare Fee-For-Service (FFS) population for the year 2023. Data were sourced from the CMS Mapping Medicare Disparities (MMD) tool.

### **Note:**

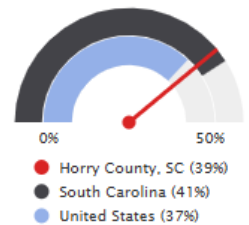
- Data are suppressed when the total population is fewer than 11.
- Data are also suppressed when the number of annual wellness visits is fewer than 3 (rate is shown as zero in these cases).

Report Area	Female FFS Beneficiaries	With Screening Mammography, Total	With Screening Mammography, Percent
Horry County, SC	36,040	14,056	39%
South Carolina	356,194	146,040	41%
United States	16,853,060	6,235,632	37%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2023. → [Show more details](#)

With Screening Mammography, Percent



## Health Care - FQHC Area Served

This indicator provides details about the area served by Federally Qualified Health Centers (FQHC) and/or FQHC Look-alikes that operate within the report area. An FQHC is a federally funded nonprofit health center or clinic that serves a medically underserved area or populations. Federally qualified health centers provide primary care services regardless of ability to pay. Services are provided on a sliding scale fee based on ability to pay.

An FQHC may operate one or more service delivery sites and provide services to individual in multiple cities and/or counties. The list below displays the service-area (county based) of the FQHCs who operate any service-delivery sites within the report area.

Provider Name	Number of Service-Delivery Sites	Area Served (Counties)
CARETEAM PLUS INC	2	Georgetown, SC; Horry, SC
HEALTH CARE PARTNERS OF SOUTH CAROLINA, INC.	10	Florence, SC; Horry, SC; Marion, SC
LITTLE RIVER MEDICAL CENTER, INC.	14	Horry, SC

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023. → [Show more details](#)

## Health Care - FQHC Patient Profile

This indicator provides a demographic profile of patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area.

*Note: Data are based on the location of the health center and may include patients who reside outside of the report area.*

Report Area	Total Patients	Under Age 18	Age 18 - 64	Age 65 and Older
Horry County, SC	51,506.00	28.04%	55.74%	16.23%
South Carolina	442,073.00	25.37%	57.89%	16.74%
United States	29,685,584.67	29.30%	58.95%	11.93%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023. → [Show more details](#)

## Health Behaviors

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

### Alcohol - Heavy Alcohol Consumption

In the report area, 63,699, or 20.92% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 19.92%. Data for this indicator were based on survey responses to the 2022 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2025 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one

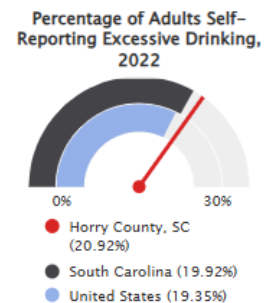


binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol use disorder (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Horry County, SC	304,498	63,699	20.92%
South Carolina	4,085,439	813,803	19.92%
United States	259,718,875	50,260,536	19.35%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022. → [Show more details](#)



## Physical Inactivity

Within the report area, 70,990 or 22.5% of adults aged 20 and older self-report no active leisure time, 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.

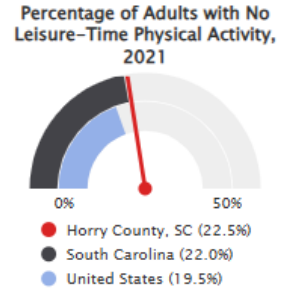
*Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator.*

*Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

Report Area	Population Age 20+	Adults Age 20+ with No Leisure Time Physical Activity	Adults Age 20+ with No Leisure Time Physical Activity, Percent
Horry County, SC	294,564	70,990	22.5%
South Carolina	3,940,408	908,384	22.0%
United States	232,759,569	47,072,403	19.5%

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. 2021. → Show more details



## STI - Chlamydia Incidence

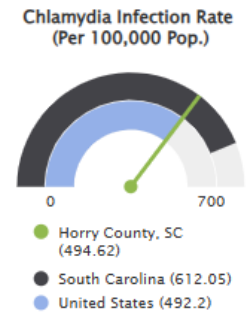
This indicator reports the number chlamydia cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
Horry County, SC	397,478	1,966	494.62
South Carolina	5,373,555	32,889	612.05
United States	334,914,895	1,648,568	492.2

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → Show more details

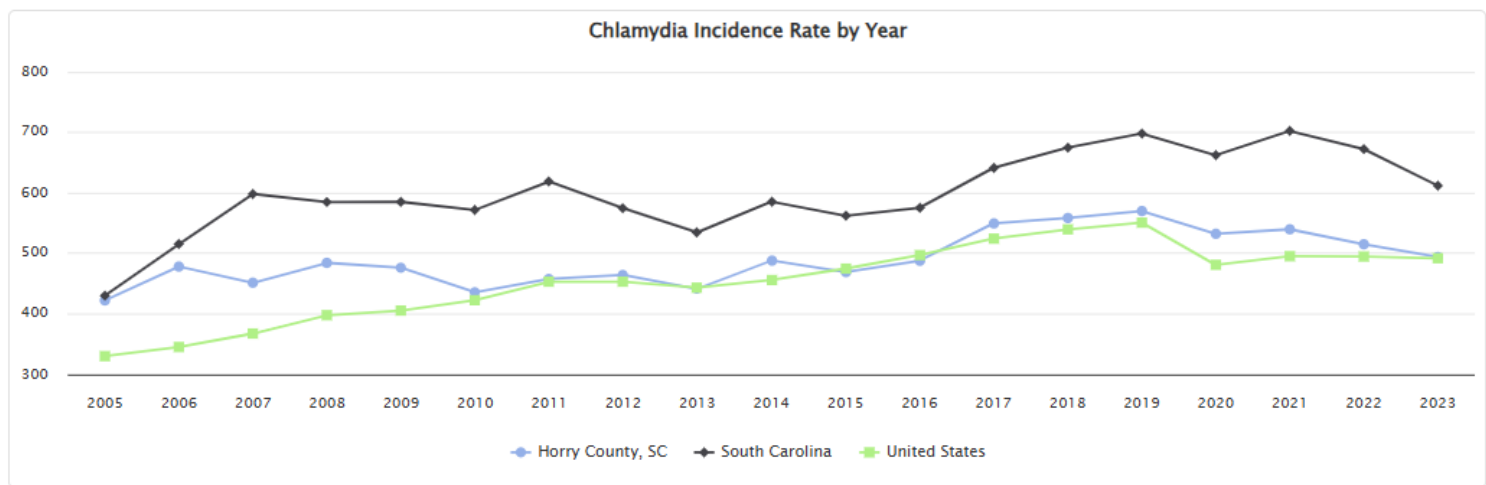


## Chlamydia Incidence Rate by Year

The table below displays trends in the rate of diagnosed chlamydia cases for years 2005 through 2022. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Horry County, SC	422.5	478.4	451.7	484.5	476.4	436.0	458.1	464.6	441.6	488.2	469.3	488.0	549.7	558.7	570.2	532.6	540.0	515.3	494.6
South Carolina	430.4	515.7	598.4	585.2	585.3	572.1	619.1	574.8	534.8	585.5	562.4	575.5	641.6	674.9	698.2	662.7	702.7	672.5	612.1
United States	330.3	345.4	367.7	398.0	405.7	422.8	453.4	453.4	443.5	456.1	475.0	497.3	524.6	539.9	551.0	481.3	495.5	495.0	492.2

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → Show more details



## STI - Gonorrhea Incidence

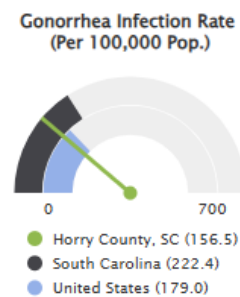
This indicator reports the number of gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. This data is delivered to and analyzed by the CDC as part of the nationally notifiable STD surveillance system.

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections, Rate per 100,000 Pop.
Horry County, SC	397,478	622	156.5
South Carolina	5,373,555	11,950	222.4
United States	334,914,895	599,604	179.0

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → Show more details

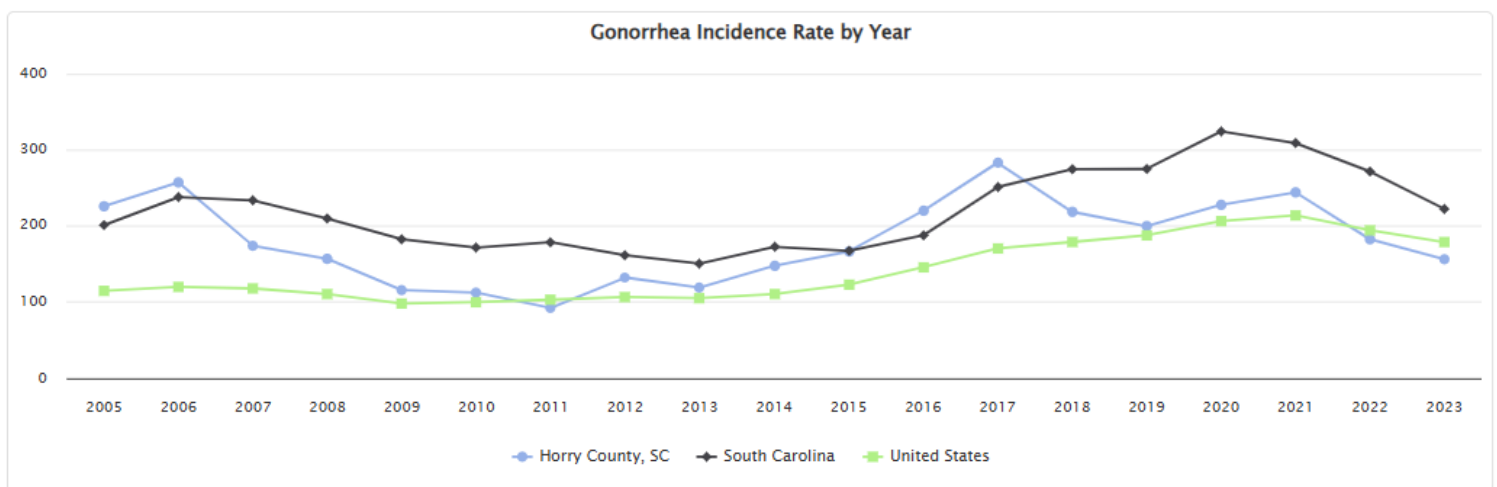


## Gonorrhea Incidence Rate by Year

The table below displays trends in the rate of diagnosed gonorrhea cases for years 2005 through 2022. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Horry County, SC	226.0	257.4	174.1	157.0	116.0	112.5	92.6	132.4	119.1	147.8	166.6	220.2	283.3	218.7	200.0	227.9	244.3	182.7	156.5
South Carolina	201.4	238.1	233.8	209.9	182.6	171.9	178.7	161.7	150.7	172.8	167.6	187.8	251.2	274.7	275.0	324.4	309.2	271.7	222.4
United States	114.9	120.1	118.1	110.7	98.2	100.0	103.3	106.7	105.3	110.7	123.0	145.8	170.6	179.1	187.8	206.5	214.0	194.4	179.0

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → [Show more details](#)

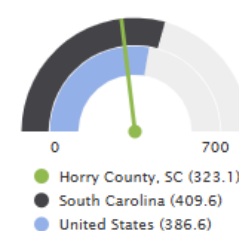


## STI - HIV Prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Pop.
Horry County, SC	338,884	1,095	323.1
South Carolina	4,502,738	18,442	409.6
South Carolina	4,502,738	18,442	409.6
United States	282,494,087	1,092,023	386.6

Population with HIV / AIDS, Rate per 100,000 Pop.



Note: This indicator is compared to the state average.

