



Dillon County, South Carolina Community Health Needs Assessment 2013

Produced by McLeod Health and Approved by McLeod Medical Center Board on August 23, 2013.

McLeod
Medical Center Dillon

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EXECUTIVE SUMMARY

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

TOP COMMUNITY DEMOGRAPHIC & SOCIO-ECONOMIC CHALLENGES

Leading Indicators	Dillon	South Carolina
% Population Growth rate, 10 year (2000-2010)	4%	15%
Income, per capita (2007-2011)	\$14,135	\$23,854
% Eligible Free/Reduced Price Lunch (2011)	78%	55%
Poverty Rate, all ages , per 10,000 population (2010)	26	18
Poverty Rate for Children, per 10,000 population (age 0-5)(2010)	44	32
Poverty Rate for Seniors, per 10,000 population (2006-2010)	22	11
Children in poverty	48%	28%
Unemployment rate (August 2013)	12.3%	8.1%
High school graduation	66%	74%
% without High School Diploma (2006-2010)	34%	17%
Inadequate social support	33%	22%
Children in single-parent households	58%	39%
% Population Receiving Medicaid (2008-2010)	43%	17%
% Births paid by Medicaid (2011)	76%	51%
Poor or fair health	25%	16%
% Physical inactivity	38%	28%
% Population with a disability (2009-2011)	17%	13%
% Unable to afford prescribed care (2008-2010)	29%	16%
% Adults with No Dental Exam (2006-2010)	50%	34%
% Adults with Poor Dental Health	33%	20%
% Adults Not Taking Prescribed Blood Pressure Medication (2006-2010)	30%	18%

TOP HEALTH CHALLENGES

Leading Indicators	Dillon	South Carolina
Teen birth rate, Per 1,000 births (2004-2010)	81	49
Cancer, Diabetes, and Heart Disease Combined (2012)	409	228
Diabetes (2012)	82	35
Years of Potential Life Lost (rate per 100,000 population) (2008-2010)	11,649	9,101
Birth Rate to Teenagers, Age 15-19 (2010)	89	43
% Low birth weight (2008-2010)	13.4%	10.1%
Preventable hospital stays (2010)	90	61
Access to recreational facilities (2010)	0	9

Sexually transmitted infection rate	939	573
% Flu Vaccine, age 65+ (2008-2011)	55%	69%
% Pneumococcal Vaccine, age 65+ (2008-2010)	46%	69%
% Population with BMI>30.0 (Obese) (2009)	39%	31%
% Breastfeeding Initiation (2008-2011)	34%	47%
% Hypertension (2008-2010)	39%	33%
% Adults with Asthma (2006-2010)	17%	13%
Prostate Cancer Incidence Rate (per 100,000 Population) (2005-2009)	178	159
HIV Prevalence Rate, per 100,000 population	356	318
Chlamydia Rate, per 100,000 population (2008-2011)	967	606
Gonorrhea Rate, per 100,000 population (2008-2011)	246	175
% Preterm Births (2008-2011)	17%	12%
Heart Disease, Emergency Department Discharge Rate, Per 10,000 Population (2012)	251	145
Cancer, Mortality Rate, Emergency Department Discharge Rate, Per 10,000 Population (2012)	76	48
Average Annual Death Rate, Pedestrian Motor Vehicle (2008-2010)	4.2	2.0
Age-Adjusted Death Rate, Stroke (2006-2010)	62.9	52.2
Age-Adjusted Death Rate, Lung Disease (2006-2010)	56.0	46.4
Ambulatory Care Sensitive Condition Discharge Rate, per 1,000 enrollees (2010)	90	61

DILLON COUNTY HEALTH RANKINGS

The county has a population of about 32,000 largely comprised of equal communities of Caucasians and African-Americans. About 1,000 members of the Pee Dee Indian Tribe live in the county along with a small, but growing, contingent of political refugees from Somalia, Burundi and Tanzania.

Unemployment in Dillon County is consistently among the highest in the state, with more than 29% of the households living in poverty. Some 24.7% of the county population is in Poor or Fair Health, compared with 16.2% statewide.

Lifestyle, Social, and Health Behaviors are significant contributors to poor health status. Dillon County ranks 37th out of 46 counties in negative Health Behaviors such as smoking, obesity and physical inactivity. It ranks 36th in availability of Clinic Care, such as primary care physicians, preventable hospital stays and lack of health insurance. And it ranks 44th in Social and Economic factors, such as high school graduation rates, unemployment, and children living in poverty.

Overall, Dillon County places 42nd out of 46 counties in the 2013 County Health Rankings, compiled by the University of Wisconsin.

Diseases of the Heart are the top cause of death, with death rate due to stroke 50% higher than the national average and people with diabetes 30% higher than the national average. Two-thirds of the county's adults are overweight or obese. Cancer and Lung disease are significant causes of death. Teen births are twice the national average, while sexually

transmitted diseases, such as HIV and Chlamydia, are 50%-100% over the national average.

Meanwhile, 43% of the population receives Medicaid and another 22% have no health insurance.

TOP HEALTH CONCERNS REPORTED AMONG RESIDENTS

- Heart Disease
- Diabetes
- Obesity
- Stroke
- Unhealthy Lifestyle
- Transportation/Access to care
- Lack of Knowledge about services

TOP HEALTH CONCERNS REPORTED AMONG HEALTH PROFESSIONALS:

Most frequent health concerns:

- Obesity (including related diabetes, hypertension)
- Diabetes
- Heart disease (including Coronary Artery Disease, Heart Failure, and Hypertension)
- Lack of healthy places (example: there are a lot of fast food restaurants in Dillon)
- Lack of safe and healthy activities
- Poor Dietary choices
- Socio-economic status
- Access to Care
- Substance abuse
- Lack of education (health and general education)
- Health disparities among socio-economic groups - particularly among the African American community

OPPORTUNITIES & PLAN PRIORITIES

McLeod Medical Center Dillon will collaborate with community partners to provide community health initiatives that are focused on areas listed below and further described within the Implementation Plan. When possible, resources such as the US Department of Health & Human Services “Healthy People 2020”, which uses evidence-based practices will be instituted to address the following key areas by McLeod Dillon:

- Access to Care
- Birth Rates
- Obesity
- Heart Disease

- Sexually Transmitted Disease

Faced with the identified community health-related needs, McLeod Dillon has an aggressive three-year plan to increase awareness, education and accessibility that will lead to improved health outcomes.

Access to Care. Among its initiatives, McLeod Dillon seeks to support the newly established Free Medical Clinic, offer low and no-cost screening, provide a patient advocate in the ED to assist in Medicaid applications and work for Medicaid expansion in SC.

Birth Rates. Action Plans include creating/supporting a countywide task force to reduce teen pregnancy and selection as one of only 100 hospitals nationwide for the March of Dimes initiative to reduce pre-term deliveries (deliveries before the 39th week).

Obesity. Projects include sponsoring community activities that promote physical fitness, conducting a regional diabetes fair, support efforts to open a Farmer's Market, and extend satellite outpatient diabetes services.

STDs. Among its initiatives, McLeod Dillon will work with federal health clinic HopeHealth in education and treatment, engage the McLeod OB/GYN Dillon practice in collaboration with DHEC for education and prevention of STDs, and offer volunteer and scholarship programs to teens designed to build self-esteem.

Heart Disease. McLeod Dillon is committed to implementing low and no-cost screenings, sponsoring heart walks and building team-based care to improve hypertension treatment. Other programs include actively engaging patients in their own care, promoting McLeod AirReach and McLeod HeartReach for prompt care, and participating in the American Heart Association STEMI National Initiative to improve care for heart attack victims.

MESSAGE TO THE COMMUNITY



Deborah D. Locklair
Administrator
McLeod Medical Center Dillon

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

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

After reviewing the report, it is important to begin where health starts. Everyone in our community should have the opportunity to make good healthy choices (e.g., regarding smoking, diet, alcohol use, physical activity) since this has the largest impact on future health outcomes. Wherever possible, through programs, services, public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. Research has shown that the health care system represent only 10-20% of determining health status, while behavioral choices account for 40% or more.

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

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

Best of Health,

A handwritten signature in black ink that reads "Deborah D. Locklair". The signature is written in a cursive style.

Deborah D. Locklair

ABOUT MCLEOD MEDICAL CENTER DILLON

McLeod Medical Center Dillon is a part of the McLeod Health system which five respected acute-care hospitals and a behavioral health facility in South Carolina.

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

With a strong history in the Dillon community since 1943, McLeod Dillon, formally Saint Eugene Hospital has continued to grow and expand to serve residents of Dillon (SC) and Robeson (NC) counties with excellence in patient care. The Joint Commission accredited medical center employs 350 and has the strength of 100 physicians on its medical staff. McLeod Dillon, established in 1998, offers general and orthopedic surgery, women's services, emergency services, intensive care, rehabilitative services and cardiac rehabilitation. Investments in state of the art technology to improve patient care have included Open MRI, digital mammography, 4D ultrasounds, CT Scans, and nuclear and vascular studies.

McLeod Medical Center Dillon, a member of the McLeod Health network, has been serving Dillon County for 70 years. Dillon County residents have looked to McLeod Dillon to meet their health care needs. During this time, McLeod Dillon has expanded its clinical services and added new members to the medical, clinical and non-clinical staff to meet the changing needs of the citizens we serve. Providing our community with a level of care rarely found outside large urban hospitals is among our most recognized achievements at McLeod Dillon.

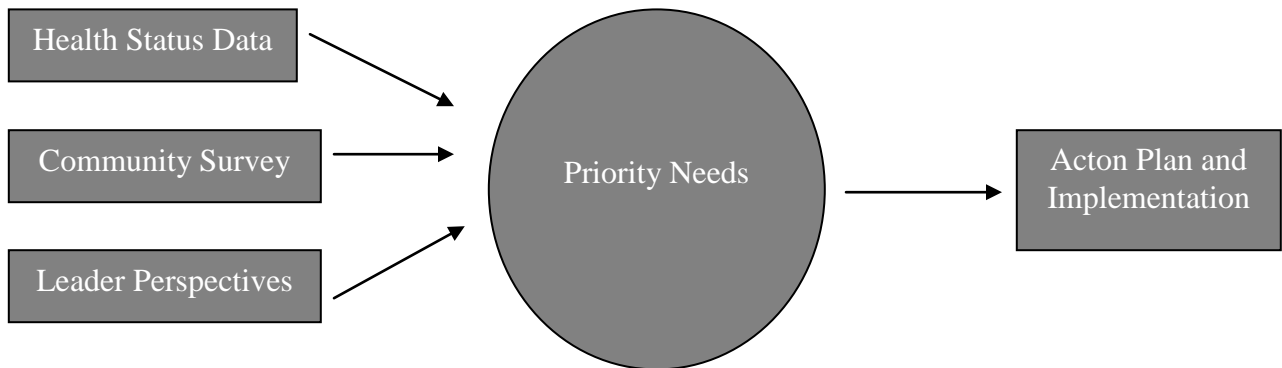
As a not-for-profit organization, McLeod Health invests in the facilities, equipment, services, as well as physician and staff training to continually improve the care we provide. McLeod Health is committed to providing you the highest quality care - it's what you and your families deserve and have come to expect from McLeod Health.

OVERVIEW

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

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

This assessment incorporates data from within the community, such as individuals served and health organizations, as well as vital statistics and other existing health-related data to develop a tailored plan which targets the needs of the county. The Community Health Needs Assessment includes:



METHODS

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

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

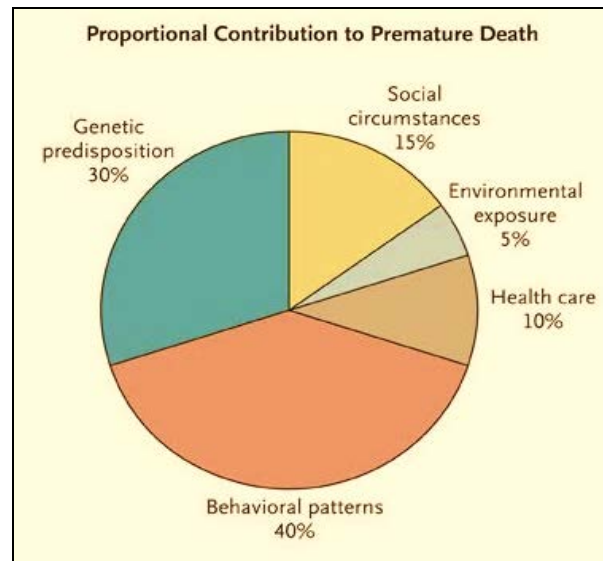
Data collection was limited to the most recent publically available resources. As a result, this document portrays a partial picture of the health status of the community served.

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

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

What are the determinants of health?

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



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

Behavioral Determinants (40%)

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

Genetic Determinants (30%)

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

Social Determinants (15%)

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

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

Health Care Determinants (10%)

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

Environmental Determinants (5%)

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

What are health disparities?

“Health disparity” refers to a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group. Health disparities can involve the medical care differences between groups in health insurance coverage, access to care, and quality of care. While disparities are commonly viewed through the lens of race and ethnicity, they occur across many dimensions, including socioeconomic status, age, location, gender, and disability status. Poor health status is often linked with people without health insurance, those who have poor access of care (i.e., limited transportation), lower socioeconomic status, lower education 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 in incidence of disease, disability, or at risk of experiencing worse health outcomes. Within these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs take in consideration the existing initiatives, the available resources that we are aware of, and where future improvements can be anticipated to make meaningful impact on improving community health.


What are Key Initiatives to reduce disparities?

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


Through the federal law, the Patient Protection and Affordable Care Act (ACA) of 2010 can advance efforts to reduce health disparities and to improve health and health care for vulnerable populations depending on the state’s election to participate in Medicaid expansion, the ACA health coverage expansions can significantly increase health insurance coverage options for low- and moderate-income populations and particularly benefit those most vulnerable. The ACA includes provisions to strengthen the safety-net delivery system, improve access to providers, promote greater workforce diversity and increase cultural competence, strengthen data collection and research efforts, and implement an array of prevention and public health initiatives.

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

A complex and interrelated set of individual, provider, health system, societal, and environmental factors contribute to disparities in health and health care. Individual factors include a variety of health behaviors from maintaining a healthy weight to following medical advice such as taking prescription medication. Provider factors encompass issues such as how health care is organized, financed, and delivered also shapes disparities as do social and environmental factors, such as poverty, education, proximity to care, and neighborhood safety.



COMMUNITY PROFILE AND DEMOGRAPHICS



COMMUNITY DEFINED FOR THIS ASSESSMENT



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

Table 1. Zip Codes, Dillon County

Dillon County	
Dillon	29536
Fork	29543
Hamer	29547
Lake View	29563
Latta	29565
Little Rock	29567

About Dillon County

Dillon County is a low population, rural county located in the northeastern part of South Carolina and borders North Carolina. Dillon County is 407 square miles. According to the U.S. Department of Commerce, the county is driven by the following top industries: manufacturing, retail trade, and health care and social assistance.

POPULATION

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

Population Change

The population for Dillon County compared to state and national data from 2000-2010 is shown in table 2. This indicator is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. Dillon County has shown below average growth of 4.36% over 10 years.

Table 2. Population Change, 2000 - 2010

Geographic Area	Census 2000 Population	Census 2010 Population	Population Change	% Change
Dillon County, South Carolina	30,722	32,062	1,340	4.36
South Carolina	4,011,832	4,625,364	613,532	15.29
United States	281,424,602	312,471,327	31,046,725	11.03

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

Age and Gender

The population for Dillon County by gender is shown in Table 3. According to the 2010 U.S. Census population counts, the female population made up 52.95% of the report area, while the male population represented 47.05%. The Dillon County population age 65 and over is 12.97% and less than the state average.

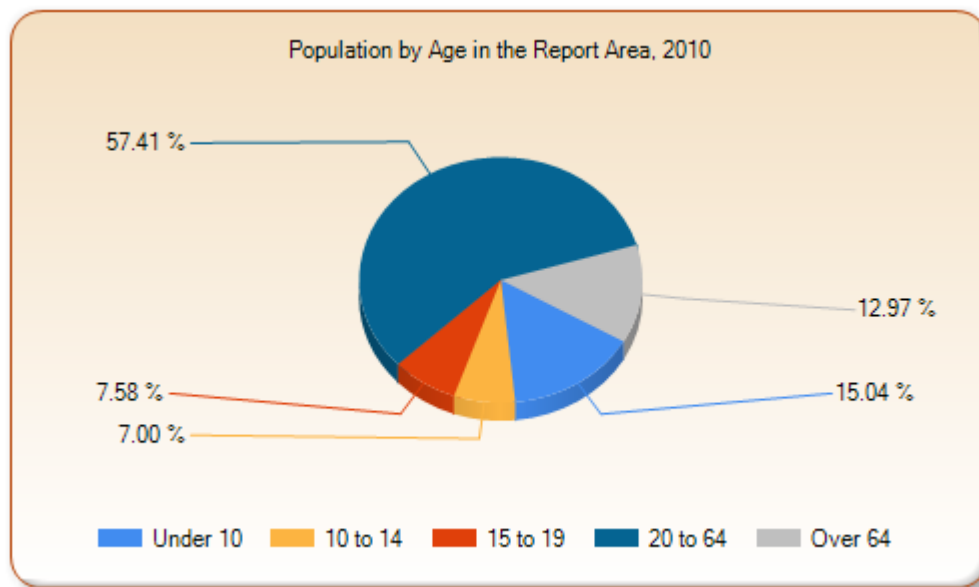


Table 3. Population By Gender, 2010

Geographic Area	0 to 4		5 to 9		10 to 14		15 to 19		20 to 64		65 and Over	
	M	F	M	F	M	F	M	F	M	F	M	F
Dillon County, South Carolina	1,194	1,185	1,229	1,214	1,077	1,167	1,262	1,168	8,665	9,742	1,657	2,502
South Carolina	153,432	148,865	150,301	145,552	152,166	145,120	168,250	160,739	1,352,470	1,416,595	273,482	358,392
United States	10,434,600	9,991,518	10,512,866	10,075,795	10,717,151	10,228,614	11,448,519	10,876,083	92,853,980	94,522,219	17,599,381	23,210,601

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

Race Demographics

Population by race and gender is shown in Table 4.

