# McLeod Health Darlington
# 2019 Community Health Needs Assessment

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

**McLeod Health**
The Choice for Medical Excellence

# Introduction

Health begins —long before illness—in our homes, schools and jobs. Through meaningful collaboration, we have the opportunity to make choices that can help us all to live a healthy life, regardless of income, education or ethnic background. This *Community Health Needs Assessment* and *Action Plan* presents an opportunity for improving health status.

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

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

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

our resources to address the most pressing needs, disparities, and inequalities where we may be impactful.

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

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

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

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

## Top Health Concerns Reported Among Community Members

- Access to Primary Care
- Heart Disease/Stroke
- Diabetes

- Drug Abuse

*Source: McLeod Health 2019 Survey*

## Top Health Concerns Reported Among Health Professionals

Most frequent health concerns:

- Cancer

- Diabetes

- Heart Disease/Stroke

- Addressing Mental Health

- Access to Primary Care

- Obesity

*Source: McLeod Health 2019 Survey*

## Opportunities & Plan Priorities

McLeod Health Darlington will collaborate with community partners to provide community health initiatives that are focused on areas listed below and further described within the Implementation Plan. Evidence-based practices will be instituted to address the following key areas by McLeod Darlington:

- Access to Health Care

- Heart Disease and Stroke

- Diabetes

- Oral Health

- Immunization

- Drug Overdose

# About McLeod Health Darlington

McLeod Health Darlington, formerly Wilson Hospital, has been a vital part of Darlington County and the surrounding communities for more than 70 years. Established in 1994, McLeod Health Darlington offers a wide range of outpatient services from physical, occupational and speech therapy to CT scans, laboratory and cardiopulmonary services. In addition, the facility provides acute care with 49 inpatient beds and a skilled care unit that is available for those in need of short-term care, such as Hospice patients, patients waiting for a bed at an inpatient nursing facility or patients in need of long-term antibiotic therapy.

In order to better serve those individuals in need of psychiatric care, McLeod Health relocated its Behavioral Health facility from Florence to McLeod Health Darlington in 2005. The 23,500-square foot behavioral health facility features a clearly defined entrance and 23 patient rooms. Committed to providing excellent care to adults experiencing a primary psychiatric illness with or without a co-occurring substance abuse disorder, the McLeod Behavioral Health Team includes Psychiatrists, Advanced Practitioners, Licensed Professional Counselors, Nurses and Activity Therapists.
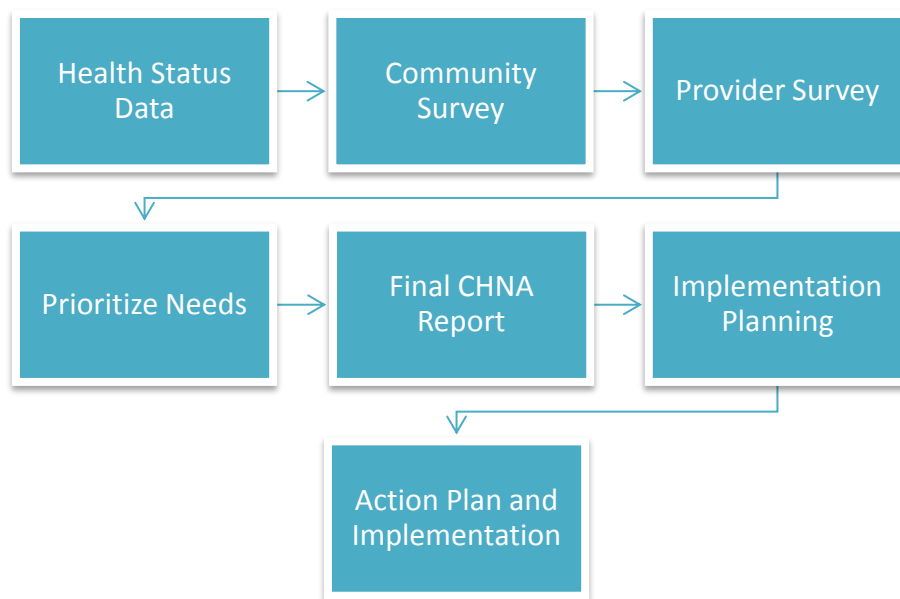
McLeod Family Medicine Darlington, comprised of four family medicine physicians and one nurse practitioner, is also located on the campus.

# OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Darlington County. The March 2010 passage of the Patient Protection and Affordable Care Act (ACA) 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:

```
Health Status Data  →  Community Survey  →  Provider Survey
                                                   ↓
Prioritize Needs  →  Final CHNA Report  →  Implementation Planning
        ↓
Action Plan and Implementation
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## METHODS

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

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

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

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

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

## HEALTH DETERMINANTS AND DISPARITIES

What are the determinants of health?

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

## Determinants of Overall Health
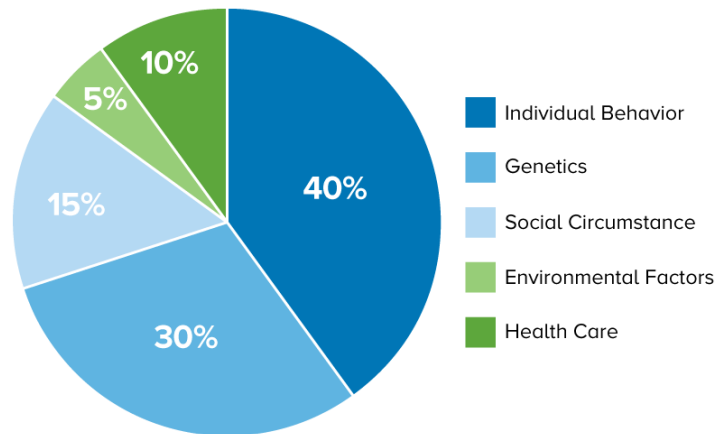


Source: *We Can Do Better—Improving the Health of the American People*, The New England Journal of Medicine, September 2007

## <u>Behavioral Determinants (40%)</u>

Examples:

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

## <u>Genetic Determinants (30%)</u>

Examples:

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

## Social Determinants (15%)

Examples:

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


## Health Care Determinants (10%)

Examples:

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


## Environmental Determinants (5%)

Examples:

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

## What are health disparities?

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

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

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher in incidence of disease, disability, or at risk of experiencing worse health outcomes. Within these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs take in consideration the existing initiatives, the available resources that we are aware of, and where future improvements can be anticipated to make meaningful impact on improving community health.

**What are Key Initiatives to reduce disparities?**

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

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

## Preventative Care

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

Various preventative care guidelines and recommendations are published by different professional organizations, but most health care professionals refer to the recommendations published by the United States Preventative Services Task Force (USPSTF) as a reliable, widely accepted, and evidence-based guide. The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Their recommendations are based on a rigorous review of existing peer-reviewed data. The USPSTF assigns a letter grade (A, B, C, D, or I) to each recommendation based on the strength of evidence and the balance of benefits and potential harms of the preventative service. Grade A and Grade B preventative services are recommended because the USPSTF has determined a high or moderate certainty that the net benefit is moderate or substantial.[1]

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

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

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

| Topic | Recommendation | Grade |
|-------|----------------|-------|
| Blood Pressure Screening: Adults | The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. | A |
| Breast Cancer Screening | The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. | B |
| Cervical Cancer Screening | The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology | A |

| | alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). | |
|---|---|---|
| Colorectal Cancer Screening | The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. | A |
| Dental Caries Prevention: Infants and children up to age 5 years | The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. | B |
| Diabetes Screening | The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. | B |
| Lung Cancer Screening | The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. | B |

| | | |
|---|---|---|
| Obesity Screening and Counseling: Adults | The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions. | B |
| Obesity Screening: Children and Adolescents | The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. | B |
| Skin Cancer Behavioral Counseling | The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. | B |
| Tobacco Use Counseling and Interventions: Non-Pregnant Adults | The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. | A |
| Tobacco Use Counseling: Pregnant Women | The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. | A |
| Tobacco Use Interventions: | The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to | B |

| Children and Adolescents | prevent initiation of tobacco use in school-aged children and adolescents. | |
|---|---|---|

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

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

# COMMUNITY DEFINED FOR THIS ASSESSMENT

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

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

| ZIP Code | City | County |
|----------|------|--------|
| 29069 | Lamar | Darlington |
| 29532 | Darlington | Darlington |
| 29540 | Dovesville | Darlington |
| 29550 | Hartsville | Darlington |
| 29593 | Society Hill | Darlington |

## Demographics

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

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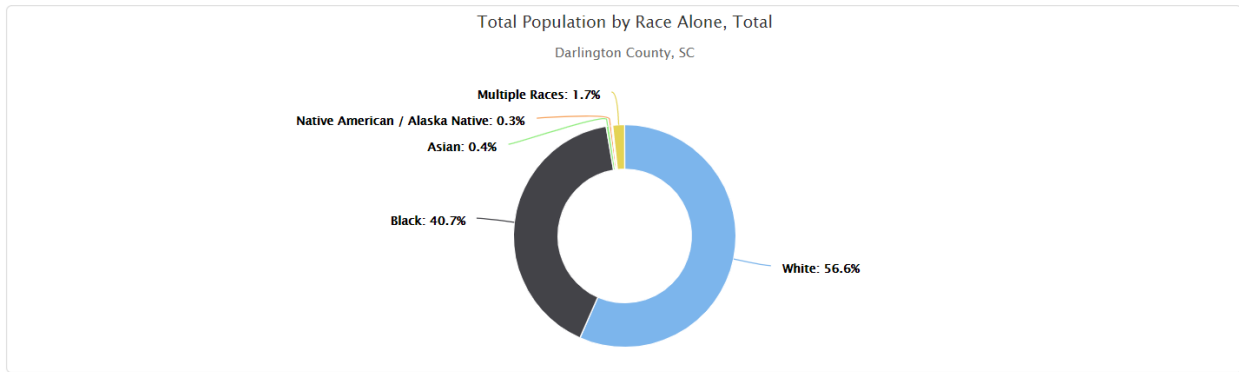
## Total Population

A total of 67,572 people live in the 561.15 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates.

The population density for this area, estimated at 120.42 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

## Total Population by Race Alone, Total

| Report Area | White | Black | Asian | Native American / Alaska Native | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Races |
|---|---|---|---|---|---|---|---|
| Darlington County, SC | 38,254 | 27,512 | 297 | 225 | 10 | 109 | 1,165 |
| South Carolina | 3,292,598 | 1,332,110 | 71,994 | 14,992 | 3,015 | 74,328 | 104,407 |
| United States | 234,370,202 | 40,610,815 | 17,186,320 | 2,632,102 | 570,116 | 15,553,808 | 10,081,044 |



Total Population by Race Alone, Total
Darlington County, SC

Multiple Races: 1.7%
Native American / Alaska Native: 0.3%
Asian: 0.4%
Black: 40.7%
White: 56.6%

## Population in Limited English Households

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

| Report Area | Total Population Age 5+ | Linguistically Isolated Population | Percent Linguistically Isolated Population |
|---|---|---|---|
| Darlington County, SC | 63,626 | 309 | 0.49% |
| South Carolina | 4,603,480 | 76,656 | 1.67% |
| United States | 301,150,892 | 13,323,495 | 4.42% |



Percent Linguistically Isolated Population

0% — 15%
● Darlington (0.49%)
● South Carolina (1.67%)
● United States (4.42%)

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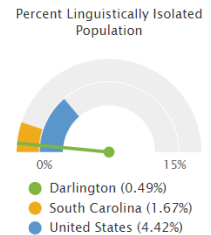
# Social & Economic Factors

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

## Education - Bachelor's Degree or Higher

17.83% of the population aged 25 and older, or 8,211 have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

| Report Area | Total Population Age 25+ | Population Age 25+ with Bachelor's Degree or Higher | Percent Population Age 25+ with Bachelor's Degree or Higher |
|---|---|---|---|
| Darlington County, SC | 46,063 | 8,211 | 17.83% |
| South Carolina | 3,325,601 | 898,081 | 27.01% |
| United States | 216,271,644 | 66,887,603 | 30.93% |
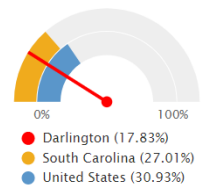
Note: *This indicator is compared to the state average.*
Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract ➡ Show more details

Percent Population Age 25+ with Bachelor's Degree or Higher
- Darlington (17.83%)
- South Carolina (27.01%)
- United States (30.93%)

## Education - High School Graduation Rate

Within the report area 88% of students are receiving their high school diploma within four years. Data represents the 2016-17 school year.

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

| Report Area | Total Student Cohort | Estimated Number of Diplomas Issued | Cohort Graduation Rate |
|---|---|---|---|
| Darlington County, SC | 692 | 609 | 88% |
| South Carolina | 49,427 | 42,320 | 85.6% |
| United States | 3,095,906 | 2,688,701 | 86.8% |
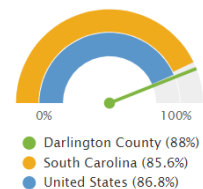
Note: *This indicator is compared to the state average.*
Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17. Source geography: School District ➡ Show more details

Cohort Graduation Rate
- Darlington County (88%)
- South Carolina (85.6%)
- United States (86.8%)

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

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

| Report Area | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|---|---|---|---|---|---|---|
| Darlington County, SC | 93% | 93% | 92% | 92% | 95% | 88% |
| South Carolina | 76.9% | 79.4% | 81.5% | 84.1% | 85% | 85.6% |
| United States | 81.8% | 83.2% | 84.3% | 84.3% | 86.1% | 86.8% |



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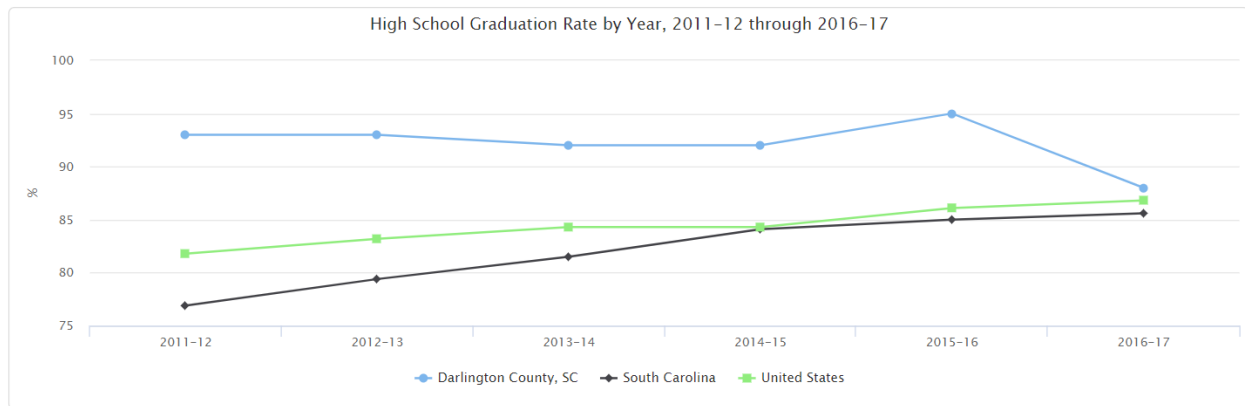
# Income - Median Household Income

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