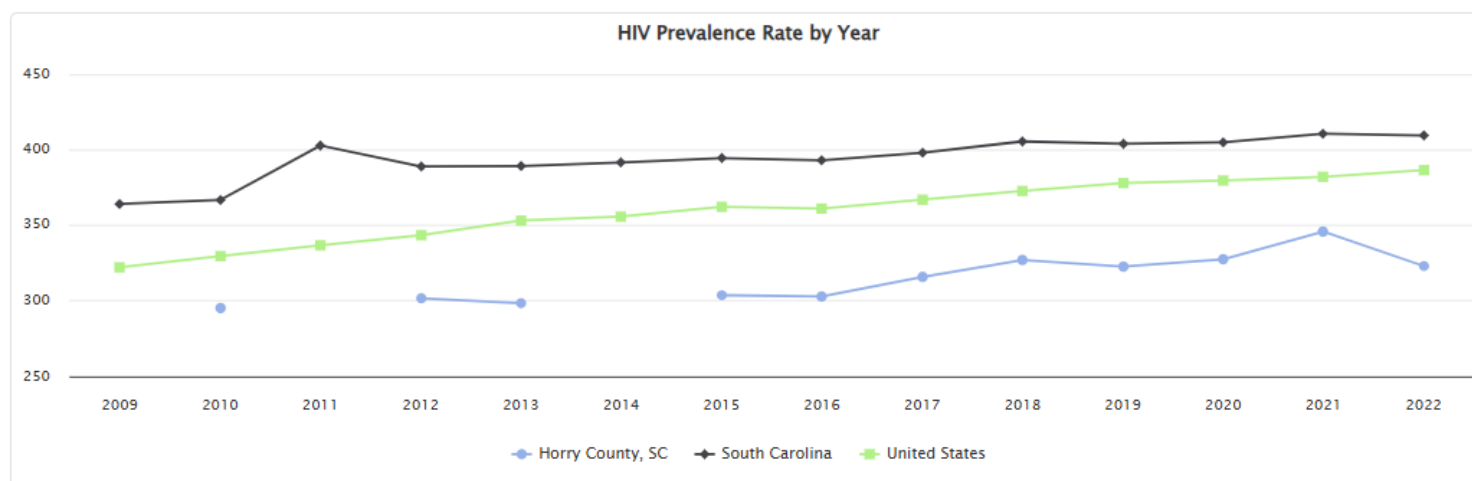
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022. → Show more details

## HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2022. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Horry County, SC	No data	295.3	No data	301.8	298.5	No data	303.8	302.9	315.9	327.1	322.7	327.6	345.9	323.1
South Carolina	364.2	366.8	402.9	389.0	389.3	391.7	394.6	393.1	398.1	405.6	404.0	405.0	410.7	409.6
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8	378.0	379.7	382.2	386.6

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022. → Show more details



## Tobacco Usage - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

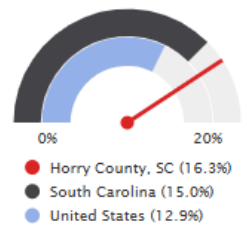
Within the report area there are 16.3% of adults 18+ who have smoked or currently smoke of the total population 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Horry County, SC	383,101	16.3%	17.5%
South Carolina	5,282,634	15.0%	15.6%
United States	333,287,557	12.9%	13.2%

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 PLACES Data Portal. 2022 . → [Show more details](#)

Percentage of Adults Age 18+ who are Current Smokers



## Health Outcomes

Measuring morbidity and mortality rates allows linkages to be assessed 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 relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

### Birth Outcomes - Low Birth Weight (CDC)

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2017-2023) and are used for the 2025 County Health Rankings.

Within the report area, there were 1,949 infants born with low birth weight. This represents 8.7% of the total live births.

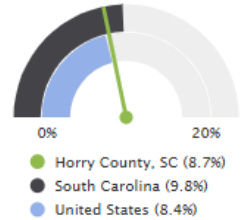
Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Horry County, SC	22,515	1,949	8.7%
South Carolina	399,031	39,257	9.8%
United States	25,914,651	2,176,957	8.4%

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023. → Show more details

Percentage of Infants with Low Birthweight: %



## Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

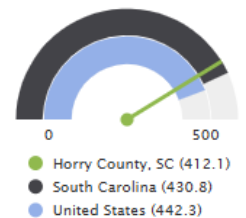
Within the report area, there were 2,241 new cases of cancer reported. This means there is a rate of 412.1 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Horry County, SC	543,800	2,241	412.1
South Carolina	6,569,870	28,303	430.8
United States	383,976,486	1,698,328	442.3

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles. 2016-20. → Show more details

Cancer Incidence Rate (Per 100,000 Pop.)



## Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2016-2020.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Horry County, South Carolina	1 - Lung & Bronchus (All Stages^), 2016-2020	369	62.4
Horry County, South Carolina	2 - Breast (All Stages^), 2016-2020	308	114.3
Horry County, South Carolina	3 - Prostate (All Stages^), 2016-2020	236	79.9
Horry County, South Carolina	4 - Colon & Rectum (All Stages^), 2016-2020	178	34.1
Horry County, South Carolina	5 - Melanoma of the Skin (All Stages^), 2016-2020	129	24.3
South Carolina	1 - Breast (All Stages^), 2016-2020	4,343	128.6
South Carolina	2 - Lung & Bronchus (All Stages^), 2016-2020	4,073	58.7
South Carolina	3 - Prostate (All Stages^), 2016-2020	3,659	109.8
South Carolina	4 - Colon & Rectum (All Stages^), 2016-2020	2,267	35.5
South Carolina	5 - Melanoma of the Skin (All Stages^), 2016-2020	1,428	22.6
US	1 - Breast (All Stages^), 2016-2020	249,750	127
US	2 - Lung & Bronchus (All Stages^), 2016-2020	215,307	54
US	3 - Prostate (All Stages^), 2016-2020	212,734	110.5
US	4 - Colon & Rectum (All Stages^), 2016-2020	138,021	36.5
US	5 - Melanoma of the Skin (All Stages^), 2016-2020	83,836	22.5

Data Source: State Cancer Profiles. 2016-20. → [Show more details](#)

## Chronic Conditions - Diabetes Prevalence (Adult - Trends)

This indicator reports the number and percentage of adults age 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.

Within the report area, 39,988 of adults age 20 and older have diabetes. This represents 10.3% of all the adults age 20+.

*Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator.*

*Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

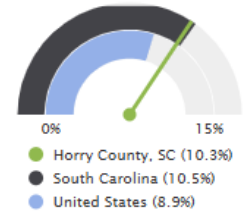


Report Area	Population Age 20+	Adults Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Horry County, SC	294,029	39,988	10.3%
South Carolina	3,936,478	482,805	10.5%
United States	232,706,003	23,263,962	8.9%

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. 2021. → Show more details

Percentage of Adults Age 20+ with Diagnosed Diabetes (Age-Adjusted), 2021



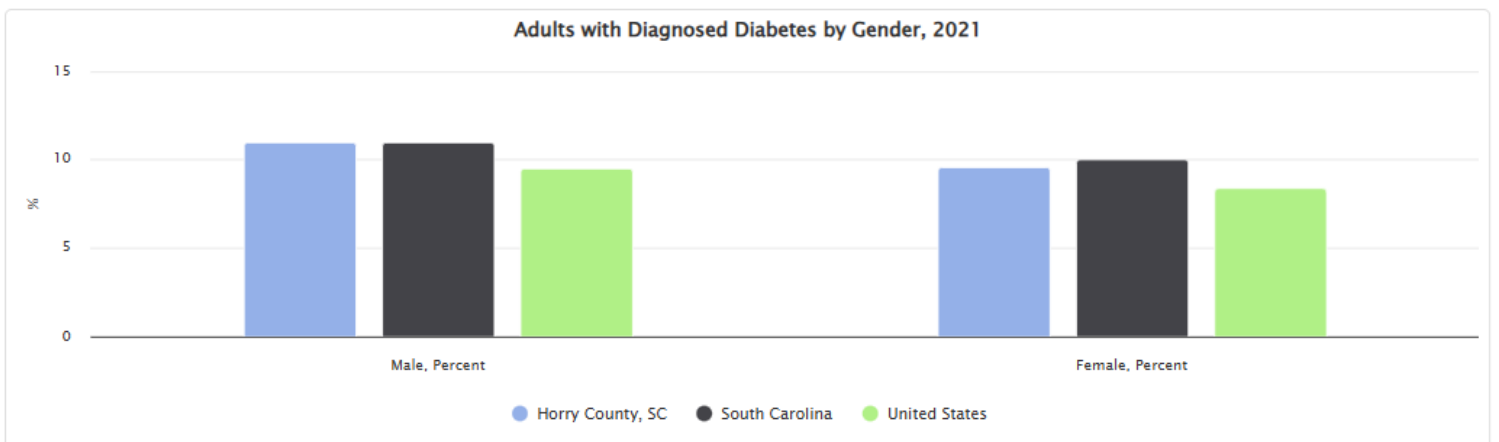
## Adults with Diagnosed Diabetes by Gender, 2021

The table below displays national, state, and local variation in the prevalence of diabetes among adults age 20+ by gender.

The percentage values could be interpreted as, for example, "Of all the adult females age 20+ within the report area, the proportion that have ever been told by a doctor that they have diabetes is (value)."

Report Area	Male	Male, Percent	Female	Female, Percent
Horry County, SC	20,661	11.0%	19,327	9.6%
South Carolina	239,425	11.0%	243,377	10.0%
United States	11,866,746	9.5%	11,397,164	8.4%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → Show more details



## Mortality - Cancer

This indicator reports the 2019-2023 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. Rates are resummarized 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.

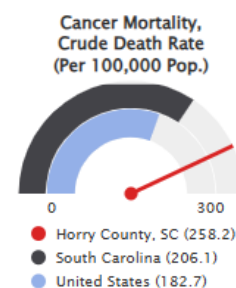
Within the report area, there are a total of 4,818 deaths due to cancer. This represents a crude death rate of 258.2 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Horry County, SC	373,138	4,818	258.2
South Carolina	5,242,730	54,039	206.1
United States	331,563,969	3,028,887	182.7

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details*

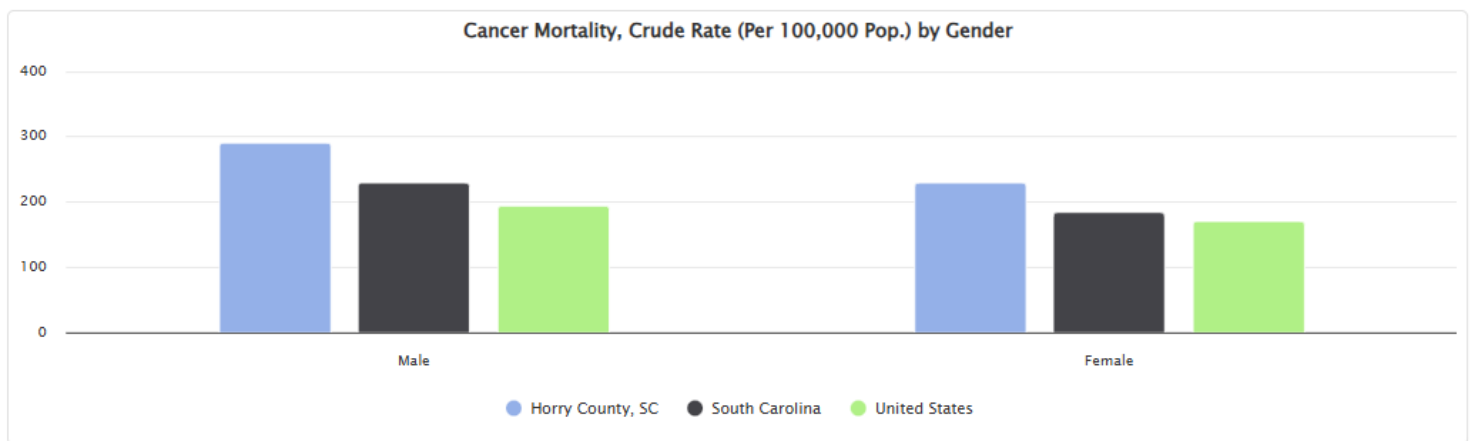


## Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to cancer for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Horry County, SC	289.7	228.9
South Carolina	229.3	184.3
United States	194.5	171.2

