

McLeod Health Loris McLeod Health Seacoast 2019 Community Health Needs Assessment



Approved by Loris Seacoast Community Board on 08/27/2019

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

- Care for the Elderly
- Addressing Mental Health
- Drug Abuse

- Preventable Injury/Falls

Source: McLeod Health 2019 Survey

Top Health Concerns Reported Among Health Professionals

Most frequent health concerns:

- Addressing Mental Health
- Access to Primary Care
- Access to Specialty Care
- Care for the Elderly
- Drug Abuse

Source: McLeod Health 2019 Survey

Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Health Loris Seacoast Emergency Department
October 2017 – September 2018:

- Abdominal Pain
- Urinary Tract Infection
- Acute Bronchitis
- Acute Upper Respiratory Infection
- Chest Pain
- Influenza
- Unspecified Injury of Head
- Acute Pharyngitis
- Non-Infective Gastroenteritis and Colitis
- Viral Infection

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Health Loris Seacoast
October 2017 – September 2018:

- Sepsis
- Labor and Delivery, Vaginal and Cesarean Section
- Hypertension with Heart Failure
- Paroxysmal Atrial Fibrillation
- Acute Kidney Failure
- Hypertension with Heart Disease and Heart Failure
- Pneumonia
- Chronic Obstructive Pulmonary Disease

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

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

- Lung Disease
- Prenatal and Infant Care
- Cancer
- Heart Disease and Stroke
- Drug Abuse and Alcohol
- Access to Care

About McLeod Health Loris

An affiliate of McLeod Health, McLeod Loris is a not-for-profit, 50-bed hospital serving the northern Horry (SC) and southern Columbus (NC) counties. Diagnostic services include a 64-slice CT scanner, digital mammography, stereotactic breast biopsy, and cardiac catheterization lab. McLeod Loris specializes in general surgery, women's services, urological surgery, emergency care, critical care, cardiac/pulmonary rehabilitation, and physical/occupational/speech therapies. The hospital has more than 120 physicians on active and affiliate medical staff representing more than 33 specialties.

About McLeod Health Seacoast

An affiliate of McLeod Health, McLeod Seacoast is a not-for-profit, 105-bed hospital serving northern Horry (SC) and southern Brunswick and Columbus (NC) counties. This facility provides advanced diagnostic imaging including MRI, digital mammography, and nuclear medicine. McLeod Seacoast specializes in general surgery, joint replacement surgery, vascular surgery, cancer care, emergency care, critical care, cardiology, cardiac/pulmonary rehabilitation, and physical/occupational/ speech therapies, as well as pediatric rehabilitation.

In the Spring of 2016, McLeod Seacoast expanded the Emergency Department (ED) as part of the first phase in an overall construction plan that includes a new inpatient tower and operating rooms as well as an expanded same-day services suite. The second phase of construction, completed in March 2017, included the five-room Fast Track area in the ED to rapidly treat less complex emergency cases, which supports easing congestion and lowering wait times.

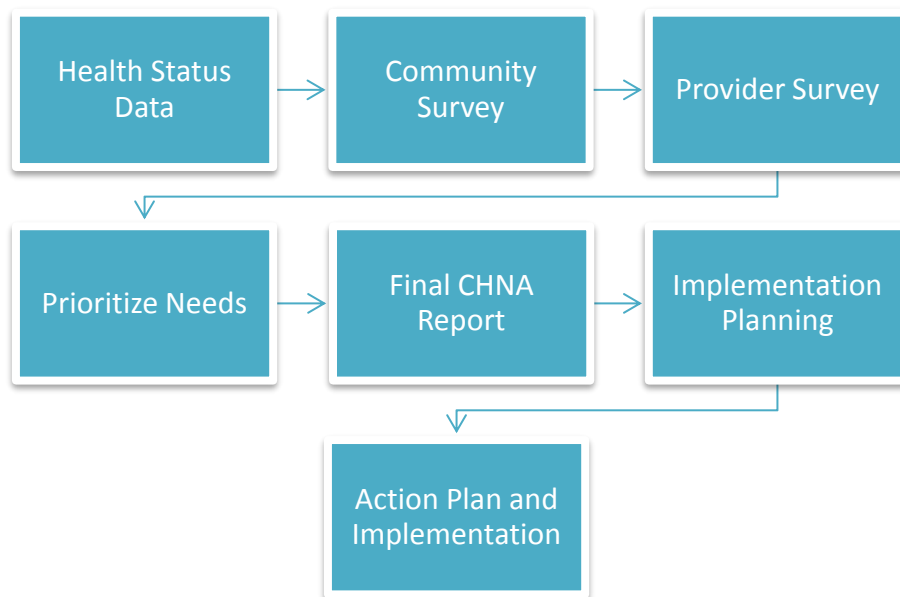
Additionally, the Carolina Forest complex has opened the first two of seven medical park office buildings. Multiple physician practices occupy these two office buildings as an extension of McLeod Seacoast. The bed tower, which is the new face of McLeod Seacoast, opened in September 2018. The hospital has more than 120 physicians on active and affiliate medical staff representing more than 33 specialties.

OVERVIEW

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

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

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



METHODS

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

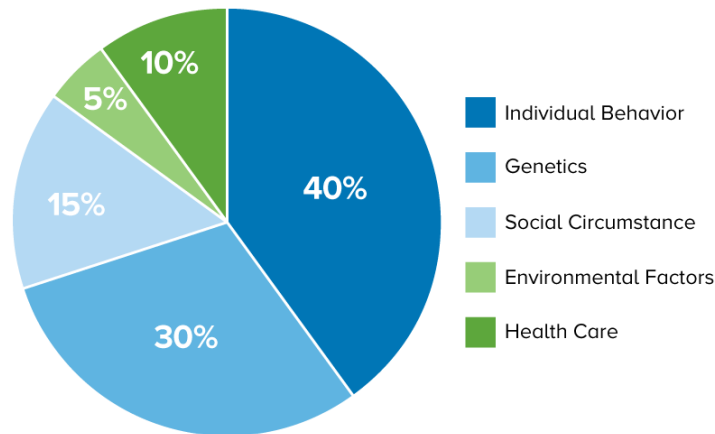
A summary of county data is reflected as a comparison to state and national data when available to indicate community health concerns.

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

Behavioral Determinants (40%)

Examples:

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

Genetic Determinants (30%)

Examples:

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

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

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

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

What are Key Initiatives to reduce disparities?

In 2010, the U.S. Department of Health and Human Services (HHS) established a vision of, “a nation free of disparities in health and health care,” and set out a series of priorities,

strategies, actions, and goals to achieve this vision. States, local communities, private organizations, and providers also are engaged in efforts to reduce health disparities.

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

Preventative Care

Preventative care includes medical services such as screenings, immunizations, counseling, and preventative medications intended to prevent illness or detect diseases early before symptoms 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 alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	A
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.	A

<p>Dental Caries Prevention: Infants and children up to age 5 years</p>	<p>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.</p>	<p>B</p>
<p>Diabetes Screening</p>	<p>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.</p>	<p>B</p>
<p>Lung Cancer Screening</p>	<p>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.</p>	<p>B</p>
<p>Obesity Screening and Counseling: Adults</p>	<p>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.</p>	<p>B</p>
<p>Obesity Screening: Children and Adolescents</p>	<p>The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer</p>	<p>B</p>

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

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

Table 1. McLeod Seacoast Primary Service Area ZIP Codes

ZIP Code	City	County
28420	Ash	Brunswick, NC
28452	Longwood	Brunswick, NC

28455	Nakina	Columbus, NC
28468	Sunset Beach	Brunswick, NC
28469	Ocean Isle Beach	Brunswick, NC
28470	Shalotte	Brunswick, NC
29511	Aynor	Horry, SC
29526	Conway	Horry, SC
29527	Conway	Horry, SC
29544	Galivants Ferry	Horry, SC
29566	Little River	Horry, SC
29568	Longs	Horry, SC
29572	Myrtle Beach	Horry, SC
29575	Myrtle Beach	Horry, SC
29576	Murrells Inlet	Horry, SC
29577	Myrtle Beach	Horry, SC
29579	Myrtle Beach	Horry, SC
29582	North Myrtle Beach	Horry, SC
29588	Myrtle Beach	Horry, SC

Table 2. McLeod Loris Primary Service Area ZIP Codes

ZIP Code	City	County
28430	Cerro Gordo	Columbus, NC
28432	Clarendon	Columbus, NC
28439	Fair Bluff	Columbus, NC
28463	Tabor City	Columbus, NC

29545	Green Sea	Horry, SC
29569	Loris	Horry, SC
29581	Nichols	Marion, SC

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

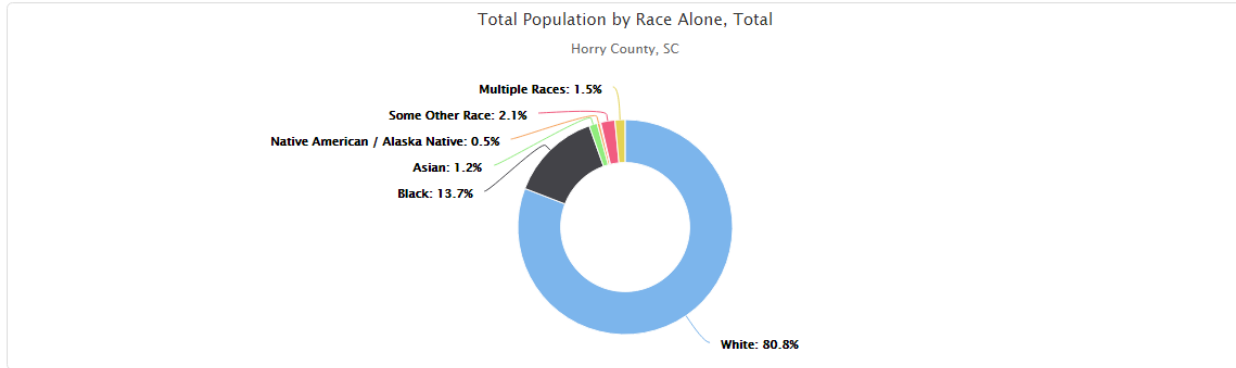
A total of 310,186 people live in the 1,134.01 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 273.53 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Horry County, SC	310,186	1,134.01	273.53
South Carolina	4,893,444	30,062.97	162.77
United States	321,004,407	3,532,315.66	90.88

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → [Show more details](#)

Total Population by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Horry County, SC	250,756	42,576	3,802	1,399	304	6,619	4,730
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



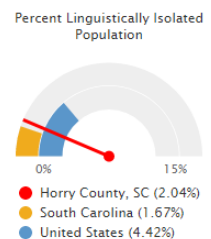
Population in Limited English Households

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
Horry County, SC	294,436	6,005	2.04%
South Carolina	4,603,480	76,656	1.67%
United States	301,150,892	13,323,495	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

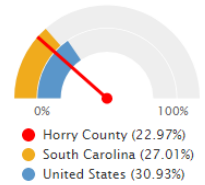
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to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

Education - Bachelor's Degree or Higher

22.97% of the population aged 25 and older, or 52,033 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
Horry County, SC	226,485	52,033	22.97%
South Carolina	3,325,601	898,081	27.01%
United States	216,271,644	66,887,603	30.93%

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



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](#)

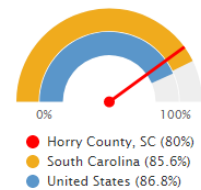
Education - High School Graduation Rate

Within the report area 80% 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
Horry County, SC	3,149	2,519	80%
South Carolina	49,427	42,320	85.6%
United States	3,095,906	2,688,701	86.8%

Cohort Graduation Rate



Note: This indicator is compared to the state average.

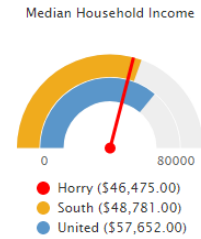
Data Source: US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES, 2016-17. Source geography: School District → [Show more details](#)

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
Horry County, SC	125,168	\$61,125.00	\$46,475.00
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



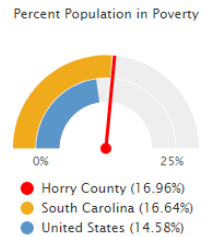
Poverty - Population Below 100% FPL

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

Within the report area 16.96% or 51,863 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
Horry County, SC	305,835	51,863	16.96%
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



Horry 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 non-cancer 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
Horry County, SC	269,291	1.42
South Carolina	4,625,357	1.63
United States	312,576,287	1.83

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

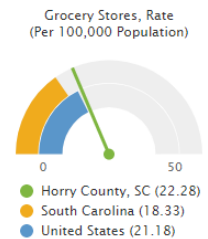
Food Environment - Grocery Stores

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
Horry County, SC	269,291	60	22.28
South Carolina	4,625,364	848	18.33
United States	308,745,538	65,399	21.18

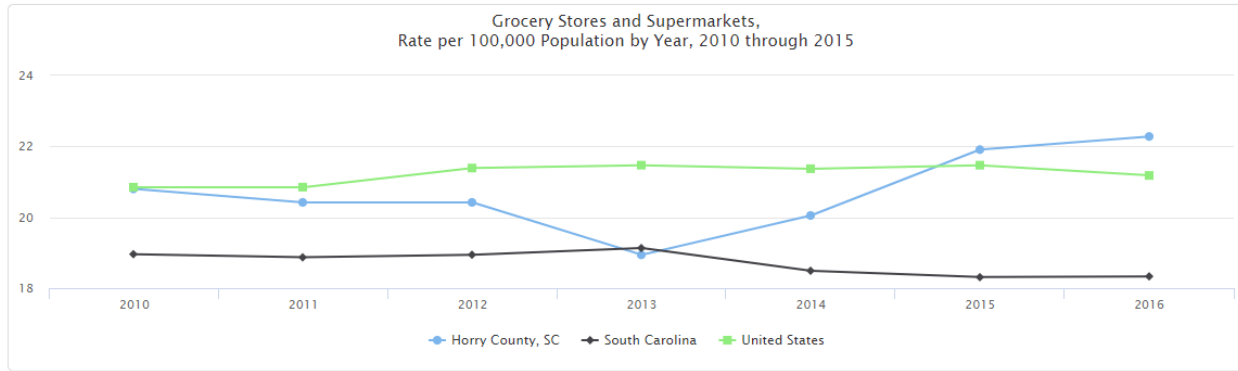
Note: This indicator is compared to the state average.

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
Horry County, SC	20.8	20.42	20.42	18.94	20.05	21.91	22.28
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

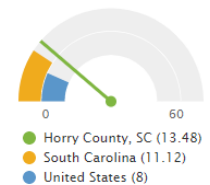


Food Environment - SNAP-Authorized Food Stores

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
Horry County, SC	269,291	363	13.48
South Carolina	4,625,364	5,145	11.12
United States	312,383,875	250,022	8

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



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](#)

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insured, 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.

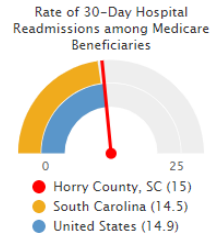
30-Day Hospital Readmissions

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
Horry County, SC	4,847	15
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



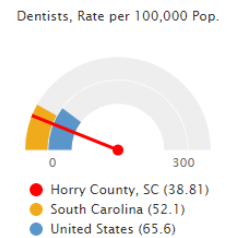
Access to Dentists

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.
Horry County, SC	309,199	120	38.81
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.

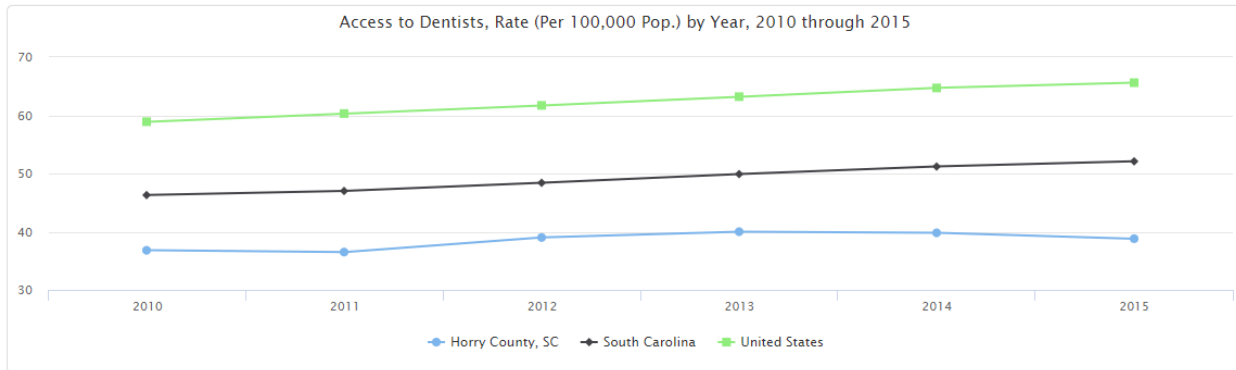
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County → Show more details



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
Horry County, SC	36.8	36.5	39	40	39.8	38.8
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

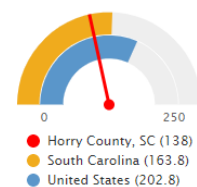


Access to Mental Health Providers

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)
Horry County, SC	333,268	460	724.5	138
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)



Note: This indicator is compared to the state average.