| Report Area | Total Households | Average Household Income | Median Household Income |
|---|---|---|---|
| Darlington County, SC | 26,861 | $52,021.00 | $36,217.00 |
| South Carolina | 1,871,307 | $66,759.00 | $48,781.00 |
| United States | 118,825,921 | $81,283.00 | $57,652.00 |

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



Median Household Income

● Darlington ($36,217.00)
● South ($48,781.00)
● United ($57,652.00)
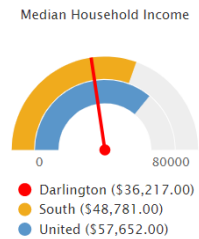
## Poverty - Population Below 100% FPL

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

Within the report area 22.72% or 14,997 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

| Report Area | Total Population | Population in Poverty | Percent Population in Poverty |
|---|---|---|---|
| Darlington County, SC | 65,995 | 14,997 | 22.72% |
| South Carolina | 4,751,345 | 790,657 | 16.64% |
| United States | 313,048,563 | 45,650,345 | 14.58% |

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

Percent Population in Poverty

● Darlington (22.72%)
● South Carolina (16.64%)
● United States (14.58%)
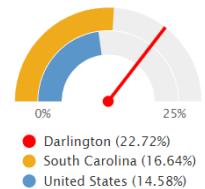
# Darlington County, SC

## Physical Environment

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

### Air Quality - Respiratory Hazard Index

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

| Report Area | Total Population | Respiratory Hazard Index Score |
|---|---|---|
| Darlington County, SC | 68,681 | 1.55 |
| South Carolina | 4,625,357 | 1.63 |
| United States | 312,576,287 | 1.83 |

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

# Food Environment - Grocery Stores

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

| Report Area | Total Population | Number of Establishments | Establishments, Rate per 100,000 Population |
|---|---|---|---|
| Darlington County, SC | 68,681 | 12 | 17.47 |
| South Carolina | 4,625,364 | 848 | 18.33 |
| United States | 308,745,538 | 65,399 | 21.18 |

Grocery Stores, Rate
(Per 100,000 Population)

● Darlington (17.47)
● South Carolina (18.33)
● United States (21.18)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA → Show more details
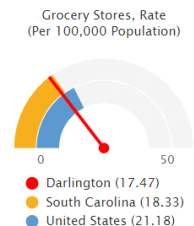
## Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2015

| Report Area | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|
| Darlington County, SC | 18.93 | 18.93 | 21.84 | 21.84 | 18.93 | 17.47 | 17.47 |
| South Carolina | 18.96 | 18.87 | 18.94 | 19.13 | 18.49 | 18.31 | 18.33 |
| United States | 20.85 | 20.85 | 21.39 | 21.47 | 21.37 | 21.47 | 21.18 |

Grocery Stores and Supermarkets,
Rate per 100,000 Population by Year, 2010 through 2015
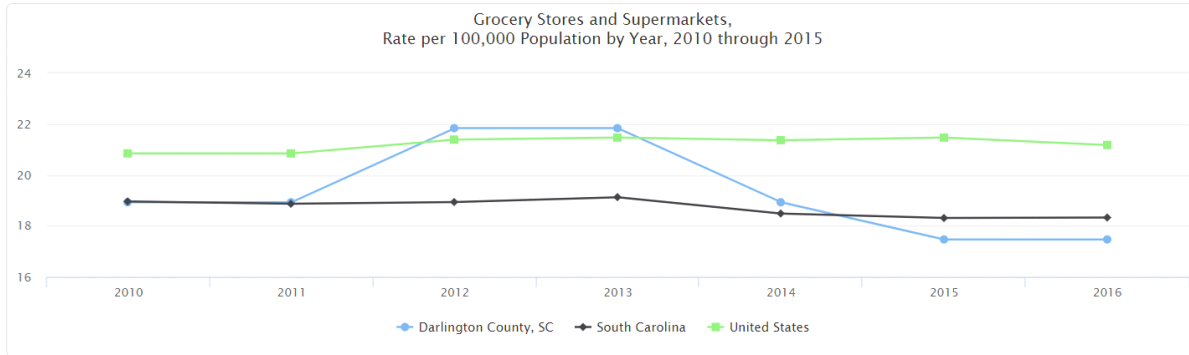
## Food Environment - SNAP-Authorized Food Stores

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

| Report Area | Total Population | Total SNAP-Authorized Retailers | SNAP-Authorized Retailers, Rate per 10,000 Population |
|---|---|---|---|
| Darlington County, SC | 68,681 | 87 | 12.67 |
| South Carolina | 4,625,364 | 5,145 | 11.12 |
| United States | 312,383,875 | 250,022 | 8 |

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



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

● Darlington (12.67)
● South Carolina (11.12)
● United States (8)
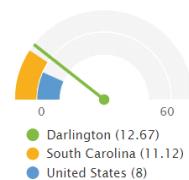
# Clinical Care

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

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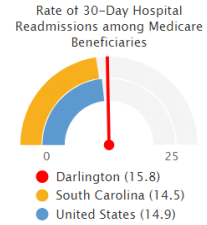
# 30-Day Hospital Readmissions

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

| Report Area | Medicare Part A and B Beneficiaries | Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries |
|---|---|---|
| Darlington County, SC | 1,045 | 15.8 |
| South Carolina | 52,069 | 14.5 |
| United States | 2,885,032 | 14.9 |

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



Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
- Darlington (15.8)
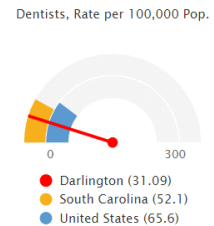- South Carolina (14.5)
- United States (14.9)

# Access to Dentists

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

| Report Area | Total Population, 2015 | Dentists, 2015 | Dentists, Rate per 100,000 Pop. |
|---|---|---|---|
| Darlington County, SC | 67,548 | 21 | 31.09 |
| South Carolina | 4,896,146 | 2,549 | 52.1 |
| United States | 321,418,820 | 210,832 | 65.6 |

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



Dentists, Rate per 100,000 Pop.
- Darlington (31.09)
- South Carolina (52.1)
- United States (65.6)

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

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

| Report Area | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Darlington County, SC | 21.8 | 23.4 | 26.4 | 28 | 29.5 | 31.1 |
| South Carolina | 46.3 | 47 | 48.4 | 49.9 | 51.2 | 52.1 |
| United States | 58.9 | 60.3 | 61.7 | 63.2 | 64.7 | 65.6 |

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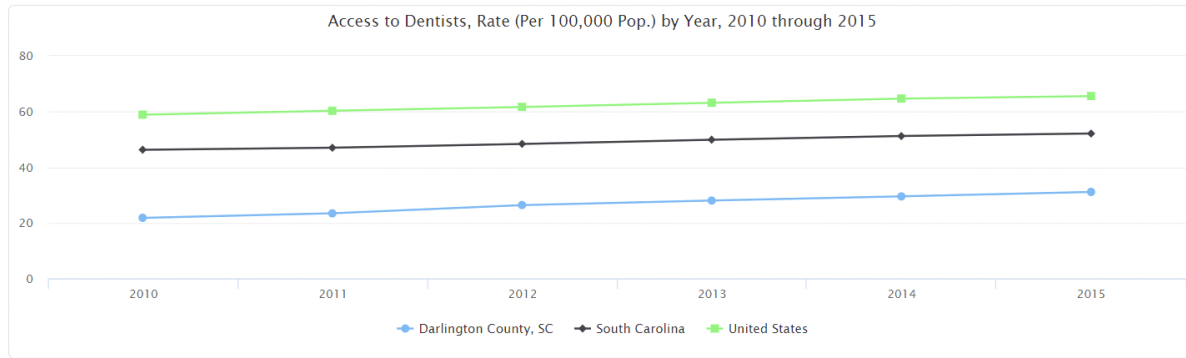
## Access to Mental Health Providers

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

| Report Area | Estimated Population | Number of Mental Health Providers | Ratio of Mental Health Providers to Population (1 Provider per x Persons) | Mental Health Care Provider Rate (Per 100,000 Population) |
|---|---|---|---|---|
| Darlington County, SC | 67,265 | 83 | 810.4 | 123.4 |
| South Carolina | 5,024,369 | 8,231 | 610.4 | 163.8 |
| United States | 317,105,555 | 643,219 | 493 | 202.8 |



Mental Health Care Provider Rate (Per 100,000 Population)
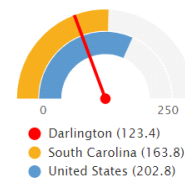
● Darlington (123.4)
● South Carolina (163.8)
● United States (202.8)

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017. Source geography: County ➝ Show more details

## Access to Primary Care

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

| Report Area | Total Population, 2014 | Primary Care Physicians, 2014 | Primary Care Physicians, Rate per 100,000 Pop. |
|---|---|---|---|
| Darlington County, SC | 67,799 | 34 | 50.15 |
| South Carolina | 4,832,482 | 3,689 | 76.3 |
| United States | 318,857,056 | 279,871 | 87.8 |



Primary Care Physicians, Rate per 100,000 Pop.
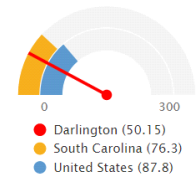
0 · 300

● Darlington (50.15)
● South Carolina (76.3)
● United States (87.8)

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

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

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

| Report Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Darlington County, SC | 63.63 | 66.82 | 69.58 | 67.33 | 64.15 | 60.2 | 53.87 | 55.64 | 49.9 | 55.94 | 50.15 |
| South Carolina | 72.8 | 73.02 | 72.83 | 72.03 | 71.48 | 72.98 | 74.7 | 75.2 | 75.66 | 76.63 | 76.34 |
| United States | 80.76 | 80.94 | 80.54 | 80.38 | 80.16 | 82.22 | 84.57 | 85.83 | 86.66 | 87.76 | 87.77 |



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

— Darlington County, SC — South Carolina — United States
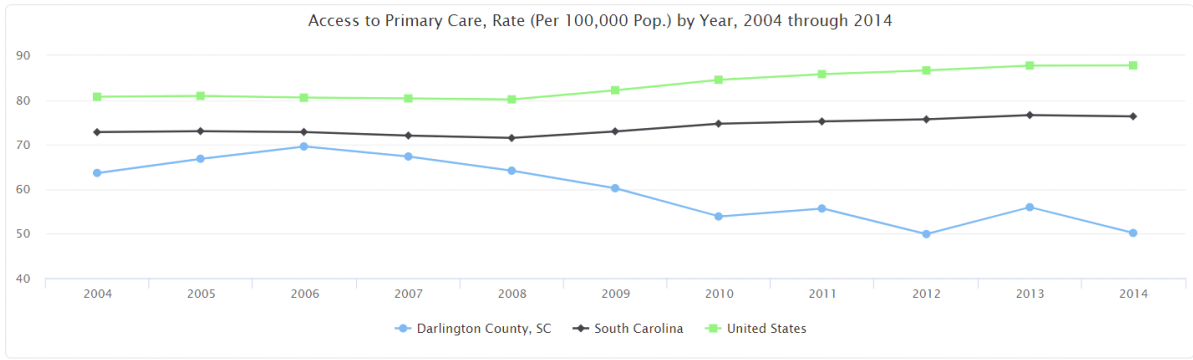
## Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 1,085 Medicare enrollees with diabetes have had an annual exam out of 1,372 Medicare enrollees in the report area with diabetes, or 79.2%. 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 |
|---|---|---|---|---|
| Darlington County, SC | 8,338 | 1,372 | 1,085 | 79.2% |
| South Carolina | 550,660 | 70,300 | 61,388 | 87.3% |
| United States | 26,937,083 | 2,919,457 | 2,501,671 | 85.7% |



Percent Medicare Enrollees with Diabetes with Annual Exam
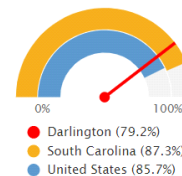
0%  100%

● Darlington (79.2%)
● South Carolina (87.3%)
● United States (85.7%)

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

# Annual Hemoglobin A1c Test by Year, 2009 through 2015

## Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test

| Report Area | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|
| Darlington County, SC | 74.20 | 78.48 | 77.56 | 74.81 | 76.06 | 79.44 | 79.15 |
| South Carolina | 83.61 | 84.54 | 85.09 | 85.75 | 83.70 | 86.23 | 87.32 |
| United States | 83.52 | 83.81 | 84.18 | 84.57 | 84.92 | 85.16 | 85.69 |



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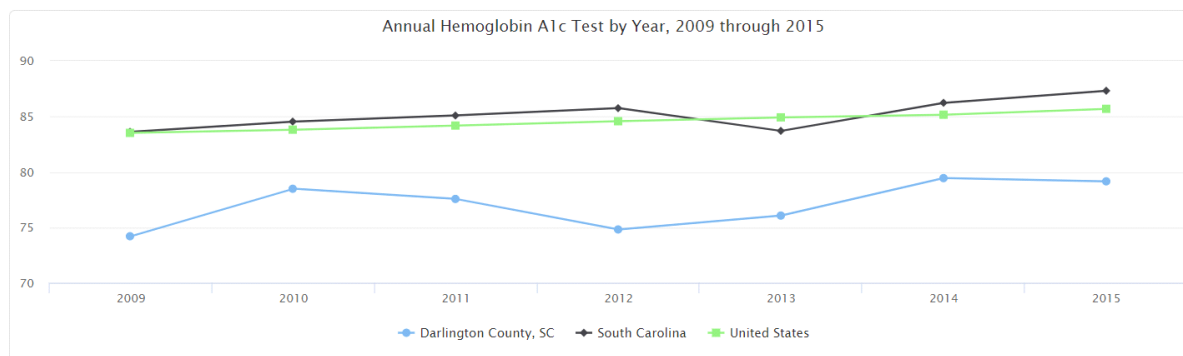
# Federally Qualified Health Centers

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

| Report Area | Total Population | Number of Federally Qualified Health Centers | Rate of Federally Qualified Health Centers per 100,000 Population |
|---|---|---|---|
| Darlington County, SC | 68,681 | 6 | 8.74 |
| South Carolina | 4,625,364 | 187 | 4.04 |
| United States | 312,471,327 | 8,768 | 2.81 |

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

# Health Professional Shortage Areas

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

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

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

# Preventable Hospital Visits

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

| Report Area | Total Medicare Part A Enrollees | Ambulatory Care Sensitive Condition Hospital Discharges | Ambulatory Care Sensitive Condition Discharge Rate | Preventable Hospital Events, Age–Adjusted Discharge Rate (Per 1,000 Medicare Enrollees) |
|---|---|---|---|---|
| Darlington County, SC | 6,402 | 388 | 60.7 | |
| South Carolina | 434,703 | 19,801 | 45.6 | |
| United States | 22,488,201 | 1,112,019 | 49.4 | |
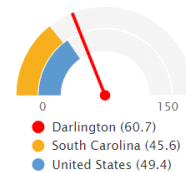


Darlington (60.7)
South Carolina (45.6)
United States (49.4)

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

