

McLeod Regional Medical Center 2022 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

One-on-one interviews, questionnaires, and forums were conducted in Spring 2022 as a means to gather input.

Top Health Concerns Reported Among Community Members

- Obesity
- Heart Disease/Stroke
- Cancer
- Mental Health
- Diabetes

Source: McLeod Health 2022 Survey

Top Health Concerns Reported Among Health Professionals

Most frequent health concerns:

- Access to Primary Health Care
- Diabetes
- Mental Health
- Obesity
- Heart Disease/Stroke

Source: McLeod Health 2022 Survey

Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Regional Medical Center Emergency Department October 2020 – September 2021:

- Pain in Throat and Chest
- COVID-19
- Abdominal and Pelvic Pain
- Severe Back Pain

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Regional Medical Center

October 2020 – September 2021:

- Single Liveborn Infant
- COVID-19
- Sepsis
- Hypertension and Chronic Kidney Disease

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

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

- Access to Health Care Services for Vulnerable Populations
- Heart Disease and Stroke
- Diabetes
- Cancer

About McLeod Regional Medical Center

The flagship hospital of the McLeod Health organization is McLeod Regional Medical Center in Florence, South Carolina. This regional referral tertiary care center serves patients and families living in the northeastern region of South Carolina. With 517 licensed beds, 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 for thrombectomy procedures and endovascular coiling.

The McLeod Centers of Excellence include Surgery, Neurosurgery, Trauma and Women's Services in addition to a Diabetes Center, Rehabilitation and Sports Medicine Services, and the Center for Advanced Surgery, which all deliver an unmatched level of care and experience to people in the region. One of only five state-designated regional perinatal centers, McLeod Regional Medical Center also offers the region's only Children's Hospital which includes a 48-bed Neonatal Intensive Care Unit and six-bed Pediatric Intensive Care Unit. A teaching facility since 1980, McLeod supports a three-year Family Medicine Residency Program and a new Family Medicine Rural Residency, a one-year Pharmacy Practice Residency Program, a one-year Nurse Residency Program and the McLeod School of Medical Technology. A new McLeod Regional Emergency and Chest Pain Center was completed in June of 2021.

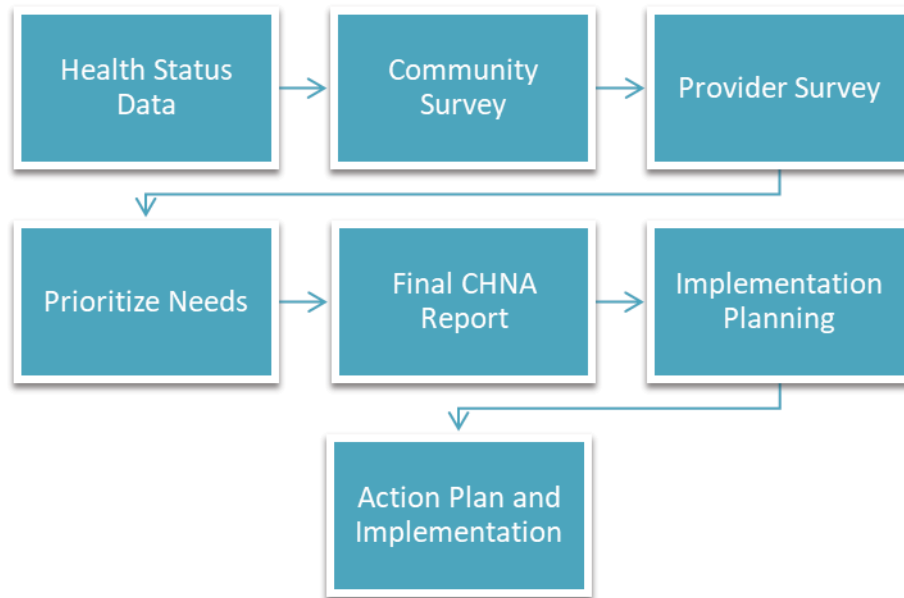
OVERVIEW

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:



METHODS

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

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

Data collection was limited to the most recent publicly available resources and some primary data from qualitative and quantitative investigation. As a result, this document portrays a partial picture of the health status of the community served.

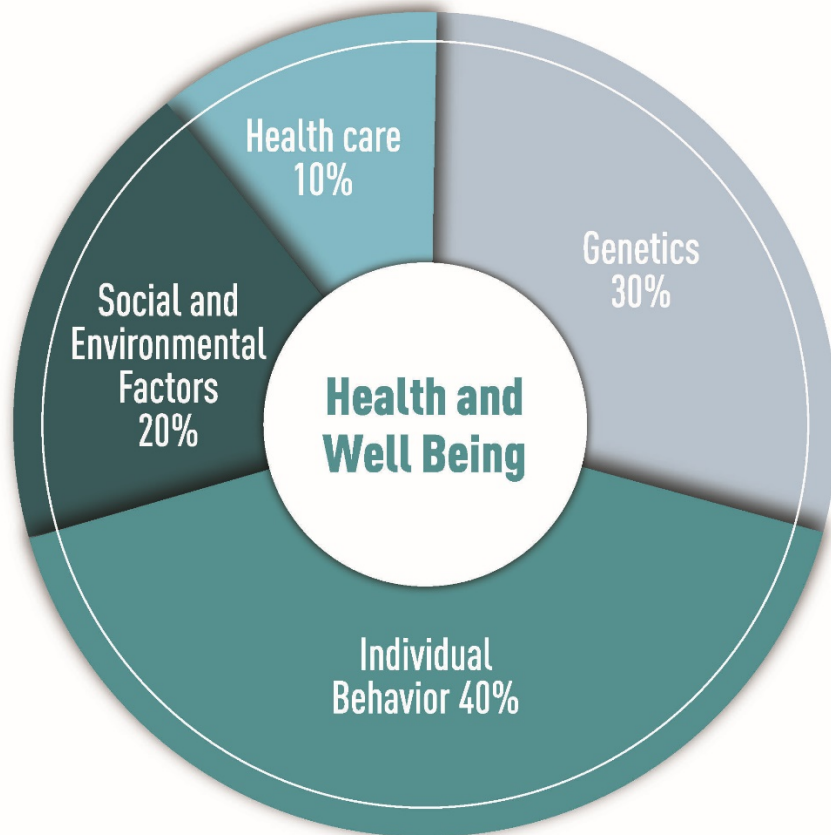
Data analysis included demographic, socioeconomic and health determinant measures. When possible, data also was analyzed according to age, gender and/or race to offer insight into health disparities that may affect specific subgroups in the community.

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

HEALTH DETERMINANTS AND DISPARITIES

What are the determinants of health?

Health behaviors had the majority overall impact on future health outcomes (i.e., smoking, diet, drug & alcohol use, physical activity, other lifestyle behaviors) and account for 40% of causes for premature death. Genetic predisposition is responsible for 30%, Social and Environmental circumstances 20%, and Health Care for only 10% (i.e., access to physician and other health services) of health risk for premature death.



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

Individual Behavioral Determinants (40%)

Examples:

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

Genetic Determinants (30%)

Examples:

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

Social and Environmental Determinants (20%)

Examples of Social Determinants:

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety

Examples of Environmental Determinants:

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

Health Care Determinants (10%)

Examples:

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

What are health disparities?

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

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

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher incidence of disease, disability, or at risk of experiencing worse health outcomes. Within

these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs take in consideration the existing initiatives, the available resources that we are aware of, and where future improvements can be anticipated to make meaningful impact on improving community health.

What are key initiatives to reduce disparities?

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

Federal, state, and local agencies and programs work along with local hospitals, often in cooperation, to provide access to needed health care services. Within constraints of limited resources, each of these entities generally target populations with specific services offered within the county. This study attempts to incorporate their input into determining the priorities among health disparities and look for opportunities for collaboration.

Preventative Care

Preventative care includes medical services such as screenings, immunizations, counseling, and preventative medications intended to prevent illness or detect diseases early before symptoms 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.¹

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

A complete list of USPSTF preventive care guidelines, including A and B grade recommendations, can be found at www.uspreventiveservicestaskforce.org.

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

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

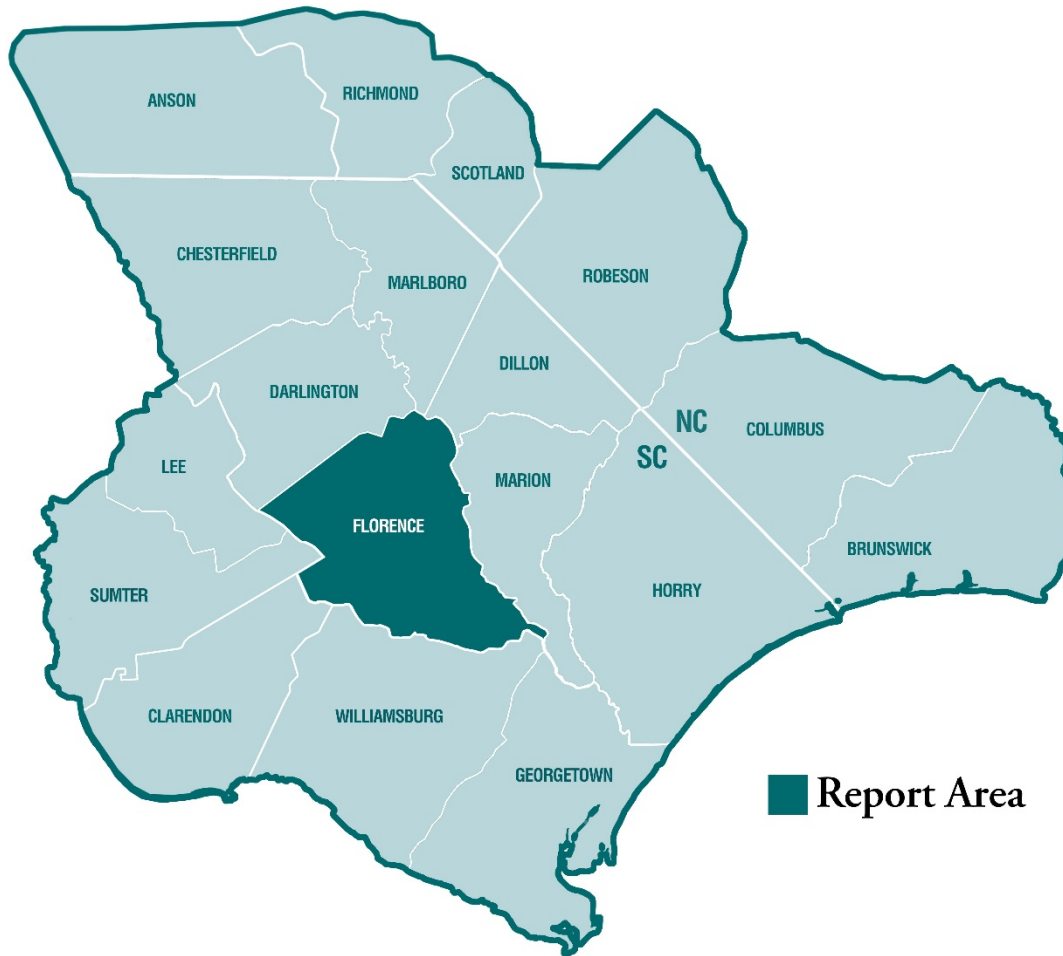
Topic	Recommendation	Grade
Blood Pressure Screening: Adults	The USPSTF recommends screening for high blood pressure in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A
Breast Cancer Screening	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B
Cervical Cancer Screening	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	A
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer 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	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6	B

than 5 years: Screenings and Interventions.	<p>months for children whose water supply is deficient in fluoride.</p> <p>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.</p>	
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	<p>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.</p> <p>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.</p>	B
Obesity Screening and Counseling: Adults	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
Obesity Screening: Children and Adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or	B

	refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	
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

Demographics

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

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

Total Population

A total of 138,237 people live in the 800.51 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2016-20 5-year estimates. The population density for this area, estimated at 173 persons per square mile, is greater than the national average population density of 92 persons per square mile.

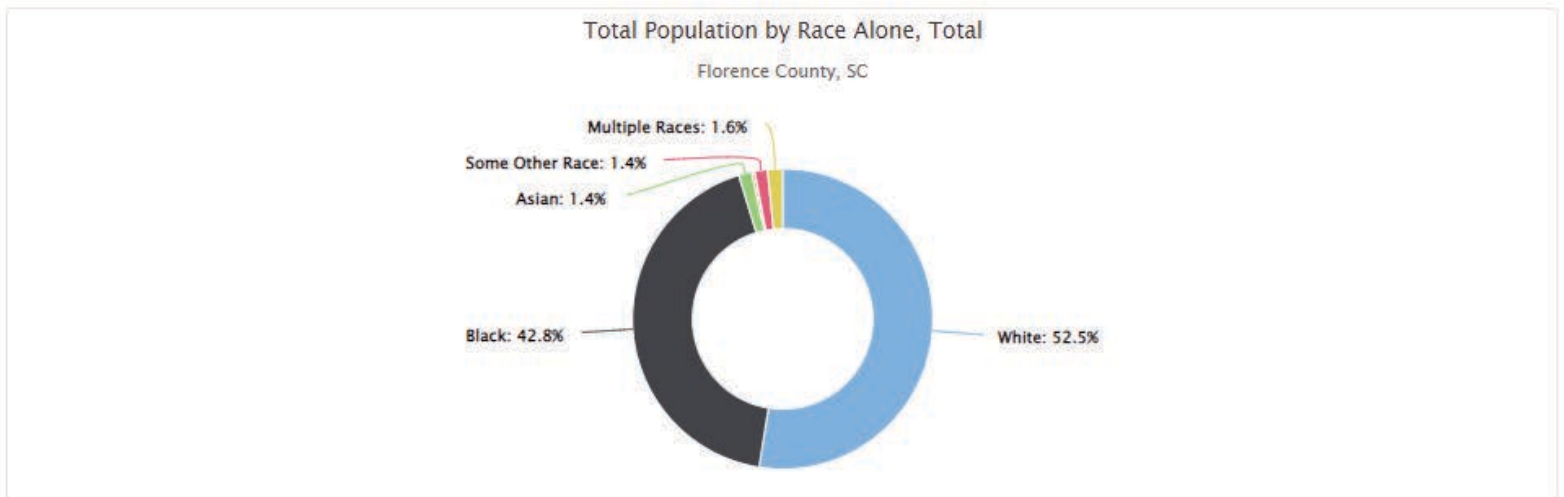
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Florence County, SC	138,237	800.51	173
South Carolina	5,091,517	30,064.28	169
United States	326,569,308	3,533,038.14	92

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract → Show more details

Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

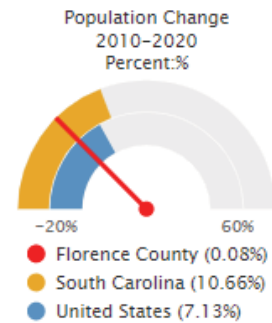
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Florence County, SC	72,621	59,106	1,954	424	27	1,879	2,226
South Carolina	3,386,329	1,346,560	83,573	16,951	3,633	102,760	151,711
United States	229,960,813	41,227,384	18,421,637	2,688,614	611,404	16,783,914	16,875,542



Total Population Change, 2010 - 2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area grew by 112 persons, a change of 0.08%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Florence County, SC	136,947	137,059	112	0.08%
South Carolina	4,625,378	5,118,425	493,047	10.66%
United States	312,471,161	334,735,155	22,263,994	7.13%



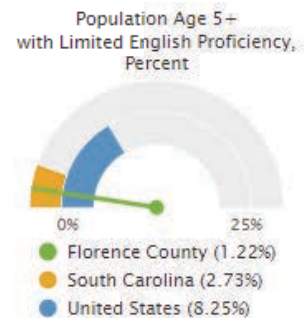
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract → Show more details

Population with Limited English Proficiency

This indicator reports the percentage of the population age 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 129,874 total population age 5 and older in the report area, 1,585 or 1.22% 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	129,874	1,585	1.22%
South Carolina	4,799,866	131,097	2.73%
United States	306,919,116	25,312,024	8.25%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → 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.

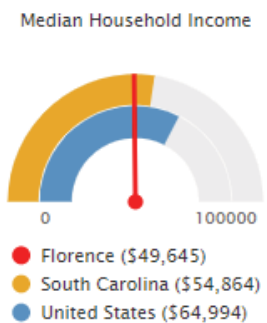
Income - Median Household Income

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 52,880 households in the report area, with an average income of \$67,315 and median income of \$49,645.

Report Area	Total Households	Average Household Income	Median Household Income
Florence County, SC	52,880	\$67,315	\$49,645
South Carolina	1,961,481	\$76,390	\$54,864
United States	122,354,219	\$91,547	\$64,994

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details



Poverty - Population Below 100% FPL

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

Within the report area 17.44% or 23,516 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.

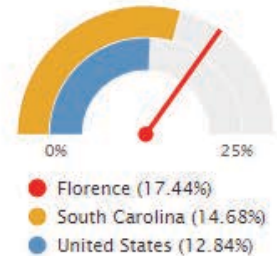
Note: The total population measurements for poverty reports are lower, as poverty data collection does not include people in group quarters. See Methodology for more details.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Florence County, SC	134,826	23,516	17.44%
South Carolina	4,950,181	726,470	14.68%
United States	318,564,128	40,910,326	12.84%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract → Show more details

Population in Poverty, Percent



Education

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

Attainment - Bachelor's Degree or Higher

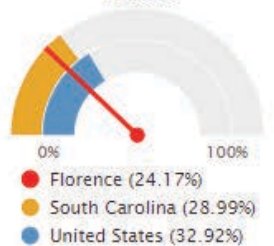
24.17% of the population aged 25 and older, or 22,629 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

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	93,617	22,629	24.17%
South Carolina	3,512,626	1,018,306	28.99%
United States	222,836,834	73,356,319	32.92%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract → Show more details

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



Attainment - High School Graduation Rate

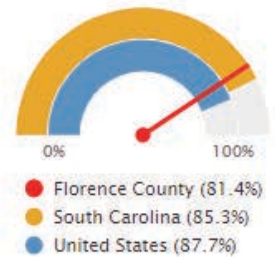
The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year and adjust this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another 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 81.4% during the most recently reported school year. Students in the report area performed worse than the state, which had an ACGR of 85.3%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Florence County, SC	1,676	1,364	81.4%
South Carolina	51,752	44,154	85.3%
United States	3,095,240	2,715,610	87.7%

Note: This indicator is compared to the state average.

Data Source: US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District → Show more details

Adjusted Cohort Graduation Rate

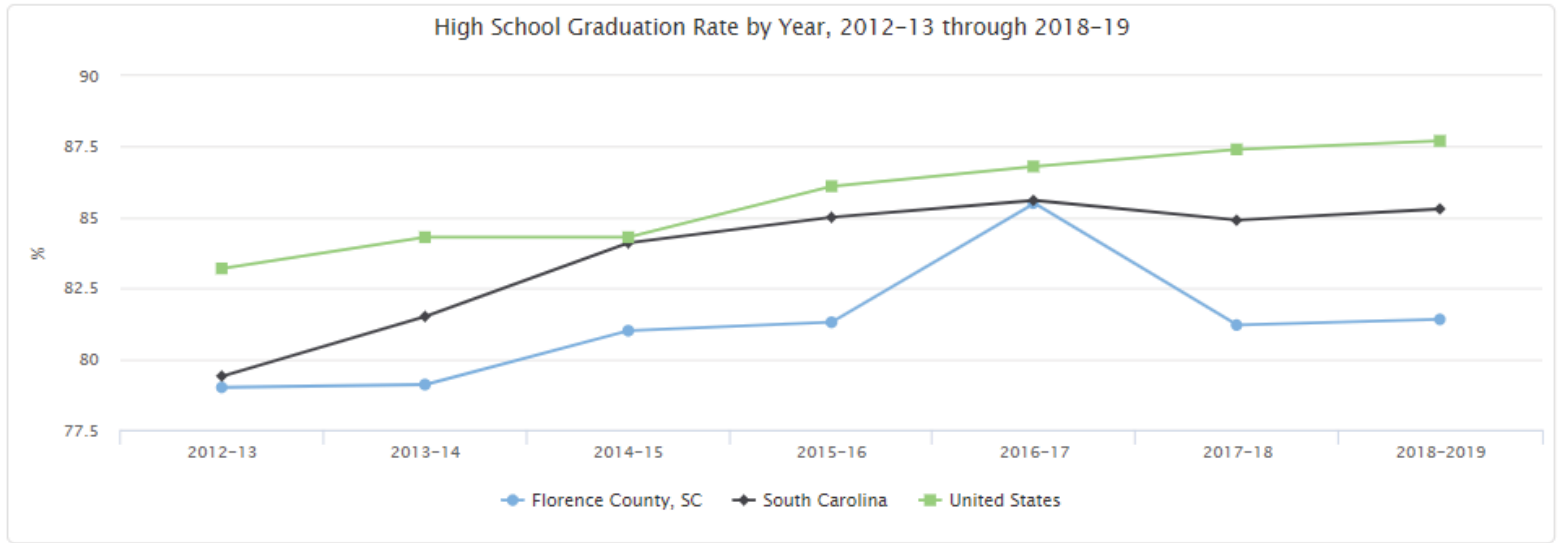


High School Graduation Rate by Year, 2012-13 through 2018-19

The table below shows local, state, and national trends in cohort graduation rates.

Note: Data for some states are omitted each year when they fail to meet federal reporting standards or deadlines. Use caution when comparing national trends as the "universe" population may differ over time.