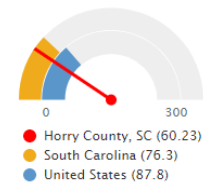
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017. Source geography: County → [Show more details](#)

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.
Horry County, SC	298,832	180	60.23
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.



Note: This indicator is compared to the state average.

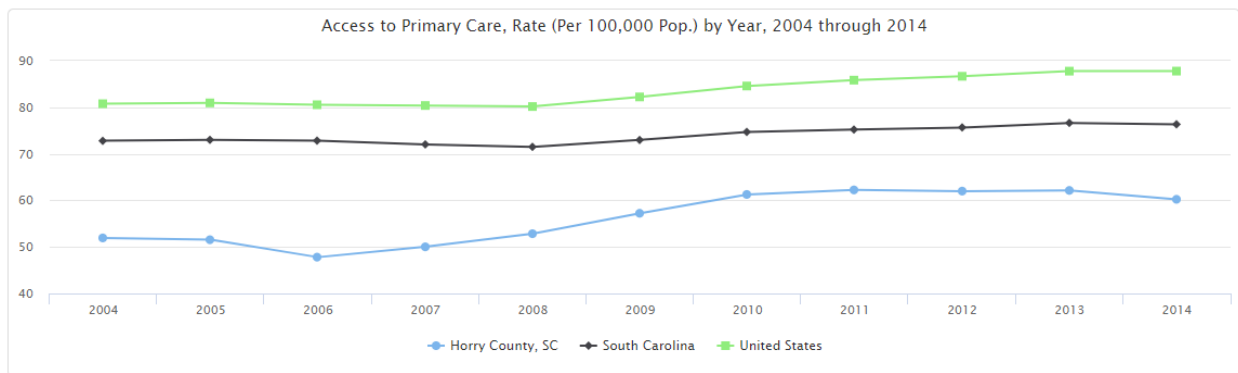
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County →

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.

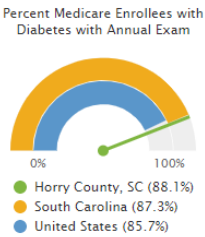
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Horry County, SC	51.93	51.54	47.8	50.02	52.84	57.23	61.27	62.24	61.99	62.14	60.23
South Carolina	72.8	73.02	72.83	72.03	71.48	72.98	74.7	75.2	75.66	76.63	76.34
United States	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83	86.66	87.76	87.77



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, 5,848 Medicare enrollees with diabetes have had an annual exam out of 6,637 Medicare enrollees in the report area with diabetes, or 88.1%. 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
Horry County, SC	53,124	6,637	5,848	88.1%
South Carolina	550,660	70,300	61,388	87.3%
United States	26,937,083	2,919,457	2,501,671	85.7%

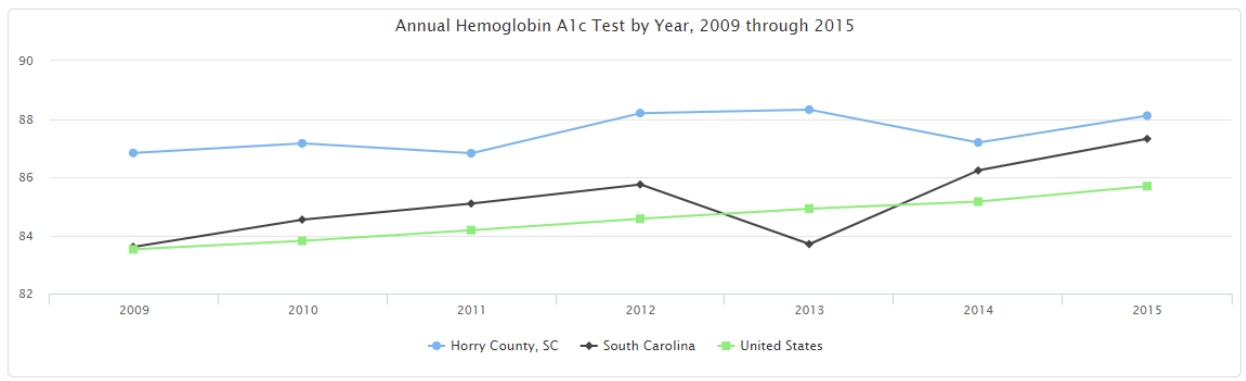


Note: This indicator is compared to the state average.
 Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County → Show more details

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
Horry County, SC	86.83	87.16	86.82	88.20	88.32	87.19	88.11
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



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
Horry County, SC	269,291	15	5.57
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
Horry County, SC	2	2	2	6
South Carolina	49	48	47	144
United States	3,599	3,171	3,071	9,836

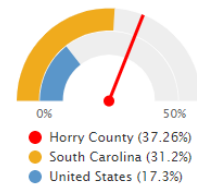
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. February 2019. Source geography: Address → Show more details

Lack of Prenatal Care

This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. 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 Births	Mothers Starting Prenatal Care in First Semester	Mothers with Late or No Prenatal Care	Prenatal Care Not Reported	Percentage Mothers with Late or No Prenatal Care
Horry County, SC	12,938	7,991	4,821	126	37.26%
South Carolina	244,908	158,850	76,352	9,706	31.2%
United States	16,693,978	7,349,554	2,880,098	6,464,326	17.3%

Percentage Mothers with Late or No Prenatal Care



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. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10. Source geography: County → Show more details

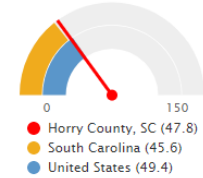
Preventable Hospital Visits

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
Horry County, SC	41,364	1,977	47.8
South Carolina	434,703	19,801	45.6
United States	22,488,201	1,112,019	49.4

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



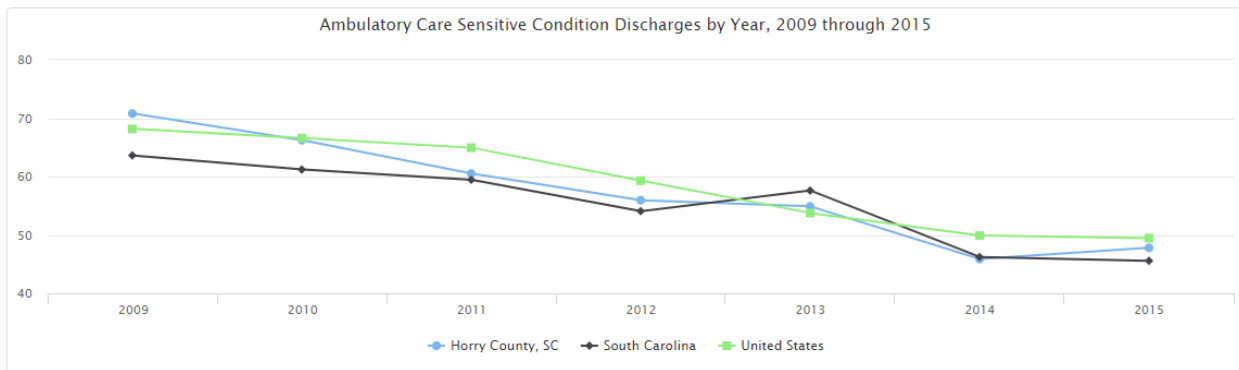
Note: This indicator is compared to the state average.

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
Horry County, SC	70.79	66.22	60.52	55.95	54.89	45.87	47.80
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

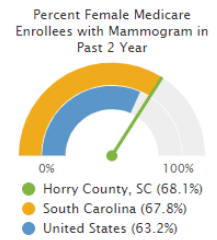


Prevention - Mammogram

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
Horry County, SC	53,124	6,244	4,255	68.1%
South Carolina	550,660	58,753	39,850	67.8%
United States	26,937,083	2,544,732	1,607,329	63.2%



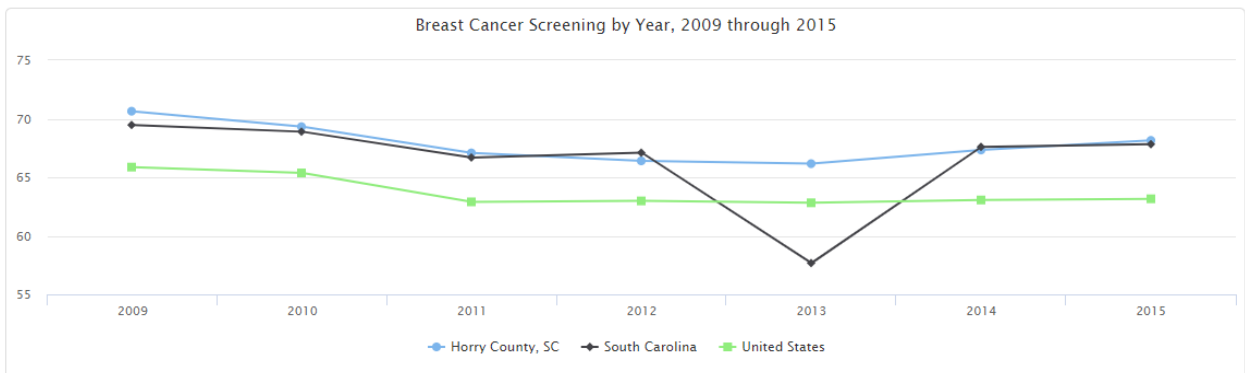
Note: This indicator is compared to the state average.

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
Horry County, SC	70.64	69.32	67.08	66.40	66.16	67.33	68.15
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



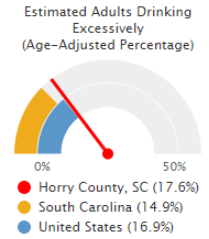
Health Behaviors

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)
Horry County, SC	211,389	35,302	16.7%	17.6%
South Carolina	3,500,728	500,604	14.3%	14.9%
United States	232,556,016	38,248,349	16.4%	16.9%



Note: This indicator is compared to the state average.

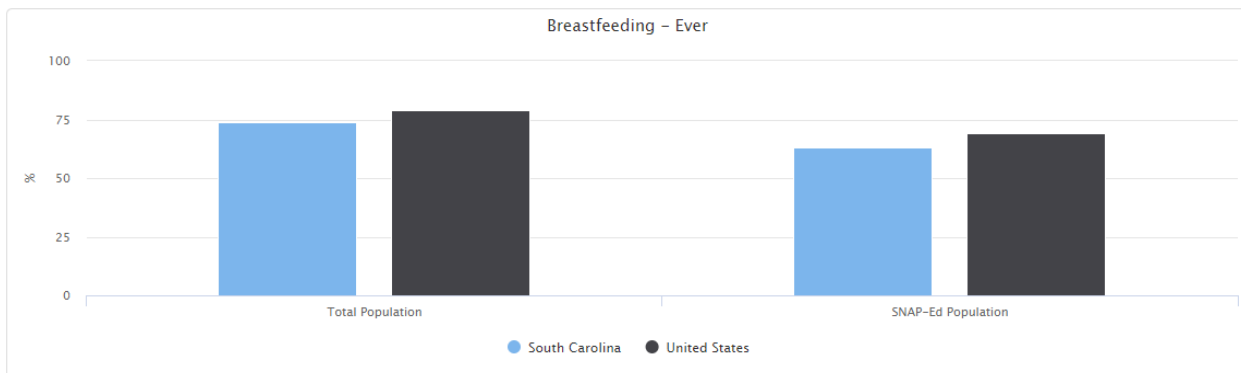
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County → Show more details

Breastfeeding - Ever

This indicator reports the percentage children under 6 years old who were ever breastfed or fed breast milk.

Report Area	Estimated Number of Children Ever Breastfed Total Population	Percentage of Children Ever Breastfed Total Population	Estimated Number of Children Ever Breastfed SNAP-Ed Population	Percentage of Children Ever Breastfed SNAP-Ed Population
South Carolina	248,172	74%	97,440	63%
United States	18,402,779	79%	6,364,329	69%

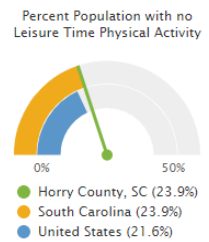
Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2016. Source geography: State → Show more details



Physical Inactivity

Within the report area, 61,130 or 23.9% 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
Horry County, SC	243,545	61,130	23.9%
South Carolina	3,674,036	907,850	23.9%
United States	238,798,321	52,960,511	21.6%



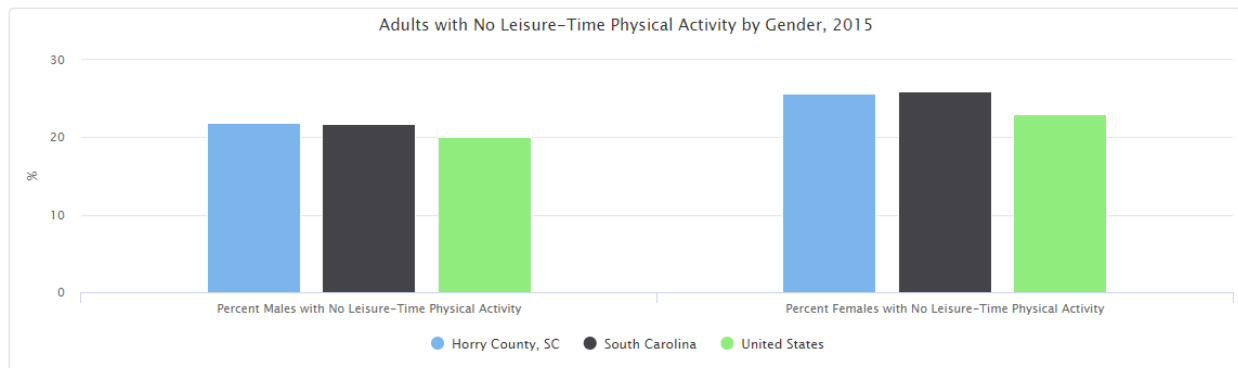
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →

[Show more details](#)

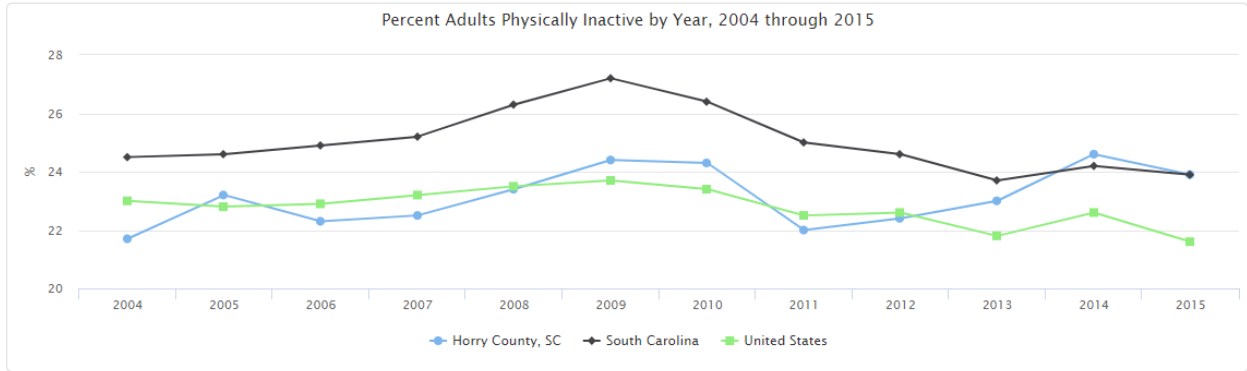
Adults with No Leisure-Time Physical Activity by Gender, 2015