Ambulatory Care Sensitive Condition Discharges by Year, 2009 through 2015

Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)
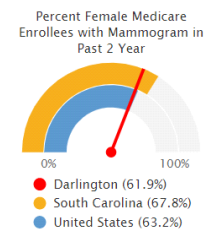
| Report Area | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|
| Darlington County, SC | 99.28 | 96.65 | 81.21 | 71.22 | 69.31 | 66.09 | 60.67 |
| South Carolina | 63.62 | 61.20 | 59.44 | 54.08 | 57.60 | 46.23 | 45.55 |
| United States | 68.16 | 66.58 | 64.93 | 59.29 | 53.76 | 49.90 | 49.45 |



Ambulatory Care Sensitive Condition Discharges by Year, 2009 through 2015
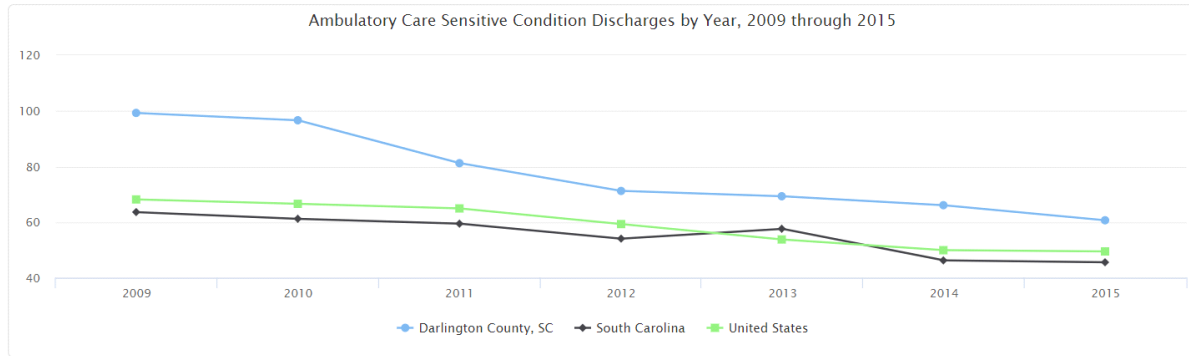
## Prevention - Mammogram

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

| Report Area | Total Medicare Enrollees | Female Medicare Enrollees Age 67-69 | Female Medicare Enrollees with Mammogram in Past 2 Years | Percent Female Medicare Enrollees with Mammogram in Past 2 Year |
|---|---|---|---|---|
| Darlington County, SC | 8,338 | 846 | 523 | 61.9% |
| South Carolina | 550,660 | 58,753 | 39,850 | 67.8% |
| United States | 26,937,083 | 2,544,732 | 1,607,329 | 63.2% |



Percent Female Medicare Enrollees with Mammogram in Past 2 Year

0%    100%
● Darlington (61.9%)
● South Carolina (67.8%)
● United States (63.2%)

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

## Breast Cancer Screening by Year, 2009 through 2015

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

| Report Area | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|
| Darlington County, SC | 65.11 | 64.36 | 66.00 | 64.33 | 63.19 | 60.85 | 61.94 |
| South Carolina | 69.46 | 68.89 | 66.69 | 67.10 | 57.67 | 67.59 | 67.83 |
| United States | 65.87 | 65.37 | 62.90 | 62.98 | 62.82 | 63.06 | 63.16 |

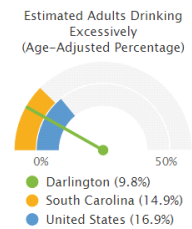Breast Cancer Screening by Year, 2009 through 2015
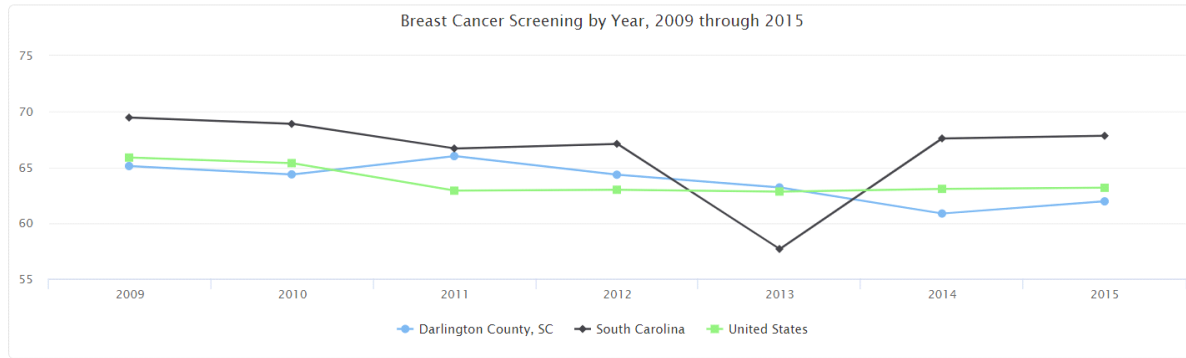
# Health Behaviors

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

## Alcohol Consumption

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

| Report Area | Total Population Age 18+ | Estimated Adults Drinking Excessively | Estimated Adults Drinking Excessively (Crude Percentage) | Estimated Adults Drinking Excessively (Age-Adjusted Percentage) |
|---|---|---|---|---|
| Darlington County, SC | 51,767 | 4,918 | 9.5% | 9.8% |
| South Carolina | 3,500,728 | 500,604 | 14.3% | 14.9% |
| United States | 232,556,016 | 38,248,349 | 16.4% | 16.9% |

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)



Darlington (9.8%)
South Carolina (14.9%)
United States (16.9%)

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

## Physical Inactivity

Within the report area, 14,987 or 28.6% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening,

or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

| Report Area | Total Population Age 20+ | Population with no Leisure Time Physical Activity | Percent Population with no Leisure Time Physical Activity |
|---|---|---|---|
| Darlington County, SC | 50,461 | 14,987 | 28.6% |
| South Carolina | 3,674,036 | 907,850 | 23.9% |
| United States | 238,798,321 | 52,960,511 | 21.6% |
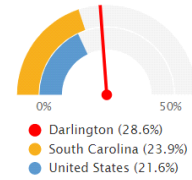
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County ➞
Show more details



Percent Population with no Leisure Time Physical Activity

● Darlington (28.6%)
● South Carolina (23.9%)
● United States (21.6%)

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

| Report Area | Total Males with No Leisure-Time Physical Activity | Percent Males with No Leisure-Time Physical Activity | Total Females with No Leisure-Time Physical Activity | Percent Females with No Leisure-Time Physical Activity |
|---|---|---|---|---|
| Darlington County, SC | 6,165 | 25.7% | 8,821 | 31.1% |
| South Carolina | 389,165 | 21.7% | 518,684 | 25.9% |
| United States | 23,655,542 | 20% | 29,304,977 | 23% |
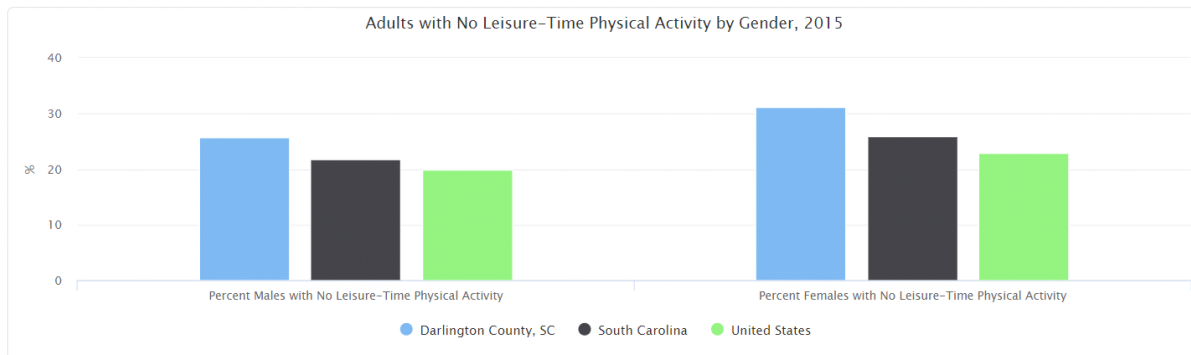


Adults with No Leisure–Time Physical Activity by Gender, 2015

● Darlington County, SC   ● South Carolina   ● United States

## Percent Adults Physically Inactive by Year, 2004 through 2015

| Report Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Darlington County, SC | 27.8% | 27.8% | 28% | 29.2% | 30.5% | 33.4% | 31.7% | 32% | 30.9% | 31.4% | 30.1% | 28.6% |
| South Carolina | 24.5% | 24.6% | 24.9% | 25.2% | 26.3% | 27.2% | 26.4% | 25% | 24.6% | 23.7% | 24.2% | 23.9% |
| United States | 23% | 22.8% | 22.9% | 23.2% | 23.5% | 23.7% | 23.4% | 22.5% | 22.6% | 21.8% | 22.6% | 21.6% |

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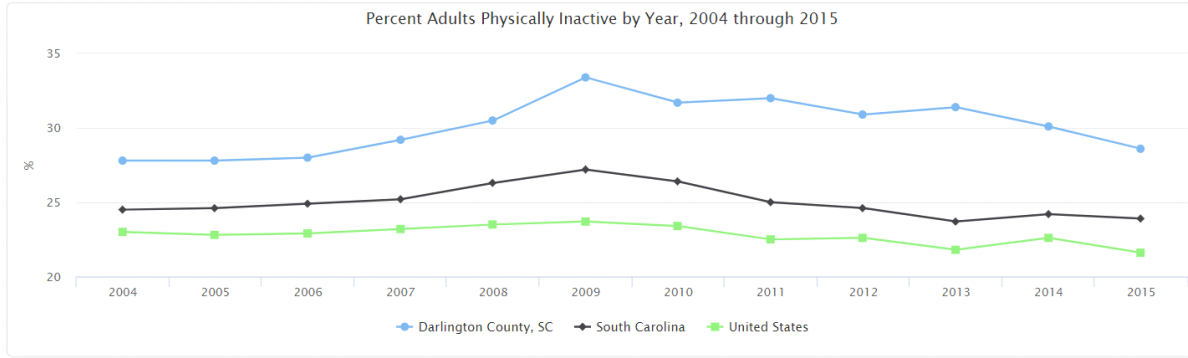
# STI - Chlamydia Incidence

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

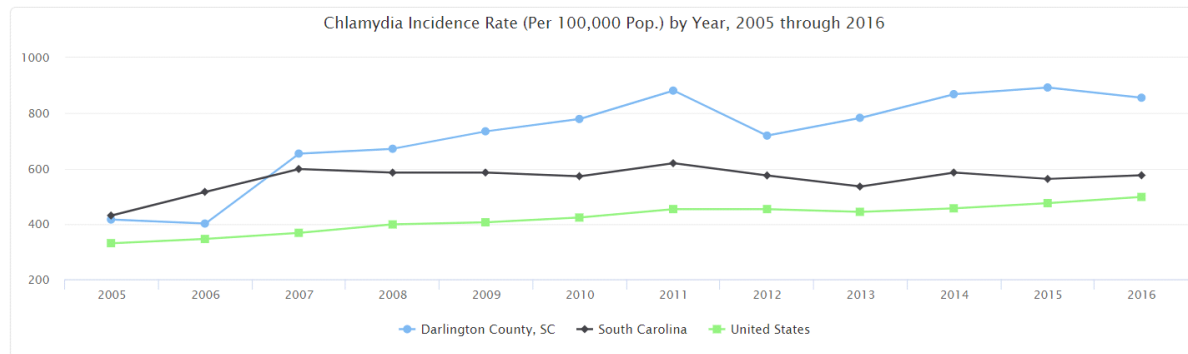| Report Area | Total Population | Total Chlamydia Infections | Chlamydia Infections, Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 67,548 | 578 | 855.7 |
| South Carolina | 4,896,146 | 28,179 | 575.5 |
| United States | 321,418,820 | 1,598,354 | 497.3 |
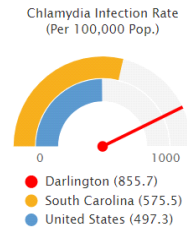
Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, *Health Indicators Warehouse*. Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. 2016. Source geography: County ➝ Show more details



Chlamydia Infection Rate (Per 100,000 Pop.)

● Darlington (855.7)
● South Carolina (575.5)
● United States (497.3)

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

| Report Area | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Darlington County, SC | 415.76 | 401.18 | 653.87 | 671.33 | 734.44 | 778.96 | 881.42 | 718.9 | 783.1 | 868.48 | 892.7 | 855.69 |
| South Carolina | 430.39 | 515.7 | 598.38 | 585.25 | 585.25 | 572.11 | 619.06 | 574.77 | 534.8 | 585.5 | 562.44 | 575.53 |
| United States | 330.3 | 345.4 | 367.7 | 398 | 405.7 | 422.8 | 453.4 | 453.4 | 443.5 | 456.1 | 474.97 | 497.28 |



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

# STI - Gonorrhea Incidence

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

| Report Area | Total Population | Total Gonorrhea Infections | Gonorrhea Infections, Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 67,548 | 144 | 213.2 |
| South Carolina | 4,896,146 | 9,194 | 187.8 |
| United States | 321,418,820 | 468,514 | 145.8 |
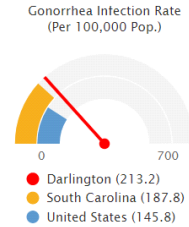
Gonorrhea Infection Rate (Per 100,000 Pop.)

● Darlington (213.2)
● South Carolina (187.8)
● United States (145.8)

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

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

| Report Area | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Darlington County, SC | 237.58 | 196.89 | 239.4 | 343.12 | 192.64 | 267.91 | 316.26 | 285.51 | 250.24 | 288.51 | 196.9 | 213.18 |
| South Carolina | 201.39 | 238.11 | 233.78 | 209.93 | 182.64 | 171.9 | 178.67 | 161.7 | 150.7 | 172.8 | 167.6 | 187.78 |
| United States | 114.9 | 120.1 | 118.1 | 110.7 | 98.2 | 100 | 103.3 | 106.7 | 105.3 | 110.7 | 122.96 | 145.76 |



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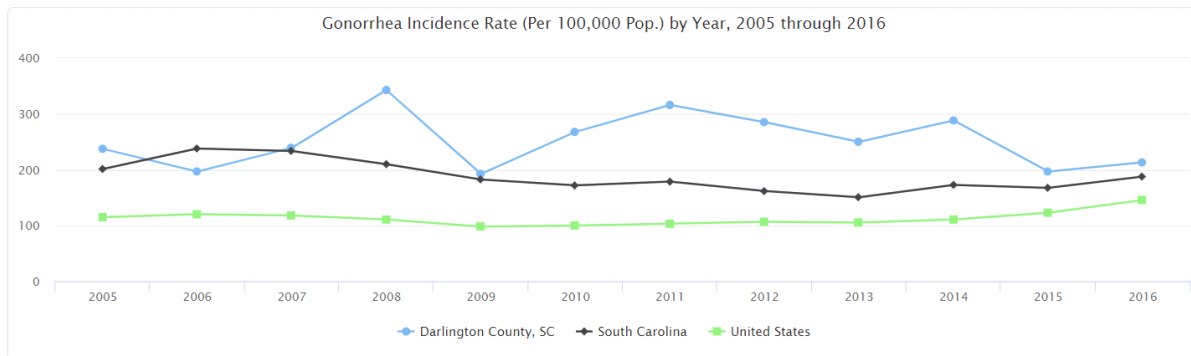
# STI - HIV Prevalence

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

| Report Area | Population Age 13+ | Population with HIV / AIDS | Population with HIV / AIDS, Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 56,729 | 264 | 465.4 |
| South Carolina | 4,111,529 | 16,224 | 394.6 |
| United States | 268,159,414 | 971,524 | 362.3 |
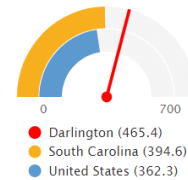
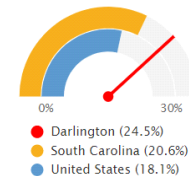Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015. Source geography: County ➝ Show more details



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

● Darlington (465.4)
● South Carolina (394.6)
● United States (362.3)

## Tobacco Usage - Current Smokers

In the report area an estimated 12,217, or 23.6% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

| Report Area | Total Population Age 18+ | Total Adults Regularly Smoking Cigarettes | Percent Population Smoking Cigarettes (Crude) | Percent Population Smoking Cigarettes (Age-Adjusted) |
|---|---|---|---|---|
| Darlington County, SC | 51,767 | 12,217 | 23.6% | 24.5% |
| South Carolina | 3,500,728 | 710,648 | 20.3% | 20.6% |
| United States | 232,556,016 | 41,491,223 | 17.8% | 18.1% |

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



Percentage of Adults Smoking Cigarettes

● Darlington (24.5%)
● South Carolina (20.6%)
● United States (18.1%)

# Health Outcomes

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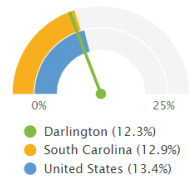
## Asthma Prevalence

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

| Report Area | Survey Population (Adults Age 18+) | Total Adults with Asthma | Percent Adults with Asthma |
|---|---|---|---|
| Darlington County, SC | 49,162 | 6,037 | 12.3% |
| South Carolina | 3,526,734 | 456,596 | 12.9% |
| United States | 237,197,465 | 31,697,608 | 13.4% |



Percent Adults with Asthma
- Darlington (12.3%)
- South Carolina (12.9%)
- United States (13.4%)

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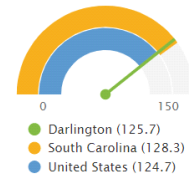
# Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

| Report Area | Estimated Total Population (Female) | New Cases (Annual Average) | Cancer Incidence Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 4,455 | 56 | 125.7 |
| South Carolina | 299,688 | 3,845 | 128.3 |
| United States | 18,800,721 | 234,445 | 124.7 |



Breast Cancer Incidence Rate (Per 100,000 Pop.)
- Darlington (125.7)
- South Carolina (128.3)
- United States (124.7)

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

# Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

| Report Area | Estimated Total Population (Female) | New Cases (Annual Average) | Cancer Incidence Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 4,455 | 56 | 125.7 |
| South Carolina | 299,688 | 3,845 | 128.3 |
| United States | 18,800,721 | 234,445 | 124.7 |

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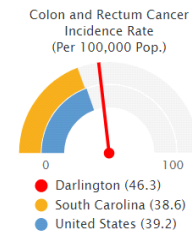
# Cancer Incidence - Colon and Rectum

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

| Report Area | Estimated Total Population | New Cases (Annual Average) | Cancer Incidence Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 8,423 | 39 | 46.3 |
| South Carolina | 561,398 | 2,167 | 38.6 |
| United States | 35,701,530 | 139,950 | 39.2 |

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

Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)

- Darlington (46.3)
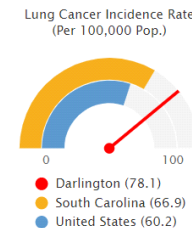- South Carolina (38.6)
- United States (39.2)

# Cancer Incidence - Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

| Report Area | Estimated Total Population | New Cases (Annual Average) | Cancer Incidence Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 8,962 | 70 | 78.1 |
| South Carolina | 582,212 | 3,895 | 66.9 |
| United States | 36,137,043 | 217,545 | 60.2 |

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

Lung Cancer Incidence Rate (Per 100,000 Pop.)

- Darlington (78.1)
- South Carolina (66.9)
- United States (60.2)

# Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

| Report Area | Estimated Total Population (Male) | New Cases (Annual Average) | Cancer Incidence Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Darlington County, SC | 4,116 | 61 | 148.2 |
| South Carolina | 281,658 | 3,363 | 119.4 |
| United States | 17,489,816 | 190,639 | 109 |

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



Prostate Cancer Incidence Rate (Per 100,000 Pop.)
- Darlington (148.2)
- South Carolina (119.4)
- United States (109)
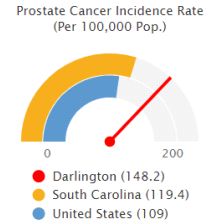
# Depression (Medicare Population)

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

| Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Depression | Percent with Depression |
|---|---|---|---|
| Darlington County, SC | 10,805 | 1,693 | 15.7% |
| South Carolina | 691,524 | 105,719 | 15.3% |
| United States | 34,118,227 | 5,695,629 | 16.7% |

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



Percentage of Medicare Beneficiaries with Depression
- Darlington (15.7%)
- South Carolina (15.3%)
- United States (16.7%)
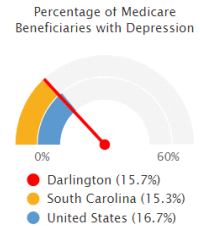
# Percentage of Medicare Population with Depression by Year, 2010 through 2015

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

| Report Area | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Darlington County, SC | 10.5% | 11.5% | 13.1% | 14.2% | 15.3% | 15.7% |
| South Carolina | 12.3% | 13.5% | 14.1% | 14.4% | 14.8% | 15.3% |
| United States | 14% | 15% | 15.5% | 15.9% | 16.2% | 16.7% |



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

- Darlington County, SC
- South Carolina
- United States
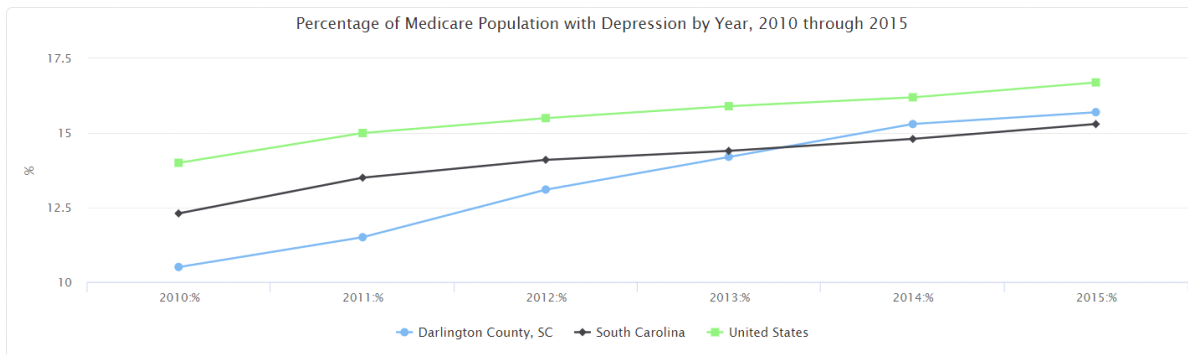
# Diabetes (Adult)

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

| Report Area | Total Population Age 20+ | Population with Diagnosed Diabetes | Population with Diagnosed Diabetes, Age-Adjusted Rate |
|---|---|---|---|
| Darlington County, SC | 50,552 | 7,229 | 12.2% |
| South Carolina | 3,675,498 | 463,200 | 11.17% |
| United States | 241,492,750 | 24,722,757 | 9.28% |
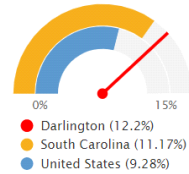
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →
Show more details

Percent Adults with Diagnosed Diabetes (Age-Adjusted)

- Darlington (12.2%)
- South Carolina (11.17%)
- United States (9.28%)

## Adults with Diagnosed Diabetes by Gender, 2015

| Report Area | Total Males with Diabetes | Percent Males with Diabetes | Total Females with Diabetes | Percent Females with Diabetes |
|---|---|---|---|---|
| Darlington County, SC | 3,312 | 12.2% | 3,918 | 12.2% |
| South Carolina | 221,906 | 11.4% | 241,297 | 11% |
| United States | 12,333,249 | 9.9% | 11,950,019 | 8.6% |
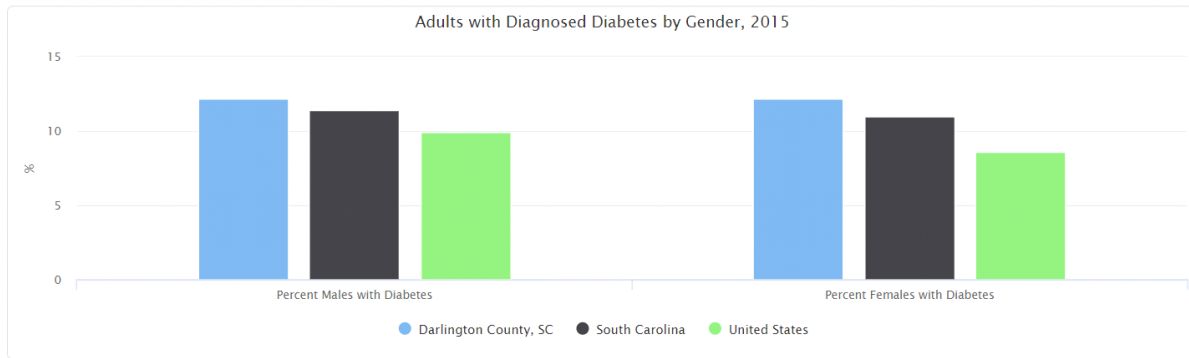
Adults with Diagnosed Diabetes by Gender, 2015

- Darlington County, SC
- South Carolina
- United States

## Percent Adults with Diagnosed Diabetes by Year, 2004 through 2015

| Report Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Darlington County, SC | 10.6% | 11% | 12.7% | 12.2% | 12.2% | 12.6% | 12.9% | 13.5% | 12.6% | 12.6% | 12% | 12.2% |
| South Carolina | 9.3% | 9.5% | 9.8% | 9.9% | 10.2% | 10.5% | 10.9% | 11% | 11.2% | 11.2% | 11.2% | 11.2% |
| United States | 7.3% | 7.6% | 8% | 8.3% | 8.6% | 8.7% | 8.9% | 9% | 9.1% | 9.1% | 9.1% | 9.2% |
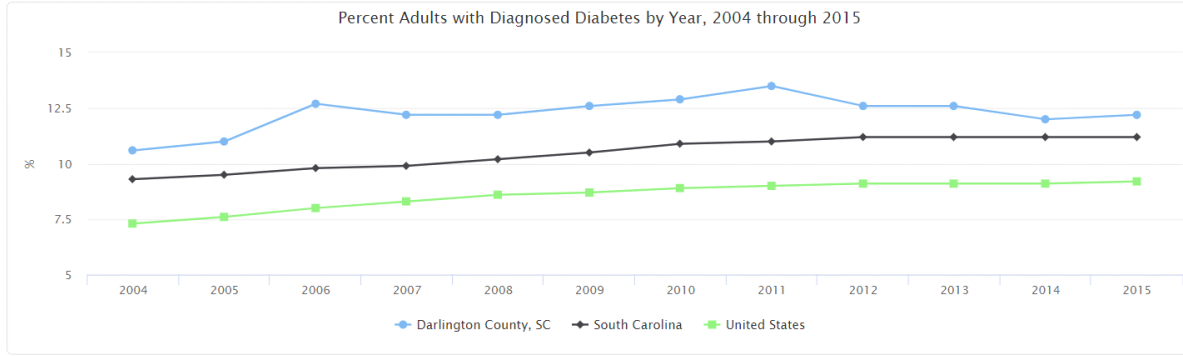
Percent Adults with Diagnosed Diabetes by Year, 2004 through 2015

# Diabetes (Medicare Population)

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

| Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Diabetes | Percent with Diabetes |
|---|---|---|---|
| Darlington County, SC | 10,805 | 3,566 | 33% |
| South Carolina | 691,524 | 187,643 | 27.13% |
| United States | 34,118,227 | 9,057,809 | 26.55% |
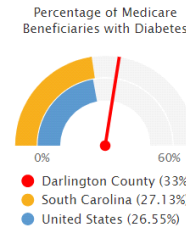
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details



Percentage of Medicare Beneficiaries with Diabetes

- Darlington County (33%)
- South Carolina (27.13%)
- United States (26.55%)

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

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

| Report Area | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Darlington County, SC | 31.6% | 31.8% | 31.9% | 32.3% | 32.4% | 33% |
| South Carolina | 27.3% | 27.3% | 27.4% | 27.2% | 27.1% | 27.1% |
| United States | 26.8% | 27% | 27.1% | 27% | 26.7% | 26.5% |



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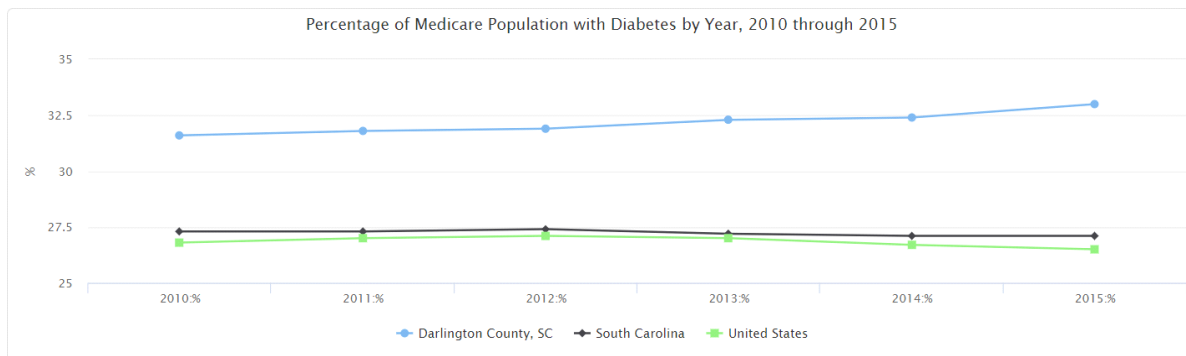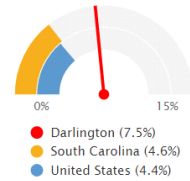
## Heart Disease (Adult)

3,626, or 7.5% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

| Report Area | Survey Population (Adults Age 18+) | Total Adults with Heart Disease | Percent Adults with Heart Disease |
|---|---|---|---|
| Darlington County, SC | 48,489 | 3,626 | 7.5% |
| South Carolina | 3,509,878 | 163,079 | 4.6% |
| United States | 236,406,904 | 10,407,185 | 4.4% |

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

**Percent Adults with Heart Disease**

- ● Darlington (7.5%)
- ● South Carolina (4.6%)
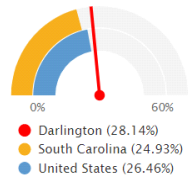- ● United States (4.4%)

## Heart Disease (Medicare Population)

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

| Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Heart Disease | Percent with Heart Disease |
|---|---|---|---|
| Darlington County, SC | 10,805 | 3,041 | 28.14% |
| South Carolina | 691,524 | 172,428 | 24.93% |
| United States | 34,118,227 | 9,028,604 | 26.46% |

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

**Percentage of Medicare Beneficiaries with Heart Disease**

- ● Darlington (28.14%)
- ● South Carolina (24.93%)
- ● United States (26.46%)

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

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

| Report Area | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Darlington County, SC | 28.7% | 27.6% | 27.8% | 28.2% | 28.1% | 28.1% |
| South Carolina | 27.1% | 26.6% | 26.2% | 25.7% | 25.3% | 24.9% |
| United States | 30% | 29.3% | 28.6% | 27.8% | 27% | 26.5% |

Percentage of Medicare Population with Heart Disease by Year, 2010 through 2015
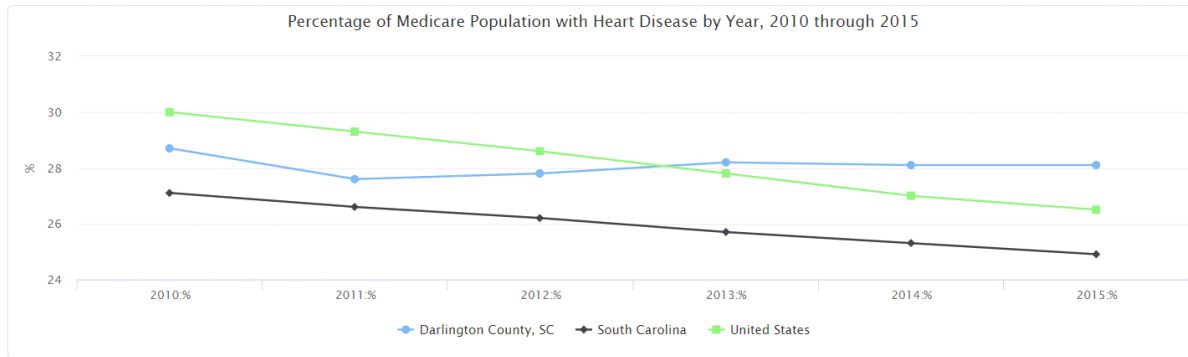
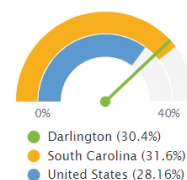## High Blood Pressure (Adult)

15,737, or 30.4% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

| Report Area | Total Population (Age 18+) | Total Adults with High Blood Pressure | Percent Adults with High Blood Pressure |
|---|---|---|---|
| Darlington County, SC | 51,767 | 15,737 | 30.4% |
| South Carolina | 3,500,728 | 1,106,230 | 31.6% |
| United States | 232,556,016 | 65,476,522 | 28.16% |

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



Percent Adults with High Blood Pressure
- Darlington (30.4%)
- South Carolina (31.6%)
- United States (28.16%)
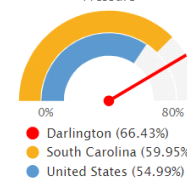
## High Blood Pressure (Medicare Population)

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

| Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with High Blood Pressure | Percent with High Blood Pressure |
|---|---|---|---|
| Darlington County, SC | 10,805 | 7,178 | 66.43% |
| South Carolina | 691,524 | 414,573 | 59.95% |
| United States | 34,118,227 | 18,761,681 | 54.99% |

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



Percentage of Medicare Beneficiaries with High Blood Pressure
- Darlington (66.43%)
- South Carolina (59.95%)
- United States (54.99%)

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

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

| Report Area | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Darlington County, SC | 64.8% | 63.7% | 64.4% | 64.7% | 65.3% | 66.4% |
| South Carolina | 60.2% | 59.9% | 60.1% | 60% | 60% | 60% |
| United States | 55.8% | 55.7% | 55.6% | 55.6% | 55.1% | 55% |



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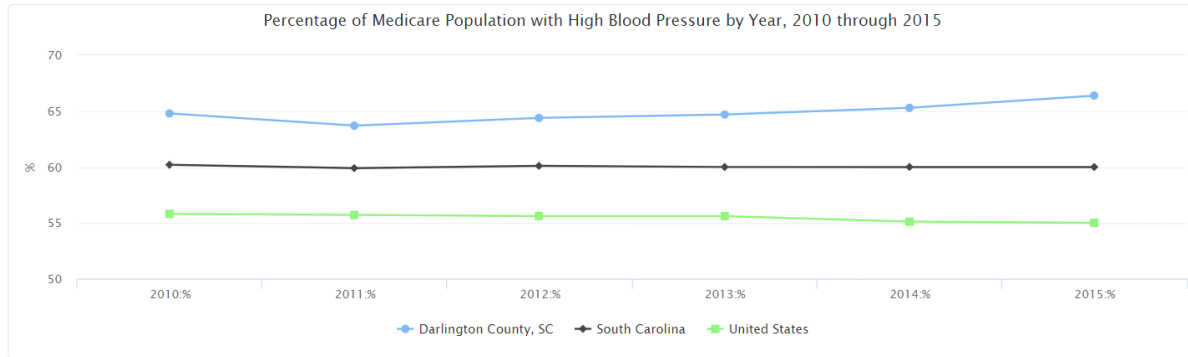
## Infant Mortality

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) |
|---|---|---|---|
