McLeod Regional Medical Center

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

- Overweight/Obesity
- Heart Disease/Stroke
- Care for the Elderly
- Cancer
- Access to Primary Care
- Diabetes

Source: McLeod Health Survey

Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Regional Medical Center Emergency Department October 2023 – September 2024:

- Chest Pain/Acute Chest Pain
- Fall
- Abdominal Pain
- Motor Vehicle Accident
- Shortness of Breath

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Regional Medical Center October 2023 – September 2024:

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

Opportunities & Plan Priorities

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

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

About McLeod Regional Medical Center

The flagship hospital of the McLeod Health organization is McLeod Regional Medical Center in Florence, South Carolina. This 517-bed regional referral tertiary care center serves patients and families living in the northeastern region of South Carolina. The medical center includes an accredited Cancer Center, a Stereotactic Radiosurgery program, three dedicated open heart surgery suites and two vascular hybrid ORs within the Heart & Vascular Institute as well as a dedicated Neuro-interventional Biplane X-ray Suite. The McLeod Centers of Excellence include Heart and Vascular, Cancer, Surgery, Orthopedics, Neurosciences, and Women's and Children's in addition to Emergency and Trauma Services, Rehabilitation and Sports Medicine Services, and Hospice and Home Health Services, which all deliver an unmatched level of care and experience to people in the region. The hospital also works with Nurse-Family Partnership and AccessHealth McLeod.

One of only five state-designated regional perinatal centers, McLeod Regional Medical Center also offers the region's only Children's Hospital which includes a 48-bed Neonatal Intensive Care Unit and 10-bed Pediatric Intensive Care Unit.

In addition, the McLeod Hospice House, a 24-bed inpatient facility, is located on the campus. A new Emergency Department and Chest Pain Center opened in June 2021 at McLeod Regional Medical Center. The McLeod Emergency Department is the area's only Level II Trauma Center and recently received verification from the American College of Surgeons Committee on Trauma.

A teaching facility since 1980, McLeod supports a three-year Family Medicine Residency Program and a Family Medicine Rural Residency, a one-year Pharmacy Practice Residency Program, a one-year Nurse Residency Program and the McLeod School of Medical Technology.

In 2025-26, McLeod will begin accepting Internal Medicine Residents to a three year residency with the hospital. 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.

OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Florence County. The March 2010 passage of the Patient Protection and Affordable Care Act (ACA) introduced reporting requirements for private, not-for-profit hospitals. To meet these 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:

```
┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│ Health Status│ ──▶ │  Community   │ ──▶ │Provider Survey│
│     Data     │     │    Survey    │     │              │
└──────────────┘     └──────────────┘     └──────────────┘
        │                                          │
        ▼                                          │
┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│Prioritize    │ ──▶ │  Final CHNA  │ ──▶ │Implementation│
│    Needs     │     │    Report    │     │   Planning   │
└──────────────┘     └──────────────┘     └──────────────┘
                             │                    │
                             ▼                    │
                     ┌──────────────┐
                     │Action Plan and│
                     │Implementation │
                     └──────────────┘
```
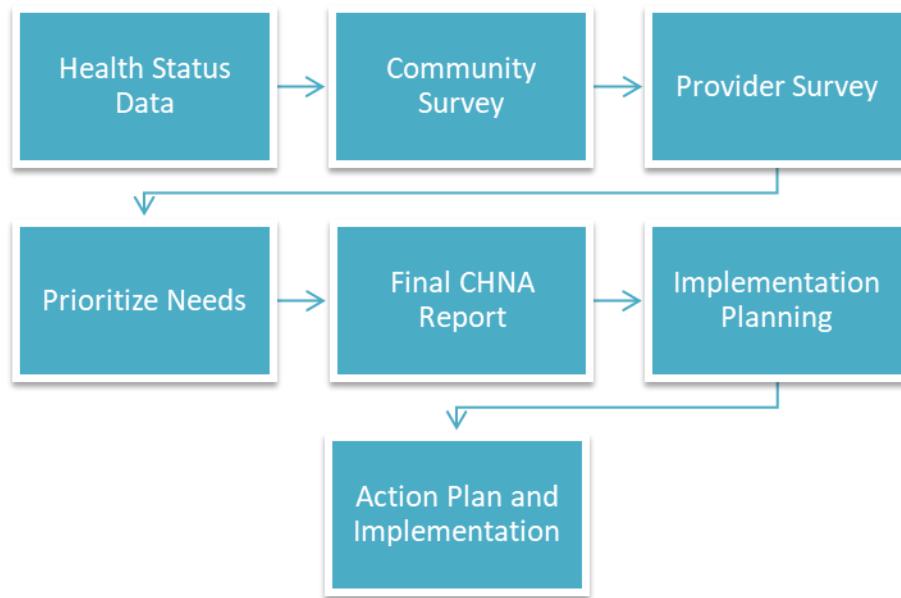
METHODS

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/
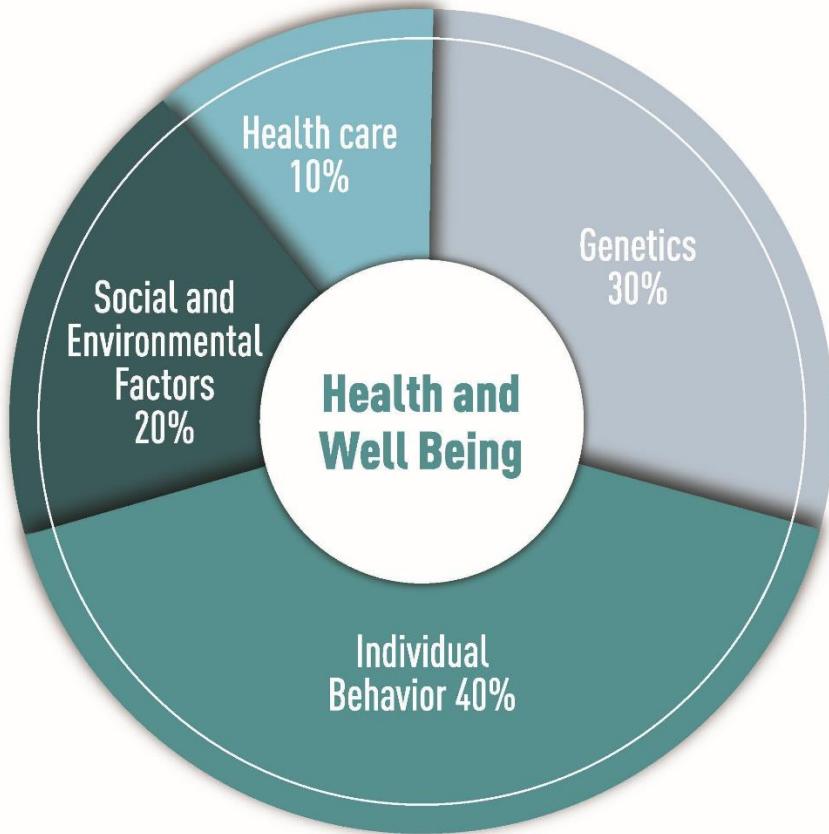
Individual Behavioral Determinants (40%)

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 obtainment, and those among racial minority groups. Beyond the provision of health care services, eliminating health disparities will necessitate behavioral, environmental, and social-level approaches to address issues such as insufficient education, inadequate housing, exposure to violence, and limited opportunities to earn a livable wage.

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

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are 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.

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

Topic	Recommendation	Grade
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	A

|	blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	
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 Children Younger than 5 years: Screenings and Interventions.	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 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.	B

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 and Adolescents: Interventions	The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.	B

Skin Cancer Behavioral Counseling	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B
Tobacco Use Counseling and Interventions: Non-Pregnant Adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	A
Tobacco Use Counseling: Pregnant Women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A
Tobacco Use Interventions: Children and Adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	B

Source: https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

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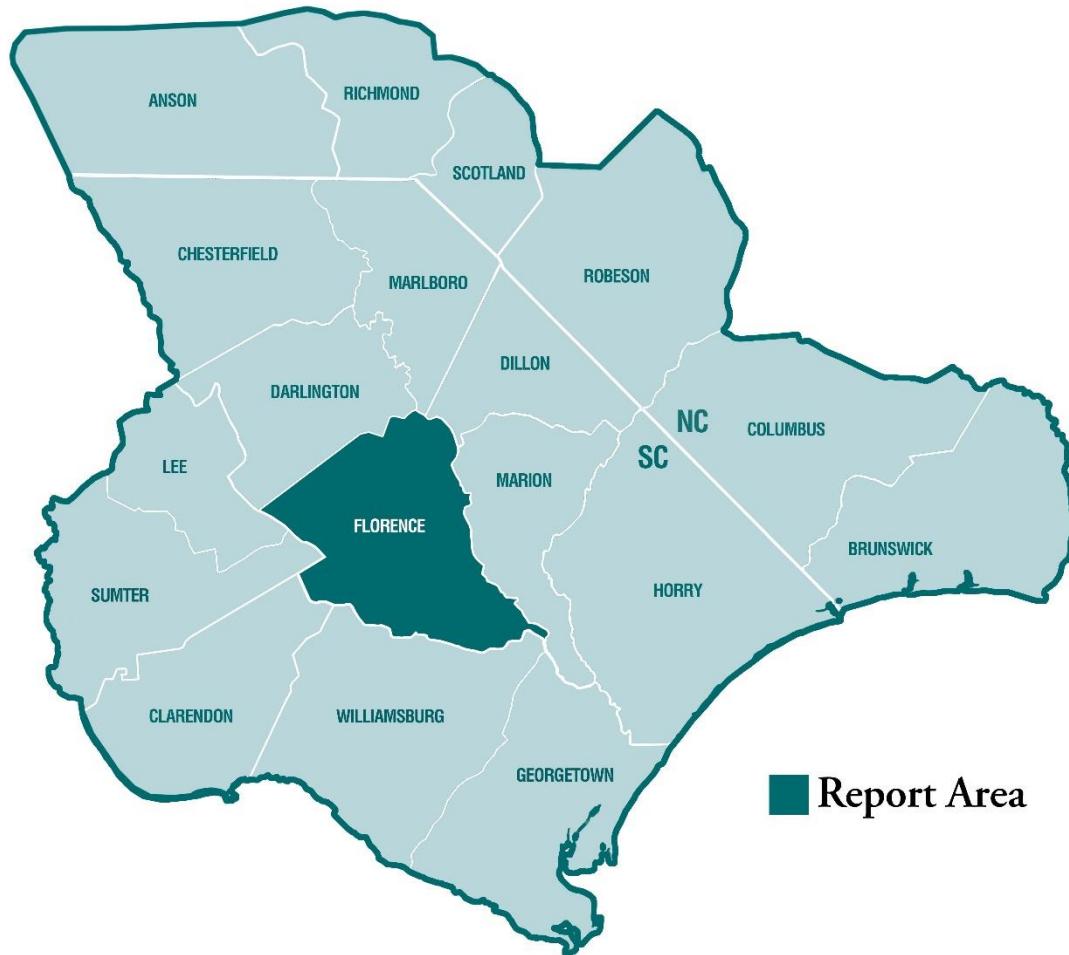
The community was defined based on the geographic origins of McLeod Regional Medical Center inpatient and outpatient hospital data. The study area for this assessment is defined as Florence County, which represents the majority of patients served, to include the zip codes shown in Table 1.