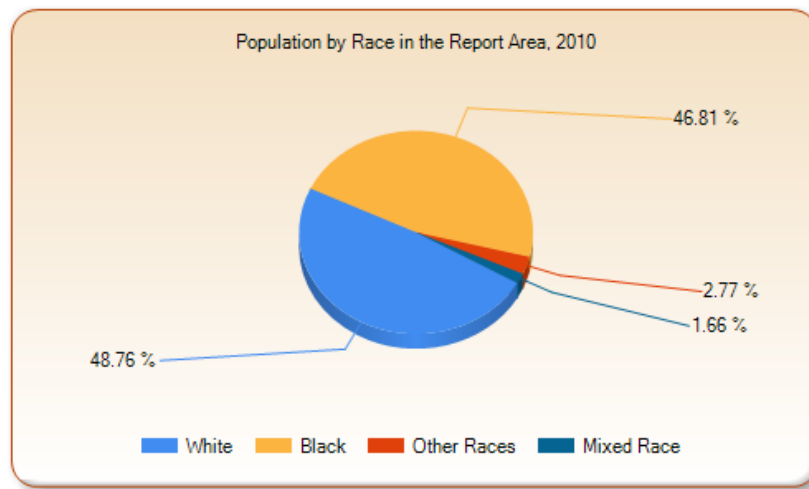


Table 4. Population By Race, 2010

Geographic Area	White		Black		American Indian		Asian		Native Hawaiian / Pacific Islander		Some Other Race	
	M	F	M	F	M	F	M	F	M	F	M	F
Dillon County, South Carolina	7,432	7,967	6,698	8,084	383	407	36	42	5	3	259	265
South Carolina	1,501,146	1,558,854	605,351	685,333	9,944	9,580	27,504	31,547	1,462	1,244	39,080	40,855
United States	111,492,453	114,885,912	18,795,764	20,595,053	1,473,115	1,478,972	6,974,010	7,707,073	274,228	266,155	4,503,021	4,628,298

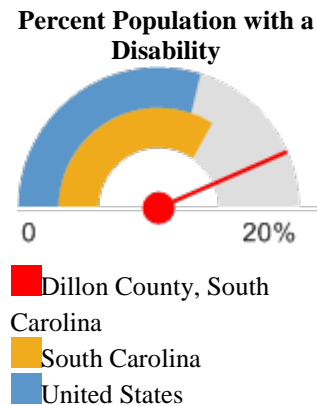
Source: U.S. Census Bureau, 2010 Census Summary File 1, Release Date August 25, 2011.

Disability

Population with Any Disability

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

Report Area	Population for Whom Disability Status Is Determined	Total Population with a Disability	Percent Population with a Disability (2009-2011)
Dillon County, South Carolina	31,397	5,460	17.39%
South Carolina	4,481,231	613,023	13.68%
United States	301,501,760	36,180,124	12%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates. Source geography: PUMA.

Diversity

In the last two years, the Dillon community has also become the home of a political refugee resettlement population. Mostly from Somalia, Burundi and Tanzania – this population is estimated by the Dillon County Department of Social Services to be around 350 individuals. Most speak Swahili and some French. The men, who have brought their families, have been recruited by a local plant (Perdue Farms, Inc.).

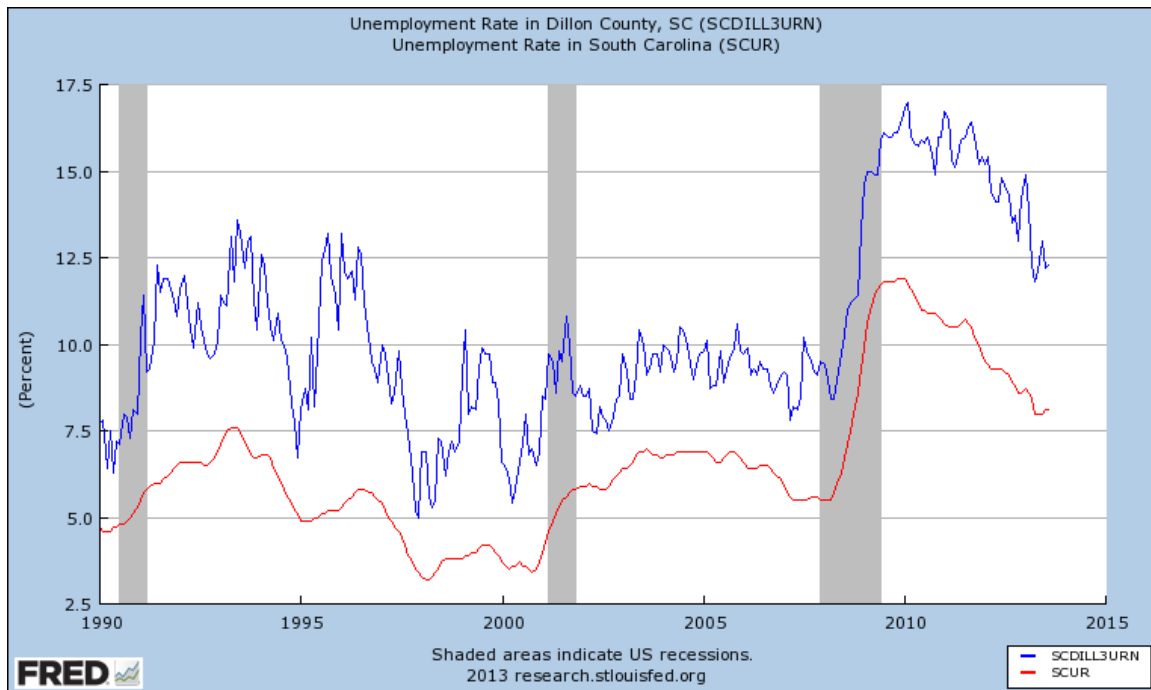
Another population that is prevalent in Dillon County is the Pee Dee Indian Tribe. Fractured across the Pee Dee region, the Pee Dee Indians have been capable of achieving state recognition but have been unsuccessful at achieving federal recognition. In Dillon County, the Upper Pee Dee Indian Tribe has a count of over 1,000 members.

SOCIAL AND ECONOMIC FACTORS

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

Employment and Income

Unemployment in Dillon County is consistently among the highest in the state and above state and national averages. According to The United States Department of Labor Bureau of Labor Statistics, Dillon County's unemployment rate was 12.3% in August 2013 which is slightly above the state seasonally adjust rate at 8.1% and nationally at 7.3%.



Employment and Income

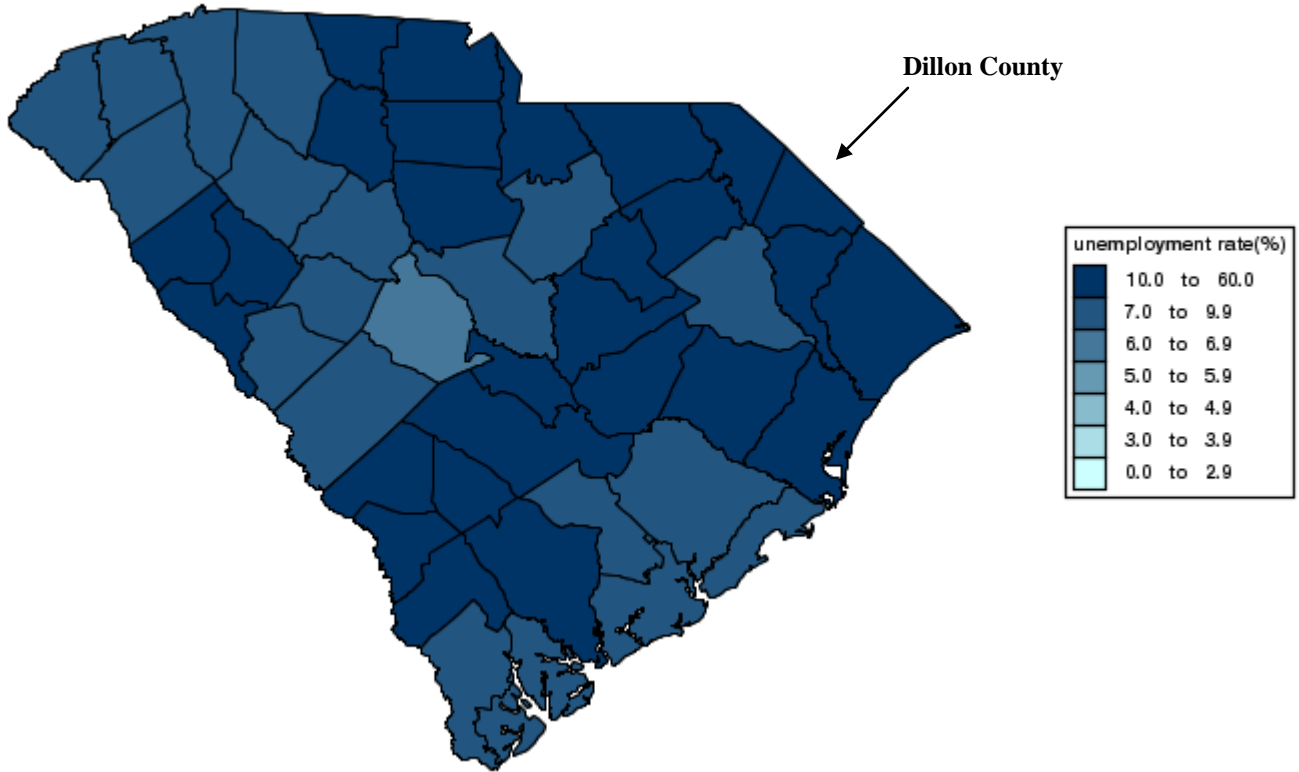
Table 5. Change in Unemployment Rates, November 2011 - November 2012

Geographic Area	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012
Dillon County, South Carolina	13.7	14.2	14.7	14.7	13.4	13.4	13.9	14.6	14.1	13.8	12.5	12.6	12.3
South Carolina	9.3	9.5	9.6	9.6	8.7	8.5	9.3	9.9	9.7	9.4	8.3	8.2	8.3
United States	8.3	8.3	8.9	8.8	8.4	7.8	8.0	8.5	8.6	8.2	7.6	7.6	7.4

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

According to The United States Department of Labor Bureau of Labor Statistics, Dillon County was the 6th highest in unemployment in January 2013.

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



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

Two common measures of income are Median Household Income, based on U.S. Census Bureau estimates, and Per Capita Income, based on U.S. Department of Commerce estimates. Both measures are shown for Dillon County in Table 6. The average Per Capita income for the report area is \$14,135 as compared to a national average of \$23,854.

Table 6. Income Levels by County, 2007-2011

Geographic Area	Median Household Income, 2007-2011	Per Capita Income, 2007-2011
Dillon County, South Carolina	\$26,067	\$14,135
South Carolina	\$44,587	\$23,854

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

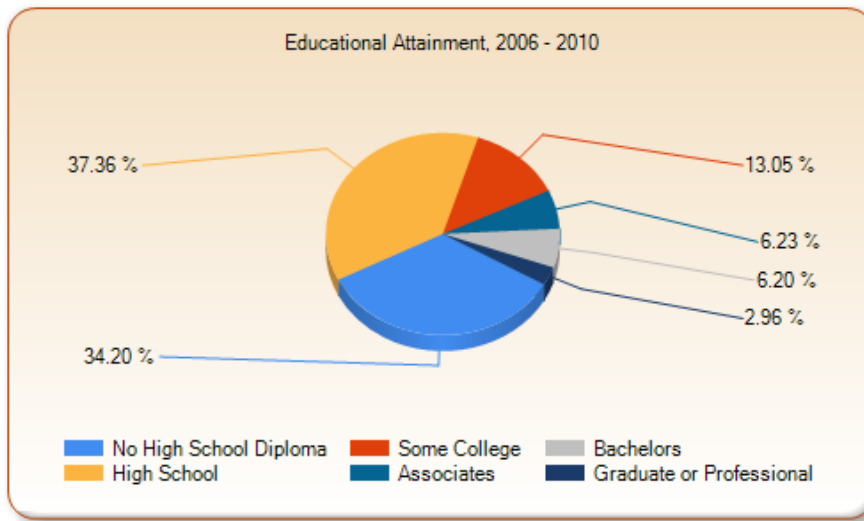
Education

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

Table 7. Percent Attaining Educational Levels, 2006 - 2010

Geographic Area	% No High School Diploma, 2006/2010	% High School Only, 2006/2010	% Some College, 2006/2010	% Associates, 2006/2010	% Bachelors, 2006/2010	% Graduate or Professional, 2006/2010
Dillon County, South Carolina	34.20	37.36	13.05	6.23	6.2	2.96
South Carolina	16.99	31.25	19.51	8.30	15.5	8.44
United States	14.97	28.99	20.62	7.52	17.6	10.30

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

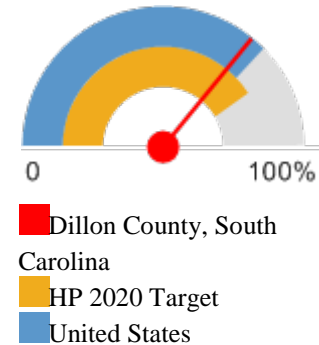


High School Graduation Rate

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

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Dillon County, South Carolina	500	359	71.80
South Carolina	59,274	39,114	66
United States	4,024,345	3,039,015	75.50
HP 2020 Target			>82.4

On-Time Graduation Rate



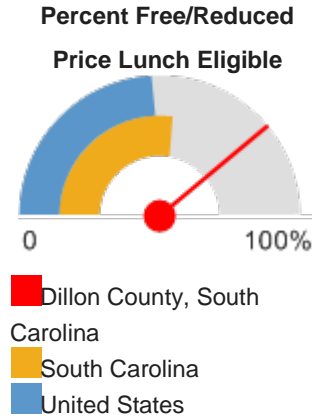
Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.

Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2012 and the U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08. Source geography: County.

Children Eligible for Free/Reduced Price Lunch

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

Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Dillon County, South Carolina	6,058	4,710	77.75%
South Carolina	724,660	394,997	54.51%
United States	49,692,766	24,021,069	48.34%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2010-2011. Source geography: Address.

Homelessness and Poverty

According to the South Carolina HUD Homeless Count release January 27, 2011, Dillon County has a rate of 5.30 per 10,000.

2010 poverty estimates show a total of 8,302 persons living below the poverty rate in Dillon County.

Table 8. Poverty Information, 2010

Geographic Area	All Ages		Age 0-17		Age 5-17	
	Number of Persons	Poverty Rate	Number of Persons	Poverty Rate	Number of Persons	Poverty Rate
Dillon County, South Carolina	8,302	26.2	3,129	37.1	2,114	34.6
South Carolina	813,939	18.1	276,637	26.0	180,286	23.6
United States	46,215,956	15.3	15,749,129	21.6	10,484,513	19.8

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

Table 9 shows the number of households in poverty by type in Dillon County. The U.S. Census Bureau estimates that there were 2,028 households living in poverty.

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

Geographic Area	Total Households, 2006-2010	Households in Poverty			
		Total	Married Couples	Male Householder	Female Householder
Dillon County, South Carolina	7,744	2,028	645	242	1,141
South Carolina	1,173,912	144,439	43,820	12,302	88,317
United States	76,254,320	7,685,345	2,773,694	760,085	4,151,566

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

The poverty rate change for children under five years of age in Dillon County from 2000 to 2010 is shown in Table 10. According to the U.S. Census, the poverty rate increased by 4.3%, compared to a national increase of 6.0 percent.

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

Geographic Area	Children 0-4 in Poverty, 2000	Poverty Rate, 2000	Children 0-4 in Poverty, 2010	Poverty Rate, 2010	Change in Poverty Rate, 2000 - 2010
Dillon County, South Carolina	892	39.3	1,015	43.7	4.3
South Carolina	61,653	22.9	96,351	32.1	9.2
United States	4,050,543	20.3	5,264,616	26.4	6.0

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

Poverty rates for seniors (persons age 65 and over) are shown in Table 11. According to American Community Survey estimates, there were 923 seniors, or 22.2 percent, living in poverty within Dillon County.

Table 11. Seniors in Poverty, 2006 - 2010

Geographic Area	Seniors	Seniors in Poverty	Senior Poverty Rate
Dillon County, South Carolina	4,157	923	22.2
South Carolina	617,252	64,840	10.5
United States	38,221,316	3,554,291	9.3

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

The poverty rate change in Dillon County from 2000 to 2010 is shown in Table 12. According to the U.S. Census Bureau reports, the poverty rate increased b

Table 12. Change in Poverty Rate, 2000 - 2010

Geographic Area	Persons in Poverty, 2000	Poverty Rate, 2000	Persons in Poverty, 2010	Poverty Rate, 2010	Change in Poverty Rate, 2000 - 2010
Dillon County, South Carolina	6,709	21.9	8,302	26.2	4.3
South Carolina	504,961	12.8	813,939	18.1	5.3
United States	31,581,086	11.3	46,215,956	15.3	4.0

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

Table 13 shows the number and percentage of households in poverty in Dillon County. In 2010, it is estimated that there were 3,472 households, or 29.64 percent, living in poverty.

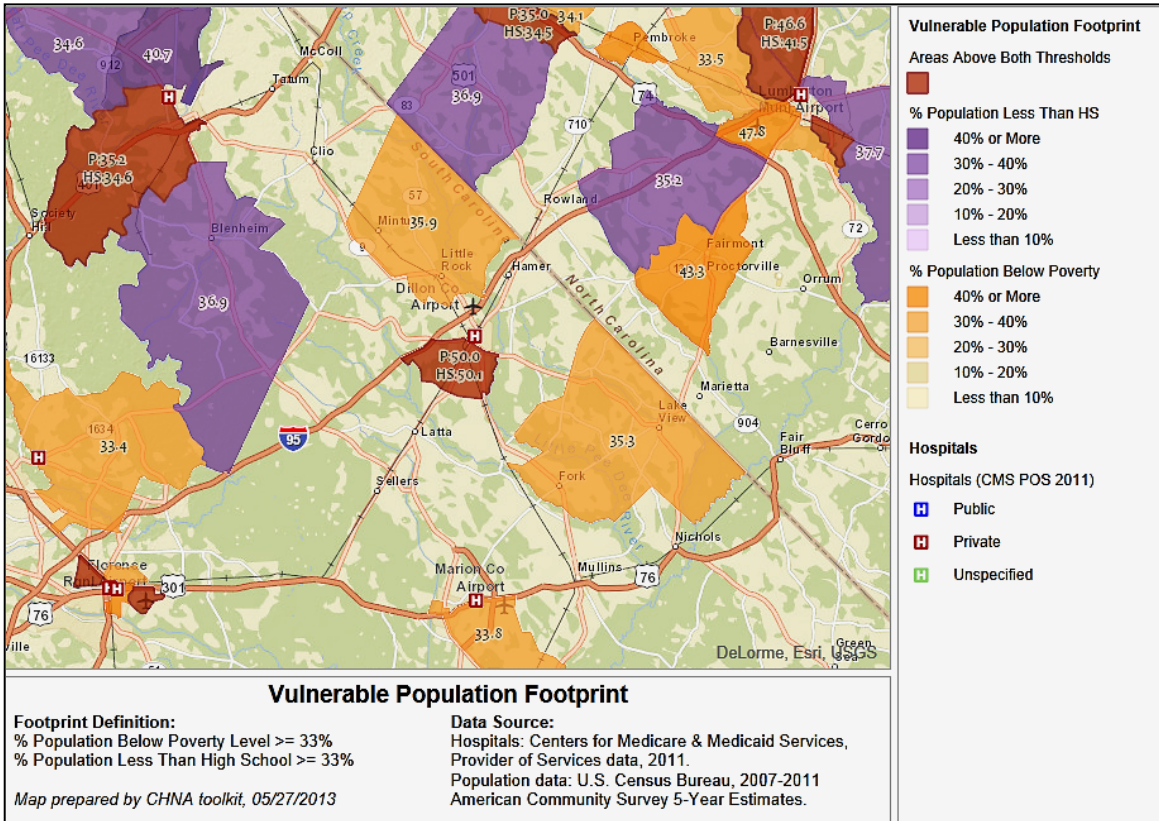
Table 13. Households in Poverty, 2006 - 2010

Geographic Area	Total Households, 2006/2010	Households in Poverty, 2006 2010	% Households in Poverty, 2006 2010
Dillon County, South Carolina	11,714	3,472	29.6
South Carolina	1,741,994	274,201	15.7
United States	114,236,000	14,865,322	13.0

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

Vulnerable Populations

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



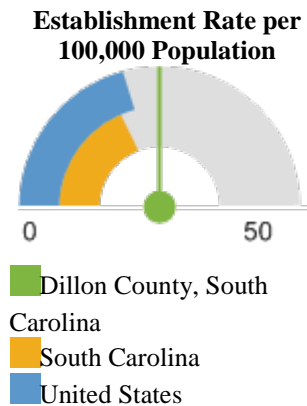
PHYSICAL ENVIRONMENT

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

Grocery Store Access

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

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
Dillon County, South Carolina	32,062	8	24.95
South Carolina	4,625,364	873	18.87
United States	308,745,538	64,366	20.85



Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Census Bureau, County Business Patterns, 2011. Source geography: County.