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
Horry County, SC	26,301	21.9%	34,828	25.7%
South Carolina	389,165	21.7%	518,684	25.9%
United States	23,655,542	20%	29,304,977	23%



Percent Adults Physically Inactive by Year, 2004 through 2015

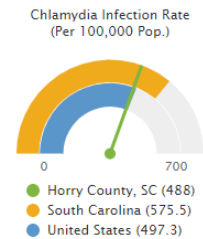
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Horry County, SC	21.7%	23.2%	22.3%	22.5%	23.4%	24.4%	24.3%	22%	22.4%	23%	24.6%	23.9%
South Carolina	24.5%	24.6%	24.9%	25.2%	26.3%	27.2%	26.4%	25%	24.6%	23.7%	24.2%	23.9%
United States	23%	22.8%	22.9%	23.2%	23.5%	23.7%	23.4%	22.5%	22.6%	21.8%	22.6%	21.6%



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.)
Horry County, SC	309,199	1,509	488
South Carolina	4,896,146	28,179	575.5
United States	321,418,820	1,598,354	497.3

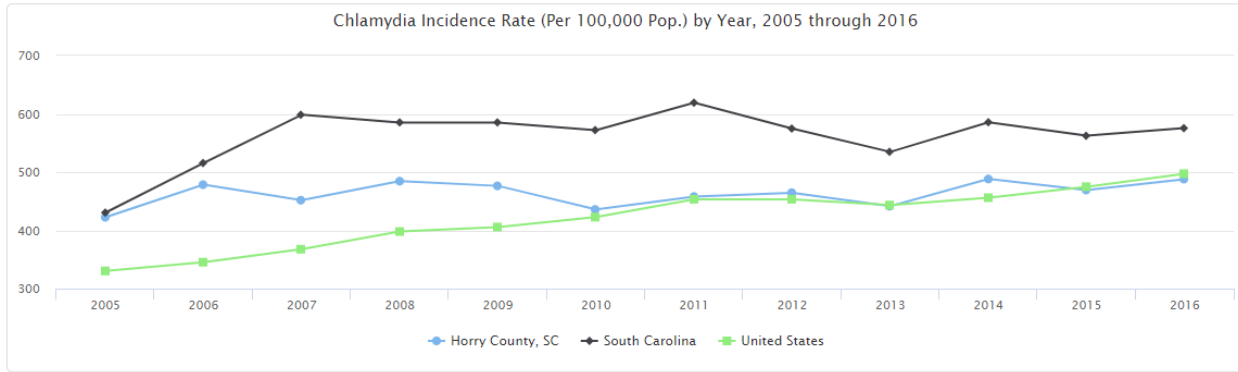


Note: This indicator is compared to the state average.

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

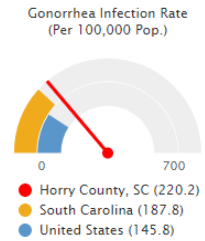
Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Horry County, SC	422.48	478.42	451.74	484.5	476.37	435.96	458.13	464.65	441.57	488.18	469.28	488.04
South Carolina	430.39	515.7	598.38	585.25	585.25	572.11	619.06	574.77	534.8	585.5	562.44	575.53
United States	330.3	345.4	367.7	398	405.7	422.8	453.4	453.4	443.5	456.1	474.97	497.28



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.)
Horry County, SC	309,199	681	220.2
South Carolina	4,896,146	9,194	187.8
United States	321,418,820	468,514	145.8

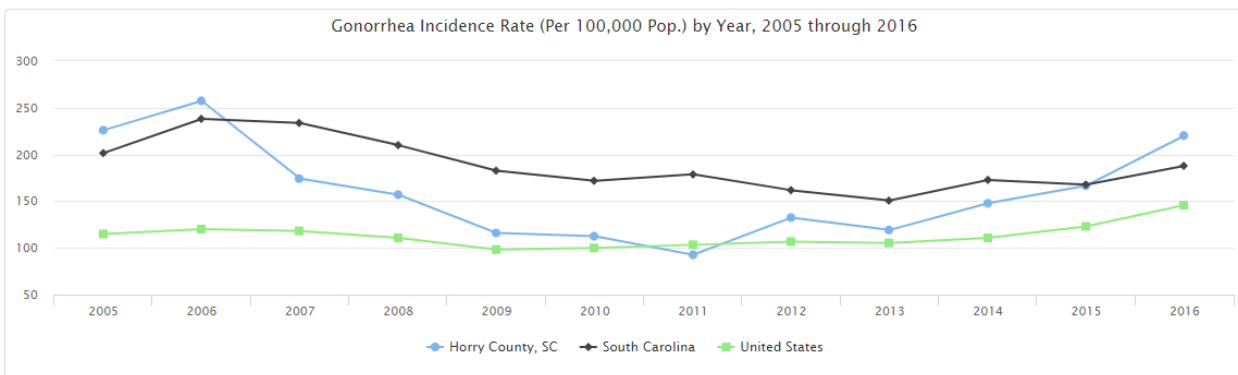


Note: This indicator is compared to the state average.

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

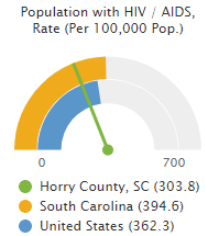
Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Horry County, SC	226	257.45	174.05	156.97	115.97	112.52	92.64	132.45	119.11	147.76	166.56	220.25
South Carolina	201.39	238.11	233.78	209.93	182.64	171.9	178.67	161.7	150.7	172.8	167.6	187.78
United States	114.9	120.1	118.1	110.7	98.2	100	103.3	106.7	105.3	110.7	122.96	145.76



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.)
Horry County, SC	267,640	813	303.8
South Carolina	4,111,529	16,224	394.6
United States	268,159,414	971,524	362.3

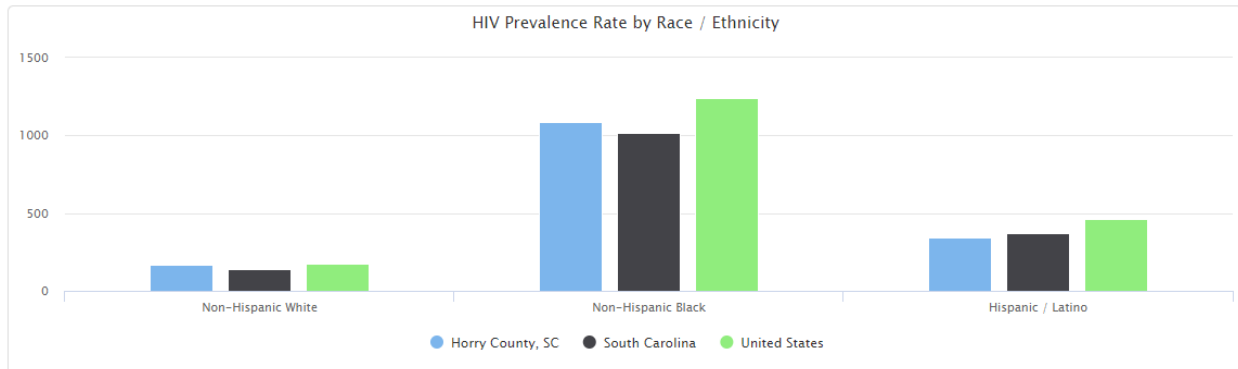


Note: This indicator is compared to the state average.

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

HIV Prevalence Rate by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Horry County, SC	170.47	1,084.56	342.6
South Carolina	139.1	1,013.97	369.98
United States	174	1,243.8	462

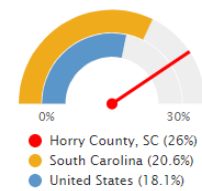


Tobacco Usage - Current Smokers

In the report area an estimated 52,002, or 24.6% 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)
Horry County, SC	211,389	52,002	24.6%	26%
South Carolina	3,500,728	710,648	20.3%	20.6%
United States	232,556,016	41,491,223	17.8%	18.1%

Percentage of Adults Smoking Cigarettes



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

Health Outcomes

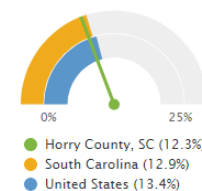
Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships 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
Horry County, SC	213,958	26,279	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



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

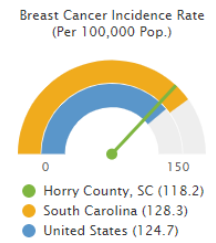
Cancer Incidence - All Sites

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.)
Horry County, SC	20,812	246	118.2
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 - 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.)
Horry County, SC	20,812	246	118.2
South Carolina	299,688	3,845	128.3
United States	18,800,721	234,445	124.7

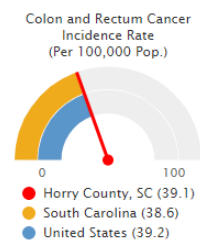
Note: This indicator is compared to the state average.
 Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details

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.)
Horry County, SC	39,897	156	39.1
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



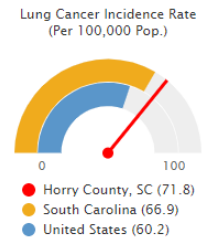
Cancer Incidence - Lung

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.)
Horry County, SC	42,618	306	71.8
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](#)



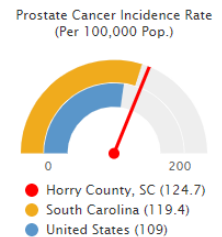
Cancer Incidence - Prostate

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.)
Horry County, SC	21,972	274	124.7
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](#)



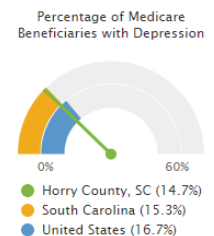
Depression (Medicare Population)

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
Horry County, SC	61,271	9,015	14.7%
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.

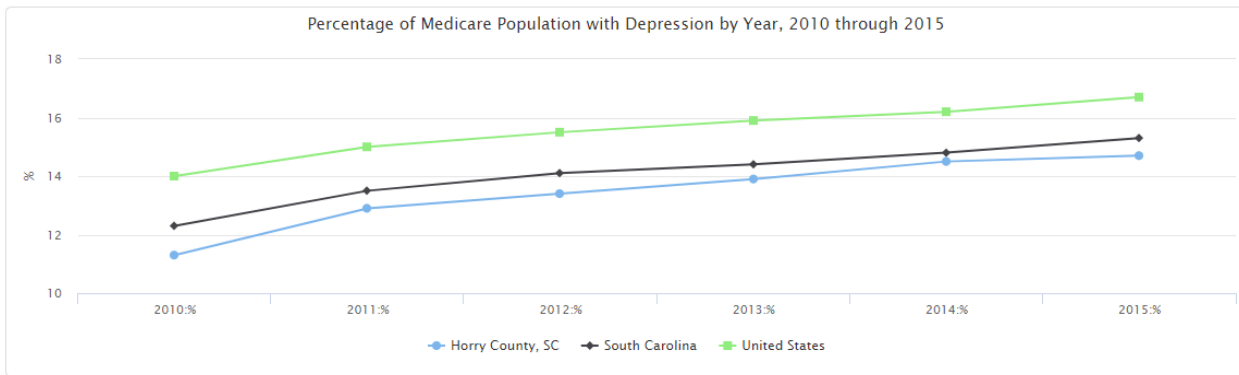
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → [Show more details](#)



Percentage of Medicare 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
Horry County, SC	11.3%	12.9%	13.4%	13.9%	14.5%	14.7%
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%



Diabetes (Adult)

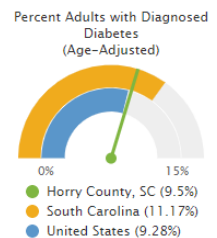
This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Horry County, SC	244,863	28,649	9.5%
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.

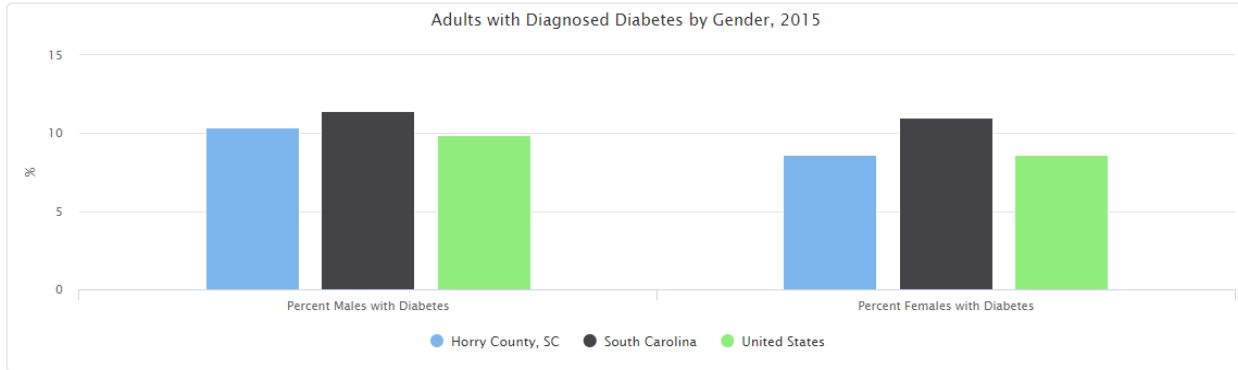
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →

Show more details



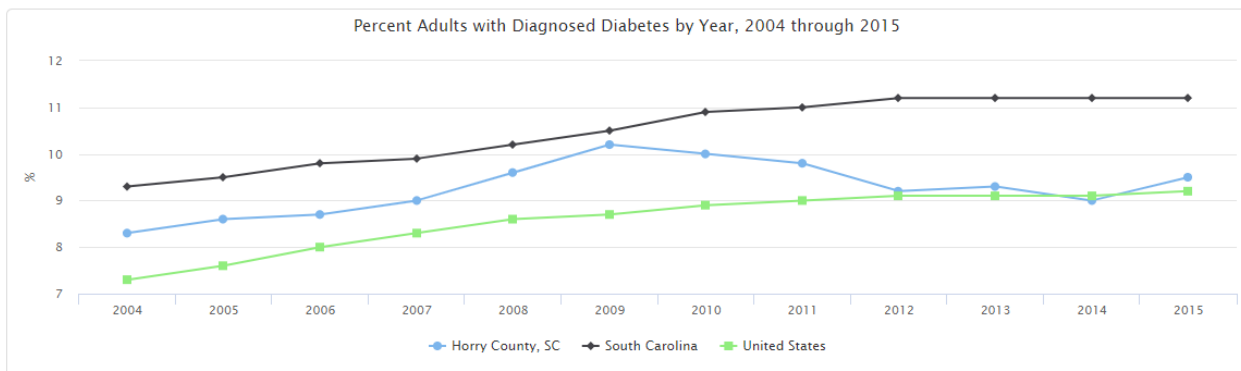
Adults with Diagnosed Diabetes by Gender, 2015

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Horry County, SC	15,123	10.4%	13,526	8.6%
South Carolina	221,906	11.4%	241,297	11%
United States	12,333,249	9.9%	11,950,019	8.6%



Percent Adults with Diagnosed Diabetes by Year, 2004 through 2015

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Horry County, SC	8.3%	8.6%	8.7%	9%	9.6%	10.2%	10%	9.8%	9.2%	9.3%	9%	9.5%
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%



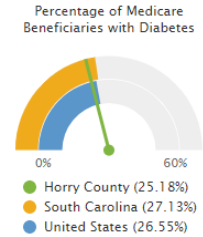
Diabetes (Medicare Population)

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
Horry County, SC	61,271	15,427	25.18%
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.

