



**Community Health Needs Assessment
2021**

Approved 1/3/2022

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EXECUTIVE SUMMARY

Background and Purpose

AnMed Health, located in Anderson County, South Carolina, is the leading health care provider serving the health care needs of those in the Anderson County area as well as portions of the Pickens County area. With a mission *to passionately blend the art of caring with the science of medicine to optimize the health of our patients, staff and community*, AnMed Health is dedicated to improving the health of the community and providing gold-standard quality care.

In the Spring of 2012, AnMed Health began the implementation of a Community Health Needs Assessment (CHNA) for Anderson County. The effort focused on assessing community health needs, local health resources, barriers to care, gaps in services, and trends regarding health and healthy lifestyles. The resulting assessment was utilized to document community need and link those needs to community benefit efforts of the health system. Since then, the CHNA has been conducted every three years (in 2015 and 2018) to ensure the health system remains aware of the current health care and community needs. Each needs assessment assists the health system in planning and prioritizing its community benefit investments.

2021 marks the fourth iteration of the CHNA, providing a continuous effort to track data and progress over time. Data has been collected in the same manner, utilizing the same data points and sources as in the previous studies where possible. This allows for appropriate data comparisons to the previous studies. In a few circumstances, data sources have changed or are no longer available. These have been noted and new data sources have been documented.

This 2021 study, like in previous years, has identified health statistic and community feedback changes, community health progress areas, and areas of decline. The CHNA will be utilized to document community need and link those needs to community benefit efforts of the health system, assisting the health system in planning and prioritizing its community benefit investments.

Summary of Findings

Getting Better (compared to past)	Getting Worse (compared to past)
<ul style="list-style-type: none"> • Cancer Death Rates • Heart Disease & Stroke Death Rate • Maternal Health and Infant Indicators • Teen Pregnancy Rates • Smoking Cigarettes (teens) • Healthy Lifestyle Resources (parks, trails, farmers markets) • HIV 	<ul style="list-style-type: none"> • Mental/Behavioral Health and related Shortage of Providers (adult and youth) • Substance Abuse & Overdose • Excessive Drinking • Vaping • STD's • Traffic Fatalities • Obesity & Healthy Lifestyle Indicators • Diabetes Prevalence & Mortality • Asthma Prevalence • Food Deserts
Positive Highlights (incorporating top community feedback themes)	Areas of Concern (incorporating top community feedback themes)
<ul style="list-style-type: none"> • Increased Recreational Resources and Efforts for Healthy Lifestyles <ul style="list-style-type: none"> ○ Farmers Market ○ Trails ○ Community Gardens • Resources for Underserved <ul style="list-style-type: none"> ○ Anderson Free Clinic ○ Good Samaritan Health Clinic ○ Foothills Community Health (FQHC) • Safety Net Council • Decrease in Teen Pregnancies 	<ul style="list-style-type: none"> • Mental/Behavioral Health and Lack of Providers and Resources • Substance Abuse and Lack of Providers and Resources • STD's • Obesity • Vaping • Education for Youth (sex education, mental health, handling social media, physical education) • Access Barriers – transportation, cost, knowledge of what's available, care coordination • Social Determinants of Health <ul style="list-style-type: none"> ○ Affordable, safe housing ○ Safety ○ Trauma • Quality of Care – physicians taking enough time with patients

Identified Health Priorities

A variety of data and information was collected and analyzed in order to identify priority health needs of the community. The prioritization process included review and analysis of:

- 1) secondary, quantitative statistical data,
- 2) primary, qualitative community feedback, and
- 3) current community and AnMed Health-specific assets.

In addition to review of the above, an AnMed Health CHNA team was engaged to review data and identify priorities and potential actions. To select priorities and strategies, the following criteria were considered:

- Data and community feedback indicated the issue as an important community concern/need
- AnMed Health has the capacity to impact the issue
- Addressing the selected issue holds the potential to affect other key health conditions, therefore creating a multiplying effect
- Strategies selected align with and support AnMed Health's mission and strategic direction
- Strategies selected take into consideration current assets and partnerships in both the community and within AnMed Health

In considering the above, the following priorities below have been selected in 2021 for which to develop specific community benefits and wellness strategies (see appendix for 2012, 2015, and 2018 priorities).

1. Mental and Behavioral Health Services

Similar to the last CHNA, the community focus groups repeatedly reported mental health as a top concern and need for both adults and youth. Reporting that there is not near enough mental and behavioral health services available or accessible, there is particular concern regarding lack of mental and behavioral health services and related early intervention. Recent data has shown a significant increase in suicides and emergency department visits for mental and behavioral health issues. In addition, COVID has significantly added to the mental health needs of the community.

2. Substance Abuse

There has been a significant increase in substance abuse across the nation and state as well as in Anderson County and Pickens County. While during the previous CHNA study the use of opioids had been cited as at a "crisis" level, in this current CHNA, most substance abuse concerns were around the rapidly increased use of and overdoses from methamphetamines (meth), fentanyl, and heroin. In addition, emergency room visits and discharges for mental health issues, in many cases, come with a dual diagnosis of mental health and substance abuse.

3. Diabetes (Anderson Specific)

Anderson ranks 25th in the state for diabetes prevalence and 31st for diabetes death rate (with 1st being best and 46th being worst). Similar to the previous CHNA reports, Anderson County continues to have a higher prevalence and death rate of diabetes than the rest of the state and the nation, and it continues to rise. The diabetes prevalence rate has increased from 12% to 16.6% from 2013-2018 and the mortality rate from 30.4 to 33.5 during the same period. Pickens County fares better, ranking 7th in the state for prevalence and 2nd for death rate. Community focus groups in Anderson consistently identified diabetes as a leading health concern.

4. Heart Disease (Pickens Specific)

Heart Disease is the leading cause of death in Pickens County. While South Carolina has a higher heart disease rate than the nation, it has seen a steady decline in the heart disease death rates over the past 20 years. Pickens County, however, has not seen as steady of a declining trend in rates as the state and has a significantly higher heart disease death rate than the state, Anderson County and the nation. Focus groups in the Pickens area indicated a concern with heart disease and related lifestyle factors.

5. Community Education

Throughout the focus groups, participants recognized several community health issues of concern on which education efforts can be focused. There was repeated concern regarding the continued increase in STD's, large increases in vaping in both youth and adults, and continuing climbing rates of obesity. These concerns were verified by data indicating an increase in STD's, vaping, and obesity in both Anderson County and Pickens County. An important role the hospital system can play in addressing these issues is to work with community partners to provide appropriate educational activities and resources around these issues, inclusive of communicating available services and resources.

6. Social Determinants of Health

According to Healthy People 2030, "social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." It is the social determinants of health that can aid the achievement of good health or create barriers. Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Some examples of SDOH include safe housing, transportation, education, job opportunities, racism, literacy, access to nutritious foods, etc. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity. Likewise, just promoting healthy choices won't eliminate these and other health disparities. Instead, health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments (Healthy People 2030).

Throughout the CHNA study, AnMed Health and partners recognized the need to continue to work together to address and advocate for SDOH. The determinants, in particular, that were most often cited as concerns included:

- safe and affordable housing
- transportation
- access to care
- food deserts
- address childhood trauma (ACES)

Community assets related to these needs have been identified in the *Health and Community Assets* of this report (starting on page 99).

Strategic initiatives to address each of these priority areas have been developed and are included in the *AnMed Health Medical Center, AnMed Health Women's and Children's Hospital & AnMed Health Cannon Community Health Needs Assessment –Implementation Strategy* document. This will be reported annually to the IRS on Form 990.

This CHNA report will be made available to the public and will be posted on AnMed Health's website, www.anmedhealth.org, and AnMed Health Cannon's website at <http://www.anmedhealthcannon.org/>.

ABOUT THE RESEARCH

A community-based approach was taken to complete the Community Health Needs Assessment. National, state, and county-specific data was collected from a broad set of data sources. Special emphasis was placed on assessing alongside Healthy People 2030 Leading Indicators, identifying medically underserved areas, and gathering information from community residents, providers of health and human services, and other stakeholders and representatives of Anderson and Pickens Counties.

Efforts were made to ensure that the research was conducted in a manner that was representative of the communities within AnMed Health's service areas- Anderson County and portions of Pickens County served by AnMed Cannon.

Research methods were conducted in an approach that incorporated both quantifiable and qualitative data to get a well-rounded view of the community's health.

Data collection methodology, tools, and data sources utilized in 2021 were consistent with those used during the previous CHNA studies to allow for appropriate comparisons over time periods.

- 1) Key data sources for the collection of **statistical (secondary, quantitative) data** at national, state, regional and local levels included sources such as the US Census Bureau, Healthy People 2030, County Health Rankings, Centers for Disease Control and South Carolina Department of Health and Environmental Control biostatistics and hospital discharge data. Dates of data collected ranged from 2000 – 2020. For each indicator, data was pulled for the most recent year available. To assess trends and progress, data points were compared to data pulls from previous CHNA studies when updated data points were available. A more detailed list of data sources is included in the appendix of this report.
- 2) Collection of **qualitative data** was completed through a variety of community and stakeholder focus groups. The focus group guide and questions from the previous CHNA studies were utilized to ensure comparability of community feedback from previous years.

The assessment was completed in partnership and with local public health professionals, health and human service agencies, and AnMed Health leadership.

2021 Summary of Findings

General Social Characteristics

- Anderson and Pickens Counties have experienced a slow, steady growth rate. While steady, it has been at a slower pace than the state of South Carolina. In addition, the nation as a whole has experienced its second slowest decade of growth on record, this past decade.
- Anderson and Pickens County have a less diverse population than the state and nation. Pickens County has an especially low African American population compared to Anderson, the state, and the nation.
- In both counties, there has been a steady increase in the percent population age 65 and older alongside a slight, steady decrease in the percent population under the age 18. Pickens County has double the percent population of those in the 18-24 age range than the nation, state, and Anderson County.
- Educational attainment is improving, however 43% in Anderson County have only a high school or less education (32.2% in Pickens). This is an improvement from previous CHNA study periods, when 50% (Anderson) and 40% (Pickens) had a high school or less education.
- The median household income for Anderson and Pickens Counties remains lower than the nation and the state but has grown at a steady pace.
- Poverty rates have continued to steadily decrease after an alarming upward spike in 2010. Anderson County has a lower poverty rate than the state. Pickens County has a slightly higher poverty rate than the state for its general population but has a significantly lower childhood poverty rate.
- Unemployment, while spiking during the early onset of the COVID pandemic period, has seen a steady recovery. Anderson and Pickens Counties currently have a lower unemployment rate than the nation and the state.

General Health Rankings

- According to the County Health Rankings and Roadmaps, Pickens County ranked in the Healthiest Tier among SC counties for both Health Outcomes and Health Factors. Anderson County ranked in the Healthiest Tier for Health Factors and 2nd Healthiest Tier for Health Outcomes.
- Both Anderson and Pickens Counties have slightly improved their County Health Rankings since the last assessment.

Healthy Lifestyles and Risk Factors

- Pickens County, overall, tends to rank better on most healthy lifestyle and behavior indicators than Anderson County.
- Smoking cigarettes (adults) has increased in Anderson County after a period of a declining trend. Smoking cigarettes (adults) has decreased in Pickens County. Use of e-cigarettes has drastically increased in both counties from approximately 4% adults using e-cigarette/vaping products in 2015 to currently 28%. Smoking cigarettes has continued to decline in youth (only 5% youth smoke cigarettes), however, use of e-cigarettes/vaping has significantly increased (21% youth vape).
- The percentage overweight and obese adults and children continues to rise.

- There has been a significant trend of decreasing teen pregnancy rates in Anderson and Pickens counties. However, Anderson County's rates remain slightly higher than the state and nation but appears to be closing the gap. Pickens County has a lower teen pregnancy rate than Anderson, the state, and the nation. In addition, Pickens County's minority population uniquely has a lower teen pregnancy rate than both the general population and all white population. In South Carolina, the Hispanic/Latino population tends to have higher teen birth rate than white and black populations.
- Community feedback through the 2021 focus groups indicated concern regarding lack of sex education for youth that includes not only sex education, but also, life skills choices, understanding appropriate expectations, maneuvering social media, etc.

Health Environment

- Overall, both counties are perceived to offer positive improvements in its recreational environment that is conducive to healthy lifestyles. From its natural resources that offer outdoor recreation, to growing city and county recreation facilities, parks and trails, to local farmer's markets; there are many opportunities to engage in health behaviors. However, there are access barriers for some populations (transportation, cost, etc.), and it has been noted in some focus groups that these resources are not necessarily distributed across the counties equally or equitably.
- Community feedback through the 2021 focus groups indicated that cost, transportation, food deserts, and education were barriers to healthy eating and accessing exercise opportunities, particularly for lower-income and underserved families.

Health Outcomes - Morbidity and Mortality

- The leading cause of death in Anderson, Pickens, the state, and the nation is diseases of the heart followed by cancer. South Carolina trends higher in heart disease than the nation.
- There has been a declining trend of heart disease and stroke death rates in the state, however, Anderson and Pickens have not followed as steady and consistent of a downward trend in heart disease death rates as the overall state.
- While cancer incidence remains high for both counties, death rates for cancer have significantly decreased. Both counties rank among the highest (worst) in the state for incidence rate, yet among the lowest (best) for death rates.
- Sexually transmitted diseases – chlamydia, gonorrhea, and syphilis continue to rise and is cited by public health officials as a significant issue. On a positive note, HIV diagnosis and death rates have steadily declined since 2008.
- Prevalence of diabetes continues to climb in Anderson and Pickens. Diabetes mortality rate declined, however, in Pickens County. Anderson has significantly higher diabetes prevalence and mortality rates than Pickens.
- Traffic accidents and fatalities have had a stark increase over the past several years. Accidents in a leading cause of death among youth.

Mental Health and Substance Abuse

- Emergency department visits and costs for behavioral health, and emergency department visits for suicide/self-inflicted harm have increased for both counties.
- 2021 focus groups repeatedly cited lack of mental/behavioral health providers as significant concern alongside growing mental health needs in both adult and youth populations.

- South Carolina ranks 45th (with 50th being the worst) in the nation for mental health and mental health resources.
- Drug-induced deaths in South Carolina have significantly increased since 2007.
- 2021 focus groups repeatedly indicated a growing concern with the use and overdoses from methamphetamine, heroin, and fentanyl. There was less concern/mention of opioid overdose and abuse in the focus groups as there was in previous years.
- 2021 focus groups repeatedly identified mental health and substance abuse among the top health concerns. Obesity, STD's, heart disease and diabetes were also often noted as a concern. In addition, other concerns that can be considered social determinants of health that were often noted were affordable, safe housing and childhood trauma.

Health Care Access

- Insurance coverage rates have remained relatively flat after several years of improvement.
- 2021 focus groups indicated that even though more people may be insured, prices of insurance deductibles and copays continue to rise thus making health care unaffordable even with insurance, creating a barrier to accessing care.
- Top barriers to care identified in focus groups include transportation, costs, inability to get time off of work, and knowledge of resources/communication regarding resources.
- Community focus groups reported gaps in available resources for mental health, substance abuse, and some specialty care. Pickens County focus groups tended to indicate fewer health care resources and less access to specialty services than those in Anderson.

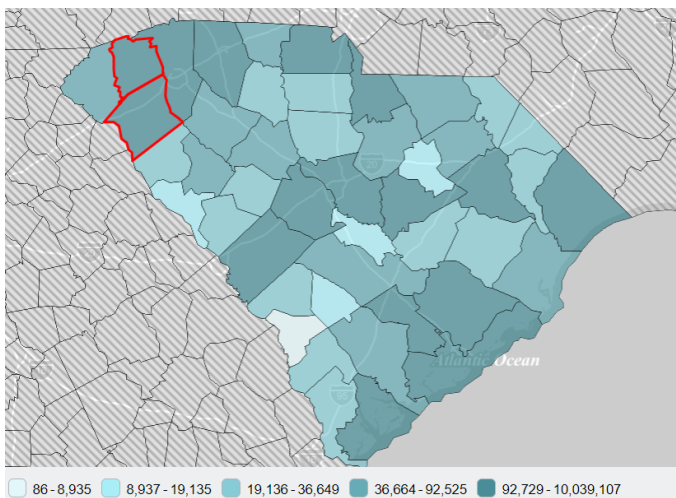
COMMUNITIES SERVED – ANDERSON & PICKENS COUNTY

Population Growth

According to the most recent release of Census 2020 data, the U.S. population is now at 331,449,281. The nation grew by 22,703,743 or 7.4% since 2010. This represents the second slowest decade of growth on record, just after 1930 to 1940 when the nation grew by 7.3%. For South Carolina, the population is now at 5,118,425, representing a growth rate of 10.7% over the past decade. This is a faster growth rate than the nation (7.4%), but slower than South Carolina’s previous decade growth rate of 15.3%.

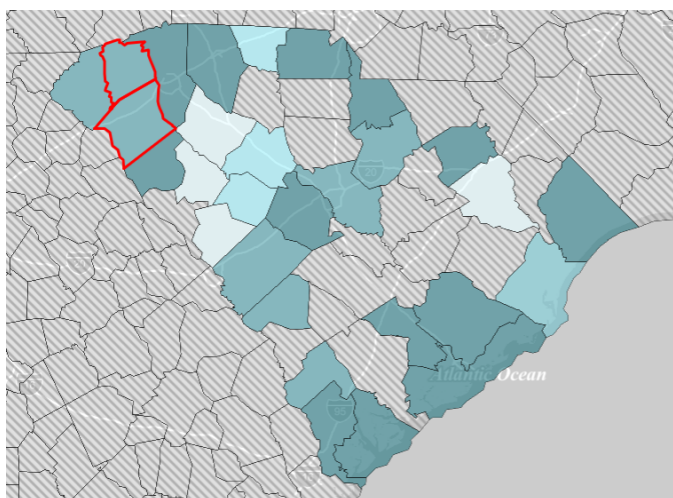
While the 2020 Census population data at the county level was not available at the time of this assessment, in reviewing the 2019 Census Bureau estimates, it was found that the growth rates of Anderson and Pickens Counties were slower than that of the state at 8.4% and 6.3% respectively.

Population by County



Source: US Census Bureau Quick Facts. Population Estimates July 1, 2019 (v2019)

Growth Rate by County



For places on the map, populations of 5,000 or more are shown

Source: US Census Bureau Quick Facts. Population, Percent Change – April 1, 2010 (estimates base) to July 1, 2019 (v2019)

United States

Population 2020= 331,449,281

Growth Rate 2000-2020: 7.4%

22.3% population is under the age of 18

16.5% population is 65 or older

South Carolina

Population 2020= 5,118,425

Growth Rate 2000-2020: 10.7%

21.6% population is under the age of 18

18.2% population is 65 or older

Anderson County

Population 2019= 202,558

Growth Rate 2000-2019: 8.4%

22.7% population is under the age of 18

18.3% population is 65 or older

Pickens County

Population 2019 = 124,029

Growth Rate 2000-2019: 6.3%

18.6% population is under the age of 18

16.7% population is 65 or older

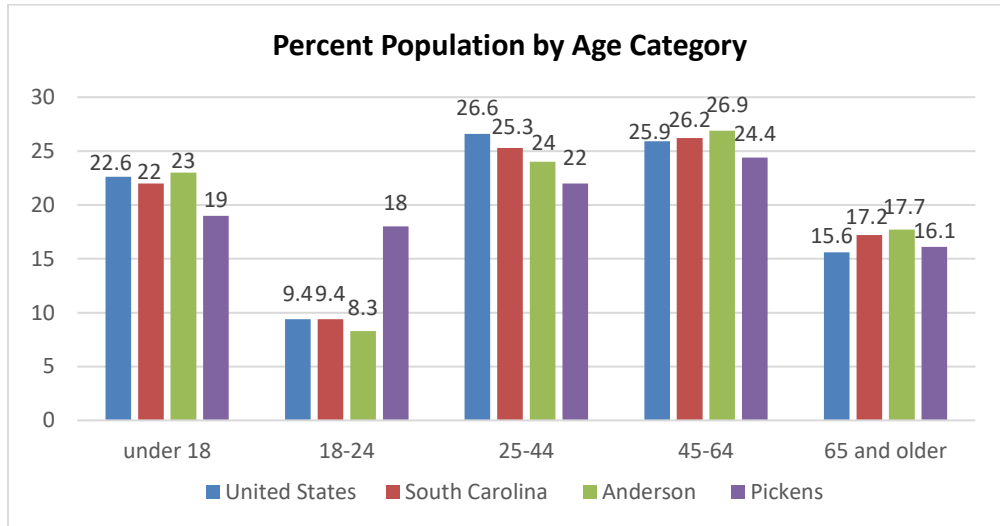
Sources:

US Census Bureau Quick Facts. July 1, 2019 (v2019).