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-2019
Florence County, SC	79.0%	79.1%	81.0%	81.3%	85.5%	81.2%	81.4%
South Carolina	79.4%	81.5%	84.1%	85.0%	85.6%	84.9%	85.3%
United States	83.2%	84.3%	84.3%	86.1%	86.8%	87.4%	87.7%



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)

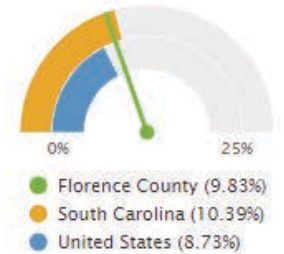
The lack of health insurance is considered a *key driver* of health status.

In the report area 9.83% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 10.39%. This indicator is relevant because lack of insurance is a primary

barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Florence County, SC	136,550	13,428	9.83%
South Carolina	4,990,992	518,723	10.39%
United States	321,525,041	28,058,903	8.73%

Uninsured Population, Percent



Note: This indicator is compared to the state average.

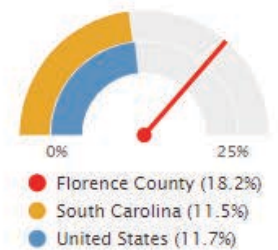
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract → Show more details.

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	138,293.00	25,180	18.2%
South Carolina	5,148,714.00	589,451	11.5%
United States	328,239,523.00	38,537,386	11.7%

Percentage of Total Population Receiving SNAP Benefits



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income and Poverty Estimates, 2019. Source geography: County → Show more details.

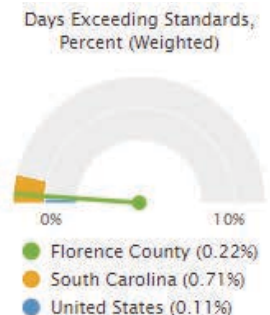
Physical Environment

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 (2020)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Florence County, SC	136,919	8.12	0	0.00	0.22%
South Carolina	5,118,425	8.83	2	0.55	0.71%
United States	329,148,493	8.26	0	0.00	0.11%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2016. Source geography:

Tract → [Show more details](#)

Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 20,517 living in food deserts and a total of 5 census tracts classified as food deserts by the USDA.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Florence County, SC	136,885	5	28	20,517	57,167
South Carolina	4,625,364	218	873	872,233	1,131,575
United States	308,745,538	9,293	63,238	39,074,974	81,328,997

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography: Tract → Show more details

Food Environment - Grocery Stores

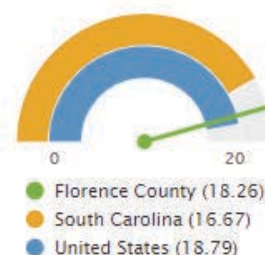
Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 25 grocery establishments in the report area, a rate of 18.26 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged 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	136,919	25	18.26
South Carolina	5,118,425	853	16.67
United States	331,449,275	62,268	18.79

Note: This indicator is compared to the state average.

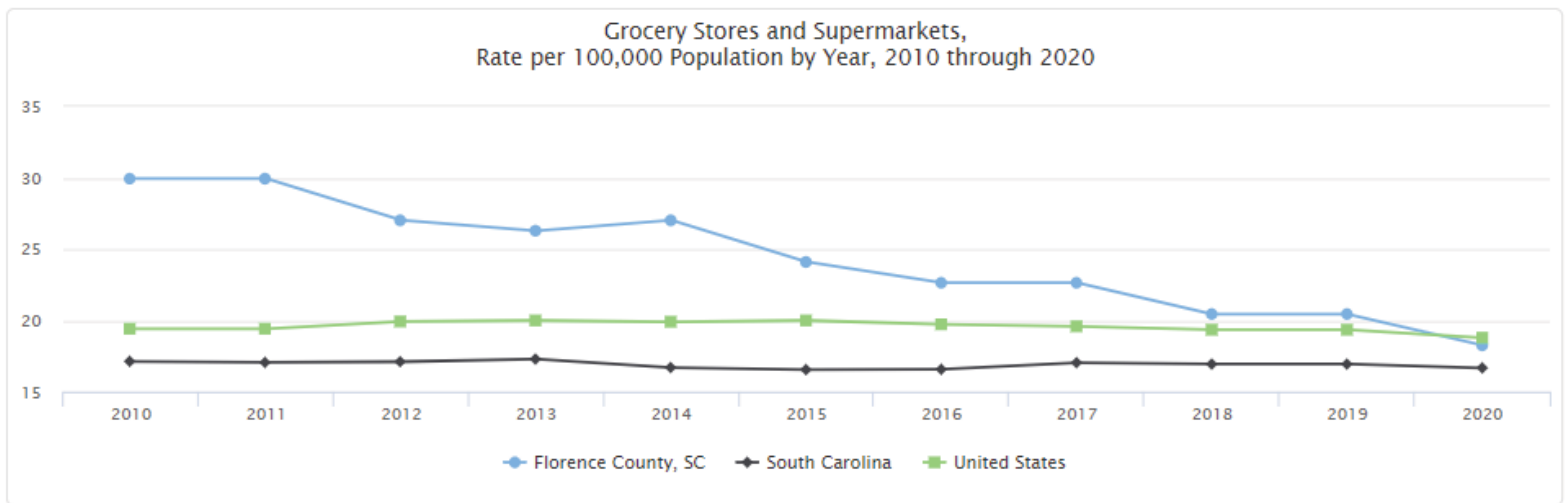
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County → Show more details

Grocery Stores, Rate per 100,000 Population



Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2020

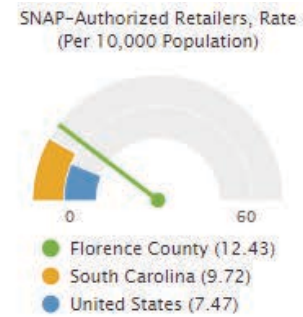
Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Florence County, SC	29.94	29.94	27.02	26.29	27.02	24.1	22.64	22.64	20.45	20.45	18.26
South Carolina	17.13	17.06	17.11	17.29	16.7	16.55	16.57	17.04	16.94	16.94	16.67
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79



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 171 SNAP-authorized retailers with a rate of 12.43.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Florence County, SC	137,588	171	12.43
South Carolina	5,217,820	5,070	9.72
United States	332,898,996	248,526	7.47



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. 2021.
 Source geography: Tract → 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 uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

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

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

Cancer Screening - Mammogram (Medicare)

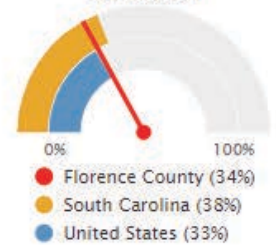
This indicator reports the percentage of female Medicare beneficiaries age 35 and older who had a mammogram in the most recent reporting year. The American Cancer Society recommends that women age 45 to 54 should get a mammogram every year, and women age 55 and older should get a mammogram every other year. In the latest reporting period there were 28,409 Medicare beneficiaries in the report area, and 34% of female beneficiaries age 35 or older had a mammogram in the past year. The rate in the report area was lower than the state rate of 38% during the same time period.

Report Area	Medicare Beneficiaries	Female Beneficiaries with Recent Mammogram, Percent
Florence County, SC	28,409	34%
South Carolina	1,036,396	38%
United States	57,235,207	33%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County → Show more details

Percentage of Female Medicare Beneficiaries Age 35+ with Recent Mammogram



Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

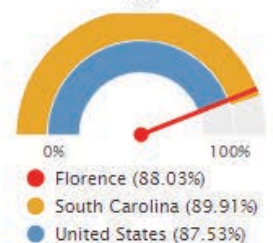
As of year 2019, 2,882 or 88.03% Medicare enrollees with diabetes have had an annual exam out of 3,274 Medicare enrollees with diabetes in the report area.

Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Florence County, SC	3,274	2,882	88.03%
South Carolina	81,784	73,529	89.91%
United States	6,792,740	5,945,988	87.53%

Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019. Source geography: County → Show more details

Percentage of Medicare Enrollees with Diabetes with Annual A1C Test

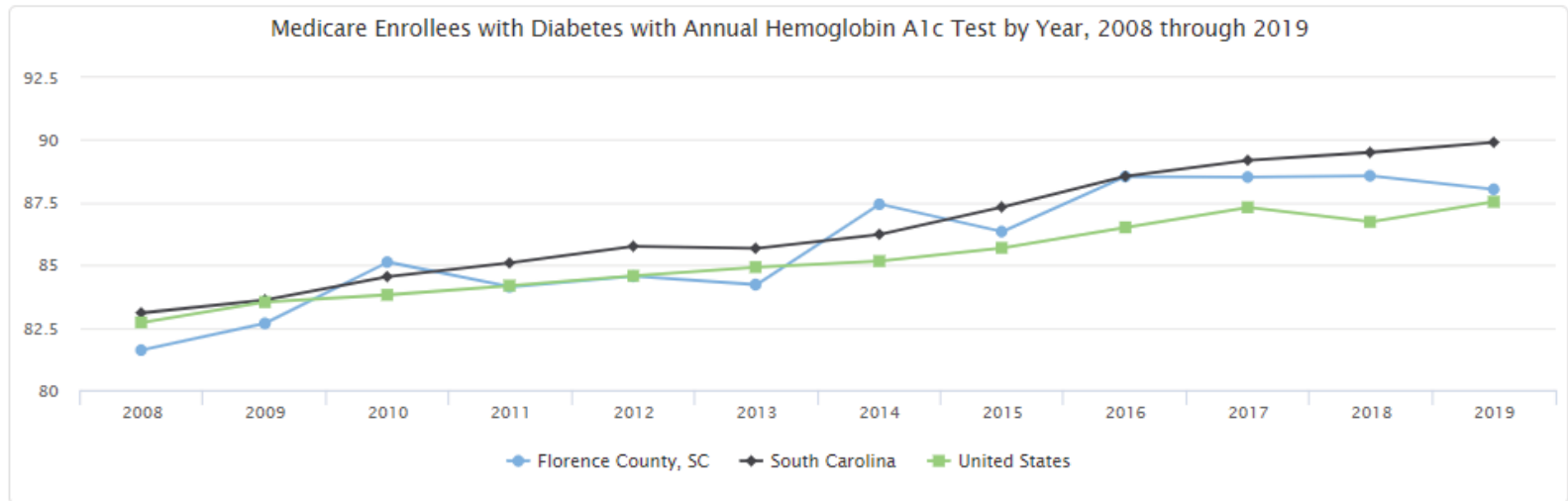


Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019

This indicator reports the percentage of Medicare enrollees with diabetes who have annual Hemoglobin A1c Test from 2008 to 2019.

Note: The Dartmouth Atlas Data team has noted substantial decreases in hemoglobin A1c testing in several HRRs in Montana and North Dakota between 2017 and 2018. A conclusive explanation cannot be established thus far for these changes, especially in smaller rural areas; caution should be used in interpreting longitudinal data for the measure.

Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Florence County, SC	81.60	82.67	85.12	84.13	84.55	84.22	87.43	86.34	88.54	88.52	88.57	88.03
South Carolina	83.09	83.61	84.54	85.09	85.75	85.67	86.23	87.32	88.55	89.19	89.51	89.91
United States	82.71	83.52	83.81	84.18	84.57	84.92	85.16	85.69	86.51	87.31	86.73	87.53



Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-

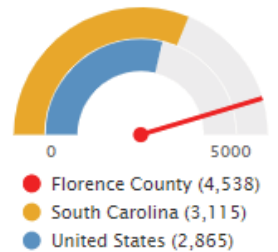
extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 28,409 Medicare beneficiaries in the report area. The preventable hospitalization rate was 4,538. The rate in the report area was higher than the state rate of 3,115 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Florence County, SC	28,409	4,538
South Carolina	1,036,396	3,115
United States	57,235,207	2,865

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County → Show more details

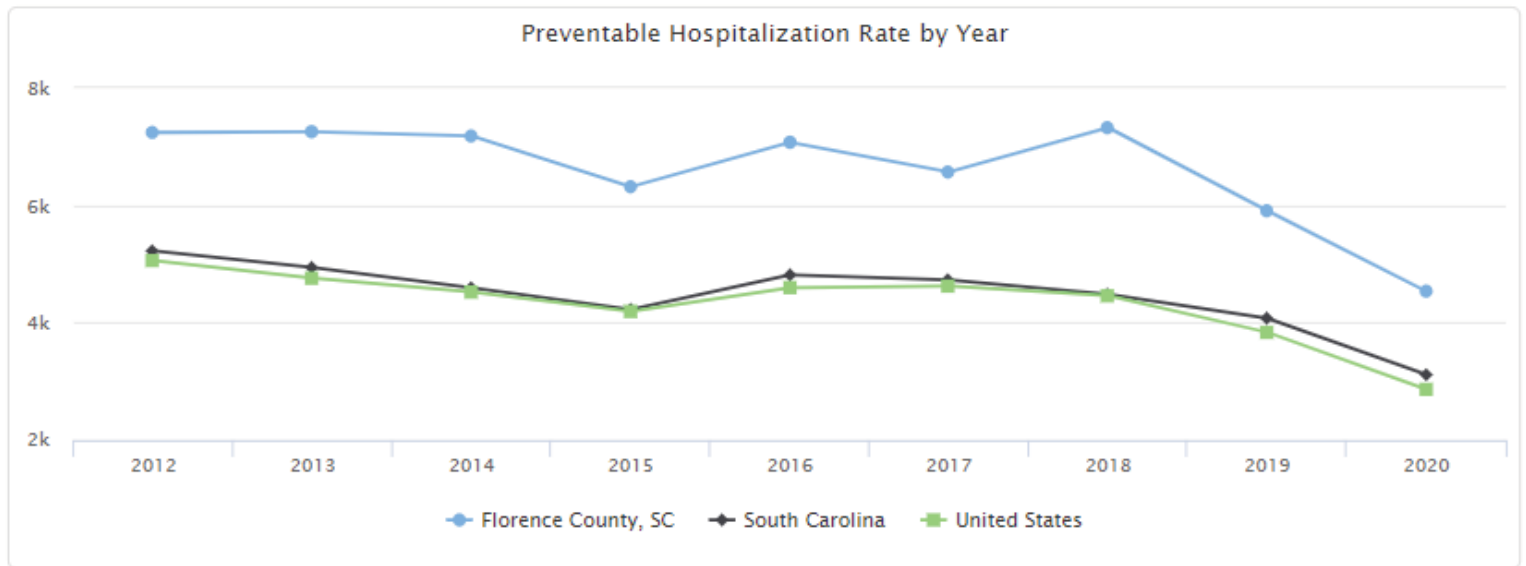
Preventable Hospital Events, Rate per 100,000 Beneficiaries



Preventable Hospitalization Rate by Year

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries.

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Florence County, SC	7,241	7,254	7,180	6,317	7,073	6,567	7,322	5,907	4,538
South Carolina	5,224	4,938	4,595	4,226	4,813	4,731	4,484	4,079	3,115
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,836	2,865



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, 20,947, or 19.67% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 21.69%. Data for this indicator were based on survey responses to the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2022 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.

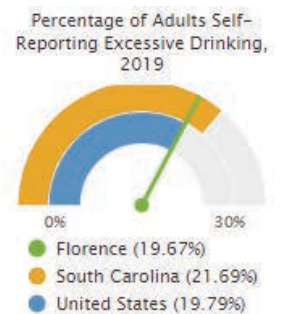
There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Florence County, SC	106,486	20,947	19.67%
South Carolina	4,067,484	882,135	21.69%
United States	255,778,123	50,612,058	19.79%

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. 2019.

Source geography: County → [Show more details](#)



Physical Inactivity

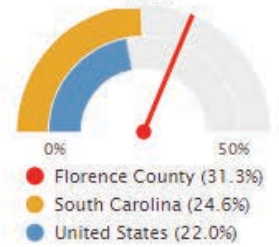
Within the report area, 32,948 or 31.3% of adults age 20 and older who self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking 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 with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Florence County, SC	102,642	32,948	31.3%
South Carolina	3,900,219	989,777	24.6%
United States	239,878,217	54,200,862	22.0%

Percentage of Adults with No Leisure-Time Physical Activity, 2019



Note: This indicator is compared to the state average.

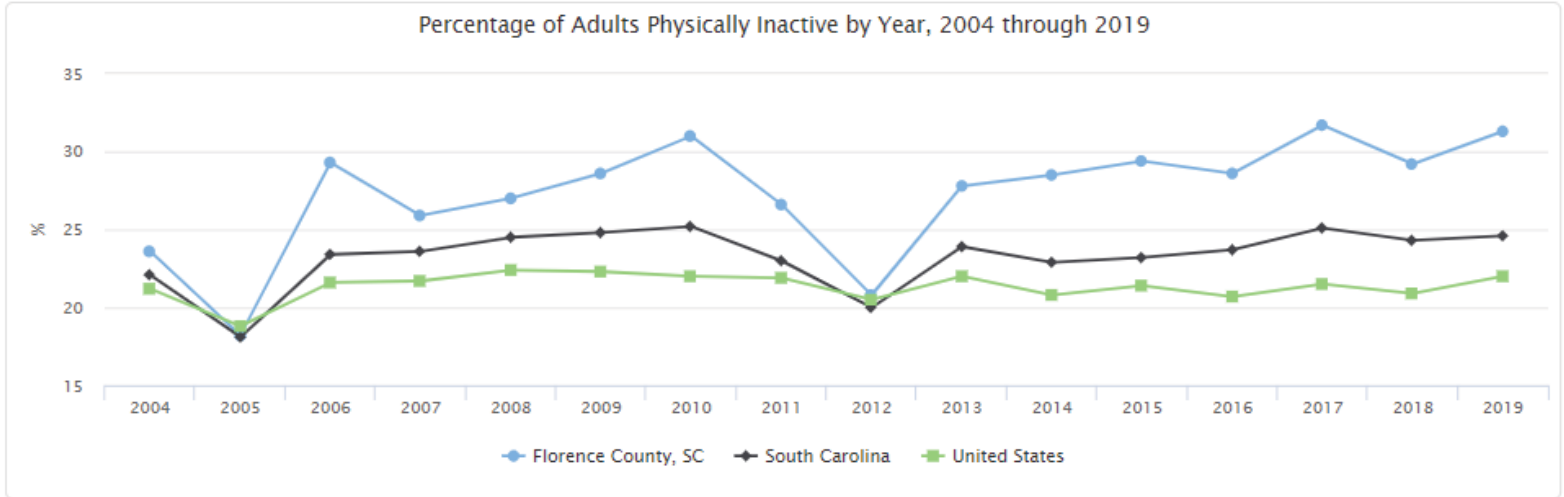
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source

geography: County → Show more details

Percentage of Adults Physically Inactive by Year, 2004 through 2019

The table below displays trends in the percentage of adults reporting no leisure-time physical activity for years 2004 through 2019.

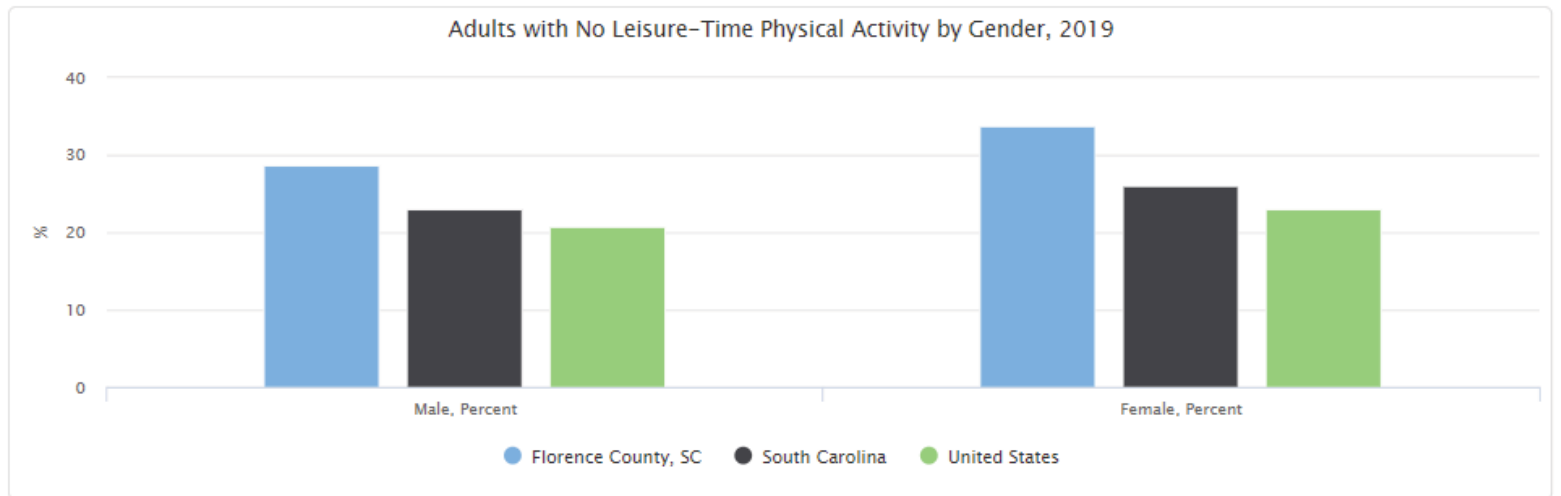
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Florence County, SC	23.6%	18.2%	29.3%	25.9%	27.0%	28.6%	31.0%	26.6%	20.8%	27.8%	28.5%	29.4%	28.6%	31.7%	29.2%	31.3%
South Carolina	22.1%	18.1%	23.4%	23.6%	24.5%	24.8%	25.2%	23.0%	20.0%	23.9%	22.9%	23.2%	23.7%	25.1%	24.3%	24.6%
United States	21.2%	18.8%	21.6%	21.7%	22.4%	22.3%	22.0%	21.9%	20.5%	22.0%	20.8%	21.4%	20.7%	21.5%	20.9%	22.0%



Adults with No Leisure-Time Physical Activity by Gender, 2019

The table below displays national, state, and local variation in the percentage of adults reporting no leisure-time physical activity by gender.