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → [Show more details](#)



## Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to cancer for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Horry County, SC	301.6	156.3	112.4	No data	No data	No data	47.0
South Carolina	239.1	192.2	68.8	95.8	No data	17.4	42.1
United States	235.5	168.9	96.2	127.8	131.3	35.1	72.7

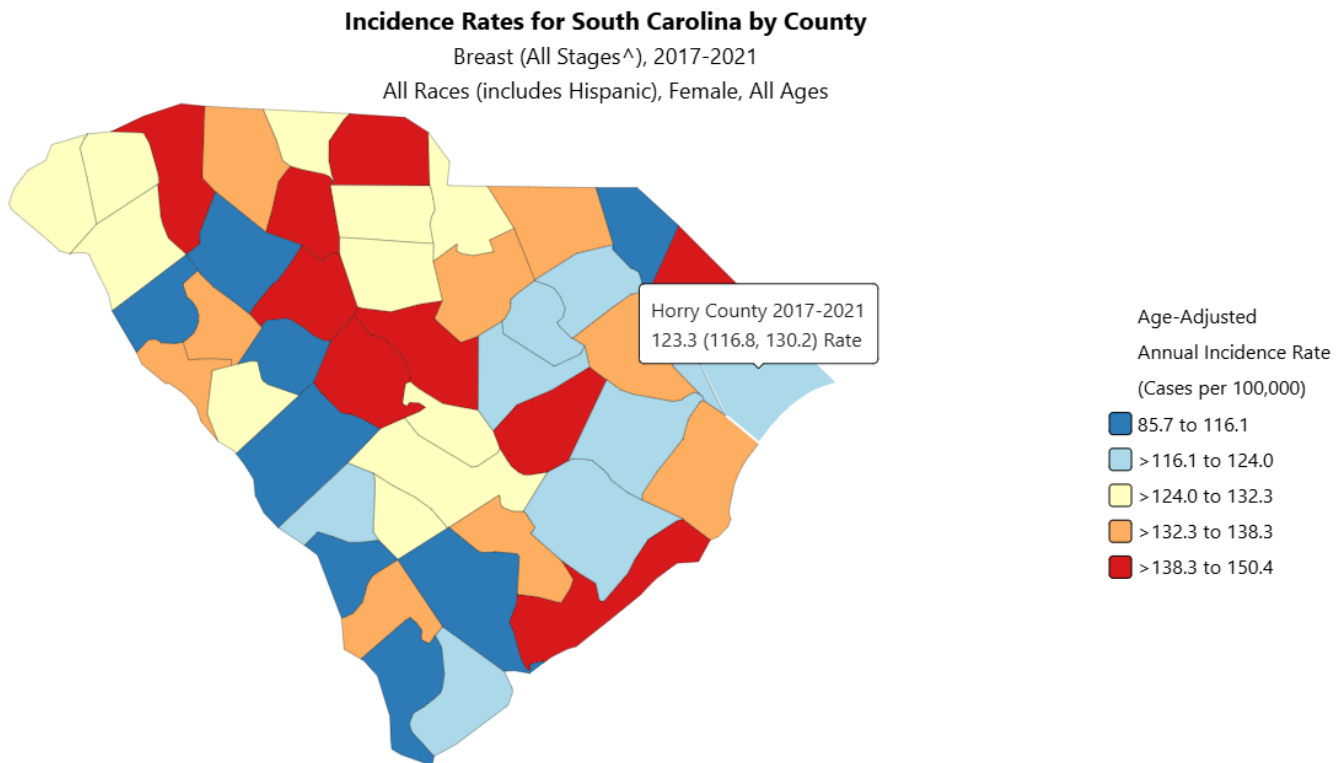
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → [Show more details](#)

## Key Findings from South Carolina Alliance: South Carolina Cancer Facts

### Breast Cancer:

- In South Carolina, approximately 3,845 women are diagnosed with breast cancer and 678 die from the disease each year.
- The most commonly diagnosed cancer among women
- Death rate for black women is 40% higher than for white women
- Greatest influence of survivability is early detection

Source: <https://www.sccancer.org/cancer-plan/early-detection/breast-cancer/>; [sccancer.org](https://www.sccancer.org), SC 25-Year Trends for Incidence, Mortality, and Survival Report, September 2023; South Carolina State Health Assessment 2023 <https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf>

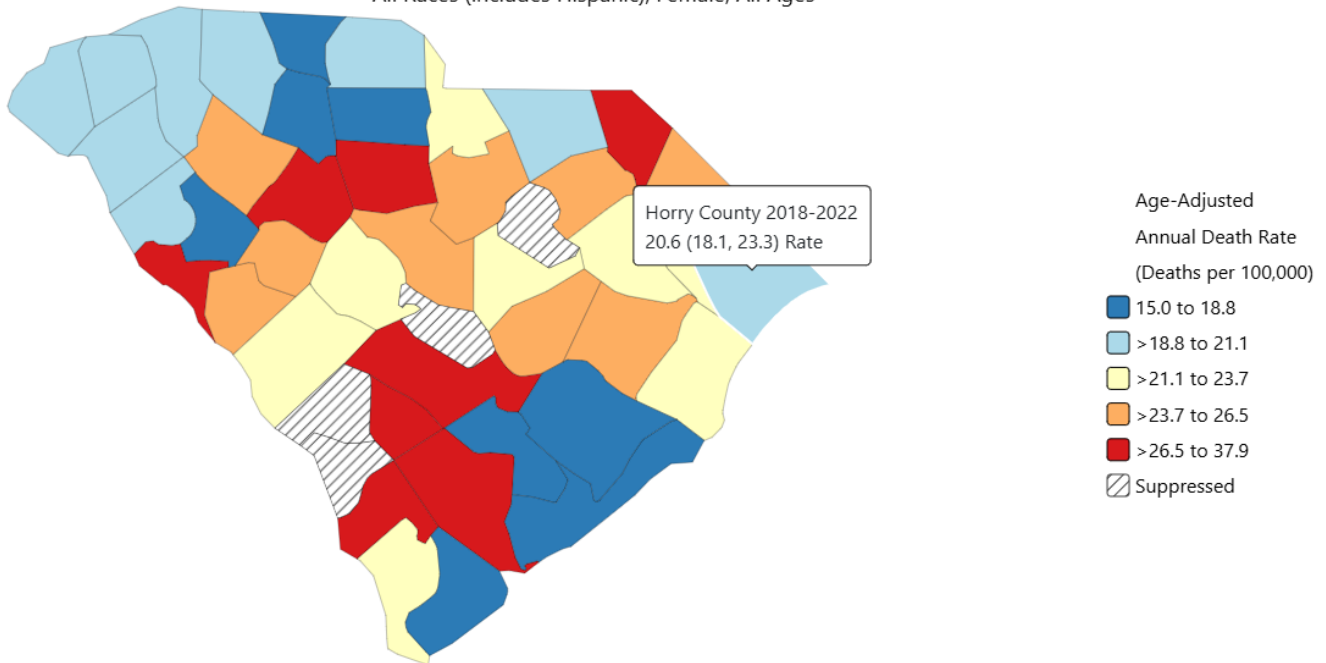


Source: <https://statecancerprofiles.cancer.gov>

### Death Rates for South Carolina by County

Breast, 2018-2022

All Races (includes Hispanic), Female, All Ages



Source: <https://statecancerprofiles.cancer.gov>

### Lung Cancer:

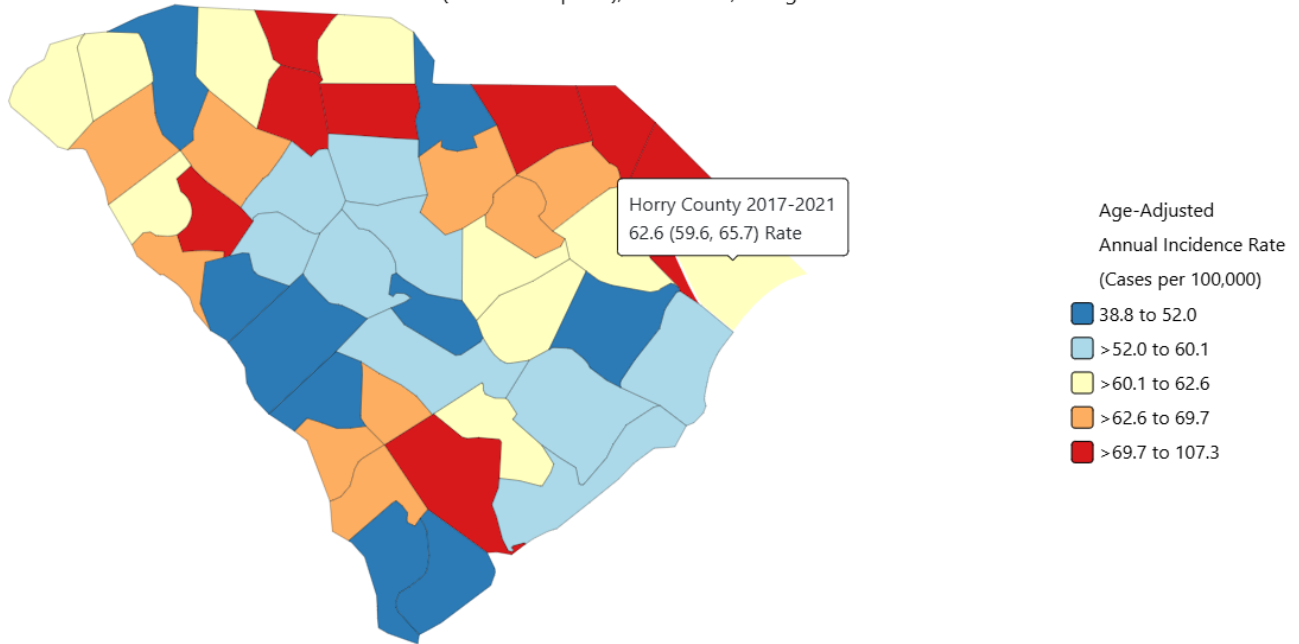
- South Carolina ranks 21st in the nation for lung cancer incidence rate and 15th in the nation for lung cancer death rate.
- South Carolina's male lung cancer mortality rate is the 13<sup>th</sup> highest in the nation.
- Cigarette smoking is the leading cause of lung cancer.