US Census Bureau (2020). Historical Population Change Data (1910-2020).

Age

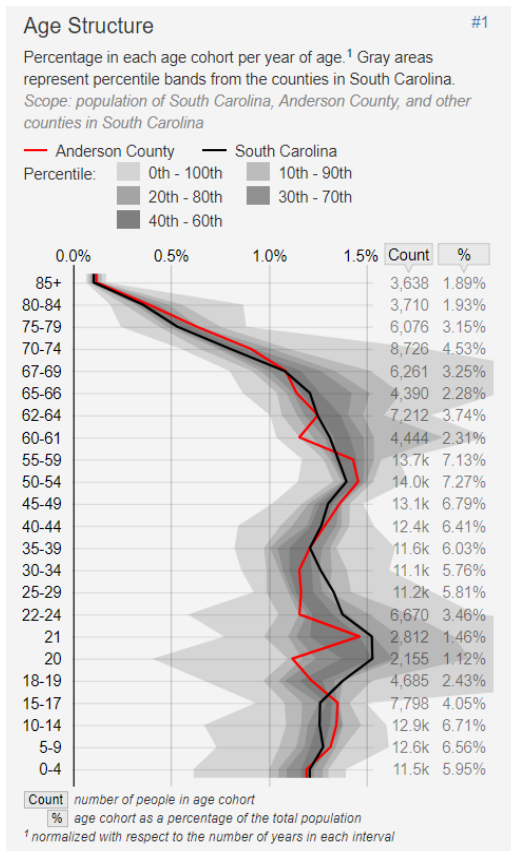
Age dynamics of a population can impact the health care needs and trends of a community. Pickens County has a significantly larger percentage of its population in the 18-24 age category likely due to the college-age population from Clemson University, Southern Wesleyan University, and Tri-County Technical College. In addition, its 65 and older category trends at a slightly lower percent population than the state and Anderson County. Anderson County has a larger percent population in the under 18 age group than the nation, state and Pickens County as well as a higher percent population of 65 and older.



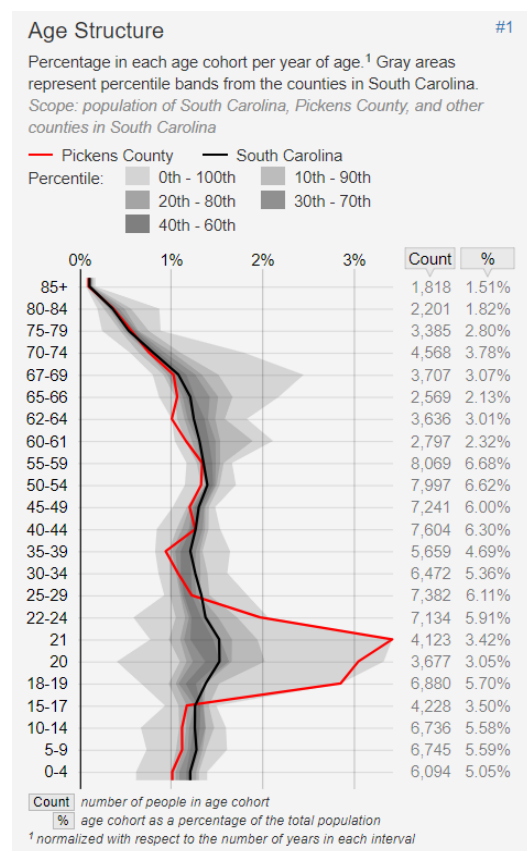
Source: US Census Bureau, 2015-2019 American Community Survey, 5-year Estimates, Data Profile, Age

Age Structure – County Comparison to State

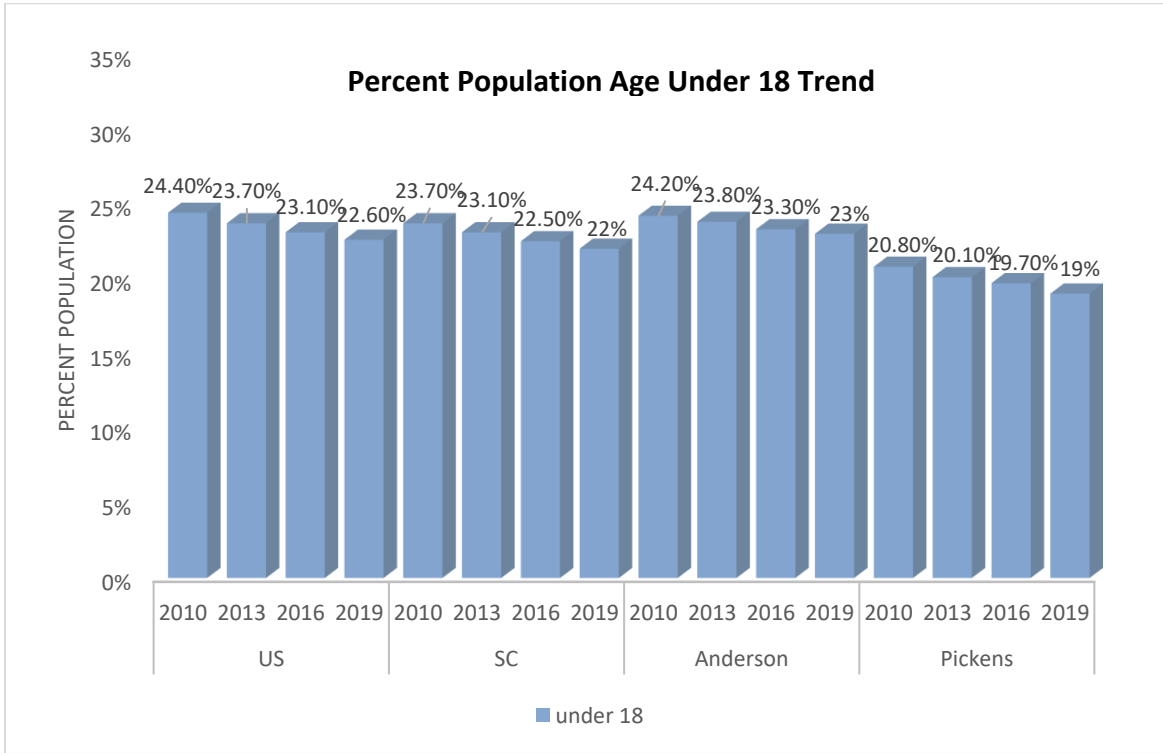
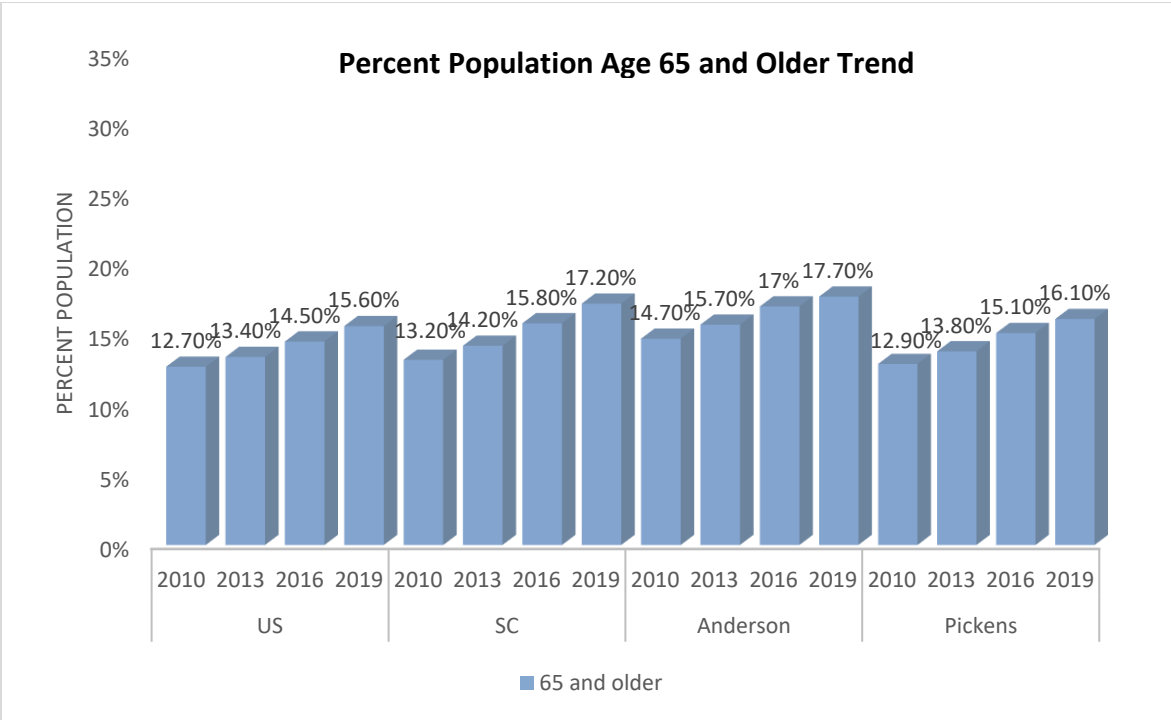
Anderson County



Pickens County



Since 2010, there has been a consistent, steady trend in the United States of an increasing percentage of the population attributed to individuals who are age 65 and older, with a decreasing percentage of the population attributed to those under the age of 18. Anderson and Pickens Counties have mirrored this national trend.



Source: US Census Bureau, 2010-2019 American Community Survey, 5-year Estimates, Data Profile, Age

Race

Anderson and Pickens Counties have less racial diversity than both the state and nation, particularly in Census-classified race categories such as Asian, “some other race”, and “2 or more races”. Anderson, however, has a higher % African American population than the nation, while Pickens County has a particularly low % of African American compared to Anderson, South Carolina, and the nation. Generally, data is showing a steady increase in Asian, 2 or more races and other race categories and a steady decrease in the percentage White category. There is a steady increase in the Hispanic/Latino population as well.

US Census Bureau Race Percentages by Geography								
	United States				South Carolina			
	2010	2013	2016	2019	2010	2013	2016	2019
White	74%	74%	73.3%	72.5%	67.3%	67.2%	67.3%	67.2%
Black or African American	12.5%	12.6%	12.6%	12.7%	28.1%	27.7%	27.4%	26.8%
Asian	4.7%	4.9%	5.2%	5.5%	1.2%	1.2%	1.4%	1.6%
2 or more races	2.4%	2.8%	3.1%	3.3%	1.6%	1.6%	2.1%	2.3%
Other	6.4%	5.7%	5.8%	5.9%	1.5%	1.8%	1.8%	2.3%

	Anderson County				Pickens County			
	2010	2013	2016	2019	2010	2013	2016	2019
White	80.9%	80.3%	79.9%	79.8%	89.4%	88.7%	88.7%	88.3%
Black or African American	15.9%	16.4%	16.3%	15.7%	6.5%	6.4%	6.5%	6.8%
Asian	0.6%	0.7%	0.9%	0.9%	1.5%	1.6%	1.8%	2.0%
2 or more races	1.7%	1.4%	1.7%	2.3%	1.4%	1.8%	1.6%	1.6%
Other	0.9%	1.2%	1.2%	1.3%	1.2%	1.5%	1.4%	1.2%

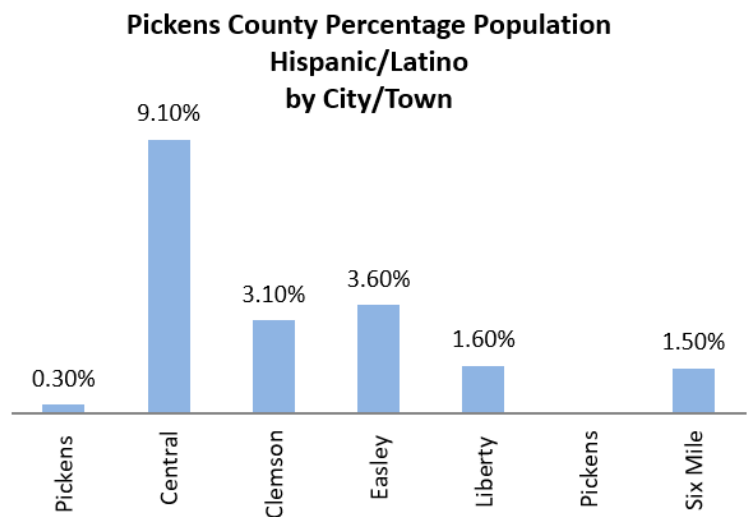
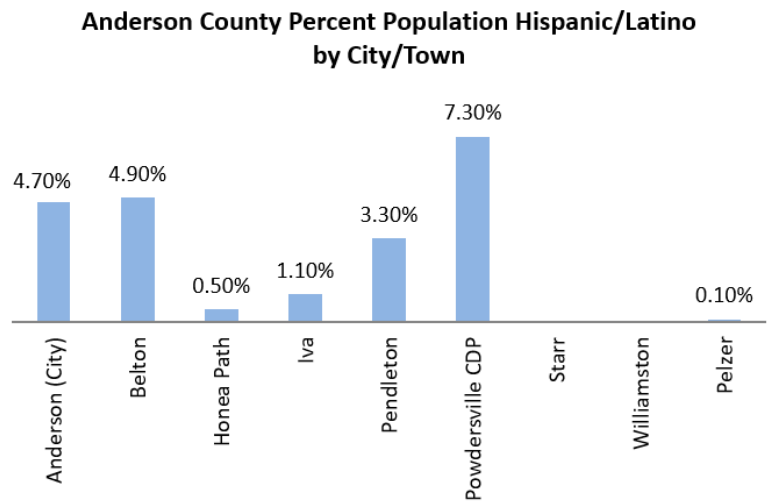
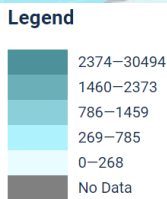
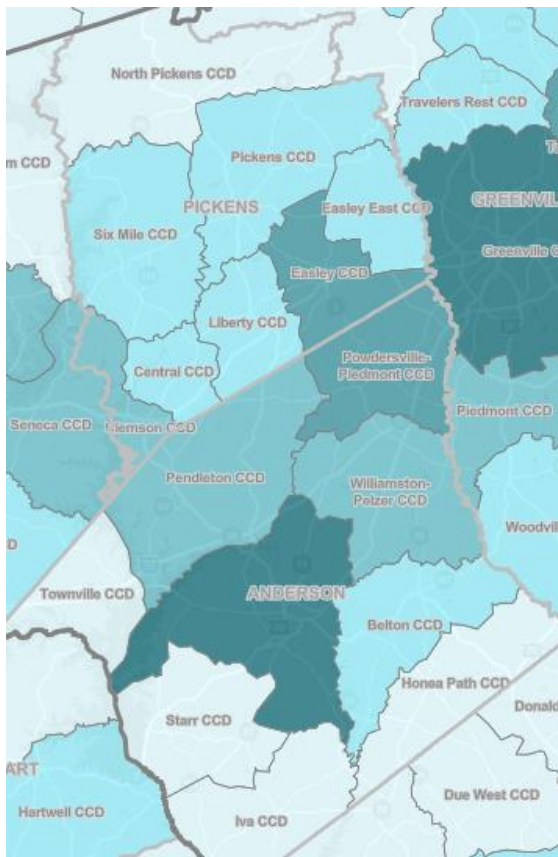
Source: US Census Bureau, American Community Survey 5-year Estimates, Race

The Hispanic/Latino population has steadily risen over the past decade across the United States as well as in the state and both Anderson and Pickens Counties. The percent Hispanic/Latino population in South Carolina is significantly lower, however, than that of the nation.

US Census Bureau Percent Population Hispanic or Latino				
	United States	South Carolina	Anderson County	Pickens County
2010	15.7%	4.6%	2.7%	3.0%
2013	16.6%	5.2%	3.1%	3.2%
2016	17.3%	5.3%	3.4%	3.4%
2019	18.0%	5.7%	3.8%	3.7%

Source: US Census Bureau, American Community Survey 5-year Estimates, Hispanic or Latino

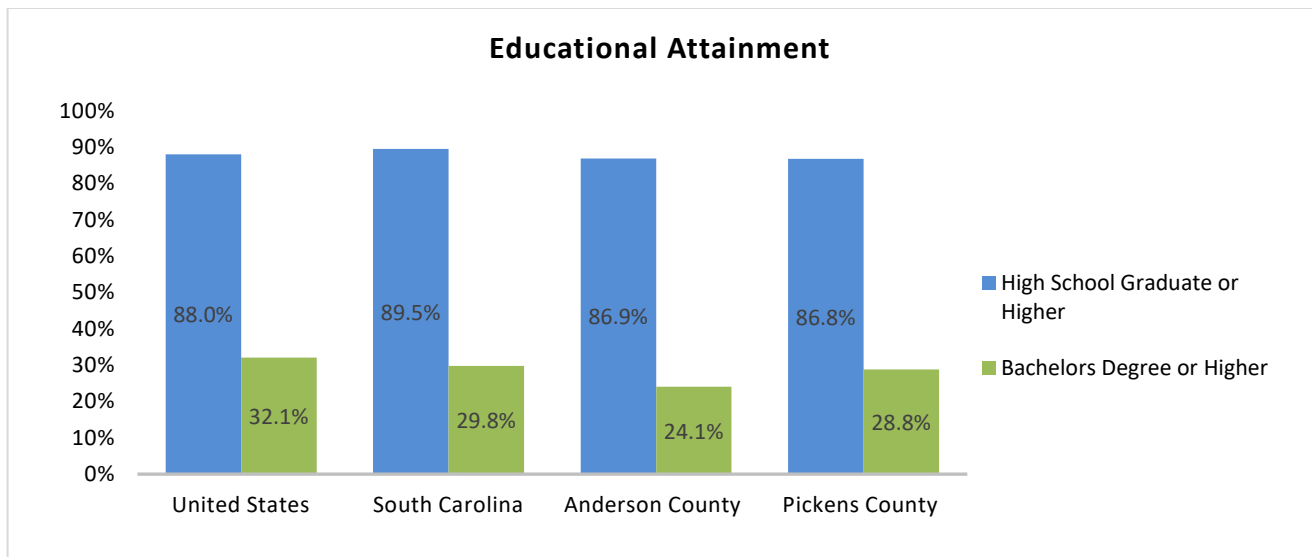
Hispanic or Latino Population by Place



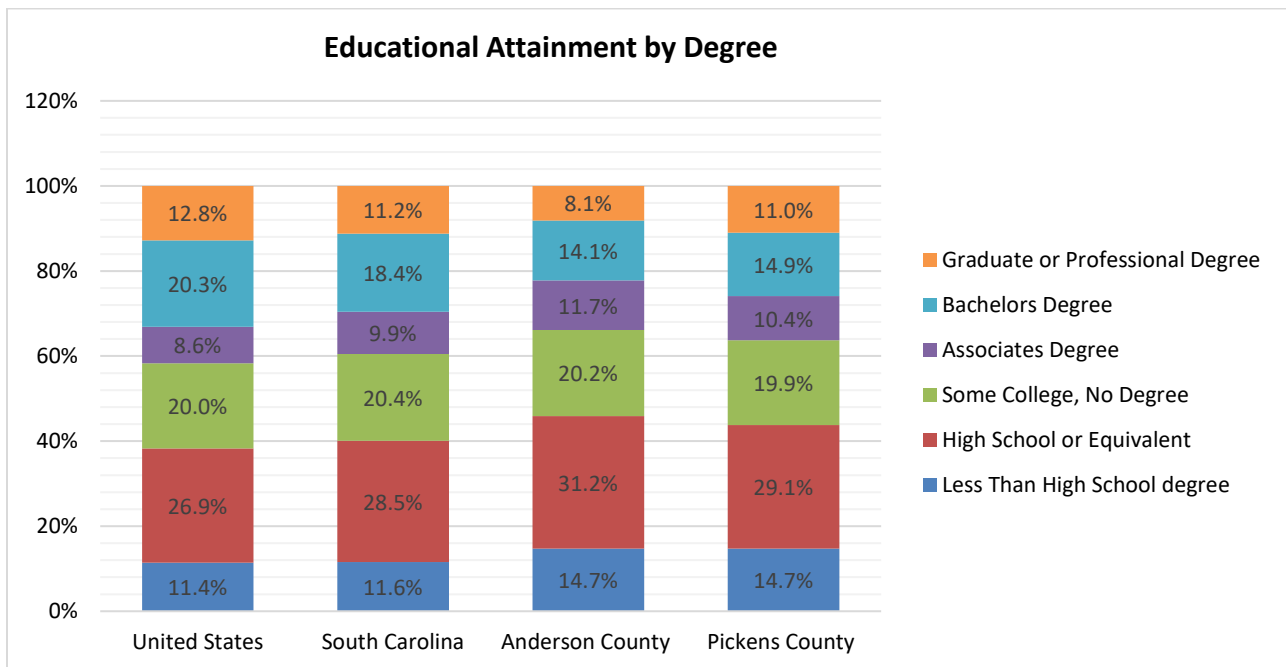
Source: US Census Bureau, 2010-2019 American Community Survey, 5-year Estimates Data Profile, Hispanic or Latino

Educational Attainment

Educational attainment represents the level of education completed: a high school diploma or equivalency certificate, an associate degree, a bachelor’s degree, or a graduate degree and is measured by the US Census Bureau for adults age 25 and over. Educational attainment is a strong predictor of other socioeconomic outcomes. Higher educational attainment is often associated with higher median earnings and higher employment rates, and according to the Upstate Metropolitan Studies Institute, “The educational status of the population is one of the strongest predictors of the quality of life in the community. There is a strong correlation between educational attainment and health outcomes, crime, poverty, employment rates, and economic development”.