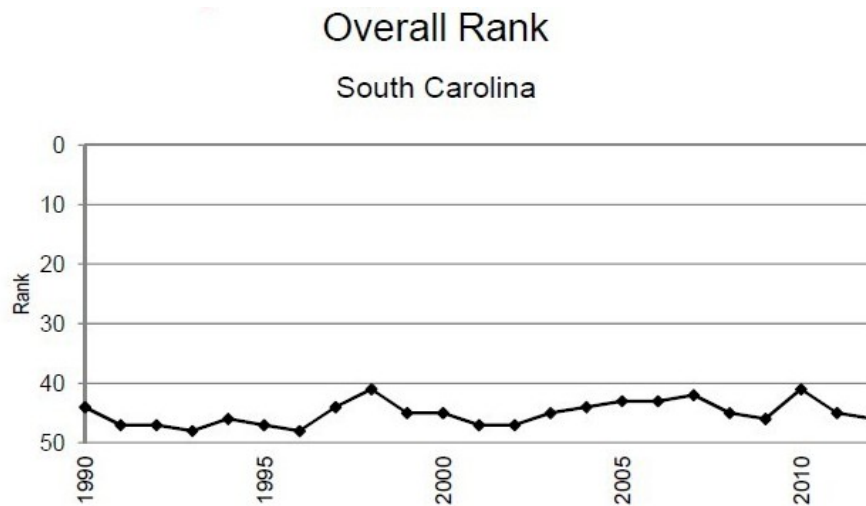


DETERMINANTS OF HEALTH

*HEALTHY AND UNHEALTHY
BEHAVIORS*

SOUTH CAROLINA PROFILE

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



Health Indicators:

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

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

Source: University of Wisconsin, The County Health Rankings, South Carolina, available at <http://americashealthrankings.org/CustomReport>

HEALTH INDICATORS

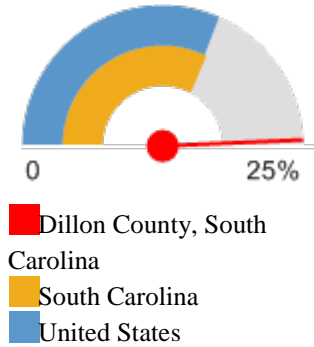
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to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

Poor/Fair General Health

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

Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
Dillon County, South Carolina	23,093	5,704	24.70%
South Carolina	3,442,167	557,631	16.20%
United States	229,932,154	36,429,871	15.84%

Percent Population with Poor or Fair Health



Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011. Source geography: County.

**County Specific Health Indicators
DILLON County**

Category	Health Indicator	Frequency	Rate or Percentage	Rank	SC Rate or Percentage
Access to Health Services	Births paid by Medicaid (2010) ^{1,5}	350.0	76.1	44	50.0
	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (2008-2010) ^{2,5}	19560.0	28.8	46	16.4
Clinical Preventive Services	Hep B Vaccine dose in facility (2010) ^{1,6}	451.0	98.0	1	75.0
	Flu Vaccine (65+) (2008-2010) ^{2,6}	7477.0	54.9	43	68.6
	Pneumococcal Vaccine (65+) (2008-2010) ^{2,6}	6210.0	45.6	46	68.8
Chronic Disease	Diabetes (Have you ever been told by a doctor that you have diabetes?) (2008-2010) ^{2,5}	7102.0	10.3	15	10.4
	Hypertension (Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?) (2008-2010) ^{2,5}	26613.0	39.1	31	33.4
Nutrition, Physical Activity, and Obesity	Adults who are Obese (20+ years of age) (2008-2010) ^{2,5}	24010.0	37.8	33	32.4
	Physical Activity (Adults that report doing physical activity or exercise during the past 30 days other than their regular job.) (2008-2010) ^{2,5}	40451.0	58.6	43	73.0
Tobacco	Current smokers (18+ years of age) (2008-2010) ^{2,5}	12979.0	19.1	17	20.5

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

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

**County Specific Health Indicators
DILLON County**

Category	Health Indicator	Frequency	Rate or Percentage	Rank	SC Rate or Percentage
Infectious Disease	HIV incidence (2010) ^{4,5}	6.0	18.7	34	17.5
	HIV prevalence (2010) ^{4,5}	114.0	355.6	30	329.6
	Chlamydia (2010) ^{4,5}	310.0	966.9	42	587.7
	Gonorrhea (2010) ^{4,5}	79.0	246.4	33	173.4
	Syphilis (2010) ^{4,5}	4.0	12.5	29	12.3
Maternal, Infant, and Child Health	Infant mortality (2008-2010) ^{3,5}	5.0	3.5	2	7.5
	Neonatal mortality (2008-2010) ^{3,5}	2.0	1.4	2	8.4
	Postneonatal mortality (2008-2010) ^{3,5}	6.0	2.1	10	2.9
	Low Birth Weight (2010) ^{1,5}	59.0	12.8	36	9.9
	Preterm births (2010) ^{1,5}	79.0	17.2	44	11.5
	Pregnant females receiving early and adequate prenatal care (Kotelchuck Adequate and Adequate+) (2010) ^{1,6}	356.0	77.4	14	73.9

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

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

**County Specific Health Indicators
DILLON County**

Category	Health Indicator	Frequency	Rate or Percentage	Rank	SC Rate or Percentage
	Breastfeeding initiation (2010) ^{1,6}	158.0	34.4	43	61.4
	Women who smoked during pregnancy (2010) ^{1,5}	57.0	12.4	26	12.0
	Teen live births (2010) ^{1,5}	92.0	20.0	43	12.0
	WIC enrollment need met(pregnant women) (2011) ¹	184.0	87.0	.	86.0
	WIC enrollment need met (infants) (2011) ¹	401.0	94.0	.	99.0
	WIC enrollment need met (children) (2011) ¹	786.0	85.0	.	81.0

1 Percentage

2 Weighted Frequency and Percentage

3 Rate per 1,000 live births

4 Rate per 100,000 population

5 Rates ranked in ascending order. A rank of 1 signifies the lowest rate in the state.

6 Rates ranked in descending order. A rank of 1 signifies the highest rate in the state.

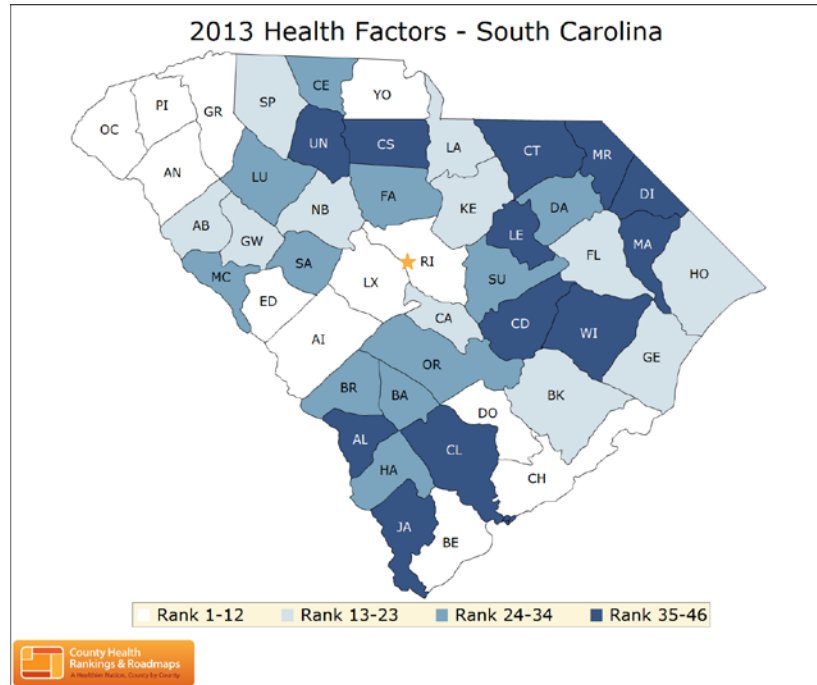
Source: DHEC, PHSIS

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

HEALTH FACTORS AND BEHAVIORS

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

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



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

Table 14. SC County Health Factor Rankings

	Dillon County	Error Margin	South Carolina	National Benchmark*	Rank (of 46)
Health Factors					44
<u>Health Behaviors</u>					<u>37</u>

Adult smoking

21% **16-26%** **21%** **13%**

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

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

Adult obesity 39% 33-44% 31% 25%

This measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m².

Reason for ranking: Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

Physical inactivity 38% 32-44% 28% 21%

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

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

Excessive drinking 10% 6-15% 14% 7%

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

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

Motor vehicle crash death rate 28 21-35 22 10

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

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

Sexually transmitted infections 939 573 92

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

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

Teen birth rate 81 75-87 49 21

This measure is reported as the number of births per 1,000 female population, ages 15-19.

Reason for ranking: Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for

current and future sexual risk behavior and adverse outcomes. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Teens are also more likely than older women to have a pre-term delivery and low birth weight baby, increasing the risk of child developmental delay, illness, and mortality.

Clinical Care

36

Uninsured

22% 20-24% 20% 11%

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

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

The number of Americans who do not have health insurance continues to increase and there are disparities in access to care based on race/ethnicity, employment, gender, and income level. Ethnic minorities are more likely to be uninsured than non-Hispanic whites. Employer-based coverage is the largest source of health coverage in the US, and many unskilled, low paying, and part-time jobs do not offer benefits.

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

Primary care physicians**

2,295:1 1,545:1 1,067:1

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

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

Dentists**

4,073:1 2,229:1 1,516:1

This measure represents the population per dentist in the county.

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

Preventable hospital stays

90 80-100 61 47

Preventable hospital stays is measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

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

Diabetic screening

84% 77-91% 85% 90%

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

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

Mammography screening 63% 54-71% 69% 73%

This measure represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

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

Social & Economic Factors 44

High school graduation** 66% 74%

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

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

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

Some college 34% 28-40% 58% 70%

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

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

Unemployment 15.30% 10.30% 5.00%

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

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

Children in poverty 48% 39-57% 28% 14%

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

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

Inadequate social support **33%** **26-40%** **22%** **14%**

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

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

Children in single-parent households **58%** **49-67%** **39%** **20%**

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

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

Violent crime rate **1,539** **667** **66**

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

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

Physical Environment **37**

Daily fine particulate matter **13.3** **13.1-13.5** **12.9** **8.8**

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

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

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

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

Reason for ranking: Recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health

problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.

Access to recreational facilities 0 9 16

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

Reason for ranking: The availability of recreational facilities can influence individuals’ and communities’ choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity. The evidence for the effectiveness of improving access to recreational facilities is so strong that the Centers for Disease Control and Prevention (CDC) recommend it as one of the 24 environmental- and policy-level strategies to reduce obesity in its Common Community Measures for Obesity Prevention Project.

Limited access to healthy foods** 6% 8% 1%

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

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

Fast food restaurants 48% 49% 27%


Fast food restaurants examine the proportion of restaurants in a county that are fast food establishments.

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

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

** Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data

 Highlights potential challenges for the county.

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

Alcohol Expenditures

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

Report Area	Average Total Household Expenditures (USD)	Average Household Alcoholic Beverage Expenditures (USD)	Percent Alcoholic Beverage Expenditures	Alcoholic Beverage Expenditures, County Rank (In-State)	Alcoholic Beverage Expenditures, County Percentile
Dillon County, South Carolina	no data	no data	no data	35	76.09%
South Carolina	45,543	855	1.88%	no data	no data
United States	50,932	910	1.79%	no data	no data

Note: This indicator is compared with the state average. No breakout data available.

Data Source: Nielsen Claritas Site Reports, Consumer Buying Power, 2011. Source geography: Tract.

Fruit/Vegetable Expenditures

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

Report Area	Average Total Household Expenditures (USD)	Average Household Fruit / Vegetable Expenditures (USD)	Percent Fruit / Vegetable Expenditures	Fruit / Vegetable Expenditures, County Rank (In-State)	Fruit / Vegetable Expenditures, County Percentile
Dillon County, South Carolina	no data	no data	no data	46	100%
South Carolina	45,543	607	1.33%	no data	no data
United States	50,932	737	1.45%	no data	no data

Note: No breakout data available.

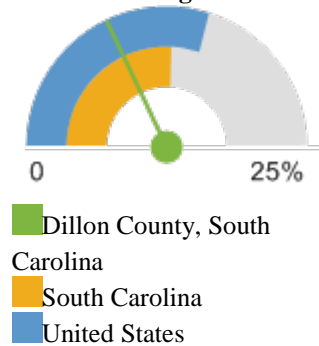
Data Source: Nielsen Claritas Site Reports, Consumer Buying Power, 2011. Source geography: Tract.

Heavy Alcohol Consumption

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

Report Area	Total Population Age 18	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Dillon County, South Carolina	23,093	2,078	9%
South Carolina	209,514	27,027	12.90%
United States	89,135,163	13,385,866	15.02%

Percent Population Heavily Consuming Alcohol



Note: This indicator is compared with the state average. No breakout data available.

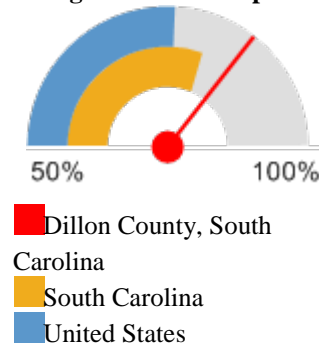
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011. Source geography: County.

Inadequate Fruit/Vegetable Consumption (Adult)

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

Report Area	Total Population Age 18	Estimated Population with Inadequate Fruit / Vegetable Consumption	Percent Population with Inadequate Fruit / Vegetable Consumption
Dillon County, South Carolina	22,076	18,875	85.50%
South Carolina	3,355,523	2,714,618	80.90%
United States	116,676,632	88,508,989	75.86%

Percent Population with Inadequate Fruit / Vegetable Consumption



Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2009. Source geography: County.

Physical Inactivity (Adult)

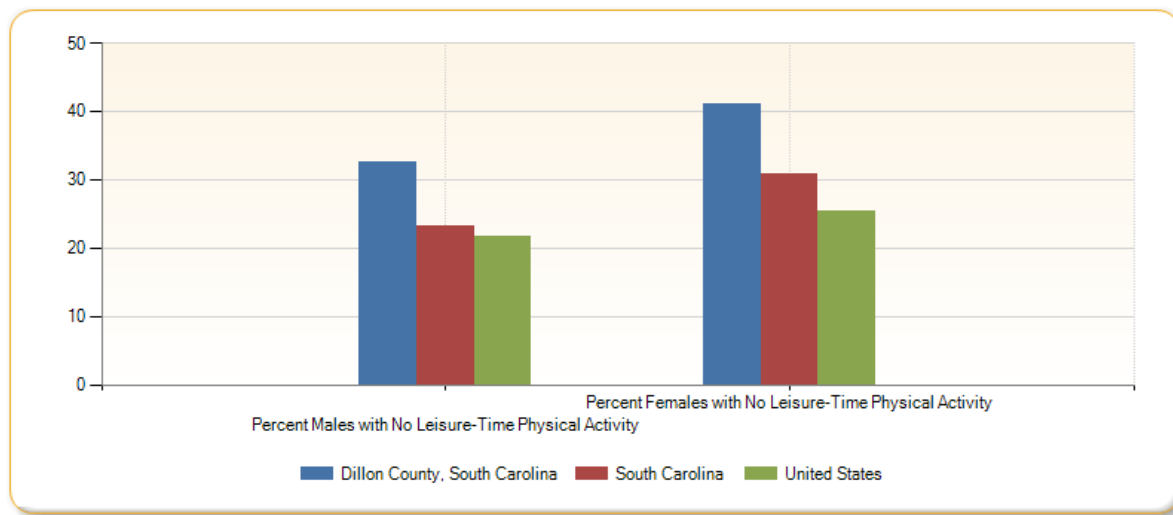
This indicator reports the percentage of adults aged 20 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking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

Adults with No Leisure-Time Physical Activity by Gender

Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
Dillon County, South Carolina	3,194	32.60%	4,919	41.20%
South Carolina	375,417	23.34%	547,286	30.84%
United States	23,736,266	21.73%	29,817,193	25.41%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.



Soft Drink Expenditures

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

Report Area	Average Total Household Expenditures (USD)	Average Household Soda Expenditures (USD)	Percent Soda Expenditures	Soda Expenditures, County Rank (In-State)	Soda Expenditures, County Percentile
Dillon County, South Carolina	no data	no data	no data	46	100%
South Carolina	45,543	245	0.54%	no data	no data
United States	50,932	252	0.49%	no data	no data

Note: No breakout data available.

Data Source: Nielsen Claritas Site Reports, Consumer Buying Power, 2011. Source geography: Tract.

Tobacco Expenditures

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

Report Area	Average Total Household Expenditures (USD)	Average Household Cigarette Expenditures (USD)	Percent Cigarette Expenditures	Cigarette Expenditures, County Rank (In-State)	Cigarette Expenditures, County Percentile
Dillon County, South Carolina	no data	no data	no data	44	95.65%
South Carolina	45,543	832	1.83%	no data	no data
United States	50,932	810	1.59%	no data	no data

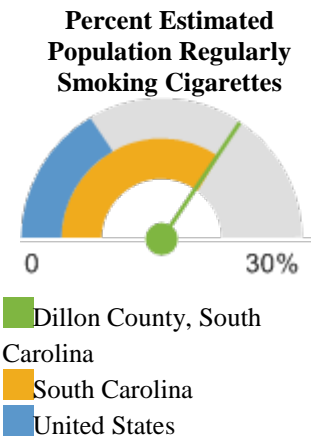
Note: No breakout data available.

Data Source: Nielsen Claritas Site Reports, Consumer Buying Power, 2011. Source geography: Tract.