Report Area	Male	Male, Percent	Female	Female, Percent
Florence County, SC	13,635	28.6%	19,313	33.7%
South Carolina	436,175	23.0%	553,598	26.1%
United States	24,675,186	20.8%	29,525,666	23.1%

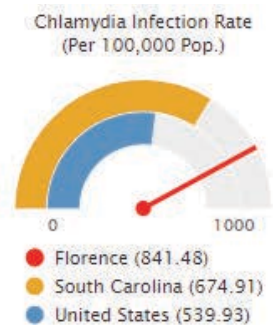


STI - Chlamydia Incidence

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

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. 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	138,566	1,166	841.48
South Carolina	5,024,369	33,910	674.91
United States	325,719,178	1,758,668	539.93



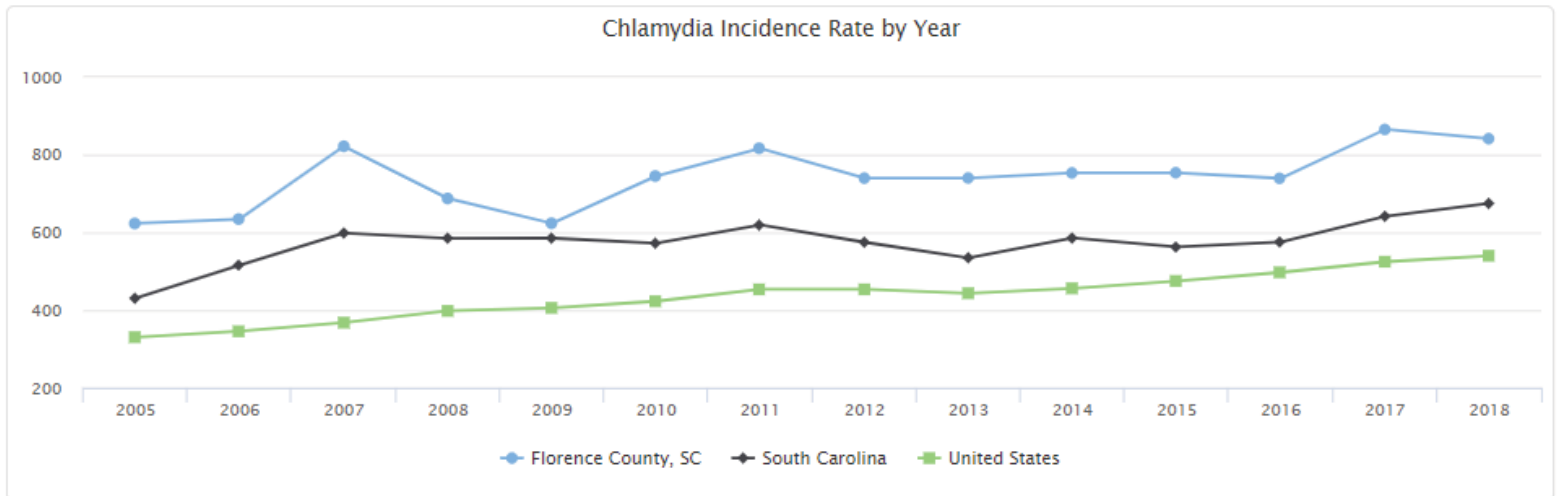
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County → Show more details

Chlamydia Incidence Rate by Year

The table below displays trends in the rate of diagnosed chlamydia cases for years 2005 through 2018. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
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
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
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

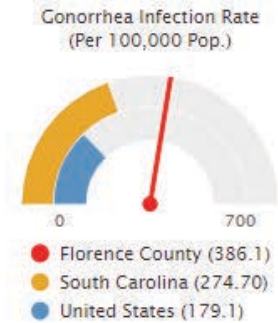


STI - Gonorrhea Incidence

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	138,566	535	386.1
South Carolina	5,024,369	13,801	274.70
United States	325,719,178	583,405	179.1



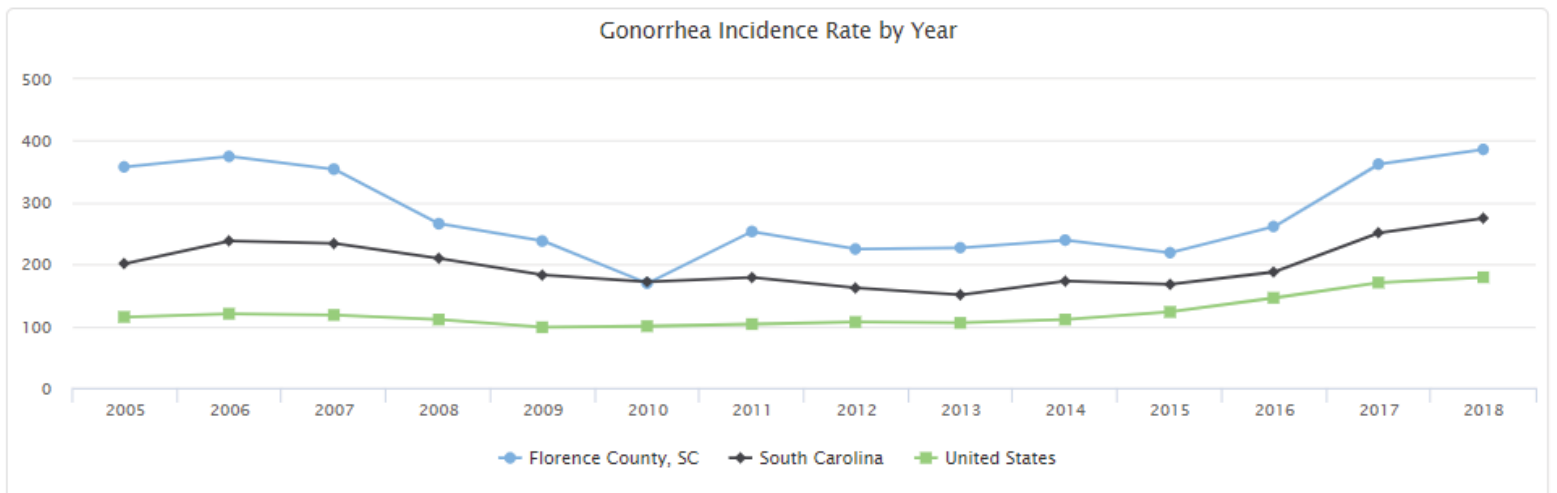
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County → Show more details

Gonorrhea Incidence Rate by Year

The table below displays trends in the rate of diagnosed gonorrhea cases for years 2005 through 2018. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
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
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
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



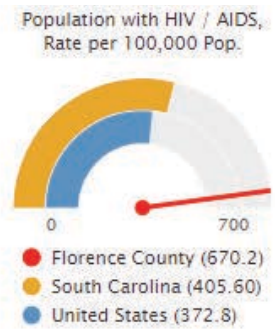
STI - HIV Prevalence

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	114,885	770	670.2
South Carolina	4,291,438	17,405	405.60
United States	274,605,948	1,023,832	372.8

Note: This indicator is compared to the state average.

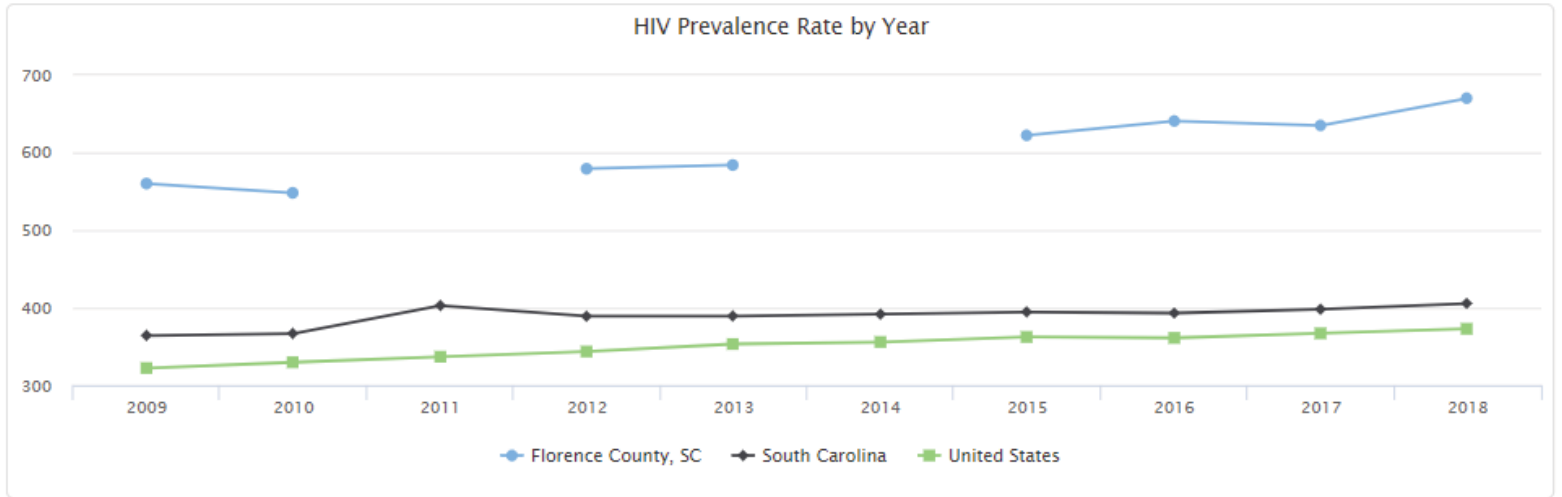
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County → Show more details



HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2018. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Florence County, SC	560.1	548.1	No data	579.2	584.0	No data	622.3	640.8	635.1	670.2
South Carolina	364.2	366.8	402.9	389.0	389.3	391.7	394.6	393.1	398.1	405.6
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8



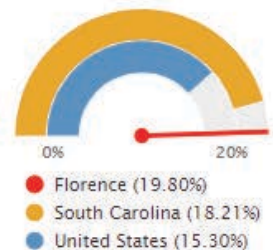
Tobacco Usage - Current Smokers

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 19.80% of adults who have smoked or currently smoke out of the total population.

Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Florence County, SC	138,293	19.80%	20.40%
South Carolina	5,148,714	18.21%	18.87%
United States	328,239,523	15.30%	15.70%

Percentage of Adults who are Current Smokers



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. 2019.

Source geography: Tract → Show more details.

Health Outcomes

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

Cancer Incidence - All Sites

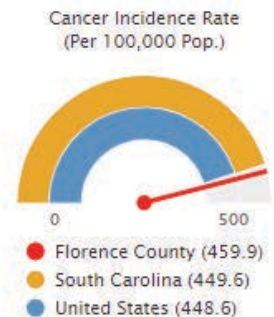
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 780 new cases of cancer reported. This means there is a rate of 459.9 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	169,602	780	459.9
South Carolina	6,193,505	27,846	449.6
United States	379,681,007	1,703,249	448.6

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles, 2014-18. Source geography: County → [Show more details](#)



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 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Florence County, South Carolina	1 - Breast (All Stages^), 2014-2018	125	133.6
Florence County, South Carolina	2 - Lung & Bronchus (All Stages^), 2014-2018	117	66.1
Florence County, South Carolina	3 - Prostate (All Stages^), 2014-2018	108	135.6
Florence County, South Carolina	4 - Colon & Rectum (All Stages^), 2014-2018	70	41.3
Florence County, South Carolina	5 - Bladder (All Stages^), 2014-2018	33	19.8
South Carolina	1 - Breast (All Stages^), 2014-2018	4,180	129.9
South Carolina	2 - Lung & Bronchus (All Stages^), 2014-2018	4,066	62.8
South Carolina	3 - Prostate (All Stages^), 2014-2018	3,532	113
South Carolina	4 - Colon & Rectum (All Stages^), 2014-2018	2,275	37.6
South Carolina	5 - Melanoma of the Skin (All Stages^), 2014-2018	1,405	23.6

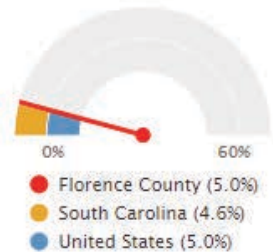
Chronic Conditions - Asthma (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with asthma. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 1,078 beneficiaries with asthma based on administrative claims data in the latest report year. This represents 5.0% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Florence County, SC	21,579	1,078	5.0%
South Carolina	697,121	32,233	4.6%
United States	33,499,472	1,665,694	5.0%

Percentage of Medicare Beneficiaries with Asthma



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse, 2018. Source geography: County → Show more details

Chronic Conditions - Diabetes (Adult)

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.

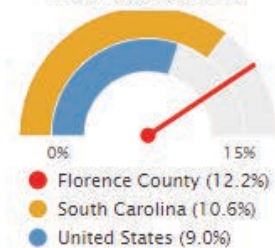
Within the report area, 14,489 of adults age 20 and older have diabetes. This represents 12.2% of the total survey population.

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 Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Florence County, SC	102,759	14,489	12.2%
South Carolina	3,902,982	482,787	10.6%
United States	239,919,249	24,189,620	9.0%

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



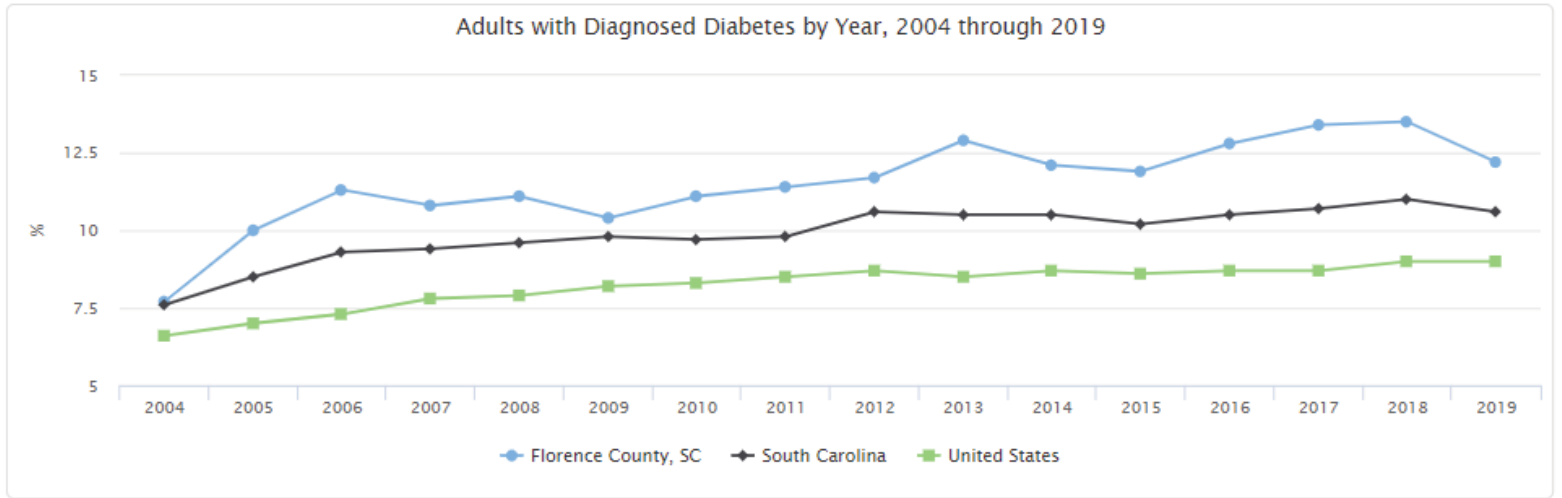
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County → Show more details

Adults with Diagnosed Diabetes by Year, 2004 through 2019

The table below displays the percentage of adults with diabetes over time.

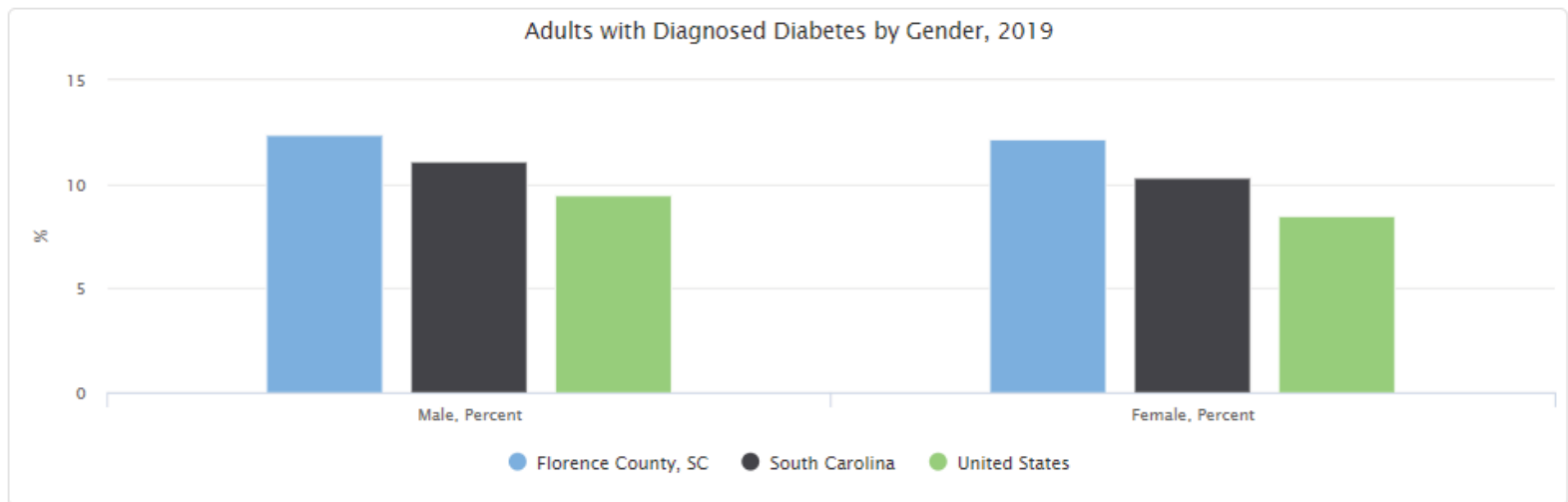
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Florence County, SC	7.7%	10.0%	11.3%	10.8%	11.1%	10.4%	11.1%	11.4%	11.7%	12.9%	12.1%	11.9%	12.8%	13.4%	13.5%	12.2%
South Carolina	7.6%	8.5%	9.3%	9.4%	9.6%	9.8%	9.7%	9.8%	10.6%	10.5%	10.5%	10.2%	10.5%	10.7%	11.0%	10.6%
United States	6.6%	7.0%	7.3%	7.8%	7.9%	8.2%	8.3%	8.5%	8.7%	8.5%	8.7%	8.6%	8.7%	8.7%	9.0%	9.0%



Adults with Diagnosed Diabetes by Gender, 2019

The table below displays national, state, and local variation in the prevalence of diabetes among the adult population by gender.