| Darlington County, SC | 4,150 | 44 | 10.7 |
| South Carolina | 302,210 | 2,387 | 7.9 |
| United States | 20,913,535 | 136,369 | 6.5 |



Infant Mortality Rate (Per 1,000 Births)
- Darlington (10.7)
- South Carolina (7.9)
- United States (6.5)

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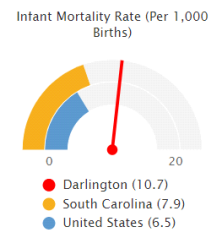
## Low Birth Weight

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

| Report Area | Total Live Births | Low Weight Births (Under 2500g) | Low Weight Births, Percent of Total |
|---|---|---|---|
| Darlington County, SC | 5,992 | 773 | 12.9% |
| South Carolina | 418,684 | 41,450 | 9.9% |
| United States | 29,300,495 | 2,402,641 | 8.2% |



Percent Low Birth Weight Births
- Darlington (12.9%)
- South Carolina (9.9%)
- United States (8.2%)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County → Show more details
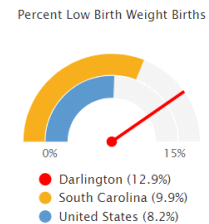
## Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012

| Report Area | 2002-2008 | 2003-2009 | 2004-2010 | 2005-2011 | 2006-2012 |
|---|---|---|---|---|---|
| Darlington County, SC | 12.3% | 12.6% | 12.7% | 12.8% | 12.9% |
| South Carolina | 10.1% | 10.1% | 10.1% | 10% | 9.9% |
| United States | 8.1% | 8.1% | 8.2% | 8.2% | 8.2% |



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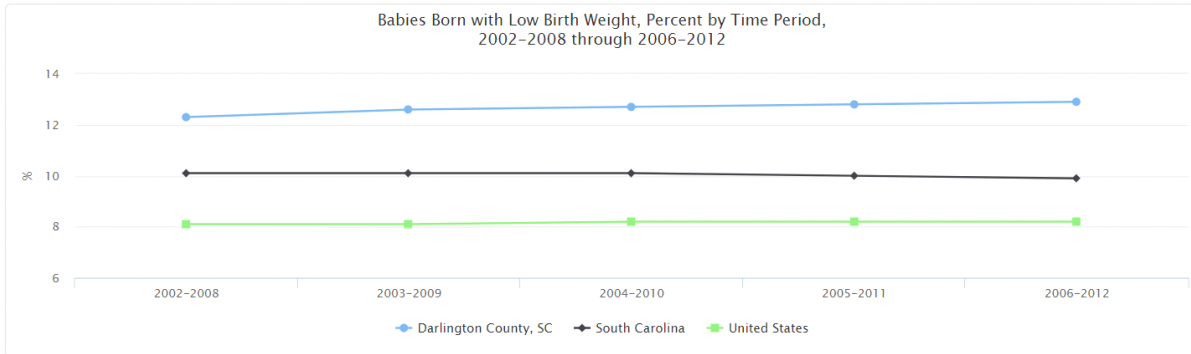
## Mortality - Cancer

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

| Report Area | Total Population | Average Annual Deaths, 2012-2016 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Darlington County, SC | 67,731 | 164 | 241.8 | 190.7 |
| South Carolina | 4,837,662 | 9,942 | 205.51 | 171.5 |
| United States | 318,689,254 | 590,634 | 185.3 | 160.9 |
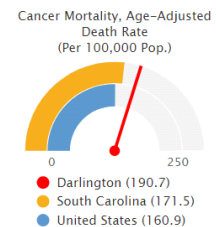


Cancer Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)

- Darlington (190.7)
- South Carolina (171.5)
- United States (160.9)

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

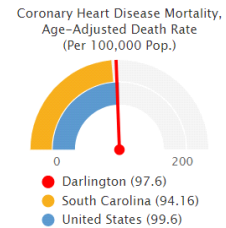## Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

| Report Area | Male | Female |
|---|---|---|
| Darlington County, SC | 238.83 | 159.08 |
| South Carolina | 213.27 | 141.41 |
| United States | 192.58 | 137.85 |

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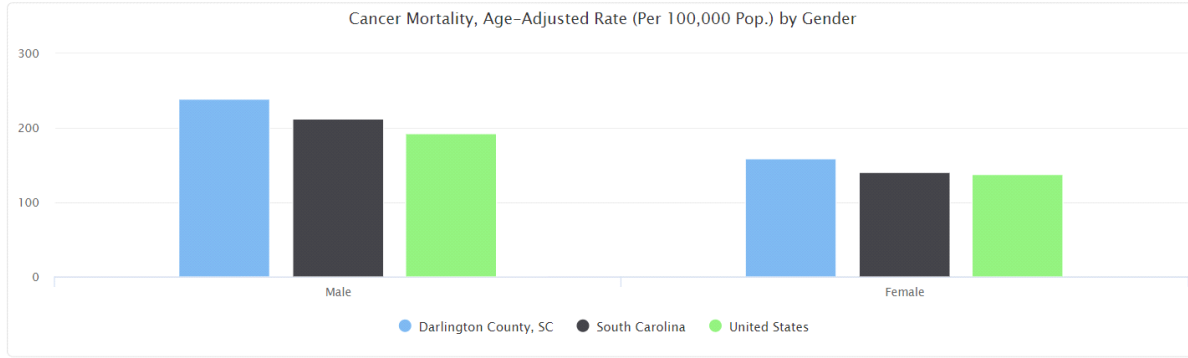
## Mortality - Coronary Heart Disease

Within the report area the rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population is 97.6. This rate is less than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

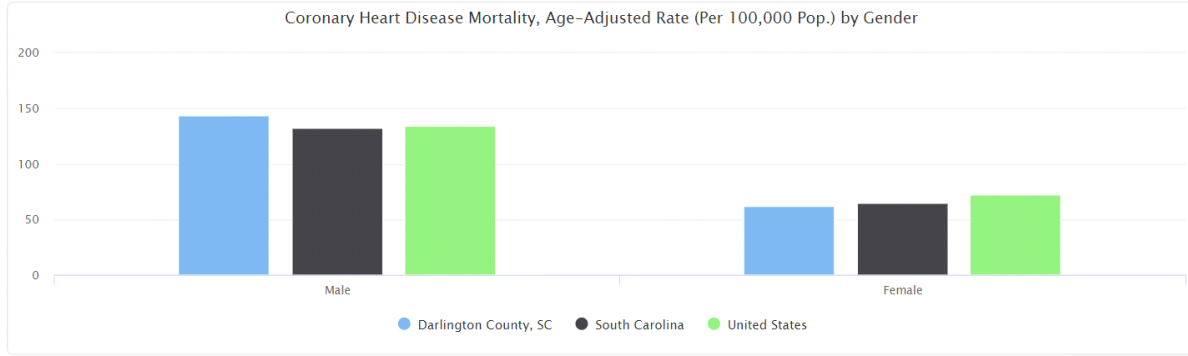| Report Area | Total Population | Average Annual Deaths, 2012-2016 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Darlington County, SC | 67,731 | 80 | 118.7 | 97.6 |
| South Carolina | 4,837,662 | 5,270 | 108.94 | 94.16 |
| United States | 318,689,254 | 367,306 | 115.3 | 99.6 |

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

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



- Darlington (97.6)
- South Carolina (94.16)
- United States (99.6)

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

| Report Area | Male | Female |
|---|---|---|
| Darlington County, SC | 143.69 | 62.16 |
| South Carolina | 132.26 | 64.66 |
| United States | 134.28 | 72.41 |

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

## Mortality - Lung Disease

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

| Report Area | Total Population | Average Annual Deaths, 2012-2016 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Darlington County, SC | 67,731 | 55 | 81.8 | 65.6 |
| South Carolina | 4,837,662 | 2,743 | 56.71 | 48.64 |
| United States | 318,689,254 | 149,886 | 47 | 41.3 |

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


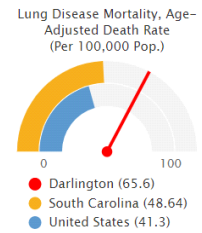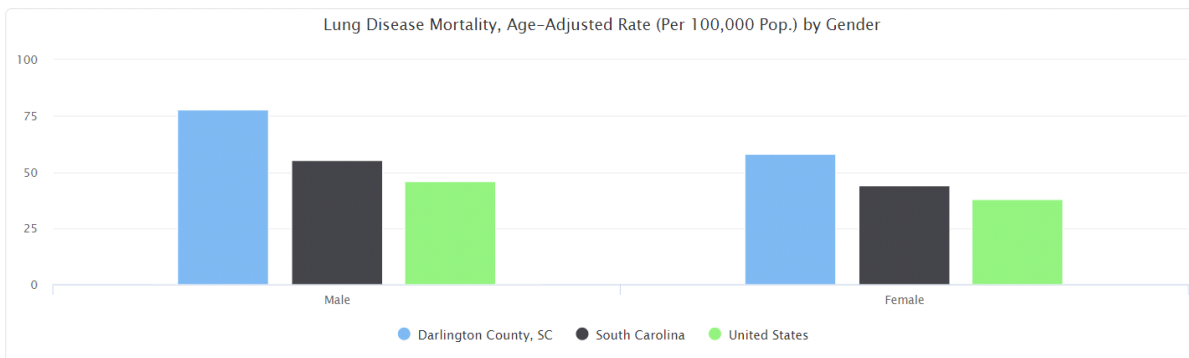Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
● Darlington (65.6)
● South Carolina (48.64)
● United States (41.3)

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


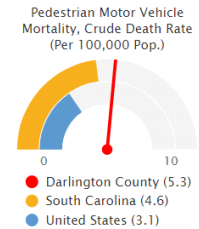Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

## Mortality - Pedestrian Motor Vehicle Crash

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

| Report Area | Total Population (2010) | Total Pedestrian Deaths, 2011-2015 | Average Annual Deaths, Rate per 100,000 Pop. |
|---|---|---|---|
| Darlington County, SC | 68,681 | 11 | 5.3 |
| South Carolina | 4,625,364 | 645 | 4.6 |
| United States | 312,732,537 | 28,832 | 3.1 |

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

Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)



- Darlington County (5.3)
- South Carolina (4.6)
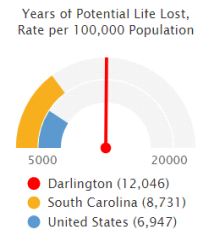- United States (3.1)

## Mortality - Premature Death

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

| Report Area | Total Population | Total Premature Death, 2013-2017 | Total Years of Potential Life Lost, 2013-2017 Average | Years of Potential Life Lost, Rate per 100,000 Population |
|---|---|---|---|---|
| Darlington County, SC | 187,995 | 1,426 | 22,645 | 12,046 |
| South Carolina | 13,928,349 | 73,733 | 1,216,076 | 8,731 |
| United States | 908,082,355 | 3,744,894 | 63,087,358 | 6,947 |

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-17. Source geography: County → Show more details

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



- Darlington (12,046)
- South Carolina (8,731)
- United States (6,947)

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



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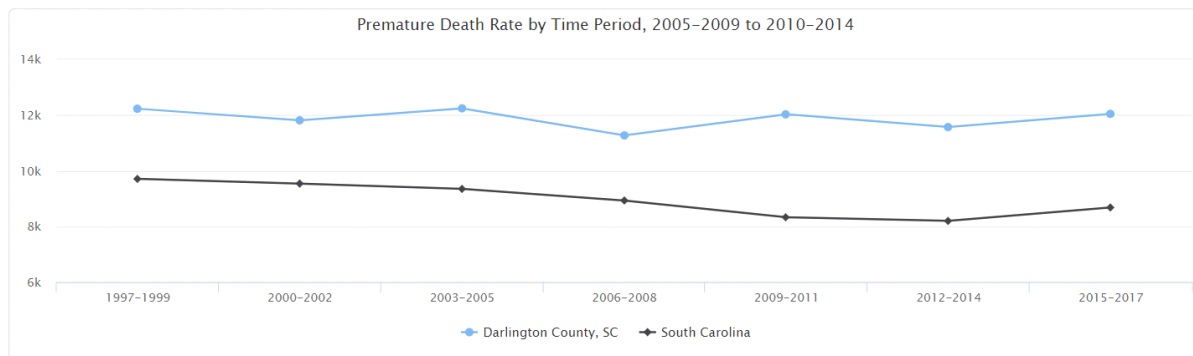
## Mortality - Stroke

Within the report area there are an estimated 73 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

| Report Area | Total Population | Average Annual Deaths, 2012-2016 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Darlington County, SC | 67,731 | 58 | 85.6 | 73 |
| South Carolina | 4,837,662 | 2,495 | 51.58 | 45.93 |
| United States | 318,689,254 | 134,618 | 42.2 | 36.9 |

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

● Darlington County (73)
● South Carolina (45.93)
● United States (36.9)

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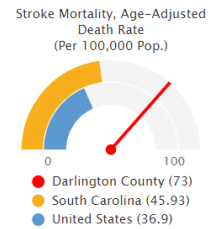
## Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

| Report Area | Male | Female |
|---|---|---|
| Darlington County, SC | 79.96 | 67.85 |
| South Carolina | 47.41 | 43.91 |
| United States | 37.18 | 36.04 |



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

● Darlington County, SC   ● South Carolina   ● United States
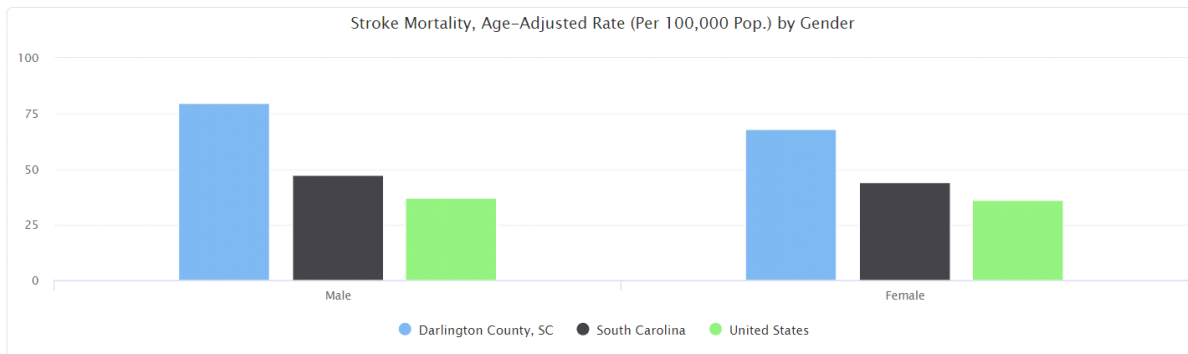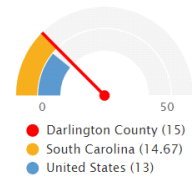
## Mortality - Suicide

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

| Report Area | Total Population | Average Annual Deaths, 2012-2016 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Darlington County, SC | 67,731 | 11 | 15.9 | 15 |
| South Carolina | 4,837,662 | 736 | 15.21 | 14.67 |
| United States | 318,689,254 | 42,747 | 13.4 | 13 |



Suicide, Age–Adjusted Death Rate (Per 100,000 Pop.)
- Darlington County (15)
- South Carolina (14.67)
- United States (13)

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

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

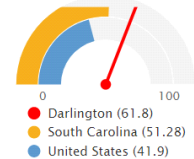| Report Area | Male | Female |
|---|---|---|
| Darlington County, SC | 26.68 | -7,777 |
| South Carolina | 23.43 | 6.71 |
| United States | 20.76 | 5.75 |

# Mortality - Unintentional Injury

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

| Report Area | Total Population | Average Annual Deaths, 2012-2016 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Darlington County, SC | 67,731 | 42 | 61.4 | 61.8 |
| South Carolina | 4,837,662 | 2,562 | 52.95 | 51.28 |
| United States | 318,689,254 | 140,444 | 44.1 | 41.9 |



Unintentional Injury (Accident) Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)
- Darlington (61.8)
- South Carolina (51.28)
- United States (41.9)

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

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

| Report Area | Male | Female |
|---|---|---|
| Darlington County, SC | 89.27 | 38.83 |
| South Carolina | 71.15 | 33.19 |
| United States | 56.87 | 27.98 |

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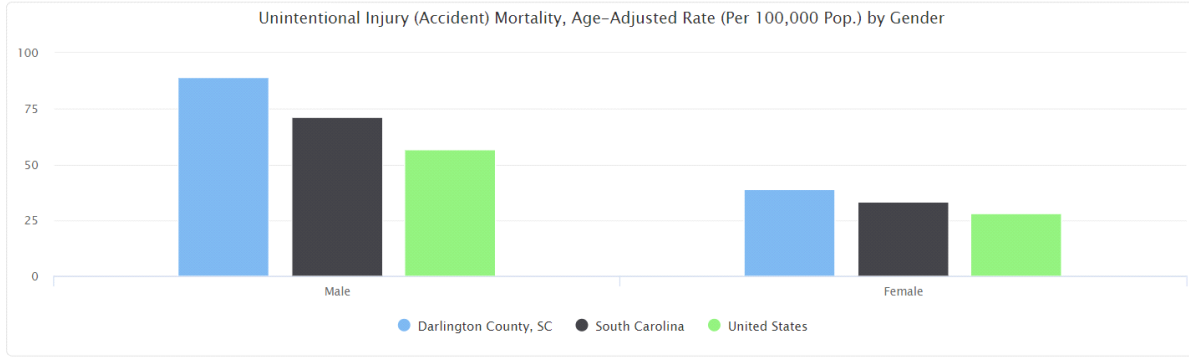
## Obesity

39.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Report Area | Total Population Age 20+ | Adults with BMI > 30.0 (Obese) | Percent Adults with BMI > 30.0 (Obese) |
|---|---|---|---|
| Darlington County, SC | 50,521 | 19,956 | 39.9% |
| South Carolina | 3,674,444 | 1,190,573 | 32.4% |
| United States | 238,842,519 | 67,983,276 | 28.3% |
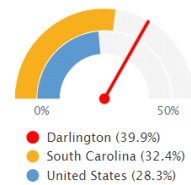
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →
Show more details

Percentage of Adults Obese
- Darlington (39.9%)
- South Carolina (32.4%)
- United States (28.3%)

## Adults Obese (BMI > 30.0) by Gender, 2015

| Report Area | Total Males Obese | Percent Males Obese | Total Females Obese | Percent Females Obese |
|---|---|---|---|---|
| Darlington County, SC | 8,564 | 36.7% | 11,392 | 42.6% |
| South Carolina | 556,571 | 31.7% | 634,001 | 33.2% |
| United States | 33,600,782 | 28.7% | 34,382,509 | 27.9% |



Adults Obese (BMI > 30.0) by Gender, 2015
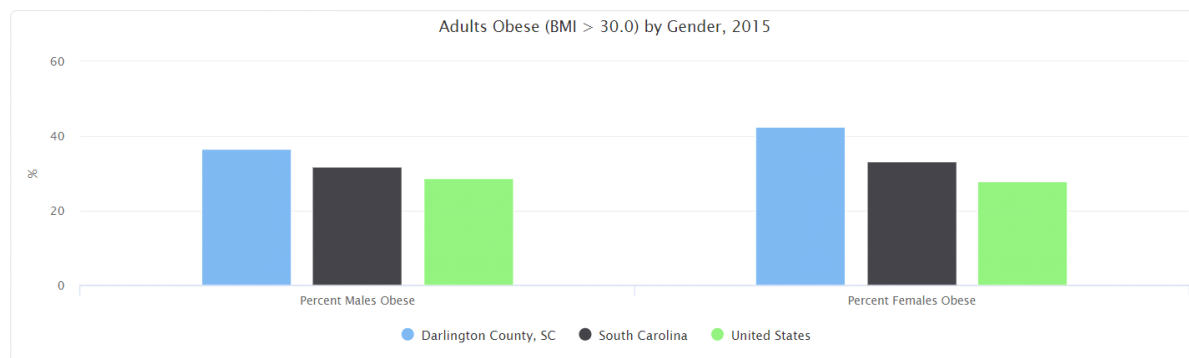
# Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2015

| Report Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Darlington County, SC | 29.8% | 31.51% | 30.7% | 30.5% | 32.2% | 35.7% | 35.5% | 33.8% | 35.4% | 37.7% | 37.9% | 39.9% |