Table 1. McLeod Regional Medical Center Primary Service Area ZIP Codes

ZIP Code	City	County
29009	Bethune	Kershaw
29010	Bishopville	Lee
29046	Elliott	Lee
29080	Lynchburg	Lee
29101	McBee	Chesterfield
29104	Mayesville	Sumter
29114	Olanta	Florence
29161	Timmonsville	Florence
29162	Turbeville	Clarendon
29501	Florence	Florence
29505	Florence	Florence
29506	Florence	Florence
29516	Blenheim	Marlboro
29518	Cades	Williamsburg
29519	Centenary	Marion
29530	Coward	Florence
29541	Effingham	Florence
29555	Johnsonville	Florence
29560	Lake City	Florence
29565	Latta	Dillon
29571	Marion	Marion
29574	Mullins	Marion

29583	Pamplico	Florence
29591	Scranton	Florence
29592	Sellers	Dillon
29532	Darlington	Darlington
29550	Hartsville	Darlington
29536	Dillon	Dilon
29540	Dovesville	Darlington
29520	Cheraw	Chesterfield
29102	Manning	Clarendon
29150	Sumter	Sumter
29566	Little River	Horry
29512	Bennettsville	Marlboro
29069	Lamar	Darlington
29568	Longs	Horry
29554	Hemingway	Williamsburg
29556	Kingstree	Williamsburg
29526	Conway	Horry
29582	North Myrtle Beach	Horry
29709	Chesterfield	Chesterfield
29567	Little Rock	Dillon
29154	Sumter	Sumter
29525	Clio	Marlboro

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 136,921 people live in the 800.51 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 171 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)
Florence County, SC	136,921	800.51	171
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
Florence County, SC	69,090	58,857	2,137	216	21	2,268	4,332
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

Total Population by Race Alone, Total
Florence County, SC

- Two or More Races: 3.2%
- Some Other Race: 1.7%
- Asian: 1.6%
- Black: 43.0%
- White: 50.5%
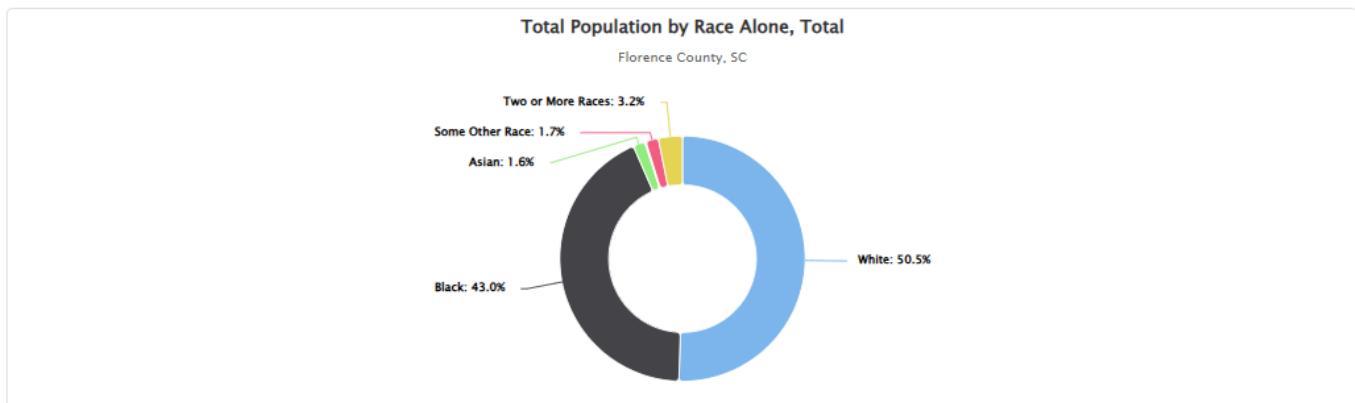
Population with Limited English Proficiency

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 128,951 total population aged 5 and older in the report area, 2,059 or 1.60% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Florence County, SC	128,951	2,059	1.60%
South Carolina	4,924,906	150,169	3.05%
United States	313,447,641	26,299,012	8.39%
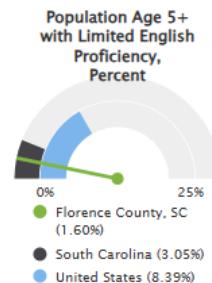
Population Age 5+ with Limited English Proficiency, Percent

- Florence County, SC (1.60%)
- South Carolina (3.05%)
- United States (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 52,522 households in the report area, with an average income of $78,841.78 and a median income of $56,650.

Report Area	Total Households	Average Household Income	Median Household Income
Florence County, SC	52,522	$78,841.78	**$56,650**
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

- Florence County, SC ($56,650)
- South Carolina ($66,818)
- United States ($78,538)
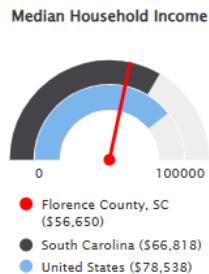
Poverty - Population Below 100% FPL

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

Within the report area 18.29% or 24,483 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
Florence County, SC	133,882	24,483	**18.29%**
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

- Florence County, SC (18.29%)
- South Carolina (14.19%)
- United States (12.44%)
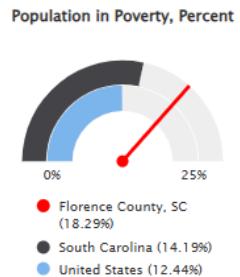
Education

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, 14.7% have at least a college bachelor's degree, while 33.4% 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
Florence County, SC	**12.3%**	33.4%	19.5%	11.2%	14.7%	9.0%
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

- Florence County, SC (12.3%)
- South Carolina (10.4%)
- United States (10.6%)
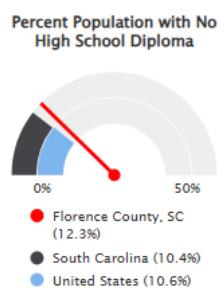
Attainment - Bachelor's Degree or Higher

23.65% of the population aged 25 and older, or 21,902 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
Florence County, SC	92,623	21,902	23.65%
South Carolina	3,610,374	1,136,208	31.47%
United States	228,434,661	79,954,302	35.00%

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

- Florence County, SC (23.65%)
- South Carolina (31.47%)
- United States (35.00%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. ➡ Show more details
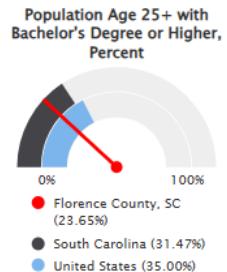
Attainment - High School Graduation Rate

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 88.0% during the most recently reported school year. Students in the report area performed better than the state, which had an ACGR of 85.0%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Florence County, SC	1,476	1,299	88.0%
South Carolina	53,032	45,077	85.0%
United States	3,479,541	3,067,953	88.2%

Adjusted Cohort Graduation Rate

- Florence County, SC (88.0%)
- South Carolina (85.0%)
- United States (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
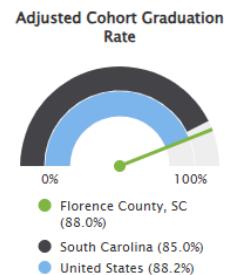
High School Graduation Rate by Year, 2012-13 through 2022-23

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
Florence County, SC	79.0%	79.1%	81.0%	81.3%	85.5%	81.2%	81.4%	83.1%	85.4%	87.7%	88.0%
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*
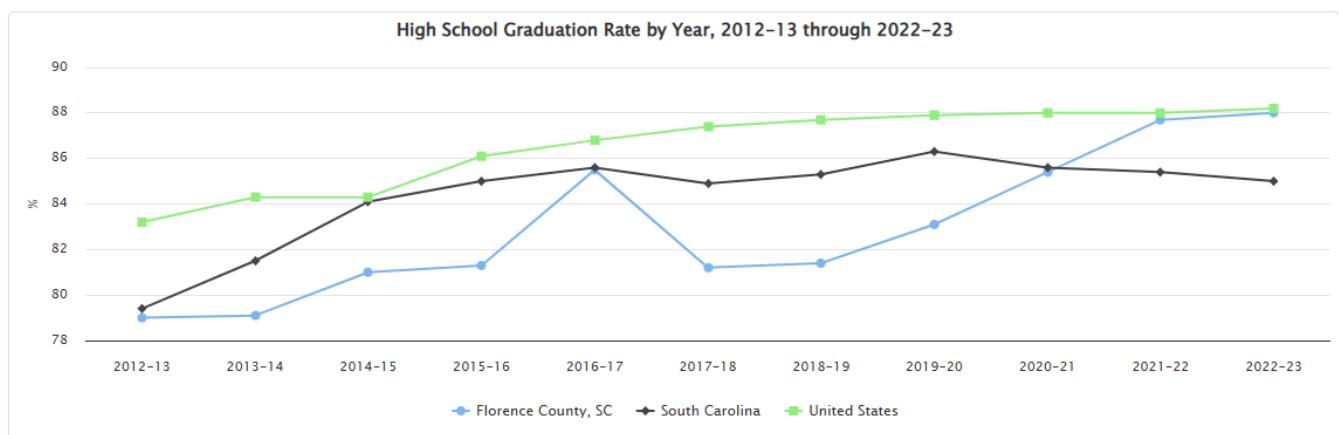
Other Social & Economic Factors

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 10.03% 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 contribute to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Florence County, SC	134,929	13,539	**10.03%**
South Carolina	5,113,158	510,757	9.99%
United States	327,425,278	28,000,876	8.55%
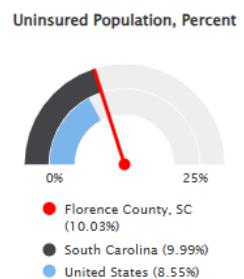
Uninsured Population, Percent

- Florence County, SC (10.03%)
- South Carolina (9.99%)
- United States (8.55%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*

## 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
Florence County, SC	137,059	25,145	**18.4%**
South Carolina	5,118,425	619,109	12.1%
United States	331,449,281	41,975,381	12.7%
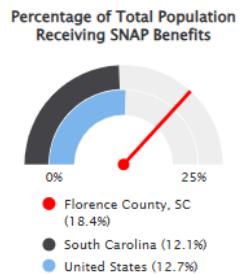
Percentage of Total Population Receiving SNAP Benefits