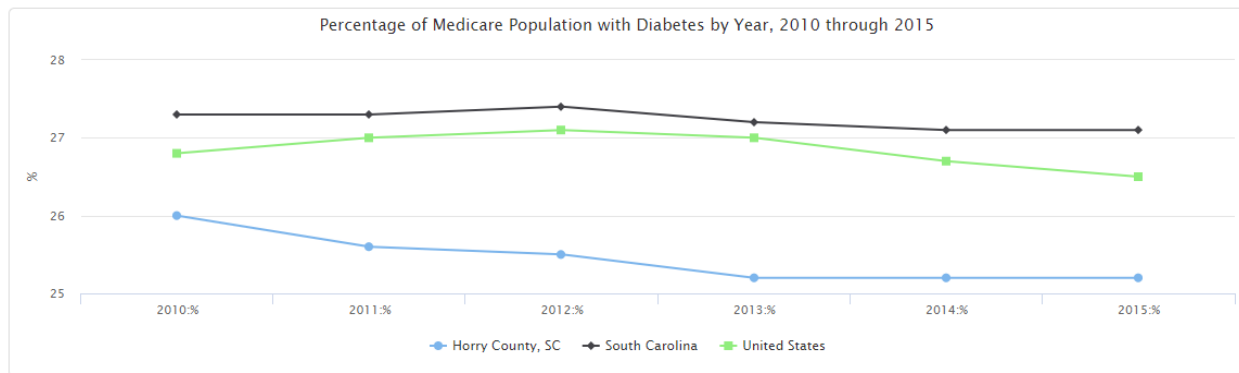
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details



Percentage of Medicare 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
Horry County, SC	26%	25.6%	25.5%	25.2%	25.2%	25.2%
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%

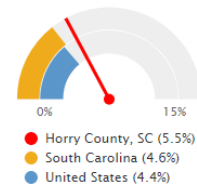


Heart Disease (Adult)

11,633, or 5.5% 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
Horry County, SC	212,561	11,633	5.5%
South Carolina	3,509,878	163,079	4.6%
United States	236,406,904	10,407,185	4.4%

Percent Adults with Heart Disease



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:

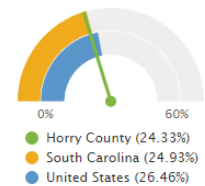
County → Show more details

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
Horry County, SC	61,271	14,910	24.33%
South Carolina	691,524	172,428	24.93%
United States	34,118,227	9,028,604	26.46%

Percentage of Medicare Beneficiaries with Heart Disease



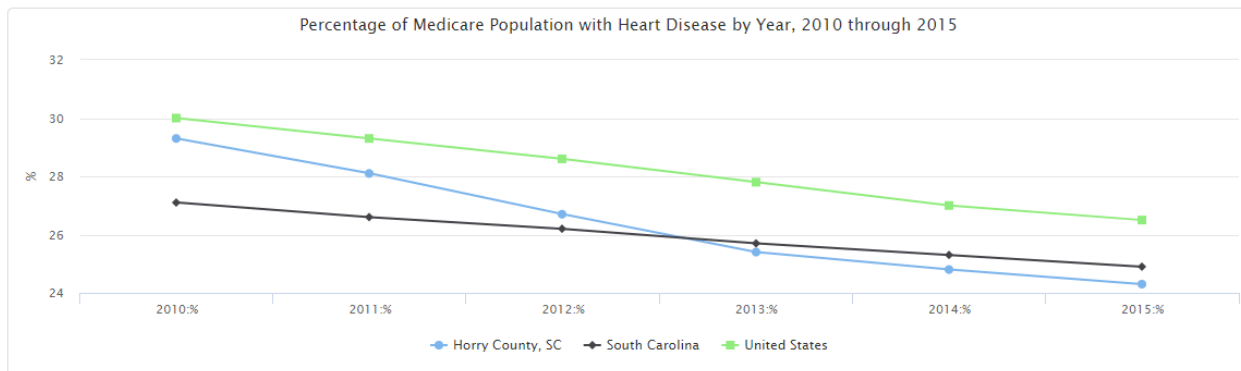
Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County → Show more details

Percentage of Medicare 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
Horry County, SC	29.3%	28.1%	26.7%	25.4%	24.8%	24.3%
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%



High Blood Pressure (Adult)

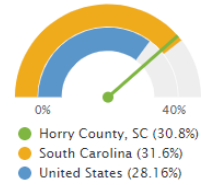
65,108, or 30.8% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Horry County, SC	211,389	65,108	30.8%
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



High Blood Pressure (Medicare Population)

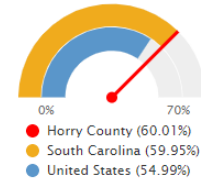
This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Horry County, SC	61,271	36,770	60.01%
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

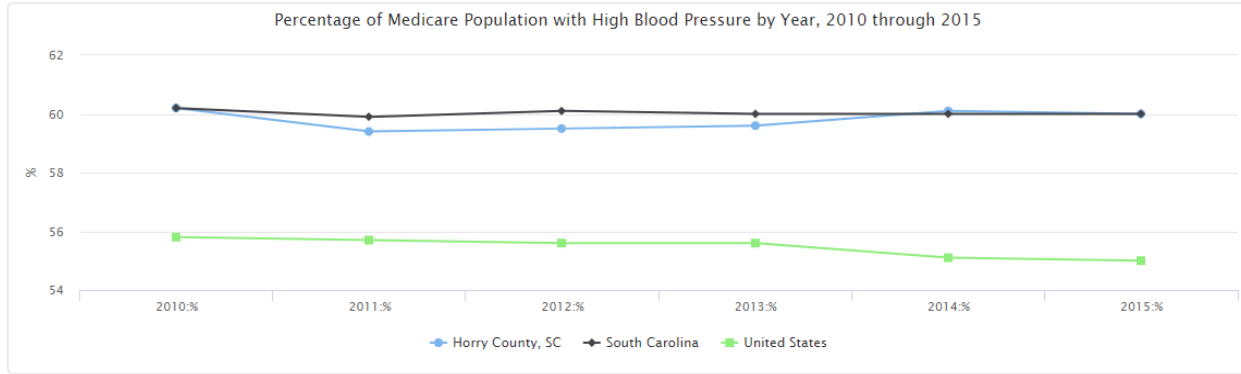
Percentage of Medicare Beneficiaries with High Blood Pressure



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 ischemic heart disease over time.

Report Area	2010	2011	2012	2013	2014	2015
Horry County, SC	60.2%	59.4%	59.5%	59.6%	60.1%	60%
South Carolina	60.2%	59.9%	60.1%	60%	60%	60%
United States	55.8%	55.7%	55.6%	55.6%	55.1%	55%



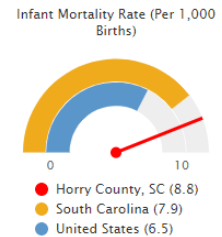
Infant Mortality

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)
Horry County, SC	16,000	141	8.8
South Carolina	302,210	2,387	7.9
United States	20,913,535	136,369	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



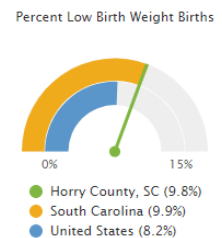
Low Birth Weight

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
Horry County, SC	21,609	2,118	9.8%
South Carolina	418,684	41,450	9.9%
United States	29,300,495	2,402,641	8.2%

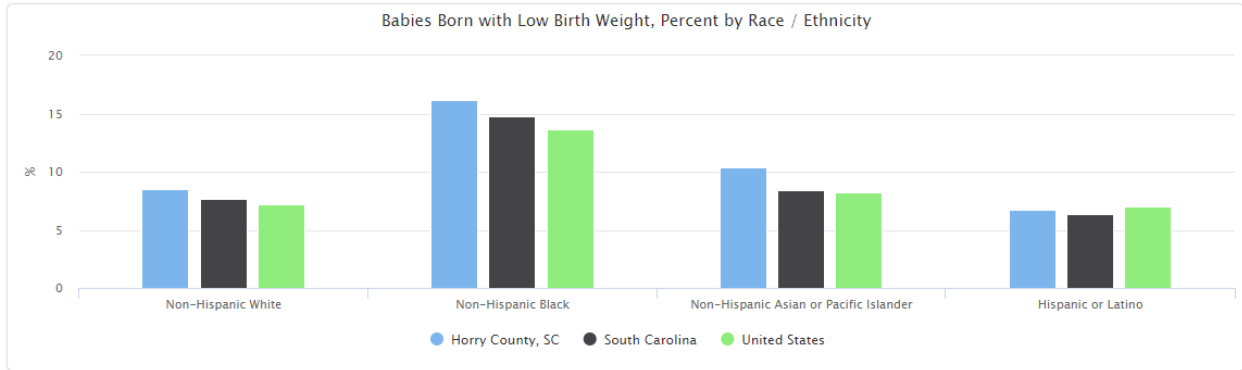
Note: This indicator is compared to the state average.

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



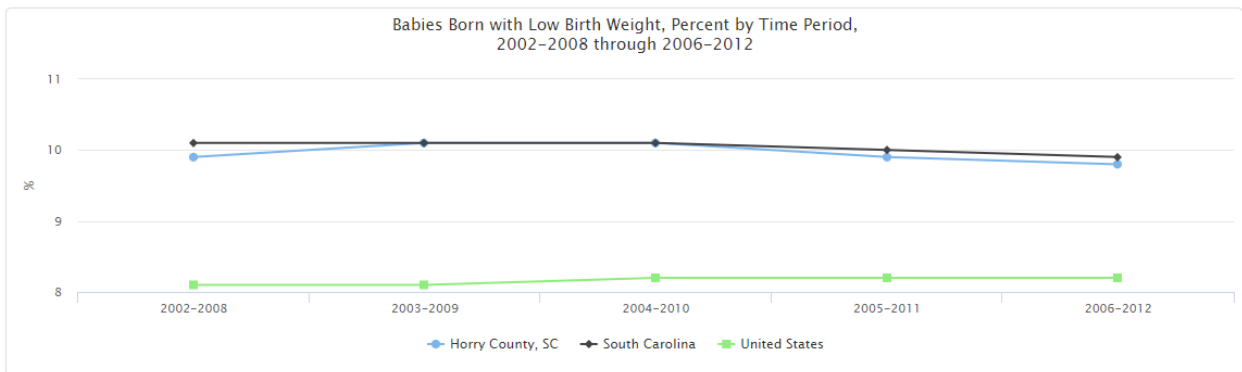
Babies Born with Low Birth Weight, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian or Pacific Islander	Hispanic or Latino
Horry County, SC	8.5%	16.2%	10.4%	6.7%
South Carolina	7.7%	14.8%	8.4%	6.4%
United States	7.2%	13.6%	8.2%	7%



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
Horry County, SC	9.9%	10.1%	10.1%	9.9%	9.8%
South Carolina	10.1%	10.1%	10.1%	10%	9.9%
United States	8.1%	8.1%	8.2%	8.2%	8.2%



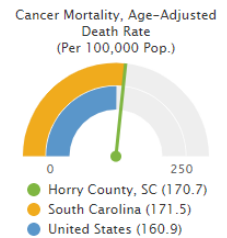
Mortality - Cancer

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.)
Horry County, SC	300,462	726	241.5	170.7
South Carolina	4,837,662	9,942	205.51	171.5
United States	318,689,254	590,634	185.3	160.9

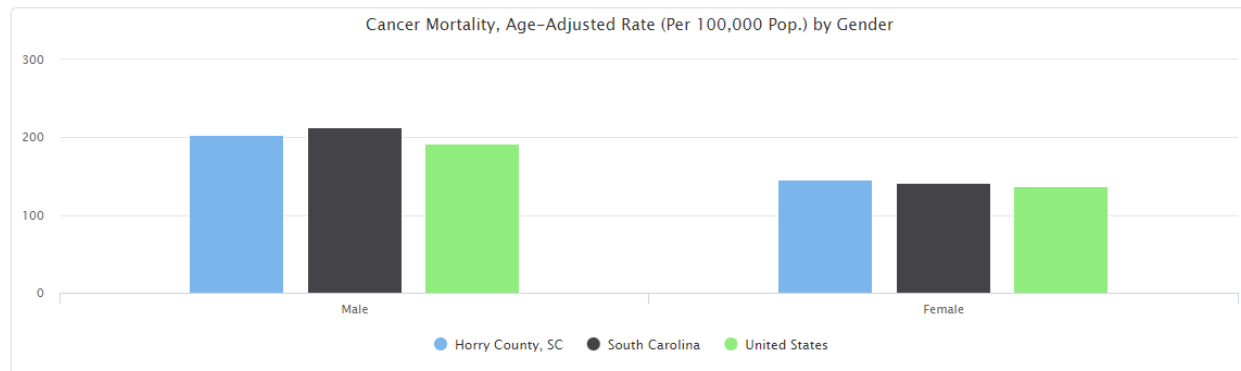


Note: This indicator is compared to the state average.

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

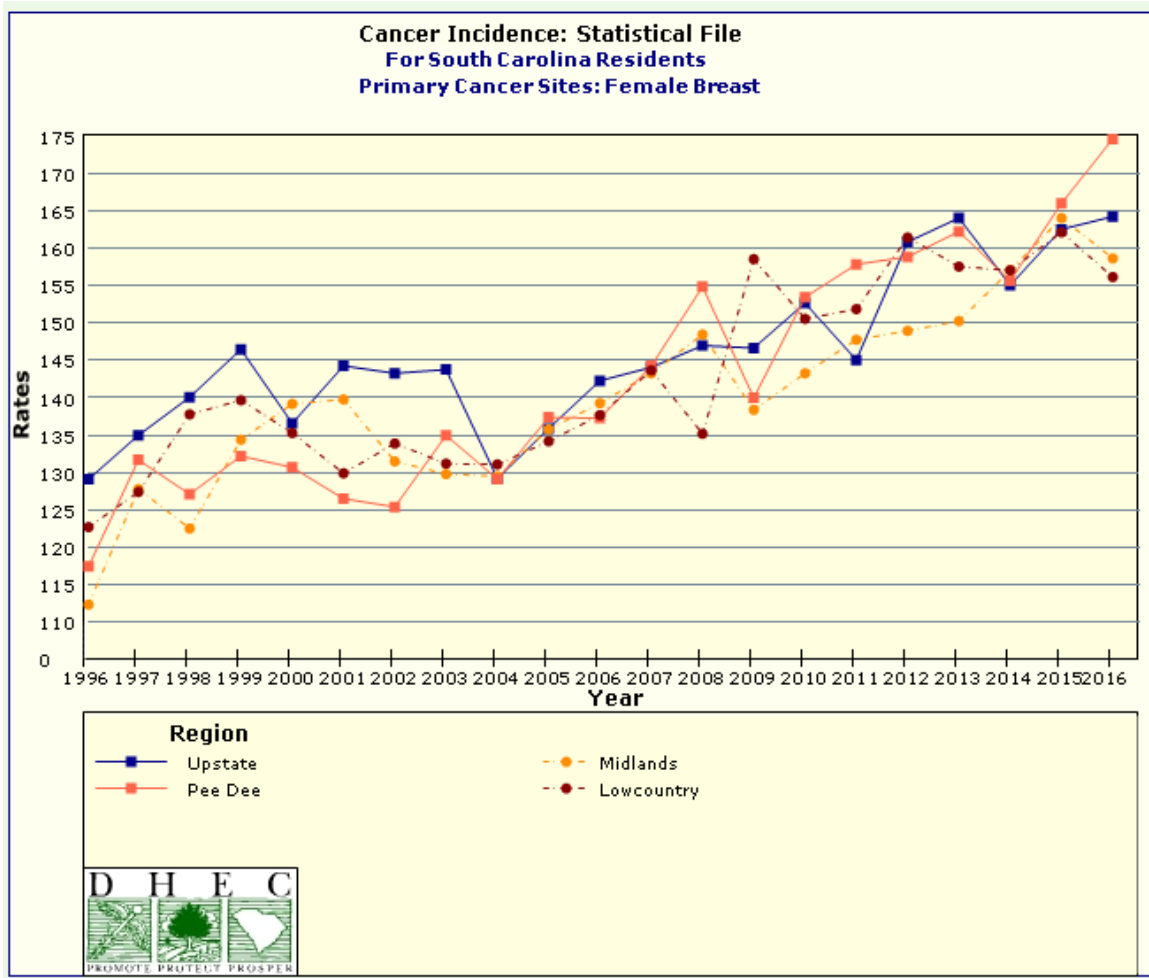
Report Area	Male	Female
Horry County, SC	202.71	145.22
South Carolina	213.27	141.41
United States	192.58	137.85



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

Breast Cancer:

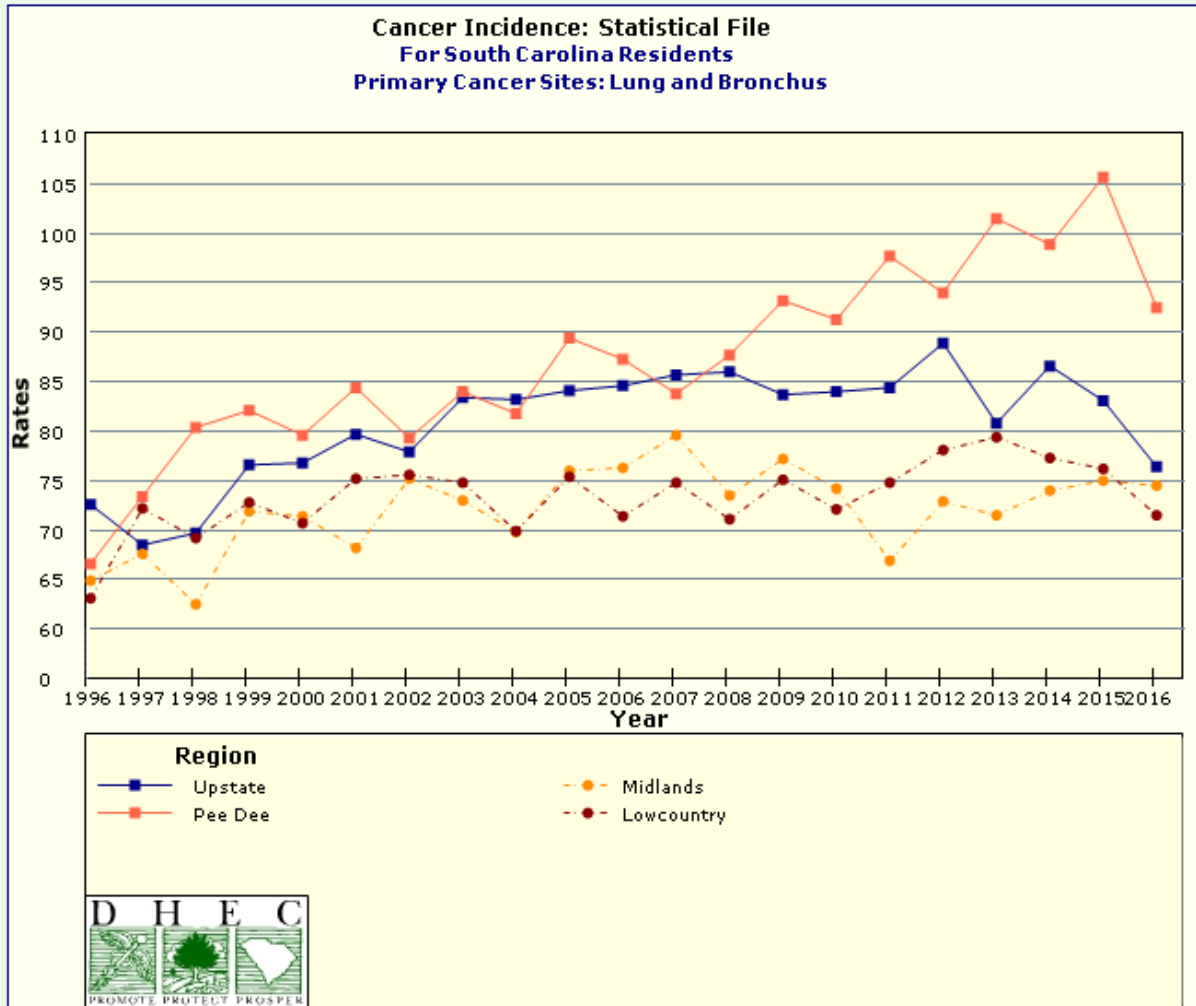
- The most commonly diagnosed cancer among women
- Ranks 3rd for cancer deaths
- Death rate for black women is 43.5% higher than for white women
- Greatest influence of survivability is early detection



Regional Comparison: Incidence: Breast Cancer

Lung Cancer:

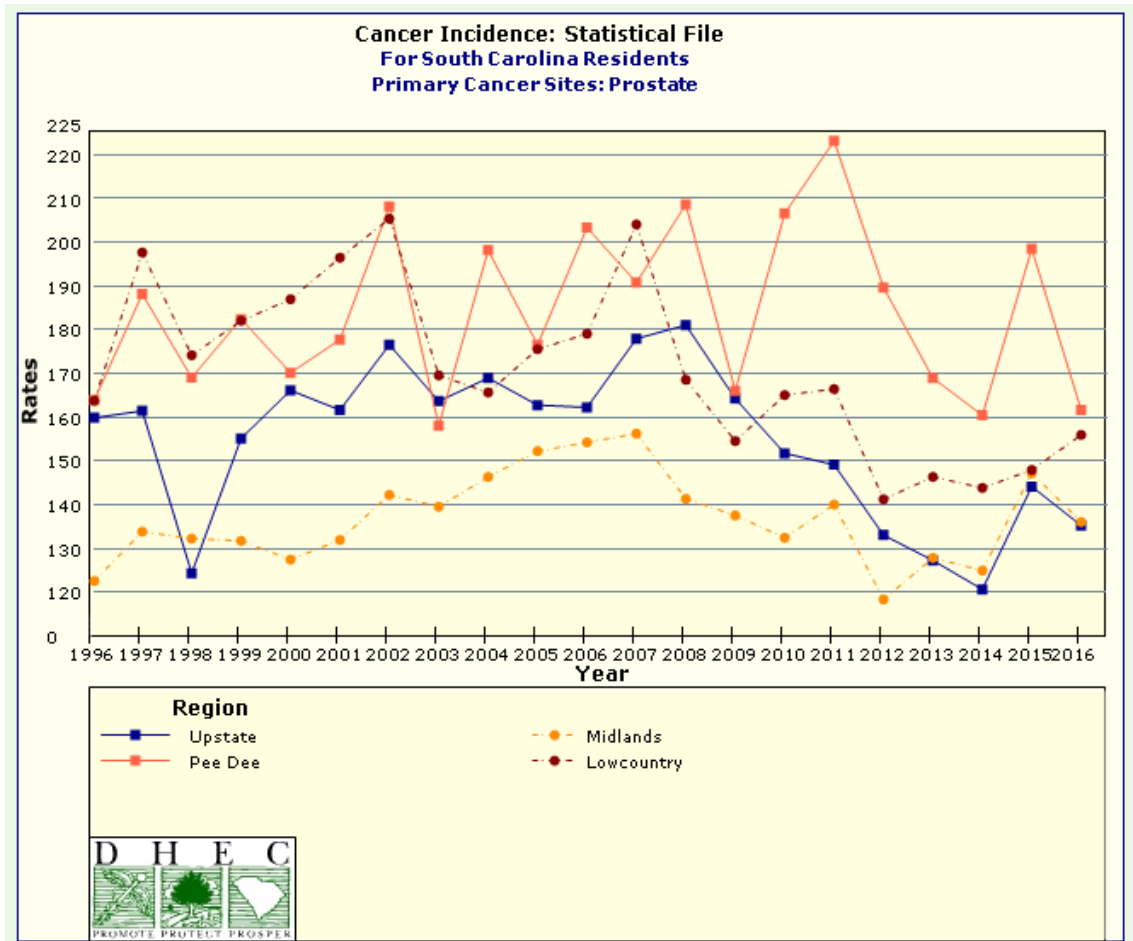
- The most commonly diagnosed cancer in SC
- Ranks 1st in cancer deaths
- Incidence and mortality rates among black men are statistically significantly higher than any other group
- Prevention Strategies include (1) decreasing tobacco use, (2) offer smoking cessation assistance, (3) prevent youth from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



Regional Comparison: Incidence: Lung Cancer

Prostate Cancer:

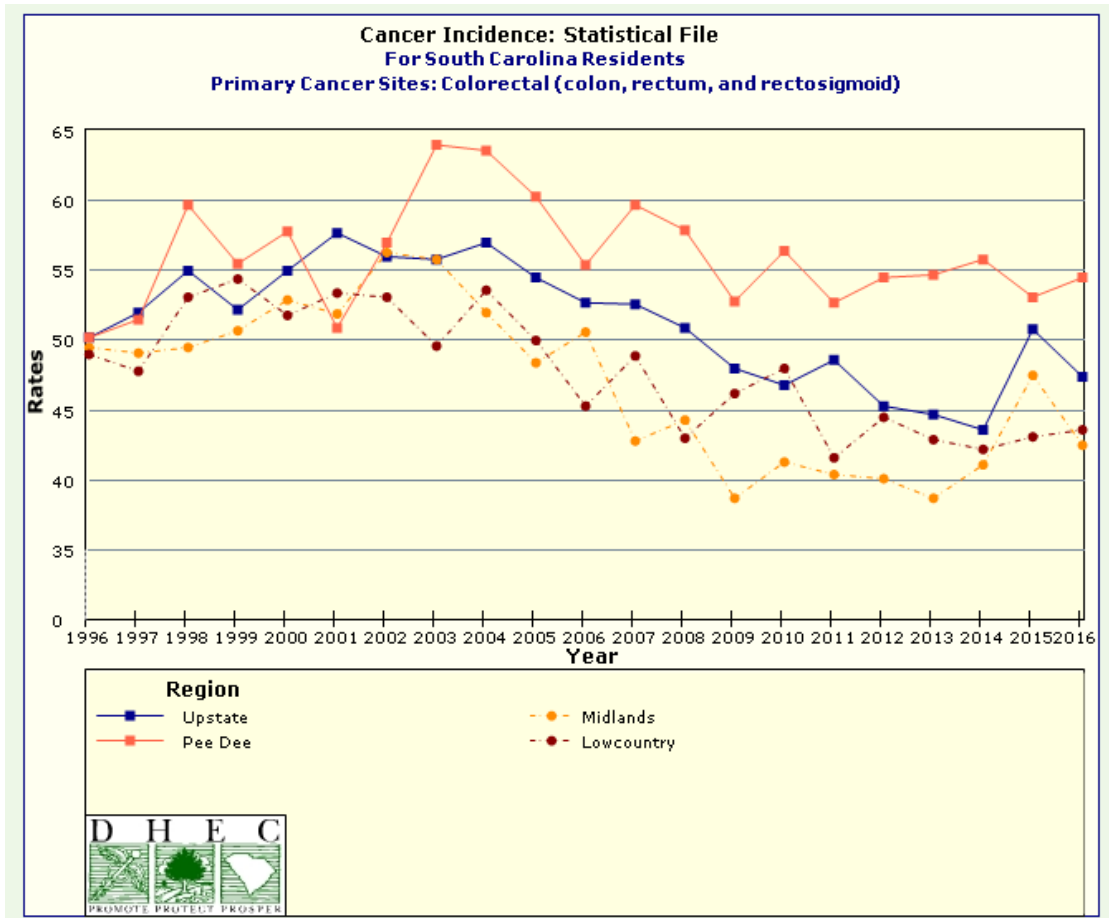
- Most commonly diagnosed cancer in men in SC and US
- Ranks 5th for cancer deaths
- The death rate for black men is three times higher than for white men
- Biggest risk factor is age



Regional Comparison: Incidence: Prostate Cancer

Colorectal Cancer:

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



Regional Comparison: Incidence: Colorectal Cancer

Melanoma:

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

Other:

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

Source: info@sccancer.org

Other Info:

- The American Cancer Society estimates that 1,735,350 new cancer cases were diagnosed in the US in 2018. Furthermore, ACS estimates that 609,640 people in the US died from cancer in 2018.

- In SC, the ACS estimates that 30,450 new cases of cancer were diagnosed in 2018.
And estimates that 10,630 South Carolinians died from cancer in 2018.

Source: American Cancer Society; Cancer Statistics, accessed June 2019.

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

Source: <http://www.countyhealthrankings.org/rankings/data/SC>, accessed June 2019.

Early Detection Matters:

- 5-year survival rates for localized lung cancer (early stage diagnosis) = 56% vs late stage diagnosis = 5%
- 5-year survival rates for localized breast cancer (early stage diagnosis) = 99% vs late stage diagnosis = 27%
- 5-year survival rates for localized colorectal cancer (early stage diagnosis) = 90% vs late stage diagnosis = 14%
- 5-year survival rates for localized prostate cancer (early stage diagnosis) = >99% vs late stage diagnosis = 30%

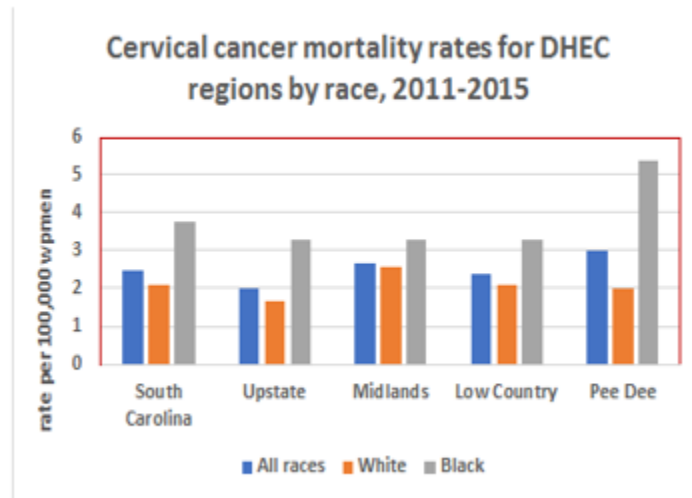
Source: Surveillance, Epidemiology, and End Results (SEER) 18 registries, National Cancer Institute, 2018

Why focus on the Pee Dee Region?

- The Pee Dee Region has the highest incidence rates compared to other regions (*excluding counties with number too small to rank*)
- The Pee Dee Region has the highest mortality rates compared to other regions (*excluding counties with numbers too small to rank*)
- The Pee Dee Region has the highest proportion of late-staged diagnosis (~60%) compared to other regions
- The Pee Dee Region had higher than the stat (55%), and U.S. (~51%) late-stage proportions

- For Pee Dee Region Black incidence rates are 29% higher than that of Whites
- For Pee Dee Region Black mortality rate is 170% higher than that of Whites

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



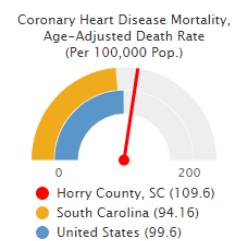
Mortality - Coronary Heart Disease

Within the report area the rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population is 109.6. This rate is greater 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.)
Horry County, SC	300,462	436	145.1	109.6
South Carolina	4,837,662	5,270	108.94	94.16
United States	318,689,254	367,306	115.3	99.6

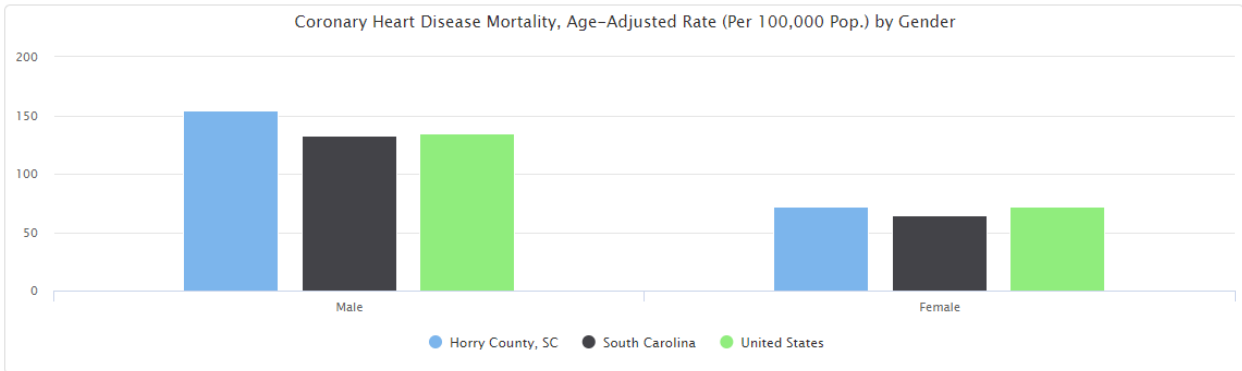
Note: This indicator is compared to the state average.

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 Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Horry County, SC	154.5	72.25
South Carolina	132.26	64.66
United States	134.28	72.41



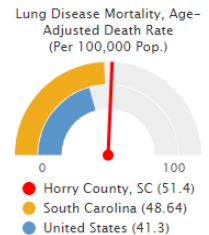
Mortality - Lung Disease

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.