Source: US Census Bureau, 2015-2019 American Community Survey 5-year Estimates, Educational Attainment

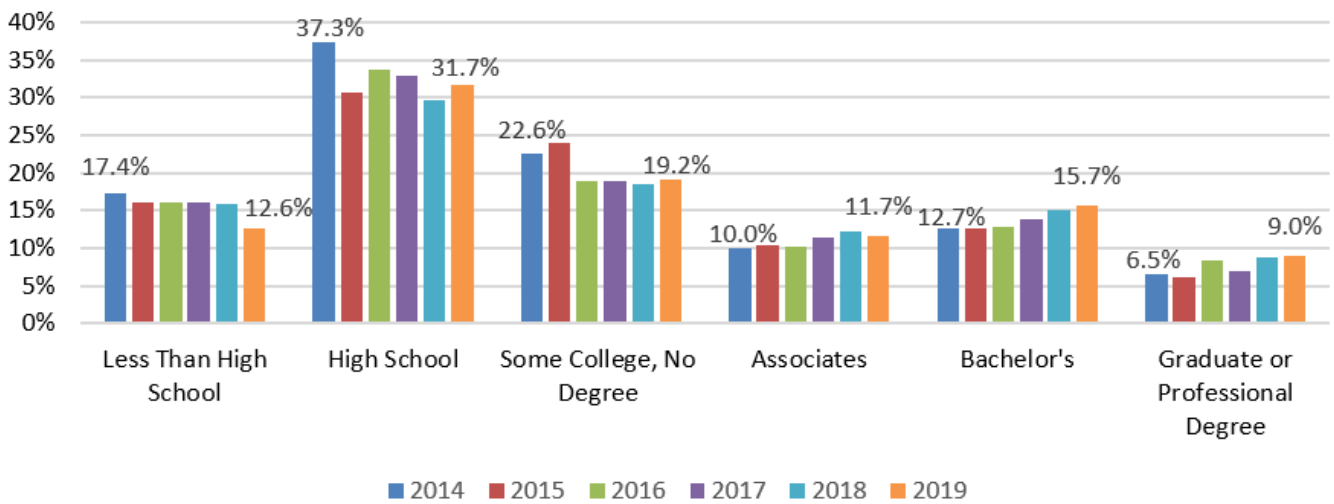


Source: US Census Bureau, 2015-2019 American Community Survey 5-year Estimates, Educational Attainment

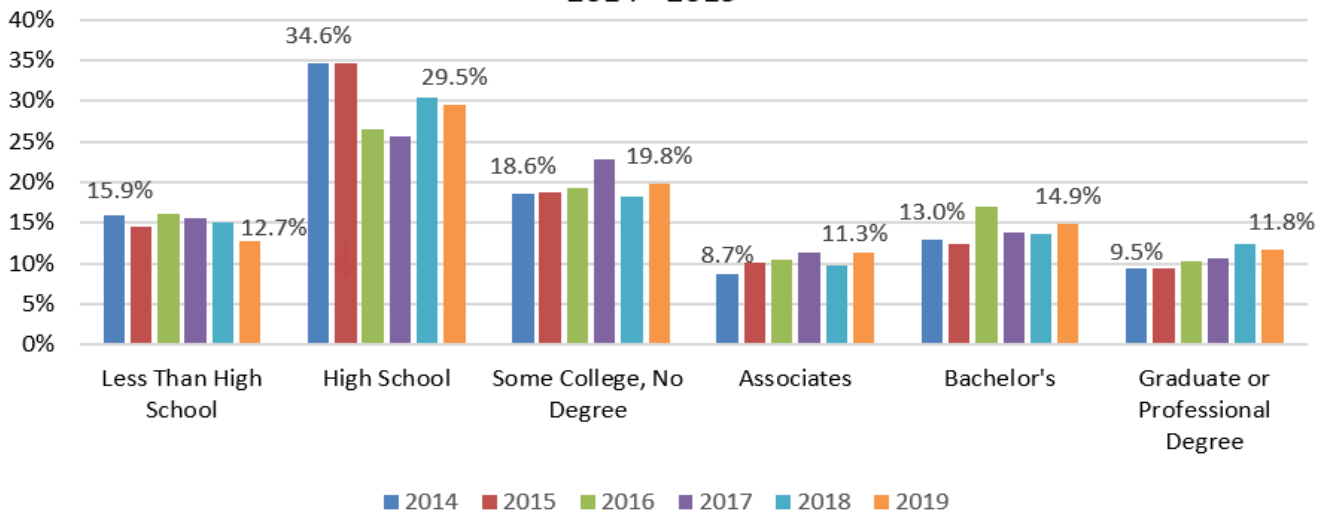
Anderson County and Pickens County have lower educational attainment levels than the nation and the state, with Anderson County trailing Pickens County with 24.1% population with a bachelor's degree or higher compared to Pickens County with 28.8%. Pickens County also has a slightly higher percentage of individuals with a graduate degree or higher.

Since educational attainment is measured for adults age 25 and over, increases in attainment are typically not significant when looking from year to year. Trend data is presented to show what changes in educational attainment are present in the community. Both Anderson and Pickens Counties educational attainment trend reflect a positive decrease in the percentage of the population with only high school degree or less along with an increase in the percent of the population 25+ who have obtained a bachelor's or graduate degree.

**Anderson County Educational Attainment Trend
2014-2019**



**Pickens County Educational Attainment Trend
2014 - 2019**



Source: US Census Bureau, 2014-2019 American Community Survey 1-year Estimates, Educational Attainment

Income and Poverty

The median household and per capita income in Anderson County and Pickens County are lower than that of the state and nation. All have seen a steady increase since 2010.

☐ Median Household Income

- \$62,843 United States
- \$53,199 South Carolina
- \$50,865 Anderson County
- \$49,573 Pickens County

☐ Per Capita Income

- \$34,103 United States
- \$29,426 South Carolina
- \$27,552 Anderson County
- \$26,061 Pickens County

Poverty Status Change and Comparison Upstate Counties, Peer Counties, SC, and US 2012-2019

County	People in Poverty				Children Age under 18 in Poverty			
	2012	2016	2019		2012	2016	2019	
	%	%	%	#	%	%	%	#
United States	15.9	14.0	12.3	39,490,096	22.6	19.5	16.8	12,000,470
South Carolina	18.3	15.3	13.8	27,058	26.9	23.0	19.7	13,224
Abbeville	20.8	21.6	18.7	4,479	29.0	31.2	25.8	1,305
Anderson	18.0	16.0	12.8	25,519	23.3	23.5	19.6	8,708
Cherokee	22.8	22.7	19.4	10,937	33.7	34.2	27.2	3,522
Florence	19.2	18.0	16.3	22,078	27.7	26.7	21.3	6,751
Greenville	16.6	10.7	10.6	54,283	24.4	14.4	15.1	17,827
Greenwood	22.7	25.6	19.4	13,121	37.3	48.0	28.4	4,285
Laurens	22.3	17.9	20.9	13,632	40.2	25.2	26.2	3,795
Oconee	19.1	15.5	13.7	10,778	24.1	28.1	19.2	3,048
Pickens	19.4	14.7	15.4	18,562	16.3	14.8	13.6	3,171
Spartanburg	20.0	16.1	12.8	39,852	28.6	27.9	18.5	13,337
Sumter	18.2	21.2	17.4	18,165	29.2	28.8	23.6	5,982
Union	21.5	19.9	21.6	5,834	32.8	30.1	36.5	2,086

Source: US Census Bureau, 2014-2019 American Community Survey 1-year Estimates (except Abbeville, Cherokee and Union are 5-Year estimates), Persons in Poverty and 2019 Community Indicators Report Anderson, South Carolina.

The 2019 Federal Poverty Guidelines defines poverty as an annual income of \$12,490 or \$1,040 per month per individual OR annual income of \$25,750 or \$2,145 per month for a household of 4. Poverty is correlated with negative outcomes such as low educational status, increased crime rates, poorer health, and an increase of teen childbearing, among others. South Carolina continues to have a higher poverty rate than that of the national average.

Anderson County continues to see significant improvements in poverty rates and currently has the second lowest poverty rate among the comparison communities above as well as that of the state. Pickens County has had a slight increase in its poverty rate since the last CHNA study, but a decreasing rate of poverty among children. It is interesting to note that Pickens is the only county reviewed in which the poverty rate of children is lower than that of the poverty rate of the general population. This is a very uncommon occurrence, and Pickens has consistently over the years had a lower poverty rate in children than that of the general population.

Earnings and Poverty Rates by Educational Attainment

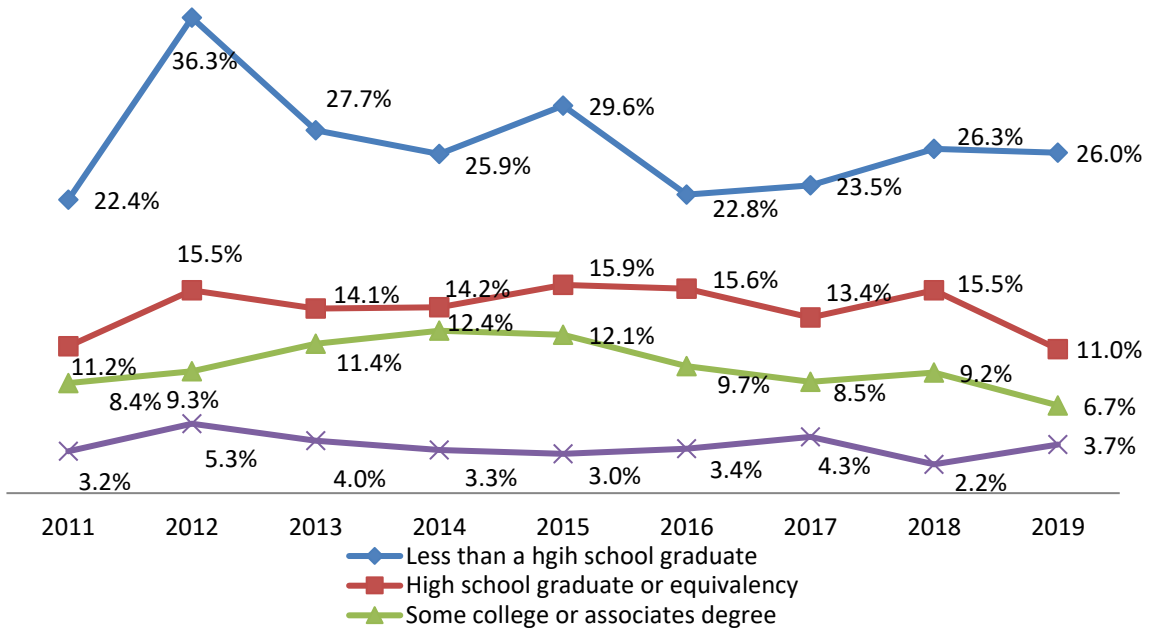
Higher educational attainment is strongly correlated with higher earnings and lower poverty rates, regardless of location. As educational levels increase, so do earnings, and poverty rates decrease. Median earnings in Anderson and Pickens Counties reflect the trend observed nationally of those with higher educational attainment earning at a higher rate.

	Median Earnings in the Past 12 Months (Inflation-Adjusted Dollars) by Educational Attainment Population 25+, 5-year estimates			
	Median 12-Month Earnings, 2019			
	United States	South Carolina	Anderson County	Pickens County
Less than high school graduate	\$24,071	\$21,391	\$22,060	\$23,249
High school graduate or equivalent	\$31,264	\$28,940	\$30,031	\$30,727
Some college or associates degree	\$37,471	\$34,096	\$36,365	\$34,274
Bachelor's degree	\$54,925	\$49,440	\$47,539	\$49,157
Graduate or professional degree	\$74,255	\$59,295	\$62,849	\$53,981

Source: US Census Bureau, 2015-2019 American Community Survey 5-year Estimates, Educational Attainment

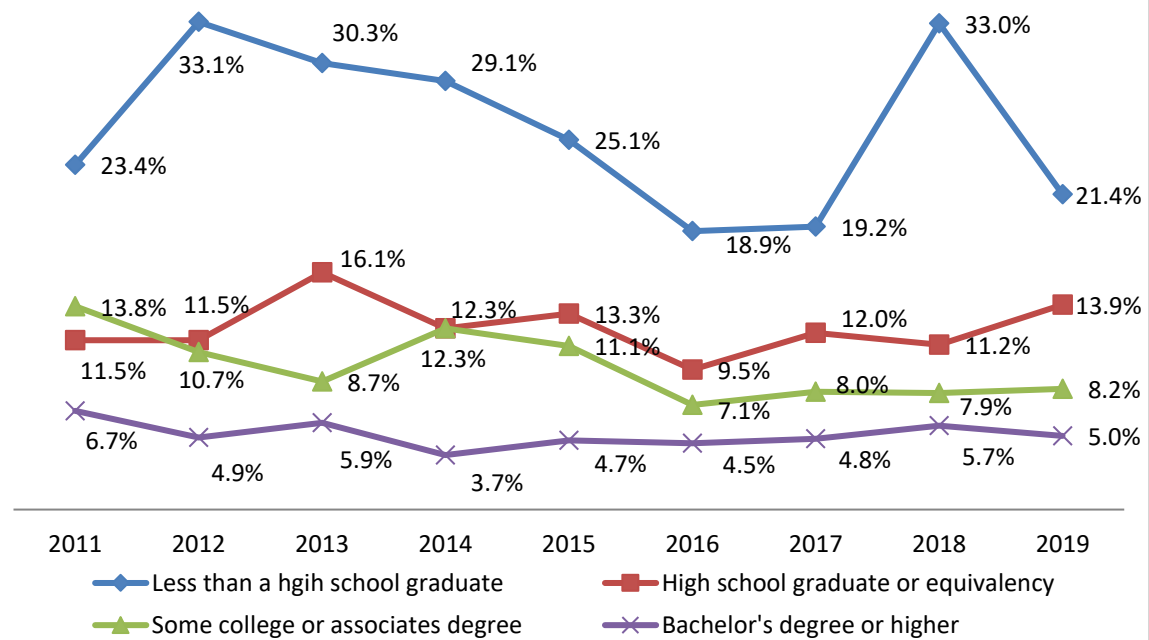
Similar to median earnings, poverty rates are correlated with educational attainment levels. Those with a bachelor's degree or higher have a significantly lower poverty rate than those who have failed to graduate high school, as illustrated on the following page.

ANDERSON COUNTY POVERTY RATE BY EDUCATIONAL ATTAINMENT 2011-2019



Source: US Census Bureau, 2011-2019 American Community Survey 1-year Estimates, Educational Attainment

PICKENS COUNTY POVERTY RATE BY EDUCATIONAL ATTAINMENT 2011-2019



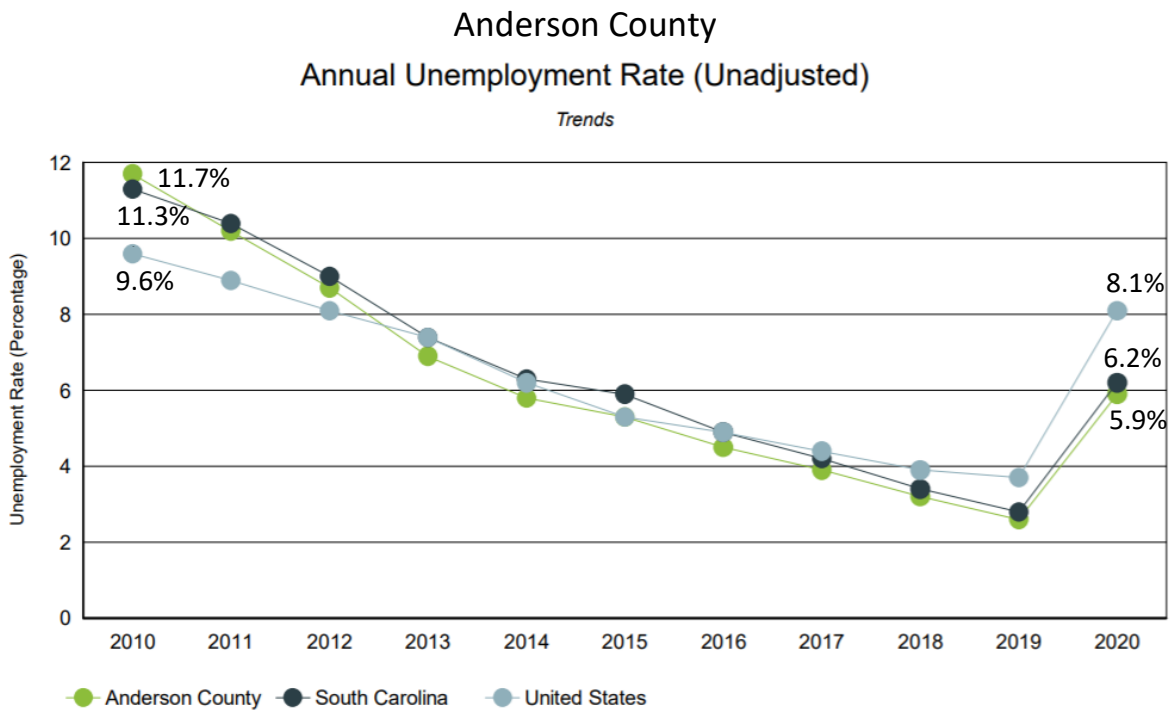
Source: US Census Bureau, 2011-2019 American Community Survey 1-year Estimates, Educational Attainment

Unemployment

The unemployment rate is represented as a percentage by taking the number of individuals who are jobless and available to work (unemployed) and dividing that by the number of people in the labor force (those actively employed and unemployed).