- Florence County, SC (18.4%)
- South Carolina (12.1%)
- United States (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*

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 & 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
Florence County, SC	137,059	6.70	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%
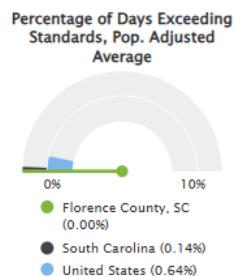
Percentage of Days Exceeding Standards, Pop. Adjusted Average

- Florence County, SC (0.00%)
- South Carolina (0.14%)
- United States (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 28 grocery establishments in the report area, a rate of 20.43 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
Florence County, SC	137,059	28	20.43
South Carolina	5,118,425	856	16.72
United States	331,449,275	62,647	18.90
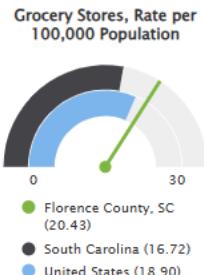
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. ➔ Show more details

Grocery Stores, Rate per 100,000 Population

● Florence County, SC (20.43)
● South Carolina (16.72)
● United States (18.90)

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
Florence County, SC	29.94	29.94	27.02	26.29	27.02	24.1	22.64	22.64	20.45	20.45	18.26	16.8	20.45
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
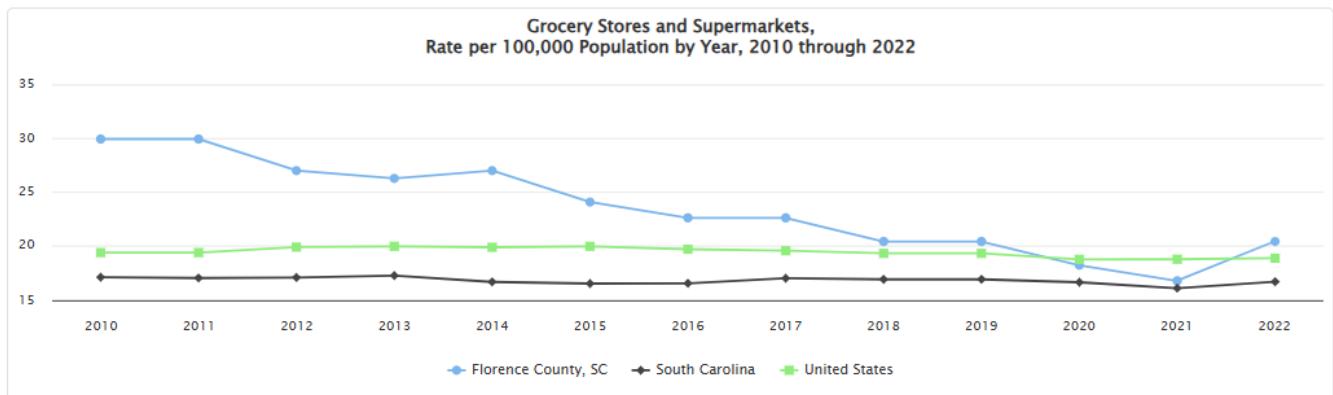
Food Environment - SNAP-Authorized Food Stores

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 182 SNAP-authorized retailers with a rate of 13.29.

Report Area	Total Population (2023)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Florence County, SC	136,921	182	13.29
South Carolina	5,212,774	5,265	10.10
United States	335,409,240	264,826	7.89

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

- Florence County, SC (13.29)
- South Carolina (10.10)
- United States (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
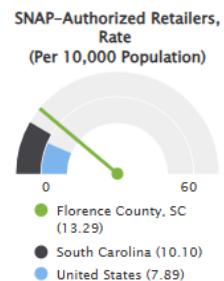
Clinical Care and Prevention

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 of screening mammography for female Medicare FFS population in 2023. Data were obtained from the CMS Mapping Medicare Disparities (MMD) tool.

Note:

- *Data are suppressed when total population is fewer than 11*
- *Data are also suppressed when he 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
Florence County, SC	10,261	4,310	42%
South Carolina	356,194	146,040	41%
United States	16,853,060	6,235,632	37%
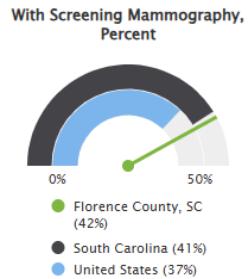
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023. ➜ Show more details

With Screening Mammography, Percent

● Florence County, SC (42%)
● South Carolina (41%)
● United States (37%)

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)
GENESIS HEALTHCARE, INC	11	Berkeley, SC; Colleton, SC; Darlington, SC; Florence, SC; Richland, SC
HEALTH CARE PARTNERS OF SOUTH CAROLINA, INC.	10	Florence, SC; Horry, SC; Marion, SC
HOPEHEALTH, INC.	21	Clarendon, SC; Darlington, SC; Florence, SC; Orangeburg, SC; Williamsburg, 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
Florence County, SC	85,962.00	19.19%	57.50%	23.30%
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, 18,599, or 17.82% adults self-report excessive drinking in the last 30 days, which is less 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

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Florence County, SC	104,382	18,599	17.82%
South Carolina	4,085,439	813,803	19.92%
United States	259,718,875	50,260,536	19.35%
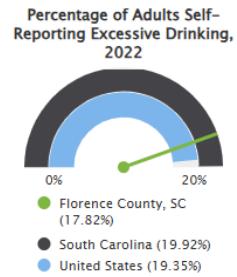
Percentage of Adults Self–Reporting Excessive Drinking, 2022

0%   20%

● Florence County, SC (17.82%)
● South Carolina (19.92%)
● United States (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*

Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Physical Inactivity

Within the report area, 30,634 or 29.3% 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
Florence County, SC	101,102	30,634	**29.3%**
South Carolina	3,940,408	908,384	22.0%
United States	232,759,569	47,072,403	19.5%
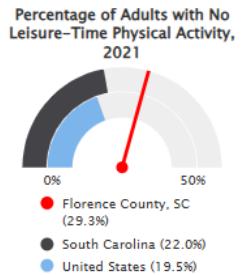
Percentage of Adults with No Leisure–Time Physical Activity, 2021

0% 50%
- Florence County, SC (29.3%)
- South Carolina (22.0%)
- United States (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 of 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. This data is 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.
Florence County, SC	137,214	1,207	**879.65**
South Carolina	5,373,555	32,889	612.05
United States	334,914,895	1,648,568	492.2
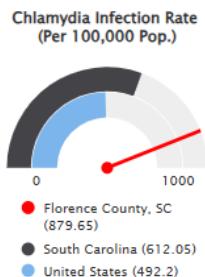
Chlamydia Infection Rate (Per 100,000 Pop.)

0 1000
- Florence County, SC (879.65)
- South Carolina (612.05)
- United States (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 2023. 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
Florence County, SC	623.2	634.4	821.9	687.5	623.7	745.2	816.8	739.9	740.3	753.3	753.8	739.4	865.3	841.5	952.3	853.3	906.9	960.3	879.6
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

Chlamydia Incidence Rate by Year
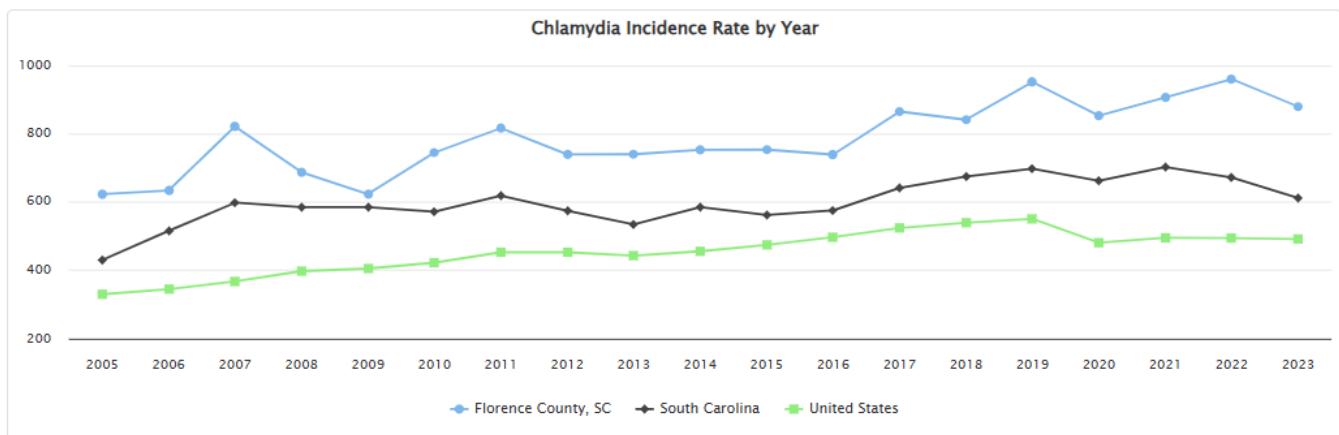
STI - Gonorrhea Incidence

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.
Florence County, SC	137,214	450	**328.0**
South Carolina	5,373,555	11,950	222.4
United States	334,914,895	599,604	179.0

Gonorrhea Infection Rate
(Per 100,000 Pop.)