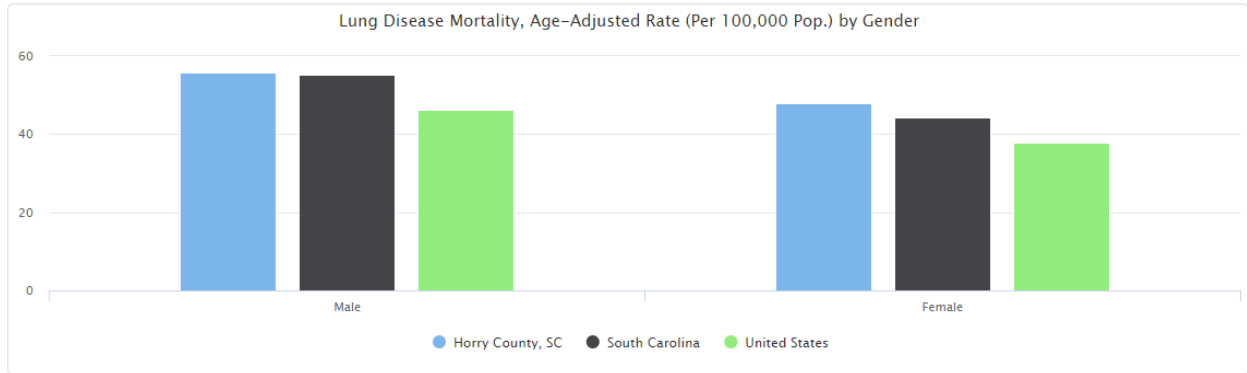
Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Horry County, SC	300,462	209	69.4	51.4
South Carolina	4,837,662	2,743	56.71	48.64
United States	318,689,254	149,886	47	41.3

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](#)



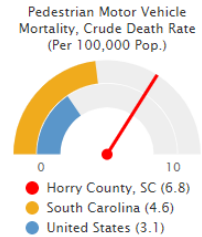
Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



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.
Horry County, SC	269,291	55	6.8
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:

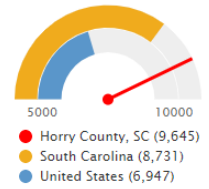
County → [Show more details](#)

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
Horry County, SC	891,933	5,445	86,028	9,645
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

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

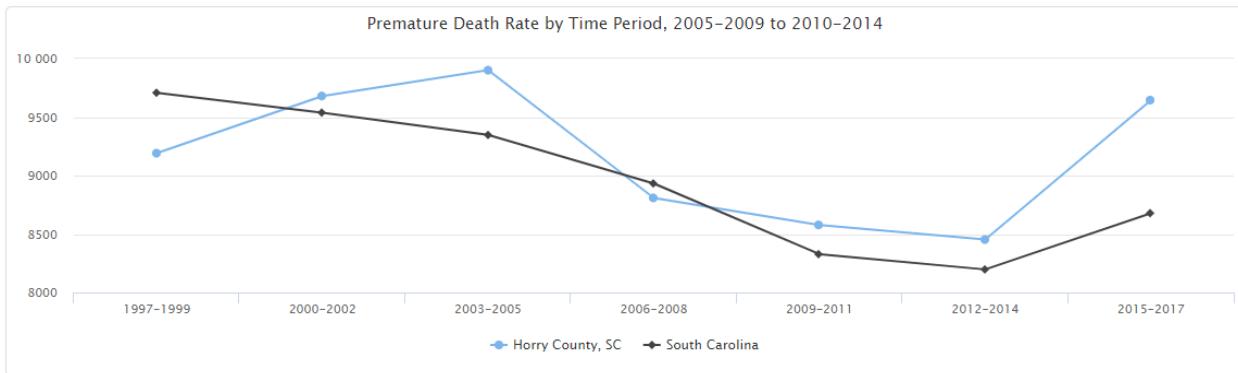


Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2015-17. Source geography: County → Show more details

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

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017
Horry County, SC	9,191.4	9,680.5	9,901.2	8,808.8	8,577.8	8,452.7	9,645.13
South Carolina	9,707.6	9,538.1	9,347.9	8,932.05	8,328	8,197.4	8,678.14



Mortality - Stroke

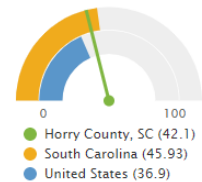
Within the report area there are an estimated 42.1 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

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.)
Horry County, SC	300,462	161	53.7	42.1
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.)

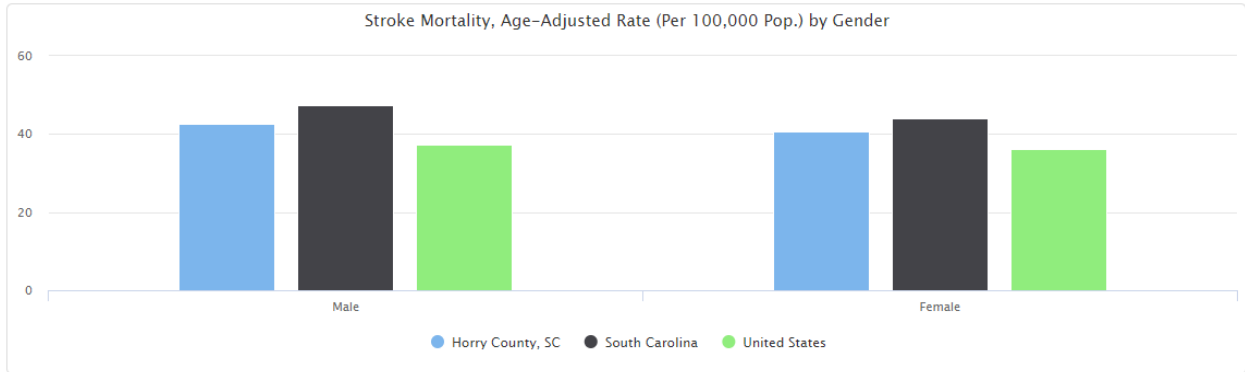


Note: This indicator is compared to the state average.

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
Horry County, SC	42.64	40.74
South Carolina	47.41	43.91
United States	37.18	36.04



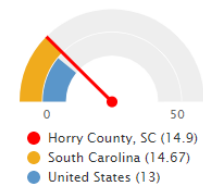
Mortality - Suicide

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.)
Horry County, SC	300,462	49	16.2	14.9
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.)

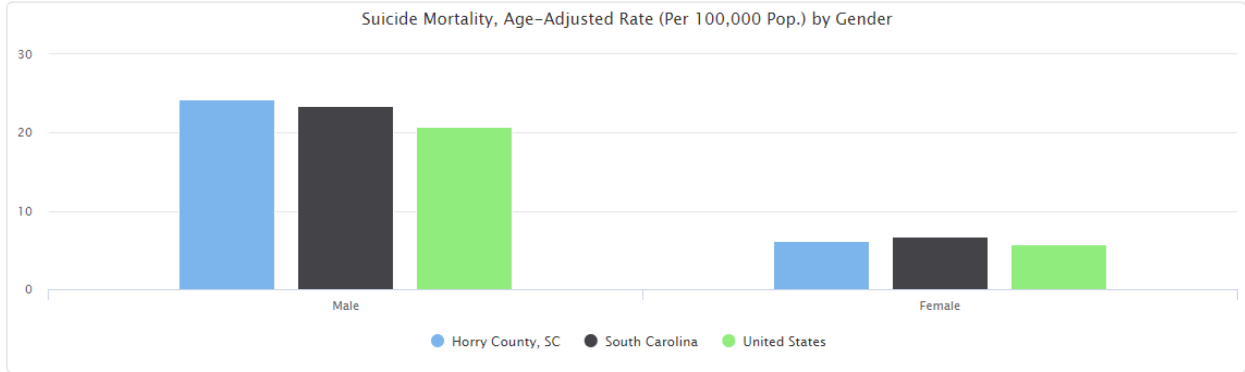


Note: This indicator is compared to the state average.

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

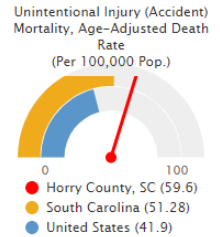
Report Area	Male	Female
Horry County, SC	24.26	6.16
South Carolina	23.43	6.71
United States	20.76	5.75



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.)
Horry County, SC	300,462	182	60.4	59.6
South Carolina	4,837,662	2,562	52.95	51.28
United States	318,689,254	140,444	44.1	41.9

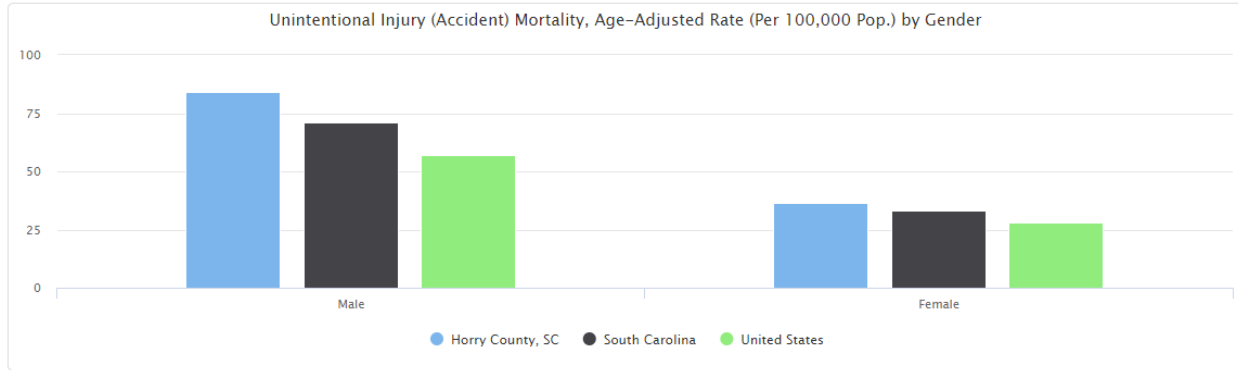


Note: This indicator is compared to the state average.

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

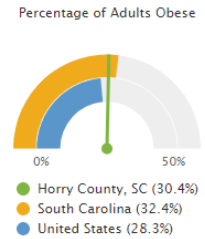
Report Area	Male	Female
Horry County, SC	84.25	36.4
South Carolina	71.15	33.19
United States	56.87	27.98



Obesity

30.4% 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)
Horry County, SC	244,215	73,509	30.4%
South Carolina	3,674,444	1,190,573	32.4%
United States	238,842,519	67,983,276	28.3%



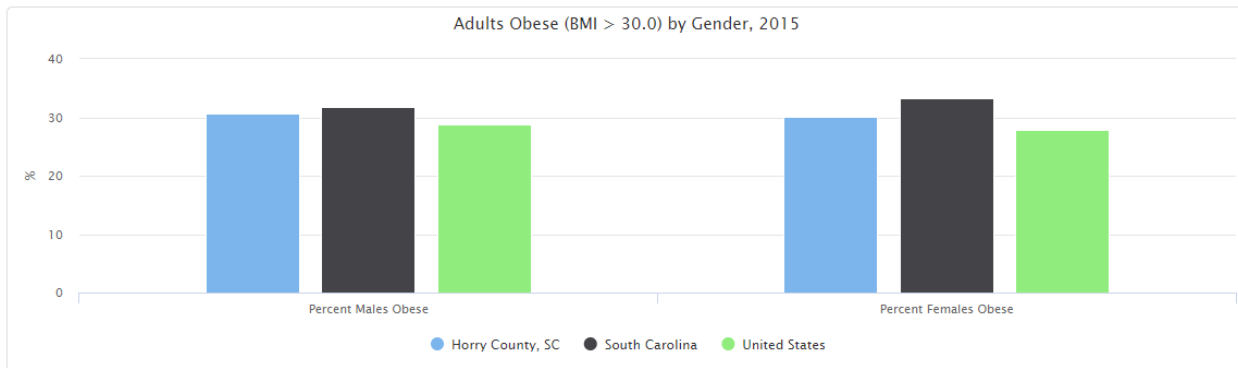
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County →

Show more details

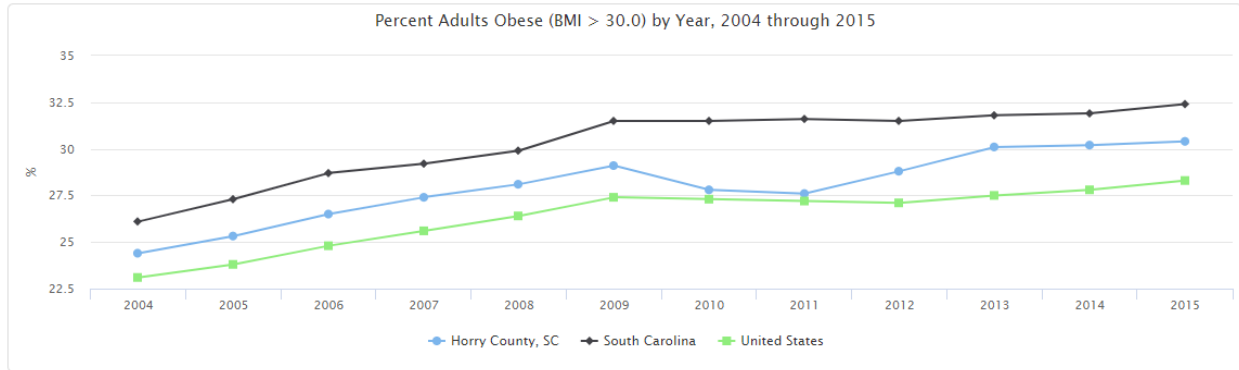
Adults Obese (BMI > 30.0) by Gender, 2015

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Horry County, SC	35,320	30.7%	38,190	30.1%
South Carolina	556,571	31.7%	634,001	33.2%
United States	33,600,782	28.7%	34,382,509	27.9%



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
Horry County, SC	24.4%	25.32%	26.5%	27.4%	28.1%	29.1%	27.8%	27.6%	28.8%	30.1%	30.2%	30.4%
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%

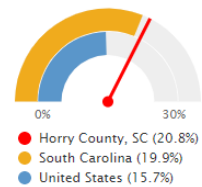


Poor Dental Health

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
Horry County, SC	205,535	42,701	20.8%
South Carolina	3,500,728	697,720	19.9%
United States	235,375,690	36,842,620	15.7%

Percent Adults with 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 → Show more details

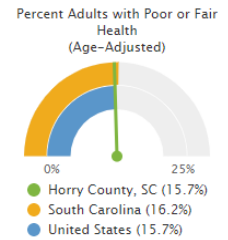
Poor General Health

Within the report area 16.7% 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
Horry County, SC	211,389	35,302	16.7%	15.7%
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



Horry 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.

	Horry 2016 Ranking	Progress	Horry 2019 Ranking
Health Outcomes	18		16
Length of Life	12		23
Premature Death	8,400	Getting Worse	9,600
Quality of Life	21		13
Poor or Fair Health	18%		16%
Poor Physical Health Days	4.2		3.8
Poor Mental Health Days	4.3		4.4
Low Birthweight	10%		10%
Health Factors	22		23
Health Behaviors	9		16
Adult Smoking	20%		19%
Adult Obesity	29%	Improving	30%
Food Environment Index	7.2		7.9
Physical Inactivity	23%	Getting Worse	25%
Access to Exercise Opportunities	84%		84%
Excessive Drinking	17%		19%
Alcohol-Impaired Driving Deaths	36%		28%
Sexually Transmitted Infections	453.1	Improving	488
Teen Births	42	Improving	30
Clinical Care	31		30
Uninsured	24%	Improving	16%
Primary Care Physicians	1,630:1		1,710:1
Dentists	2,510:1		2,540:1

Mental Health Providers	790:1		720:1
Preventable Hospital Stays	55		4,200
Diabetes Monitoring	88%		
Mammography Screening	66%	Getting Worse	42%
Social & Economic Factors	19		27
High School Graduation	78%		80%
Some College	59%		58%
Unemployment	7.30%	Improving	5.00%
Children in Poverty	30%	Little or No Change	28%
Income Inequality	4.2		4.1
Children in Single-Parent Households	40%		39%
Social Associations	10		9.2
Violent Crime	658	Getting Worse	569
Injury Deaths	72		90
Physical Environment	35		13
Air Pollution – Particulate Matter	12.1	Improving	9.8
Drinking Water Violations	Yes		No
Severe Housing Problems	20%		18%
Driving Alone to Work	83%		84%
Long Commute – Driving Alone	26%		27%

Data Source: https://www.countyhealthrankings.org/app/south-carolina/2016/compare/snapshot?counties=45_025

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 Loris Seacoast has selected the following areas which to collaborate with community partners for improving community health in Horry County.