After a large spike in unemployment in 2009 and 2010, Anderson and Pickens Counties, along with the state and the nation, steadily recovered over the past 10 years, each dipping below a 4% unemployment rate by 2019. With the occurrence of COVID, unemployment rose across the nation reaching a high of 14% unemployment in the US in April of 2020. Since then, unemployment rates have steadily declined.

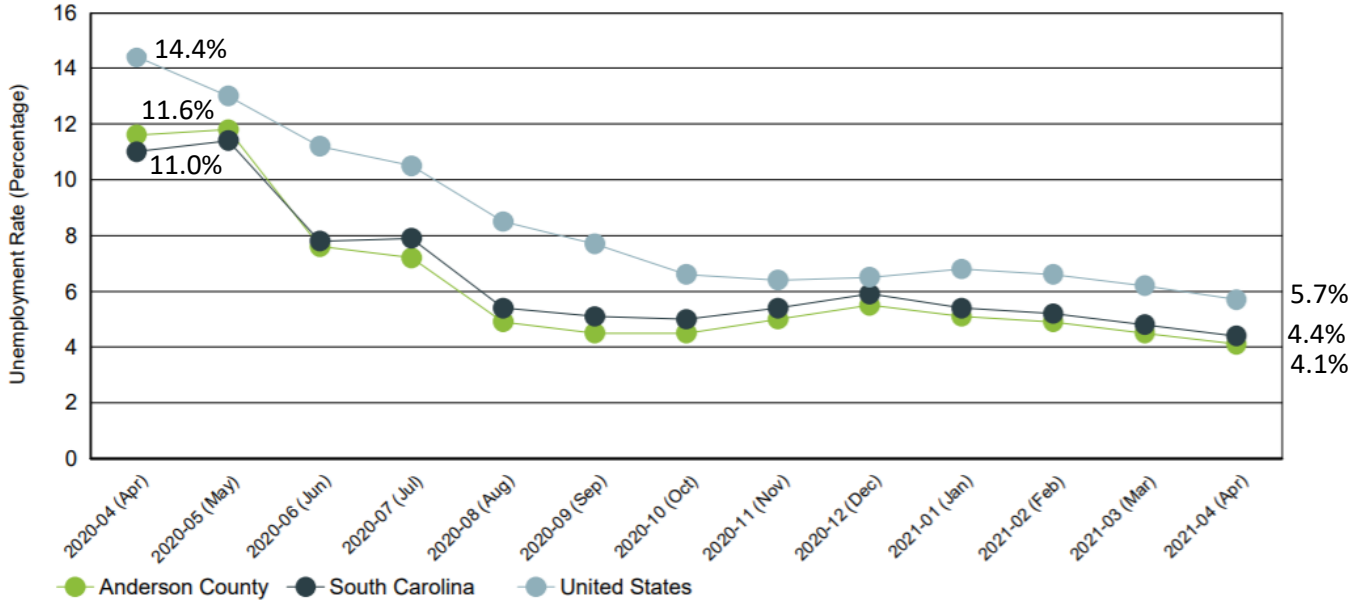
Over the past six years, South Carolina, Anderson and Pickens Counties have consistently held a lower unemployment rate than that of the nation. As of April 2021, unemployment rates were as follows: 5.7% US, 4.4% SC, 4.1% Anderson County, and 3.8% Pickens County.



Source: South Carolina Department of Employment and Workforce, May 2021 Anderson County Community Profile

Anderson County Monthly Unemployment Rate (Unadjusted)

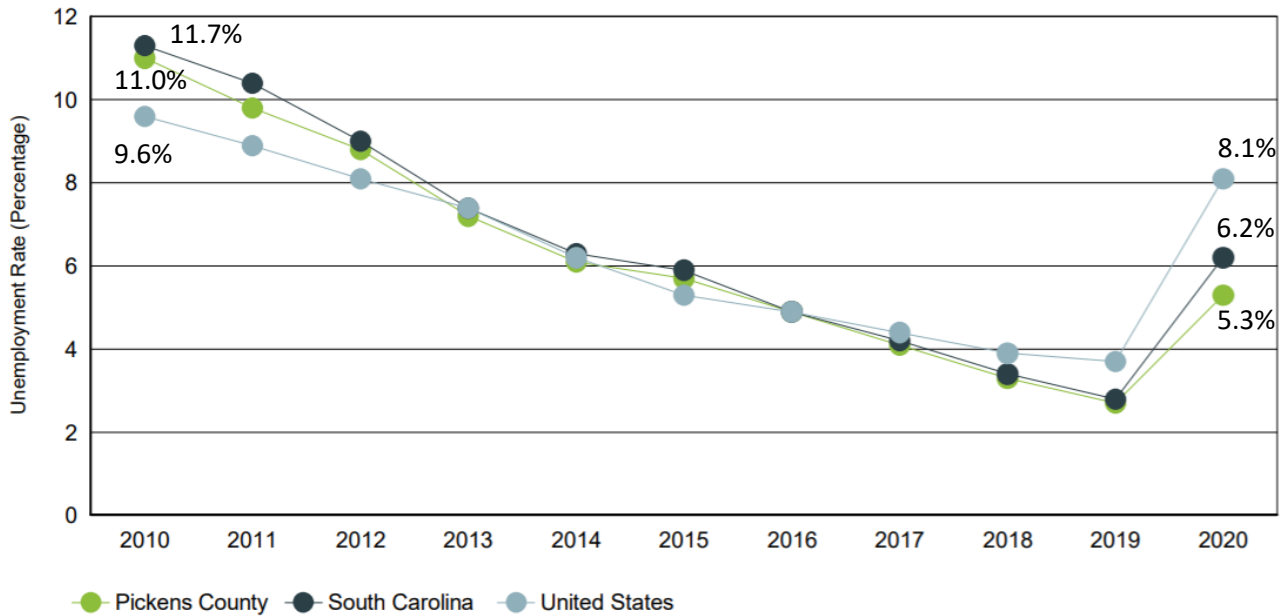
Past 13 Months



Source: South Carolina Department of Employment and Workforce, May 2021 Anderson County Community Profile

Pickens County Annual Unemployment Rate (Unadjusted)

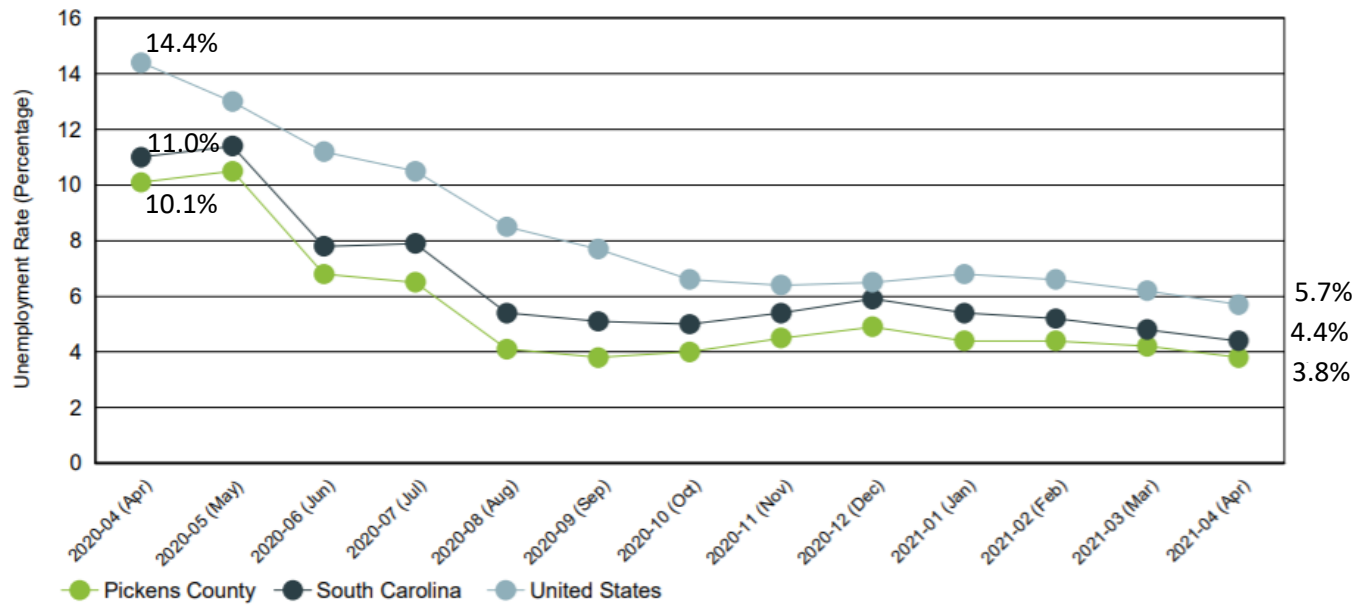
Trends



Source: South Carolina Department of Employment and Workforce, May 2021 Pickens County Community Profile

Pickens County Monthly Unemployment Rate (Unadjusted)

Past 13 Months



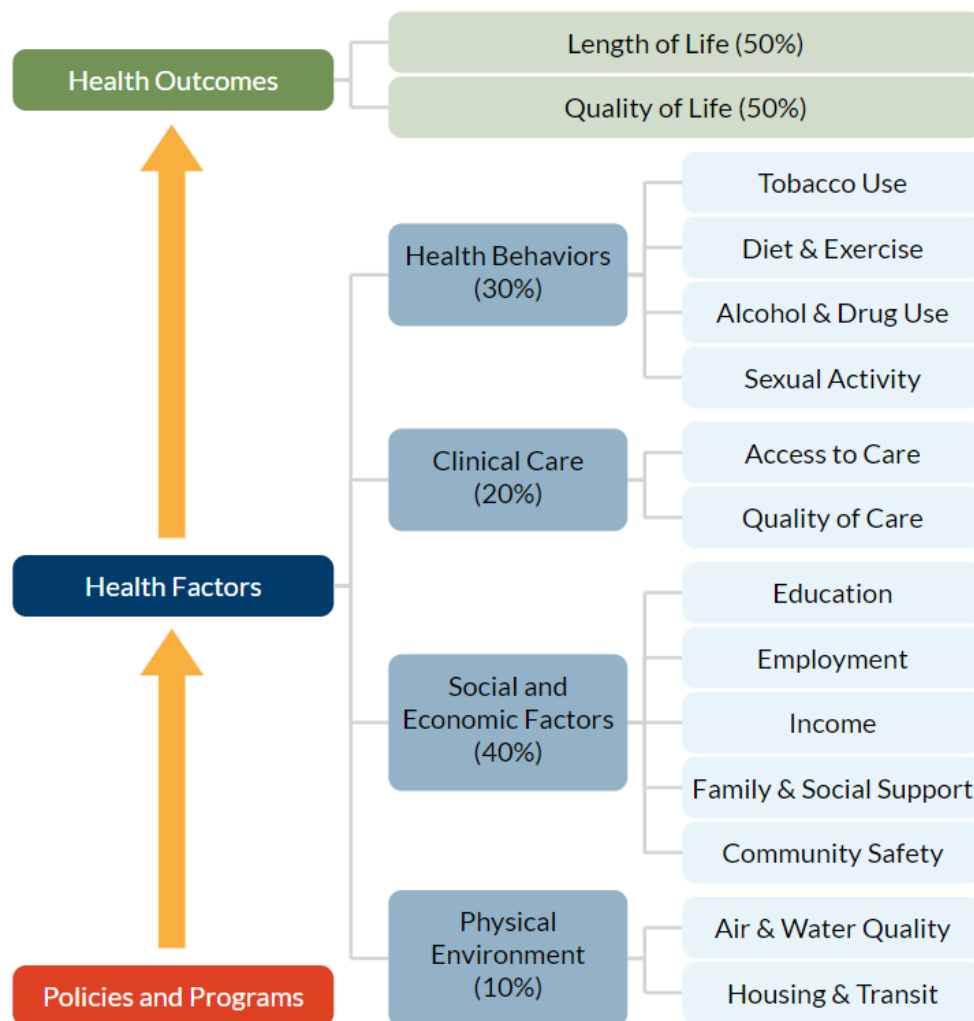
Source: South Carolina Department of Employment and Workforce, May 2021 Pickens County Community Profile

GENERAL STATE OF THE COMMUNITY'S HEALTH

County Health Rankings

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. Published by the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation, the County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). The Rankings confirm the critical role that factors such as education, jobs, income, and environment play in influencing health. The Rankings look at a variety of measures that affect health such as high school graduation rates, access to healthier foods, air pollution levels, income, rates of smoking, obesity, and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

-- County Health Rankings and Roadmaps, www.countyhealthranking.org



County Health Rankings model © 2014 UWPHI

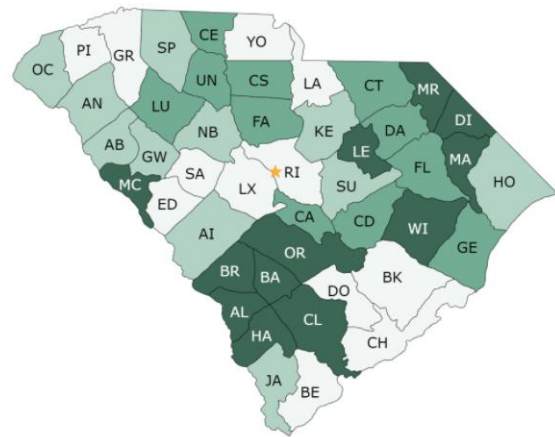
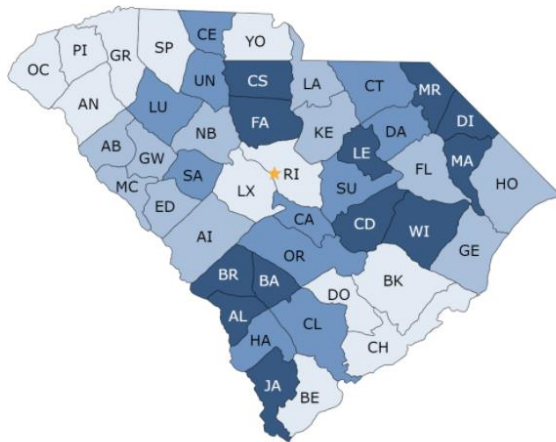
Source: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation; 2020 South Carolina State Reports; www.countyhealthranking.org

2021 Health Factors and Outcomes Rankings by County

The County Health Rankings place measures in two categories: Health Factors and Health Outcomes. Health Factors are those things that will affect future health and health outcomes such as access to care, health behaviors, socioeconomic and environmental factors. Health Outcomes measure actual morbidity and mortality factors, length of life and quality of life.

2021 Health Factors - South Carolina

2021 Health Outcomes - South Carolina



Health Factor Ranks: 1 to 12, 13 to 23, 24 to 34, 35 to 46

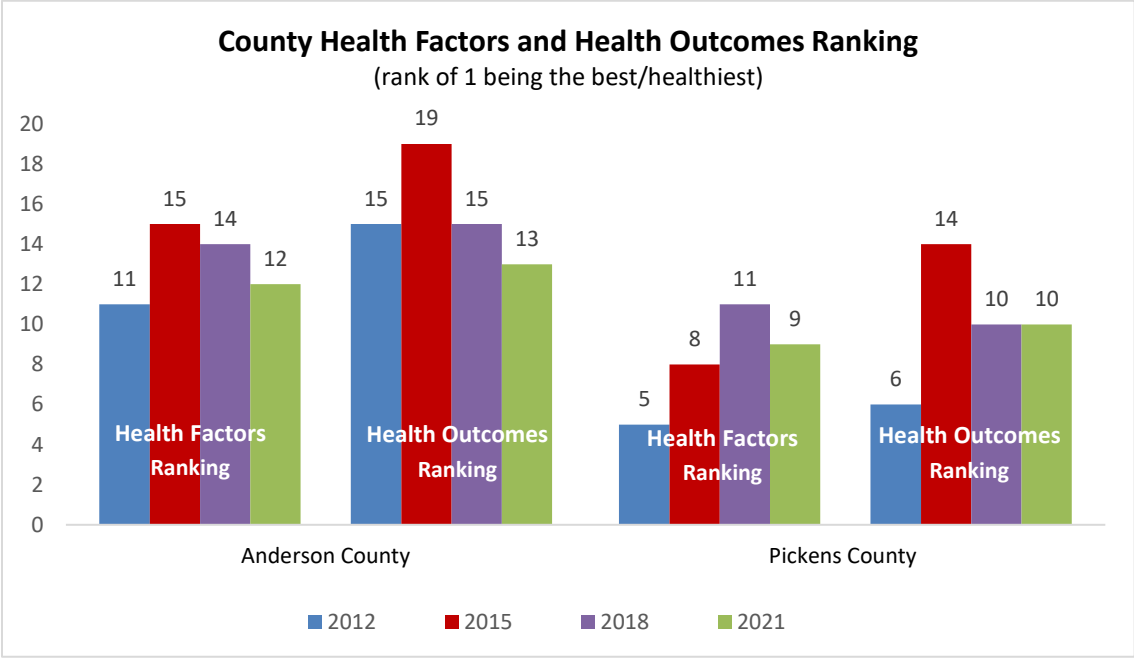
Health Outcome Ranks: 1 to 12, 13 to 23, 24 to 34, 35 to 46

Based on the County Health Rankings, Pickens County ranked in the Healthiest Tier among SC counties for both Health Factors (9th) and Health Outcomes (10th). Anderson County ranked in the Healthiest Tier for Health Factors (12th) and 2nd Healthiest Tier for both Health Outcome (13th).

2021 County Health Rankings for the 46 Ranked Counties in South Carolina

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Abbeville	22	22	Chesterfield	28	32	Hampton	38	30	Oconee	18	11
Aiken	16	14	Clarendon	27	38	Horry	17	16	Orangeburg	36	34
Allendale	45	46	Colleton	40	33	Jasper	23	35	Pickens	10	9
Anderson	12	12	Darlington	31	28	Kershaw	14	13	Richland	8	5
Bamberg	33	33	Dillon	43	44	Lancaster	11	15	Saluda	12	25
Barnwell	35	40	Dorchester	4	6	Laurens	26	27	Spartanburg	15	10
Beaufort	1	3	Edgefield	9	19	Lee	44	42	Sumter	21	24
Berkeley	7	8	Fairfield	33	36	Lexington	6	7	Union	32	31
Calhoun	25	26	Florence	29	21	Marion	42	43	Williamsburg	46	41
Charleston	3	1	Georgetown	24	18	Marlboro	41	45	York	2	4
Cherokee	30	29	Greenville	5	2	McCormick	37	23			
Chester	34	37	Greenwood	20	17	Newberry	19	20			

Both Anderson and Pickens Counties fare better than most of the state in both its Health Factor and Health Outcomes rankings. Since the first CHNA report in 2012, Anderson County saw a decline (worsening) in its ranking from 2012 to 2015, however has seen improvement each CHNA time-period since 2015. Pickens County also saw a decline (worsening) in its rankings from 2012 to 2018 yet has seen improvement in 2021.



Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute; 2021 South Carolina State Reports

Healthy Lifestyles and Behaviors

An individual’s lifestyles and daily habits play an integral role in the individual’s overall health and wellbeing. Specific behaviors can positively or negatively affect an individual and dictate the overall state of the individual’s health. Many public health recommendations and clinical guidelines emphasize the importance of healthy lifestyles and behaviors.