Source: <https://www.sccancer.org/cancer-plan/early-detection/lung-cancer/>; South Carolina State Health Assessment 2023 <https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf>

### Incidence Rates for South Carolina by County

Lung & Bronchus (All Stages^), 2017-2021

All Races (includes Hispanic), Both Sexes, All Ages

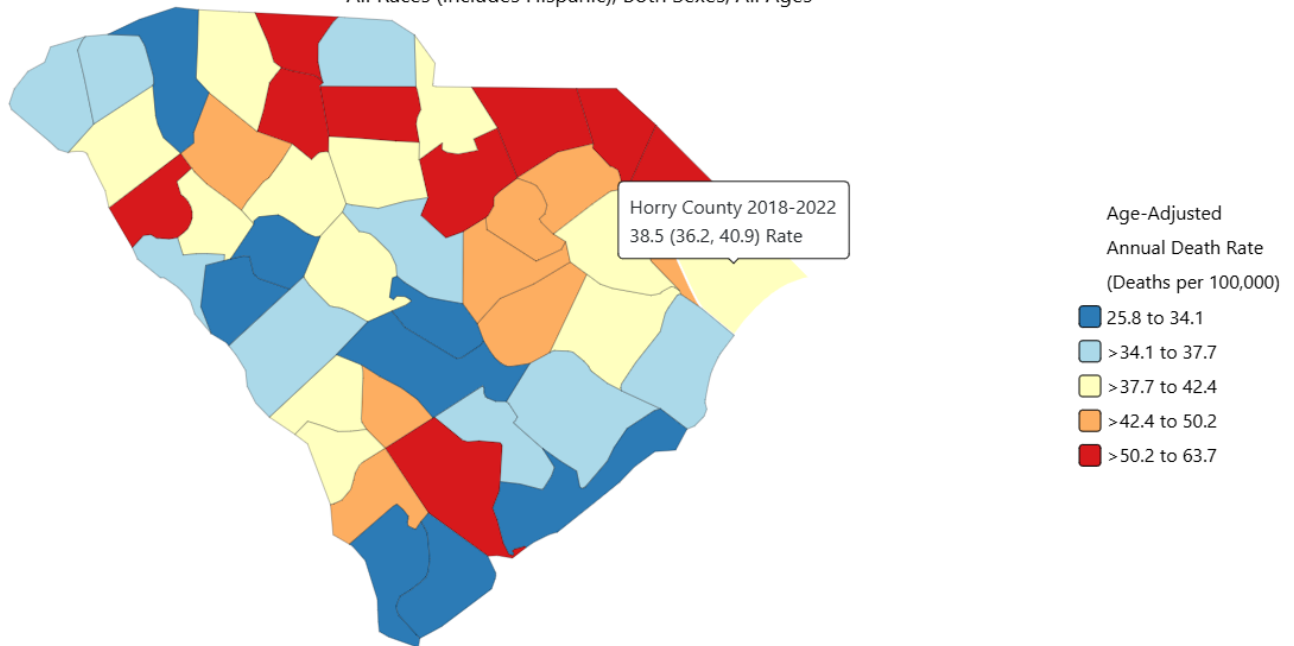


Source: <https://statecancerprofiles.cancer.gov>

### Death Rates for South Carolina by County

Lung & Bronchus, 2018-2022

All Races (includes Hispanic), Both Sexes, All Ages

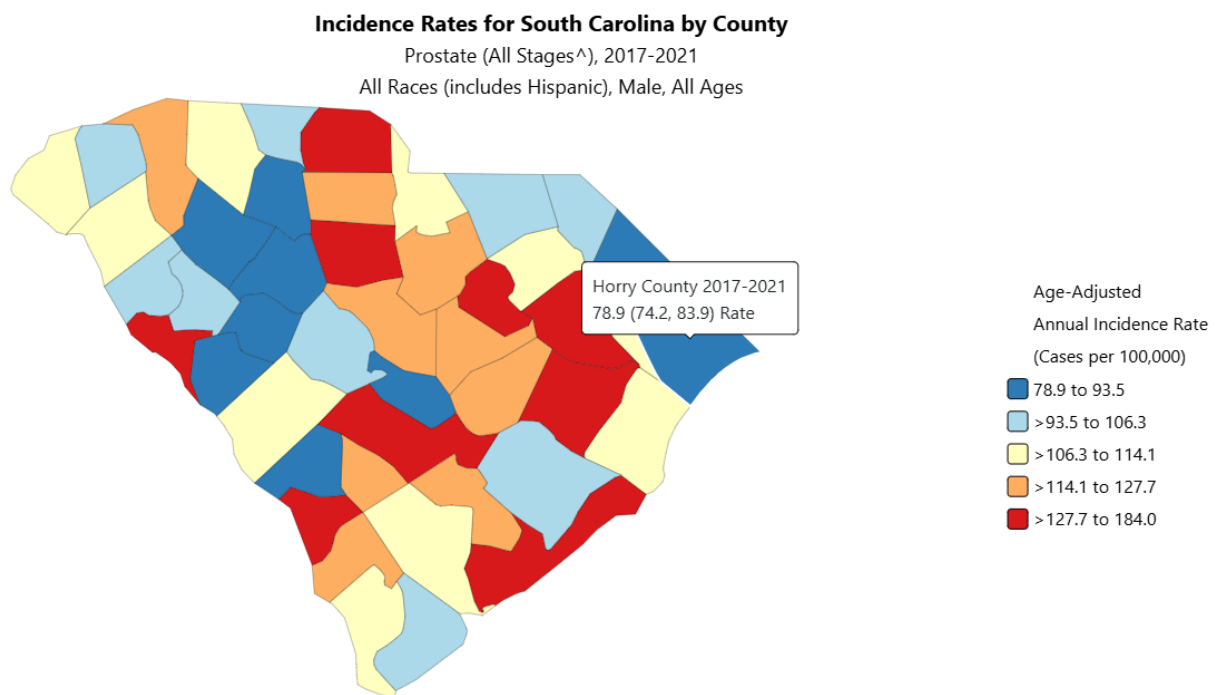


Source: <https://statecancerprofiles.cancer.gov>

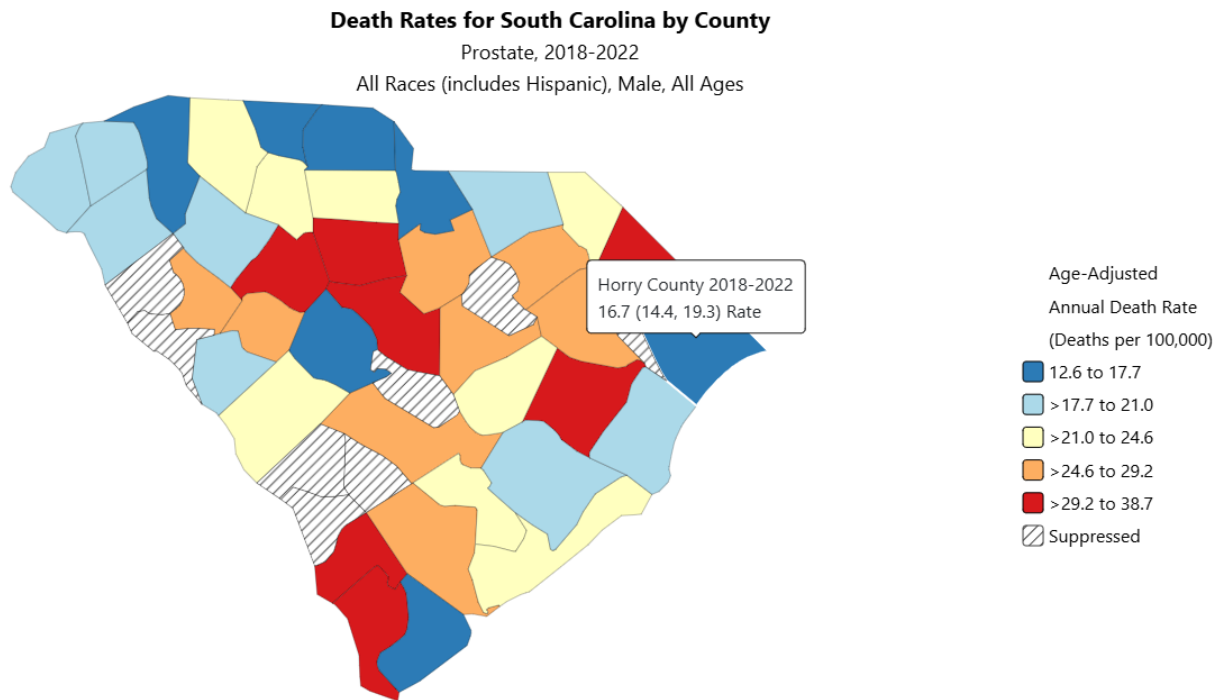
## Prostate Cancer:

- Most commonly diagnosed cancer in men in South Carolina and the United States.
- South Carolina ranks 26<sup>th</sup> in the nation for prostate cancer incidence rate and 9<sup>th</sup> in the nation for prostate cancer mortality rate.
- Non-Hispanic Black men are 73% more likely to be diagnosed with prostate cancer and are 128% more likely to die from prostate cancer as compared to their non-Hispanic White male counterparts.

Source: <https://www.sccancer.org/cancer-plan/early-detection/prostate-cancer/>; South Carolina State Health Assessment 2023 <https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf>



Source: <https://statecancerprofiles.cancer.gov/>



Source: <https://statecancerprofiles.cancer.gov/>

#### Colorectal Cancer:

- Colorectal cancer is the second-leading cause of cancer death and the third most commonly occurring cancer in both men and women.
- South Carolina ranks 25<sup>th</sup> in the nation for colorectal cancer incidence rate and 23<sup>rd</sup> in the nation for colorectal cancer mortality rate.
- Non-Hispanic Blacks are diagnosed with colorectal cancer at a 17% higher rate and die from colorectal cancer at a 45% higher rate than non-Hispanic Whites.

Source: South Carolina State Health Assessment 2023

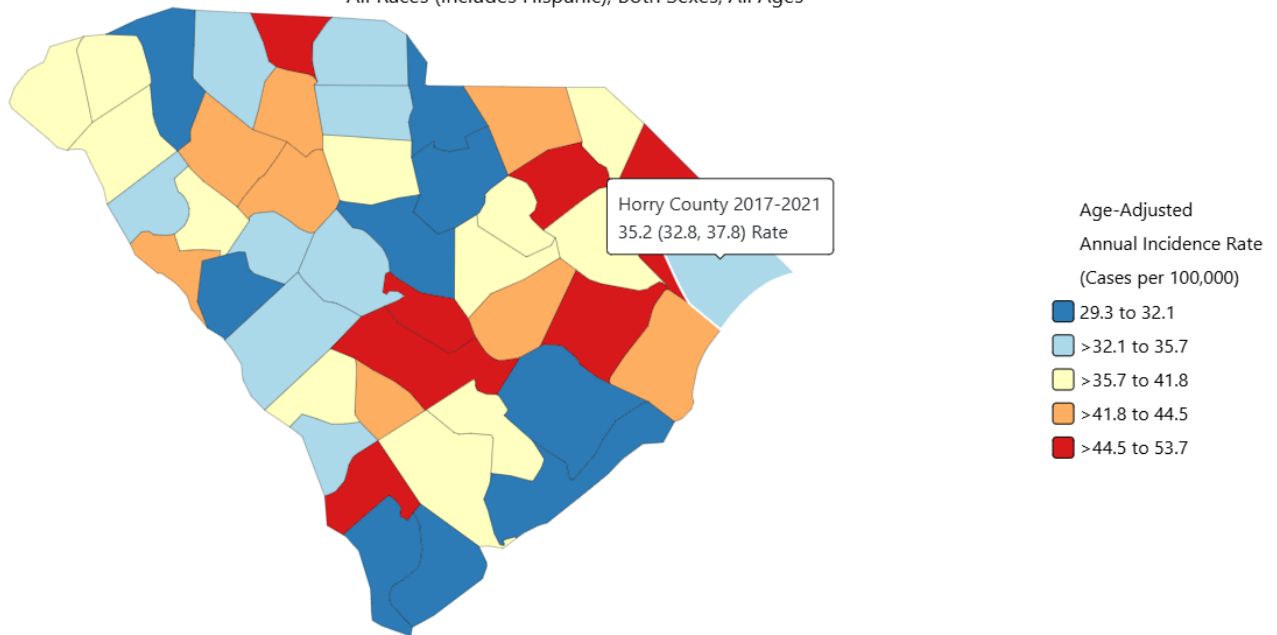
<https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf>