| South Carolina | 26.1% | 27.3% | 28.7% | 29.2% | 29.9% | 31.5% | 31.5% | 31.6% | 31.5% | 31.8% | 31.9% | 32.4% |
| United States | 23.1% | 23.8% | 24.8% | 25.6% | 26.4% | 27.4% | 27.3% | 27.2% | 27.1% | 27.5% | 27.8% | 28.3% |
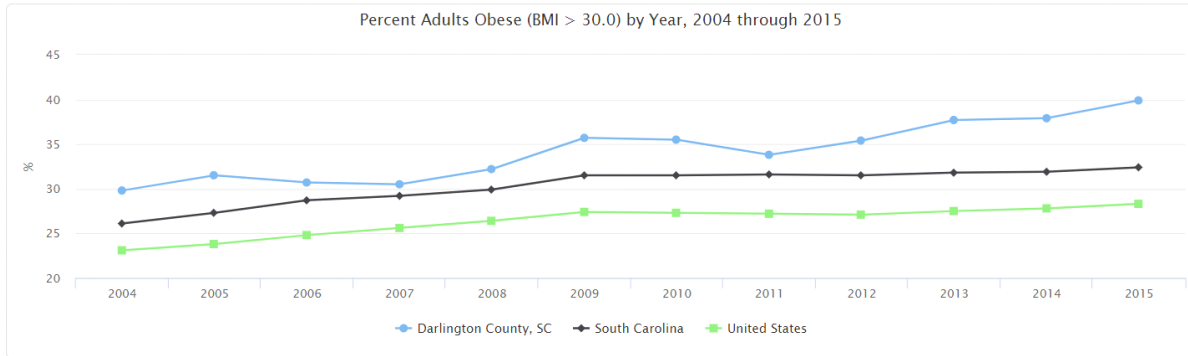


## Poor Dental Health

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

| Report Area | Total Population (Age 18+) | Total Adults with Poor Dental Health | Percent Adults with Poor Dental Health |
|---|---|---|---|
| Darlington County, SC | 51,524 | 13,421 | 26% |
| South Carolina | 3,500,728 | 697,720 | 19.9% |
| United States | 235,375,690 | 36,842,620 | 15.7% |

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

**Percent Adults with Poor Dental Health**
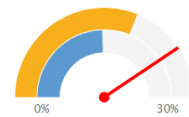
- Darlington County (26%)
- South Carolina (19.9%)
- United States (15.7%)

## Oral Health Need: Pee Dee Region

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

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

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

Undiagnosed and untreated oral health issues are expansive across the Pee Dee region. According to a recent analysis conducted for the 2018 American Public Health Association Annual Conference, several counties in the Pee Dee region were identified using a social determinants of health model as among those in South Carolina at the greatest overall risk for unmet oral health needs.  This analysis examined 2016 state Medicaid data and found in the Pee Dee region an average of 50% of Medicaid-enrolled children aged 4-9 years had no dental visit in 2016 and 25% had at least one emergency room visit for dental reasons. For the adult population, there is less data available for state populations, but the CDC notes that 1 in 4 adults in the U.S. has untreated tooth decay and nearly half (46%) display some form of periodontal disease.[2]

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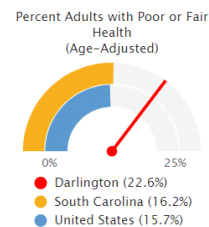

## Poor General Health

Within the report area 24.7% of adults age 18 and older self-report having poor or fair health in response to the question "would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

| Report Area | Total Population Age 18+ | Estimated Population with Poor or Fair Health | Crude Percentage | Age-Adjusted Percentage |
|---|---|---|---|---|
| Darlington County, SC | 51,767 | 12,786 | 24.7% | 22.6% |
| South Carolina | 3,500,728 | 598,624 | 17.1% | 16.2% |
| United States | 232,556,016 | 37,766,703 | 16.2% | 15.7% |

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



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

- Darlington (22.6%)
- South Carolina (16.2%)
- United States (15.7%)

## Darlington County Health Rankings 2016 vs. 2019

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

| | Darlington 2016 Ranking | Progress | Darlington 2019 Ranking |
|---|---|---|---|
| **Health Outcomes** | 42 | | 38 |
| **Length of Life** | 44 | | 38 |
| Premature Death | 12,000 | Little or No Change | 12,000 |
| **Quality of Life** | 40 | | 33 |
| Poor or Fair Health | 22% | | 21% |
| Poor Physical Health Days | 4.4 | | 4.4 |
| Poor Mental Health Days | 4.5 | | 4.5 |
| Low Birthweight | 13% | | 12% |
| **Health Factors** | 29 | | 31 |
| **Health Behaviors** | 37 | | 35 |
| Adult Smoking | 23% | | 20% |
| Adult Obesity | 36% | Improving | 40% |
| Food Environment Index | 6.3 | | 6.7 |
| Physical Inactivity | 32% | Getting Worse | 30% |
| Access to Exercise Opportunities | 69% | | 65% |
| Excessive Drinking | 13% | | 15% |
| Alcohol-Impaired Driving Deaths | 39% | | 38% |
| Sexually Transmitted Infections | 780.8 | Improving | 855.7 |
| Teen Births | 56 | Improving | 40 |
| **Clinical Care** | 36 | | 34 |
| Uninsured | 18% | | 12% |

| | | | |
|---|---|---|---|
| Primary Care Physicians | 1,790:1 | | 1,920:1 |
| Dentists | 3,390:1 | | 3,200:1 |
| Mental Health Providers | 940:1 | | 810:1 |
| Preventable Hospital Stays | 69 | | 6,7111 |
| Diabetes Monitoring | 76% | | |
| Mammography Screening | 63% | Getting Worse | 40% |
| **Social & Economic Factors** | 26 | | 29 |
| High School Graduation | 93% | | 90% |
| Some College | 51% | | 54% |
| Unemployment | 7.90% | Improving | 5.30% |
| Children in Poverty | 36% | Little or No Change | 33% |
| Income Inequality | 5.4 | | 5.2 |
| Children in Single-Parent Households | 49% | | 51% |
| Social Associations | 13.7 | | 14.1 |
| Violent Crime | 821 | Getting Worse | 676 |
| Injury Deaths | 84 | | 94 |
| **Physical Environment** | 31 | | 18 |
| Air Pollution – Particulate Matter | 12.2 | Improving | 10.3 |
| Drinking Water Violations | Yes | | No |
| Severe Housing Problems | 15% | | 15% |
| Driving Alone to Work | 86% | | 84% |
| Long Commute – Driving Alone | 29% | | 26% |

Data Source: https://www.countyhealthrankings.org/app/south-carolina/2016/compare/snapshot?counties=45_031

## Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health and South Carolina State Health Improvement Plan which serves to guide health promotion and disease prevention efforts. The South Carolina State Health Improvement Plan (SHIP) lays out the foundation for giving everyone a chance to live a healthy life. It is a call to action for South Carolinians to take data-driven, evidence-based steps to advance the health and well-being of all South Carolinians. The plan highlights goals and strategies on which communities can focus so the state can make

measurable health improvement by 2023. Attention is focused on determinants that affect the public's health that contribute to health disparities by addressing identified needs through education, prevention, targeted initiatives validated through research, and the delivery of health services. Cross-sector collaboration is now widely considered as essential for having meaningful impacts on building healthier communities. Through collaboration with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in the community, McLeod Health can better serve its mission.

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

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


## Plan Priorities

McLeod Health Darlington has selected the following areas which to collaborate with community partners for improving community health in Darlington County.

- Access to Health Care
- Heart Disease and Stroke
- Diabetes
- Oral Health
- Immunization

- Drug Overdose

## Implementation Plan

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

Through successful partnerships and collaborations with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and other in our community, McLeod Health can more effectively satisfy its long standing mission dedicated to improving the health and well-being in our region through excellence in health care.

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

| Goal #3: Improve education and access to remove transportation and financial barriers for underserved population. | Strategy 1: Expand McLeod Nurse Family Partnership enrollment and continue Hope Fund and Lift Program through the McLeod Health Foundation | • Number of referred patients<br>• Number of patients who utilize the hope fund and lift program | • McLeod Nurse Family Partnership<br>• Access Health<br>• Lift Program<br>• Hope Fund<br>• McLeod Health Foundation<br>• PDRTA | Ongoing |
|---|---|---|---|---|

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

| | | | | |
|---|---|---|---|---|
| | | death rate from 45.4 per 100,000 to 43.1 per 100,000. | | |
| **Strategy 4:** Promotion of Health and Fitness Center membership and activities as means to a healthy lifestyle | • Number of health and fitness members | • McLeod Health and Fitness Center | Ongoing | |
| **Strategy 5:** Participate in the American Heart Association STEMI National Initiative. This includes collaborating with first responders and hospitals to implement best practice guidelines to expedite care to Cath Lab. | • Number of patients presenting with Myocardial Infarction | • American Heart Association<br>• County EMS | Ongoing | |
| **Strategy 6:** Expand Chest Pain Center accreditation throughout the McLeod Health system. | • Number of McLeod hospitals accredited.<br>• Number of patients cared for in the MRMC Chest Pain Center | • MRMC – Certified<br>• McLeod Cheraw (next hospital scheduled for accreditation) | Ongoing | |
| **Strategy 7:** Ongoing support recovery from heart attacks by providing Cardiac Rehab Program.<br><br>**Actions/Tactics:**<br><br>Offer scholarships to those that are uninsured and need to continue cardiac rehab program. | • Number of cardiac rehab participants<br>• Number of patients serviced through scholarship funds. | • McLeod Health Foundation<br>• McLeod Health and Fitness Center | Ongoing | |

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

| CHNA Need #4: Oral Health – Florence and Darlington Counties | | | | |
|---|---|---|---|---|
| **Goal** | **Strategies** | **Metrics/What we are measuring** | **Community Partners** | **Timeframe** |
| **Goal #1:** Improve dental health care accessibility | **Strategy 1:** Provide dental services for the under and uninsured to have access to dental care | • Number of patients cared for in the dental clinic | • FQHC<br>• McLeod Dental Clinic<br>• McLeod Family Medicine Center<br>• Florence Darlington Technical College<br>• Duke Endowment | Annually (clinic scheduled to open July/August 2019) |