Risk Factors for Chronic Conditions

County factors that are 1 percentage point or higher (worse) than the state percentage are highlighted in red.

2011-2016 Risk Factors for Chronic Conditions Adults (ages 18+): South Carolina Behavioral Risk Factor Surveillance System			
	Anderson County	Pickens County	South Carolina
Current Smoking (Cigarettes) (2015 data)	16.9%	20.0%	19.0%
Sedentary Lifestyle	29.6%	22.41%	26.3%
Overweight/Obese	70.0%	65.53%	66.5%
High Cholesterol	40.7%	42.18%	41.0%
Hypertension	38.6%	38.2%	38.7%
Consume Fruit Less than Once per Day	48.5%	45.92%	46.2%
Consume Vegetables Less than Once per Day	27.6%	22.95%	26.0%
Those that reported everyday having poor physical or mental health keeping them from doing their usual activities such as self-care, work, or recreation	10.8%	6.79%	9.0%
Those that reported that in the past 12 months could not see a doctor due to costs	18.3%	15.73%	18.3%
2017-2019 Risk Factors for Chronic Conditions Adults (ages 18+): South Carolina Behavioral Risk Factor Surveillance System			
	Anderson County	Pickens County	South Carolina
Current Smoking (Cigarettes)	20.0%	19.0%	19.6%
Sedentary Lifestyle	33.6%	23.4%	29.7%
Overweight/Obese	73.6%	70.4%	72.4%
High Cholesterol	36.2%	31.7%	34.3%
Hypertension (2016-2017 data)	40.5%	38.4%	38.9%
Consume Fruit Less than Once per Day	44.4%	43.1%	43.9%
Consume Vegetables Less than Once per Day	19.1%	20.2%	19.5%
Those that reported everyday having poor physical or mental health keeping them from doing their usual activities such as self-care, work, or recreation	11.7%	7.3%	10.0%
Those that reported that in the past 12 months could not see a doctor due to costs	16.0%	15.44%	15.8%

Anderson and Pickens Counties are similar to the state in risk factors for chronic illness. When comparing the previous risk factor data from the 2018 CHNA (in the top chart), Anderson County has seen increases in smoking, sedentary lifestyles, obesity/overweight, hypertension, and reporting of poor physical or mental health, but has shown improvements in cholesterol and consumption of

fruits and vegetables. Pickens County has seen increases in sedentary lifestyles, obesity/overweight and reporting of poor physical or mental health, but has shown improvements in smoking, cholesterol, and consumption of fruits and vegetables.

Smoking and Tobacco Use – Adults

Table 1.2. Ever-Use and Current Use of Selected Tobacco Products among SC adults, by County^a in the DHEC Upstate Region - Estimates from the 2017-2018 SC Adult Tobacco Survey.

County	Ever Use of Tobacco Products				Current Use of Tobacco Products			
	Cigarettes	Cigars	Smokeless Tobacco	e-Cigarettes	Cigarettes	Cigars	Smokeless Tobacco	e-Cigarettes
Abbeville	58.5%	46.8%	24.2%	21.1%	14.3%	6.5%	13.9%	43.5%
Anderson	49.1%	39.3%	24.0%	16.9%	23.6%	18.4%	6.6%	26.2%
Cherokee	77.5%	52.8%	48.5%	51.1%	31.5%	25.3%	22.7%	45.9%
Greenville	54.1%	40.3%	22.4%	19.4%	11.9%	23.1%	22.3%	44.6%
Greenwood	35.0%	31.0%	17.1%	16.1%	12.2%	20.7%	31.4%	27.7%
Laurens	44.1%	30.1%	23.0%	27.4%	15.4%	21.0%	25.6%	26.6%
McCormick	56.1%	27.9%	25.8%	4.0%	17.1%	7.6%	44.9%	48.3%
Oconee	55.6%	39.0%	27.1%	13.4%	22.3%	17.4%	37.2%	50.4%
Pickens	39.9%	44.0%	26.9%	19.2%	15.4%	18.9%	2.8%	28.5%
Spartanburg	49.1%	38.4%	22.4%	21.3%	14.5%	13.0%	25.9%	47.6%
Union	69.0%	37.5%	12.9%	28.7%	23.8%	25.7%	19.5%	26.6%
State Highest	77.5%	52.8%	48.5%	51.1%	34.8%	51.5%	44.9%	74.1%
State Lowest	24.4%	19.3%	12.9%	1.9%	9.2%	0.1%	0.0%	5.4%
State Estimate^b	42.6%	38.7%	23.5%	22.1%	18.0%	6.0%	3.9%	6.7%

^a Estimation using a spatial logistic mixed model; confidence intervals were estimated using bootstrap resampling procedures

^b Direct estimation from the statewide ATS sample

South Carolina Department of Health and Environmental Control, Division of Tobacco Prevention and Control, Select County-Level Estimates from 2017-2018 SC Adult Tobacco Survey

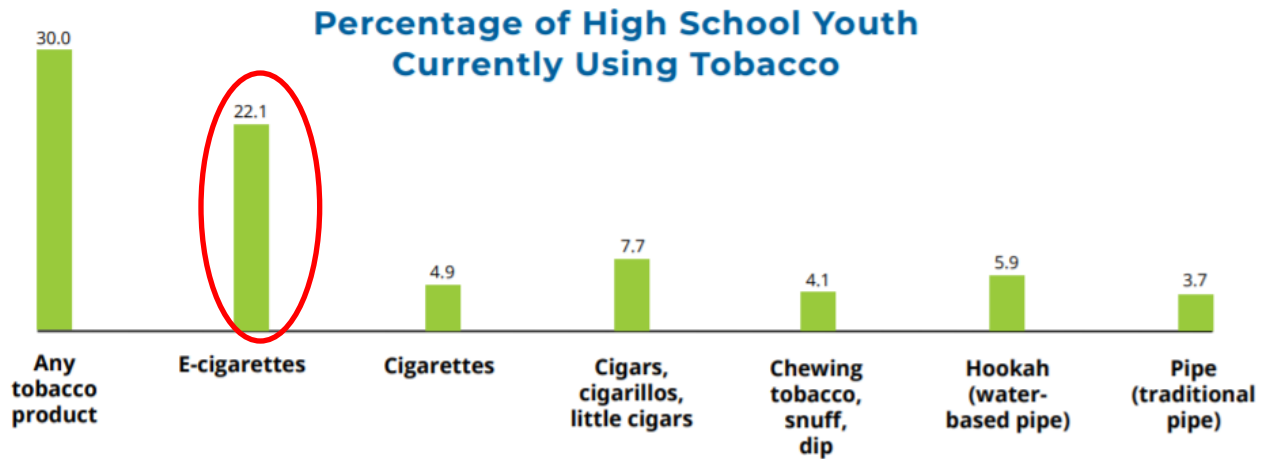
Since the last CHNA report and with data used from the 2014-2015 Adult Tobacco Survey, Anderson County and Pickens County have both seen significant increases in cigar and e-cigarette use and currently, use of cigars and e-cigarettes in Anderson and Pickens Counties are at a much higher percentage than the state estimate.

Current Use of Tobacco Products (Adults) 2014-2015 to 2017-2018								
	Cigarettes		Cigars		Smokeless Tobacco		e-Cigarettes	
	2014-15	2017-18	2014-15	2017-18	2014-15	2017-18	2014-15	2017-18
Anderson County	16.9%	23.6%	4.9%	18.4%	6.8%	6.6%	4.4%	26.6%
Pickens County	20.0%	15.4%	10.2%	18.9%	9.4%	2.8%	3.8%	28.5%

Source: South Carolina Department of Health and Environmental Control, Division of Tobacco Prevention and Control, Select County-Level Estimates from 2014-2015 and 2017-2018 SC Adult Tobacco Surveys

Smoking and Tobacco Use – Youth

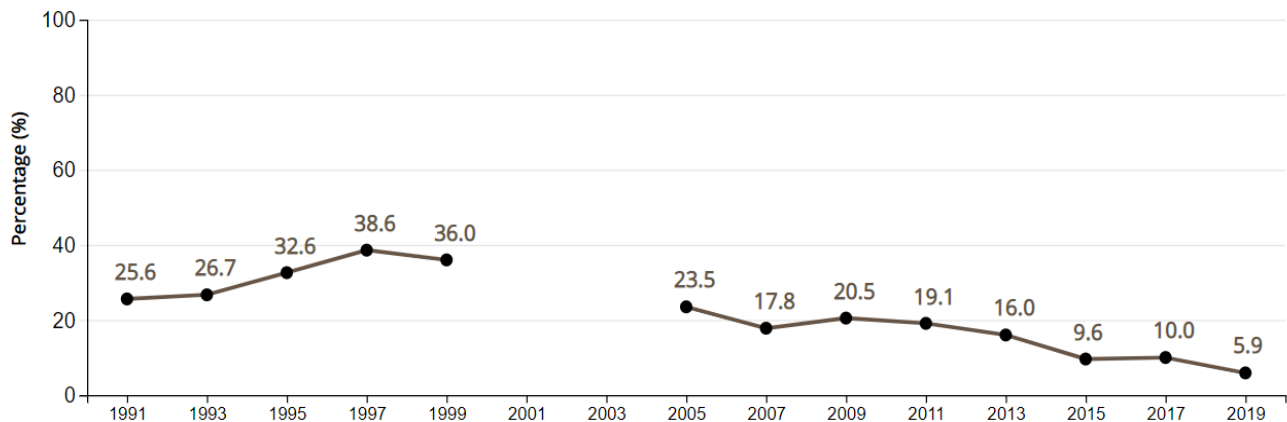
According to the South Carolina Department of Health and Environmental Control (DHEC) 2019 South Carolina Youth Tobacco Survey, in 2019 30% of SC high school students reported current (within the past 30 days) use of any kind of tobacco product. E-cigarettes or vapes were the most commonly used tobacco product among SC youth, followed by cigars, cigarettes, and smokeless tobacco (chewing tobacco, snuff, or dip). Current tobacco use was fairly comparable among SC youth and youth nationwide in 2019.



Source: South Carolina Department of Health and Environmental Control, Division of Tobacco Prevention and Control, 2019 South Carolina Youth Tobacco Survey

1991-2019 High School Youth Risk Behavior Survey Data from the Centers of Disease Control and Prevention (CDC), shows a steady decrease in cigarette use among teens since its high in 1997 at 38.6%. Currently approximately 6% of South Carolinas teens smoke cigarettes.

South Carolina High School Students Who Currently Smoked Cigarettes*

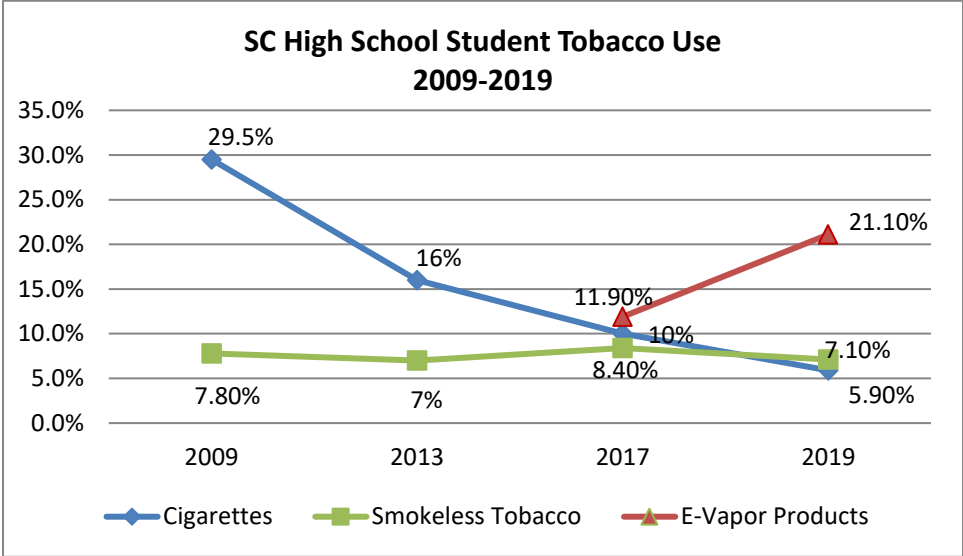


* On at least 1 day during the 30 days before the survey.

Missing data point indicates that data were not available.

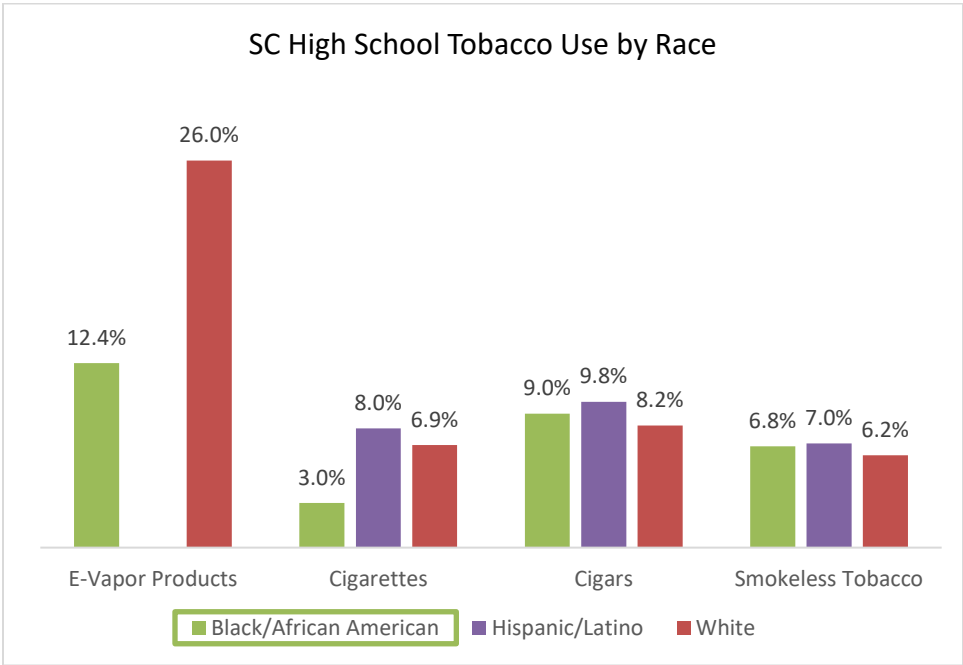
Source: Centers for Disease Control and Prevention, 1991-2019 High School Youth Risk Behavior Survey Data

While the use of cigarettes has declined in high school students in South Carolina, use electronic vapor products has increase. Almost 1 in 4 high school students use e-cigarette products.



Source: Centers for Disease Control and Prevention, 2009-2019 High School Youth Risk Behavior Survey Data

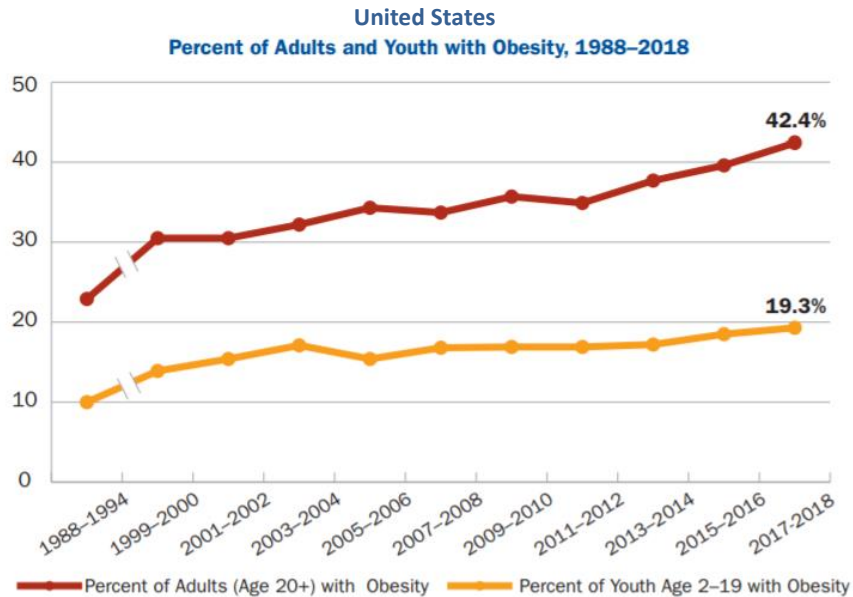
In South Carolina, there are cultural differences seen in tobacco use behavior. African American youth typically have a lower use of all types of tobacco products than White or Hispanic populations.



Source: Centers for Disease Control and Prevention, 2009-2019 High School Youth Risk Behavior Survey Data

Obesity - Adults

As reported in Trust for America’s Health, *The State of Obesity Report 2020*, the adult obesity rate passed 40 percent nationally for the first time in history as shown through the 2017–2018 National Health and Nutrition Examination Survey (NHANES). This represents a 26 percent jump from 2007–2008. More recent state-level data from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) confirm the trend that adult obesity rates continue to climb. Obesity is commonly defined in these studies as a BMI of 30 or greater.



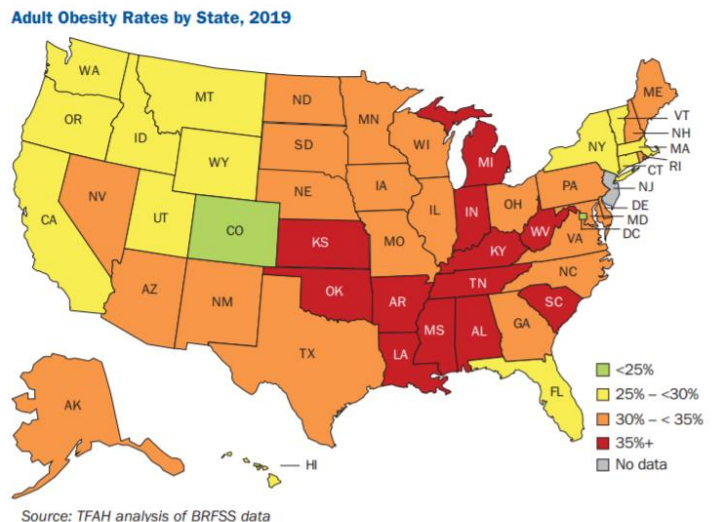
Source: Trust for America’s Health, *The State of Obesity Report 2020: Better Policies for a Healthier America*, utilizing 2017-2018 NHANES Data- United States

In 2019, twelve states had obesity rates of 35% or greater. This is a jump as nine states in 2018 and only three states in 2014 had obesity rates of 35% or greater. State-level obesity rates vary considerably, from a low of 23.8 percent in Colorado and the District of Columbia, to a high of 40.8 percent in Mississippi, according to 2019 BRFSS data.