- Lung Disease
- Prenatal and Infant Care
- Cancer
- Heart Disease and Stroke
- Drug Abuse and Alcohol
- Access to Care

Implementation Plan

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

Through successful partnerships and collaborations with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and 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: Lung Disease (COPD, Lung Cancer)

Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
<p>Goal #1: Promote health education through various mediums to promote healthy life styles through disease management, diet and nutrition, physical activity, smoking cessation and disease prevention</p>	<p>Strategy 1: McLeod Health Healthier You Program for employees and their spouses to help them live healthier lifestyles. Educate employees about smoking cessation program through communications. Evidence shows employer health promotion programs are effective (Healthy People 2020)</p> <p>Action/Tactic:</p> <ul style="list-style-type: none"> Offer financial incentive on benefits program for non-smoking employees as evidence shows policies and programs to reduce tobacco users' out-of-pocket costs approaches are effective (Community Guide recommendation) 	<ul style="list-style-type: none"> # of participants 	<ul style="list-style-type: none"> McLeod Employee Health SCHA - Working Well Initiative South Carolina State Health Improvement Plan 2023 Objective: Decrease percent of adults who smoke from 20.6 to 18.5 percent 	<p>Annually</p>
	<p>Strategy 2: Provide public information through media sources, as evidence shows health communication and social marketing are effective. (Healthy People 2020)</p>	<ul style="list-style-type: none"> Media outlet and outreach activities 	<ul style="list-style-type: none"> American Cancer Society Faith Based Organizations Health and Social Service Organizations Local health care providers 	<p>Ongoing</p>
	<p>Strategy 3: Improve the continuum of care for patients through collaborative primary care provider and hospital inpatient setting in an effort to reduce readmissions or ED visits for respiratory disease exacerbations under the guidance of AHRQ's evidence-based Project Red Toolkit</p> <p>Remove financial barriers to accessing care for cancer patients through access to the HOPE Fund from McLeod Health Foundation.</p>	<ul style="list-style-type: none"> Readmission Outcomes for Respiratory-Related Illnesses Integrated EMR 	<ul style="list-style-type: none"> McLeod Health Foundation Duke Endowment McLeod Home Health 	<p>Annually</p>

<p>Goal #2: Promote low dose lung cancer screening</p>	<p>Strategy 1: Provide public information through media sources about low dose lung cancer screening.</p>	<ul style="list-style-type: none"> • Media outlet and outreach activities 	<ul style="list-style-type: none"> • American Cancer Society • McLeod Health Foundation • Faith Based Organizations • Health and Social Service Organizations • Local health care providers 	<p>Annually</p>
<p>Goal #2: Recruit new pulmonologist</p>	<p>Strategy 1: Identify potential candidates for pulmonology specialty</p>	<ul style="list-style-type: none"> • Number of new physicians • Number of additional patients treated 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Ongoing

CHNA Need #2: Prenatal and Infant Care				
Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
Goal #1: Infant Mortality	Strategy 1: Continue Safe Sleep educational program for newborns. Distribute educational materials to new mothers.	<ul style="list-style-type: none"> # of sleep sacks distributed to newborns born at Loris. 		<ul style="list-style-type: none"> Ongoing
	Strategy 2: Provide public information regarding the prenatal and newborn through media sources and community outreach opportunities, as evidence shows health communication and social marketing are effective (Healthy People 2020).	<ul style="list-style-type: none"> Educational activities 	<ul style="list-style-type: none"> Health and Social Service Organizations Faith Based Organizations Media Outlets Community and Civic organizations 	<ul style="list-style-type: none"> Ongoing
	Strategy 3: Continue McLeod Child Reach services for patients to receive timely critical care services and for nurses to receive perinatal education.	<ul style="list-style-type: none"> # of transports to Florence NICU/PICU. # of perinatal educational opportunities. 		<ul style="list-style-type: none"> Ongoing
Goal #2: Low Birth Weight	Strategy 1: Promote and assist with the 39 week quality initiative to get babies to full term.	<ul style="list-style-type: none"> # of babies born at or after 39 weeks. 	<ul style="list-style-type: none"> March of Dimes 	<ul style="list-style-type: none"> Annually

CHNA Need #3: Cancer				
Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
Goal #1: Improve Treatment of Breast Cancer	Strategy 1: Expand and improve access to 3D Mammography services	<ul style="list-style-type: none"> # of Mobile Mammography visits # of 3D Mammograms completed 	<ul style="list-style-type: none"> McLeod Health Foundation 	<ul style="list-style-type: none"> Annually
	Strategy 2: Pursue radiation oncology treatment in partnership with McLeod Health	<ul style="list-style-type: none"> Completion and acceptance of CON 	<ul style="list-style-type: none"> MRMC 	<ul style="list-style-type: none"> 3 years
	Strategy 3: Expand access to oncology services and recruit new oncologist to market.	<ul style="list-style-type: none"> # of oncologists and specialized clinicians hired. 		<ul style="list-style-type: none"> Ongoing
	Strategy 3: Provide indigent patients with access to medications, transportation, and nutritional support through HOPE Fund	<ul style="list-style-type: none"> # of patients who receive grants from HOPE Fund 	<ul style="list-style-type: none"> McLeod Health Foundation 	<ul style="list-style-type: none"> Annually
Goal #2: Improve Treatment of Colorectal Cancer	Strategy 1: Expand access to patients for screening colonoscopies	<ul style="list-style-type: none"> Access times to colonoscopy scheduled 		<ul style="list-style-type: none"> Ongoing
	Strategy 2: Provide education on colorectal cancer prevention and screenings through health fairs and other community events as evidence shows screenings are very effective (Healthy People 2020).	<ul style="list-style-type: none"> Support of or participation in events. 	<ul style="list-style-type: none"> American Cancer Society Faith Based Organizations Health and Social Service Organizations Local health care providers 	<ul style="list-style-type: none"> Ongoing
	Strategy 3: Provide indigent patients with access to medications, transportation, and nutritional support through HOPE Fund	<ul style="list-style-type: none"> # of patients who receive grants from HOPE Fund 	<ul style="list-style-type: none"> McLeod Health Foundation 	<ul style="list-style-type: none"> Annually

CHNA Need #4: Heart Disease and Stroke

Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
<p>Goal #1: Prevention and Management of Hypertension</p>	<p>Strategy 2: McLeod Health Healthier You Program for employees and their spouses to help them live healthier lifestyles. Educational information from this program is widely available to all employees through various distribution methods.</p> <p>Evidence shows employer health promotion programs are effective (Healthy People 2020).</p>	<ul style="list-style-type: none"> # of participants 	<ul style="list-style-type: none"> McLeod Employee Health 	<p>Ongoing</p>
	<p>Strategy 3: Promotion of Health and Fitness Center membership and activities as means to a healthy lifestyle</p>	<ul style="list-style-type: none"> # of members 	<ul style="list-style-type: none"> McLeod Health Lorris Health and Fitness Center 	<p>Ongoing</p>
	<p>Strategy 1: Ongoing support recovery from heart attacks by providing cardiac rehab program.</p> <p>Actions/Tactics: Offer scholarships to those that are uninsured and need to continue cardiac rehab program.</p>	<ul style="list-style-type: none"> # of participants 	<ul style="list-style-type: none"> McLeod Health Foundation 	<p>Ongoing</p>
<p>Goal #2: Heart Attacks</p>	<p>Strategy 1: Provide health education on cardiovascular disease prevention and management and screenings through health fairs and other community events as evidence shows screenings are very effective (Healthy People 2020).</p>	<ul style="list-style-type: none"> Support of or participation in events 	<ul style="list-style-type: none"> American Heart Association Faith Based Organizations Health and Social Service Organizations Local health care providers South Carolina State Health Improvement Plan 2023 Objective: Decrease percent of adults age 20 or older who are obese from 33.2 to 31.5 percent 	<p>Ongoing</p>
	<p>Strategy 2: Participate in community events that bring awareness and educate the community on the risks associated with Heart Disease.</p>	<ul style="list-style-type: none"> Sponsor and support the American Heart Association Heart walk 	<ul style="list-style-type: none"> American Heart Association 	<ul style="list-style-type: none"> Annually

	Strategy 3: Participate in AHA STEMI National Initiative			12-36 months
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CHNA Need #5: Drug Abuse and Alcohol				
Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
Goal #1: Improve access to drug rehabilitation programs health services.	Strategy #1: Partner with Waccamaw Mental Health to find placement for mental health patients.	<ul style="list-style-type: none"> Number of patients placed through partnership. 	<ul style="list-style-type: none"> Waccamaw Mental Health 	<ul style="list-style-type: none"> Ongoing
	Strategy #2: Encourage employees to use Employee Assistance Program (EAP) for mental health and substance abuse assistance.	<ul style="list-style-type: none"> Number of employees who use mental health and substance abuse services through EAP 		<ul style="list-style-type: none"> Ongoing

CHNA Need #6: Access to Care (Specialty Care, Higher Underinsured and Uninsured, Senior Care, Delaying in seeing a Physician due to cost)				
Goal	Strategies	Metrics/What we are measuring	Community Partners	Timeframe
Goal #1: Reduce socioeconomic barriers to healthcare	Strategy #1: Recruit new physicians and expand primary care offices to underserved areas	<ul style="list-style-type: none"> Number of new physicians Number of primary care offices placed in underserved areas 	<ul style="list-style-type: none"> Physician recruiting consulting firm 	<ul style="list-style-type: none"> Ongoing
	Strategy #2: Partner with Little River Medical Center to provide dental services to low-income families.	<ul style="list-style-type: none"> Number of families served through partnership Decrease in medical assistance patients seen in ED for dental care 	<ul style="list-style-type: none"> Little River Medical Center 	<ul style="list-style-type: none"> Ongoing
	Strategy #4: Provide Language Lines translation services in the hospital for non-English speaking patients.	<ul style="list-style-type: none"> Number of patients utilizing translation services 		<ul style="list-style-type: none"> Ongoing
Goal #2: Establish Dialysis Access Center	Strategy 1: Expand DAC services for renal failure patients to provide interventional care.	<ul style="list-style-type: none"> Opening of dedicated DAC space # of patients serviced 	<ul style="list-style-type: none"> Local dialysis centers Area nephrologists 	<ul style="list-style-type: none"> 12 months

Health Needs Not Addressed

There were some areas of the health needs that are important to improving the community but not addressed in this assessment. These areas were deemed to have lower priority and less immediate impact, services already being provided by other initiatives, services outside the scope of resources, or will be addressed in a future plan or when the opportunity arises.

The most notable health need not addressed is oral health. These services are being provided by other community providers and on a limited basis by McLeod Health.

Sources

Total Population, Data Source: US Census Bureau, *American Community Survey*. 2013-17. *Source geography*: Tract

Population in Limited English Households, Data Source: US Census Bureau, *American Community Survey*. 2013-17. *Source geography*: Tract

Education – Bachelor’s Degree or Higher, Data Source: US Census Bureau, *American Community Survey*. 2013-17. *Source geography*: Tract

Education – High School Graduation Rate, Data Source, US Department of Education, ED Facts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17. *Source geography*: School District

Income – Median Household Income, Data Source: US Census Bureau, *American Community Survey*. 2013-17. *Source geography*: Tract

Poverty – population Below 100% FPL, Data Source: US Census Bureau, *American Community Survey*. 2013-17. *Source geography*: Tract

Air Quality – Respiratory Hazard Index, Data Source: EPA National Air Toxics Assessment.

Food Environment – Grocery Stores, Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES. 2016. *Source geography*: ZCTA

Food Environment – SNAP-Authorized Food Stores, Data Source: *US Department of Agriculture, Food and Nutrition Service*, USDA – SNAP Retailer Locator. Additional data analysis by CARES. 2019. *Source geography*: Tract

30-Day Hospital Readmissions, Data Source: *Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care*.

Access to Dentists, Data Source: *US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File*. 2015. Source geography: County

Access to Mental Health Providers, Data Source, *University of Wisconsin Population Health Institute, County Health Rankings*. 2017. Source geography: County

Access to Primary Care, Data Source: *US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File*. 2014. Source geography: County

Diabetes Management – Hemoglobin A1c Test, Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*. 2015. Source geography: County

Federally Qualified Health Centers, Data Source: *US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services Files*. December 2018. Source geography: Address

Health Professional Shortage Areas, Data Source: *US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration*. February 2019. Source geography: Address

Lack of Prenatal Care, Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*. Accessed via *CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research*. 2007-10. Source geography: County

Preventable Hospital Visits, Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*. 2015. Source geography: County

Prevention – Mammogram, Data Source, Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*. 2015. Source geography: County

Alcohol Consumption, Data Sources: 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

Physical Inactivity, Data Source: *Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion*. 2015. Source geography: County

STI – Chlamydia Incidence, 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

STI- Gonorrhea Incidence, 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

STI – HIV Prevalence, 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

Tobacco Usage – Current Smokers, 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

Asthma Prevalence, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*. Additional data analysis by CARES. 2011-12. Source geography: County

Cancer Incidence – All Sites, Data Source: State Cancer Profiles. 2011-15. Source geography: County

Cancer Incidence – Colon and Rectum, Data Source: State Cancer Profiles. 2011-15. Source geography: County

Cancer Incidence – Lung, Data Source: State Cancer Profiles. 2011-15. Source geography: County

Cancer Incidence – Prostate, Data Source: State Cancer Profiles. 2011-15. Source geography: County

Depression (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services*. 2015. Source geography: County

Diabetes (Adult), Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion*. 2015. Source geography: County

Diabetes (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services*. 2015. Source geography: County

Heart Disease (Adult), Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Additional data analysis by CARES. 2011-12. Source geography: County

Heart Disease (Medicare Population), *Note: This indicator is compared to the state average.* Data Source: *Centers for Medicare and Medicaid Services*. 2015. Source geography: County

High Blood Pressure (Adult), *Note: This indicator is compared to the state average.* Data Source: Centers for Disease 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

High Blood Pressure (Medicare Population), *Note: This indicator is compared to the state average.* Data Source: *Centers for Medicare and Medicaid Services*. 2015. Source geography: County

Infant Mortality, *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

Low Birth Weight, *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

Mortality – Cancer, *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 – Coronary Heart Disease, *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 – Lung Disease, *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 – Pedestrian Motor Vehicle Crash, *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

Mortality – Premature Death, *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

Mortality – Stroke, *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 – 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

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

Horry County Health Rankings, Data Source: https://www.countyhealthrankings.org/app/south-carolina/2016/compare/snapshot?counties=45_051

USPSTF Grade A and B Preventative Service Recommendations Associated with Identified Key Priority Areas, Data Source: *USPSTF A and B Recommendations by Date*. U.S. Preventive Services Task Force. June 2019. <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/>


Appendix A

List of civic groups, providers, and organizations surveyed:

- McLeod Loris Seacoast Administration
- McLeod Loris Seacoast Physicians
- Independent Physicians on Medical Staff
- McLeod Health Foundation Board
- North Myrtle Beach Chamber of Commerce Board Members
- Little River Medical Center - FQHC