Tobacco Usage (Adult)

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

Report Area	Total Population Age 18 and older	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Dillon County, South Carolina	23,093	4,780	20.70%
South Carolina	209,514	43,788	20.90%
United States	207,962	20,796	10%



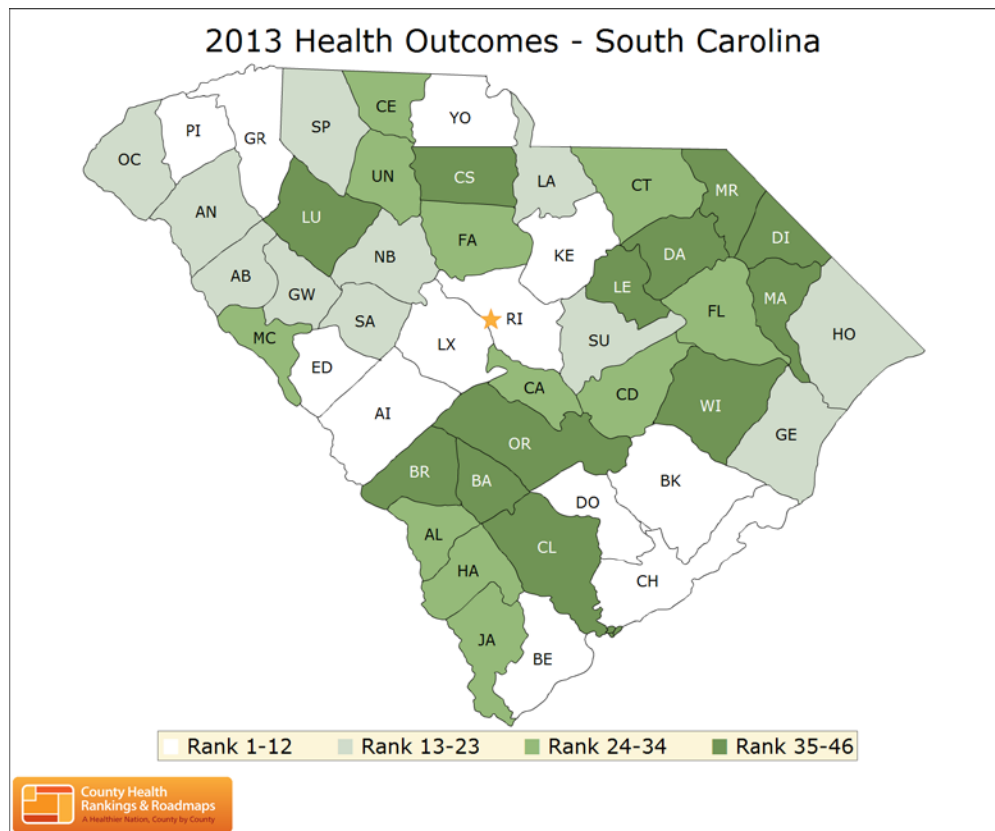
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011. Source geography: County.

HEALTH OUTCOMES

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

The County Health Rankings 2013 Health Outcomes is shown below. Health Outcomes is used as the primary indicator to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state. **Dillon County is ranked 42 out of 46 counties in South Carolina.**



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

Table 15. SC County Health Outcomes Rankings

	Dillon County	Error Margin	South Carolina	National Benchmark*	Rank (of 46)
Health Outcomes					42
<u>Mortality</u>					<u>37</u>

Premature death 11,204 9,941-12,467 8,448 5,317

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

per 100,000 in population and is age-adjusted to the 2000 US population.

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

Morbidity **43**

Poor or fair health **25%** **21-29%** **16%** **10%**

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

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

Poor physical health days **4.7** **3.7-5.8** **3.6** **2.6**

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

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

Poor mental health days **4.2** **3.1-5.4** **3.6** **2.3**

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

Reason for ranking: Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

Low birth weight **13.40%** **12.3-14.6%** **10.10%** **6.00%**

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

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

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

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

Chronic Conditions

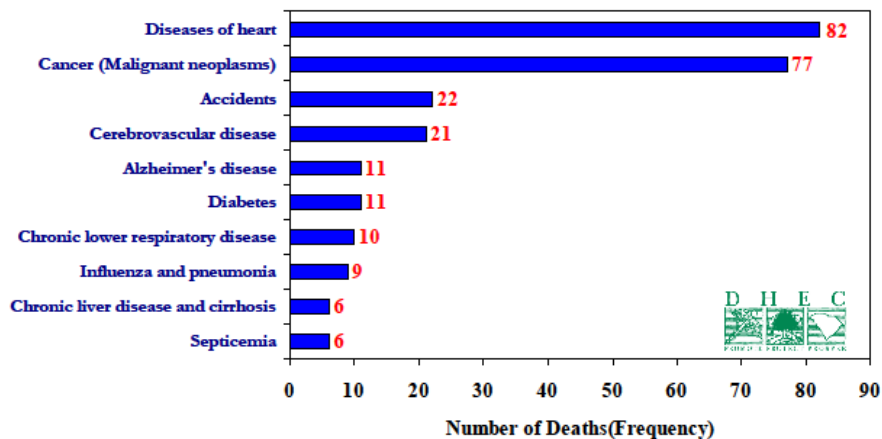
Chronic conditions are making an impact on the health of many South Carolinians. Some common behavioral risk factors that contribute to an increased risk of developing a chronic condition and to the leading causes of death are smoking, sedentary lifestyle, obesity, high cholesterol, and low consumption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

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

Leading Causes of Death

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

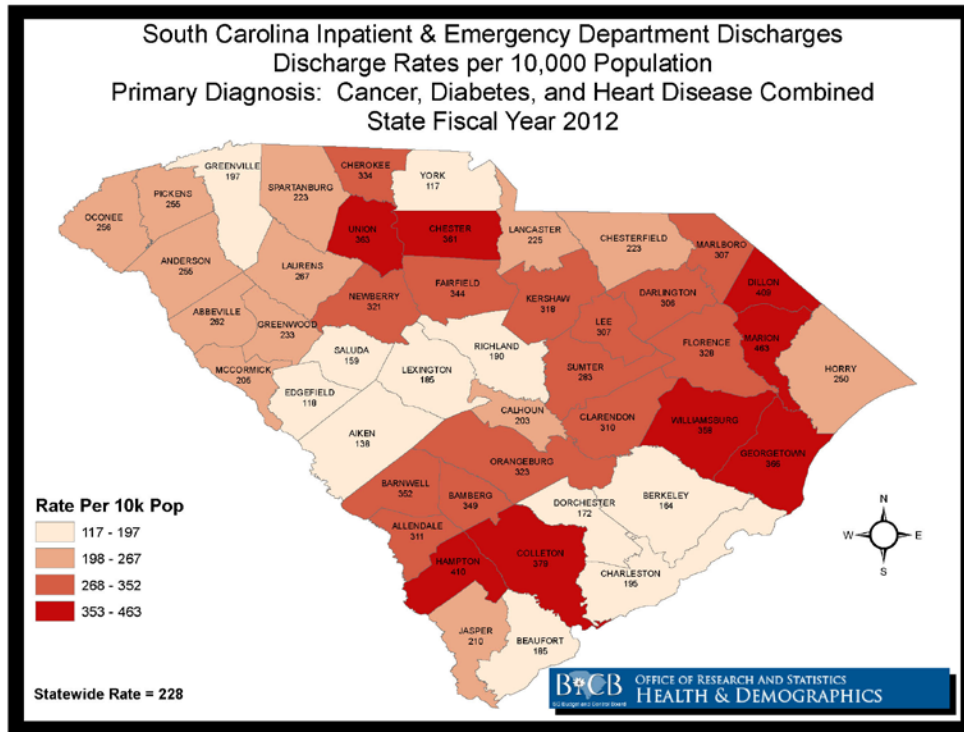
Top Ten Leading Causes of Death in Dillon County, 2011



Data Source: SCDHEC SCAN <http://scanis.dhec.sc.gov/scan/>; Generated by Chronic Disease Epidemiology and Evaluation
For methodology of ranking, see Technical Document: <http://www.scdhec.gov/health/epidata/docs/EpiTechNotes.pdf>

January 2013

Dillon County discharge rates for heart disease and stroke, cancer, and diabetes are among the highest in the state.



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

Impact of Heart Disease and Stroke

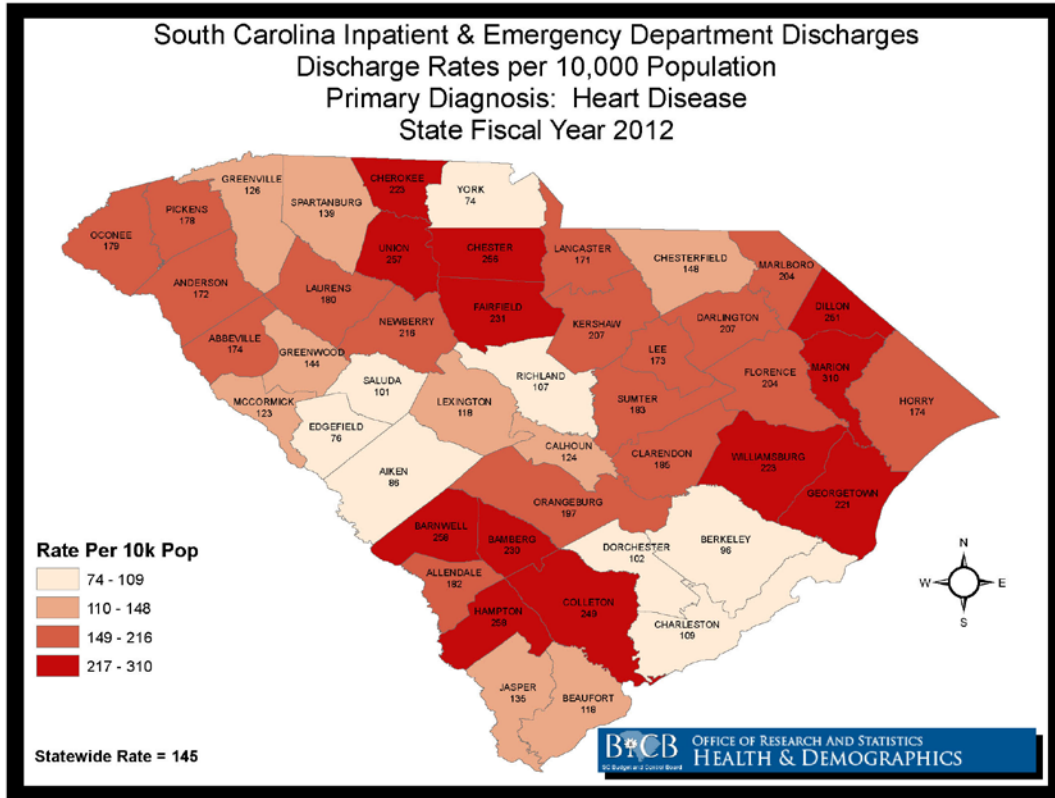
According to SC DHEC, Dillon County is in the 'Buckle of the Stoke Belt' where rates of heart disease and stroke are among the highest in the nation. In table 16, mortality rates are compared against state rates.

Table 16. 2007 Heart Disease and Stroke Mortality Rates

County Age-Adjusted Rates (per 100,000 population) 2007			
	Heart Disease Mortality	Heart Failure Mortality	Stroke Mortality
Dillon County	303.9	52.8	68.9
South Carolina	185.7	19.1	49.8

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

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



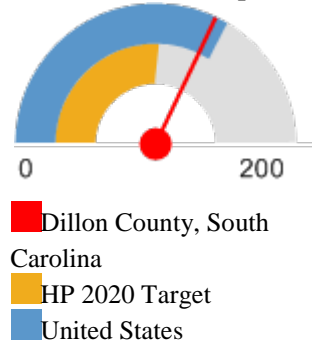
Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2013.

Heart Disease Mortality

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

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	42	132.05	128.22
South Carolina	4,509,238	5,692	126.22	121.71
United States	303,844,430	432,552	142.36	134.65
HP 2020				<= 100.8

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



Target				
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Note: This indicator is compared with the Healthy People 2020 Target.

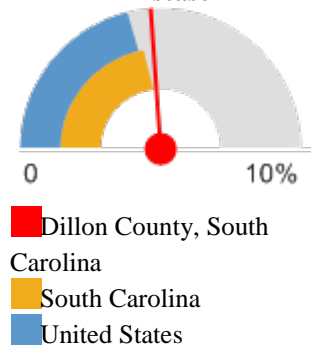
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. Accessed through CDC WONDER. Source geography: County.

Heart Disease Prevalence

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

Report Area	Total Population (Age 18)	Number Adults with Heart Disease	Percent Adults with Heart Disease
Dillon County, South Carolina	23,093	1,104	4.78%
South Carolina	3,442,167	155,242	4.51%
United States	232,747,222	9,911,760.85	4.26%

Percent Adults with Heart Disease



Note: This indicator is compared with the state average. No breakout data available.

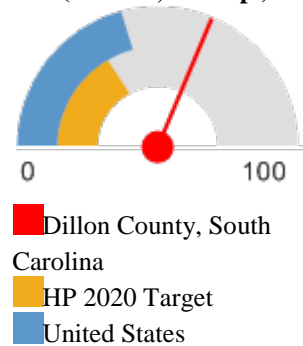
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Stroke Mortality

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

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	20	63.18	62.85
South Carolina	4,509,238	2,369	52.53	52.19
United States	303,844,430	133,107	43.81	41.78

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



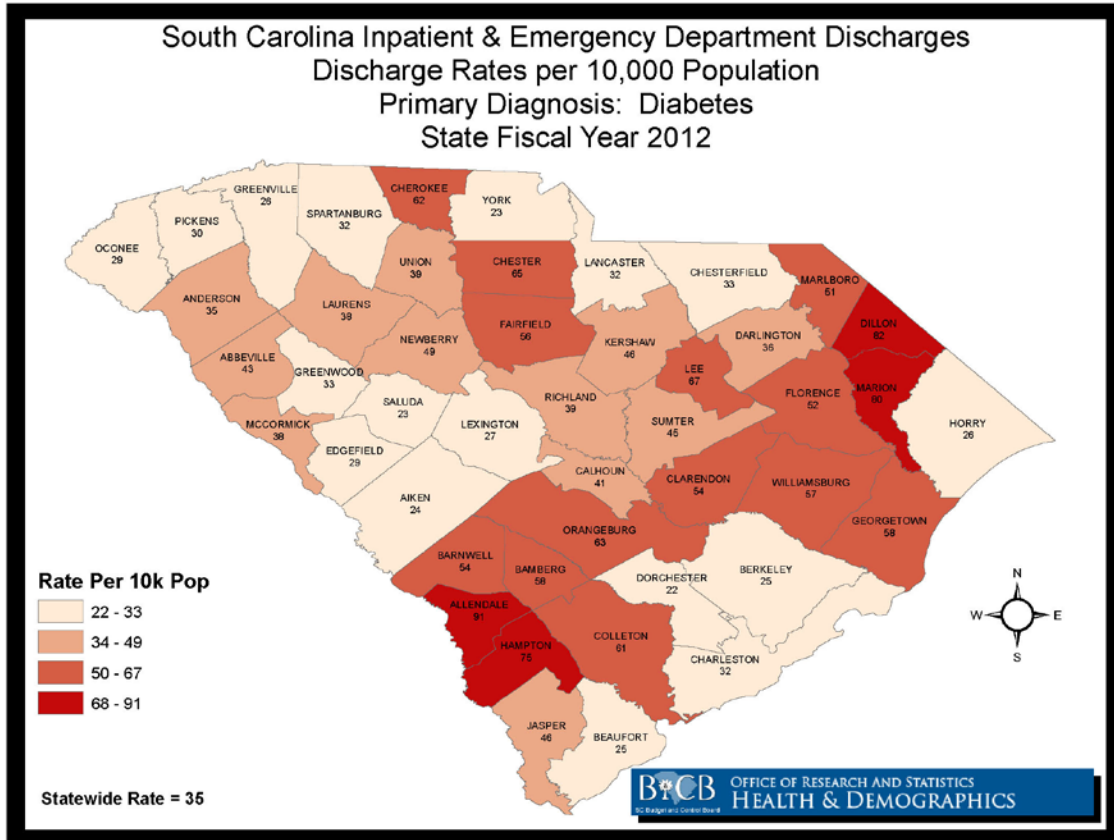
HP 2020 Target				<= 33.8
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*Note: This indicator is compared with the Healthy People 2020 Target.
 Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.*

Impact of Diabetes

In 2010, there were 123 hospitalizations for diabetes in Dillon County for all ages. There were an additional 1,123 hospital discharges with diabetes-related conditions in Dillon County. In 2010, there were 179 emergency room visits for diabetes as the primary diagnosis, among which 112 (63%) were by African-American patients. There were 1,533 emergency room visits for diabetes as a related condition.

Diabetes is the seventh leading cause of death in Dillon County. A total of 9 people in Dillon County died from diabetes in 2009. Dillon County ranks #17 in diabetes mortality in South Carolina (2007-2009).



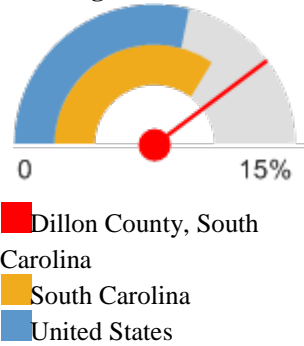
Source: South Carolina Budget and Control Board, Office of Research and Statistics Health and Demographics. 2013.

Diabetes Prevalence

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

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Percent Population with Diagnosed Diabetes
Dillon County, South Carolina	21,446	2,788	11.90%
South Carolina	3,339,972	377,662	10.46%
United States	223,653,607	20,615,282	8.72%

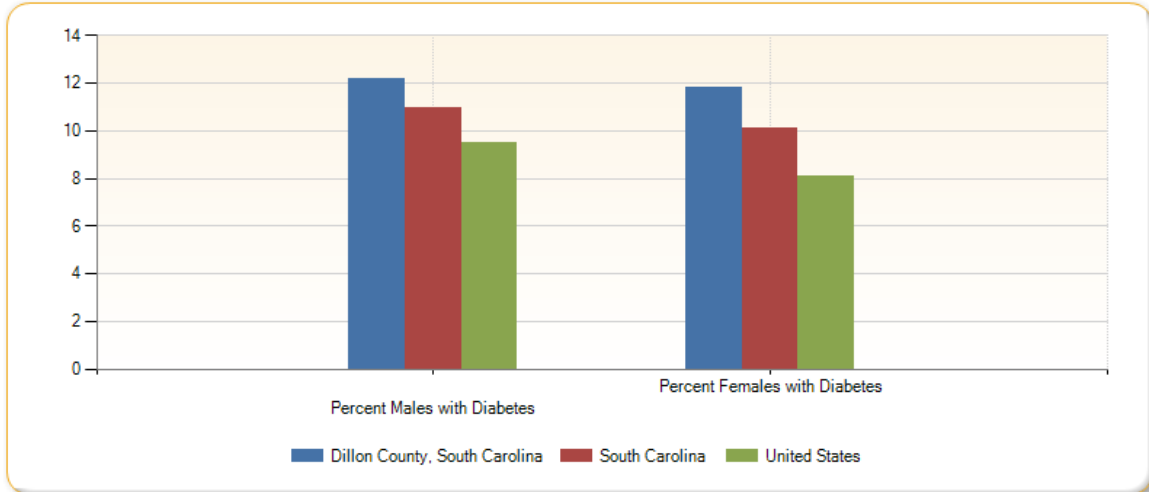
Percent Population with Diagnosed Diabetes



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

Adults Diagnosed with Diabetes by Gender

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Dillon County, South Carolina	1,229	12.20%	1,559	11.80%
South Carolina	182,320	10.96%	195,344	10.08%
United States	10,488,129	9.49%	10,127,138	8.08%



Impact of Obesity

Dillon County has a state-of-the-art community wellness center. While rates of obesity were below the state and national percentages, the county was still above the *Healthy People 2020* goal. *Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. *Healthy People* has established benchmarks for these objectives and monitored progress over time.