In 2019, the adult obesity rate was at or above 35 percent in 12 states:

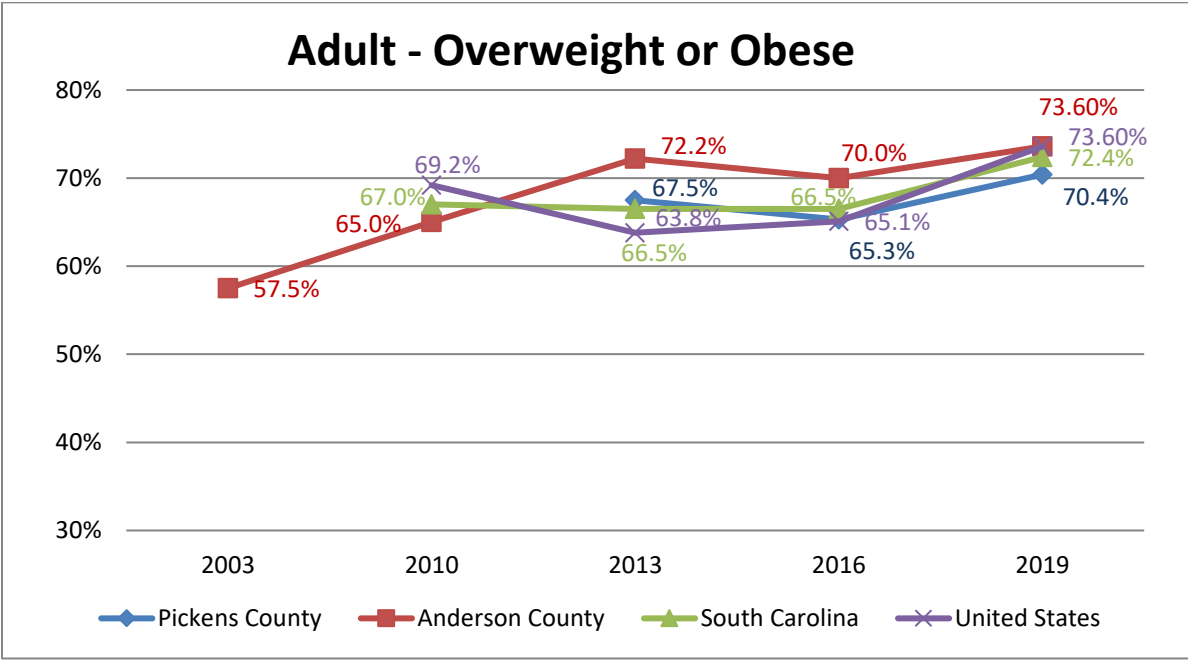
- Alabama
- Arkansas
- Indiana
- Kansas
- Kentucky
- Louisiana
- Michigan
- Mississippi
- Oklahoma
- **South Carolina**
- Tennessee
- West Virginia

In 1985, no state had an adult obesity rate higher than 15 percent; in 1991, no state was over 20 percent.

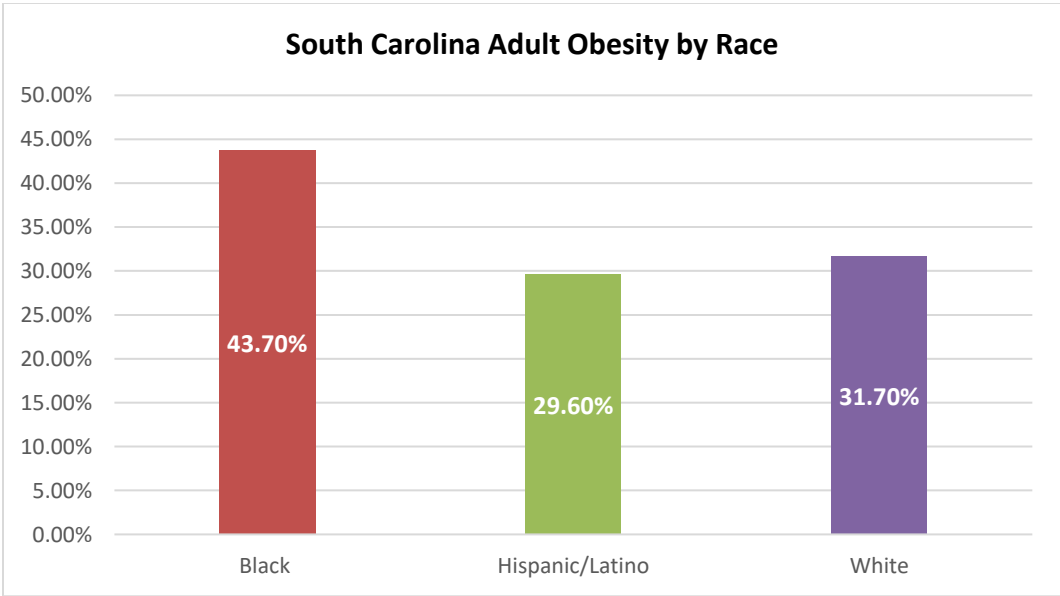


Based on BRFSS 2018-2019 data, South Carolina’s obesity rate is 35.4%. Anderson and Pickens Counties mirror this rate at 35.2% and 35.0% respectively. South Carolina, Anderson and Pickens trend similarly to the nation with continued increases in obesity rates.

It is also important to understand the rate of overweight as well, as both being overweight and/or obese can significantly have negative impact on health and health care costs.



South Carolina Department of Health and Environmental Control, Division of Biostatistics, County Health Profiles and CDC Behavior Risk Factor Surveillance Survey

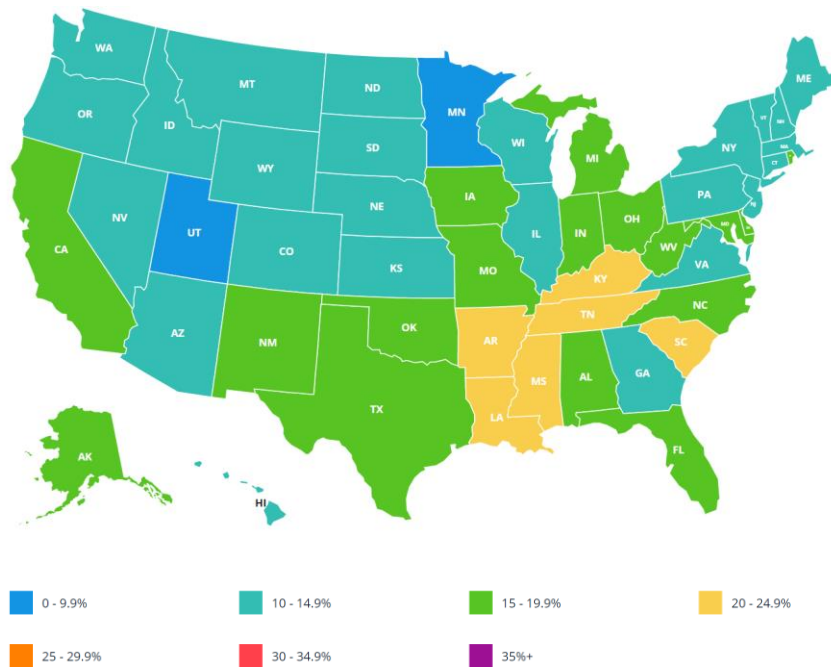


Centers for Disease Control and Prevention, 2017-2019 Behavior Risk Factor Surveillance Survey

Obesity - Children

The National Survey of Children's Health reported that nationwide, for their 2018–2019 survey, 15.5 percent of children ages 10 to 17 had obesity. Kentucky had the highest overall youth obesity rate, 23.8%, and Utah had the lowest, 9.6%. Five states had obesity rates that were statistically significantly higher than the national rate in 2018-19: 1. Kentucky (23.8%), 2. Mississippi (22.3%), **3. South Carolina (22.1%)**, 4. Tennessee (20.4%), and 5. Arkansas (20.2%). Eight states had obesity rates that were statistically significantly lower than the national rate in 2018-19: Utah (9.6%), Minnesota (9.9%), Kansas (10.6%), Montana (10.6%), New York (10.7%), Colorado (10.9%), Hawaii (11.1%) and Nebraska (11.5%).

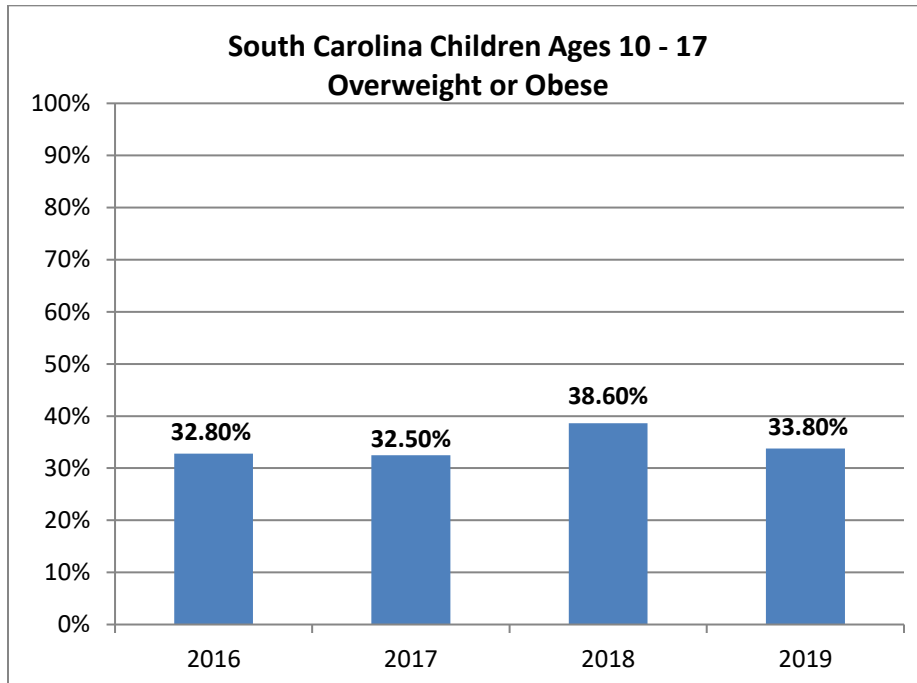
Percent of Children Ages 10-17 with Obesity by State, 2018-2019



Source: Health Resources and Services Administration (HRSA), The National Survey of Children's Health (2018-2019)

According to the National Survey of Children's Health, in the United States, in 2018-2019, non-Hispanic Asian children had the lowest obesity rate (5.9%) followed by non-Hispanic white children and non-Hispanic multiple race children (11.7% and 14.7%, respectively). Obesity rates were significantly higher for Hispanic (20.7%), non-Hispanic Black (22.9%), non-Hispanic American Indian/Alaska Native (28.5%), and non-Hispanic Native Hawaiian/Other Pacific Islander (39.8%) children.

It is also important to consider children who are overweight in addition to obesity. Being overweight and/or obese, especially at an early age, can significantly have negative impact on health and health care costs.



Health Resources and Services Administration (HRSA), The National Survey of Children's Health (2016-2019).

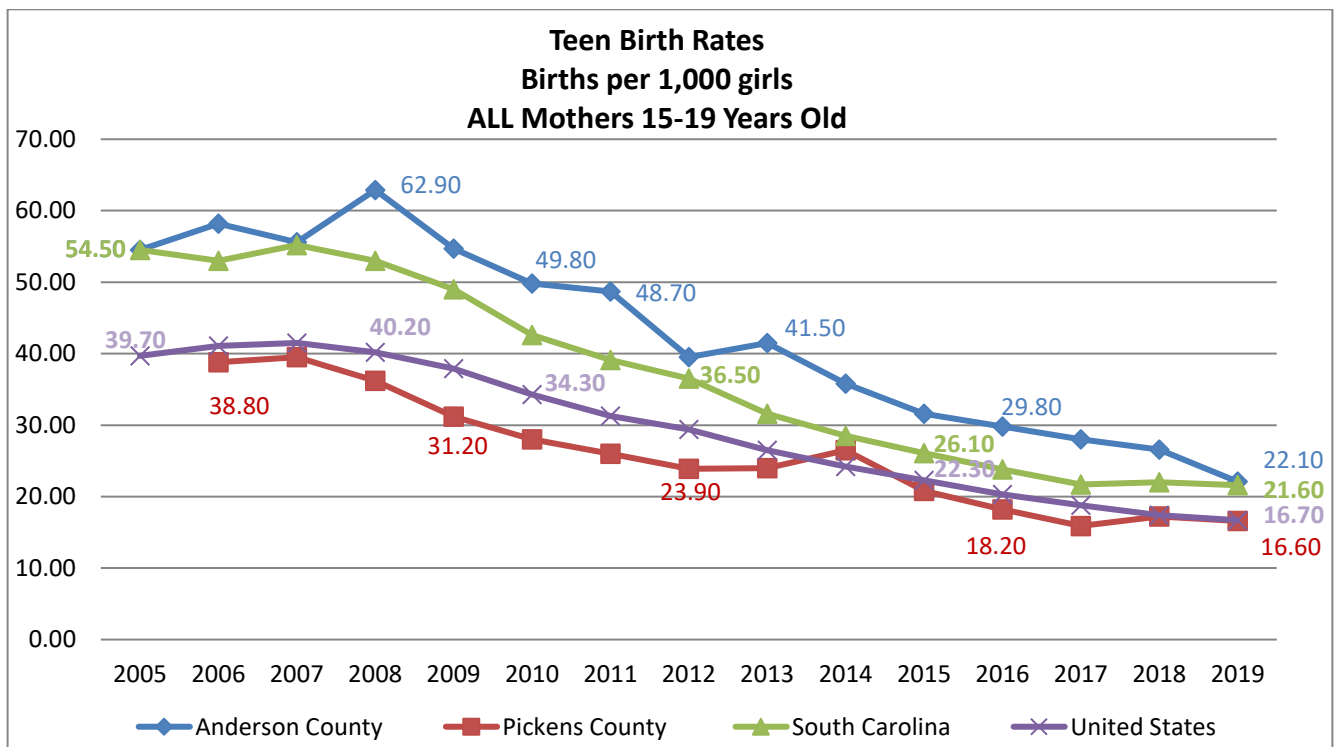
Nutrition and physical activity behaviors impact weight and weight control. Behaviors in childhood and adolescence often create health behaviors and habits into adulthood. According to the 2019 South Carolina High School Youth Risk Behavior Survey (YRBS), 21.5% of high schoolers report spending 3 or more hours a day of tv on an average school day and 40.1% report playing video or computer games or using a computer for something that is not related to schoolwork 3 or more hours a day (and this does not include time watching tv). In addition, 20.7% of high schoolers did not participate in physical activity for 60 minutes or more on at least one day of the week. Twelve percent of high schoolers reported not eating any fruits during the seven days before the survey and 12% also reported not eating vegetables during the seven days before the survey.

Teen Pregnancy and Birth Rates

Teen pregnancy and childbearing are at historic lows across the United States. The **teen birth rate** in South Carolina declined 70% between 1991 and 2019. Even so, in 2019 there were 3,425 births to teens in South Carolina. The **teen pregnancy rate**, which includes all pregnancies rather than just those that resulted in a birth, has also fallen steeply, by 58 % between 1988 and 2013 (the most recent data available). While South Carolina has seen significant declines in teen pregnancies and births, **South Carolina still ranks as the state with the 11th highest rates in the nation in both teen pregnancies and teen births.**

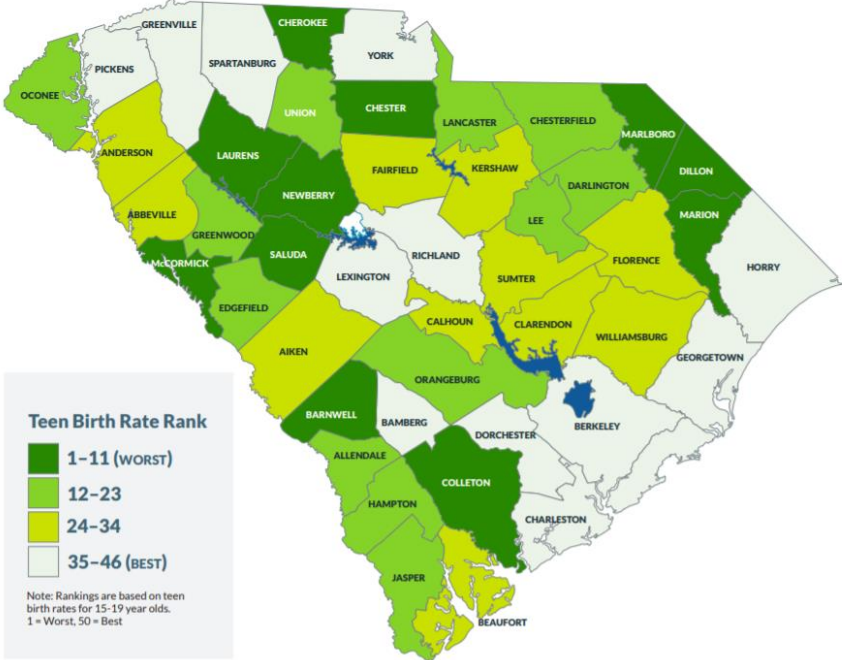
Continuing declines in teen births can have a significant impact on the community. It has been estimated by The Power to Decide, a nonprofit teen pregnancy prevention campaign in South Carolina, that the public savings in 2015 due to declines in the teen birth rate totaled \$85 million.

- Power to Decide (formerly South Carolina Campaign for the Prevention of Teen Pregnancy)



Sources: South Carolina Teen Pregnancy Data Book 2009-2019, Vital Statistics South Carolina Department of Health and Environmental Control; *US Department of Health and Human Services, Center for Disease Control and Prevention, National Vital Statistics Reports, Vol. 70, No. 2, March 23, 2021

Anderson County has consistently had a higher teen birth rate than the nation, state, and Pickens County. On the contrary, Pickens County has consistently seen a lower teen birth rate than the nation, state, and Anderson County.



Data Source: Division of Biostatistics, Public Health Statistics and Information Services, SC DHEC, 2019

Published October 2019

Map Source: FactFoward.org, *Commitment to Keeping Youth Healthy, SC Teen Birth Trends*. Data from SC DHEC Division of Biostatistics, Public Health Statistics and Information Services (2019)

2019 Teen Birth Rates by Age Categories

Incident Per 1,000	15-17-year Olds	18-19 Year Olds
South Carolina	8.3	41.5
Anderson County	8.4	42.6
Pickens County	6.0	32.6

Source: South Carolina Teen Pregnancy Data Book 2009-2019, Vital Statistics South Carolina Department of Health and Environmental Control

Most teen births in South Carolina (76%) are to older teens (age 18-19). It is also the case that 15% of all teen births were to teens who already had a child.

Teen birth rates have fallen for all racial and ethnic groups, and in some cases, the gap in teen birth rates by race/ethnicity has narrowed, but disparities remain.

Anderson County

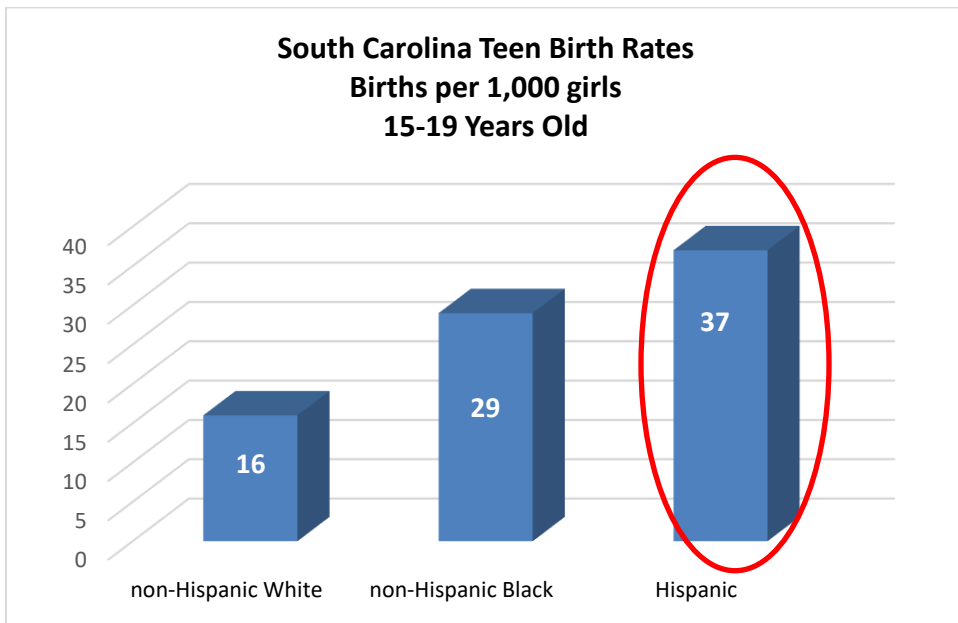
Age 15-19 Live Birth Per 1,000	2009	2011	2013	2016	2019
All	54.7	48.7	41.5	29.8	22.1
White	50.2	47.1	36.4	29.2	19.4
Black and other minority	69.0	54.2	60.0	32.1	32.3

Pickens County

Age 15-19 Live Birth Per 1,000	2009	2011	2013	2016	2019
All	31.2	26.0	24.0	18.2	16.6
White	32.3	27.2	24.1	19.1	17.3
Black and other minority	22.8	15.1	23.5	9.6	10.5

Source: South Carolina Teen Pregnancy Data Book 2009-2019, Vital Statistics South Carolina Department of Health and Environmental Control

According to Power to Decide, declines in teen births have been seen in white, black, and Hispanic populations but not in equal rates. Since the peak year of teen births (1991), there has been a 70% and 72% decline in teen births in white and black populations respectively. However, the Hispanic population has only seen a 39% decline during that same time-period. Disparities still remain in South Carolina as by comparing current teen birth rates by race. It is important to note, that Pickens County is quite unique. Its black and other minority population has a much lower teen birth rate than its general population and its white population.