- Florence County, SC (328.0)
- South Carolina (222.4)
- United States (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
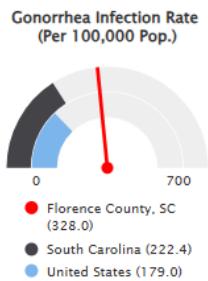
Gonorrhea Incidence Rate by Year

The table below displays trends in the rate of diagnosed gonorrhea cases for years 2005 through 2023. 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
Florence County, SC	357.8	374.7	354.1	265.8	237.7	169.5	253.2	224.9	227.0	239.3	218.9	261.3	362.3	386.1	502.6	472.2	490.1	392.0	328.0
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
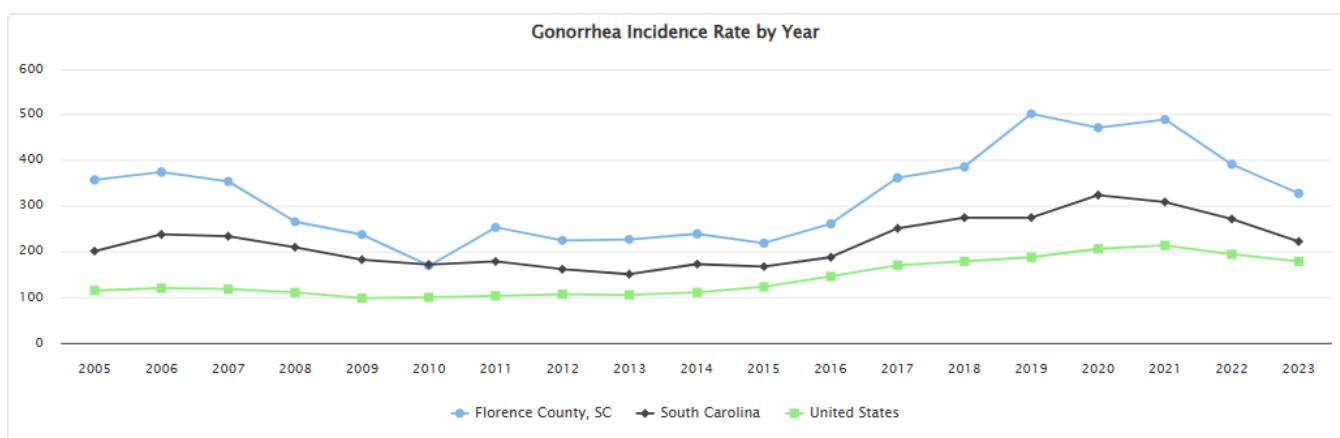
STI - HIV Prevalence

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.
Florence County, SC	114,583	808	**705.2**
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

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

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

- Florence County, SC (705.2)
- South Carolina (409.6)
- United States (386.6)
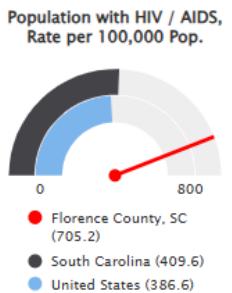
HIV Prevalence Rate by Year

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
Florence County, SC	No data	548.4	No data	579.3	584.0	No data	622.3	640.8	635.1	670.2	673.5	682.3	699.0	705.2
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
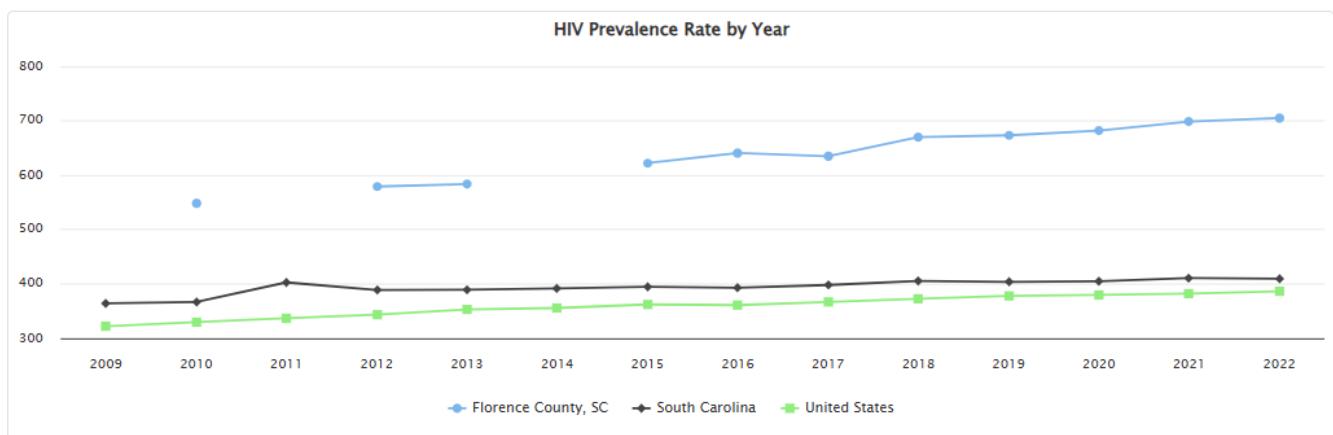
Tobacco Usage - Current Smokers

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 16.5% of adults age 18+ who have smoked and currently smoke of the total population age 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Florence County, SC	136,721	16.5%	16.6%
South Carolina	5,282,634	15.0%	15.6%
United States	333,287,557	12.9%	13.2%
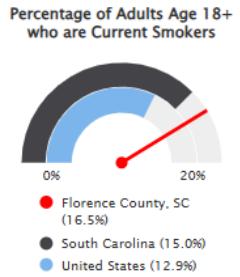
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 . → Show more details

Health Outcomes

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

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 1,492 infants born with low birth weight. This represents 13.2% 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
Florence County, SC	11,285	1,492	13.2%
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:%

- Florence County, SC (13.2%)
- South Carolina (9.8%)
- United States (8.4%)
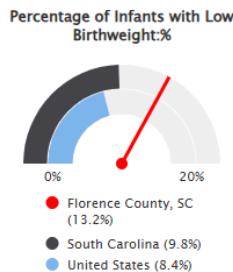
Cancer Incidence - All Sites

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 782 new cases of cancer reported. This means there is a rate of 448.1 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Florence County, SC	174,514	782	**448.1**
South Carolina	6,580,689	28,626	435.0
United States	392,542,529	1,744,459	444.4

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2017-21. ➜ *Show more details*

Cancer Incidence Rate (Per 100,000 Pop.)

● Florence County, SC (448.1)
● South Carolina (435.0)
● United States (444.4)
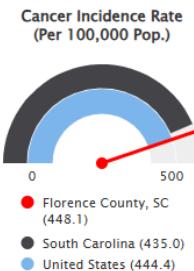
Top Five Most Commonly Diagnosed Cancers

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 2017-2021.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Florence County, South Carolina	1 - All Cancer Sites (All Stages^), 2017-2021	782	448.1
Florence County, South Carolina	2 - Breast (All Stages^), 2017-2021	128	138.3
Florence County, South Carolina	3 - Lung & Bronchus (All Stages^), 2017-2021	114	62.3
Florence County, South Carolina	4 - Prostate (All Stages^), 2017-2021	108	130.2
Florence County, South Carolina	5 - Colon & Rectum (All Stages^), 2017-2021	68	39.2
South Carolina	1 - Breast (All Stages^), 2017-2021	4,476	133.7
South Carolina	2 - Lung & Bronchus (All Stages^), 2017-2021	4,066	58.4
South Carolina	3 - Prostate (All Stages^), 2017-2021	3,760	111.7
South Carolina	4 - Colon & Rectum (All Stages^), 2017-2021	2,268	35.6
South Carolina	5 - Melanoma of the Skin (All Stages^), 2017-2021	1,433	22.7
US	1 - Breast (All Stages^), 2017-2021	258,398	129.8
US	2 - Prostate (All Stages^), 2017-2021	224,883	113.2
US	3 - Lung & Bronchus (All Stages^), 2017-2021	216,523	53.1
US	4 - Colon & Rectum (All Stages^), 2017-2021	140,088	36.4
US	5 - Melanoma of the Skin (All Stages^), 2017-2021	86,630	22.7

Data Source: State Cancer Profiles. 2017-21. ➜ *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, 15,365 of adults age 20 and older have diabetes. This represents 13.2%

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
Florence County, SC	101,086	15,365	**13.2%**
South Carolina	3,936,478	482,805	10.5%
United States	232,706,003	23,263,962	8.9%
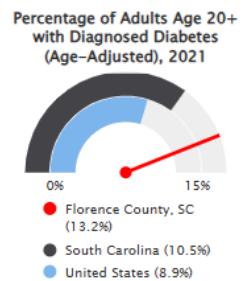
Percentage of Adults Age 20+ with Diagnosed Diabetes (Age–Adjusted), 2021

- Florence County, SC (13.2%)
- South Carolina (10.5%)
- United States (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

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
Florence County, SC	7,147	13.6%	8,218	12.8%
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

Adults with Diagnosed Diabetes by Gender, 2021

- Florence County, SC
- South Carolina
- United States
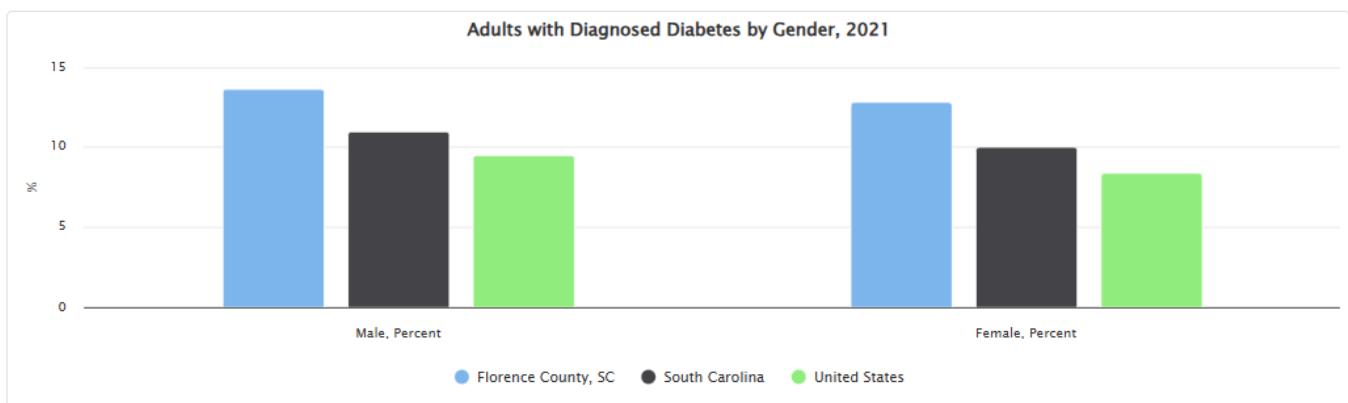
Mortality - Cancer

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 1,447 deaths due to cancer. This represents a crude death rate of 210.8 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)
Florence County, SC	137,264	1,447	210.8
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 Death Rate (Per 100,000 Pop.)