Table 17. 2010 Dillon County Profile on Nutrition, Physical Activity, and Obesity

Adults	Dillon County	SC	US	Healthy People 2020
Obese (%)	25.6	30.3	27.7	15
Not meeting physical activity recommendation (%)	60.3	54.6	49.4	50
Not meeting fruit and vegetable recommendation (%)	85.3	82.6	76.6	N/A

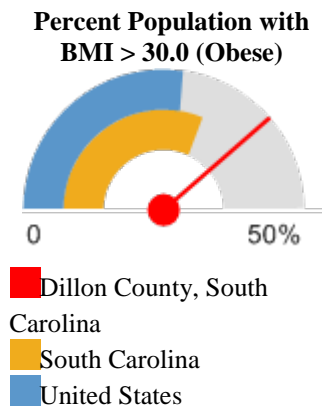
Source: SC Department of Health and Environmental Services, Bureau of Community Health and Chronic Disease Prevention, 2010 Dillon County Profile Nutrition, Physical Activity, and Obesity. April 2011.

According to the SC DHEC 2011 South Carolina Obesity Burden Report, in 2010 67.4% of all SC adults and 29.6% of all high school students were overweight or obese. In 2010, Dillon County ranked 16th in the state with 66.4% of adults overweight or obese.

Obesity (Adult)

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

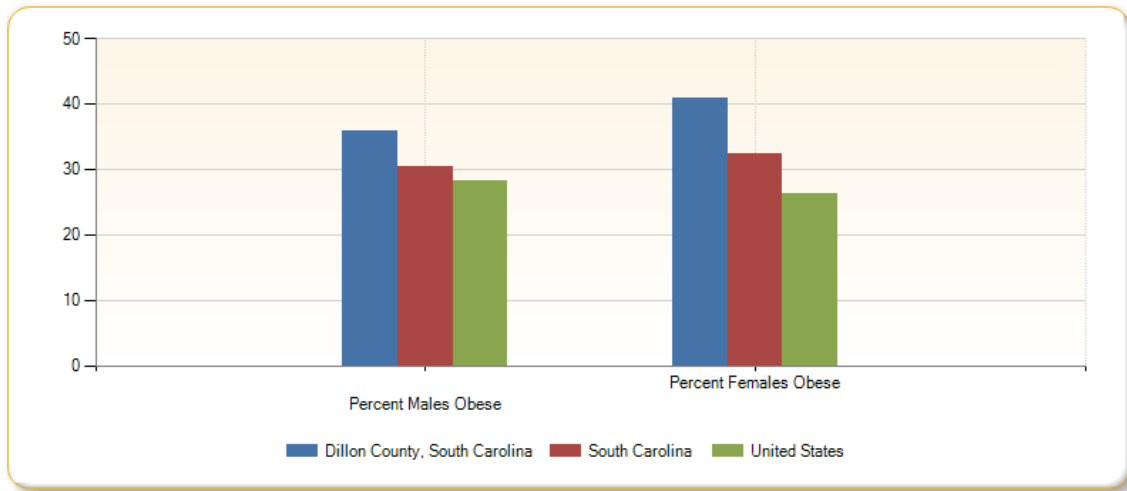
Report Area	Total Population Age 20	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
Dillon County, South Carolina	21,417	8,267	38.70%
South Carolina	3,344,854	1,051,209	31.49%
United States	223,576,989	61,460,308	27.35%



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

Adult Obesity by Gender

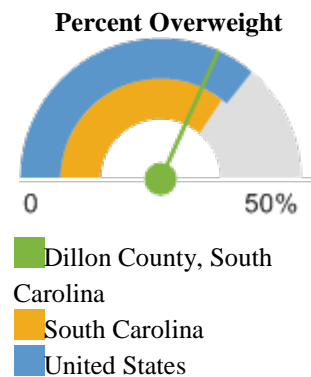
Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Dillon County, South Carolina	3,507	35.90%	4,761	41%
South Carolina	489,795	30.53%	561,412	32.39%
United States	31,008,901	28.30%	30,451,365	26.37%



Overweight (Adult)

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

Report Area	Total Population (Age 18)	Number Overweight	Percent Overweight
Dillon County, South Carolina	23,093	7,327	31.73%
South Carolina	3,442,167	1,230,230	35.74%
United States	232,747,222	84,521,271.09	36.31%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Impact of Cancer

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

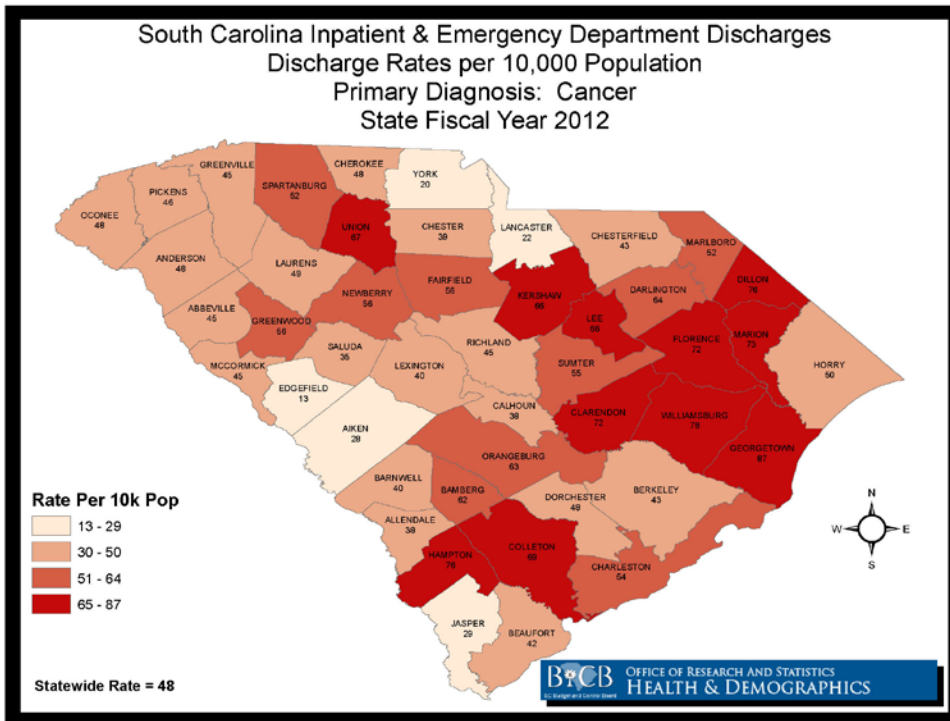
Major risk factors for cancer include tobacco use, unhealthy diet, lack of exercise and over exposure to sunlight (solar radiation) - all risk factors in Dillon County and South Carolina as a whole. Genetic factors also appear to play a role in some types of cancer. However, the cause or origin of many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

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

Table 18. Statistics on All Cancers

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

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

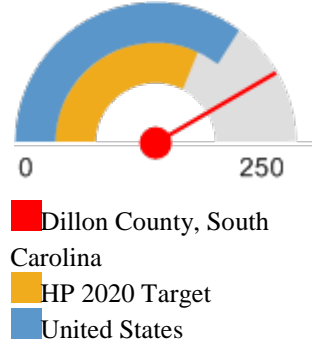


Cancer Mortality

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

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	69	217.35	207.79
South Carolina	4,509,238	9,080	201.36	187.78
United States	303,844,430	566,121	186.32	176.66
HP 2020 Target				<= 160.6

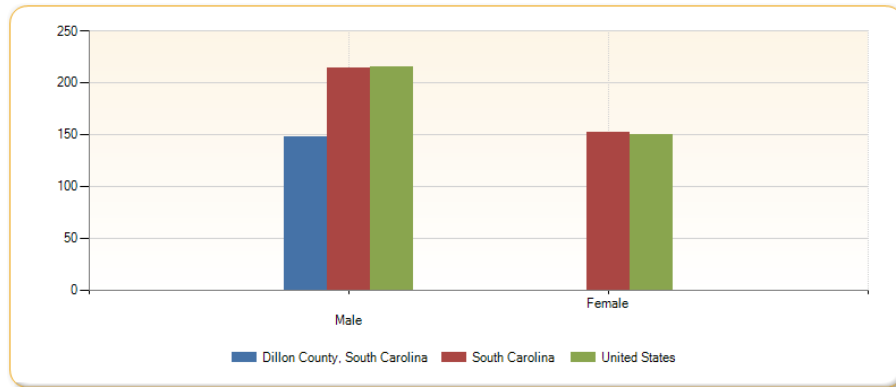
Age-Adjusted Death Rate (Per 100,000 Pop.)



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

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

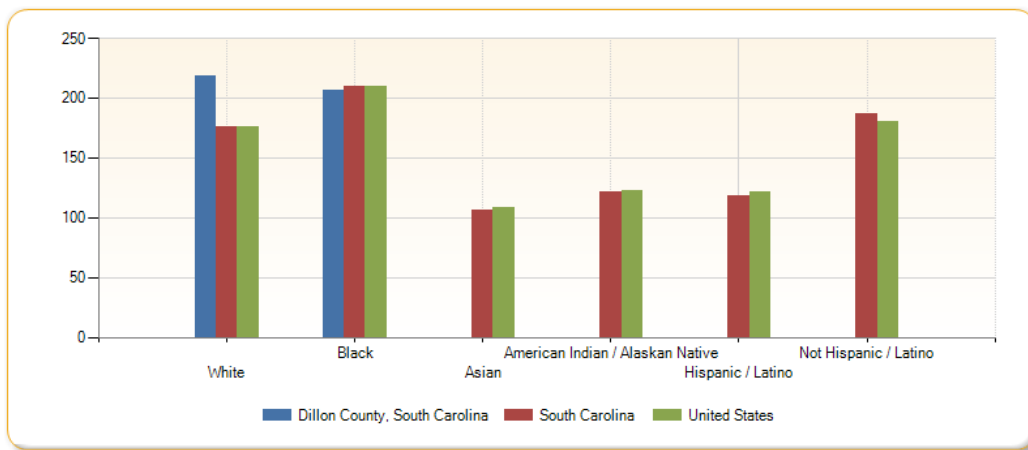
Report Area	Male	Female
Dillon County, South Carolina	147.42	no data
South Carolina	214.81	152.09
United States	215.04	150.05



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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Dillon County, South	218.39	206.63	no data	no data	no data	no data

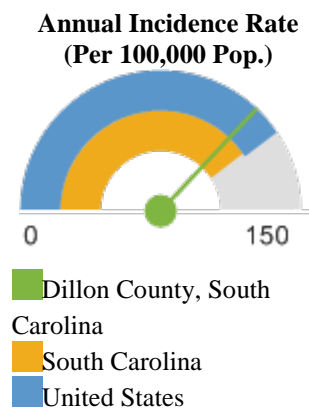
Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Carolina						
South Carolina	175.71	209.46	106.25	121.84	118.47	187.54
United States	176.12	209.70	108.72	122.20	121.09	180.92



Breast Cancer Incidence

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

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Dillon County, South Carolina	30,777	34	111.50
South Carolina	4,416,867	5,362	121.40
United States	301,461,536	367,783	122



Note: This indicator is compared with the state average.

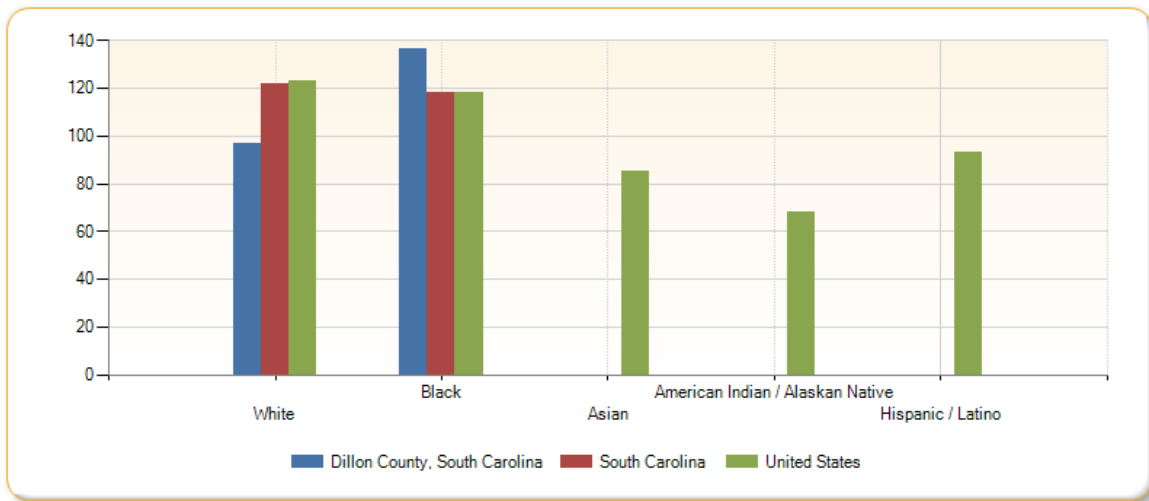
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.

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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Dillon County, South Carolina	15	19	no data	no data	no data
South Carolina	3,632	1,470	no data	no data	no data
United States	276,098	43,972	11,261	1,655	280,661

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

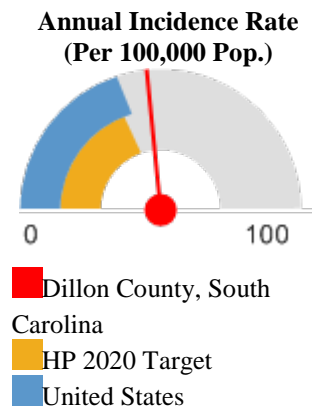
Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Dillon County, South Carolina	97	136.80	no data	no data	no data
South Carolina	122	118	no data	no data	no data
United States	123	118	85.30	68.30	93.10



Colon and Rectum Cancer Incidence

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

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Dillon County, South Carolina	30,777	14	46.90
South Carolina	4,416,867	1,974	44.70
United States	301,461,536	121,188	40.20
HP 2020 Target			<= 38.6

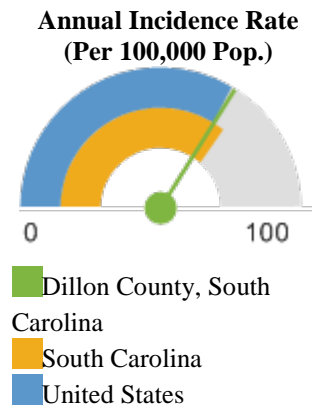


Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.

Lung Cancer Incidence

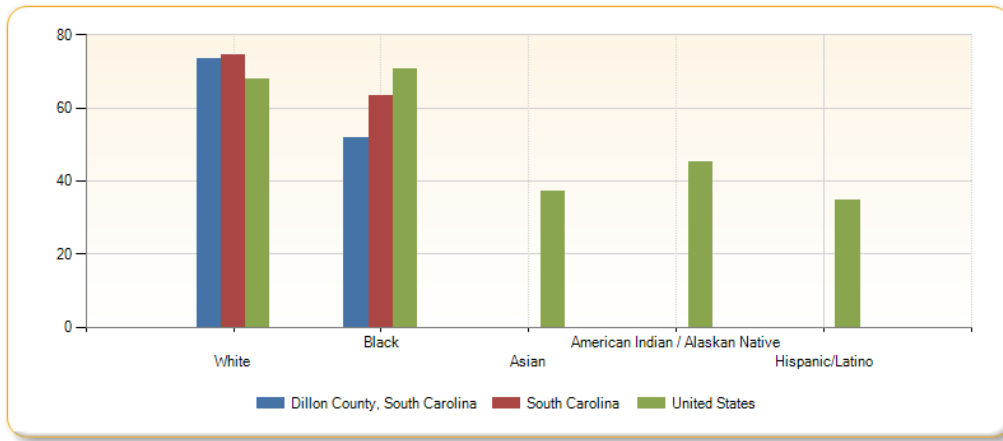
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target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

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Dillon County, South Carolina	30,777	21	67.70
South Carolina	4,416,867	3,180	72
United States	301,461,536	202,582	67.20



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

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

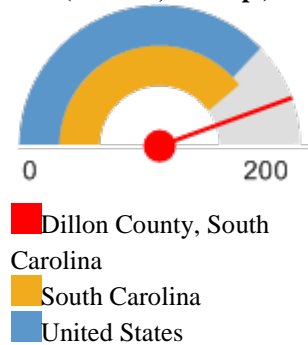


Prostate Cancer Incidence

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

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Dillon County, South Carolina	30,777	54	178
South Carolina	4,416,867	7,022	159
United States	301,461,536	456,412	151.40

Annual Incidence Rate (Per 100,000 Pop.)



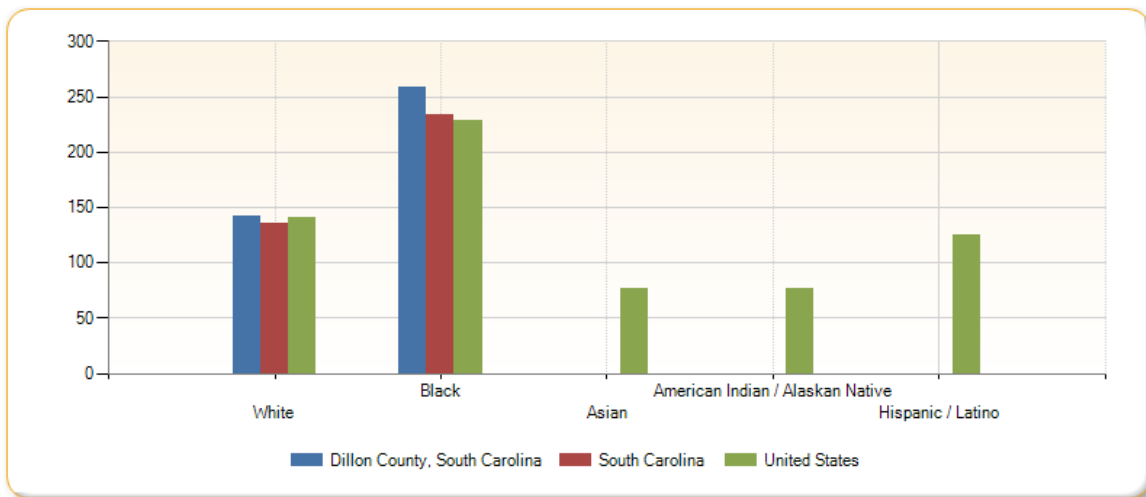
Note: This indicator is compared with the state average.
Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009. Source geography: County.