Source: South Carolina Teen Pregnancy Data Book 2009-2019, Vital Statistics South Carolina Department of Health and Environmental Control

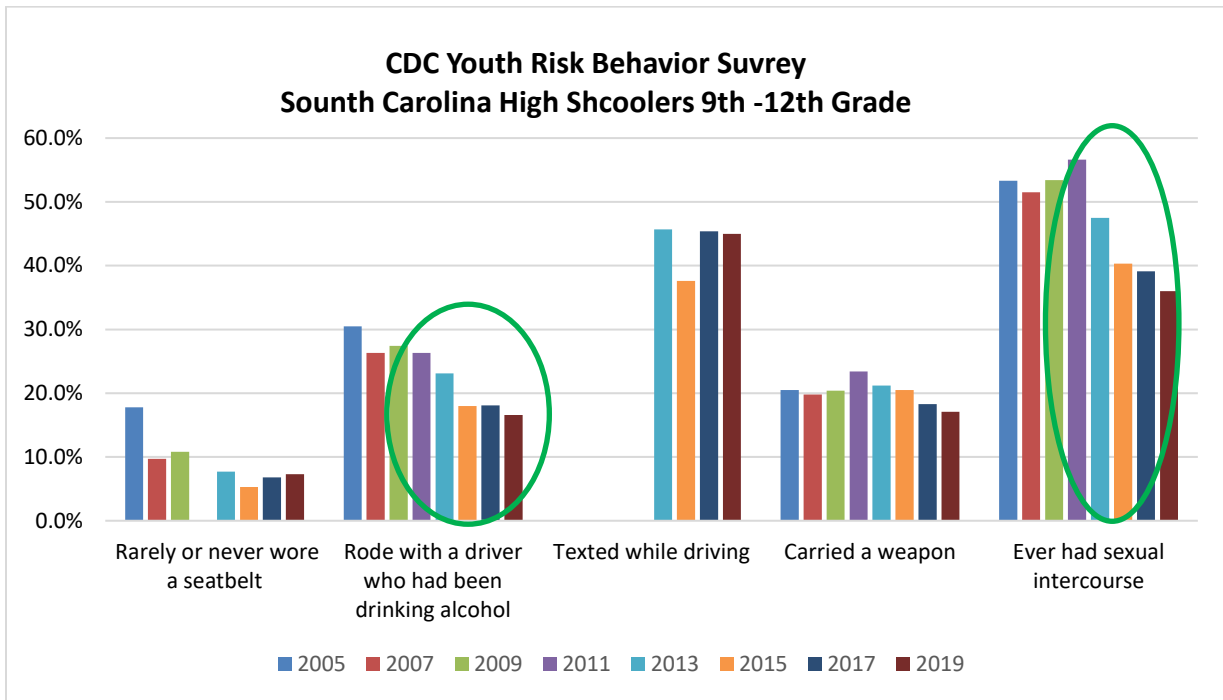
Youth Behaviors

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, are those such as activities that can contribute to unintentional injuries and violence, sexual behaviors, substance use behaviors, dietary habits and physical activity, and prevalence of health conditions such as obesity and asthma. To gather data, the YRBSS conducts national school-based surveys through the Centers of Disease Control and Prevention (CDC). The surveys provide representative samples of 9th through 12th grade students in public and private schools in the United States.

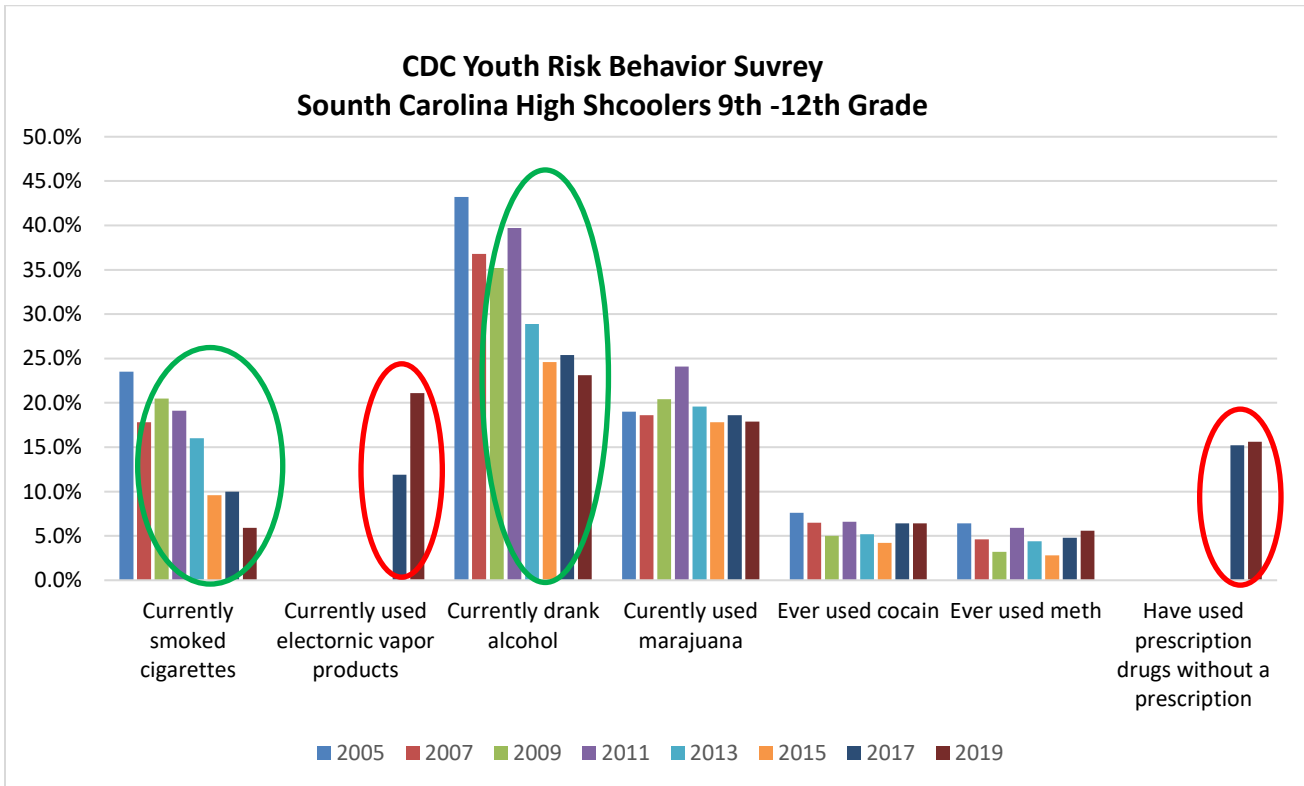
Since the inception of the YRBSS, there have been some significant positive decreases in risk behaviors of youth across the nation. Specifically in South Carolina, some of the most significant decreases in youth risk behavior of the past 3 decades include:

- **Seatbelt use** – in 1991 24% youth rarely or never wore seatbelts compared to only 7% in 2019
- **Riding with a driver who had been drinking** – in 1991 39% youth had reported riding with a driver who had been drinking alcohol compared to 17% in 2019
- **Cigarette smoking** – in 1991 26% youth currently smoked cigarettes compared to 6% in 2019
- **Drinking alcohol** – in 1991 47% youth currently drank alcohol compared to 23% in 2019
- **Sexual intercourse** – in 1991 66% youth had had sexual intercourse compared to 36% in 2019

These positive trends have continued to be seen in South Carolina as shown in the below charts comparing behaviors from 2005 to present. Risk behaviors that have more recently shown a negative trend, however, include the use of vaping products and the use of prescription pain medications without a prescription or in a manner not prescribed to them by a doctor.



Source: Centers for Disease Control and Prevention, 1991-2019 South Carolina High School Youth Risk Behavior Survey



Centers for Disease Control and Prevention, 1991-2019 South Carolina High School Youth Risk Behavior Survey

Health Environment

Air Pollution

Particulate Matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. These particles can be directly emitted from sources, or they can form when gases emitted from power plants, industries and automobiles react in the air and can cause negative health consequences, such as asthma, decreased lung function, and other adverse pulmonary effects. Anderson and Pickens County lag behind the state’s measure but are better than the national standard as shown in the chart below.

Food Environment Index

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights limited access to healthy foods and food insecurity. Limited access to healthy foods estimates the percentage of the population who are low income and do not live close a grocery store. Food insecurity estimates the percentage of the population who did not have access to a reliable food source during the past year.

Access to Exercise Opportunities

The availability of recreational facilities can influence individuals’ and communities’ choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.

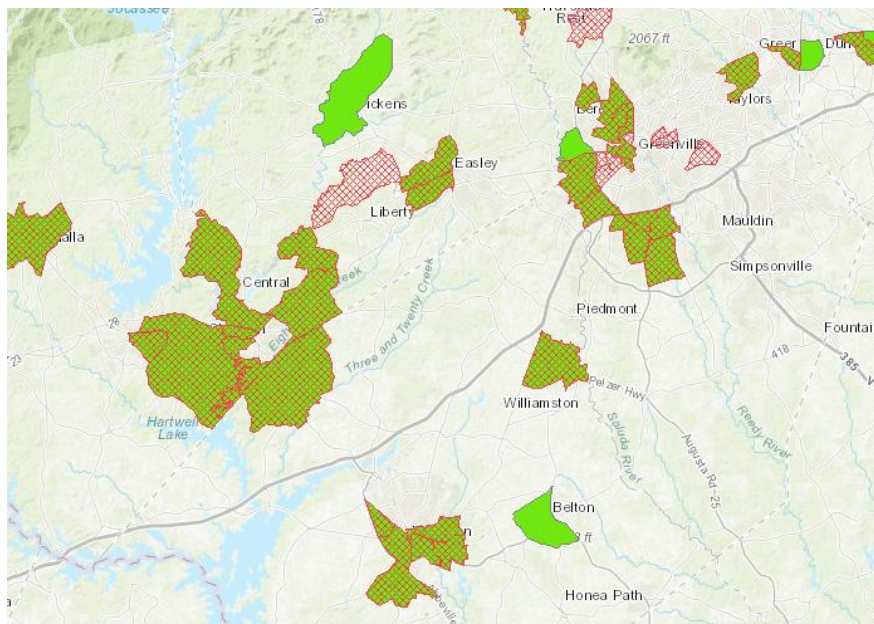
	Anderson County	Pickens County	South Carolina	National Standard
Air Pollution – Particulate Matter micrograms per cubic meter	10.7 (2012) 11.0 (2014) 11.0 (2018)	10.3 (2012) 10.4 (2014) 10.2 (2018)	9.7 (2012) 9.5 (2014) 9.0 (2018)	12.0
Food Environment Index	6.8 (2012) 7.4 (2015) 7.7 (2018)	6.8 (2012) 7.3(2015) 7.8 (2018)	6.7 (2012) 6.0 (2015) 6.7 (2018)	8.7 (US Top Performing Communities)
% Residents that live within half a mile to a park	16% (2015)	29% (2015)	17% (2015)	—
Access to Exercise Opportunities	65% (2014) 56% (2016) 52% (2019)	59% (2014) 56% (2016) 75% (2019)	71% (2014) 54% (2016) 68% (2019)	91% (US Top Performing Communities)


Sources: Centers for Disease Control, Environmental Public Health Tracking; County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute


Food Deserts

A food desert is an area with low access and availability of fresh fruit, vegetables, and other healthful whole foods and are usually found in impoverished areas. Food deserts can be defined as low-income census tracts where a significant number of urban residents are more than 1 mile from the nearest supermarket and rural residents are more than 20 miles from the nearest supermarket.

Since the completion of the last Community Health Needs Assessment, the food desert classifications have expanded in Anderson County and in Pickens County. As can be seen in the map below, between 2015 and 2019 both counties have expanded with Belton and Pickens (City) areas increasing the most.



 Mapping of the 2015 Assessment

 Mapping of the 2019 Assessment

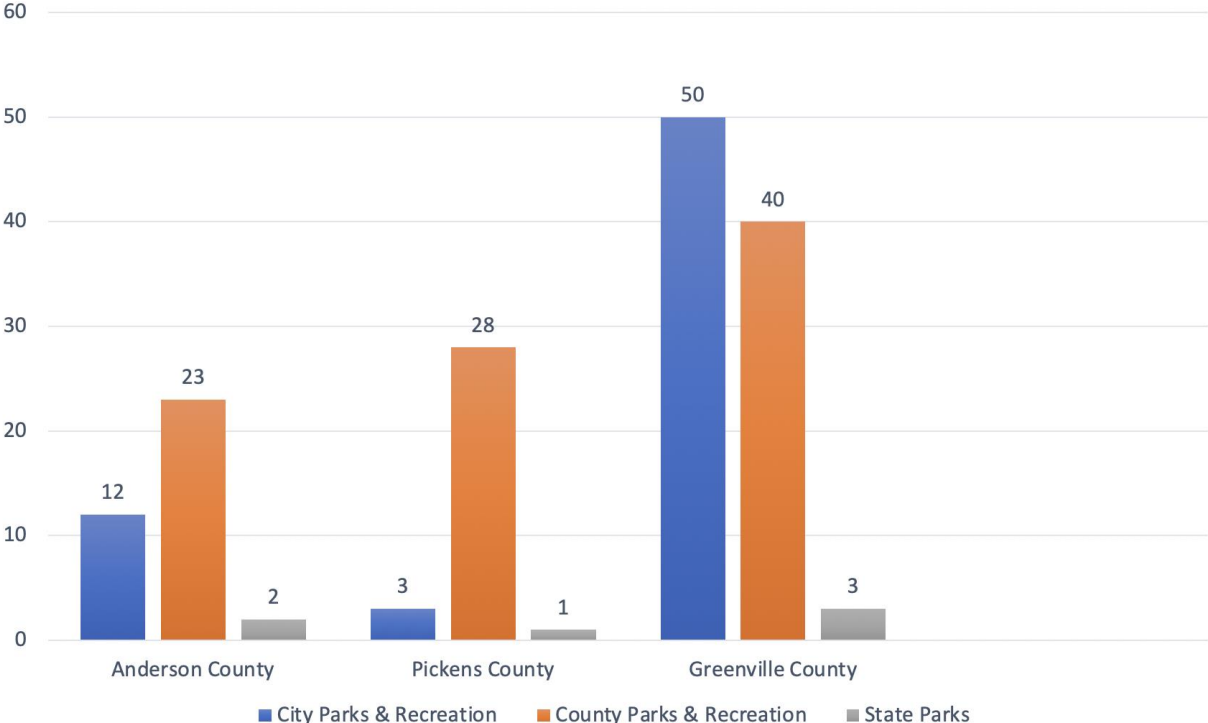
Source: USDA Food Desert Locator

Access to Parks and Recreation

Parks and recreation provide an essential service to communities as they are public and free-of-charge to residents. Having access to these public services improves individual and community health as it promotes physical activity, as well as assists in mental health with the reduction of stress and physical health by lowering blood pressure. Anderson County and Pickens County have increased their number of parks and recreation available to the public over the past ten years and have projects planned over the next several years, such as trail extensions and parks and recreation upgrades, that illustrate a continuing to invest in parks and recreation infrastructure. In addition, with Greenville

County neighboring the Anderson and Pickens area, there are additional opportunities to access parks and recreation activities within a 20-to-40-minute drive (at least for those who do not have transportation barriers). Specific Anderson and Pickens County Parks and Recreation Facilities are listed in the *Health and Community Assets* section of this report.

Parks & Recreation by County



Sources: Anderson County Parks and Recreation Department; Pickens County Parks and Recreations Departments; SCParks

Health Outcomes – Mortality and Morbidity

Leading Causes of Death

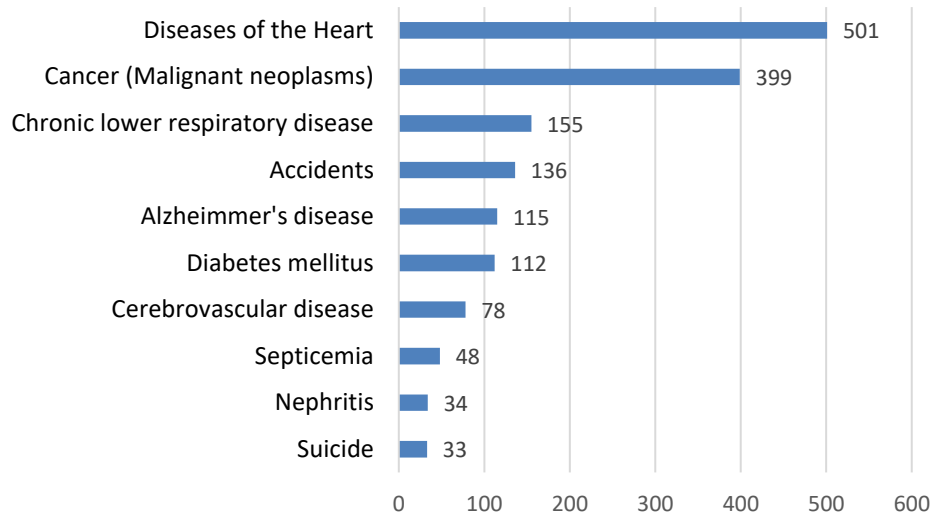
The leading causes of death for Anderson and Pickens Counties are similar to those of South Carolina and the U.S. The major causes of death in South Carolina and its counties generally do not vary significantly from year to year and have not had significant change since the first 2012 Community Health Needs Assessment.

The leading causes of death in Anderson and Pickens Counties in 2019 are similar to that observed in the state and nation with diseases of the heart and cancer being the top two leading causes of death. There has been little variance in the top 10 causes of death in the county over the past several years. Cancer and heart disease account for approximately half of all deaths at the county, state, and national level. In Pickens County, suicide ranks higher on the top ten causes of death list than Anderson, the state, and the nation, as it did in 2016 as well. In addition, in 2019 Parkinson’s appeared on the top ten list for Pickens, unlike Anderson, the state and the nation.