● Florence County, SC (210.8)
● South Carolina (206.1)
● United States (182.7)
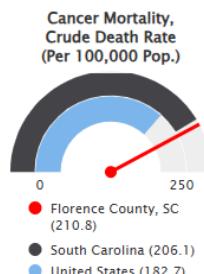
Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Florence County, SC	248.4	177.8
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 Gender

● Florence County, SC   ● South Carolina   ● United States
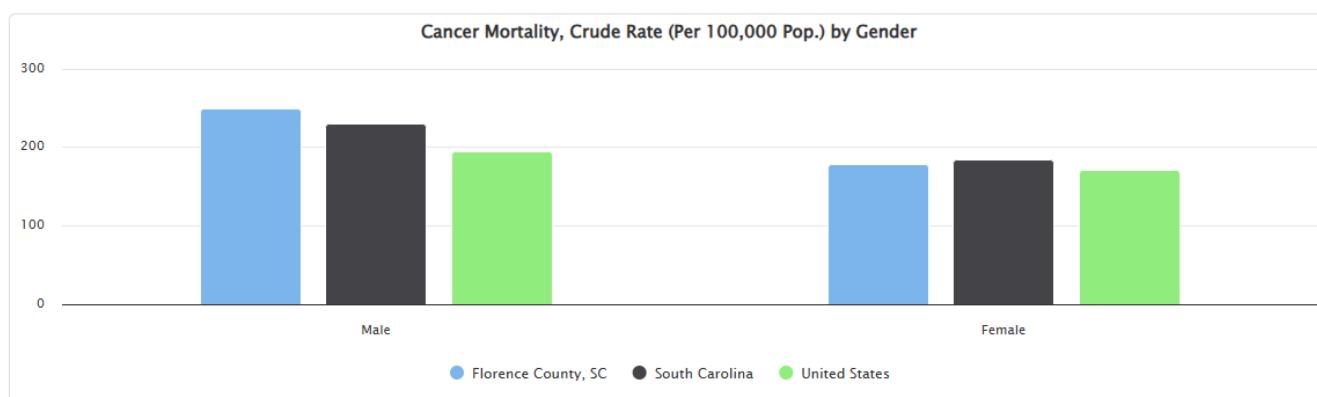
Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table displays 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
Florence County, SC	253.6	185.8	No data	No data	No data	No data	No data
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, 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

Incidence Rates for South Carolina by County

Breast (All Stages^), 2017-2021

All Races (includes Hispanic), Female, All Ages

Florence County 2017-2021
138.3 (127.3, 149.9) Rate

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

- 85.7 to 116.1
- >116.1 to 124.0
- >124.0 to 132.3
- >132.3 to 138.3
- >138.3 to 150.4

Source: https://statecancerprofiles.cancer.gov/
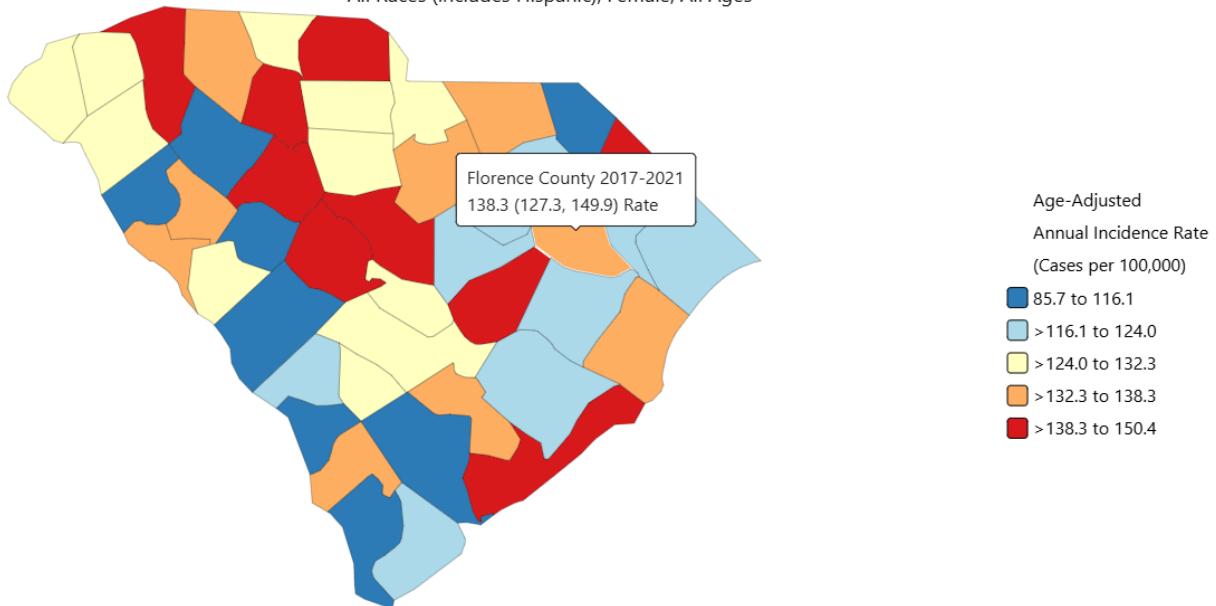
Death Rates for South Carolina by County

Breast, 2018-2022

All Races (includes Hispanic), Female, All Ages

Florence County 2018-2022
23.7 (19.4, 28.7) Rate

Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

- 15.0 to 18.8
- >18.8 to 21.1
- >21.1 to 23.7
- >23.7 to 26.5
- >26.5 to 37.9
- Suppressed

Source: https://statecancerprofiles.cancer.gov/
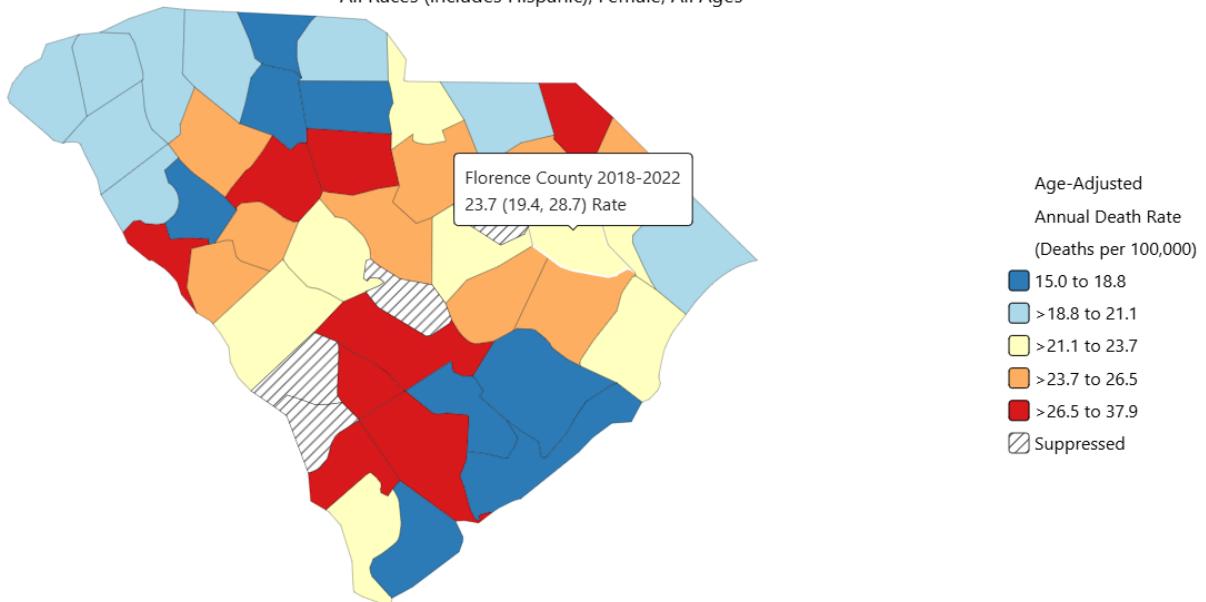
Lung Cancer:

- 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 13th 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

Florence County 2018-2022
40.2 (36.1, 44.6) Rate

Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

- 25.8 to 34.1
- >34.1 to 37.7
- >37.7 to 42.4
- >42.4 to 50.2
- >50.2 to 63.7

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

Prostate Cancer:

- Most commonly diagnosed cancer in men in South Carolina and the United States.
- South Carolina ranks 26th in the nation for prostate cancer incidence rate and 9th 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

Incidence Rates for South Carolina by County

Prostate (All Stages^), 2017-2021

All Races (includes Hispanic), Male, All Ages

Florence County 2017-2021
130.2 (119.0, 142.1) Rate

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)
- 78.9 to 93.5
- >93.5 to 106.3
- >106.3 to 114.1
- >114.1 to 127.7
- >127.7 to 184.0

Source: https://statecancerprofiles.cancer.gov/
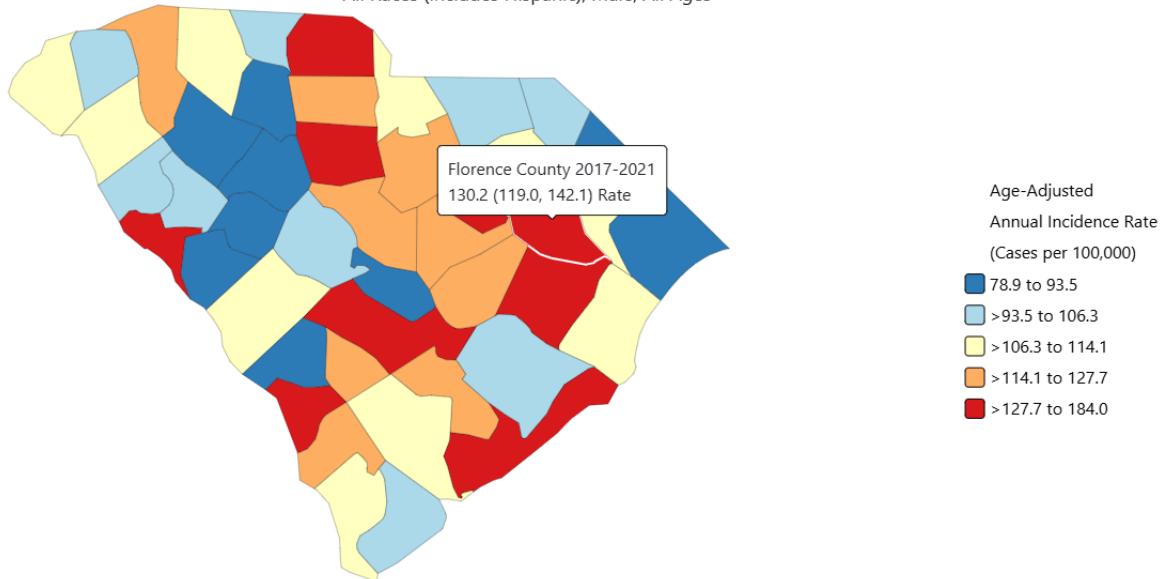
Death Rates for South Carolina by County

Prostate, 2018-2022

All Races (includes Hispanic), Male, All Ages

Florence County 2018-2022
25.4 (20.0, 31.7) Rate

Age-Adjusted
Annual Death Rate
(Deaths per 100,000)
- 12.6 to 17.7
- >17.7 to 21.0
- >21.0 to 24.6
- >24.6 to 29.2
- >29.2 to 38.7
- Suppressed