Report Area	Male	Male, Percent	Female	Female, Percent
Florence County, SC	6,559	12.4%	7,930	12.2%
South Carolina	235,610	11.1%	247,172	10.3%
United States	12,120,715	9.5%	12,068,861	8.5%

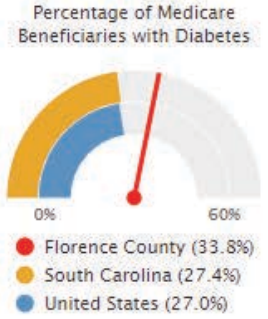


Chronic Conditions - Diabetes (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with diabetes. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 7,300 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 33.8% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Florence County, SC	21,579	7,300	33.8%
South Carolina	697,121	190,823	27.4%
United States	33,499,472	9,029,582	27.0%



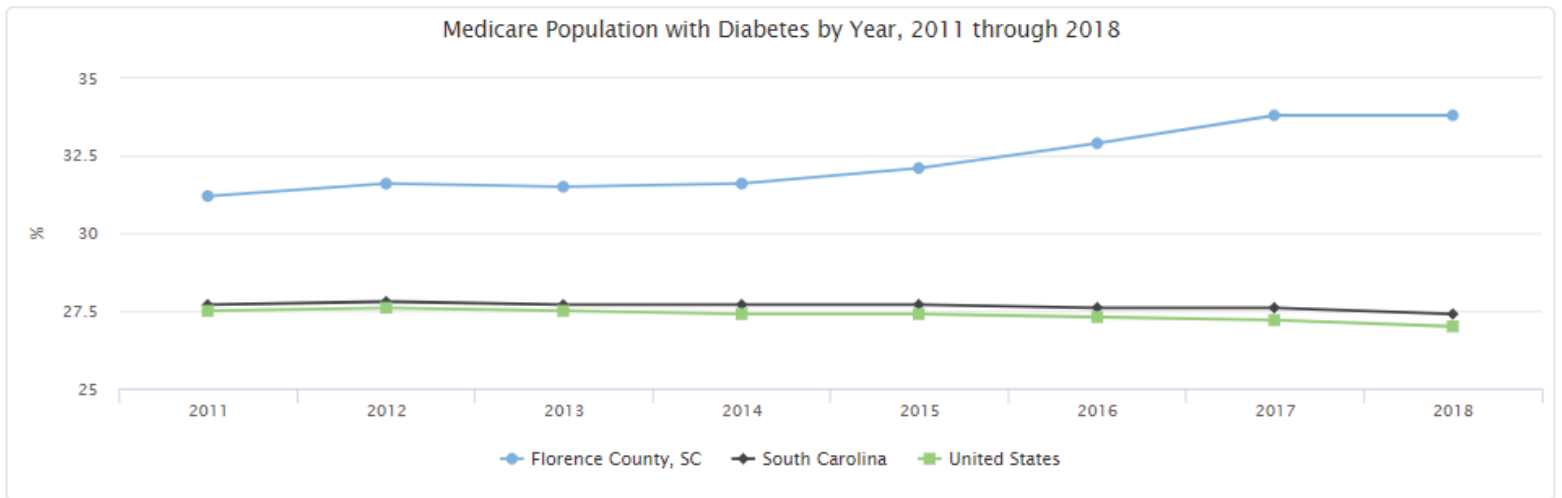
Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

Medicare Population with Diabetes by Year, 2011 through 2018

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

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Florence County, SC	31.2%	31.6%	31.5%	31.6%	32.1%	32.9%	33.8%	33.8%
South Carolina	27.7%	27.8%	27.7%	27.7%	27.7%	27.6%	27.6%	27.4%
United States	27.5%	27.6%	27.5%	27.4%	27.4%	27.3%	27.2%	27.0%



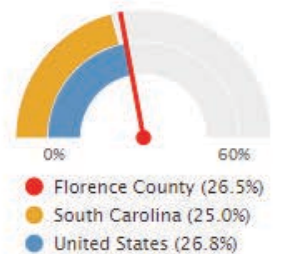
Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 5,728 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 26.5% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Florence County, SC	21,579	5,728	26.5%
South Carolina	697,121	173,995	25.0%
United States	33,499,472	8,979,902	26.8%

Percentage of Medicare Beneficiaries with Heart Disease



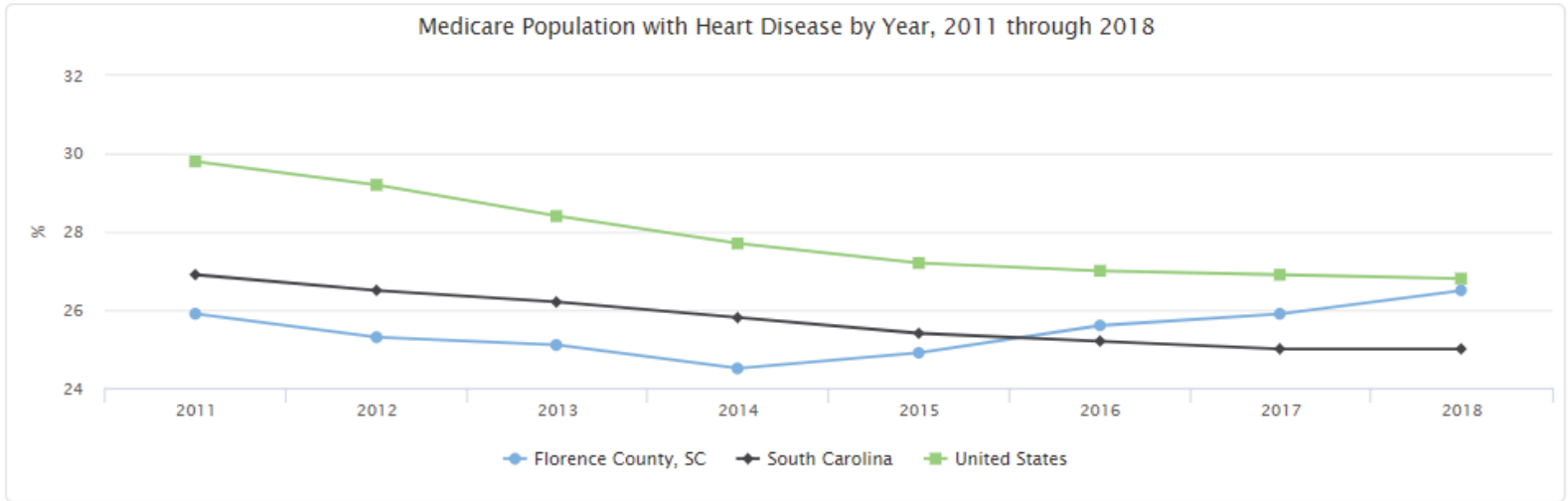
Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

Medicare Population with Heart Disease by Year, 2011 through 2018

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

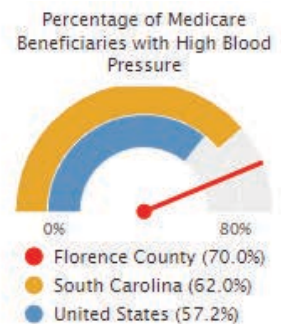
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Florence County, SC	25.9%	25.3%	25.1%	24.5%	24.9%	25.6%	25.9%	26.5%
South Carolina	26.9%	26.5%	26.2%	25.8%	25.4%	25.2%	25.0%	25.0%
United States	29.8%	29.2%	28.4%	27.7%	27.2%	27.0%	26.9%	26.8%



Chronic Conditions - High Blood Pressure (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 15,105 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 70.0% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
Florence County, SC	21,579	15,105	70.0%
South Carolina	697,121	431,939	62.0%
United States	33,499,472	19,162,770	57.2%



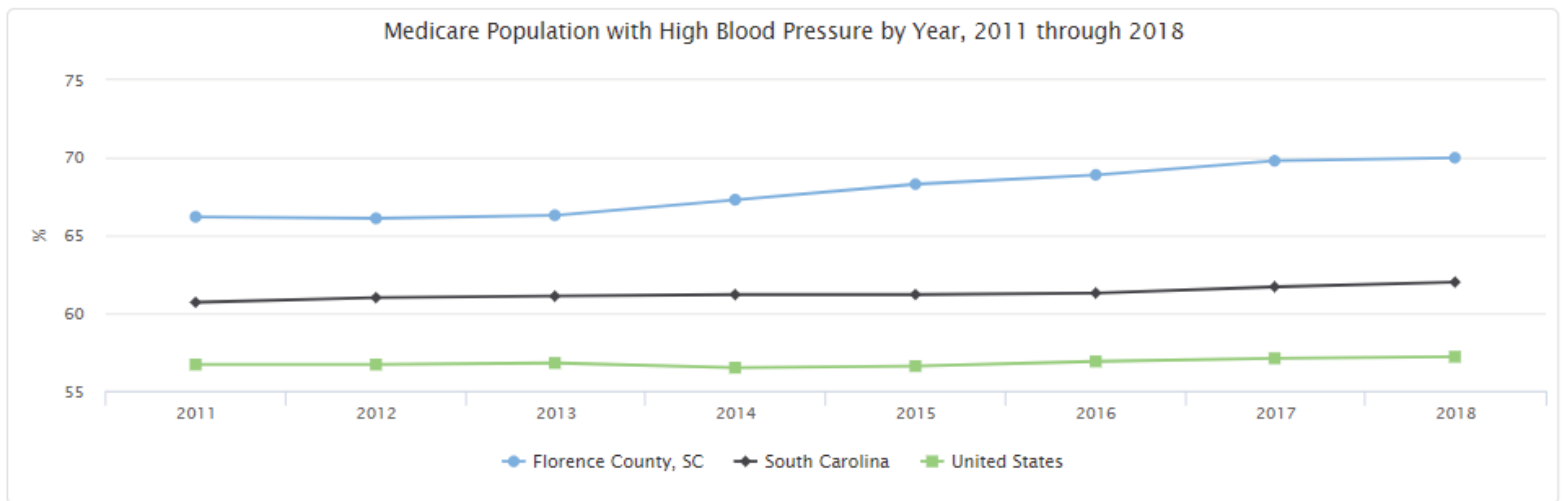
Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

Medicare Population with High Blood Pressure by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with high blood pressure over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Florence County, SC	66.2%	66.1%	66.3%	67.3%	68.3%	68.9%	69.8%	70.0%
South Carolina	60.7%	61.0%	61.1%	61.2%	61.2%	61.3%	61.7%	62.0%
United States	56.7%	56.7%	56.8%	56.5%	56.6%	56.9%	57.1%	57.2%



Low Birth Weight (CDC)

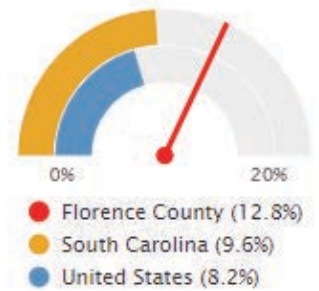
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2014-2020) and are used for the 2022 County Health Rankings.

Within the report area, there were 1,493 infants born with low birth weight. This represents 12.8% of the total live births.

Note: Data is 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	11,631	1,493	12.8%
South Carolina	399,405	38,467	9.6%
United States	26,896,859	2,203,029	8.2%

Percentage of Infants with Low Birthweight: %



Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2014-2020. Source geography: County → Show more details

Mortality - Cancer

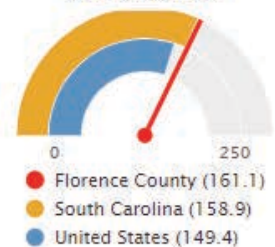
This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Within the report area, there is a total of 1,397 deaths due to cancer. This represents an age-adjusted death rate of 161.1 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Florence County, SC	138,270	1,397	202.1	161.1
South Carolina	5,087,274	52,350	205.8	158.9
United States	326,747,554	2,998,371	183.5	149.4

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



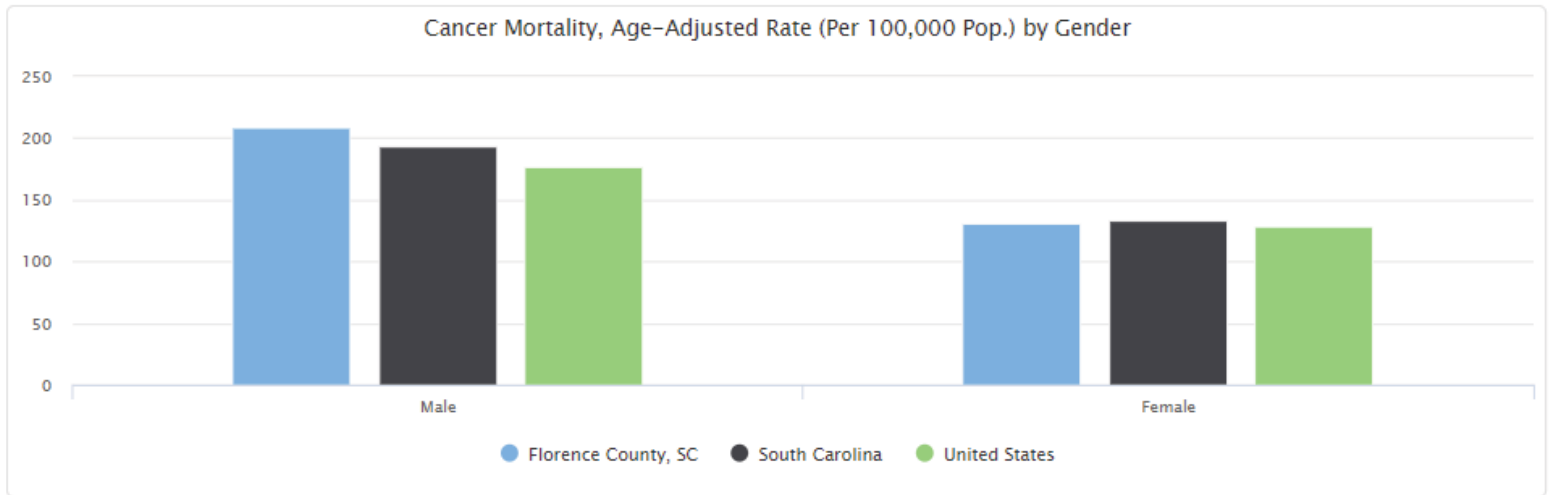
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2016-2020. Source geography: County → Show more details

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

This table reports the age-adjusted rate of death due to cancer per 100,000 people by gender.

Report Area	Male	Female
Florence County, SC	208.6	130.5
South Carolina	193.9	132.7
United States	177.1	128.9

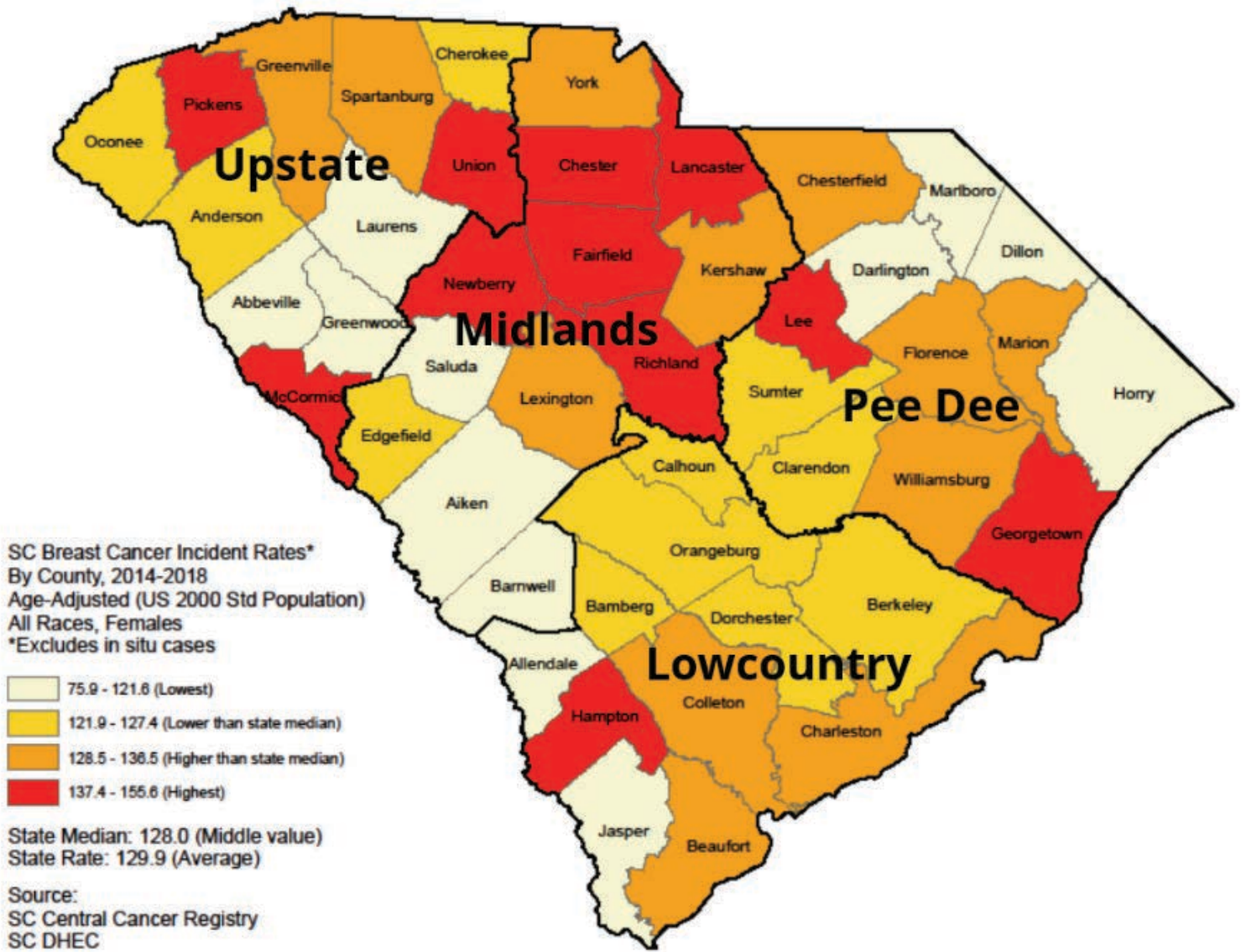


Key Findings from South Carolina Cancer Alliance: South Carolina Cancer Facts

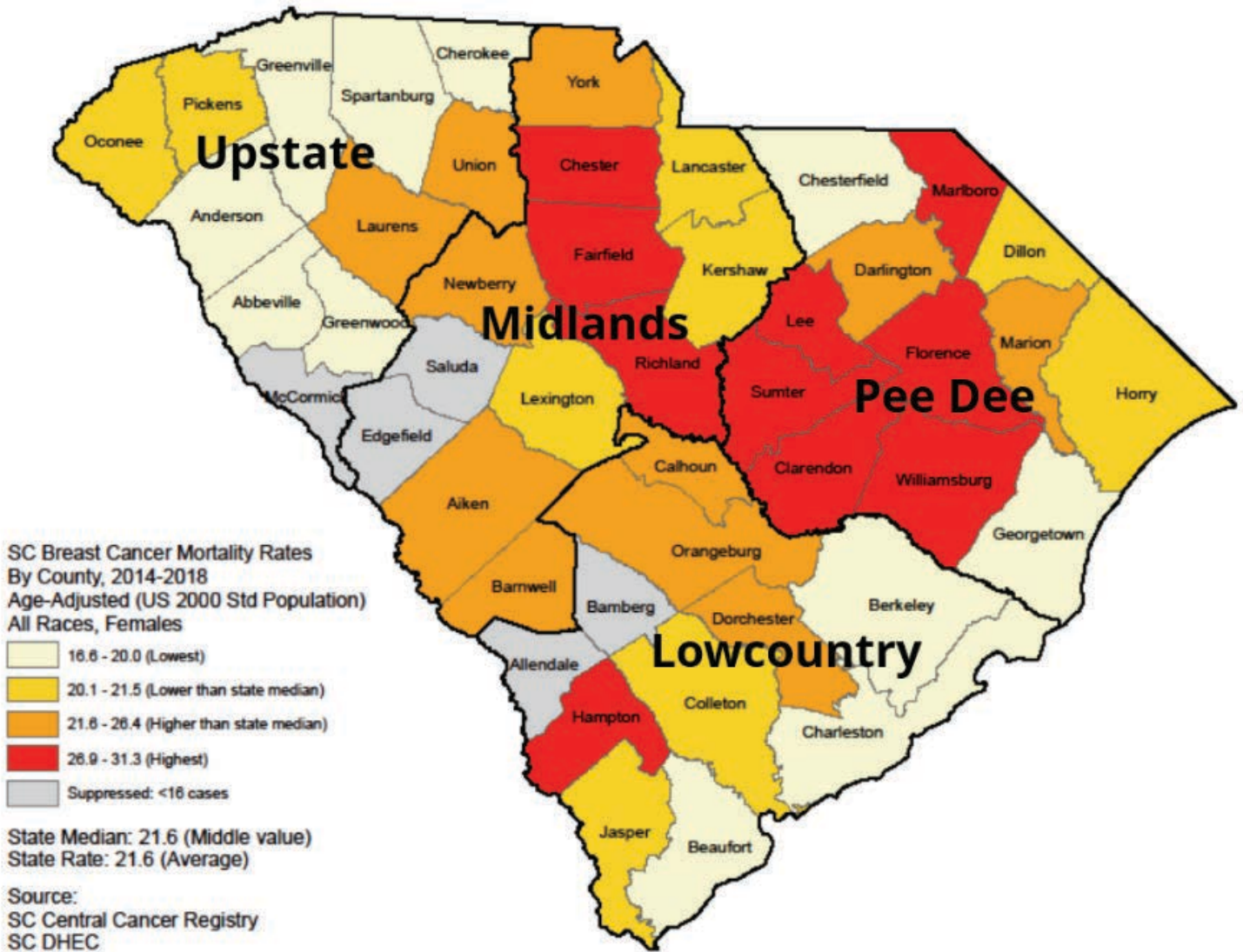
Breast Cancer:

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

Source: info@sccancer.org, SC 20 Year Trend Report



Source: <https://www.sccancer.org/cancer-plan/early-detection/breast-cancer/>

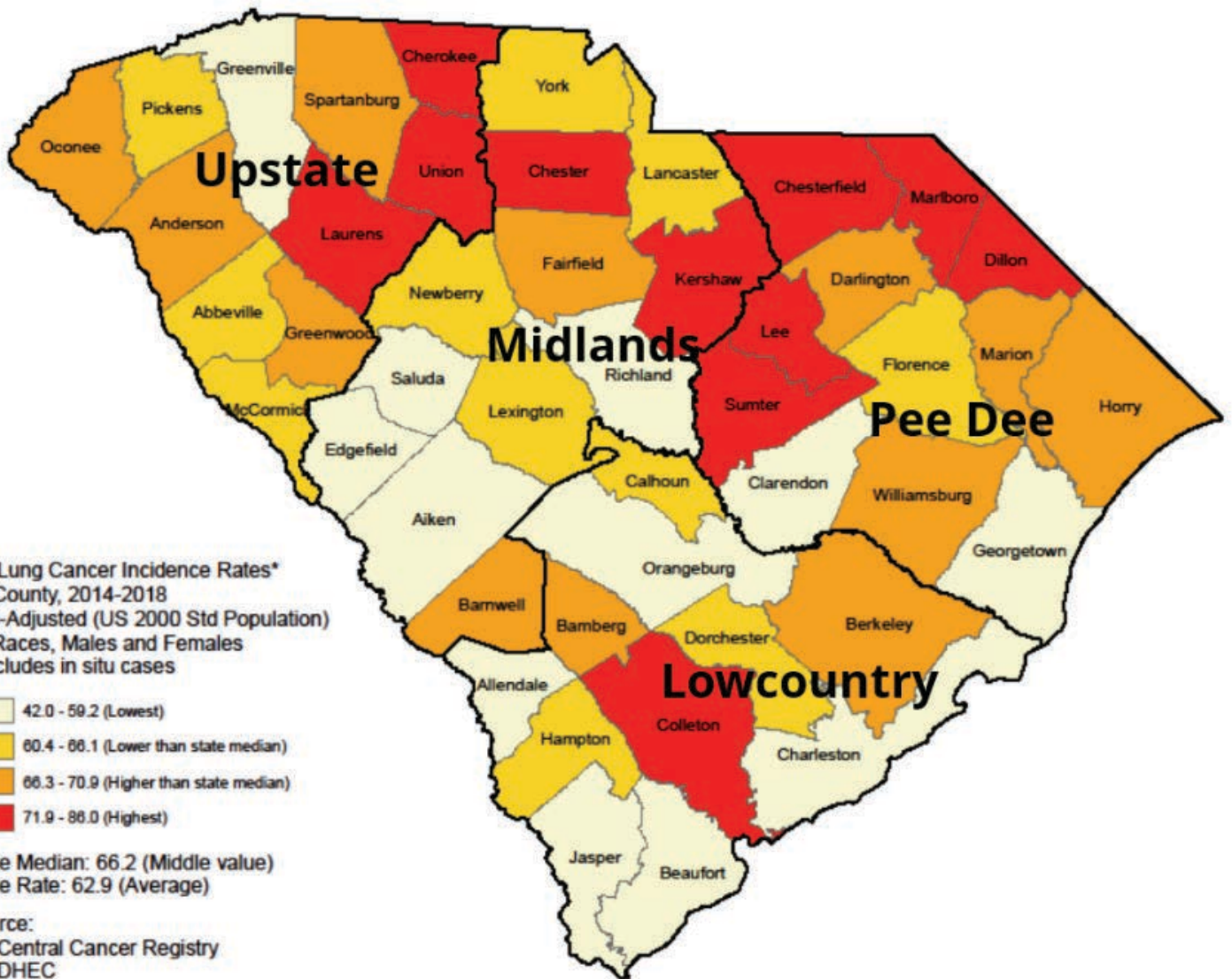


Source: <https://www.sccancer.org/cancer-plan/early-detection/breast-cancer/>

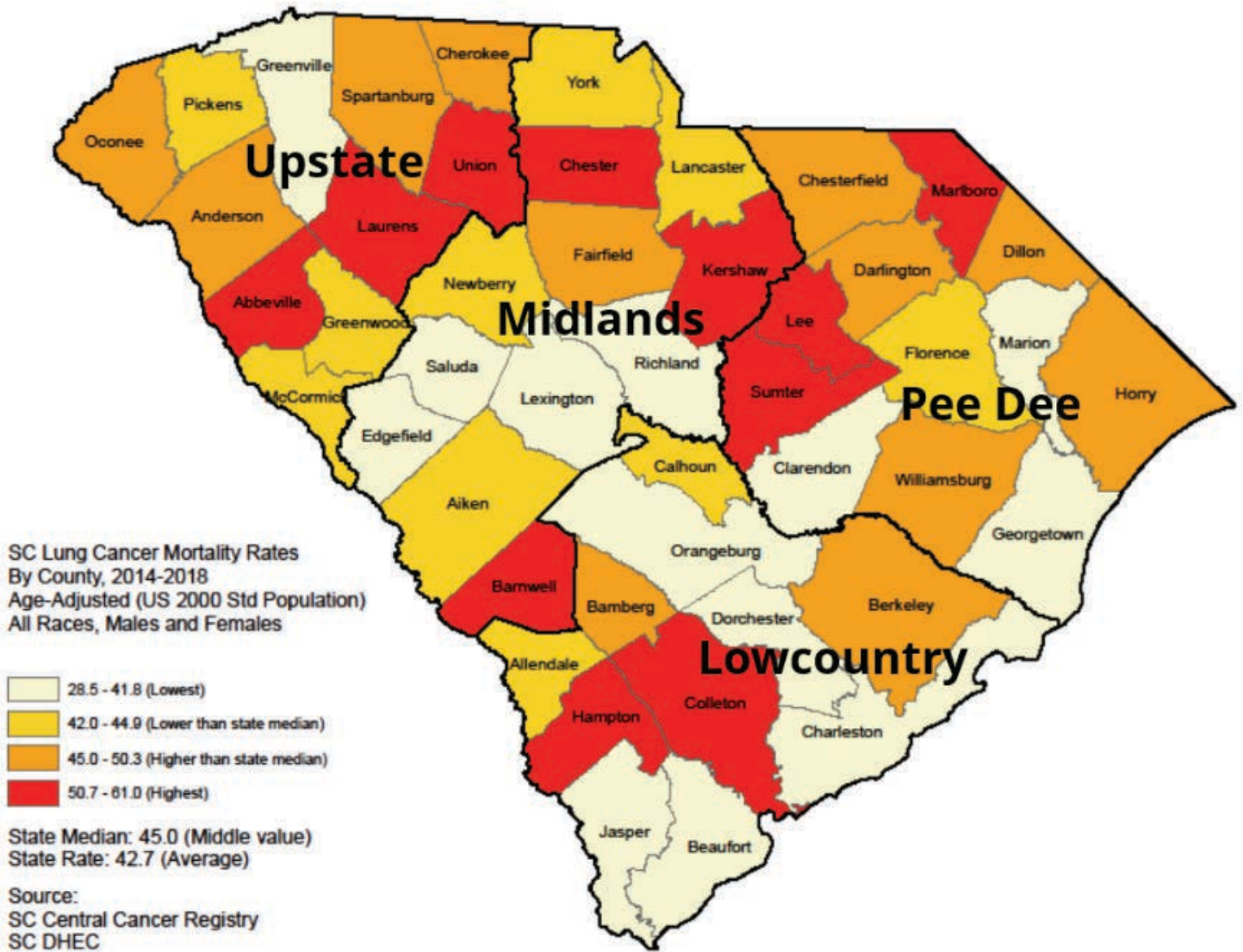
Lung Cancer:

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

Source: info@sccancer.org, SC 20 Year Trend Report



Source: <https://www.sccancer.org/cancer-plan/early-detection/lung-cancer/>

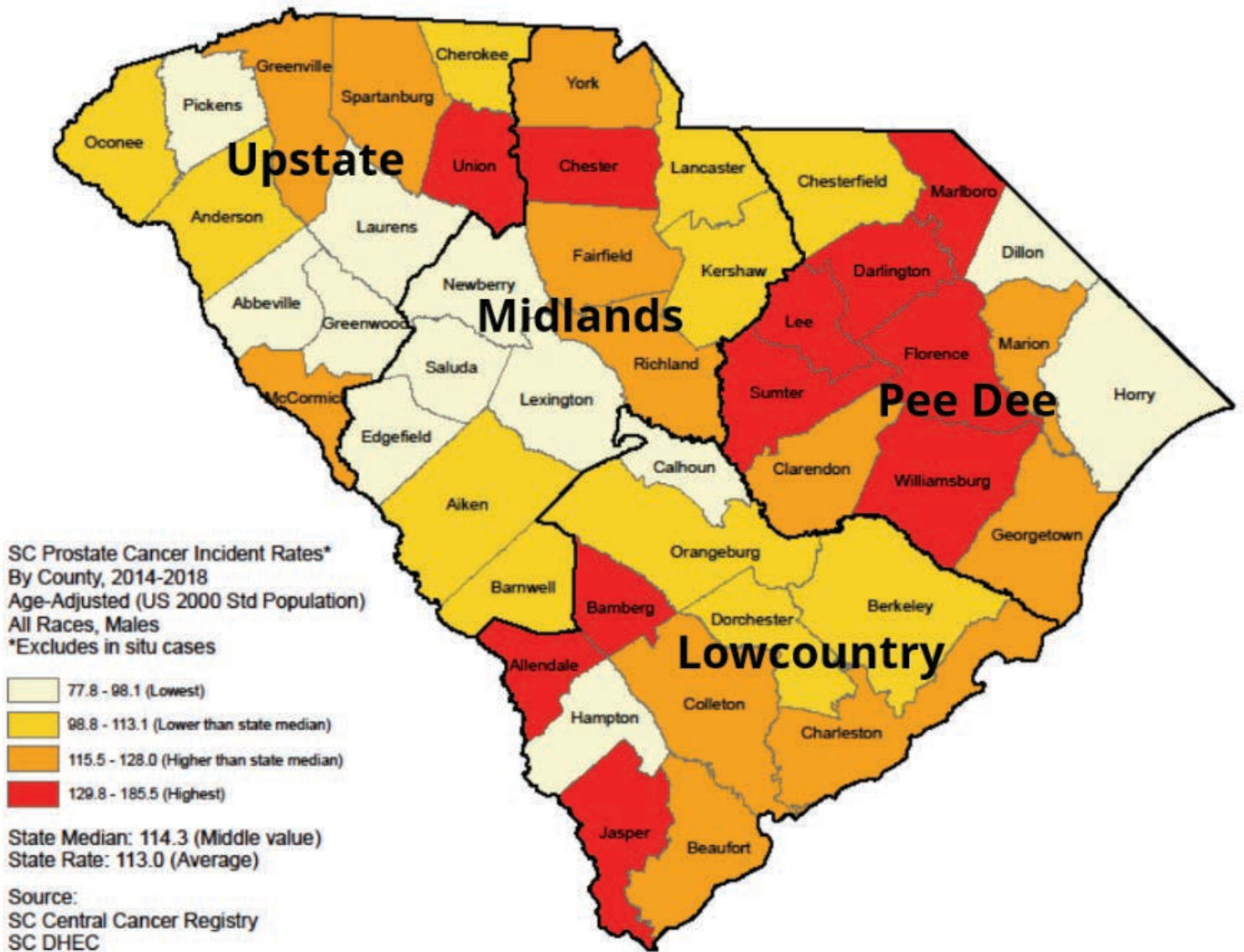


Source: <https://www.sccancer.org/cancer-plan/early-detection/lung-cancer/>

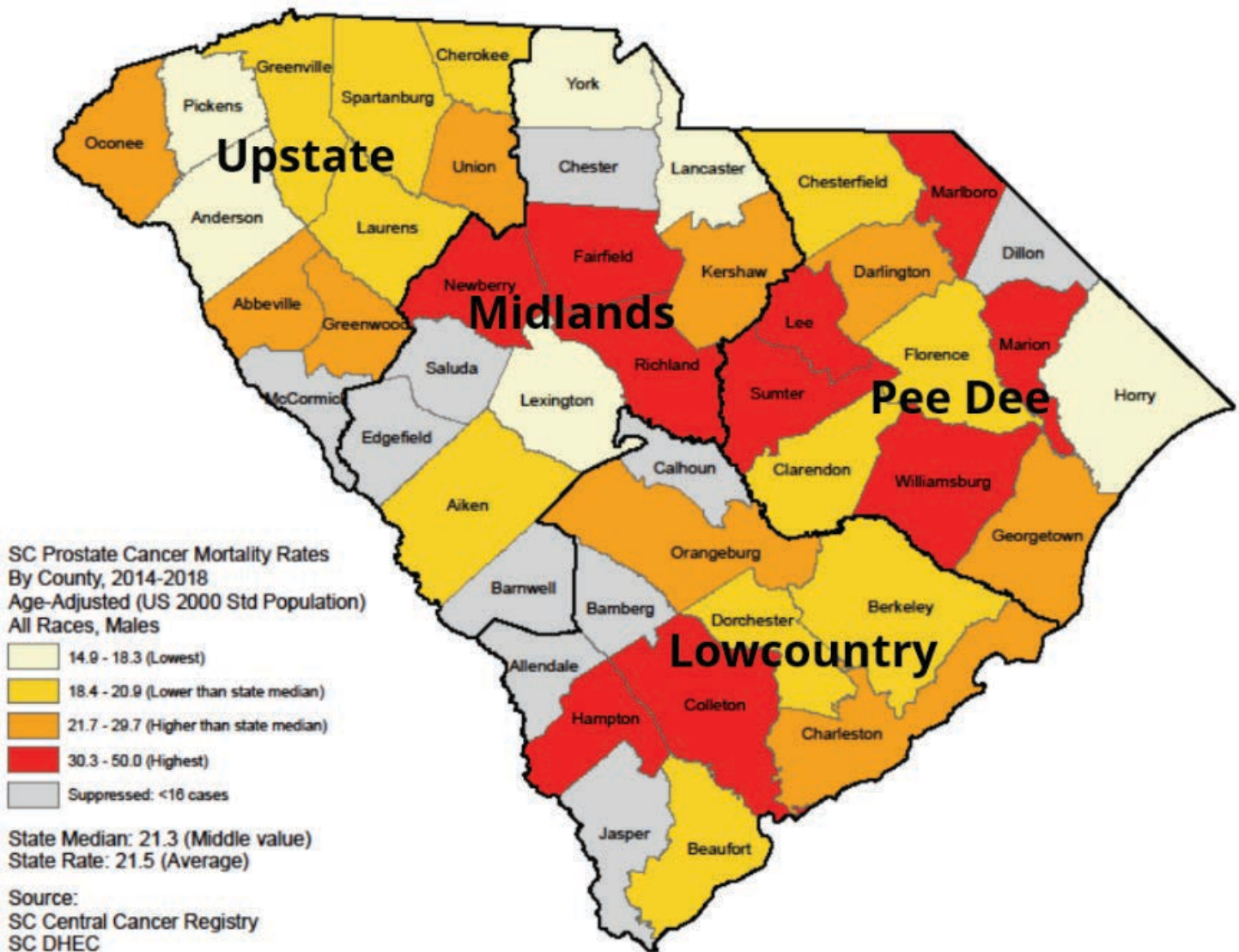
Prostate Cancer:

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

Source: info@sccancer.org, SC 20 Year Trend Report



Source: <https://www.sccancer.org/cancer-plan/early-detection/prostate-cancer/>

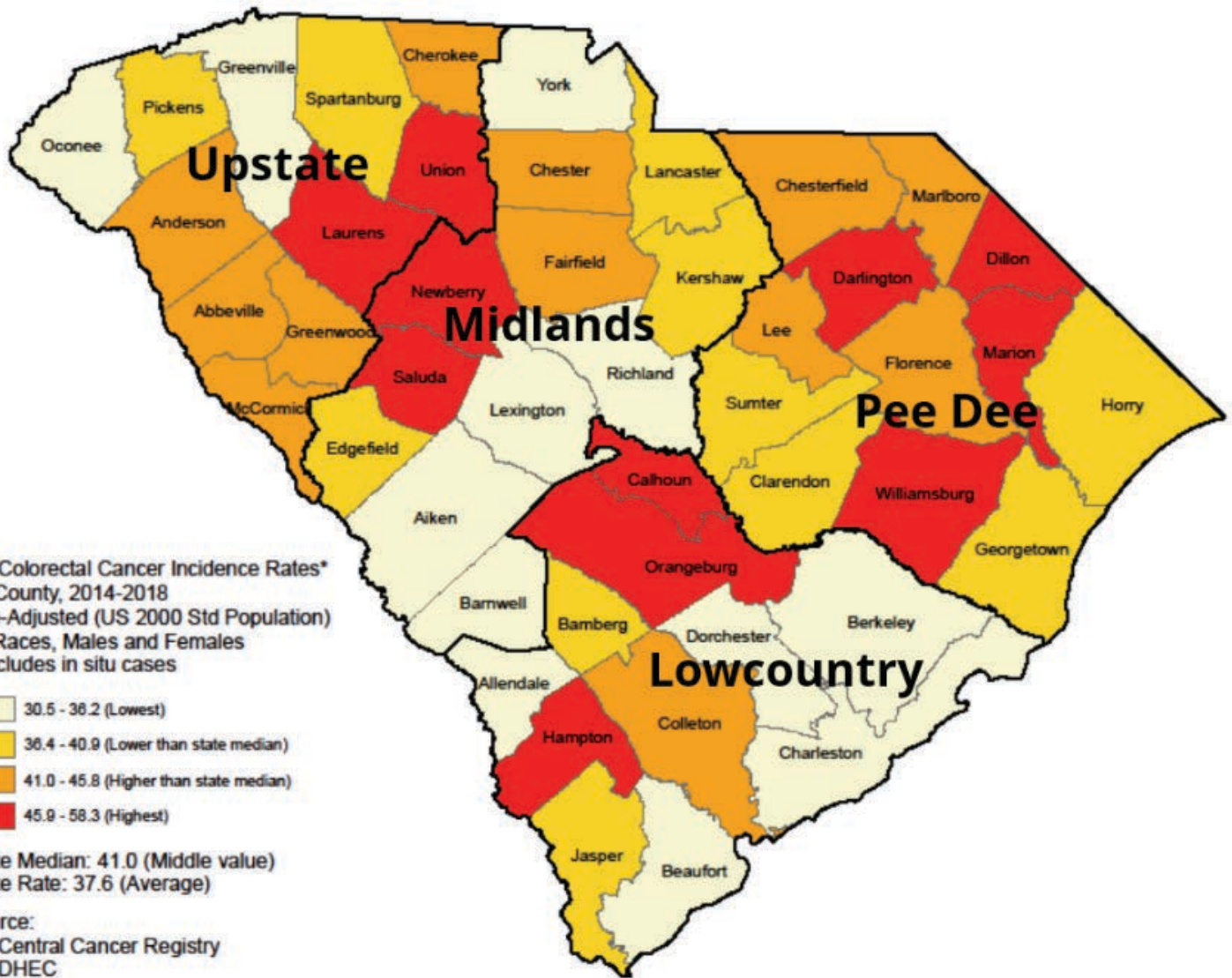


Source: <https://www.sccancer.org/cancer-plan/early-detection/prostate-cancer/>

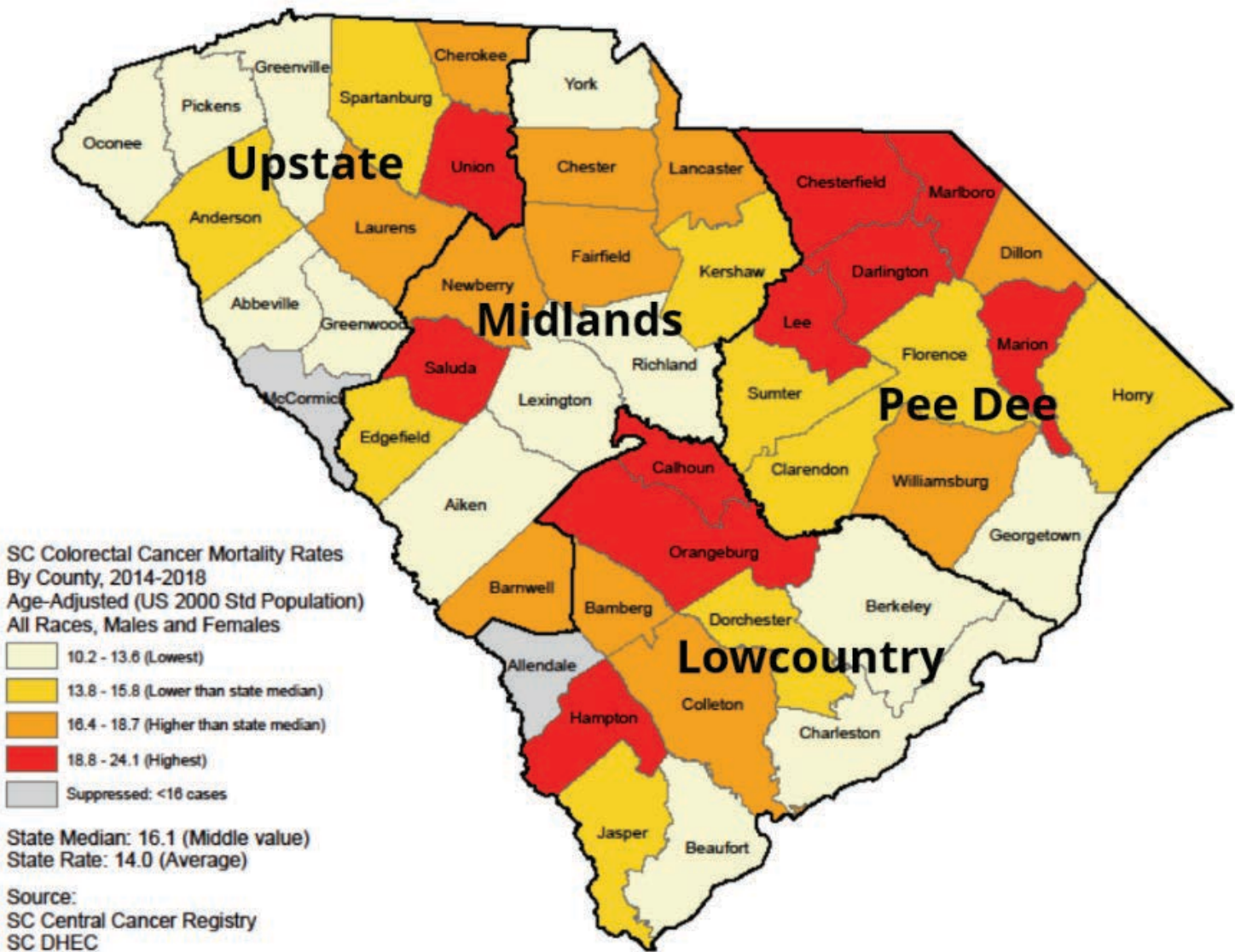
Colorectal Cancer:

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

Source: info@sccancer.org, SC 20 Year Trend Report



Source: <https://www.sccancer.org/cancer-plan/early-detection/colorectal-cancer/>



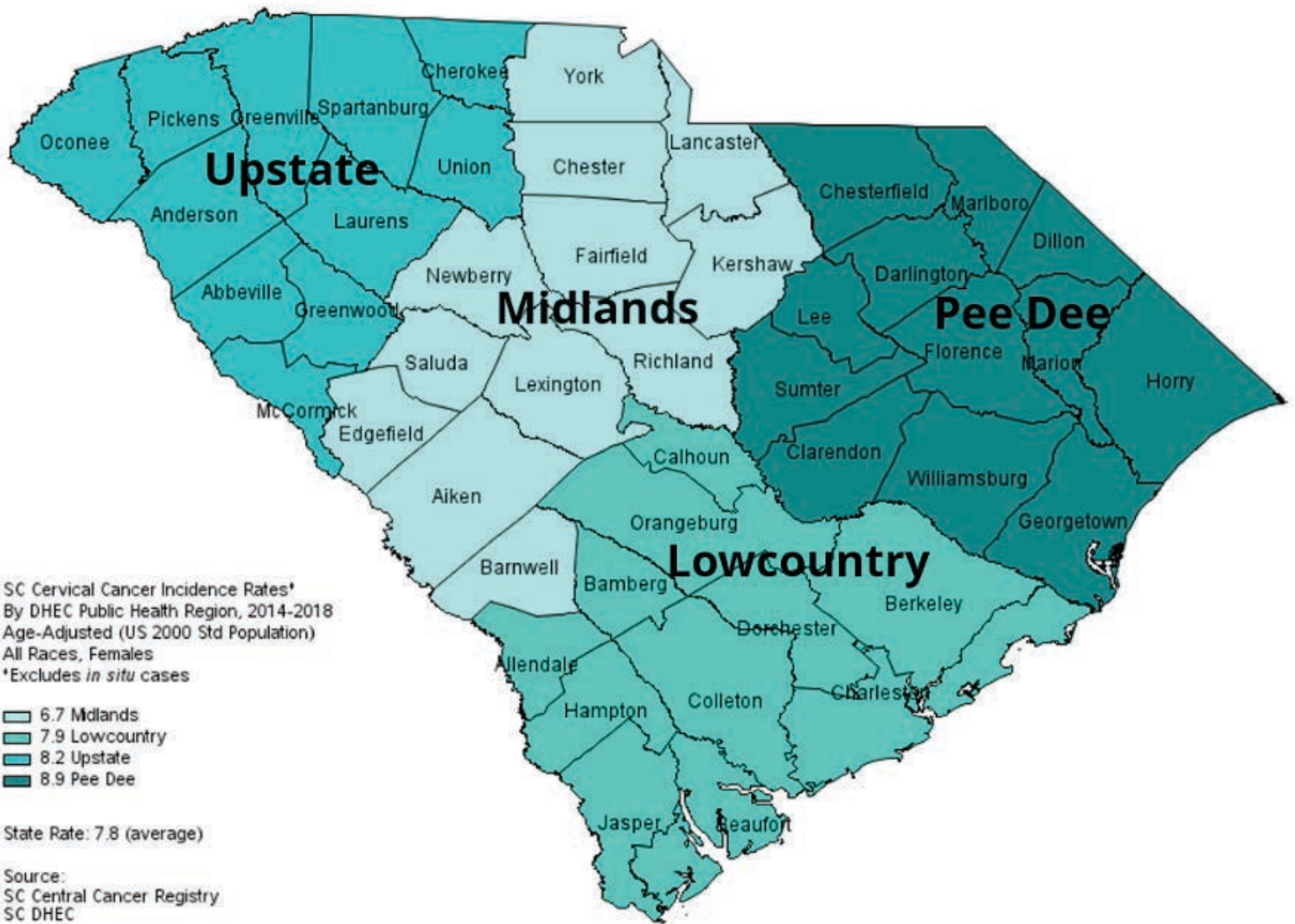
Source: <https://www.sccancer.org/cancer-plan/early-detection/colorectal-cancer/>

Cervical Cancer:

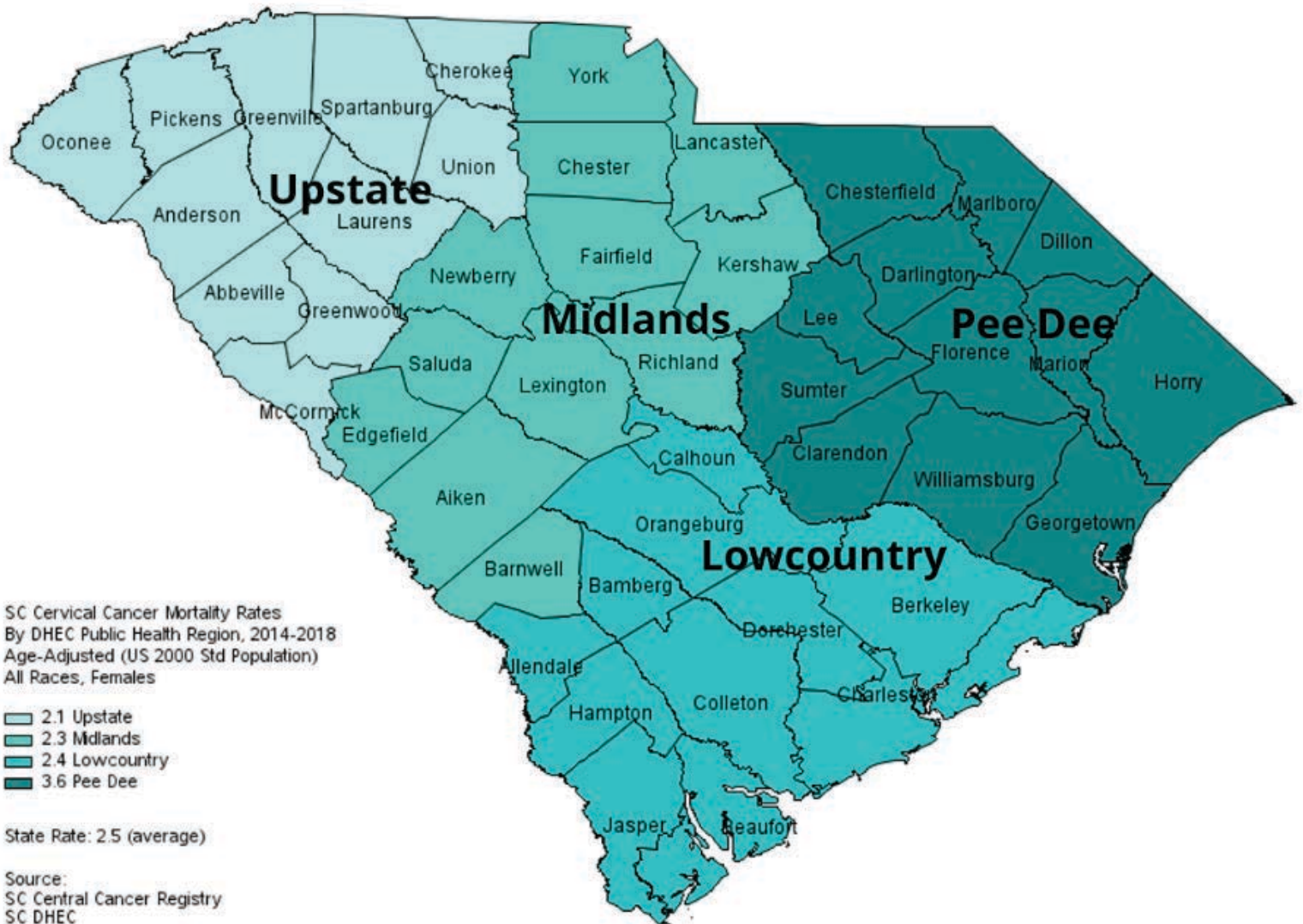
In South Carolina, approximately 195 women are diagnosed with cervical cancer and 68 die from the disease each year.

While regular participation in cervical cancer screening tests has drastically reduced the rate of new cervical cancer cases and deaths, these rates remain significantly higher in Black and Hispanic women compared to White women.

Source: <https://www.sccancer.org/cancer-plan/early-detection/cervical-cancer/>



Source: <https://www.sccancer.org/cancer-plan/early-detection/cervical-cancer/>



Source: <https://www.sccancer.org/cancer-plan/early-detection/cervical-cancer/>

Melanoma:

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

Source: info@sccancer.org, SC 20 Year Trend Report

Other:

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

Source: info@sccancer.org, SC 20 Year Trend Report

Other Info:

- The American Cancer Society estimates that 1,918,030 new cancer cases will be diagnosed in the US in 2022. Furthermore, ACS estimates that 609,360 people in the US will die from cancer in 2022.
- In SC, the ACS estimates that 33,440 new cases of cancer will be diagnosed in 2022, and estimates that 10,850 South Carolinians will die from cancer in 2022.

Source: American Cancer Society; Cancer Statistics

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

Source: <http://www.countyhealthrankings.org>

Early Detection Matters:

- 5 year survival rates for localized lung cancer (early stage diagnosis) = 64% vs late stage diagnosis = 8%
- 5 year survival rates for localized breast cancer (early stage diagnosis) = 99% vs late stage diagnosis = 27%
- 5 year survival rates for localized colorectal cancer (early stage diagnosis) = 91% vs late stage diagnosis = 14%
- 5 year survival rates for localized prostate cancer (early stage diagnosis) = >99% vs late stage diagnosis = 31%

Source: <http://www.cancer.org>

Why focus on the Pee Dee Region?

- The Pee Dee region has the highest incidence rates compared to other regions (*excluding counties with numbers too small to rank*)
- The Pee Dee region has the highest mortality rates compared to other regions (*excluding counties with numbers too small to rank*)
- The Pee Dee region has the highest proportion of late-stage diagnosis (~60%) compared to other regions
- The Pee Dee region had higher than the state (55%), and the U.S. (51%) late-stage proportions
- For the Pee Dee region, Black incidence rates are 29% higher than that of Whites
- For the Pee Dee region, Black mortality rate is 170% higher than that of Whites

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

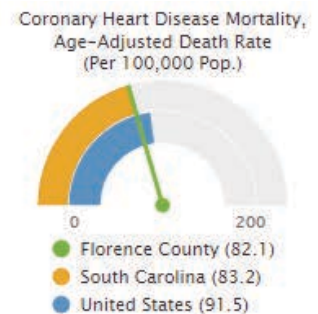
Mortality - Coronary Heart Disease

This indicator reports the 2016-2020 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, and as rates age-adjusted to year 2000 standard. 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 is a total of 680 deaths due to coronary heart disease. This represents an age-adjusted death rate of 82.1 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Florence County, SC	138,270	680	98.4	82.1
South Carolina	5,087,274	26,503	104.2	83.2
United States	326,747,554	1,838,830	112.5	91.5



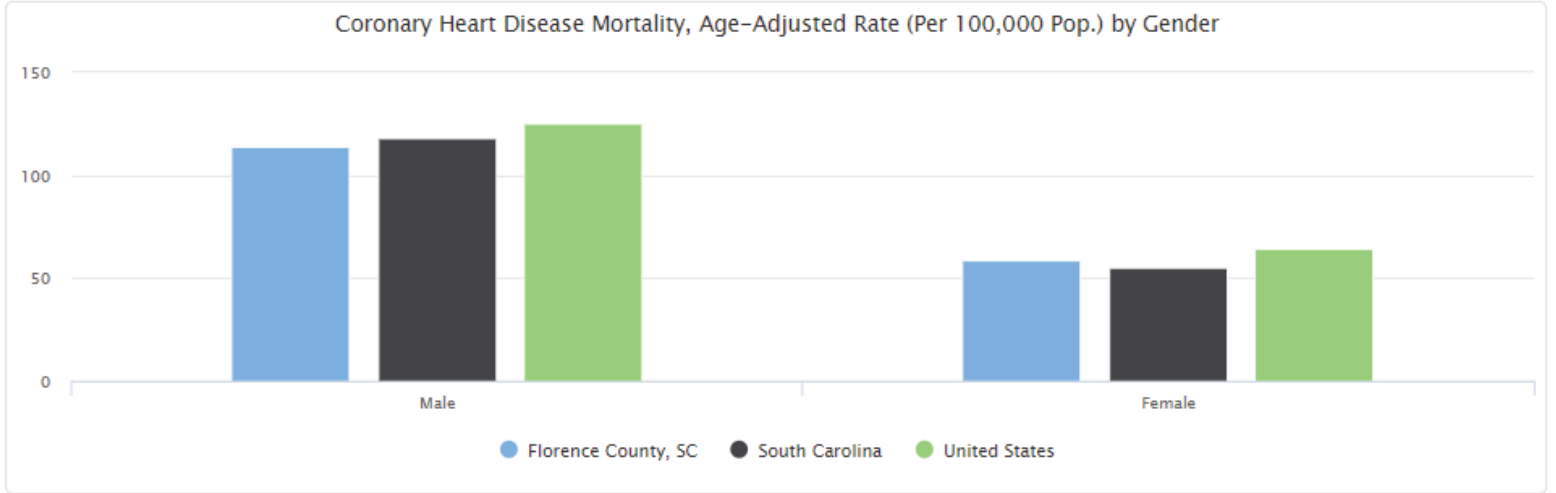
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details

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

This table reports the age-adjusted rate of death due to coronary heart disease per 100,000 people by gender.

Report Area	Male	Female
Florence County, SC	114.2	58.8
South Carolina	118.3	55.4
United States	125.3	64.6



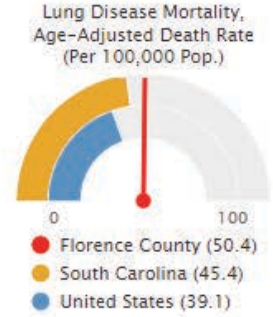
Mortality - Lung Disease

This indicator reports the 2016-2020 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are 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 is a total of 430 deaths due to lung disease. This represents an age-adjusted death rate of 50.4 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Florence County, SC	138,270	430	62.2	50.4
South Carolina	5,087,274	14,773	58.1	45.4
United States	326,747,554	783,919	48.0	39.1

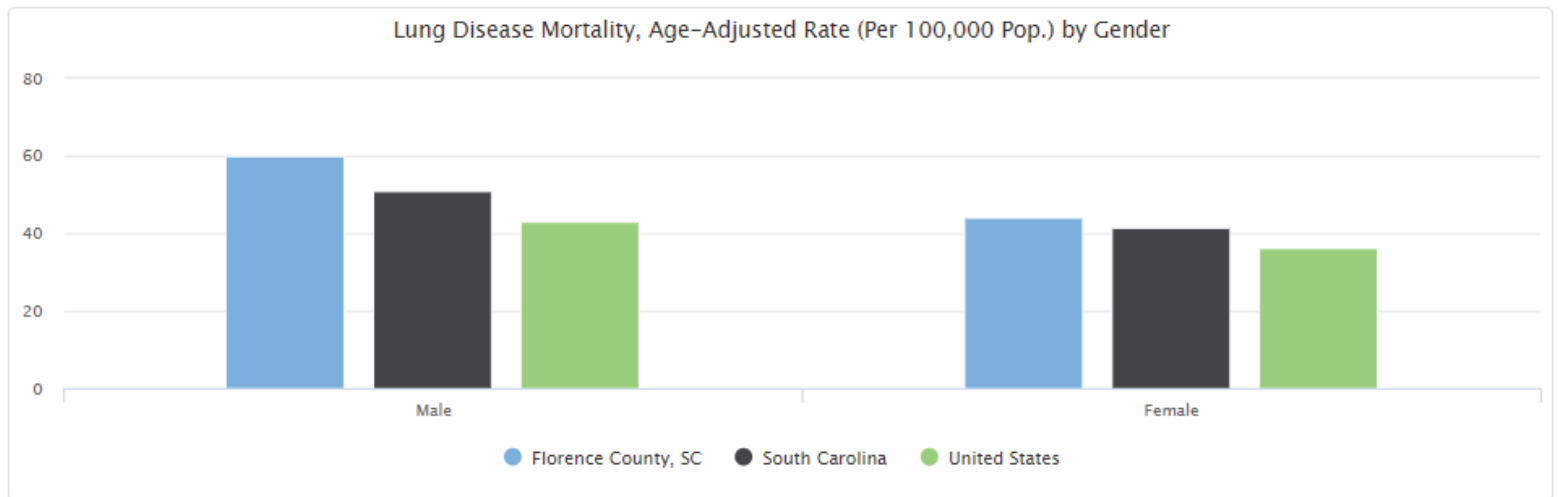


Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details

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

This table reports the age-adjusted rate of death due to lung disease per 100,000 people by gender.

Report Area	Male	Female
Florence County, SC	60.0	44.1
South Carolina	50.8	41.5
United States	43.0	36.3



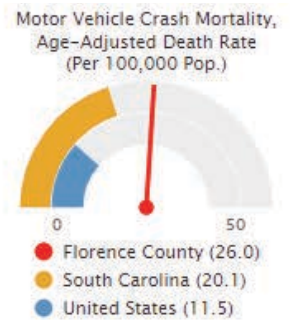
Mortality - Motor Vehicle Crash

This indicator reports the 2016-2020 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Within the report area, there is a total of 179 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 26.0 per every 100,000 total population.

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Florence County, SC	138,270	179	25.9	26.0
South Carolina	5,087,274	5,161	20.3	20.1
United States	326,747,554	193,691	11.9	11.5



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. 2016-2020. Source geography: County → Show more details

Mortality - Premature Death

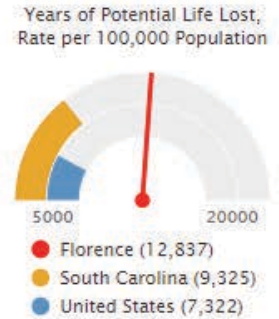
This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. Data was from the National Center for Health Statistics - Mortality Files (2018-2020) and is used for the 2022 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 is a total of 2,888 premature deaths from 2018 to 2020. This represents an age-adjusted rate of 12,837 years potential life lost before age 75 per every

100,000 total population.

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

Report Area	Premature Deaths, 2018-2020	Years of Potential Life Lost, 2018-2020	Years of Potential Life Lost, Rate per 100,000 Population
Florence County, SC	2,888	49,526	12,837
South Carolina	164,030	2,676,613	9,325
United States	8,239,682	134,173,064	7,322



Note: This indicator is compared to the state average.

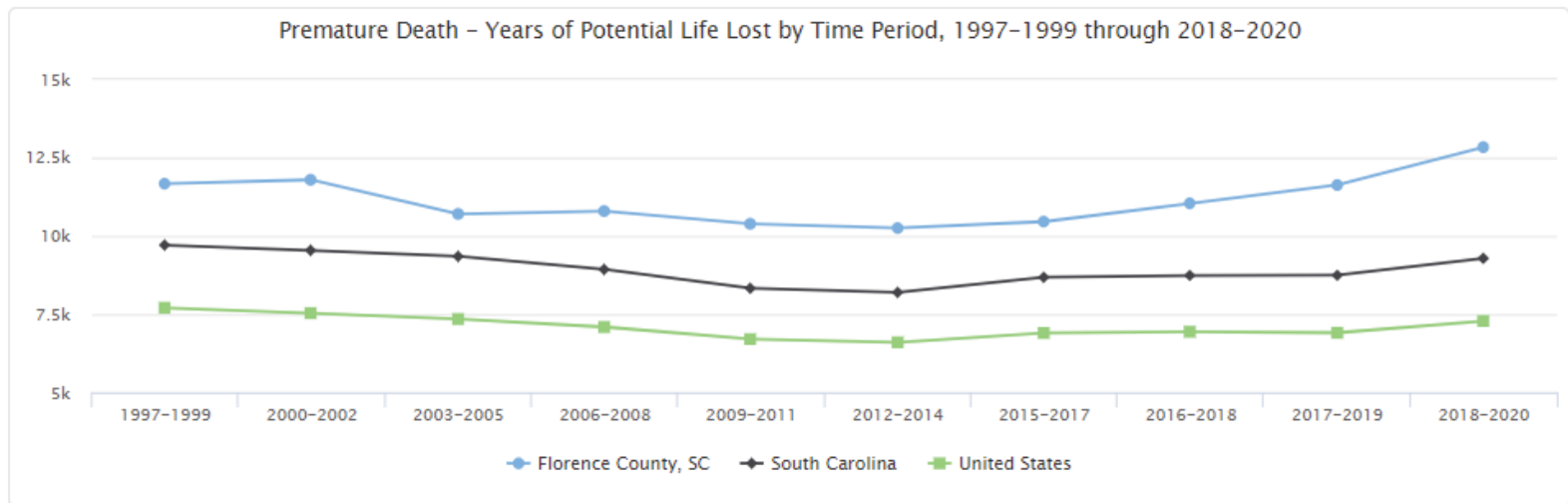
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020.