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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Dillon County, South Carolina	21	36	no data	no data	no data
South Carolina	4,040	2,912	no data	no data	no data
United States	316,053	85,187	10,151	1,861	375,018

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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Dillon County, South Carolina	142.20	258.60	no data	no data	no data
South Carolina	135.70	233.80	no data	no data	no data
United States	140.80	228.60	76.90	76.80	124.40



Impact of Asthma

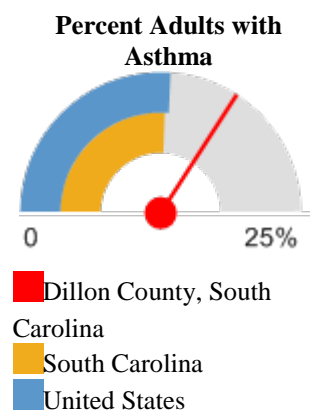
Asthma Prevalence

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

Report Area	Total Population (Age 18)	Number Adults with Asthma	Percent Adults with Asthma
Dillon County, South Carolina	23,093	3,940	17.06%
South Carolina	3,442,167	441,630	12.83%
United States	232,747,222	30,473,296.44	13.09%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.



In 2010, approximately 10.4% of adults in Dillon County suffer annually from asthma. In that year, there were 56 hospitalizations for asthma in Dillon County for all ages.

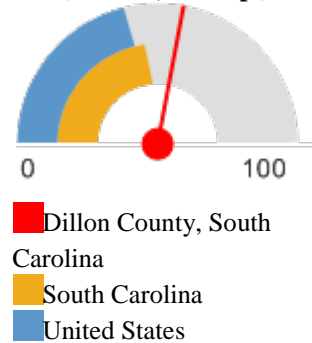
Impact of Lung Disease

Lung Disease Mortality

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

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	19	58.76	55.99
South Carolina	4,509,238	2,164	47.98	46.42
United States	303,844,430	133,806	44.04	42.40

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

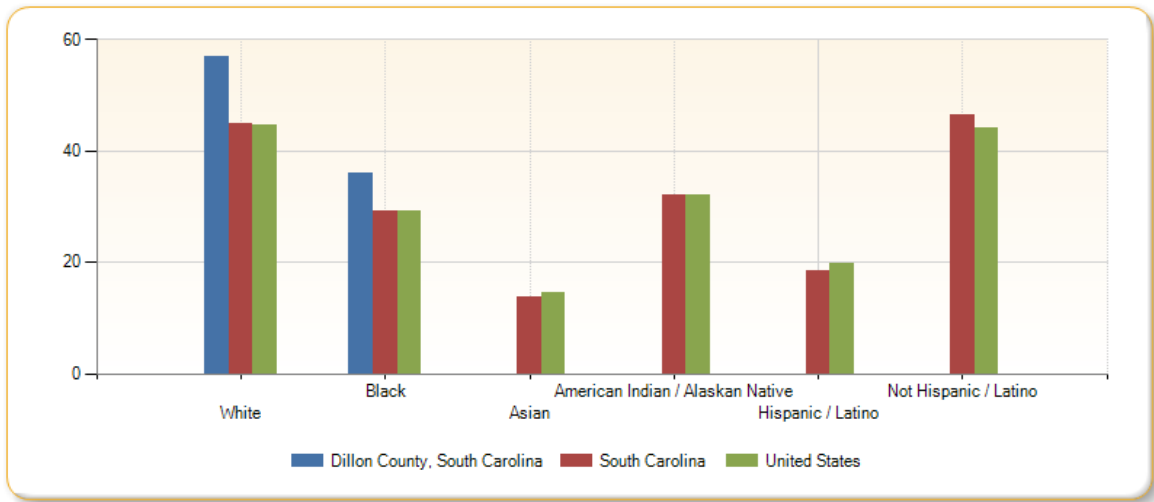


Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

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

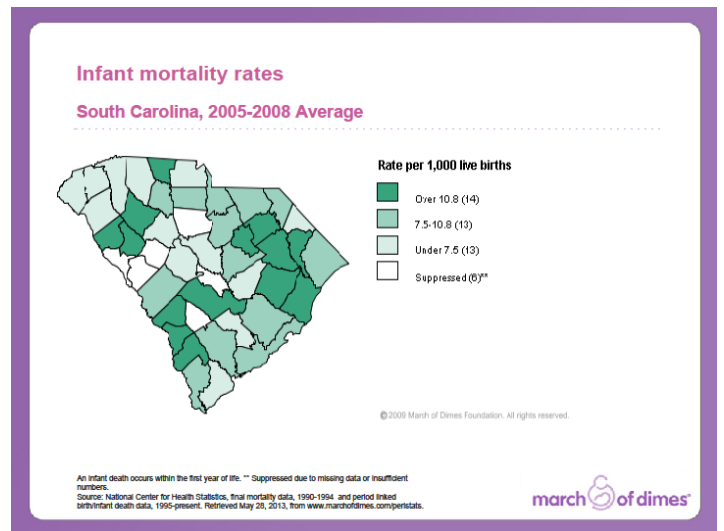
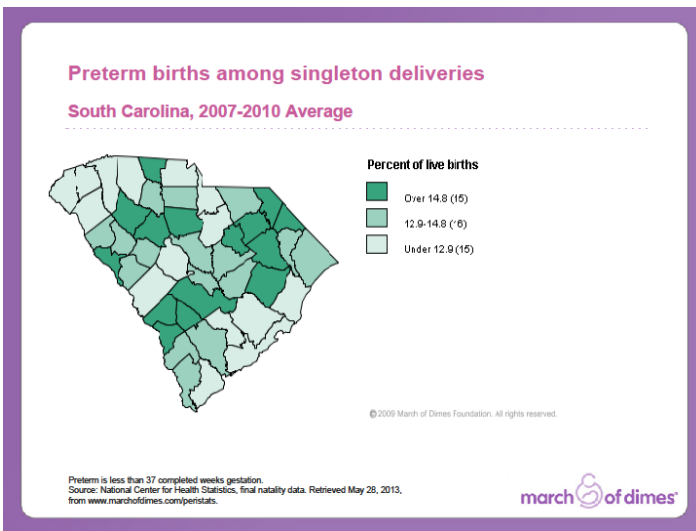
Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Dillon County, South Carolina	56.84	36.11	no data	no data	no data	no data
South Carolina	44.89	29.20	13.80	31.99	18.51	46.59
United States	44.71	29.15	14.61	32.07	19.64	44



Impact of Birth Outcomes

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

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

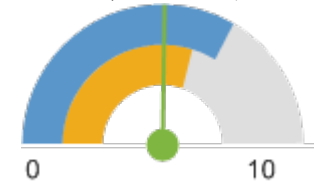


Infant Mortality

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

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Dillon County, South Carolina	3,373	17	5.04
South Carolina	418,687	3,529	8.43
United States	58,600,996	393,074	6.71
HP 2020 Target			<= 6.0

Infant Mortality Rate (Per 1,000 Births)



■ Dillon County, South Carolina
■ HP 2020 Target
■ United States

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

Table 19. Birth Outcomes for Dillon County

		Percent of Babies Born with Low Birthweight (Percent)				
		2006	2007	2008	2009	2010
Dillon	South Carolina	13.80%	13.10%	14.30%	14.10%	12.80%
		10.10%	10.20%	9.90%	10.00%	9.90%
		Percent of Babies Born to Mothers with Less Than Adequate Prenatal Care (Percent)				
		2006	2007	2008	2009	2010
Dillon	South Carolina	24.20%	31.50%	33.30%	34.80%	29.80%
		37.80%	36.20%	35.40%	33.60%	31.90%
		Births to Teens 15 to 19 Years of Age (rate)				
		2006	2007	2008	2009	2010
Dillon	South Carolina	90	95.4	82.9	91.1	77.8
		53	53.6	53	49	42.6
		Infant Mortality Rate (Per 1,000 Live Births) (rate)				
		2006	2007	2008	2009	2010
Dillon	South Carolina	4.2	7.6	2	2.2	6.5
		8.4	8.5	8	7.1	7.4

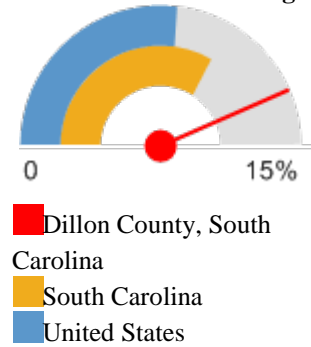
Source: The Anne E. Casey Foundation. Data Center Kids Count. 2013.

Low Birth Weight

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

Report Area	Total Births	Number Low Birth Weight (< 2500g)	Percent Low Birth Weight
Dillon County, South Carolina	3,432	447	13.02%
South Carolina	412,400	41,575	10.08%
United States	29,126,451	2,359,843	8.10%

Percent Low Birth Weight



Note: This indicator is compared with the state average. No breakout data available.

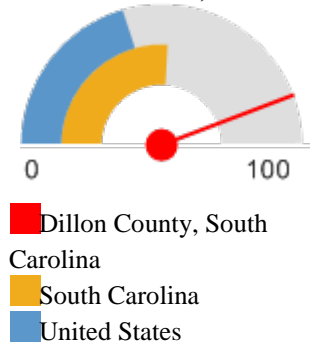
Data Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse. Source geography: County.

Teen Births

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

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Dillon County, South Carolina	7,607	674	88.60
South Carolina	1,053,545	54,679	51.90
United States	72,071,117	2,969,330	41.20

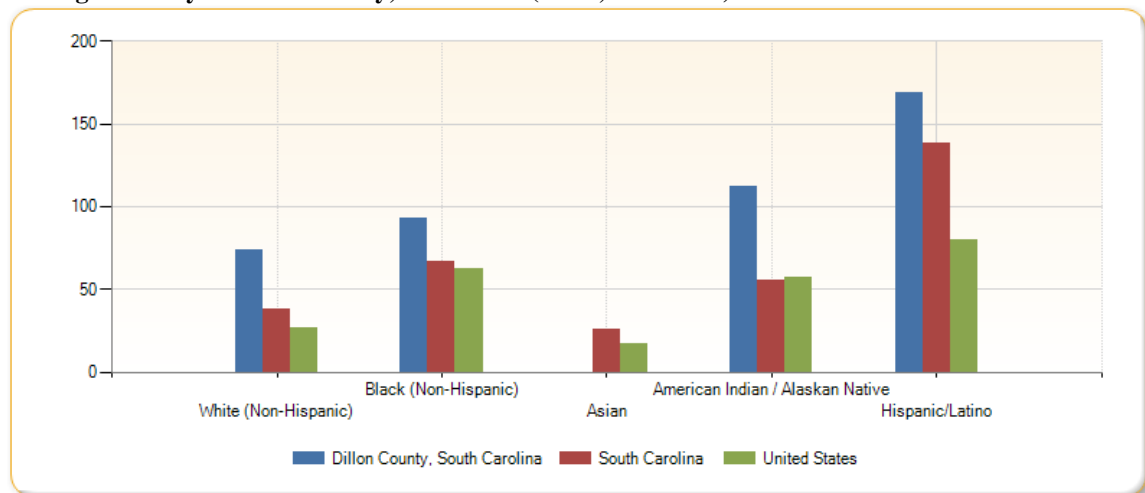
Teen Birth Rate (Per 1,000 Births)



Note: This indicator is compared with the state average.

Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse. Source geography: County.

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



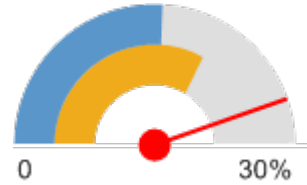
Impact of Dental Health

Poor Dental Health

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

Report Area	Total Population (Age 18)	Number Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Dillon County, South Carolina	23,093	7,671	33.22%
South Carolina	3,442,167	686,024	19.93%
United States	232,747,222	36,229,520	15.57%

Percent Adults with Poor Dental Health



■ Dillon County, South Carolina
■ South Carolina
■ United States

Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

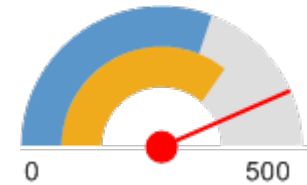
Impact of HIV and STDs

HIV Prevalence

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

Report Area	Population Age 18	Population with HIV	HIV Prevalence Rate
Dillon County, South Carolina	23,488	102	433.90
South Carolina	3,544,890	12,786	360.70
United States	234,564,075	724,515	308.88

HIV Prevalence Rate



■ Dillon County, South Carolina
■ South Carolina
■ United States

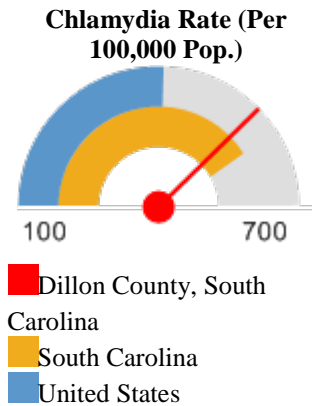
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009. Source geography: County.

Chlamydia Incidence

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

Report Area	Total Population, 2010 Census	Reported Cases of Chlamydia	Chlamydia Rate (Per 100,000 Pop.)
Dillon County, South Carolina	32,062	260	847
South Carolina	4,625,364	26,647	594.83
United States	308,730,677	1,236,680	406.89



Note: This indicator is compared with the state average. No breakout data available.

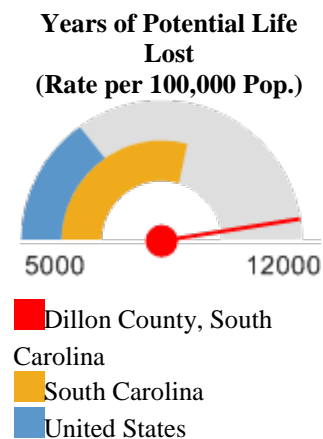
Data Source: Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009. Source geography: County.

Impact of Premature Death

Premature Death

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

Report Area	Total Population, 2006-2008 Average	Annual Premature Deaths, 2006-2008 Average	Years of Potential Life Lost (Rate per 100,000 Pop.)
Dillon County, South Carolina	29,686	182	11,649
South Carolina	4,195,347	20,034	9,101
United States	283,115,015	1,058,493	7,131



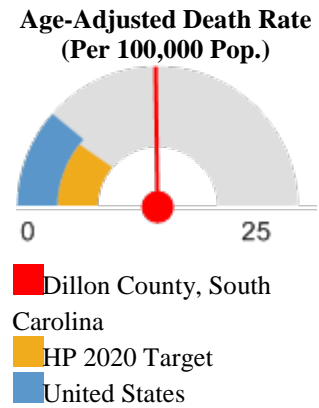
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 (As Reported in the 2012 County Health Rankings). Source geography: County.

Homicide

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	3	10.74	12.35
South Carolina	4,509,238	359	7.97	8.04
United States	303,844,430	17,564	5.78	5.81
HP 2020 Target				<= 5.5

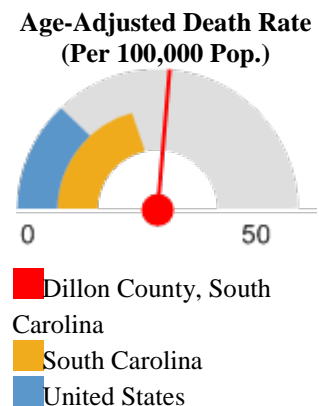


*Note: This indicator is compared with the Healthy People 2020 Target.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.*

Motor Vehicle Crash Death

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

Report Area	Total Population	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	8	25.27	26.47
South Carolina	4,509,238	956	21.21	21.15
United States	303,844,430	40,120	13.20	13.04

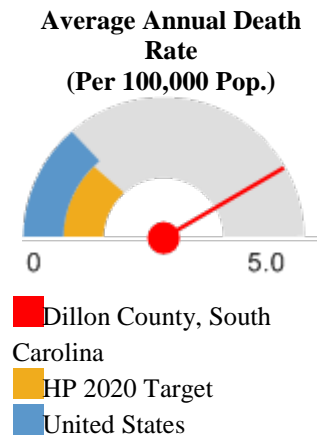


*Note: This indicator is compared with the state average. No breakout data available.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.*

Pedestrian Motor Vehicle Death

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

Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	4	1	4.16
South Carolina	280	93	2
United States	12,750	4,250	1.38
HP 2020 Target			<= 1.3



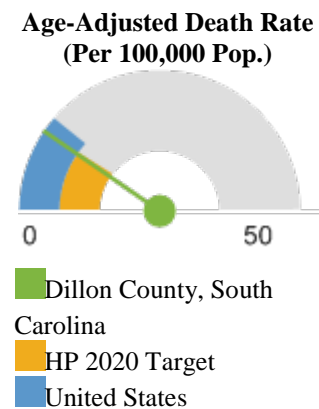
Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.

Data Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010. Source geography: County.

Suicide

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

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Dillon County, South Carolina	31,654	3	9.48	9.63
South Carolina	4,509,238	575	12.75	12.40
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. Accessed through CDC WONDER. Source geography: County.



DISEASE AND INTERVENTION

HOSPITAL UTILIZATION STATISTICS

Emergency Department Utilization

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

Rate of ED Visits per 1,000 Uninsured	
Without Admission	Resulting in Hospital Admission
947.2	999.2

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

McLeod Medical Center Dillon Emergency Department (ED) sees nearly 28,000 annually. In FY2012, the chief complaints are listed in Table 20.

Table 20. McLeod Dillon ED Chief Complaints, 2012

OUTPATIENT THROUGH THE ED AND DISCHARGED	OUTPT	INPATIENT THROUGH THE ED AND ADMITTED	INPT
CHEST PAIN	1,857	PNEUMONIA	140
ABDOMINAL PAIN	643	CONGESTIVE HEART FAI	64
BACK PAIN	490	CHEST PAIN	52
SHORTNESS OF BREATH	350	CHRONIC OBSTRUCTIVE	38
STOMACH PAIN	309	URINARY TRACT INFECT	36
HEADACHE	308	ACUTE RENAL FAILURE	32
MOTOR VEHICLE ACCIDE	289	PANCREATITIS	26
FEVER	284	CEREBROVASCULAR ACCI	26
SEIZURE	232	GASTROINTESTINAL BLE	24
CAR ACCIDENT	223	ALTERED MENTAL STATU	22

During that same time frame, the primary diagnoses of patients that visited the ED are listed in Table 21.