Source: https://statecancerprofiles.cancer.gov/
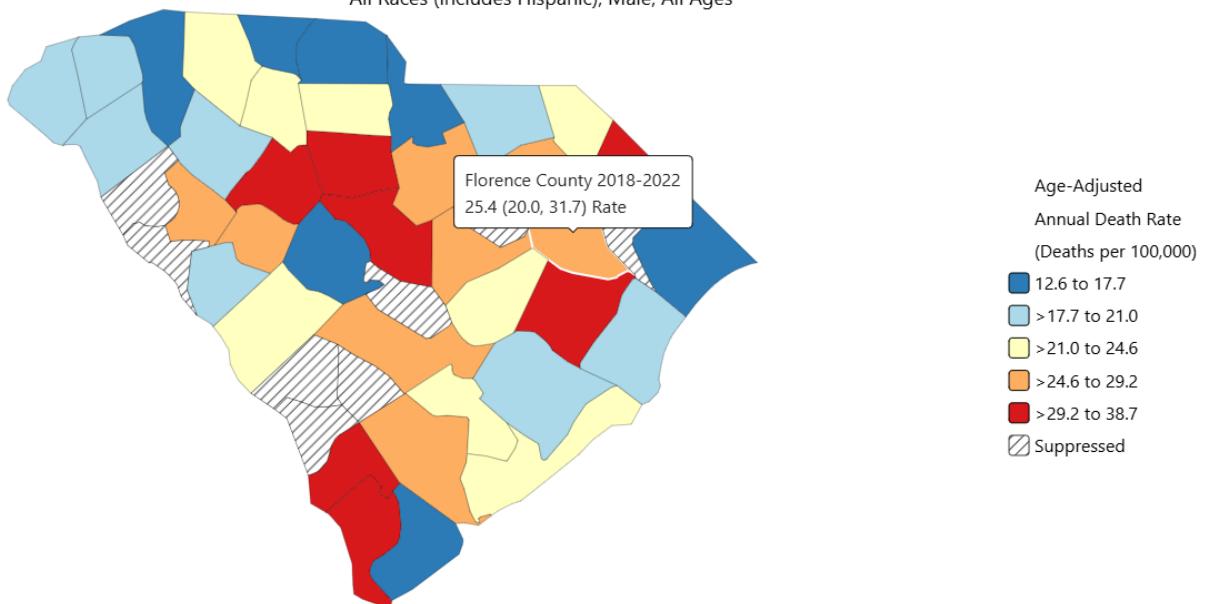
Colorectal Cancer:

- 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 25th in the nation for colorectal cancer incidence rate and 23rd 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

Florence County 2017-2021
39.2 (35.0, 43.7) Rate

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

- 29.3 to 32.1
- >32.1 to 35.7
- >35.7 to 41.8
- >41.8 to 44.5
- >44.5 to 53.7

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

Death Rates for South Carolina by County

Colon & Rectum, 2018-2022

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

Florence County 2018-2022
13.4 (11.0, 16.2) Rate

Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

- 10.3 to 12.6
- >12.6 to 13.8
- >13.8 to 16.9
- >16.9 to 20.2
- >20.2 to 22.7
- Suppressed

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

Incidence Rates for South Carolina by County

Cervix (All Stages^), 2017-2021

All Races (includes Hispanic), Female, All Ages

Florence County 2017-2021
5.1 (3.0, 8.1) Rate

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

- 5.1 to 6.5
- >6.5 to 7.0
- >7.0 to 8.5
- >8.5 to 10.4
- >10.4 to 13.3
- Suppressed

Source: https://statecancerprofiles.cancer.gov/
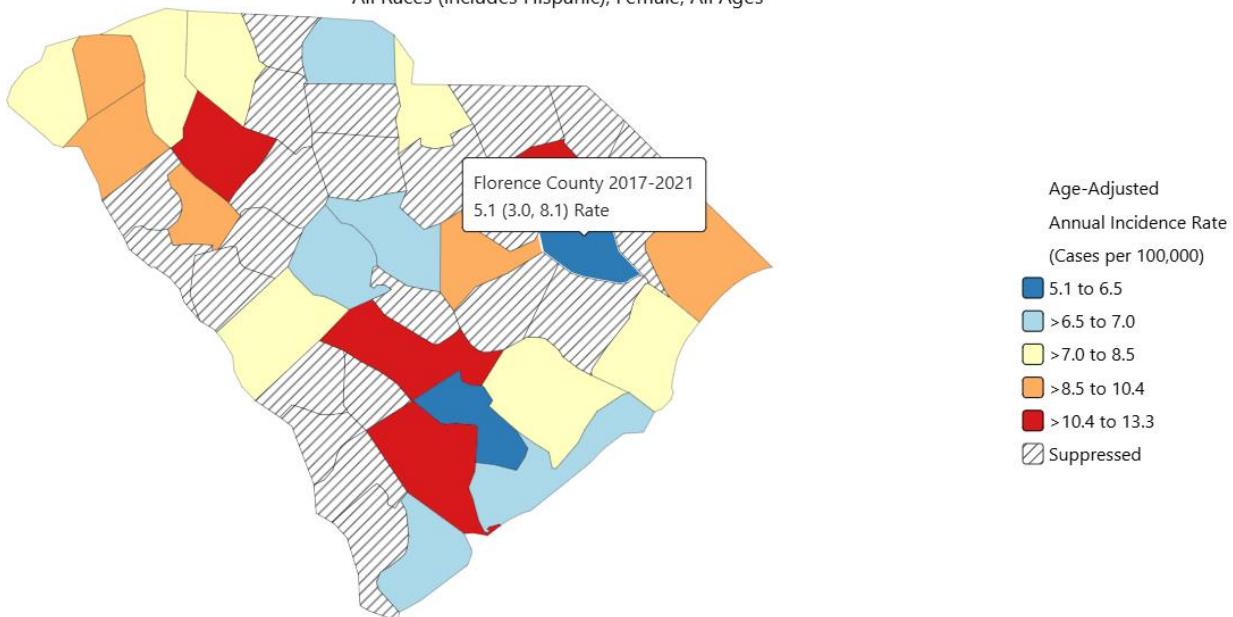
Death Rates for South Carolina by County

Cervix, 2018-2022

All Races (includes Hispanic), Female, All Ages

Florence County 2018-2022
data suppressed due to insufficient counts

Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

- 2.0
- >2.0 to 2.1
- >2.1 to 2.2
- >2.2 to 2.3
- >2.3 to 7.6
- Suppressed
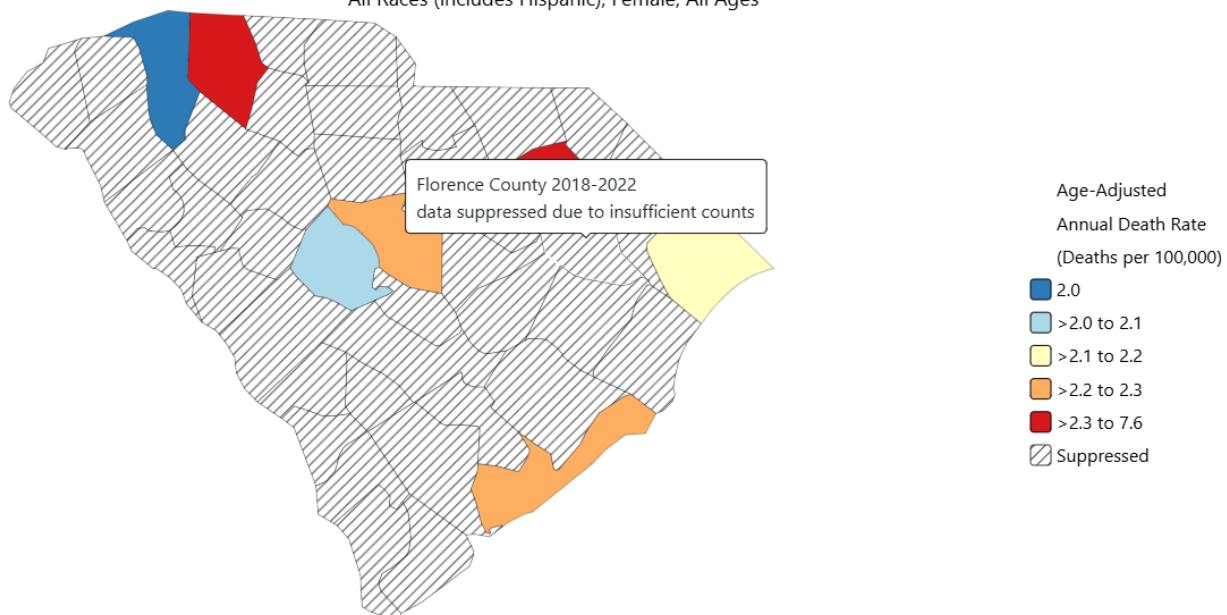
* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).
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 954 deaths due to coronary heart disease. This represents a crude death rate of 139.0 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)
Florence County, SC	137,264	954	**139.0**
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 Death Rate (Per 100,000 Pop.)

- Florence County, SC (139.0)
- South Carolina (106.4)
- United States (111.0)
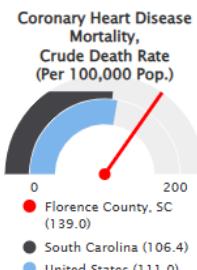
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Florence County, SC	165.9	115.3
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 Gender

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
Florence County, SC	173.8	116.2	No data	No data	No data	No data	No data
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 427 deaths due to lung disease. This represents a crude death rate of 62.2 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)
Florence County, SC	137,264	427	**62.2**
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 Death Rate (Per 100,000 Pop.)

● Florence County, SC (62.2)
● South Carolina (55.0)
● United States (44.9)
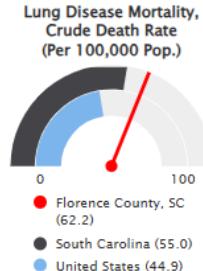
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Florence County, SC	64.8	60.0
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
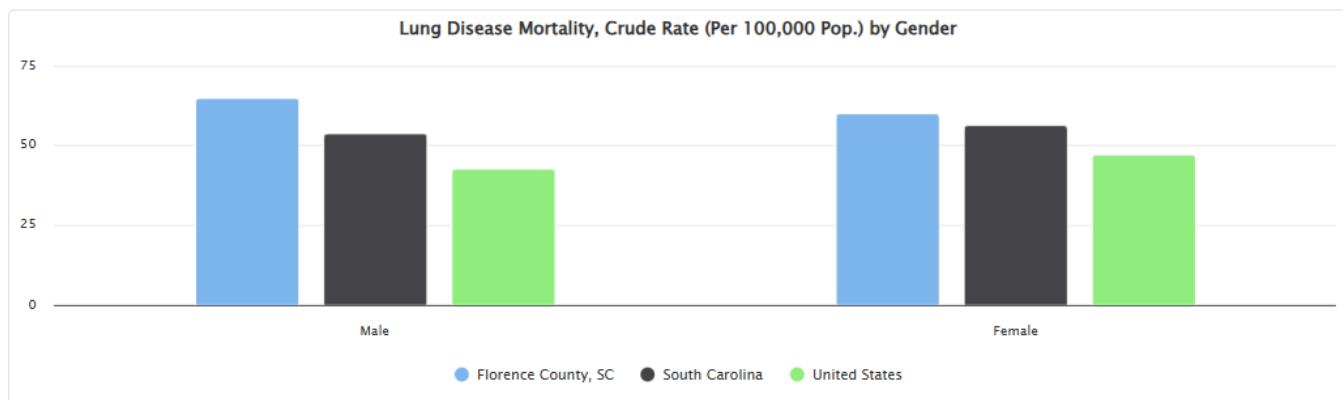
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race/Ethnicity

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 gender.

| 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
Florence County, SC	99.5	28.0	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, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Within the report area, there are a total of 188 deaths due to motor vehicle crash. This

represents a crude death rate of 27.4 per every 100,000 total population. Fatality counts are based on the decedent's residence and not the location of the crash.