Source geography: County → Show more details

Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2018-2020

The table below shows age-adjusted death rates due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019	2018-2020
Florence County, SC	11,669.6	11,794.1	10,704.8	10,794.8	10,388.0	10,252.3	10,458.5	11,042.5	11,626.8	12,836.8
South Carolina	9,707.6	9,538.1	9,347.9	8,932.0	8,328.0	8,197.4	8,678.1	8,737.6	8,743.5	9,286.8
United States	7,705.2	7,535.0	7,345.0	7,090.5	6,703.7	6,601.2	6,900.6	6,940.1	6,906.6	7,281.9



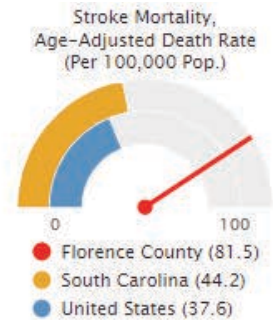
Mortality - Stroke

This indicator reports the 2016-2020 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are 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 is a total of 665 deaths due to stroke. This represents an age-adjusted death rate of 81.5 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Florence County, SC	138,270	665	96.2	81.5
South Carolina	5,087,274	13,716	53.9	44.2
United States	326,747,554	746,604	45.7	37.6



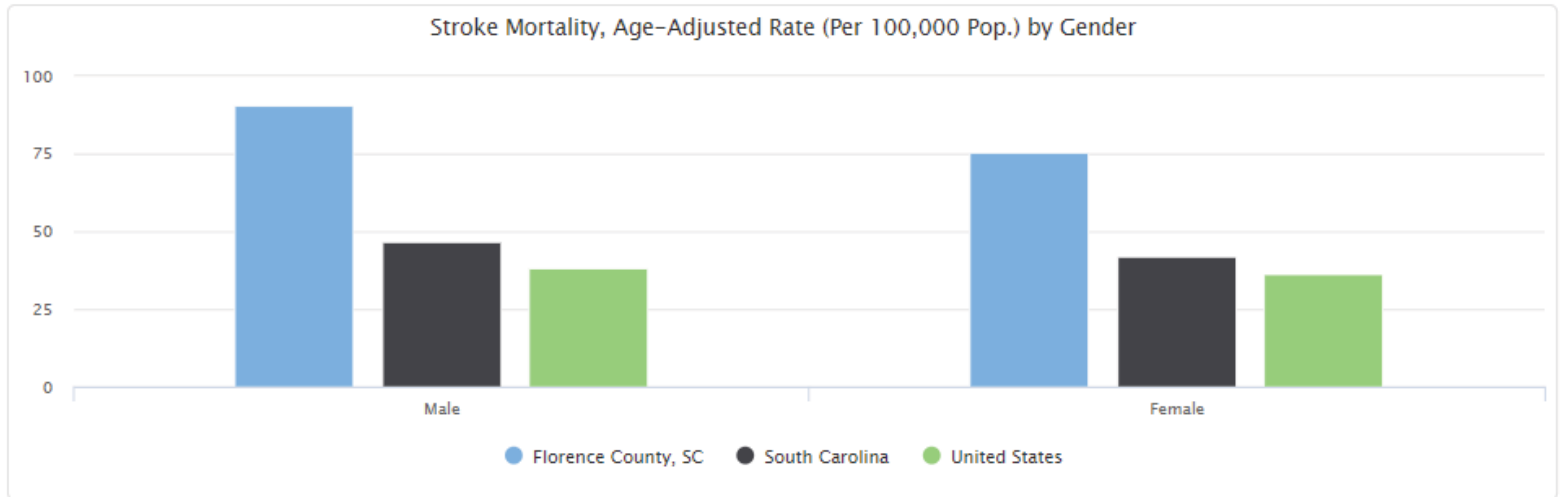
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details

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

This table reports the age-adjusted rate of death due to stroke per 100,000 people by gender.

Report Area	Male	Female
Florence County, SC	90.6	75.3
South Carolina	46.5	41.8
United States	38.1	36.5



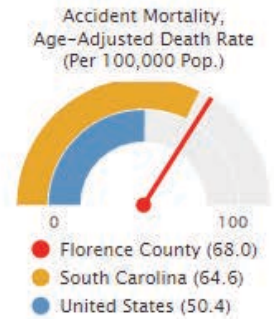
Mortality - Unintentional Injury (Accident)

This indicator reports the 2016-2020 five-year average rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the United States.

Within the report area, there is a total of 470 deaths due to unintentional injury. This represents an age-adjusted death rate of 68.0 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Florence County, SC	138,270	470	68.0	68.0
South Carolina	5,087,274	17,048	67.0	64.6
United States	326,747,554	872,432	53.4	50.4



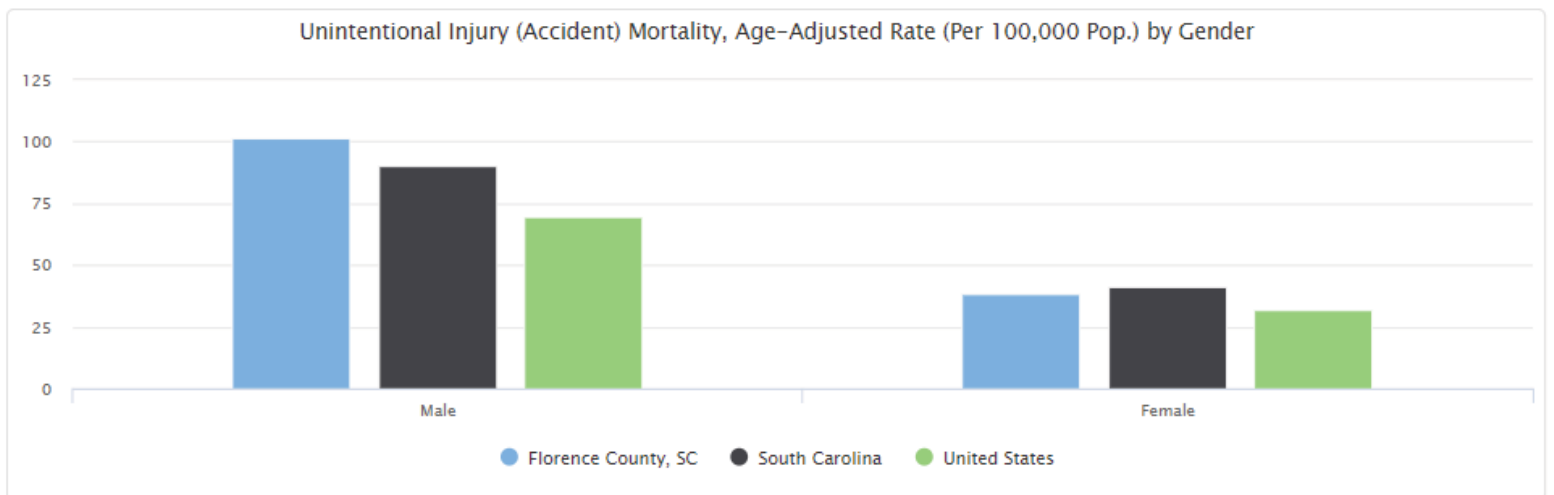
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2016-2020. Source geography: County → Show more details

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

This table reports the age-adjusted rate of death due to unintentional injury (accident) per 100,000 people by gender.

Report Area	Male	Female
Florence County, SC	101.7	38.5
South Carolina	90.0	41.2
United States	69.5	32.1



Obesity

This indicator reports the number and percentage of adults age 20 and older who 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 a self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

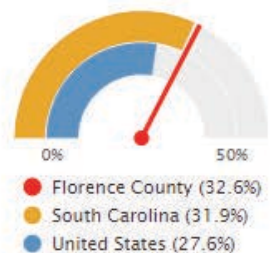
Within the report area, there is a total of 33,469 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 32.6% of the survey population.

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	102,352	33,469	32.6%
South Carolina	3,899,893	1,246,753	31.9%
United States	243,082,729	67,624,774	27.6%

Percentage of Adults Obese (BMI > 30.0), 2019



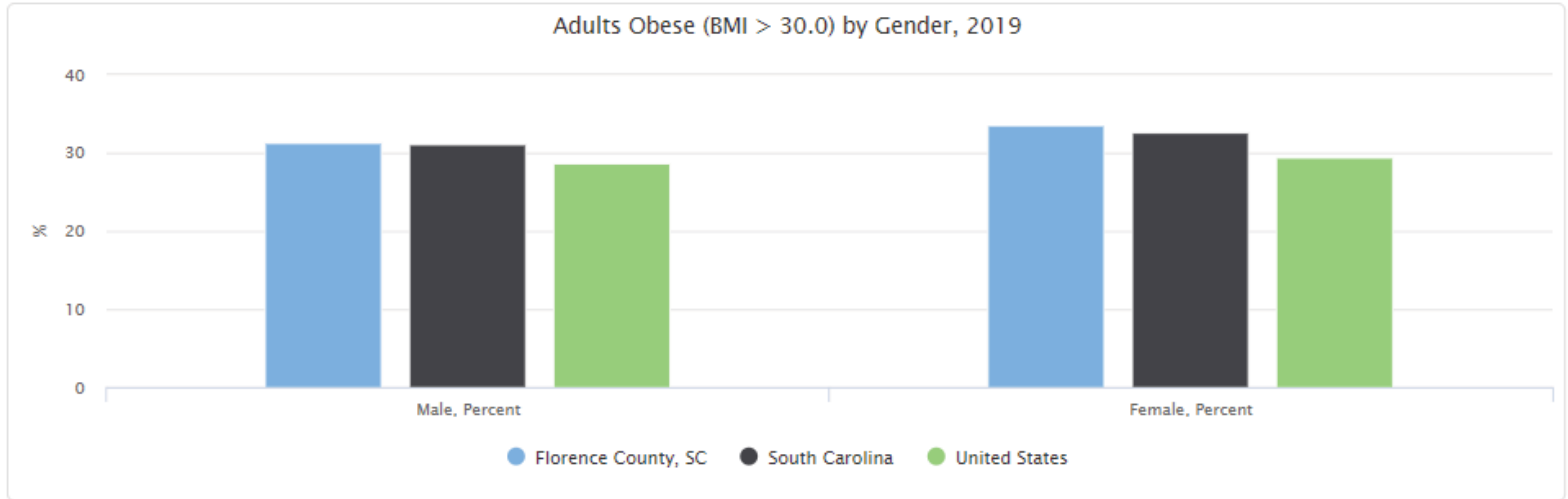
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019. Source geography: County → Show more details

Adults Obese (BMI > 30.0) by Gender, 2019

The table below displays national, state, and local variation in the prevalence of obesity among the adult population by gender.

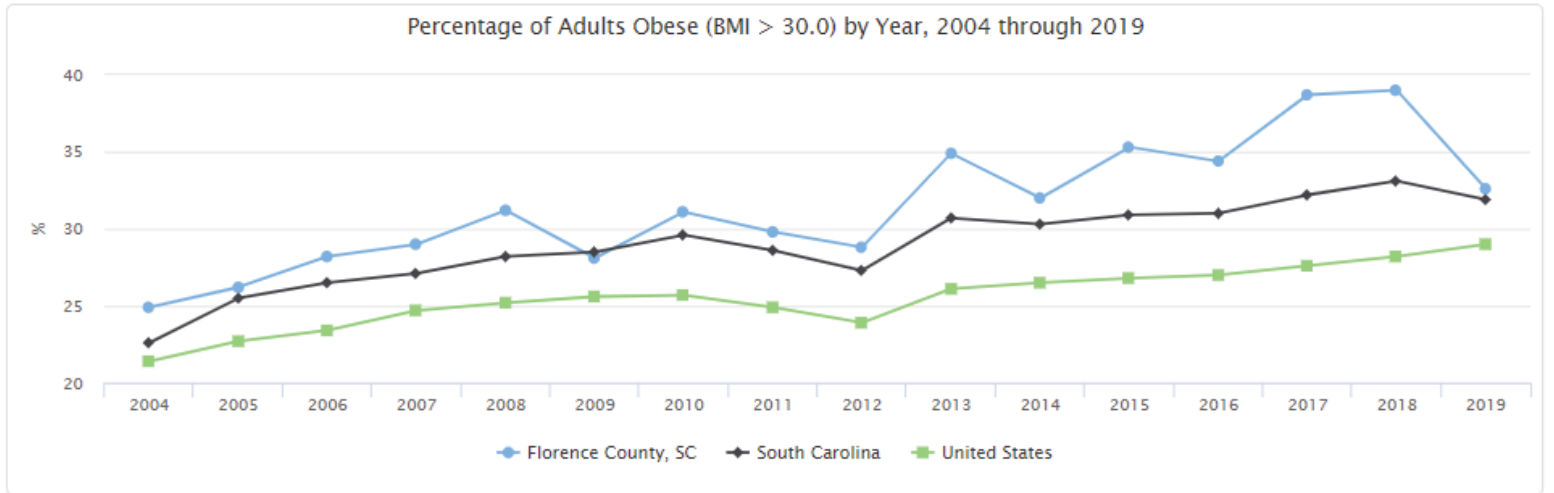
Report Area	Male	Male, Percent	Female	Female, Percent
Florence County, SC	14,686	31.4%	18,783	33.5%
South Carolina	583,279	31.2%	663,470	32.7%
United States	33,675,337	28.6%	36,285,952	29.5%



Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2019

The table below displays trends in the percentage of adults that are obese over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Florence County, SC	24.9%	26.2%	28.2%	29.0%	31.2%	28.1%	31.1%	29.8%	28.8%	34.9%	32.0%	35.3%	34.4%	38.7%	39.0%	32.6%
South Carolina	22.6%	25.5%	26.5%	27.1%	28.2%	28.5%	29.6%	28.6%	27.3%	30.7%	30.3%	30.9%	31.0%	32.2%	33.1%	31.9%
United States	21.4%	22.7%	23.4%	24.7%	25.2%	25.6%	25.7%	24.9%	23.9%	26.1%	26.5%	26.8%	27.0%	27.6%	28.2%	29.0%

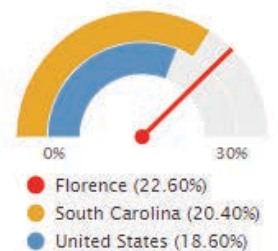


Poor or Fair Health

In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 22.60%. This value is based on the crude number of adults who self-report their general health status as “fair” or “poor.”

Report Area	Total Population (2019)	Adults with Poor or Fair General Health (Crude)	Adults with Poor or Fair General Health (Age-Adjusted)
Florence County, SC	138,293	22.60%	21.40%
South Carolina	5,148,714	20.40%	19.46%
United States	328,239,523	18.60%	17.80%

Percentage of Adults with Poor or Fair General Health



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. 2019.

Source geography: Tract → Show more details

Special Topics - COVID-19

Indicators in this section are part of a series of rotating special topics. These indicators are publicly available to all users to help inform response to current events.

COVID-19 - Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator is updated daily and derived from the Johns Hopkins University data feed.

In the report area, there have been 45,065 total confirmed cases of COVID-19. The rate of confirmed cases is 32,618.22 per 100,000 population, which is greater than the state average of 31,572.09. Data is current as of 07/29/2022.

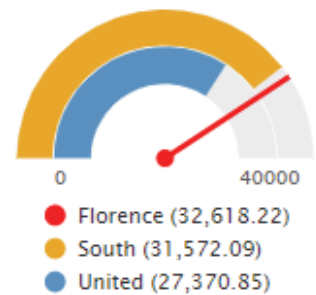
Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Florence County, SC	138,159	45,065	32,618.22	07/29/2022
South Carolina	5,084,127	1,605,165	31,572.09	07/29/2022
United States	326,262,499	89,300,815	27,370.85	07/29/2022

Note: This indicator is compared to the state average.

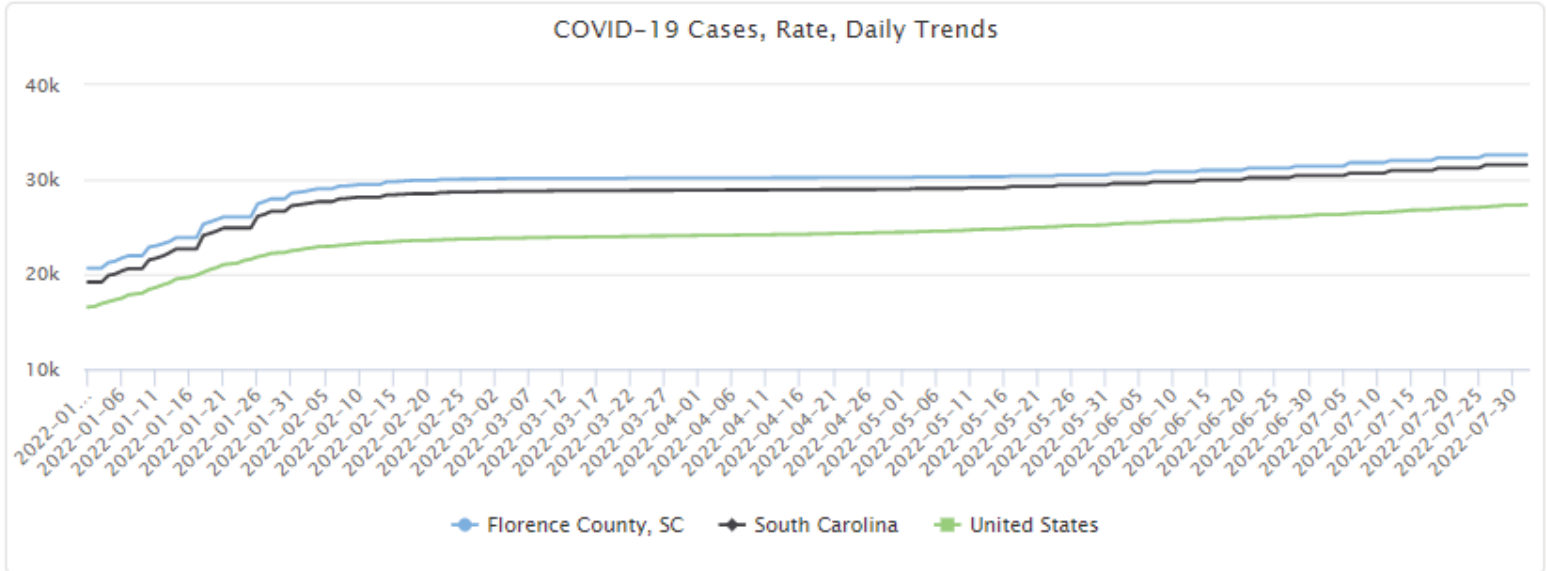
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography:

County → [Show more details](#)

COVID-19 Cases, Rate per 100,000 Population



The chart below displays local, state, and national trends in the cumulative rate of laboratory confirmed COVID-19 cases per 100,000 total population.

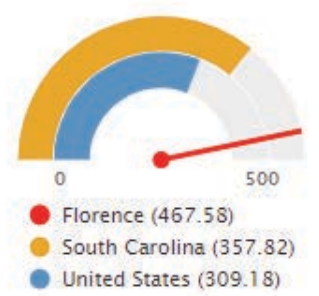


COVID-19 - Mortality

In the report area, there have been 646 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 467.58 per 100,000 population, which is greater than the state average of 357.82. Data is current as of 07/29/2022.

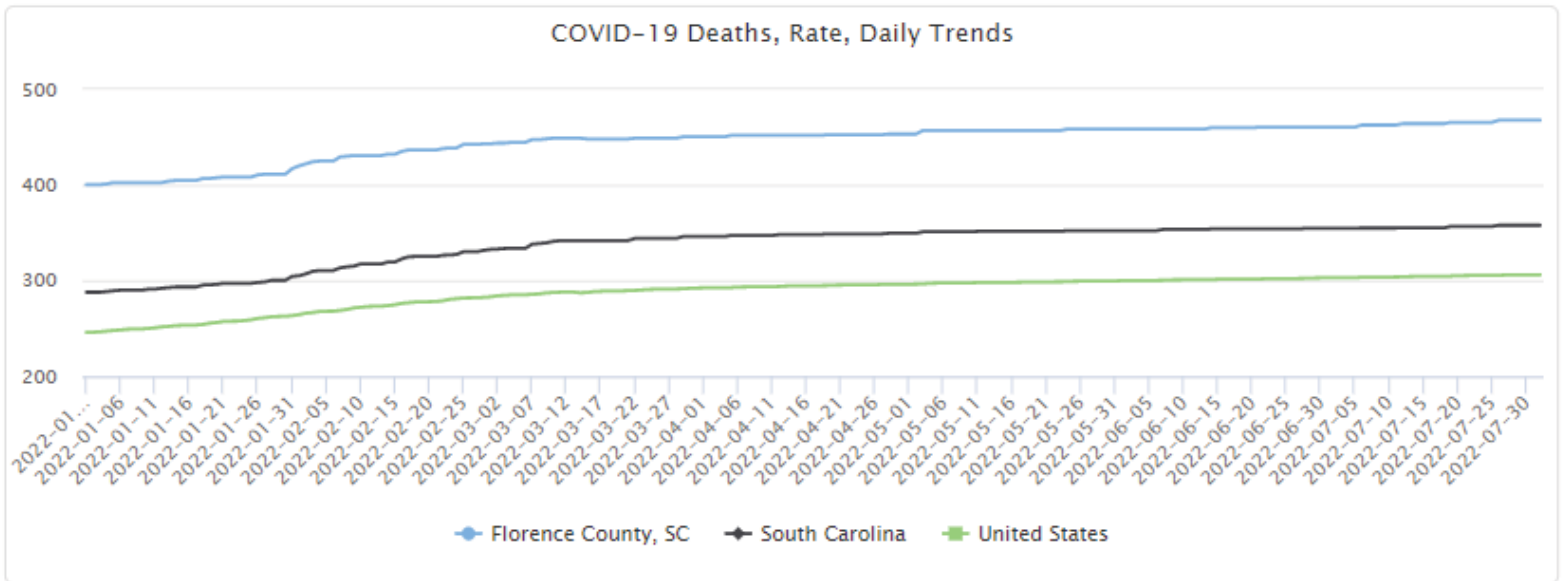
Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Florence County, SC	138,159	646	467.58	07/29/2022
South Carolina	5,084,127	18,192	357.82	07/29/2022
United States	326,262,499	1,008,742	309.18	07/29/2022

COVID-19 Deaths, Crude Rate per 100,000 Population



Note: This indicator is compared to the state average.
 Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County → Show more details

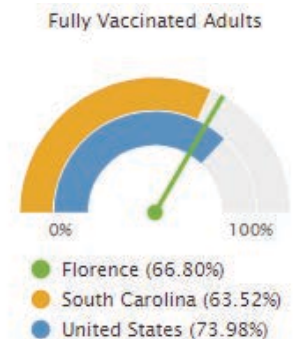
The chart below displays local, state, and national trends in the cumulative rate of COVID-19 deaths per 100,000 total population.



COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Florence County, SC	66.80%	14.29%	0.58	07/27/2022
South Carolina	63.52%	13.93%	0.49	07/27/2022
United States	73.98%	10.29%	0.44	07/27/2022



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022.

Source geography: County → Show more details

Florence County Health Rankings 2019 vs. 2022

To evaluate the impact of any actions that were taken to address the significant health needs identified in the 2019 CHNA the following is a comparison of health outcomes and behaviors in 2019 and in 2022.

	Florence 2019 Ranking	Progress	Florence 2022 Ranking
Overall Ranking	32		28
Length of Life			
Premature Death	10,500	Getting Worse	12,800
Quality of Life			
Poor or Fair Health	22%		21%
Poor Physical Health Days	4.4		4.5
Poor Mental Health Days	4.7		4.9
Low Birthweight	13%		13%
Health Behaviors			
Adult Smoking	20%		20%
Adult Obesity	35%		36%
Food Environment Index	6.7		8.0
Physical Inactivity	30%	Getting Worse	34%
Access to Exercise Opportunities	57%		40%
Excessive Drinking	16%		20%
Alcohol-Impaired Driving Deaths	34%		39%
Sexually Transmitted Infections	739.4	Getting Worse	952.3
Teen Births	35	Improving	29
Clinical Care			
Uninsured	10%		12%
Primary Care Physicians	1,000:1		1,020:1
Dentists	1,730:1		1,660:1
Mental Health Providers	500:1		410:1
Preventable Hospital Stays	7,124	Improving	5,898
Mammography Screening	41%		43%
Social & Economic Factors			
High School Graduation	85%		86%

Some College	57%		62%
Unemployment	4.6%		5.6%
Children in Poverty	28%		21%
Income Inequality	5		5.2
Children in Single-Parent Households	45%		38%
Social Associations	11.7		12.1
Violent Crime	560	Little to No Change	560
Injury Deaths	77		94
Physical Environment			
Air Pollution – Particulate Matter	10.2	Improving	7.7
Drinking Water Violations	Yes		No
Severe Housing Problems	14%		14%
Driving Alone to Work	84%		84%
Long Commute – Driving Alone	28%		28%

Data Source: <https://www.countyhealthrankings.org/app/southcarolina/2022/rankings/florence/county/outcomes/overall/snapshot>

Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health and the South Carolina State Health Improvement Plan to guide health promotion and disease prevention efforts. The South Carolina State Health Improvement Plan (SHIP) lays out the foundation for giving everyone a chance to live a healthy life. It is a call to action for South Carolinians to take data-driven, evidence-based steps to advance the health and well-being of all South Carolinians. The plan highlights goals and strategies on which communities can focus so the state can make measurable health improvements by 2023. Attention is focused on determinants that affect the public's health that contribute to health disparities by addressing identified needs through education, prevention, targeted initiatives validated through research, and the delivery of health services. Cross-sector collaboration is now widely considered as essential for having meaningful impacts on building healthier communities. Through collaboration with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in the community, McLeod Health can better serve its mission.

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

- Based on importance to community
- Capacity to address change
- Alignment to McLeod Health Mission, Vision and Values
- Collaboration with existing organizations
- Magnitude/Severity of problem
- Need among vulnerable populations
- Willingness to act on issue
- Ability to have meaningful impact
- Availability of hospital resources

Plan Priorities

McLeod Regional Medical Center has selected the following areas 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
<p>Goal #1: Reduce barriers to healthcare</p>	<p>Strategy 1: Provide alternative access to care and continued collaboration with community agencies, such as FQHC</p>	<ul style="list-style-type: none"> • Number of participants in the Access Health program 	<ul style="list-style-type: none"> • FQHC: Hope Health, CareSouth, Genesis • Mercy Medicine and Darlington Free Clinic • DHEC • Access Health • Telehealth and Telemedicine • McLeod Occupational Health • McLeod Healthier You 	<p>Ongoing</p>
	<p>Strategy 2: Provide patients access to community resource guide</p>		<ul style="list-style-type: none"> • FQHC • Access Health 	<p>Ongoing</p>
	<p>Strategy 3: Maintain partnership and provide access to Language and American Sign Language Lines</p>	<ul style="list-style-type: none"> • Number of people who used the language lines 	<ul style="list-style-type: none"> • Language Line Translator Group 	<p>Ongoing</p>
	<p>Strategy 4: Implementation of same-day and next-day appointments in primary care physician offices</p>	<ul style="list-style-type: none"> • Number of physician offices who offer same-day and next-day appointments 	<ul style="list-style-type: none"> • McLeod Physician Associates 	<p>Ongoing</p>

	Strategy 5: Recruitment of specialty physicians and primary care physicians to the area	<ul style="list-style-type: none"> • Number of specialty physicians and primary care physicians recruited 	<ul style="list-style-type: none"> • McLeod Recruiting • FQHC • South Carolina Office of Rural Health 	Ongoing
Goal #2: Access to behavioral health services and providers	Strategy 1: Offer services through McLeod Behavioral Health located in Darlington, SC	<ul style="list-style-type: none"> • Number of patients served 	<ul style="list-style-type: none"> • McLeod Regional Medical Center 	Ongoing
	Strategy 2: Continue partnerships that offer current telemedicine service - TelePsych	<ul style="list-style-type: none"> • Number of telehealth visits 	<ul style="list-style-type: none"> • SC Department of Mental Health Psychologists 	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		<ul style="list-style-type: none"> • McLeod EAP 	Ongoing
	Strategy 4: Establish community-based partnerships to joint address behavioral health challenges.	<ul style="list-style-type: none"> • Charter guiding coalition, establish meeting cadence and determine priorities and strategy to address. 		Beginning Stages

<p>Goal #3: Improve education, access to transportation, and financial barriers for underserved population</p>	<p>Strategy 1: Continue McLeod Nurse Family Partnership services to high-risk, first-time moms.</p>	<ul style="list-style-type: none"> • Maintain at least 25 participants per nurse in the McLeod Nurse Family Partnership Program 	<ul style="list-style-type: none"> • McLeod Nurse Family Partnership • Access Health 	<p>Ongoing</p>
	<p>Strategy 2: Continue to offer HOPE Fund to patients</p>	<ul style="list-style-type: none"> • Number of patients who utilize the HOPE Fund 	<ul style="list-style-type: none"> • Access Health • Lift Program • Hope Fund • McLeod Health Foundation • PDRTA 	

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: <ul style="list-style-type: none"> Participate in community group presentations and outreach activities. Offer hands only CPR training at community events. Health Fairs AHA Heart Walk 	<ul style="list-style-type: none"> Number of community speaking opportunities and events Radio and TV interviews 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Number of educational articles published 	<ul style="list-style-type: none"> Morning News Golden Life Savvy Magazine McLeod Magazine 	Ongoing
	Strategy 3: Maintain Stroke Certification throughout the McLeod Health system	<ul style="list-style-type: none"> Number of McLeod hospitals stroke certified 	<ul style="list-style-type: none"> McLeod Regional Medical Center McLeod Dillon McLeod Cheraw McLeod Clarendon McLeod Seacoast McLeod Loris 	Ongoing
	Strategy 4: Promotion of Health and Fitness Center membership and activities as means to a healthy lifestyle	<ul style="list-style-type: none"> Number of health and fitness members 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Number of patients presenting with Myocardial Infarction Maintain Chest Pain Accreditation 	<ul style="list-style-type: none"> American Heart Association County EMS 	Ongoing

<p>Strategy 6: Support recovery from heart attacks by providing Cardiac Rehab Program.</p> <p>Actions/Tactics: Offer scholarships to those that are uninsured and need to continue cardiac rehab program.</p>	<ul style="list-style-type: none"> • Number of cardiac rehab participants • Number of patients serviced through scholarship funds 	<ul style="list-style-type: none"> • McLeod Health Foundation • McLeod Health and Fitness Center 	Ongoing
<p>Strategy 7: Continue partnerships that offer current telemedicine service - Telestroke</p>	<ul style="list-style-type: none"> • Number of telehealth visits 	<ul style="list-style-type: none"> • TeleSpecialist Providers 	Ongoing

McLeod Regional Medical Center CHNA Need #3: Diabetes

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<p>Goal #1: Raise awareness and prevention of diabetes</p>	<p>Strategy 1: Provide educational material on diabetes signs and symptoms and obesity as a risk factor</p>	<ul style="list-style-type: none"> • Number of educational articles published 	<ul style="list-style-type: none"> • McLeod Diabetes Center • Morning News • Golden Life • FQHC 	<p>Ongoing</p>
	<p>Strategy 2: Support programs to target obesity as a risk factor for diabetes</p>	<ul style="list-style-type: none"> • Number of people in McLeod Healthier You Diabetes Management classes 	<ul style="list-style-type: none"> • United Way of Florence County • McLeod Health and Fitness Center • McLeod Healthier You 	<p>Ongoing</p>
	<p>Strategy 3: Provide diabetes education to the community through health fairs</p>	<ul style="list-style-type: none"> • Number of people in attendance at industry health fairs 	<ul style="list-style-type: none"> • McLeod Onsite Health – Health and Wellness Team 	<p>Ongoing</p>

McLeod Regional Medical Center CHNA Need #4: Cancer

Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
<p>Goal #1: Lung</p>	<p>Strategy 1: Provide lung cancer screening opportunities for the insured population and for the uninsured population through scholarship assistance</p>	<ul style="list-style-type: none"> • Number of screenings completed 	<ul style="list-style-type: none"> • McLeod Regional Medical Center Radiology Department • McLeod Health Foundation • McLeod Cancer Center • McLeod Healthy Lungs Initiative 	<p>Ongoing</p>
	<p>Strategy 2: Provide educational information on lung cancer and lung cancer screenings</p>	<ul style="list-style-type: none"> • Number of Medical Minutes and educational articles • Community civic group presentations and health fairs 	<ul style="list-style-type: none"> • Local radio stations • Morning News • Golden Life Magazine • Cancer Resource Library • Cancer Navigators • Diversity Works Magazine • Community Times • VIP Magazine • Civic Groups 	<p>Ongoing</p>
	<p>Strategy 3: Continue to provide a smoking cessation program for employees and public</p>	<ul style="list-style-type: none"> • Maintain participation of numbers enrolled 	<ul style="list-style-type: none"> • McLeod Employee Health • South Carolina Hospital Association Work Well Program 	<p>Annually</p>
	<p>Strategy 4: Provide support to the expansion of cancer services to Horry County through McLeod</p>	<ul style="list-style-type: none"> • Number of physicians recruited 	<ul style="list-style-type: none"> • McLeod Seacoast • McLeod Loris 	<p>Ongoing</p>

	Seacoast and McLeod Loris			
Goal #2: Prostate	Strategy 1: Provide Prostate Cancer Support group	<ul style="list-style-type: none"> • Number of participants 	<ul style="list-style-type: none"> • McLeod Cancer Center 	Monthly Offering
Goal #3: Breast Cancer	Strategy 1: Provide education on the importance of breast cancer screenings and early detection	<ul style="list-style-type: none"> • Number of educational articles on the importance of screenings and early detection 	<ul style="list-style-type: none"> • Morning News • Golden Life Magazine • Diversity Works Magazine • Community Times • VIP Magazine 	Ongoing
	Strategy 2: Provide Breast Cancer Support group	<ul style="list-style-type: none"> • Number of participants 	<ul style="list-style-type: none"> • McLeod Cancer Center 	Monthly Offering
	Strategy 3: Sponsor USTA tournament to educate women on breast cancer and physical activity; proceeds benefit mammogram scholarships	<ul style="list-style-type: none"> • Number of mammogram scholarships 	<ul style="list-style-type: none"> • City of Florence • McLeod Health Foundation • McLeod Health 	Annually in October
	Strategy 4: Participate in community civic group presentations and health fairs	<ul style="list-style-type: none"> • Number of community speaking opportunities and events • Radio and TV interviews 	<ul style="list-style-type: none"> • Community Civic organizations 	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. 2016-20.*

Source geography: Tract

Total Population Change, 2010-2020, Data Source: *US Census Bureau, Decennial Census, 2020.*

Source geography: Tract

Population with Limited English Proficiency, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Income – Median Household Income, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Poverty – Population Below 100% FPL, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Attainment – Bachelor’s Degree or Higher, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Attainment – High School Graduation Rate, Data Source: *US Department of Education, ED Facts. Additional data analysis by CARES. 2018-19. Source geography: School District*

Insurance – Uninsured Population (ACS), Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

SNAP Benefits – Population Receiving SNAP (SAIPE), Data Source: *US Census Bureau, Small Area Income and Poverty Estimates. 2019. Source geography: County*

Air & Water Quality – Particulate Matter 2.5, Data Source: *Centers for Disease and Prevention, CDC – National Environmental Public Health Tracking Network. 2016. Source geography: Tract*

Food Environment – Food Desert Census Tracts, Data Source: *US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2019. Source geography: Tract*

Food Environment – Grocery Stores, Data Source: *US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County*

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. 2021. Source geography: Tract*

Cancer Screening – Mammogram (Medicare), Data Source: *Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County*

Diabetes Management – Hemoglobin A1c Test, Data Source: *Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019. Source geography: County*

Hospitalizations – Preventable Conditions, Data Source: *Centers for Medicare and Medicaid Services, Mapping Medicaid Disparities Tool. 2020. Source geography: County*

Alcohol – Heavy Alcohol Consumption, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2019. Source geography: County*

Physical Inactivity, Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

STI – Chlamydia Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County*

STI – Gonorrhea Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County*

STI – HIV Prevalence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County*

Tobacco Usage – Current Smokers, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract*

Cancer Incidence – All Sites, Data Source: *State Cancer Profiles. 2014-18. Source geography: County*

Chronic Conditions – Asthma (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Chronic Conditions – Diabetes (Adult), Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

Chronic Conditions – Diabetes (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Chronic Conditions – Heart Disease (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Chronic Conditions – High Blood Pressure (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Low Birth Weight (CDC), Data Source: *University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County*

Mortality – Cancer, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Coronary Heart Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Lung Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Motor Vehicle Crash, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Premature Death, Data Source: *Centers for Disease Control and Prevention, CDC – National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County*

Mortality – Stroke, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Unintentional Injury (Accident), Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Obesity, Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

Poor or Fair Health, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract*

COVID-19 – Confirmed Cases, Data Source: *Johns Hopkins University*. Accessed via ESRI.
Additional data analysis by CARES. 2022. Source geography: County

COVID-19 – Mortality, Data Source: *Johns Hopkins University*. Accessed via ESRI. *Additional data analysis by CARES. 2022. Source geography: County*

COVID-19 - Fully Vaccinated Adults, Data Source: *Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC – GRASP. 2022. Source geography: County*

Florence County Health Rankings, Data Source:

<https://www.countyhealthrankings.org/app/southcarolina/2022/rankings/florence/county/outcomes/overall/snapshot>

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. June 2022.

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

Florence County Health Profile, Data Source:

https://gis.dhec.sc.gov/chp/county_pdf_2018/Florence_2016-2018.pdf

Appendix A

List of civic groups, providers, and organizations surveyed include but not limited to:

- Greater Florence Chamber of Commerce
- Florence Rotary Clubs
- Florence Kiwanis Club
- McLeod Foundation Community Committee Members
- McLeod Physician Associations
- Safe Kids Pee Dee/Coastal
- McLeod Health Directors

Appendix B

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



Florence County Health Profile⁶

INDICATOR	MEASURE	COUNT	VALUE	RANK ¹	STATE
Births²	Births with expected payor Medicaid (percent of all live births; 2016-2018)	3480	70.0	NA	49.4
	Breastfeeding initiation (percent of all live births; 2016-2018)	3246	65.3	28	77.5
	Low birthweight births (<2,500 grams; percent of all live births; 2016-2018)	643	12.9	41	9.7
	Mothers receiving adequate prenatal care (percent of all live births; 2016-2018)	3900	78.5	10	76.2
	Mothers who smoked during pregnancy (percent of all live births; 2016-2018)	398	8.0	12	8.6
	Preterm births (<37 weeks gestation; percent of all live births; 2016-2018)	622	12.5	27	11.2
	Teen live births (rate per 1,000 female population aged 15-19; 2016-2018)	359	27.6	22	22.5
Infant Mortality²	Infant mortality (rate per 1,000 live births; 2016-2018)	52	10.5	35	6.9
Chronic Diseases, Risk Factors, and Health Behaviors³	Coronary heart disease (percent; 2016-2018)	NA	6.3	31	4.8
	Stroke (percent; 2016-2018)	NA	5.5	35	3.9
	Heart attack (percent; 2016-2018)	NA	5.6	22	5.1
	Hypertension (percent; 2016-2018)	NA	42.7	20	38.9
	Diabetes (percent; 2016-2018)	NA	16.6	27	13.3
	Current asthma (percent; 2016-2018)	NA	9.2	23	9.0
	Current smoking (percent; 2016-2018)	NA	22.5	34	18.9
	Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2016-2018)	NA	41.0	37	34.1
	Reported leisure time physical activity in the past 30 days (percent; 2016-2018)	NA	68.0	27	72.7
	Received a flu vaccine in the last year, aged 65+ (percent; 2016-2018)	NA	61.6	16	60.9
Received a pneumococcal vaccine ever, aged 65+ (percent; 2016-2018)	NA	67.3	35	73.8	
Mortality²	Accidental drug overdose (age-adjusted rate per 100,000 population; 2016-2018)	80	20.0	35	18.8
	Alzheimer's disease (age-adjusted rate per 100,000 population; 2016-2018)	205	45.5	30	44.8
	Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2016-2018)	814	159.5	12	162.3
	Cerebrovascular disease (age-adjusted rate per 100,000 population; 2016-2018)	394	80.7	45	45.3
	Chronic lower respiratory disease (age-adjusted rate per 100,000 population; 2016-2018)	237	47.1	20	47.0
	Diabetes (age-adjusted rate per 100,000 population; 2016-2018)	171	33.8	32	23.9
	Diseases of the heart (age-adjusted rate per 100,000 population; 2016-2018)	987	202.6	32	170.7
	Motor vehicle accident (age-adjusted rate per 100,000 population; 2016-2018)	115	27.8	29	20.6
	Suicide (age-adjusted rate per 100,000 population; 2016-2018)	36	7.9	3	15.8
	All causes (age-adjusted rate per 1,000 population; 2016-2018)	4645	9.7	30	8.3
Population Demographics⁴	Families below the poverty level (percent; 2014-2018)	NA	14.8	NA	11.7
	Population Non-Hispanic white (percent; 2018)	NA	52.0	NA	64.5
	Population Non-Hispanic black (percent; 2018)	NA	43.3	NA	27.3
	Population Non-Hispanic other (percent; 2018)	NA	2.0	NA	2.3
	Population Hispanic/Latino (percent; 2018)	NA	2.7	NA	5.8
Health Care Access	Delayed seeing a doctor in the last year due to cost (percent; 2016-2018) ³	NA	14.6	16	15.6
	Has at least one person considered a personal doctor or health care provider (percent; 2016-2018) ³	NA	84.0	13	77.3
	Population insured by Medicaid (percent; 2014-2018) ⁴	NA	61.0	NA	65.9
	Population insured by private health insurance (percent; 2014-2018) ⁴	NA	5.9	NA	5.2
Home and Environmental Hazards	Population without health insurance (percent; 2014-2018) ⁴	NA	10.4	NA	11.0
	Elevated (≥5 mcg/dL) blood lead tests in children <6 years of age (percent of all tests; 2018) ⁵	NA	4.9	43	1.8
	Homes built prior to 1980 (percent; 2014-2018) ⁴	NA	47.3	NA	38.0

1 - Ranking based on VALUE column. Regardless of the INDICATOR a ranking of 1 is always better, NA - Not Applicable.

2 - Source: Division of Biostatistics, DHEC

3 - Source: Behavioral Risk Factor Surveillance System, DHEC

4 - Source: 2014-2018 American Community Survey 5-Year Estimates, US Census Bureau, US Department of Commerce

5 - Source: Lead Surveillance, DHEC

6 - Estimates for counties with low populations contain more error.

* - Data suppressed due to insufficient sample size

Created: 01-2020

Source: https://gis.dhec.sc.gov/chp/county_pdf_2018/Florence_2016-2018.pdf

Appendix C

McLeod Regional Medical Center provides patients with a list of community resources available within the service area through the online platform Aunt Bertha, www.auntbertha.com. These resources include but are not limited to organizations, facilities, and programs in the community that are potentially available to address health needs.

Resources are listed by under the following headings:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

The 2022 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.