Table 21. McLeod Dillon ED Primary Diagnoses, 2012

OUTPATIENT THROUGH THE ED AND DISCHARGED	OUTPT	INPATIENT THROUGH THE ED AND ADMITTED	INPT
786.50 - CHEST PAIN NOS	830	584.9 - ACUTE KIDNEY FAILURE NOS	78
599.0 - URINARY TRACT INF NOS	785	486 - PNEUMONIA ORGANISM NOS	73
789.00 - ABDOMINAL PAIN-SITE NOS	764	038.9 - SEPTICEMIA NOS	62
784.0 - HEADACHE	686	518.81 - AC RESPIRATORY FAILURE	43
465.9 - ACUTE URI NOS	584	491.21 - OCB W EXACERBATION	40
787.03 - VOMITING ALONE	580	577.0 - ACUTE PANCREATITIS	37
786.52 - PAINFUL RESPIRATION	462	558.9 - NONINF GASTROENT NEC&NOS	28
382.9 - OTITIS MEDIA NOS	413	434.91 - CEREB ART OCCL W INFARCT	28
724.2 - LUMBAGO	408	427.31 - ATRIAL FIBRILLATION	28
462 - ACUTE PHARYNGITIS	387	410.71 - SUBEND INFARCT-INITIAL	28

Inpatient Hospital Utilization

According to the SC Office of Research and Statistics, McLeod Medical Center Dillon had 2,921 discharges in 2011. During that same year, there were 4,841 hospital discharges of people in Dillon County. This total equates to a rate of 15,243.40 per 100,000. The highest diagnosis category of hospitalization was Diseases of the Circulatory System, which includes heart disease. There were 904 in this category which is a rate of 2,846.53 per 100,000. The top 25 reasons for inpatient hospitalization for residents of Dillon County are shown in table.

Table 22. Dillon County Top 25 Inpatient Hospitalizations, 2011

Rank	Medicare Severity Diagnosis Related Group (MS-DRG)	Discharges	Percent of Total
1.	775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	183	3.7 %
2.	951 - OTHER FACTORS INFLUENCING HEALTH STATUS	182	3.7 %
3.	392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	139	2.8 %
4.	885 - PSYCHOSES	110	2.2 %
5.	871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	101	2.1 %
6.	765 - CESAREAN SECTION W CC/MCC	87	1.8 %
7.	766 - CESAREAN SECTION W/O CC/MCC	86	1.8 %
8.	470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	84	1.7 %
9.	292 - HEART FAILURE & SHOCK W CC	83	1.7 %
10.	280 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	67	1.4 %
11.	189 - PULMONARY EDEMA & RESPIRATORY FAILURE	65	1.3 %
12.	603 - CELLULITIS W/O MCC	61	1.2 %
13.	872 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	61	1.2 %
14.	291 - HEART FAILURE & SHOCK W MCC	60	1.2 %
15.	683 - RENAL FAILURE W CC	58	1.2 %
16.	194 - SIMPLE PNEUMONIA & PLEURISY W CC	57	1.2 %
17.	203 - BRONCHITIS & ASTHMA W/O CC/MCC	57	1.2 %
18.	287 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	57	1.2 %
19.	313 - CHEST PAIN	56	1.1 %
20.	690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC	54	1.1 %
21.	812 - RED BLOOD CELL DISORDERS W/O MCC	54	1.1 %
22.	774 - VAGINAL DELIVERY W COMPLICATING DIAGNOSES	54	1.1 %
23.	65 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	53	1.1 %
24.	192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	53	1.1 %
25.	641 - NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC	46	0.9 %

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

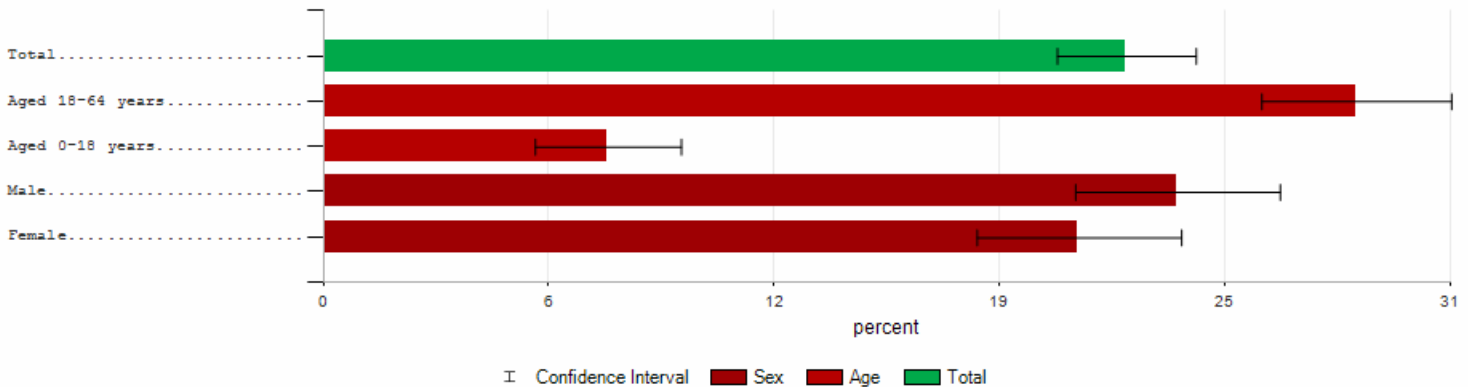
HEALTH INSURANCE DEMOGRAPHICS

Insured Population

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

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

In 2010, a total of 22.0% of Dillon County residents under 65 years of age were without health insurance according to Health Indicators Warehouse. Of those aged 18-64, 28.3% were without health insurance.



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

Health Programs to Cover the Uninsured

Medicaid

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

CHIP

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

State-Only Programs

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

Health Insurance Exchanges

The Affordable Care Act requires the creation of Health Insurance Exchanges. Exchanges create a marketplace for health insurance purchasers by providing choices to consumers in picking their health coverage that begins January 1, 2014. They will also

provide coverage options for people who do not qualify for Medicaid or have employer sponsored insurance.

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

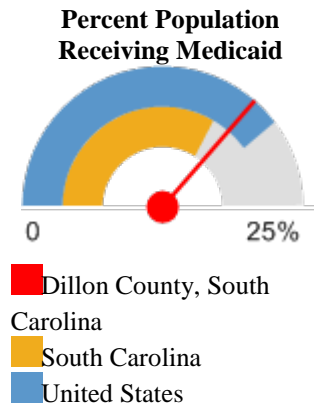
Health Disparities Law in South Carolina

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

Population Receiving Medicaid

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

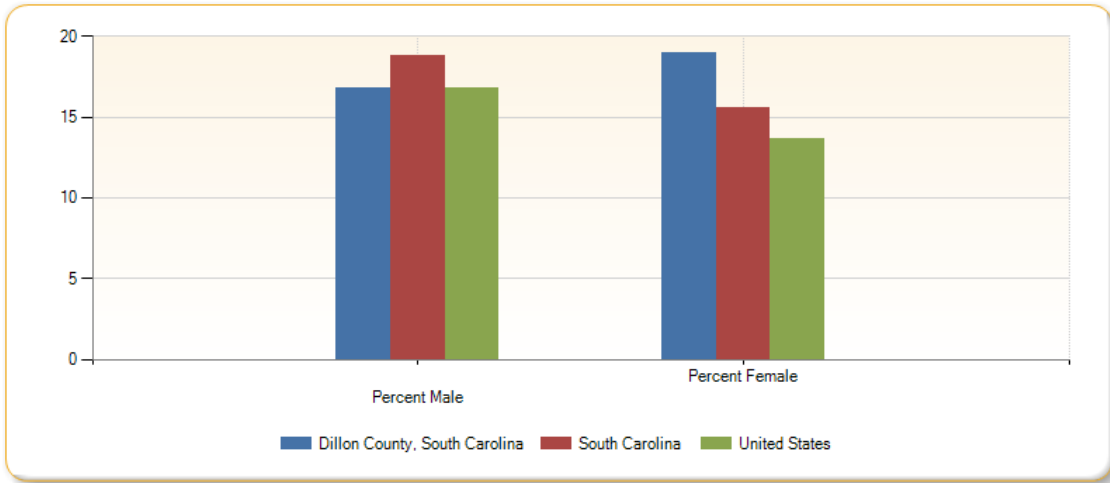
Report Area	Population (for Whom Insurance Status is Determined)	Population Receiving Medicaid	Percent Population Receiving Medicaid
Dillon County, South Carolina	31,902	11,164	43.24%
South Carolina	4,635,405	780,459	16.84%
United States	309,231,232	51,335,184	19.91%



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

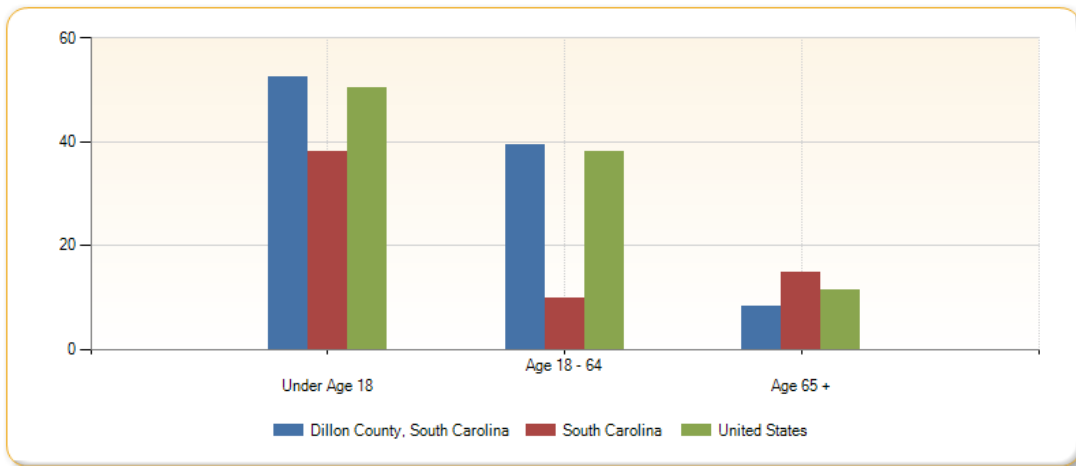
Population Receiving Medicaid by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Dillon County, South Carolina	2,460	3,203	16.84%	18.98%
South Carolina	408,626	366,612	18.78%	15.55%
United States	24,979,664	21,302,552	16.84%	13.68%



Population Receiving Medicaid by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Dillon County, South Carolina	52.40%	39.41%	8.19%
South Carolina	38.03%	9.87%	14.71%
United States	50.46%	38.20%	11.34%



HEALTH PROFESSIONAL INVENTORY AND NEEDS ANALYSIS

CLINICAL CARE

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

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

Major Health Resources (partial listing of available information)

Acute Care Hospitals:

- McLeod Medical Center Dillon, Dillon, SC

Other Major Health Resources:

- Dillon Public Health Department, Dillon, SC

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

- CareSouth Carolina, Lake View, SC, Center

This is a federally-supported Community Health Center, providing comprehensive primary and preventive health care services in areas of high need. CareSouth Carolina is a private, non-profit community-owned business. Services provided: family practice, OB-GYN, pediatrics, geriatrics, nutrition, social services, clinical counseling, pharmaceutical services, laboratory and X-Ray.

- Dillon County Free Medical Clinic, Dillon, SC

The Dillon Free Medical Clinic offers free primary medical attention to low income individuals in Dillon County who do not qualify for Medicaid. They are open Tuesday 9am-12pm and Thursday 5:30pm-8:30pm. Applications for care are taken on Tuesdays from 3pm-6pm. Patients must be residents of Dillon County, between the ages of 19-64, have some form of income, and earn 200% or less of the federal poverty guidelines.

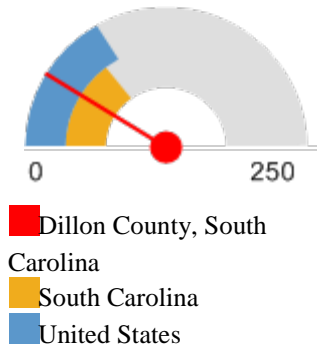
Access to Primary Care

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

Report Area	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
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**Primary Care Provider Rate
(Per 100,000 Pop.)**

Dillon County, South Carolina	32,062	14	43.66
South Carolina	4,625,364	3,455	74.60
United States	312,471,327	264,897	84.70



Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Health Resources and Services Administration Area Resource File, 2011. Source geography: County.

An inventory of health professionals in Dillon County compared to South Carolina is displayed in tables 23-26.

Table 23. Physicians in Dillon and South Carolina, 2012

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

Physicians	Dillon	South Carolina
Total Physicians Whose Primary Practice is in This Area	22	10,163
Family Practice	10	1,650
Internal Medicine	4	1,166
Obstetrics / Gynecology	2	552
Pediatrics	1	727
General Surgery	2	441
All other Physicians (Specialists)	3	5,368
Physicians Per 10,000 Population	7.1	22.3
Primary Care Physicians Per 10,000 Population	5.5	9.0
Federal Physicians	0	259

Table 24. Nurses in Dillon and South Carolina, 2012*Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.*

Nurses	Dillon	South Carolina
Registered Nurses	106	36,213
Certified Nurse Midwife	0	84
Nurse Practitioners	7	1,525
Certified Nurse Anesthetists	6	923
Clinical Nurse Specialists	0	60
Licensed Practical Nurses	83	9,089

Table 25. Dentists and Hygienists in Dillon and South Carolina, 2012*Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.*

Dentists and Hygienists	Dillon	South Carolina
Dentists	7	2,069
Dental Hygienists	6	2,381
Dental Technicians	0	138

Table 26. Other Health Professionals in Dillon and South Carolina, 2012*Source: South Carolina Area Health Education Consortium, Office of Workforce Analysis and Planning. 2012.*

Other Health Professions	Dillon	South Carolina
Pharmacists	21	4,111
Pharmacy Technicians	36	5,962
Physical Therapists	3	2,181
Physical Therapy Assistants	3	1,194
Occupational Therapists	4	1,128
Occupational Therapy Assistants	2	465
Physician Assistants	1	679
Respiratory Care Practitioners	14	2,188
Optometrists	1	452

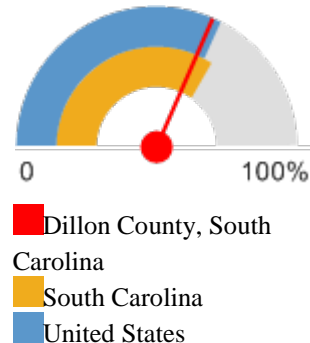
PREVENTATIVE SCREENINGS

Breast Cancer Screening (Mammogram)

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

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Years
Dillon County, South Carolina	3,309	326	204	62.88%
South Carolina	483,003	45,940	31,648	68.89%
United States	51,875,184	4,218,820	2,757,677	65.37%

Percent Female Medicare Enrollees with Mammogram in Past 2 Years



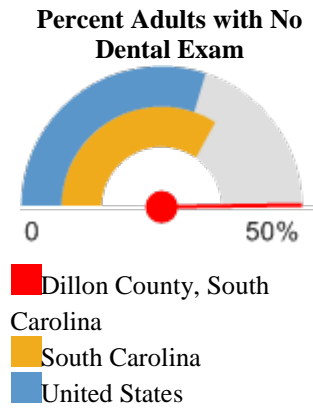
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.

Dental Care Utilization (Adult)

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

Report Area	Total Population (Age 18)	Number Adults with No Dental Exam	Percent Adults with No Dental Exam
Dillon County, South Carolina	23,093	11,588	50.18%
South Carolina	3,442,167	1,178,598	34.24%
United States	232,747,222	70,151,188.94	30.14%



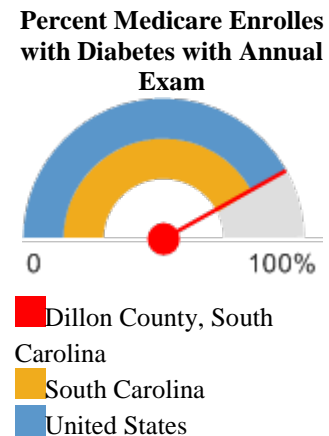
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Diabetes Management (Hemoglobin A1c Test)

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

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Dillon County, South Carolina	3,309	593	497	83.98%
South Carolina	483,003	67,918	57,415	84.54%
United States	51,875,184	6,218,804	5,212,097	83.81%



Note: This indicator is compared with the state average. No breakout data available.

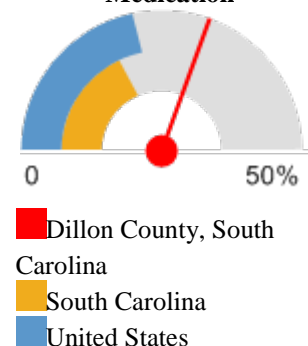
Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.

High Blood Pressure Management

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

Report Area	Total Population (Age 18)	Number Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Dillon County, South Carolina	23,093	7,036	30.47%
South Carolina	3,442,167	627,163	18.22%
United States	232,747,222	50,606,335.52	21.74%

Percent Adults Not Taking Medication



Note: This indicator is compared with the state average. No breakout data available.

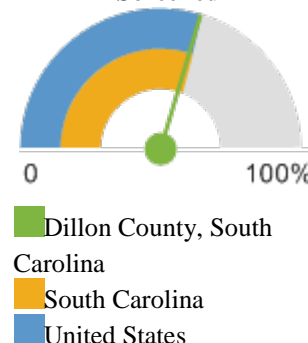
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

HIV Screenings

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

Report Area	Total Population (Age 18)	Number Adults Never Screened	Percent Adults Never Screened
Dillon County, South Carolina	23,093	13,643	59.08%
South Carolina	3,442,167	2,099,378	60.99%
United States	232,747,222	139,253,113.51	59.83%

Percent Adults Never Screened



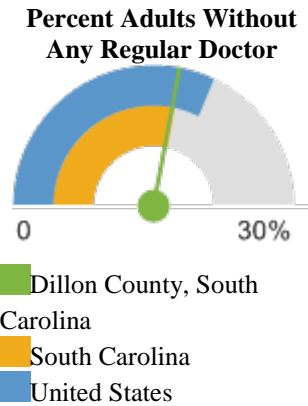
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Lack of a Consistent Source of Primary Care

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

Report Area	Total Population (Age 18)	Number Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Dillon County, South Carolina	23,093	3,891	16.85%
South Carolina	3,442,167	587,922	17.08%
United States	232,747,222	44,961,851.44	19.32%



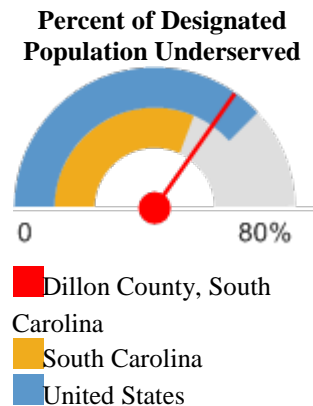
Note: This indicator is compared with the state average. No breakout data available.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Population Living in a Health Professional Shortage Area

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

Report Area	Total Population	HPSA Designation Population	Underserved Population	Percent of Total Population Underserved	Percent of Designated Population Underserved
Dillon County, South Carolina	32,062	15,327	8,527	26.60%	55.63%
South Carolina	4,625,364	1,010,480	509,959	11.03%	50.47%
United States	312,471,327	63,421,548	38,748,460	12.40%	61.10%



Note: This indicator is compared with the state average. No breakout data available.