### Incidence Rates for South Carolina by County

Colon & Rectum (All Stages^), 2017-2021

All Races (includes Hispanic), Both Sexes, All Ages

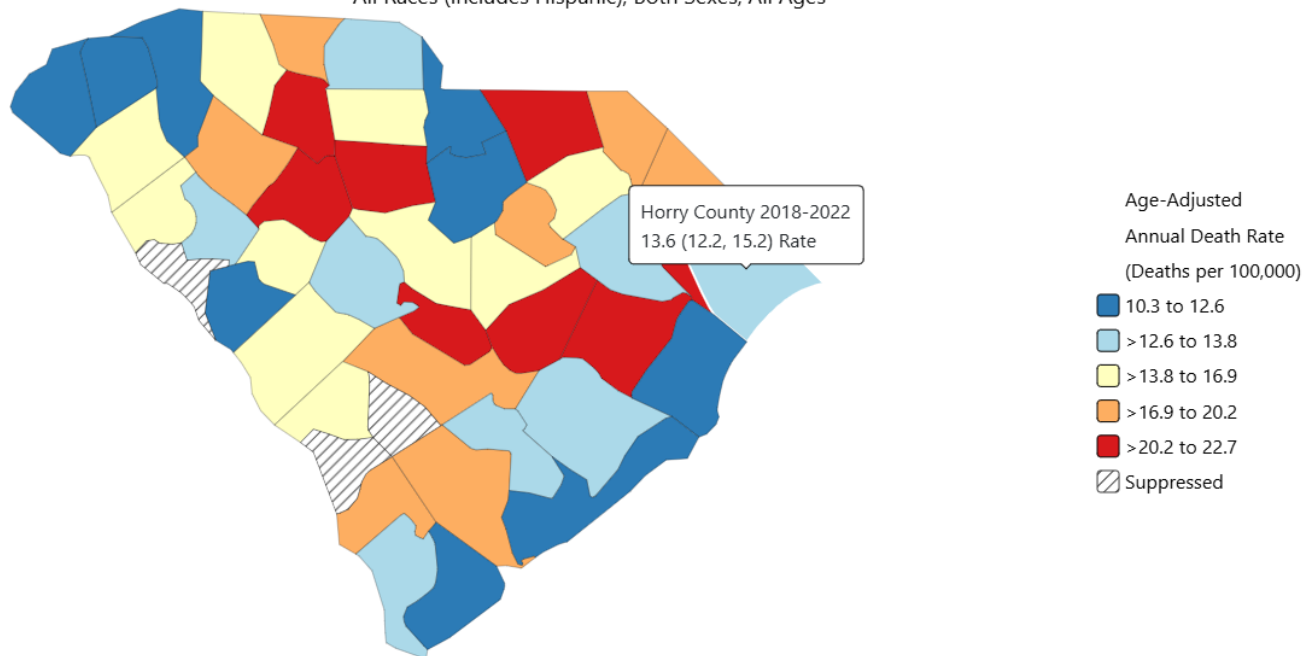


Source: <https://statecancerprofiles.cancer.gov>

### Death Rates for South Carolina by County

Colon & Rectum, 2018-2022

All Races (includes Hispanic), Both Sexes, All Ages

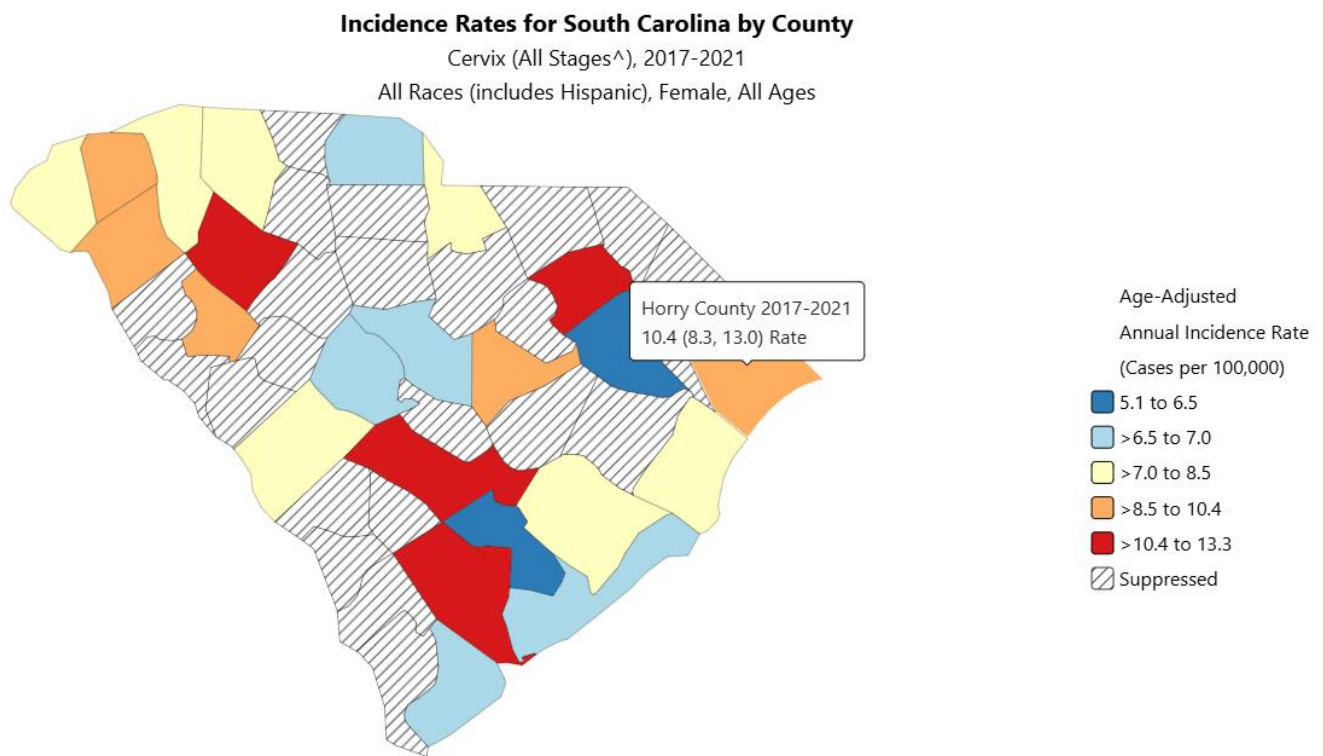


Source: <https://statecancerprofiles.cancer.gov>

### Cervical Cancer:

- In South Carolina, approximately 195 women are diagnosed with cervical cancer and 68 die from the disease each year.
- South Carolina ranks 19th in the nation for cervical cancer incidence and 16th in the nation for cervical cancer mortality rate.
- Black women are diagnosed with cervical cancer at a 10% higher rate and die at a 62% higher rate than their white counterparts.

Source: <https://www.sccancer.org/cancer-plan/early-detection/cervical-cancer/>; South Carolina State Health Assessment 2023 <https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf>

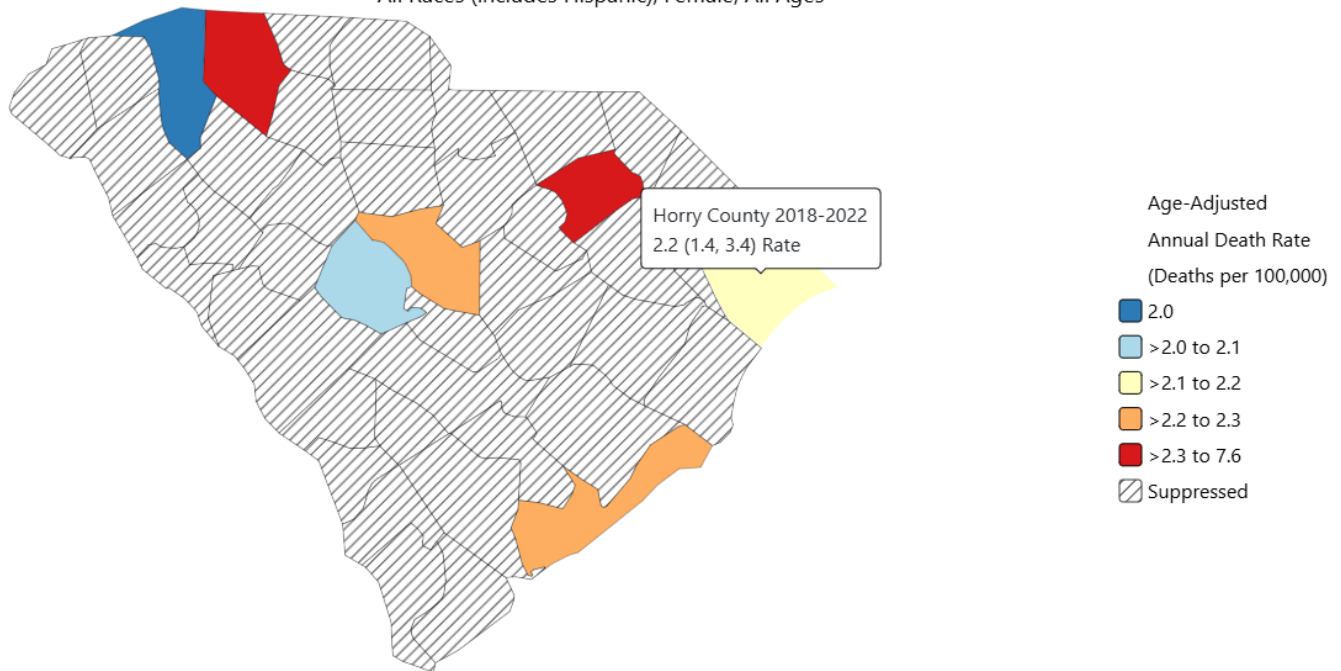


Source: <https://statecancerprofiles.cancer.gov>

### Death Rates for South Carolina by County

Cervix, 2018-2022

All Races (includes Hispanic), Female, All Ages



Source: <https://statecancerprofiles.cancer.gov>

#### Other Information:

- The American Cancer Society estimates that 1,053,250 new cancer cases for males and 988,660 new cancer cases for females will be diagnosed in the United States in 2025. Prostate cancer is the most common cancer among males (30%), followed by lung (11%) and colorectal (8%) cancers. Among females, breast (32%), lung (12%), and colorectal (7%) cancers are the most common.
- Furthermore, 618,120 new cancer deaths are expected in the United States in 2025. Lung cancer is the leading cause of cancer death among males (20%), followed by prostate (11%) and colorectal (9%) cancers. Among females, lung (21%), breast (14%), and pancreatic (8%) cancers are the leading causes of cancer death.

Source: American Cancer Society. [Cancer Facts & Figures 2025](#). Atlanta: American Cancer Society; 2025.

## Mortality - Coronary Heart Disease

This indicator reports the 2019-2023 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

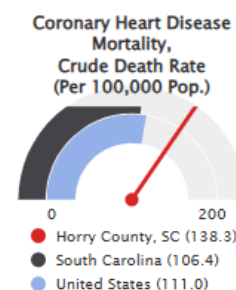
Within the report area, there are a total of 2,580 deaths due to coronary heart disease. This represents a crude death rate of 138.3 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Horry County, SC	373,138	2,580	138.3
South Carolina	5,242,730	27,885	106.4
United States	331,563,969	1,840,172	111.0

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2019-2023. → [Show more details](#)*

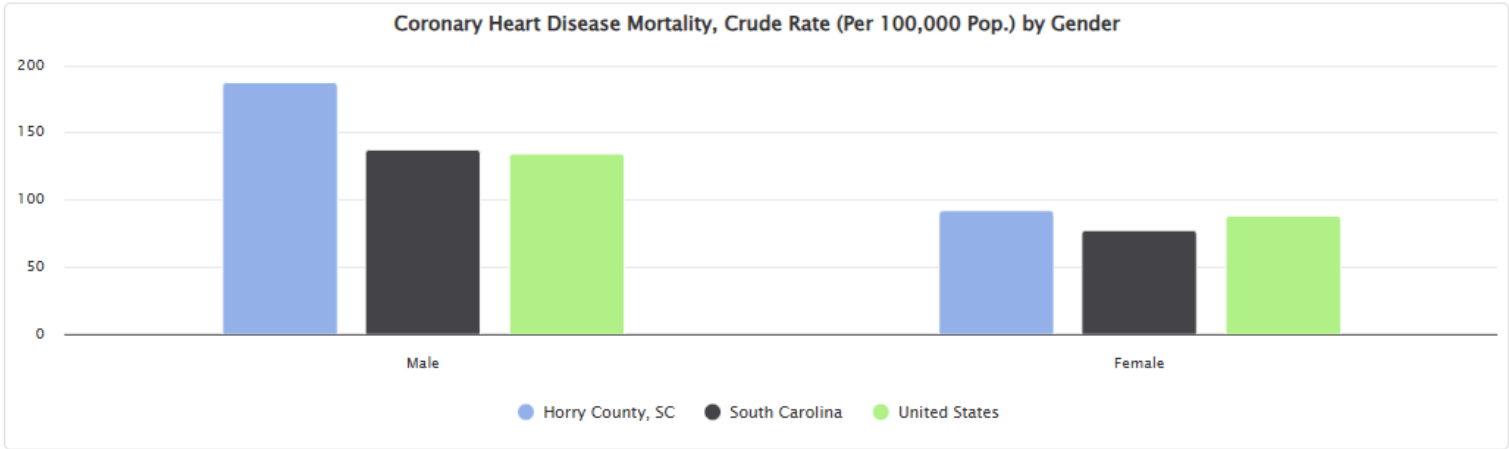


## Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to coronary heart disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Horry County, SC	187.8	92.2
South Carolina	137.1	77.4
United States	134.7	87.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details



### Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table below displays crude mortality rates from deaths due to coronary heart disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Horry County, SC	157.9	102.6	No data	No data	No data	No data	37.1
South Carolina	125.4	95.6	31.3	61.4	No data	5.5	18.2
United States	143.5	103.0	52.5	79.6	85.0	19.3	43.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details

## Mortality - Lung Disease

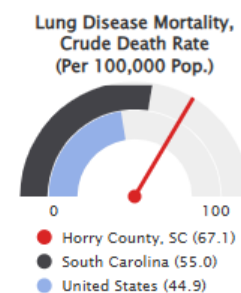
This indicator reports the 2019-2023 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States. Within the report area, there are a total of 1,252 deaths due to lung disease. This represents a crude death rate of 67.1 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Horry County, SC	373,138	1,252	67.1
South Carolina	5,242,730	14,418	55.0
United States	331,563,969	744,717	44.9

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → [Show more details](#)*

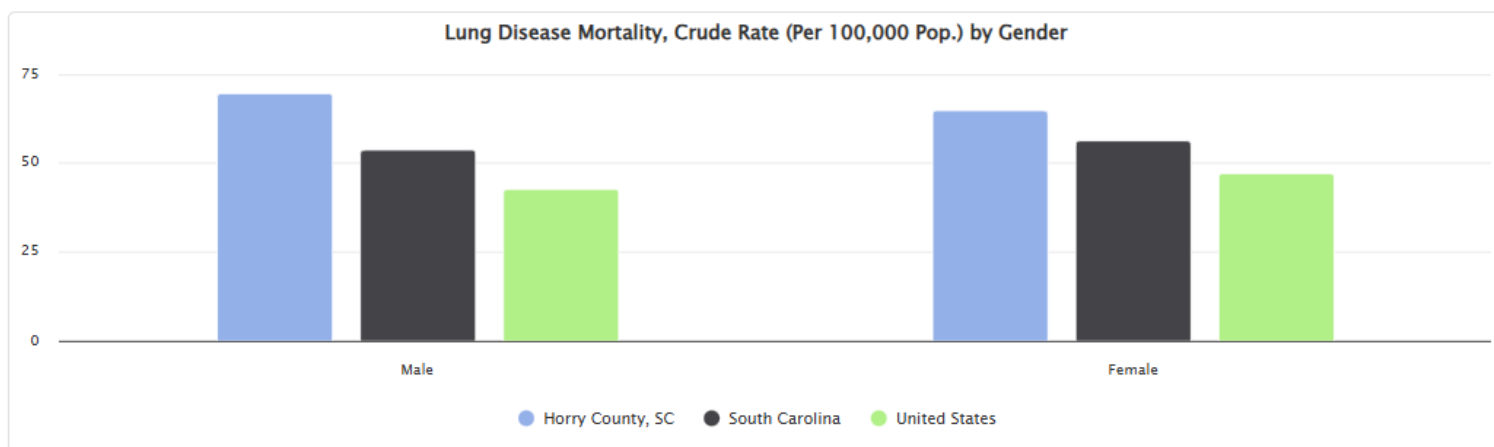


## Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to lung disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Horry County, SC	69.7	64.7
South Carolina	53.8	56.2
United States	42.8	47.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details



### Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table below displays crude mortality rates from deaths due to lung disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Horry County, SC	81.8	25.8	No data	No data	No data	No data	No data
South Carolina	73.8	29.6	5.9	31.2	No data	4.5	4.1
United States	65.2	27.3	9.3	31.7	15.7	7.8	9.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details

## Mortality - Motor Vehicle Crash

This indicator reports the 2019-2023 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

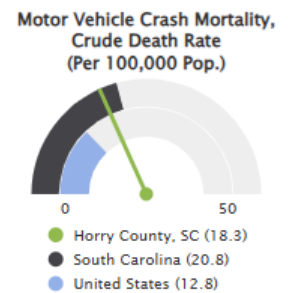
Within the report area, there is a total of 342 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 18.3 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Horry County, SC	373,138	342	18.3
South Carolina	5,242,730	5,457	20.8
United States	331,563,969	211,504	12.8

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details*



## Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to motor vehicle crash for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Horry County, SC	17.6	27.5	No data	No data	No data	No data	No data
South Carolina	19.0	28.3	5.7	No data	No data	5.9	18.5
United States	12.8	17.9	4.5	29.4	12.4	5.9	11.9

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details*



## Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2020-2022) and are used for the 2025 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there are a total of 7,673 premature deaths from 2020 to 2022. This represents an age-adjusted rate of 11,747 years potential life lost before age 75 per every 100,000 total population.

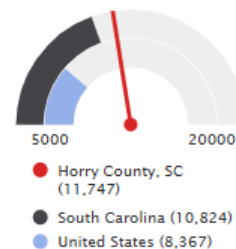
*Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.*

Report Area	Premature Deaths, 2020-2022	Years of Potential Life Lost, Total	Years of Potential Life Lost, Rate per 100,000 Population
Horry County, SC	7,673	118,948	11,747
South Carolina	96,385	1,573,721	10,824
United States	4,763,989	77,421,586	8,367

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022. → [Show more details](#)*

Years of Potential Life Lost Rate Per 100,000 Population



## Mortality - Stroke

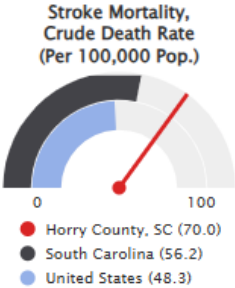
This indicator reports the 2019-2023 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Within the report area, there are a total of 1,306 deaths due to stroke. This represents a crude death rate of 70.0 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Horry County, SC	373,138	1,306	70.0
South Carolina	5,242,730	14,723	56.2
United States	331,563,969	801,191	48.3

*Note: This indicator is compared to the state average.*  
*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details*

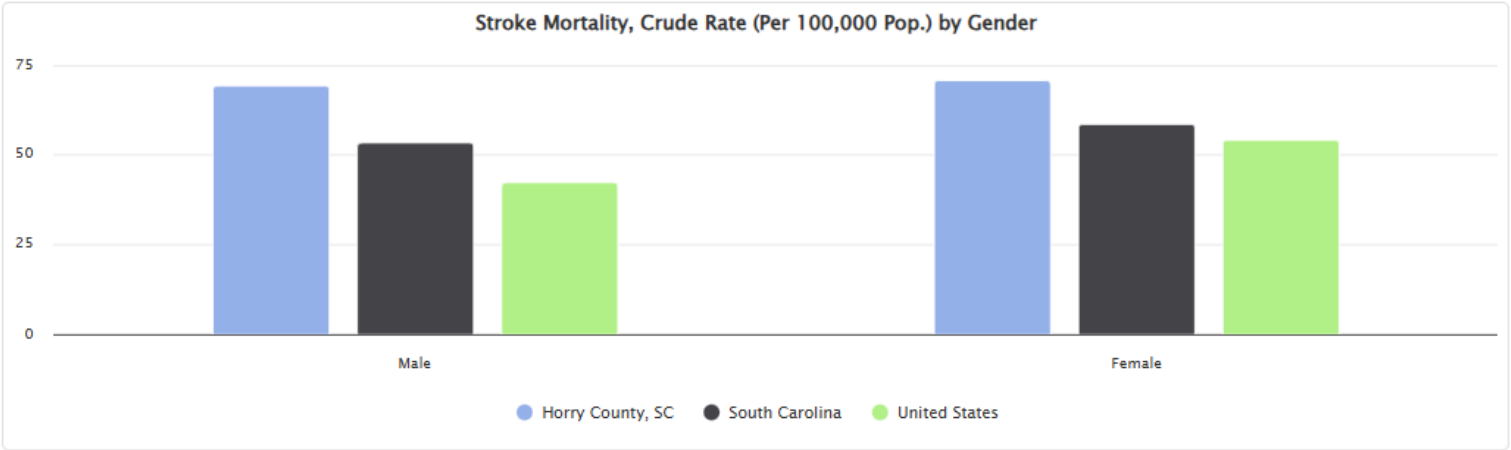


### Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to stroke for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Horry County, SC	69.2	70.7
South Carolina	53.5	58.7
United States	42.4	54.1

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details*



### Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table below displays crude mortality rates from deaths due to stroke for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Horry County, SC	78.0	63.1	No data	No data	No data	No data	16.5
South Carolina	61.0	62.1	23.6	31.2	No data	5.3	11.0
United States	59.3	52.8	31.2	30.4	41.0	8.8	21.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details

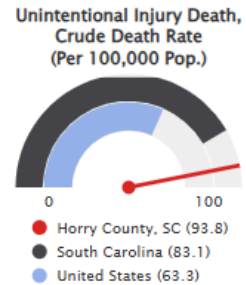
### Mortality - Unintentional Injury (Accident)

This indicator reports the 2019-2023 five-year average rate of death due to unintentional injury per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because unintentional injuries are a leading cause of death in the United States. Within the report area, there are a total of 1,751 deaths due to unintentional injury. This represents a crude death rate of 93.8 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Horry County, SC	373,138	1,751	93.8
South Carolina	5,242,730	21,774	83.1
United States	331,563,969	1,048,667	63.3

*Note: This indicator is compared to the state average.*  
 Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details

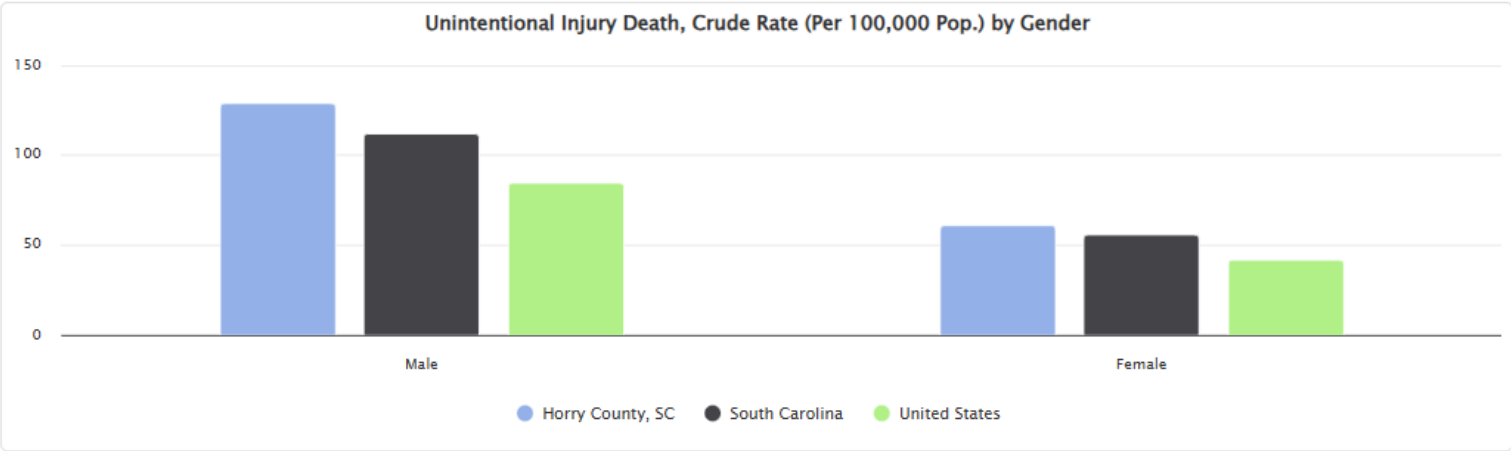


### Unintentional Injury (Accident) Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to unintentional injury (accidents) for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Horry County, SC	129.0	61.1
South Carolina	112.2	55.5
United States	84.9	42.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. [→ Show more details](#)



Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table below displays crude mortality rates from deaths due to unintentional injury (accidents) for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Horry County, SC	101.3	94.6	No data	No data	No data	No data	44.6
South Carolina	94.4	75.2	18.9	91.6	No data	16.4	42.1
United States	73.2	73.6	18.7	112.5	44.9	26.1	40.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. [→ Show more details](#)

## Obesity (Adult – Trends)

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]<sup>2</sup>) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 100,661 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 34.3% of the survey population.

*Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator.*

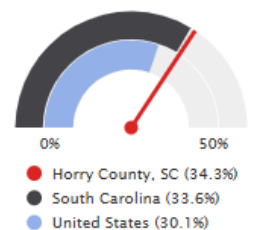
*Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Horry County, SC	294,330	100,661	34.3%
South Carolina	3,937,098	1,323,929	33.6%
United States	232,757,930	70,168,831	30.1%

*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. 2021. → [Show more details](#)*

Percentage of Adults Obese (BMI > 30.0), 2021



## Poor or Fair Health

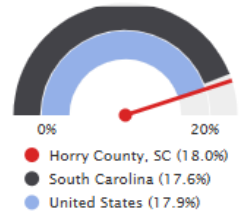
This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor.” In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 18.0%.

Report Area	Total Population	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Horry County, SC	383,101	18.0%	16.6%
South Carolina	5,282,634	17.6%	16.6%
United States	333,287,557	17.9%	17.0%

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 PLACES Data Portal. 2022 . [→ Show more details](#)

Percentage of Adults Age 18+ with Poor or Fair General Health



## Horry County Health Rankings 2022 vs. 2025

To evaluate the impact of any actions that were taken to address the significant health needs identified in the 2022 CHNA the following is a comparison of health outcomes and behaviors in 2022 and in 2025.

	<b>Horry 2022 Ranking</b>	<b>Progress</b>	<b>Horry 2025 Ranking</b>
<b>Overall Ranking</b>	14		15 – Last Reported in 2023
<b>Length of Life</b>			
Premature Death	10,100	Getting Worse	11,700
<b>Quality of Life</b>			
Poor or Fair Health	20%		17%
Poor Physical Health Days	4.3		4.2
Poor Mental Health Days	4.8		5.3
Low Birthweight	9%		9%
<b>Health Behaviors</b>			
Adult Smoking	23%		18%
Adult Obesity	32%		35%
Food Environment Index	7.7		7.6
Physical Inactivity	29%		24%
Access to Exercise Opportunities	81%		79%
Excessive Drinking	24%		21%
Alcohol-Impaired Driving Deaths	26%		30%
Sexually Transmitted Infections	570.2		515.3
Teen Births	23	Improving	18
<b>Clinical Care</b>			
Uninsured	18%		15%
Primary Care Physicians	1,680:1		1,600:1
Dentists	2,420:1		2,340:1
Mental Health Providers	640:1		550:1
Preventable Hospital Stays	3,945	Improving	2,450
Mammography Screening	44%		46%
<b>Social &amp; Economic Factors</b>			
High School Graduation	91%		83%
Some College	59%		62%
Unemployment	8.6%		3.4%
Children in Poverty	20%		20%
Income Inequality	4.1		4.1
Social Associations	8.4		7.8
Injury Deaths	104		114

<b>Physical Environment</b>			
Air Pollution – Particulate Matter	6.9		7.0
Drinking Water Violations	No		Yes
Severe Housing Problems	15%		14%
Driving Alone to Work	82%		78%
Long Commute – Driving Alone	27%		29%

Data Source: <https://www.countyhealthrankings.org/health-data/south-carolina/horry?year=2025>

## Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health and the South Carolina State Health Improvement Plan 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 improvements by 2028. 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 Health Loris and McLeod Health Seacoast has selected the following areas which to collaborate with community partners for improving community health in Horry County.

- Lung Disease
- Cancer
- Heart Disease and Stroke
- Access to Care

## 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 others in our community, McLeod Health can more effectively satisfy its long-standing mission dedicated to improving the health and well-being in our region through excellence in health care.

## McLeod Health Loris and McLeod Health Seacoast CHNA Need #1: Lung Disease (COPD, Lung Cancer)

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Promote health education through various mediums to promote healthy lifestyles through disease management, diet and nutrition, physical activity, smoking cessation and disease prevention	<b>Strategy 1:</b> Place emphasis on smoking cessation program through McLeod Healthier You - an employee health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan	<ul style="list-style-type: none"> <li>Number of participants</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Employee Health</li> <li>South Carolina Hospital Association Working Well Program</li> </ul>	Ongoing
	<b>Strategy 2:</b> Provide public information through media sources	<ul style="list-style-type: none"> <li>Media outlet and outreach activities</li> </ul>	<ul style="list-style-type: none"> <li>American Cancer Society</li> <li>Faith Based Organizations</li> <li>Health and Social Service Organizations</li> <li>Local health care providers</li> <li>Articles</li> <li>Medical Minutes</li> <li>Blogs</li> </ul>	Ongoing
<b>Goal #2:</b> Promote low dose lung cancer screening	<b>Strategy 1:</b> Provide public information through media sources about low dose lung cancer screening	<ul style="list-style-type: none"> <li>Media outlet and outreach activities</li> <li>Number of patients enrolled in surveillance program</li> </ul>	<ul style="list-style-type: none"> <li>American Cancer Society</li> <li>McLeod Health Foundation</li> <li>Faith Based Organizations</li> <li>Health and Social Service Organizations</li> <li>Local health care providers</li> <li>Articles</li> <li>Medical Minutes</li> <li>Blogs</li> </ul>	Annually

<b>Goal #3:</b> Enroll patients in surveillance program if necessary	<b>Strategy 1:</b> Identify patients with potential cancers. Enroll in surveillance program for monitoring.	<ul style="list-style-type: none"> <li>Number of patients in surveillance</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Physician Associates</li> </ul>	Ongoing
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## McLeod Health Loris and McLeod Health Seacoast CHNA Need #2: Cancer

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Improve Treatment of Breast Cancer	<b>Strategy 1:</b> Expand and improve access to 3D Mammography services	<ul style="list-style-type: none"> <li>Number of Mobile Mammography visits</li> <li>Number of 3D Mammograms completed</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Foundation</li> </ul>	Annually
	<b>Strategy 2:</b> Expand access to oncology services and recruit new oncologist to market	<ul style="list-style-type: none"> <li>Number of oncologists and specialized clinicians hired</li> </ul>		Ongoing
	<b>Strategy 3:</b> Provide underserved patients with access to medications, transportation, and nutritional support through the McLeod HOPE Fund	<ul style="list-style-type: none"> <li>Number of patients who receive grants from HOPE Fund</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Foundation</li> </ul>	Annually
<b>Goal #2:</b> Improve Treatment of Colorectal Cancer	<b>Strategy 1:</b> Expand access to patients for screening colonoscopies	<ul style="list-style-type: none"> <li>Access times to colonoscopy scheduled</li> </ul>		Ongoing
	<b>Strategy 2:</b> Provide education on colorectal cancer prevention and screenings through health fairs and other community events	<ul style="list-style-type: none"> <li>Support of or participation in events</li> </ul>	<ul style="list-style-type: none"> <li>American Cancer Society</li> <li>Faith Based Organizations</li> <li>Health and Social Service Organizations</li> <li>Local health care providers</li> </ul>	Ongoing

	<b>Strategy 3:</b> Provide underserved and uninsured patients with access to medications, transportation, and nutritional support through the McLeod HOPE Fund	<ul style="list-style-type: none"> <li>Number of patients who receive grants from McLeod HOPE Fund</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Foundation</li> </ul>	Annually
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### McLeod Health Loris and McLeod Health Seacoast CHNA Need #3: Heart Disease and Stroke

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Prevention and Management of Hypertension	<b>Strategy 1:</b> Encourage participation in the McLeod Healthier You Program – an employee health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan, to help promote healthier lifestyles.  Educational information from this program is widely available to all McLeod employees through various distribution methods.	<ul style="list-style-type: none"> <li>Number of participants</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Employee Health</li> <li>South Carolina Hospital Association Working Well Program</li> </ul>	Ongoing
	<b>Strategy 2:</b> Promotion of Health and Fitness Center membership and activities as means to a healthy lifestyle	<ul style="list-style-type: none"> <li>Number of members</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Loris Health and Fitness Center</li> </ul>	Ongoing
	<b>Strategy 3:</b> 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.	<ul style="list-style-type: none"> <li>Number of participants</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Foundation</li> </ul>	Ongoing
<b>Goal #2:</b> Heart Attacks	<b>Strategy 1:</b> Provide health education on cardiovascular disease prevention and management and	<ul style="list-style-type: none"> <li>Support of or participation in events</li> </ul>	<ul style="list-style-type: none"> <li>American Heart Association</li> <li>Faith Based Organizations</li> </ul>	Ongoing

	screenings through health fairs and other community events		<ul style="list-style-type: none"> <li>• Health and Social Service Organizations</li> <li>• Local health care providers</li> </ul>	
	<b>Strategy 2:</b> Participate in community events that bring awareness and educate the community on the risks associated with Heart Disease	<ul style="list-style-type: none"> <li>• Sponsor and support the American Heart Association Heart walk</li> </ul>	<ul style="list-style-type: none"> <li>• American Heart Association</li> </ul>	Annually
	<b>Strategy 3:</b> Implement Interventional Cardiology program according to CON	<ul style="list-style-type: none"> <li>• Number of Interventional Cardiologist recruited</li> <li>• Number of patients served</li> </ul>	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• County EMS</li> </ul>	Ongoing

**McLeod Health Loris and McLeod Health Seacoast CHNA Need #4: Access to Care (Specialty Care, Higher Underinsured and Uninsured, Senior Care, Delaying in seeing a Physician due to cost)**

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Reduce socioeconomic barriers to healthcare	<b>Strategy 1:</b> Recruit new physicians and expand primary care offices to underserved areas	<ul style="list-style-type: none"> <li>Number of new physicians</li> <li>Number of primary care offices placed in underserved areas</li> </ul>	<ul style="list-style-type: none"> <li>Physician recruiting consulting firm</li> </ul>	Ongoing
	<b>Strategy 2:</b> Partner with Access Health Horry to help uninsured patients to get access to Medicaid	<ul style="list-style-type: none"> <li>Number of families served through partnership</li> </ul>	<ul style="list-style-type: none"> <li>Little River Medical Center</li> <li>Access Health Horry</li> </ul>	Ongoing
	<b>Strategy 3:</b> Provide Language Line translation services in the hospital for non-English speaking patients	<ul style="list-style-type: none"> <li>Number of patients utilizing translation services</li> </ul>	<ul style="list-style-type: none"> <li>Language Line Translator Group</li> </ul>	Ongoing
<b>Goal #2:</b> Maintain Dialysis Access Center (DAC)	<b>Strategy 1:</b> Continue DAC services for renal failure patients to provide interventional care	<ul style="list-style-type: none"> <li>Number of patients served</li> </ul>	<ul style="list-style-type: none"> <li>Local dialysis centers</li> <li>Area Nephrologists</li> </ul>	Ongoing



## 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.

## Sources

Total Population, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

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Income – Median Household Income, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

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Attainment – Overview, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

Attainment – Bachelor's Degree or Higher, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

Attainment – High School Graduation Rate, Data Source: *US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.*

High School Graduation Rate by Year, 2012-13 through 2022-23, Data Source: *US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.*

Insurance – Uninsured Population (ACS), Data Source: *US Census Bureau, American Community Survey. 2019-23.*

SNAP Benefits – Population Receiving SNAP (SAIPE), Data Source: *US Census Bureau, Small Area Income and Poverty Estimates. 2022.*