Appendix B

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



Horry County Health Profile⁶

INDICATOR	MEASURE	COUNT	VALUE	RANK ¹	STATE
Births ²	Births with expected payor Medicaid (percent of all live births; 2015-2017)	5677	59.9	NA	50.1
	Breastfeeding initiation (percent of all live births; 2015-2017)	7215	76.2	12	76.5
	Low birthweight births (<2,500 grams; percent of all live births; 2015-2017)	904	9.5	16	9.6
	Mothers receiving adequate prenatal care (percent of all live births; 2015-2017)	6926	73.1	26	75.2
	Mothers who smoked during pregnancy (percent of all live births; 2015-2017)	1147	12.1	30	9.1
	Preterm births (<37 weeks gestation; percent of all live births; 2015-2017)	1115	11.8	25	11.2
	Teen live births (rate per 1,000 female population aged 15-19; 2015-2017)	640	24.8	18	23.8
Infant Mortality ²	Infant mortality (rate per 1,000 live births; 2015-2017)	63	6.7	20	6.8
Chronic Diseases, Risk Factors, and Health Behaviors ³	Coronary heart disease (percent; 2015-2017)	NA	5.1	19	4.6
	Stroke (percent; 2015-2017)	NA	4.0	18	3.8
	Heart attack (percent; 2015-2017)	NA	6.1	26	4.9
	Hypertension (percent; 2015-2017)	NA	39.6	16	38.4
	Diabetes (percent; 2015-2017)	NA	12.0	7	12.8
	Current asthma (percent; 2015-2017)	NA	7.9	12	8.7
	Current smoking (percent; 2015-2017)	NA	20.9	23	19.5
	Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2015-2017)	NA	31.5	4	33.2
	Reported leisure time physical activity in the past 30 days (percent; 2015-2017)	NA	72.9	12	72.7
	Received a flu vaccine in the last year, aged 65+ (percent; 2015-2017)	NA	62.7	20	62.4
	Received a pneumococcal vaccine ever, aged 65+ (percent; 2015-2017)	NA	70.0	26	73.4
Mortality ²	Accidental drug overdose (age-adjusted rate per 100,000 population; 2015-2017)		36.5	46	16.7
	Alzheimer's disease (age-adjusted rate per 100,000 population; 2015-2017)		43.9	25	45.4
	Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2015-2017)		169.2	18	165.5
	Cerebrovascular disease (age-adjusted rate per 100,000 population; 2015-2017)		44.6	18	45.6
	Chronic lower respiratory disease (age-adjusted rate per 100,000 population; 2015-2017)		47.1	18	48.4
	Diabetes (age-adjusted rate per 100,000 population; 2015-2017)		13.9	3	23.4
	Diseases of the heart (age-adjusted rate per 100,000 population; 2015-2017)		185.4	25	174.0
	Motor vehicle accident (age-adjusted rate per 100,000 population; 2015-2017)		20.4	15	20.5
	Suicide (age-adjusted rate per 100,000 population; 2015-2017)		15.6	26	15.6
	All causes (age-adjusted rate per 1,000 population; 2015-2017)		8.2	12	8.3
	Population Demographics ⁴	Families below the poverty level (percent; 2013-2017)	NA	12.1	NA
Population Non-Hispanic white (percent; 2017)		NA	78.5	NA	64.6
Population Non-Hispanic black (percent; 2017)		NA	13.5	NA	27.5
Population Non-Hispanic other (percent; 2017)		NA	2.0	NA	2.3
Population Hispanic/Latino (percent; 2017)		NA	6.0	NA	5.7
Health Care Access	Delayed seeing a doctor in the last year due to cost (percent; 2015-2017) ³	NA	19.0	34	15.8
	Has at least one person considered a personal doctor or health care provider (percent; 2015-2017) ³	NA	74.5	45	78.0
	Population insured by Medicaid (percent; 2013-2017) ⁴	NA	60.0	NA	65.2
	Population insured by private health insurance (percent; 2013-2017) ⁴	NA	5.6	NA	5.3
Home and Environmental Hazards	Population without health insurance (percent; 2013-2017) ⁴	NA	15.6	NA	12.1
	Elevated (≥5 mcg/dL) blood lead tests in children <6 years of age (percent of all tests; 2017) ⁵	NA	1.5	13	1.9
	Homes built prior to 1980 (percent; 2013-2017) ⁴	NA	20.0	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 Loris and McLeod Health Seacoast 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:

- Abuse Assistance
- Assistance/Education/Information
- Assistance/Shelter
- Assisted Living/Residential Care
- Behavioral Health Services
- Clothing
- Counseling
- Education/Employment
- Food
- Health/Mental Health Issues
- Home Assistive Equipment
- Home Health
- Hospice
- Hospitals
- Hotline/Crisis Services
- Housing/Shelter
- Nursing Homes
- Online Resources
- Other Resources
- Rehabilitation-Cardiac/Occupational/Physical

- Senior Services
- Special Needs/Disabilities
- Transportation
- Veteran Services



Community Resources

**Guide to Help You After
You Leave the Hospital**

McLeod Loris Seacoast



**Thank You for Choosing
McLeod Loris Seacoast**

Revised 7/18, 12/14, 4/14, 5/13

About This Guide

At McLeod Loris and McLeod Seacoast, we are concerned about your health and well-being after you leave our hospital.

This guide will provide you with information about services available in our region. It is not all-inclusive of the services provided; it is solely intended to provide you with resources to help you begin your search for assistance.

In this guide you will find a variety of resources that may offer additional care and services to you.

Thank you for choosing McLeod Loris Seacoast.





Brunswick County

Assistance / Education / Information

Brunswick County Emergency Services	911/910-253-5383
BCC Human Resource Development	910-253-2000
BCC/Brunswick Education Transition Center	910-754-2314
Brunswick County American Red Cross	910-762-2683
Brunswick County Literacy Council	910-754-7323
Brunswick County Department of Social Services	910-253-2077
Brunswick County Volunteer Center	910-253-2574
Brunswick Family Assistance Agency	910-754-4766
CIS Family Resource Center	910-371-5411
Coastal Horizons Crisis Line	1-800-672-2903
	910-392-7408
	910-343-0145
Communities in Schools and Resource Center – Leland	910-371-5411
Community Resource Center – Oak Island	910-278-3622
Crisis Line (24 Hour Telephone Intervention Hotline)	1-800-672-2903
Employment Security Commission	910-754-6120
Hope Harbor Home	910-754-5856
Hospitality House of Wilmington	910-763-2130
NC Department of Vocational Rehabilitation	910-251-5710
Parenting Education	910-253-8221
Southeastern Center for Crisis Services	1-866-875-1757
Crisis Hotline 24/7, 365 days	1-800-273-8255

Clothing

Goodwill	910-791-2764
	910-371-0270
	910-794-9650
Salvation Army	910-457-0994
Vintage Values	910-350-8918
	910-793-4411

Counseling

Brunswick Counseling Services 910-754-7908
 Coastal Horizons Crisis Line 800-672-2903
 910-392-7408
 910-754-4515

Ocean View United Methodist Church
 (Narcotics Anonymous) 910-278-5973
 Southeastern Center for Crisis Services 1-866-875-1757
 Wilmington Treatment Center 910-251-8100
 Cheers Counseling Services, PLLC 910-754-5688

Food

Brunswick Family Assistance Agency 910-754-4766
 Food Bank of Eastern and Central NC 910-251-1465
 Meals on Wheels 910-754-2300

Health / Mental Health Issues

Brunswick Adult Medical Clinic 910-755-7522
 Brunswick County Health Department 910-253-2250
 New Hope Clinic 910-845-5333
 Southeastern Center for Crisis Services 1-866-875-1757
 910-754-9441

Housing / Shelter

Brunswick County Homeless Coalition 1-888-519-5362
 910-575-6825
 Brunswick County Streetreach 910-842-2711
 Brunswick Housing Opportunities 910-253-0699
 Brunswick Senior Resource Center 910-754-8776
 Four County Services 910-754-9941
 Providence Home Family Emergency Teen Shelter 910-457-0440
 Shallotte Assisted Living 910-754-6621

Online Resources

www.brunSCO.net
www.brunswickresourcecoalition.com
www.nccarelink.gov
www.nc211.org

DSS-Managed Treatment Services for Children 843-293-3502
 Horry County Disabilities and Special Needs 843-347-3010
 Lieutenant Governor's Office on Aging 803-734-9900
 Little River Medical Center – Little River, Loris, NMB, MB 843-663-8000
 Loris Adult Day Care 843-716-2425
 Medicare 800-633-4227
 National Multiple Sclerosis Society Mid Atlantic 800-922-7591
 Protection and Advocacy for People with Disabilities 866-275-7273
 803-782-0639

S.C. School for the Deaf and Blind Coastal Regional
 Outreach Center 843-248-8100
 SC Lions Charitable Services 803-796-1304
 South Carolina Autism Society 800-438-4790
 803-750-6988
 South Carolina Commission for the Blind 843-248-2017
 South Carolina Department of Vocational Rehabilitation 843-248-2235
 United Way of Horry County 843-347-5195

Transportation

Air Flight America 800-446-1231
 Coast RTA (Waccamaw Regional Transit Authority) 843-488-0865
 Mercy Flight SE 800-446-1231
 Mobility Center of the Grand Strand 877-683-2473
 843-692-8001
 Neighbor to Neighbor 843-839-0702

Veterans Services

Horry County Veterans Affairs Office 843-915-5480
 Myrtle Beach Primary Care VA Clinic 843-477-0177

Other Resources

Waccamaw EOC 843-349-7825
 Conway Healthcare Partners of SC 843-248-4700
 Associated Charities 843-448-6321
 Christian Missions 843-347-0108
 Friendship Free Medical Clinic 843-347-7178
 SOS Healthcare 843-449-0554

Nursing Homes

Brightwater	843-903-8300
Community Long Term Care	843-248-7249
Conway Manor	843-248-5728
Loris Extended Care Facility	843-716-7106
Myrtle Beach Manor	843-449-5283

Rehabilitation-Cardiac / Occupational / Physical

Center for Health & Fitness	843-716-7111
McLeod Seacoast	843-390-8254

Senior Services

Aynor Senior Center	843-358-3066
Bucksport Senior Center	843-397-2209
Burgess Senior Center	843-650-2796
Carolina Forest Senior Center	843-903-0355
Conway Senior Center	843-488-0421
Elder Advocates of SC, Inc.	843-488-0767
Green Sea Floyds Senior Center	843-392-0967
Horry County Council on Aging	843-248-5523
Loris Senior Center	843-756-8092
North Strand Senior Center	843-281-2778
South Strand Senior Center	843-238-3644
Waccamaw Area Agency on Aging	843-349-2130
Waccamaw Family Caregiver Support Program	843-546-4231

Special Needs / Disabilities / Assistance

Alzheimer's Association	843-231-1516
American Cancer Society	843-213-0333
American Heart Association	843-626-3939
American Red Cross - Coastal S.C. Chapter	843-477-0020
Arc of Horry County	843-238-3040
CARETEAM, Inc.	843-234-8238
Center for Disability Resources	803-935-5231
Conway Adult Day Care	843-369-2273
DHEC	803-898-3432

Senior Services

Brunswick Senior Resources (Meals on Wheels, Elder Abuse)	910-454-0587
	910-253-2199
	910-754-2300
Medicare/Social Security Information	1-866-222-1546
	919-733-9822

Special Needs / Disabilities

Division of Services for the Deaf and Hard of Hearing	919-773-2970
NC Services for the Blind Transition Service	1-866-222-1546
	919-733-9822

Transportation

Brunswick Transit System	910-253-7800
	1-800-754-2764

Veteran Services

	910-253-2233
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Columbus County

Assistance / Education / Information

Columbus County Emergency Medical Services	911
Alzheimer's Association	1-800-228-8738 919-832-3732
American Cancer Society	1-800-227-2345
Columbus County American Red Cross	910-642-3364
Columbus County Department of Social Services	910-642-2800 910-640-6631
Columbus County Domestic Violence Shelter and Services	910-641-0444
Columbus County DREAM Center	910-642-0633
Columbus County Help Mission	910-642-2724
Families First	910-642-5996
Four County Community Services	910-642-8381 910-642-6083
Hope Harbor Home Domestic Violence Shelter	910-754-5856
NC Employment Security Commission	910-754-6120
Southeastern Community College Basic Skills Lab	910-642-7141 extension 232
Southeastern Community College, Human Resource Development	910-642-7141 extension 261

Clothing

Columbus County Help Mission	910-642-2724
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Counseling

Southeastern Regional Mental Health, Developmental Disabilities & Substance Abuse Services	1-800-913-6109 910-738-5261
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Food

Columbus County Help Mission	910-642-2724
Food Bank of Coastal Carolina	910-251-1465

Home Assistive Equipment

American Home Patient	843-347-0711
Family Care Medical Supply	843-756-6869
First Choice Medical Equipment	843-756-4300 843-756-4305
The Mobility Center	843-692-8001 877-683-2473

Home Health

Amedisys Conway	843-347-5899
Amedisys Myrtle Beach	843-916-0931
DHEC	843-915-8803
Gentiva	843-448-7060
Incare	843-347-6418
Liberty	843-839-2273
McLeod Home Health	800-382-7161

Hospice

Agape	843-914-1197
Amedisys	843-839-2505
Bayada Home Health-Conway	843-492-6602
Beacon	843-357-9773
Heartland	843-444-0813
Hospice Care of South Carolina	843-438-4905
Incare	843-293-4614
McLeod Hospice	843-716-7337
Mercy	843-848-6480
Regency	843-651-2335

Hospitals

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

Hotlines / Crisis Services

Alcohol 24-Hour Abuse Hotline	803-788-6448
I'm Alive – National Suicide Hotline	800-784-2433
Domestic Violence Website – www.womenslaw.org/sc/state-law-org	

Magnolias of Myrtle Beach 843-692-2330
 Myrtle Beach Estates 877-931-1417
 Shallotte Assisted Living 910-754-6621

Behavioral Health Services / Counseling

Alcoholics Anonymous 843-445-7119
 Coastal Recovery Center 843-449-6261
 Coping EAP 843-449-8318
 Diabetes Support Group – McLeod Loris 843-716-7736
 Diabetes Support Group – McLeod Seacoast 843-390-8293
 Lighthouse Care Center of Conway 843-347-8871
 Mended Hearts Support Group 843-692-1885
 Mental Health Hotline 843-347-4888
 Multiple Sclerosis Support Group 843-390-8326
 Stroke Support Group 843-390-8326
 Waccamaw Center for Mental Health 843-347-4888
 Shoreline 843-365-8884
 The Center 843-663-0770

Clothing

Associate Charities 843-448-6321
 Goodwill - Longs 843-390-9060
 Salvation Army Thrift Store – Loris 843-756-2934
 Salvation Army Social Services 843-488-2769

Education / Employment

Coastal Workforce Center 843-234-9675
 Horry County Literacy Council 843-582-8055

Food

Community Kitchen of Myrtle Beach 843-444-9383
 Horry County Council on Aging 843-248-5523
 Low County Food Bank – Grand Strand Branch 843-448-0341
 Meals on Wheels 843-970-2330
 Coastal Rescue Mission 843-650-1352

Health / Mental Health Issues

Children’s Special Health Services 1-800-737-3028
 Columbus County Community Health Center 910-207-6440
 Columbus County Department of Social Services 910-642-2800
 910-640-6631
 Columbus County Health Department 910-640-6615
 Columbus County Help Mission 910-642-2724
 Columbus County Home Health 910-642-8011
 Southeastern Regional Mental Health,
 Developmental Disabilities & Substance Abuse Services 910-738-5261

Hospice

Liberty Home Care and Hospice 1-800-999-9883
 910-641-4095
 Lower Cape Fear Hospice 910-642-9051
 910-796-8094
 1-800-733-1476
 1-800-207-6908

Housing / Shelter

Columbus County Crisis Housing Assistance 910-640-3722
 Columbus County Habitat for Humanity 910-770-0706
 Columbus County Help Mission 910-642-2724
 Columbus County Housing 910-640-6618
 Hope Harbor Home Domestic Violence Shelter 910-754-5856
 Mercy House 910-343-0330

Online Resources

www.columbusco.org
www.columbusco.org/main/dss

Senior Services

Columbus County Department of Aging 910-640-6602

Special Needs / Disabilities

Columbus County Literacy Council	910-642-2442
Division of Services for the Deaf and Hard of Hearing	1-800-851-6099
NC Division of Vocational Rehabilitation Services	910-251-5710

Transportation

Columbus County Public Transportation	910-642-7201
Columbus County Help Mission	910-642-2724
Columbus County Department of Aging	910-640-6602

Veterans Services

Columbus County Veteran's Administration	910-640-6638
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Horry County**Abuse Assistance**

Shoreline	843-365-8884
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Assistance / Shelter

Alliance Inn – Shelter in Myrtle Beach	843-448-7447
American Red Cross – Coastal S.C. Chapter	843-477-0020
Atlantic Beach Housing Authority North Myrtle Beach	843-272-4189
Bethany Christian Services	843-839-5433
Catholic Charities	843-234-1999
Churches Assisting People (C.A.P.)	843-488-2277
Coastal Rescue Mission	843-448-1352
Community Kitchen, Inc.	843-444-9383
Echo – Eastern Carolina Homelessness	843-213-1798
Free Ministry, Green Sea	843-756-3276
Helping Hands	843-448-8451
New Directions Men's Shelter	843-232-7154
New Directions for Women	843-232-7055
New Directions of Horry County	843-945-4902
North Strand Helping Hand	843-399-0862
Project Lighthouse	843-626-1446
Rape Crisis Center	843-448-7273
Salvation Army	843-488-1684
Sea Haven for Youth	843-399-9025
South Strand Helping Hand	843-238-4594
Street Reach Ministries	843-945-4932
Street Reach Mission	843-663-8067
United Way	843-347-5195

Assisted Living / Residential Care

Agape Senior/Agape Senior Conway	843-397-2273
Brightwater	843-903-8300
Covenant Towers	843-449-2484
Emeritus at Conway Place	843-347-3050

The 2019 McLeod Loris Seacoast 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.