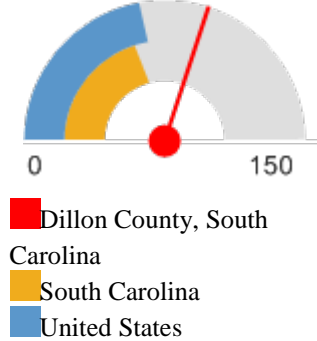
Data Source: U.S. Health Resources and Services Administration Data Warehouse, Health Professional Shortage Area (Components), May 2013. Source geography: HPSA.

Preventable Hospital Events

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Dillon County, South Carolina	3,351	301	90.02
South Carolina	501,376	30,684	61.20
United States	56,167,590	3,737,659	66.54

Ambulatory Care Sensitive Condition Discharge Rate



Note: This indicator is compared with the state average. No breakout data available.

Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.

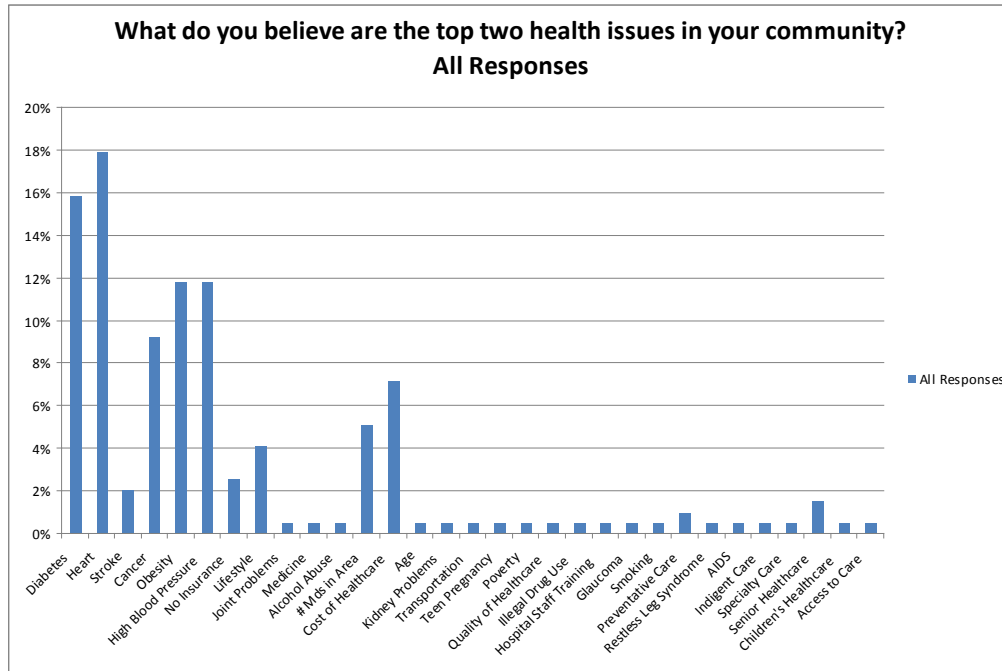


COMMUNITY FEEDBACK

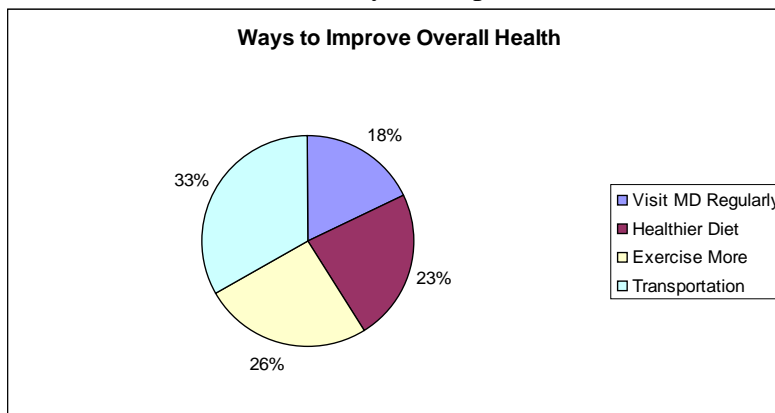
COMMUNITY SURVEY

Significant Health Challenges and Key Health Needs

A written survey was distributed to community members in Dillon County. As shown in the below graph, responders reported heart disease, diabetes and obesity as the top health issues in the county.



A majority of responders cite that more specialists and better transportation are services needed in the county. Likewise, the most common theme among responders when asked about ways to improve the health of the county was adequate transportation. As shown below, healthy diet and exercise were the next most common responses, followed by regular visits to a physician. The following graph displays the top responses when community members were asked about ways to improve the overall health of the county:



Significant Health Challenges Identified:

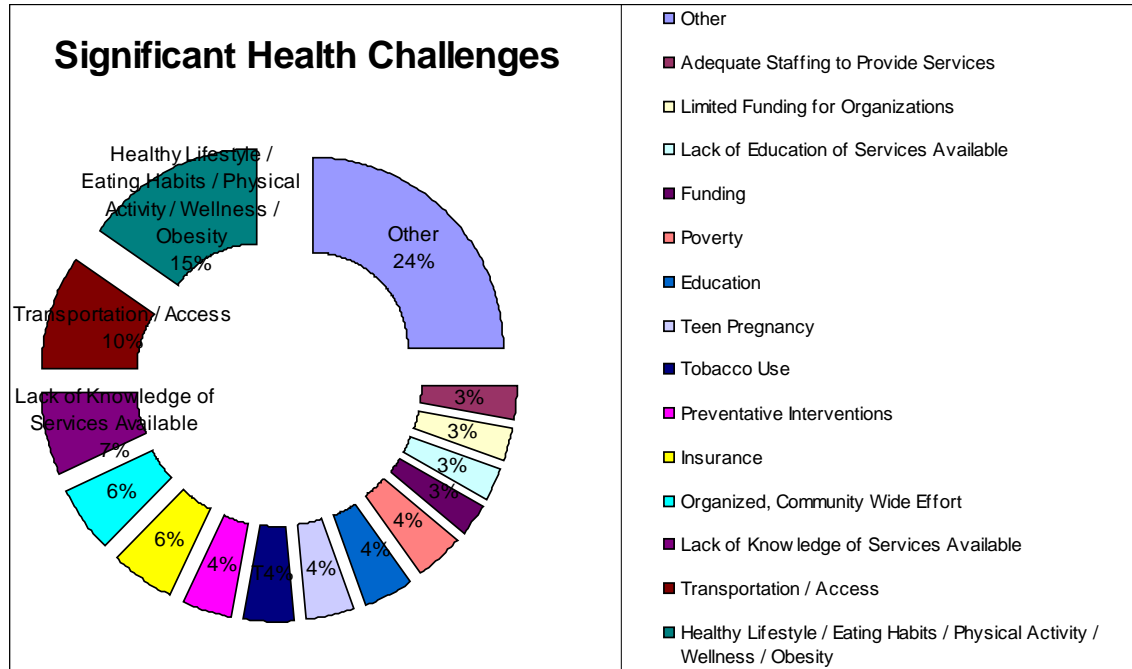
- Heart Disease and Diabetes
- Sedentary Lifestyle
- Transportation
- Specialist Care

COMMUNITY AGENCY AND HEALTH PROFESSIONAL SURVEY

Top Priorities and Key Health Needs

Community leaders and service organizations that serve Dillon County with special knowledge and expertise of public health were interviewed to obtain various perspectives of the county's health needs. Information was solicited from 16 local agencies and service providers (Appendix A). Residents learn about the services provided by these agencies by word of mouth, news/local media, advertising, community leaders, and public education and a majority serve a wide variety of ages and races.

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



The top priority cited by responders was the need for a healthier lifestyle of residents, including healthy eating and physical activity. In addition to a lack of community wellness, responders recognized (1) transportation / lack of access to health care and services and (2) lack of knowledge of services available as challenges in the county.

A majority of responders believe community needs are being addressed to the extent in which funding and resources are available. "Another silent barrier is the sense of fatalism in much of the population. Many have resigned themselves to poor health outcomes and premature mortality as *just the way it is*," commented one key health care provider.

Key Health Needs Identified:

- Coordinated, community-wide effort focused on healthy lifestyles
- Education on public services available
- Preventative interventions
- Access to health services, including transportation and insurance coverage

Physicians that provide care in Dillon County and have special knowledge and health care expertise were also interviewed about the county's health needs. Information was solicited from primary care physicians through a focus group and one emergency department physician in a one on one interview (Appendix B).

These health care providers identified the most frequent health problems treated as: obesity (including diabetes, hypertension as a result of obesity), substance abuse, diabetes and heart disease (including Coronary Artery Disease, Heart Failure, and Hypertension).

The greatest and chronic health needs in Dillon were identified by the physicians as: the need for healthy lifestyle and education, health promoting activities, diet, diabetes, and heart disease.

When asked about the greatest contributors to those identified health issues, the physicians reported:

- Lack of healthy places (example: there are a lot of fast food restaurants in Dillon)
- Lack of safe and healthy activities
- Poor Dietary choices
- Socio-economic status
- Access to Care
- Lack of education (health and general education)
- Health disparities among socio-economic groups - particularly among the African American community

The providers suggested that greater health education and training to targeted high risk groups would make an impact.



PRIORITY ISSUES AND PLAN

PRIORITY ISSUES AND IMPLEMENTATION PLAN

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

The assessment identified a number of unmet or partially met health needs in the service area. Analysis of the data provided a means to evaluate and prioritize areas of greatest need. To identify priorities, the assessment team summarized the collected data and ranked each indicator in one of the below categories as it compared to state and national data and Healthy People 2020 targets (Z scores were also considered where available):

- Good (Better than State Average)
- Average to State
- Needs Attention (Worse than State Average)
- Top Health Concern

Health Needs Not Addressed

There were other areas that are important to improving the health of the community. However, they are deemed to have less immediate impact and will be address in a future plan, or as the opportunity may arise.

The most notable health needs not addressed at this time are cancer and dental care. Upon review, there was no trend in one particular caner(s) that contributed to the mortality or incidence rates of cancer in the defined community. Dental care was considered to be beyond the scope of services offered by the hospital.

McLeod Medical Center Dillon Community Health Needs 3-Year Action Plan

Recognized Need	Awareness	Education	Accessibility
<p>Access to Care <i>The McLeod Dillon Emergency Department sees nearly 30,000 annual visits. The rate of ED visits per 1,000 uninsured is among the highest in the state.</i></p>			
	<p>Distribute community resource guide in the ED, to inpatients and within the community.</p> <p>Collaborate with community agencies, such as the FQHC and Free Medical Clinic, to provide alternatives for the under and uninsured.</p>	<p>Provide low cost and no cost screenings, counseling and education as well as community health resource vendors, such as the FQHC and the Free Medical Clinic, at annual community health fair.</p> <p>Provide education to the community through materials, education, speakers, internet, and other outreach activities.</p>	<p>Pursue funding from the SC Department of Health and Human Services Medicaid Accountability and Quality Improvement Initiative.</p> <p>Support FQHC efforts to add an office in Dillon.</p> <p>Support efforts of the newly established Free Medical Clinic.</p> <p>Provide patient advocate in the ED to assist eligible patients in applying for Medicaid.</p> <p>Campaign for the continuation of Healthy Learners in Dillon County which removes the barriers to accessing health services for students.</p> <p>Advocate for Medicaid Expansion in SC.</p>
<p>Birth Rates</p>			
	<p>Engage physicians through commitment to the March of Dimes 39+ Weeks Quality Improvement Initiative.</p> <p>Utilize the March of Dimes 39+ Weeks Quality Improvement Initiative Grand Rounds to engage physicians and caregivers.</p> <p>Promote benefits of full term delivery through new OB packets distributed at McLeod OB/GYN Dillon.</p>	<p>Utilize the March of Dimes 39+ Weeks Quality Improvement Initiative educational pieces with expecting moms.</p> <p>Collaborate with physician offices and the local Department of Health and Environmental Control (DHEC) to encourage expecting mom participation in childbirth preparation offerings.</p> <p>Provide education to the community through materials, education, speakers, internet, and other outreach activities.</p>	<p>McLeod Dillon was among 100 hospitals nationwide selected to receive the March of Dimes Quality Improvement Service Package (which instructs the hospital in creating and implementing policies to reduce medically unnecessary (elective) inductions and cesarean deliveries scheduled before 39 weeks of pregnancy.)</p> <p>McLeod Dillon has implemented a county wide teen pregnancy task force that will plan and guide collaborative action to reduce teen pregnancy.</p>

Obesity			
	<p>Sponsor community activities that promote physical fitness and/or healthy lifestyle.</p> <p>Explore opportunities with Eat Smart, Move More SC.</p> <p>Utilize publically available, free walking tracks / trails for community events.</p>	<p>Provide education to the community through materials, education, speakers, internet, and other outreach activities.</p> <p>Explore obesity conference or program initiative hosted by McLeod Health.</p> <p>Conduct regional diabetes fair hosted by McLeod Health.</p> <p>Provide education to the community through materials, education, speakers, internet, and other outreach activities.</p> <p>Utilize Healthy People 2020 educational materials in outreach efforts.</p>	<p>Support Francis Marion University Rural Area Leadership Institute in efforts to open a farmer's market in Dillon.</p> <p>Participate in the American Heart Association's National Walk at Work day.</p> <p>Extend satellite outpatient diabetes services and classes on the Dillon campus.</p>

Heart Disease
*A top concern of the Dillon community was high blood pressure. High blood pressure, high LDL cholesterol, and smoking are key heart disease risk factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:*

- *Diabetes*
- *Overweight and obesity*
- *Poor diet*
- *Physical inactivity*
- *Excessive alcohol use*

	<p>Sponsor the American Heart Association and support fundraising and educational efforts - such as the heart walk and Go Red for Women month.</p>	<p>Provide education to the community through materials, education, speakers, internet, and other outreach activities.</p> <p>Implement low cost and no cost screenings, counseling and education at the annual health fair.</p> <p>Implement regional heart events hosted by McLeod Health.</p> <p>Utilize Healthy People 2020 educational materials in outreach efforts.</p>	<p>Team-based care to improve blood pressure control is a health systems-level, organizational intervention that incorporates a multidisciplinary team to improve the quality of hypertension care for patients. Team-based care is established by adding new staff or changing the roles of existing staff to work with a primary care provider. Each team includes the patient, the patient's primary care provider, and other professionals such as nurses, pharmacists, dietitians, social</p>
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		<p>workers, and community health workers. Team members provide process support and share responsibilities of hypertension care to complement the activities of the primary care provider. These responsibilities include medication management; patient follow-up; and adherence and self-management support. Team-based care interventions typically include activities to:</p> <ul style="list-style-type: none"> • Facilitate communication and coordination of care support among various team members • Enhance use of evidence-based guidelines by team members • Establish regular, structured follow-up mechanisms to monitor patients' progress and schedule additional visits as needed <p>Actively engage patients in their own care by providing them with education about hypertension medication, adherence support (for medication and other treatments), and tools and resources for self-management (including health behavior change)</p> <p>Apply for grant funding to offer scholarships to those in need of Cardiac Rehab that are under or uninsured.</p> <p>Promote McLeod Air Reach air transport and</p>
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			<p>McLeod Heart Reach ambulance transport to regional first responders and hospitals to expedite care to interventional procedures.</p> <p>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.</p> <p>Investigate funding from the American College of Cardiologists to provide Dillon Co EMS with equipment to transmit EKGs to hospital ED. Investigate the pursuit of chest pain accreditation for the McLeod Dillon ED.</p>
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Sexually Transmitted Diseases

	<p>Hope Health (FQHC) provides healthcare and support services for those with HIV / AIDS.</p> <p>DHEC provides awareness raising activities, testing and support services.</p>	<p>Provide education to the community through materials, education, speakers, internet, and other outreach activities.</p> <p>McLeod OB/GYN Dillon collaboration with DHEC to educate and prevent STDs.</p> <p>Dillon County Schools have SC Parents In Education (SC PIE) teaching sexual education and abstinence. SC PIE is represented on the Dillon Co. Teen Pregnancy Task Force hosted by McLeod Dillon.</p> <p>Utilize Healthy People 2020 educational materials in outreach efforts.</p>	<p>McLeod Dillon has started a county wide teen pregnancy task force. Collaborative actions to address teen pregnancy will result.</p> <p>Investigate collaboration with the SC Campaign to Prevent Teen Pregnancy to incorporate 'proud choices' in McLeod OB/GYN Dillon or McLeod Pediatrics Dillon.</p> <p>Engage teens in building self-esteem, providing educational and job opportunities, and encouraging career goals by offering a teen volunteer program and scholarships.</p>
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Community Leaders & Representatives Involved

1. **CareSouth Carolina**
Todd Shifflet - Director of Community Development
Through his role at CareSouth, a federally-supported Community Health Center, Todd Shifflet has special knowledge of the public health needs of low-income and underserved patients.
2. **Dillon County DHEC**
Suzette McClellan, MPH, MCHES - Community Systems Director
Suzette McClellan has expertise with the public health needs of Dillon residents, including low-income and underserved patients.
3. **Dillon County Chamber of Commerce**
Johnnie Luehrs - CEO/President
An executive representing Dillon County, Johnnie Luehrs has knowledge of the population she represents.
4. **Dillon County United Way**
Johnnie Luehrs - Co-Director
The United Way of Dillon County works to improve the lives of residents, including low-income and underserved patients. As co-director, Johnnie Luehrs understands the biggest human services problems in Dillon County.
5. **Dillon County Free Medical Clinic**
Ernie Barrantine - Board Chairman
Through his role, Ernie Barrantine has special knowledge of the public health needs of low-income and underserved patients.
6. **Trinity Behavioral Care**
Donny Brock - Executive Director
Serving in the field of addiction treatment, Donny Brock has special knowledge of the needs of the underserved and at risk population.
7. **March of Dimes**
Coleen Sweatt - Community Director and Breana N. Lipscomb, MPH - Director of Program Services & Government Affairs
Coleen Sweatt and Breana Lipscomb serves as a representative of community members with pre-term, one of the indicators of opportunity in the county.
8. **Healthy Learners of Dillon County**
Dee Newell, RN - Coordinator
Healthy Learners helps remove barriers to learning for children in the county. Vision, hearing, counseling, medications and episodic needs for students in Dillon School Districts 3 and 4 are coordinated and transportation is provided through this program. Costs are covered that the family cannot pay or is service that is not covered by insurance or Medicaid. Dee Newell has special knowledge of the

health needs of children in the county, including those low-income and underserved patients.

9. City of Dillon Fire Department

Keith Bailey - Fire Chief

Serving Dillon County, Keith Bailey serves as a representative of the families served in the county.

Note: Seven other local agencies were contacted without response prior to publication deadlines.

Community Physicians Involved

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

1. Dillon Family Medicine

Dr. Michael Brown
Dr. Timothy Fitzgibbon
Dr. Paul Freel
Dr. Dennis Jensen
Dr. Robin Shealy

2. McLeod Dillon Emergency Department

Dr. Kievers Cunningham

The 2013 McLeod Medical Center Dillon 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.