Air & Water Quality – Particulate Matter 2.5, Data Source: *Centers for Disease and Prevention, CDC – National Environmental Public Health Tracking Network. 2020.*

Food Environment – Grocery Stores, Data Source: *US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.*

Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2022, Data Source: *US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.*

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Health Care – FQHC Patient Profile, Data Source: *US Department of Health & Human Services, Health Resources and Services Administration. 2023.*

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Physical Inactivity, Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.*

STI – Chlamydia Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.*

Chlamydia Incidence Rate by Year, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.*

STI – Gonorrhea Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.*

Gonorrhea Incidence Rate by Year, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.*

STI – HIV Prevalence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.*

HIV Prevalence Rate by Year, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.*

Tobacco Usage – Current Smokers, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.*

Birth Outcomes – Low Birth Weight (CDC), Data Source: *University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.*

Cancer Incidence – All Sites, Data Source: *State Cancer Profiles. 2016-20.*

Top Five Most Commonly Diagnosed Cancers, Data Source: *State Cancer Profiles. 2016-20.*

Chronic Conditions – Diabetes Prevalence (Adult - Trends), Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.*

Adults with Diagnosed Diabetes by Gender, 2021, Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.*

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Cancer Mortality, Crude Rate (Per 100,000) by Gender, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Mortality – Coronary Heart Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

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Mortality – Lung Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Lung Disease Mortality, Crude Rate (per 100,000 Pop.) by Race / Ethnicity, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Mortality – Motor Vehicle Crash, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Motor Vehicle Crash Mortality, Crude Rate (per 100,000 Pop.) by Race / Ethnicity, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Mortality – Premature Death, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.*

Mortality – Stroke, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

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Mortality – Unintentional Injury (Accident), Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Unintentional Injury (Accident) Mortality, Crude Rate (Per 100,000 Pop.) by Gender, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*

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USPSTF Grade A and B Preventative Service Recommendations Associated with Identified Key Priority Areas, Data Source: *USPSTF A and B Recommendations by Date. U.S. Preventive Services Task Force.*  
[https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=P](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P)

## Appendix A

McLeod Health administered a comprehensive survey to residents within the defined service areas of the hospitals below. The following response counts were recorded in each hospital's patient service area:

- McLeod Health Loris Patient Service Area: n = 1,271
- McLeod Health Seacoast Patient Service Area: n = 1,319

The data collected through this survey informed the identification of key health priorities and the development of targeted strategies to address the unique needs of each community.

## Appendix B

McLeod Health Seacoast, McLeod Health Loris, and McLeod Health Carolina Forest serve Horry County (SC), Southern Brunswick County (NC), and South Carolina's Midlands.

This guide is meant to be a starting point for information about services available in our region. It is not all-inclusive but is meant to help guide our patient's search for assistance.

### **Brunswick County**

#### **Assistance/Education/Clothing/Information**

Brunswick Baptist Association	910-754-7979
Brunswick Community College Education Transition Center	910-754-2314
Brunswick County American Red Cross	910-762-2683
Brunswick County Department of Social Services	910-253-2071
Brunswick County Emergency Services	911/ 910-253-5383
Brunswick County Employment Security Commission	910-754-6120
Brunswick County Literacy Council	910-754-7323
Brunswick County Literacy Council	910-754-7323
Brunswick Family Assistance	910-754-4766
Catholic Charities (Cape Fear Region)	910-251-8130
Coordinated Entry	910-444-0621
Family Promise	910-769-4730
First Fruit Ministries	910-794-9656
Good Shepherd	910-763-4424
Goodwill – Carolina Shores	910-226-7459
Leland	910-371-0270
Wilmington	910-769-0121
Hope Harbor Home (DV)	910-754-5856
NC Division of Vocational Rehabilitation	910-251-5710



Oak Island Community Center	910-278-6552
Port City Community Church: SERV	910-202-8800
Salvation Army	910-762-2070
Smart Start of Brunswick County	910-754-3166
Southeastern Integrated Care	910-294-8471
Veterans Services	910-253-2233

### **Counseling**

Cheers Counseling Services PLLC	910-754-5688
Coastal Horizons Crisis Line	910-392-7460
Ocean View United Methodist Church: Support Meetings	910-278-5973
South Brunswick Counseling Services: Shallotte and Southport	910-454-4040
Wilmington Treatment Center	910-444-7086

### **Food**

Brunswick Family Assistance Agency	910-754-4766
Meals on Wheels	910-754-2300
Southport, Oak Island, Interchurch Fellowship Food Pantry	910-845-2320
Text FOODNC to 877-877 to find nearby meal sites	

### **Mental Health**

Brunswick Adult Medical Clinic	910-294-8086
Brunswick County Health Services	910-253-2250
New Hope Clinic	910-845-5333
Suicide and Crisis Lifeline	988

### **Housing/Shelter**

Brunswick County Homeless Coalition	910-946-1499
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Brunswick County Street Reach	910-842-2711
Brunswick Housing Opportunities	910-253-0699
Brunswick Senior Resource Center	910-754-2300
Providence Home (Emergency Teen Shelter)	910-457-0440

### **Senior Services**

Arbor Landing – Ocean Isle	910-754-8080
Aynor Senior Center	843-358-3066
Bucksport Senior Center	843-397-5991
Burgess Senior Center	843-650-2796
Carolina Forest Senior Center	843-903-0355
Conway Senior Center	813-488-0421

### **Special Needs/Disabilities**

NC Deaf and Hard of hearing Service	910-251-5702
– Wilmington Regional Center	
Exceptional Children’s Assistance Center	910-251-5817
Project Lifesaver	910-253-2777

### **Transportation**

Brunswick Transit System	910-253-7800
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### **Online Resources**

[www.brunswickcountync.gov](http://www.brunswickcountync.gov)  
[www.nccare360.org](http://www.nccare360.org)

## **Columbus County**

### **Assistance/Education/Information**

Columbus County Department of Social Services	910-642-2800
Columbus County DREAM Center	910-642-0633
Families First	910-641-0444
FOUR County Community Services	910-642-6083
Hope Harbor Home (Domestic Violence)	910-754-5856
NC Disaster Unemployment Assistance	910-629-3857
Southeastern Community College Continuing Ed	910-788-6432

### **Clothing**

Columbus Baptist Association	910-642-2155
Finder's Keeper's Thrift Store	910-918-9441

### **Counseling**

Lower Cape Fear Hospice	910-642-9051
North Carolina Health Choice Columbus County Dept. of Social Services	919-733-4534
Coastal Community Management	910-508-8904
Rouse Counseling and Consulting Services	910-642-9008

### **Food**

Believers Home Fellowship	910-653-7299
Harvest Table Food Pantry	910-642-6654
Living Word Community Care and Share	910-654-4164

### **Health/Mental Health**

Exceptional Children's Assistance Center	704-892-1321
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Columbus County Community Health Center	910-207-6440
Columbus County Social Services	910-642-2800
Columbus County Department of Aging	910-640-6602
Southeastern Integrated Care	910-522-0408

### **Hospice**

Liberty Home Care and Hospice	910-640-1374
Lower Cape Fear Life Care	910-796-7900

### **Housing/Shelter**

Columbus County Crisis Intervention Program	910-641-3211
Columbus County Public Housing Agency	910-640-6618
Mercy House	866-830-3443

### **Online Resources**

Columbusco.org

### **Special Needs/Disabilities**

disAbility Resource Center	910-815-6618
Exceptional Education – East Columbus Jr/Sr	910-646-4094

### **Transportation**

Columbus County Public Transportation	910-642-7201
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## **Horry County**

### **Counseling/Mental Health/Behavioral Health Services**

Barnabas Horse Foundation	843-241-3331
Center for Counseling and Wellness	843-663-0770
Coastal Recovery Center	843-449-6261
Coastal Samaritan Counseling Center	843-448-4820
Fyrebird Recovery	843-630-6964
Lighthouse Behavioral Health Hospital	843-284-7207
Shoreline Behavioral Health Services	843-365-8884
Waccamaw Center for Mental Health	843-347-4888

### **Assistance/Shelter**

Associated Charities	843-448-6321
Bethany Christian Services – Myrtle Beach	843-839-5433
Catholic Charities – Conway	843-438-3083
Churches Assisting People – Conway	843-488-2277
Conway Housing Authority	843-248-7327
Eastern Carolina Housing Authority	843-213-1798
F.R.E.E Ministry	843-602-3972
Habitat for Humanity of Horry County	843-650-8815
Helping Hand of Myrtle Beach	843-448-8451
Housing Authority of Myrtle Beach	843-918-1525
New Directions (Men, Women and Children)	843-945-4902
Rape Crisis Center	843-448-7273
Salvation Army	843-488-2769
Sea Haven for Youth	843-898-5134
Waccamaw Center for Mental Health	843-347-4888

**Assisted Living/Hospice/Home Health**

Above the Rest	843-407-2385
Agape Care	843-488-1768
Amedisys Home Health	843-507-8058
Anderson Oaks Assisted Living	843-347-9280
Arbor Landing – Pawleys Island	843-314-3720
Arbor Landing – Surfside Beach	843-492-7387
Brightwater	843-903-8300
Brookdale Conway	843-347-3050
Carolina Gardens Senior Living	843-397-1010
CenterWell Home Health	843-448-7060
Covenant Towers	843-449-2484
Indigo Carolina Forest	843-547-5272
Liberty Home Health	843-839-2273
McLeod Health Hospice	843-716-7337
McLeod Home Health	843-777-3050
Myrtle Beach Grove	843-293-8888
PruittHealth Home Health	843-353-1152
Well Care Home Health	843-712-7095

**Behavioral Health Services/Counseling**

Grand Strand Intergroup/Alcoholics Anonymous	843-445-7119
Coastal Recovery Center	843-449-6261
Oceanic Counseling Group	843-894-0000
Lighthouse Care Center (Lighthouse Behavioral Health)	843-347-8871
A Father's Place	843-488-2923
Grand Strand MS (Multiple Sclerosis) Support Group	843-918-1275
Stroke Support Group	843-366-3123

Waccamaw Center for Mental Health	843-347-4888
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**Employment/Work Force**

Able SC	803-779-5121
	800-681-6805
	803-779-0949 (TDD)
Goodwill Career Opportunity	843-790-9461
SC Works Center	843-234-9675
Social Security Administration - Ticket to Work	866-968-7842
866-833-2967 (TTY)	
Vocational Rehab	843-248-2235

**Hospitals**

McLeod Health Loris	843-716-7000
McLeod Health Seacoast	843-390-8100

**Home Assistive Equipment**

Amedisys Conway	843-839-2505
Gentiva	843-651-2335
Incare Home Health	843-280-4148
Liberty Home Care	843-839-2273
McLeod Home Health	843-716-7000

**Special Needs/Disabilities**

Ability Beyond Barriers	843-347-3010
Arc of Coastal Carolina	843-450-4272
Conway Adult Daycare	843-369-2273
SOS Healthcare	843-449-0554

Elite Home Care and Day Centers	843-800-0113
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**Food/Pantries**

Churches Assisting People	843-488-2277
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Community Kitchen	843-444-9383
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Horry County Council on Aging	843-248-5523
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Meals on Wheels	843-970-2330
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Mobile Meals of the Grand Strand	843-999-2587
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New Directions	843-945-4902
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Shephard's Table	843-488-3663
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**Transportation**

Coast RTA	843-488-0865
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Horry County Council on Aging	843-249-5523
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Neighbor to Neighbor	843-939-0702
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**Veteran Resources**

Canine Angels Little River	917-575-6232
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Myrtle Beach VA Clinic Myrtle Beach, SC	843-477-0177
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Myrtle Beach Veterans Affairs	843-232-2441
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Veterans Welcome Home Resource Center	843-427-4568
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ECHO Veteran Services	843-492-2594
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The 2025 McLeod Loris Seacoast Community Health Needs Assessment is located on the website of McLeod Health at [www.McLeodHealth.org](http://www.McLeodHealth.org).

A copy can also be obtained by contacting the hospital administration office.