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)
Florence County, SC	137,264	188	**27.4**
South Carolina	5,242,730	5,457	20.8
United States	331,563,969	211,504	12.8
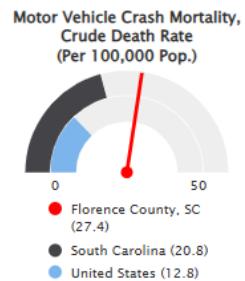
Motor Vehicle Crash Mortality, Crude Death Rate (Per 100,000 Pop.)

● Florence County, SC (27.4)
● South Carolina (20.8)
● United States (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 below displays 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
Florence County, SC	27.8	28.4	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 crude rates, and 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 3,291 premature deaths from 2020 to 2022. This represents an age-adjusted rate of 14,827 years potential life lost before age 75 per every 100,000 total population.

Report Area	Premature Deaths, 2020-2022	Years of Potential Life Lost, Total	Years of Potential Life Lost, Rate per 100,000 Population
Florence County, SC	3,291	56,639	**14,827**
South Carolina	96,385	1,573,721	10,824
United States	4,763,989	77,421,586	8,367
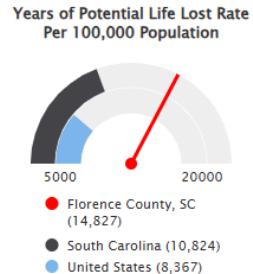
Years of Potential Life Lost Rate Per 100,000 Population

● Florence County, SC (14,827)
● South Carolina (10,824)
● United States (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

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

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 659 deaths due to stroke. This represents a crude death rate of 96.0 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)
Florence County, SC	137,264	659	**96.0**
South Carolina	5,242,730	14,723	56.2
United States	331,563,969	801,191	48.3
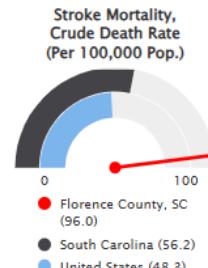
Stroke Mortality, Crude Death Rate (Per 100,000 Pop.)

● Florence County, SC (96.0)
● South Carolina (56.2)
● United States (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
Florence County, SC	87.5	103.5
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 Gender

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
Florence County, SC	114.8	84.5	No data	No data	No data	No data	No data
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 599 deaths due to unintentional injury. This

represents a crude death rate of 87.3 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)
Florence County, SC	137,264	599	**87.3**
South Carolina	5,242,730	21,774	83.1
United States	331,563,969	1,048,667	63.3
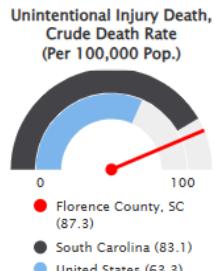
Unintentional Injury Death, Crude Death Rate (Per 100,000 Pop.)

Florence County, SC (87.3)
South Carolina (83.1)
United States (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 Death, 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
Florence County, SC	120.8	57.8
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 Gender

● Florence County, SC ● South Carolina ● United States
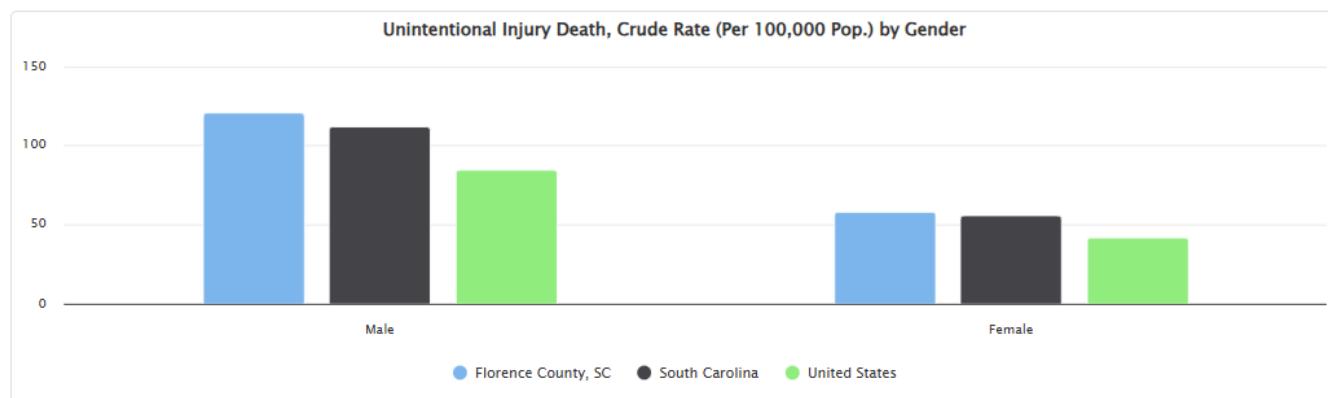
Unintentional Injury Death, Crude Rate (Per 1000,000 Pop.) by Race/Ethnicity

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
Florence County, SC	107.3	69.6	No data	No data	No data	No data	No data
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]2) 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 38,431 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 38.0% 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
Florence County, SC	101,134	38,431	**38.0%**
South Carolina	3,937,098	1,323,929	33.6%
United States	232,757,930	70,168,831	30.1%

Percentage of Adults Obese (BMI > 30.0), 2021

● Florence County, SC (38.0%)
● South Carolina (33.6%)
● United States (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
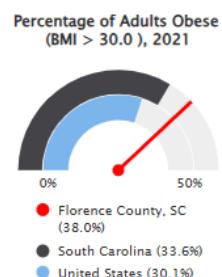
Poor or Fair Health

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 20.3%.

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)
Florence County, SC	136,721	**20.3%**	18.9%
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
● Florence County, SC (20.3%)
● South Carolina (17.6%)
● United States (17.9%)
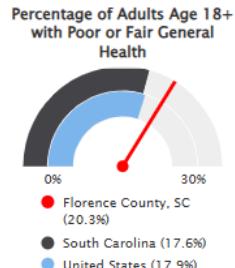
Florence County Health Rankings 2022 vs. 2025

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.

	Florence 2022 Ranking	Progress	Florence 2025 Ranking
Overall Ranking	28		28 – Last Reported in 2023
Length of Life			
Premature Death	12,800	Getting Worse	14,100
Quality of Life			
Poor or Fair Health	21%		19%
Poor Physical Health Days	4.5		4.0
Poor Mental Health Days	4.9		5.4
Low Birthweight	13%		13%
Health Behaviors			
Adult Smoking	20%		19%
Adult Obesity	36%		40%
Food Environment Index	8.0		8.1
Physical Inactivity	34%		30%
Access to Exercise Opportunities	40%		46%
Excessive Drinking	20%	Improving	15%

Alcohol-Impaired Driving Deaths	39%		36%
Sexually Transmitted Infections	952.3	Improving	906.9
Teen Births	29	Improving	27
Clinical Care			
Uninsured	12%		12%
Primary Care Physicians	1,020:1		1,010:1
Dentists	1,660:1		1,690:1
Mental Health Providers	410:1		360:1
Preventable Hospital Stays	5,898		4,652
Mammography Screening	43%	Improving	49%
Social & Economic Factors			
High School Graduation	86%		88%
Some College	62%	Little to No Change	62%
Unemployment	5.6%		3.0%
Children in Poverty	21%	Getting Worse	28%
Income Inequality	5.2		5.5
Children in Single-Parent Households	38%		Not record in 2025
Social Associations	12.1		12.1
Violent Crime	560		Not recorded in 2025
Injury Deaths	94	Getting Worse	114
Physical Environment			
Air Pollution – Particulate Matter	7.7	Improving	6.7
Drinking Water Violations	No		No
Severe Housing Problems	14%		15%
Driving Alone to Work	84%		81%
Long Commute – Driving Alone	28%		26%

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

Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health to guide health promotion and disease prevention efforts. Attention is focused on determinants that affect the public's health that contribute to health disparities by addressing identified needs through education, prevention, targeted initiatives validated through research, and the delivery of health services. Cross-sector collaboration is now widely considered as essential for having meaningful impacts on building healthier communities. Through collaboration with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in the community, McLeod Health can better serve its mission.

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

- Based on importance to community

- Capacity to address change

- Alignment to McLeod Health Mission, Vision and Values

- Collaboration with existing organizations

- Magnitude/Severity of problem

- Need among vulnerable populations

- Willingness to act on issue

- Ability to have meaningful impact

- Availability of hospital resources

Plan Priorities

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

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

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 Regional Medical Center CHNA Need #1: Access to Care (Delays getting into Primary Care Physician Office and Uninsured)				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Reduce barriers to healthcare	**Strategy 1:** Provide alternative access to care and continued collaboration with community agencies, such as FQHC	• Number of participants in the Access Health program	• FQHC: Hope Health, CareSouth, Genesis • Mercy Medical • DPH • Access Health • Telehealth and Telemedicine • McLeod Occupational Health • McLeod Healthier You • Internal Medicine Residency • Leatherman Behavioral Health Center • McLeod MyChart • PDRTA • McLeod Health On Call	Ongoing
	Strategy 2: Maintain partnership and provide access to Language and American Sign Language Lines	• Number of people who used the language lines.	• Language Line Translator Group	Ongoing
	Strategy 3: McLeod Cancer Clinic **Actions/Tactics:** Provide cancer services, including chemotherapy and radiation therapy on an outpatient basis to indigent cancer patients from Florence,	• Number of patients served	• McLeod Cancer Center	Ongoing

	Darlington, Dillon, Marion, Marlboro and Chesterfield counties who have no insurance coverage.			
	Strategy 4: Recruitment of specialty physicians and primary care physicians to the area	• Number of specialty physicians and primary care physicians recruited.	• McLeod Recruiting • FQHC • South Carolina Office of Rural Health	Ongoing
Goal #2: Access to behavioral health services and providers	**Strategy 1:** Offer services through the McLeod EmPATH Unit for children under the age of 18, the Leatherman Behavioral Health Center and the Circle Park Behavioral Health Center		• McLeod Children's Hospital • Leatherman Behavioral Health Center • Circle Park Behavioral Health Center	Ongoing
	Strategy 2: Continue partnerships that offer current telemedicine service - TelePsych	• Number of telehealth visits	• SC Department of Mental Health Psychologists • QLER Telepsych	Ongoing
	Strategy 3: Continue to offer McLeod Employee Assistance Program to McLeod employees to enhance quality of life and performance of individuals, families, and organizations by providing professional consultation and services to assist in problem prevention and resolution.		• McLeod EAP	Ongoing