| CHNA Need #5: Immunization – Darlington County Specific | | | | |
|---|---|---|---|---|
| **Goal** | **Strategies** | **Metrics/What we are measuring** | **Community Partners** | **Timeframe** |
| **Goal #1:** Flu | **Strategy 1:** Provide flu vaccinations | • Number of people vaccinated | • McLeod Healthier You<br>• McLeod Choice Pharmacy<br>• DHEC<br>• Urgent Care Centers (Florence and Darlington Locations)<br>• Local Pharmacies and Clinics<br>• FQHC | Ongoing |
| | **Strategy 2:** Provide education on flu signs and symptoms | • Number of medical minutes, radio interviews and educational articles | • Morning News<br>• Local radio stations<br>• Golden Life | Ongoing |
| **Goal #2:** Pneumonia | **Strategy 1:** Provide pneumonia vaccinations | • Number of people vaccinated | • McLeod Choice Pharmacy<br>• Urgent Care Centers (Florence and Darlington Locations)<br>• Local Pharmacies and Clinics<br>• DHEC<br>• FQHC | Ongoing |

| CHNA Need #6: Drug Overdose – Darlington County Specific | | | | |
|---|---|---|---|---|
| Goal | Strategies | Metrics/What we are measuring | Community Partners | Timeframe |
| **Goal #1:** Increase education on substance use treatment, prevention and recovery services | **Strategy 1:** Continue the availability of drug take back programs | • Number of drug take back programs opportunities | • McLeod Choice Pharmacy<br>• Local Law Enforcement Agencies (Florence County Sherriff's Office, Darlington County Sherriff's Office, Darlington City Police) | Ongoing |
| | **Strategy 2:** Distribute community resource guides to the community and hospital patients | • Number of guides distributed | • Case managers<br>• Local churches who provide Alcohol Anonymous and Narcotics Anonymous meetings | Ongoing |
| | **Strategy 3:** Provide educational information at community events | Number of people reached | • Sweet Potato Festival<br>• City of Darlington<br>• South Carolina State Health Improvement Plan 2023 Objective: Decrease the rate of drug overdose deaths from 18.0 per 100,000 to 17.1 per 100,000 | Ongoing |

# Sources

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

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

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

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

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# Appendix A

List of civic groups, providers, and organizations surveyed:

- Florence Rotary

- Florence Kiwanis Club

- McLeod Physician Association

- Safe Kids Pee Dee/Coastal

- American Red Cross

- South Carolina Medical Group Management Association

- South Carolina Department of Health & Environmental Control

# Appendix B

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

## Darlington County Health Profile[6]

| INDICATOR | MEASURE | COUNT | VALUE | RANK[1] | STATE |
|---|---|---|---|---|---|
| Births[2] | Births with expected payor Medicaid (percent of all live births; 2015-2017) | 1868 | 79.2 | NA | 50.1 |
| | Breastfeeding initiation (percent of all live births; 2015-2017) | 1331 | 56.4 | 36 | 76.5 |
| | Low birthweight births (<2,500 grams; percent of all live births; 2015-2017) | 287 | 12.1 | 37 | 9.6 |
| | Mothers receiving adequate prenatal care (percent of all live births; 2015-2017) | 1829 | 77.5 | 8 | 75.2 |
| | Mothers who smoked during pregnancy (percent of all live births; 2015-2017) | 327 | 13.9 | 34 | 9.1 |
| | Preterm births (<37 weeks gestation; percent of all live births; 2015-2017) | 309 | 13.1 | 38 | 11.2 |
| | Teen live births (rate per 1,000 female population aged 15-19; 2015-2017) | 200 | 30.0 | 25 | 23.8 |
| Infant Mortality[2] | Infant mortality (rate per 1,000 live births; 2015-2017) | 23 | 9.7 | 35 | 6.8 |
| Chronic Diseases, Risk Factors, and Health Behaviors[3] | Coronary heart disease (percent; 2015-2017) | NA | 5.1 | 21 | 4.6 |
| | Stroke (percent; 2015-2017) | NA | 5.6 | 32 | 3.8 |
| | Heart attack (percent; 2015-2017) | NA | 5.0 | 14 | 4.9 |
| | Hypertension (percent; 2015-2017) | NA | 49.3 | 34 | 38.4 |
| | Diabetes (percent; 2015-2017) | NA | 16.1 | 31 | 12.8 |
| | Current asthma (percent; 2015-2017) | NA | 8.3 | 18 | 8.7 |
| | Current smoking (percent; 2015-2017) | NA | 21.7 | 25 | 19.5 |
| | Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2015-2017) | NA | 38.4 | 32 | 33.2 |
| | Reported leisure time physical activity in the past 30 days (percent; 2015-2017) | NA | 69.1 | 23 | 72.7 |
| | Received a flu vaccine in the last year, aged 65+ (percent; 2015-2017) | NA | 55.3 | 40 | 62.4 |
| | Received a pneumococcal vaccine ever, aged 65+ (percent; 2015-2017) | NA | 64.1 | 38 | 73.4 |
| Mortality[2] | Accidental drug overdose (age-adjusted rate per 100,000 population; 2015-2017) | | 10.2 | 18 | 16.7 |
| | Alzheimer's disease (age-adjusted rate per 100,000 population; 2015-2017) | | 50.8 | 35 | 45.4 |
| | Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2015-2017) | | 186.6 | 36 | 165.5 |
| | Cerebrovascular disease (age-adjusted rate per 100,000 population; 2015-2017) | | 77.1 | 46 | 45.6 |
| | Chronic lower respiratory disease (age-adjusted rate per 100,000 population; 2015-2017) | | 71.0 | 43 | 48.4 |
| | Diabetes (age-adjusted rate per 100,000 population; 2015-2017) | | 21.8 | 20 | 23.4 |
| | Diseases of the heart (age-adjusted rate per 100,000 population; 2015-2017) | | 275.1 | 45 | 174.0 |
| | Motor vehicle accident (age-adjusted rate per 100,000 population; 2015-2017) | | 30.0 | 32 | 20.5 |
| | Suicide (age-adjusted rate per 100,000 population; 2015-2017) | | 19.2 | 38 | 15.6 |
| | All causes (age-adjusted rate per 1,000 population; 2015-2017) | | 10.2 | 39 | 8.3 |
| Population Demographics[4] | Families below the poverty level (percent; 2013-2017) | NA | 17.8 | NA | 12.3 |
| | Population Non-Hispanic white (percent; 2017) | NA | 55.2 | NA | 64.6 |
| | Population Non-Hispanic black (percent; 2017) | NA | 41.9 | NA | 27.5 |
| | Population Non-Hispanic other (percent; 2017) | NA | 0.8 | NA | 2.3 |
| | Population Hispanic/Latino (percent; 2017) | NA | 2.0 | NA | 5.7 |
| Health Care Access | Delayed seeing a doctor in the last year due to cost (percent; 2015-2017)[3] | NA | 17.0 | 30 | 15.8 |
| | Has at least one person considered a personal doctor or health care provider (percent; 2015-2017)[3] | NA | 83.5 | 13 | 78.0 |
| | Population insured by Medicaid (percent; 2013-2017)[4] | NA | 57.1 | NA | 65.2 |
| | Population insured by private health insurance (percent; 2013-2017)[4] | NA | 7.0 | NA | 5.3 |
| | Population without health insurance (percent; 2013-2017)[4] | NA | 12.9 | NA | 12.1 |
| Home and Environmental Hazards | Elevated (≥5 mcg/dL) blood lead tests in children <6 years of age (percent of all tests; 2017)[5] | NA | 3.5 | 39 | 1.9 |
| | Homes built prior to 1980 (percent; 2013-2017)[4] | NA | 51.4 | NA | 38.7 |

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

Created: 01-2019

# Appendix C

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

Organizations are listed by county under the following headings:

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

Community
Resource Guide

provided by
McLeod Health

McLeod Health
The Choice for Medical Excellence

## Low Cost Dental Services

### Clarendon County

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

### Dillon County

| | |
|---|---|
| Smiles Dillon | 843-774-1230 |

### Florence County

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

### Horry County

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

### Marlboro County

| | |
|---|---|
| Palmetto Dental Health Associates PA | 843-523-5291 |

## Shelter/Housing Assistance

### Chesterfield County

| | |
|---|---|
| Pee Dee Coalition Crisis Center | 843-669-4600 |

### Darlington County

| | |
|---|---|
| Housing Authority of Darlington | 843-393-0437 |

### Florence County

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

### Georgetown County

| | |
|---|---|
| Tara Hall Home for Boys | 843-546-3000 |

### Horry County

| | |
|---|---|
| Street Reach Shelter | 843-626-3643 |

### Marion County

| | |
|---|---|
| House of Blessings Shelter | 843-464-6959 |

### Williamsburg County

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

## Food

### Florence County

| | |
|---|---|
| Manna House | 843-667-6077 |

## Medical/Health Assistance

### Darlington County

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

### Dillon County

| | |
|---|---|
| Mercy Medical Clinic | 843-667-9947 |

### Florence County

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

## Home-Medical Assistance

### Florence County

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

## Elderly Services

### Darlington County

| | |
|---|---|
| Council on Aging | 843-393-8521 |

### Florence County

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

## Counseling

### Darlington County

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

### Florence County

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

## Day Labor

### Florence County

| | |
|---|---|
| Labor Finders | 843-669-0410 |

## Special Needs

### Florence County

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

## Information/Education

### Florence County

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

## Transportation

### Florence County

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

The 2019 McLeod Health Darlington 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.