Goal #3: Improve education, access to transportation, and financial barriers for underserved population	Strategy 1: Continue McLeod Nurse Family Partnership services to high-risk, first-time moms.	• Maintain at least 25 participants per nurse in the McLeod Nurse Family Partnership Program	• McLeod Nurse Family Partnership • Access Health - McLeod • Community Health Workers	Ongoing
	Strategy 2: Continue to offer HOPE Fund to patients	• Number of patients who utilize the HOPE Fund	• Access Health - McLeod • Hope Fund • McLeod Health Foundation • PDRTA, Williamsburg Transit, In Between the Lines Transport	Ongoing

McLeod Regional Medical Center CHNA Need #2: Heart Disease and Stroke				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Raise awareness and prevention of Heart Disease and Stroke	**Strategy 1:** Partner with local and regional agencies and organizations. **Actions/Tactics:** • Participate in community group presentations and outreach activities. • Offer hands only CPR training at community events. • Health Fairs • AHA Heart Walk	• Number of community speaking opportunities and events • Radio and TV interviews • Number of BP screenings provided	• American Heart Association • American Stroke Association • Community Civic Organizations	Ongoing
	Strategy 2: Publish educational information around the signs and symptoms of heart disease and stroke and obesity as a risk factor	• Number of educational articles published	• Morning News • Golden Life • Savvy Magazine • McLeod Magazine • McLeod Website	Ongoing
	Strategy 3: Maintain Stroke Certification	• Number of McLeod hospitals stroke certified	• McLeod Regional Medical Center • McLeod Seacoast • McLeod Loris	Ongoing
	Strategy 4: Promotion of McLeod Health and Fitness Center membership and activities as means to a healthy lifestyle	• Number of health and fitness members	• McLeod Health and Fitness Center	Ongoing
	Strategy 5: Participate in the American Heart Association STEMI National Initiative. This includes collaborating with first responders and hospitals to implement best practice guidelines to expedite care to Cath Lab.	• Number of patients presenting with Myocardial Infarction • Maintain Chest Pain Accreditation	• American Heart Association • County EMS	Ongoing

Strategy 6: Support recovery from heart attacks by providing Cardiac Rehab Program. **Actions/Tactics:** Offer scholarships to those that are uninsured and need to continue cardiac rehab program.	• Number of cardiac rehab participants • Number of patients served through scholarship funds	• McLeod Health Foundation • McLeod Health and Fitness Center	Ongoing
Strategy 7: Continue partnerships that offer current telemedicine service - Telestroke	• Number of telehealth visits	• TeleSpecialist Providers	Ongoing
Strategy 8: Provide sports physicals for Middle Schools, High Schools and Colleges contracted with McLeod Sports Medicine	• Number of Sports Physicals provided • Number of athletes presenting with high blood pressure and/or heart related issues	• McLeod Sports Medicine • McLeod Family Medicine Center • Area schools contracted with McLeod Sports Medicine for Athletic Training services • McLeod Family Medicine Residency Physicians • McLeod Pediatric Cardiology Associates	Annually
Strategy 9: Provide Cardiac Calcium Scoring	• Number of screening tests	• McLeod Regional Medical Center	Ongoing
Strategy 10: McLeod Healthier You program for McLeod employees and their spouses currently on the McLeod Health	• Number of participants in hypertension registry	• McLeod Healthier You	Ongoing

insurance plan to help promote healthier lifestyles			
Strategy 11: Provide scales to heart failure patients who have been discharged from hospital	• Number of scales provided	• McLeod Health Foundation • McLeod Home Health	Ongoing

McLeod Regional Medical Center CHNA Need #3: Diabetes				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Raise awareness and prevention of diabetes	**Strategy 1:** Provide educational materials on diabetes signs and symptoms and obesity as a risk factor	• Number of educational articles published	• McLeod Diabetes Center • Radio Interviews • Medical Minutes • Morning News • Golden Life • FQHC	Ongoing
	Strategy 2: Support programs to target obesity as a risk factor for diabetes	• Number of people in McLeod Healthier You Diabetes Management classes	• United Way of Florence County • McLeod Health and Fitness Center – medical memberships for diabetes patients • McLeod Healthier You	Ongoing
	Strategy 3: Provide diabetes education to the community through health fairs	• Number of people in attendance at industry health fairs	• McLeod Diabetes Center • McLeod Onsite Health – Health and Wellness Team • McLeod Healthier You	Ongoing
	Strategy 4: McLeod Diabetes Center	• Number of patients referred	• McLeod Regional Medical Center	Ongoing
	Strategy 5: Diabetic Registry Program **Actions/Tactics:** Provides care management for diabetic McLeod employees and their spouses currently covered by the McLeod Health insurance plan. Healthier You covers medication copay costs for members who participate. Offer education surrounding nutrition, exercise, medications, etc.	• Number of participants	• McLeod Healthier You	Ongoing

McLeod Regional Medical Center CHNA Need #4: Cancer				
Goal	**Strategies**	**Metrics/What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Lung	**Strategy 1:** Provide lung cancer screening opportunities for the insured population and for the uninsured population through scholarship assistance	• Number of screenings completed	• McLeod Regional Medical Center Radiology Department • McLeod Health Foundation • McLeod Cancer Center • McLeod Healthy Lungs Initiative	Ongoing
	Strategy 2: Provide educational information on lung cancer and lung cancer screenings	• Number of Medical Minutes and educational articles • Community civic group presentations and health fairs	• Local radio stations • Morning News • Golden Life Magazine • Cancer Resource Library • Cancer Navigators • Diversity Works Magazine • Community Times • VIP Magazine • Civic Groups • McLeod website and social media • American Cancer Society	Ongoing
	Strategy 3: Continue to provide a smoking cessation program for employees and public	• Maintain participation of numbers enrolled	• McLeod Healthier You • South Carolina Quitnow Program • Smokefree SC	Annually
Goal #2: Prostate	**Strategy 1:** Provide Prostate Cancer Support group	• Number of meetings	• McLeod Cancer Center	Monthly Offering

	Strategy 2: Recruitment of Urologists	• Number of physicians recruited		Ongoing
	Strategy 3: Continue to offer UroNav studies	• Number of studies completed		Ongoing
	Strategy 4: Provide educational information on BPH/prostate cancer	• Number of educational articles and interviews	• Local radio station • Morning News • Golden Life Magazine • VIP Magazine	Ongoing
Goal #3: Breast Cancer	**Strategy 1:** Provide education on the importance of breast cancer screenings, early detection and benefits of breastfeeding	• Number of educational articles on the importance of screenings and early detection • Number of breastfeeding classes offered	• Morning News • Golden Life Magazine • Diversity Works Magazine • VIP Magazine • McLeod Website and social media • McLeod Lactation Services	Ongoing
	Strategy 2: Provide Breast Cancer Support group	• Number of meetings	• McLeod Cancer Center	Monthly Offering
	Strategy 3: Sponsor USTA tournament to educate women on breast cancer and physical activity; proceeds benefit mammogram scholarships	• Number of mammogram scholarships	• City of Florence • McLeod Health Foundation • McLeod Health	Annually
	Strategy 4: Participate in community civic group presentations and health fairs	• Number of community speaking opportunities and events • Radio and TV interviews	• Community Civic organizations • Local Radio and TV Stations	Ongoing

		•		
	Strategy 5: Offer scholarships to those that are uninsured and need mammogram screenings	• Number of patients served through scholarship funds	• McLeod Health Foundation • McLeod Mobile Mammo Unit • McLeod Breast Imaging	Ongoing
	Strategy 6: McLeod Mobile Mammography Unit – preventative screenings	• Number of events the mobile unit attended • Number of screenings completed	• McLeod Family Medicine offices in Darlington, Timmonsville, Florence, Mullins, Johnsonville, Turbeville, Hartsville • Local Business and Industry Partners	Ongoing
	Strategy 7: Maintain National Accreditation Program for Breast Centers (NAPBC) Certification **Actions/Tactics:** Provide High-risk Breast Clinic and Breast Genetic Testing	• Number of patients seen in High-risk Breast Clinic • Number of patients who participated in breast genetic testing	• McLeod Regional Medical Center	Ongoing
Goal #4: Cancer Services	**Strategy 1:** Provide comprehensive cancer services through the McLeod Center for Cancer Treatment and Research in Florence and Horry Counties		• McLeod Regional Medical Center • McLeod Health Seacoast	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.*

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

Population with Limited English Proficiency, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

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

Poverty – Population Below 100% FPL, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

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.*

Food Environment – SNAP Authorized Food Stores, Data Source: *US Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Locator. Additional data analysis by CARES. 2025.*

Cancer Screening – Mammogram (Medicare), Data Source: *Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.*

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

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

Alcohol – Heavy Alcohol Consumption, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2021.*

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. 2017-23.

Cancer Incidence – All Sites, Data Source: *State Cancer Profiles. 2017-21.*

Top Five Most Commonly Diagnosed Cancers, Data Source: *State Cancer Profiles. 2017-21.*

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.*

Mortality – Cancer, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

Cancer 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. 2019-23.*

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. 2019-23.*

Mortality – Coronary Heart Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

Coronary Heart 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. 2019-23.*

Coronary Heart 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. 2019-23.*

Mortality – Lung Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

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. 2019-23.*

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. 2019-23.*

Mortality – Motor Vehicle Crash, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

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. 2019-23.*

Mortality – Premature Death, Data Source: *Centers for Disease Control and Prevention, CDC – National Vital Statistics System. Accessed via County Health Rankings. 2020-22.*

Mortality – Stroke, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

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. 2019-23.*

Stroke 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. 2019-23.*

Mortality – Unintentional Injury (Accident), Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

Unintentional Injury Death, 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. 2019-23.*

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. 2019-23.*

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

Poor or Fair Health, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.*

Florence County Health Rankings, Data Source:

https://www.countyhealthrankings.org/health-data/south-carolina/florence?year=2025

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

Appendix A

McLeod Health administered a comprehensive survey to residents within the defined service area of McLeod Regional Medical Center.

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 the community.

Appendix B

McLeod Health provides patients with a list of community resources available within the service area through the online care coordination platform Unite Us. Through this platform, our patients are connected to a variety of social care needs including medical care, medication assistance, transportation assistance, housing assistance, access to food, and other resources. Unite Us provides a closed loop referral system through cross sector collaboration connecting communities and improving the health and well-being of the people we serve.

The 2025 McLeod Regional Medical Center Community Health Needs Assessment is located

on the website of McLeod Health at www.McLeodHealth.org.

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