Anderson County (2019)	Pickens County (2019)	South Carolina (2019)	United States (2019)
Diseases of Heart	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
Cancer (Malignant Neoplasms)	Cancer (Malignant neoplasms)	Cancer (Malignant Neoplasms)	Cancer (Malignant neoplasms)
Chronic Lower Respiratory Disease	Accidents	Accidents	Accidents
Accidents	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
Alzheimer’s Disease	Alzheimer’s Disease	Cerebrovascular Disease	Cerebrovascular Disease
Diabetes Mellitus	Cerebrovascular disease	Alzheimer’s Disease	Alzheimer’s Disease
Cerebrovascular Disease	Suicide	Diabetes Mellitus	Diabetes Mellitus
Septicemia	Diabetes mellitus	Nephritis	Nephritis
Nephritis	Nephritis	Septicemia	Influenza and pneumonia
Suicide	Parkinson’s	Suicide	Suicide

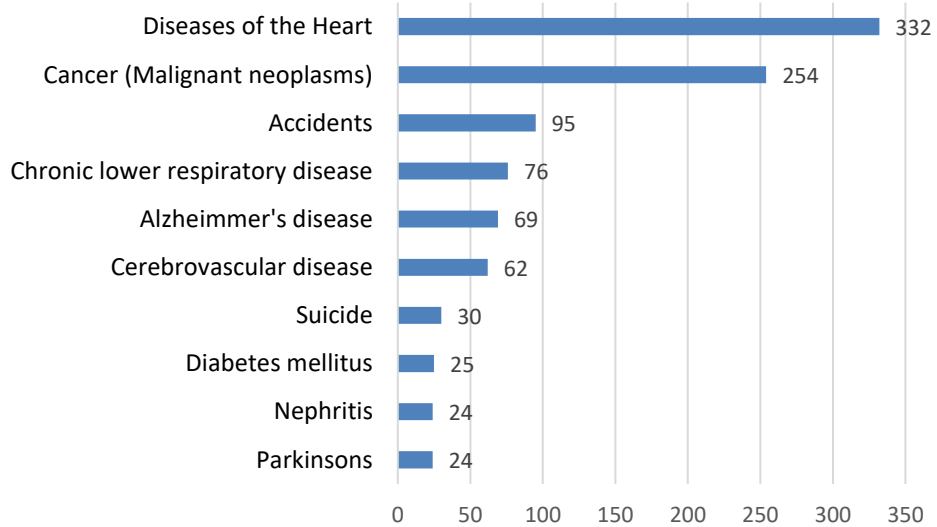
South Carolina Department of Health and Environmental Control, South Carolina Community Assessment Network (SCAN) 2019 and Centers for Disease Control and Prevention National Center for Health Statistics, Mortality in the United States 2019

**Top Ten Leading Cause of Death All Ages
Anderson County 2019**



Source: South Carolina Department of Health and Environmental Control,
South Carolina Community Assessment Network (SCAN) 2019

**Top Ten Leading Cause of Death All Ages
Pickens County 2019**



Source: South Carolina Department of Health and Environmental Control,
South Carolina Community Assessment Network SCAN 2019

Leading Causes of Death for Children in South Carolina

Age Group	2019 South Carolina Top 3 Leading Cause of Death
Under 1	1) Disorders Related to Short Gestation 2) Congenital Malformation, Deformations, Chromosomal Abnormalities 3) Newborn Affected by Maternal Complications of Pregnancy
1-4 Years	1) Accidents 2) Homicide 3) Congenital Malformation, Deformations, Chromosomal Abnormalities
5-14 Years	1) Accidents 2) Suicide 3) Malignant Neoplasms
15-24	1) Accidents 2) Homicide 3) Suicide

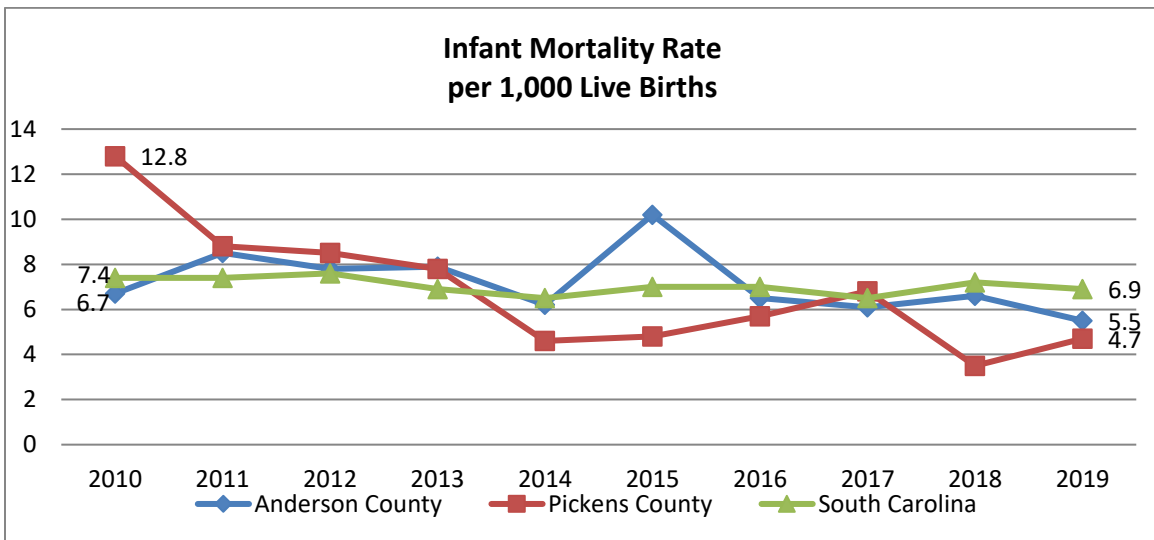
Source: South Carolina DHEC, South Carolina Vital and Morbidity Statistics Report 2019

The leading cause of death in children and youth in the state as well as in Anderson and Pickens Counties is accidents, with transportation accidents being the leading type of accident followed by accidental poisoning and “other”.

Infant Mortality

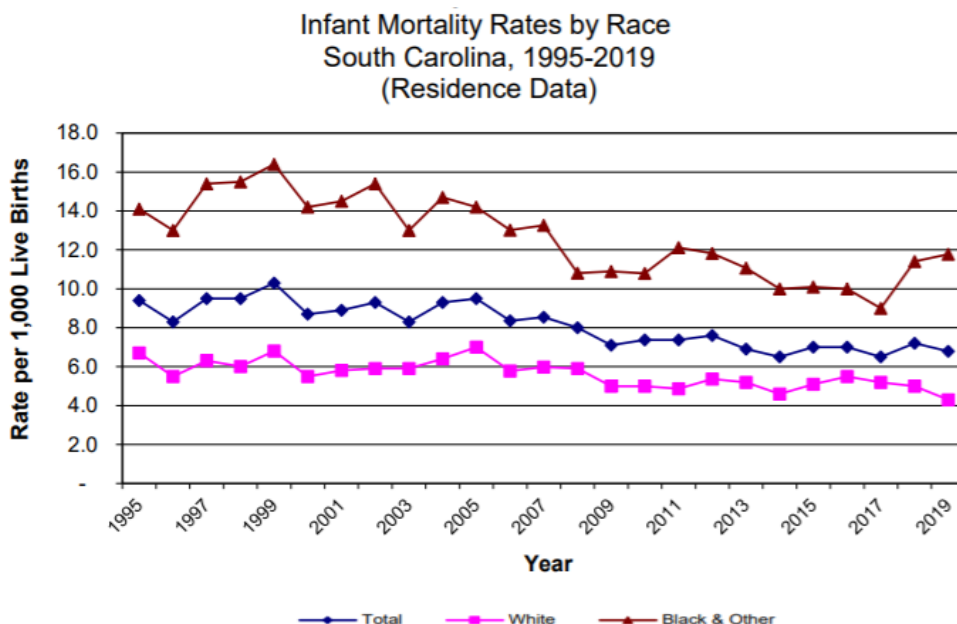
The infant mortality rate of a community is an important indicator of health for the whole population, reflecting that factors affecting the health of the whole population have an impact on the mortality rate of infants in each community. Infant mortality is the measure of death within the first year of life and is reported as a rate per 1,000 live births.

Anderson County's infant mortality rate since 2010 has been similar to the state rate, while Pickens County saw a decline in 2011 and has generally remained slightly lower than both the state and Anderson County. The Infant mortality rate in Anderson County in 2019 was 5.5 per 1000 live births and 4.7 in Pickens County. Both Anderson and Pickens fare better than the state rate of 6.9 and the national rate of 5.8.



Source: South Carolina DHEC SCAN Community Profiles Module

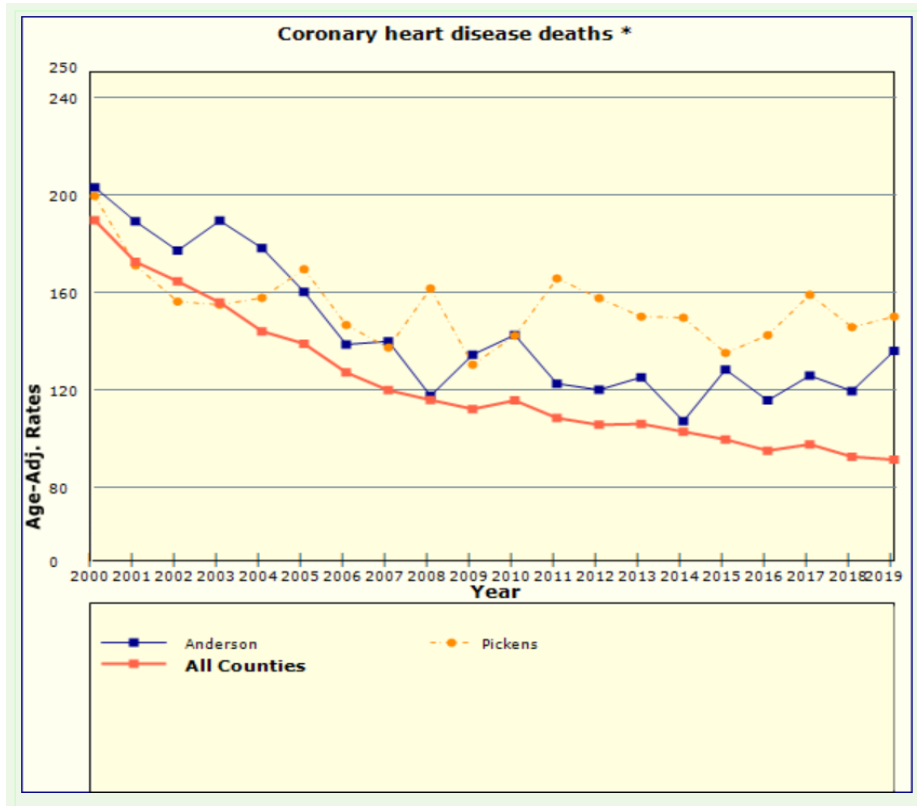
There is a great deal of disparity on infant mortality depending on race of the mother. Black and other non-white mothers have much higher rates of infant mortality than white mothers.



South Carolina DHEC, South Carolina Vital and Morbidity Statistics Report 2019

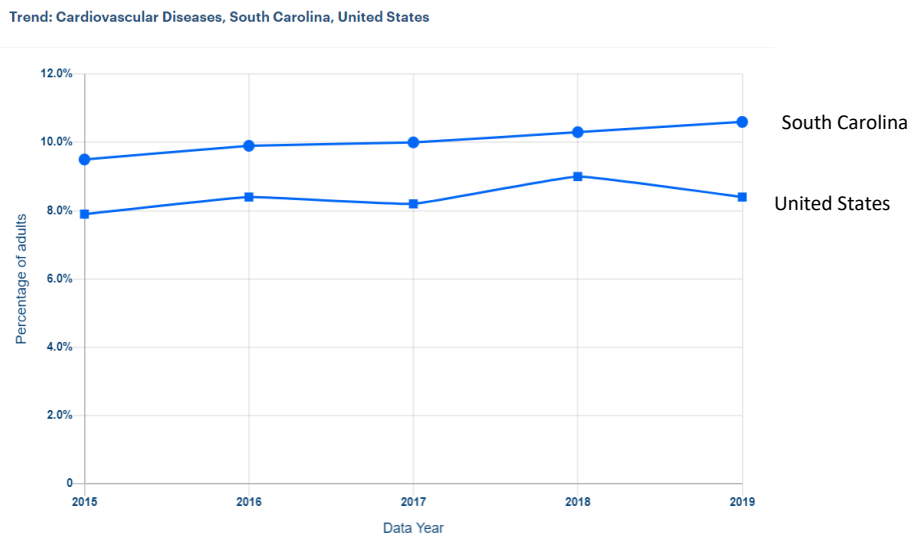
Heart Disease and Stroke

Heart Disease is the leading cause of in the nation, likewise, it is the leading cause of deaths in South Carolina, Anderson County and Pickens County. South Carolina has seen a steady decline in the heart disease death rates over the past 20 years. Anderson and Pickens have a higher heart disease death rate than the state and have not seen as steady of a declining trend in rates as the state.



Rates per 100,000. Source; South Carolina DHEC SCAN Community Profiles Module

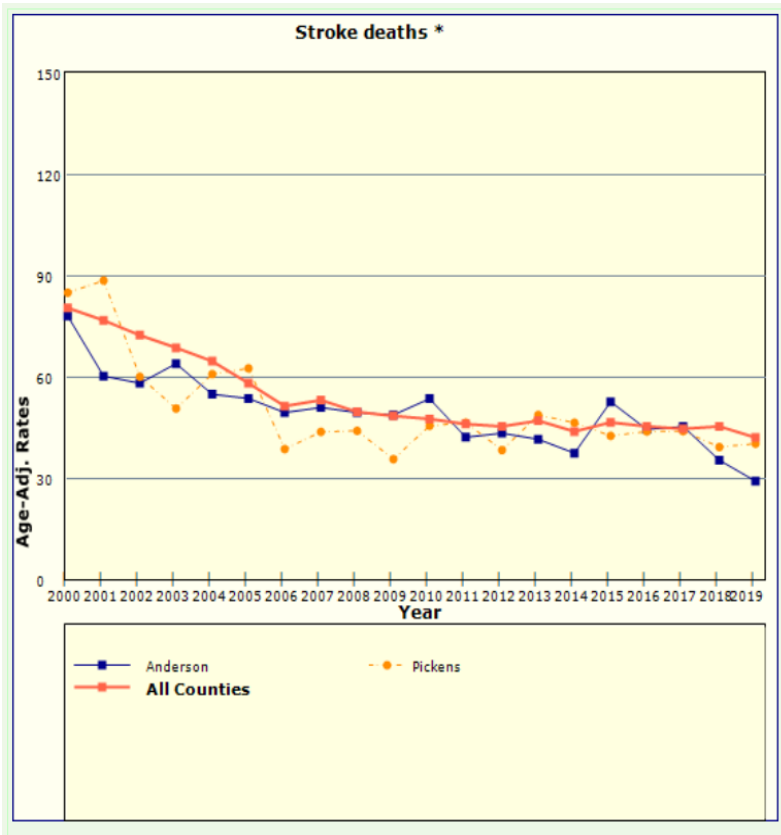
In addition, South Carolina trends higher in heart disease than the rest of the nation. As shown in the below chart of percentage of individuals who have been told by their health provider that they had angina, heart disease, a heart attack or myocardial infarction, or stroke.



D

Source: America's Health Rankings United Health Foundation utilizing CDC, Behavioral Risk Factor Surveillance System

Cerebrovascular disease, or **stroke**, is the 5th leading cause of death in SC and in the nation, and the 7th and 6th leading cause of death in Anderson and Pickens Counties respectively. While it does not cause as many deaths as heart disease, cancer, or other causes higher on the list of leading causes of death, it can cause significant disability such as paralysis, speech impairment, and motional/ psychological problems. Anderson and Pickens show similar stroke death trends as in the state.

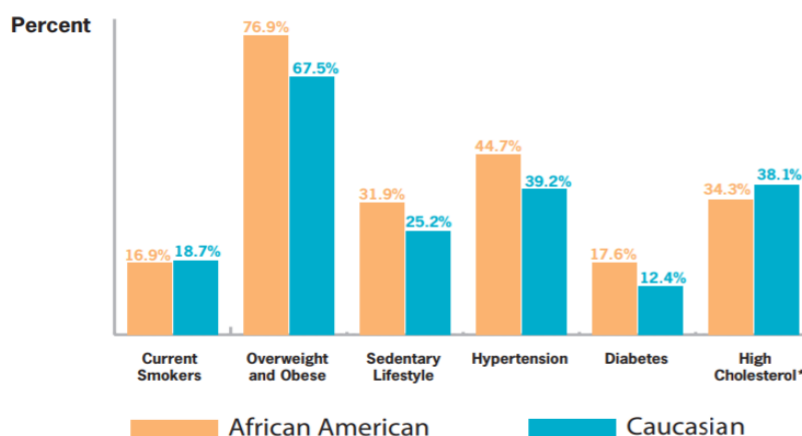


According to a report issued by South Carolina DHEC, *The State of the Heart: Heart Disease in South Carolina*, heart disease accounted for 54,448 hospitalizations in South Carolina during 2018, with total hospitalization charges of more than \$4.1 billion. Hospitalization charges for stroke totaled more than \$1.1 billion in 2018 for South Carolina.

Rates per 100,000. Source: South Carolina DHEC SCAN Community Profiles Module

Similar to heart disease, lifestyle changes and, in some cases, medication can significantly decrease risk of stroke. The most common risk factors for heart disease are smoking, obesity, sedentary lifestyle, hypertension, diabetes, and high cholesterol. African Americans face a higher risk of developing ischemic heart disease and suffer stroke deaths more often than Caucasians.

Heart Disease Risk Factors by Race, South Carolina 2018

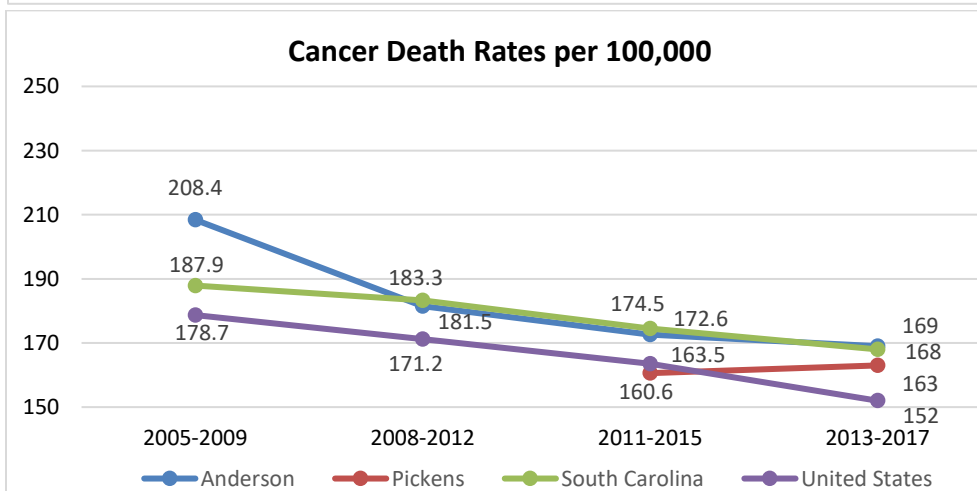
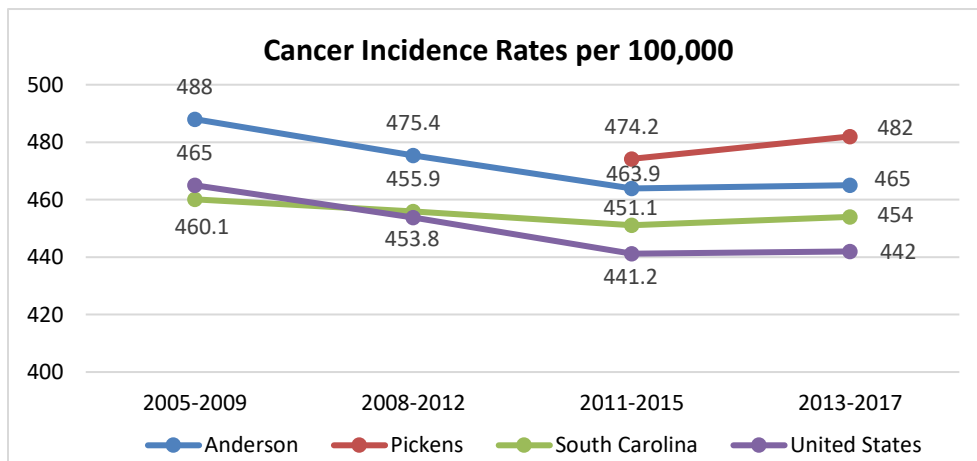


Source: South Carolina DHEC, The State of the Heart for African Americans: Heart Disease in South Carolina

Cancer

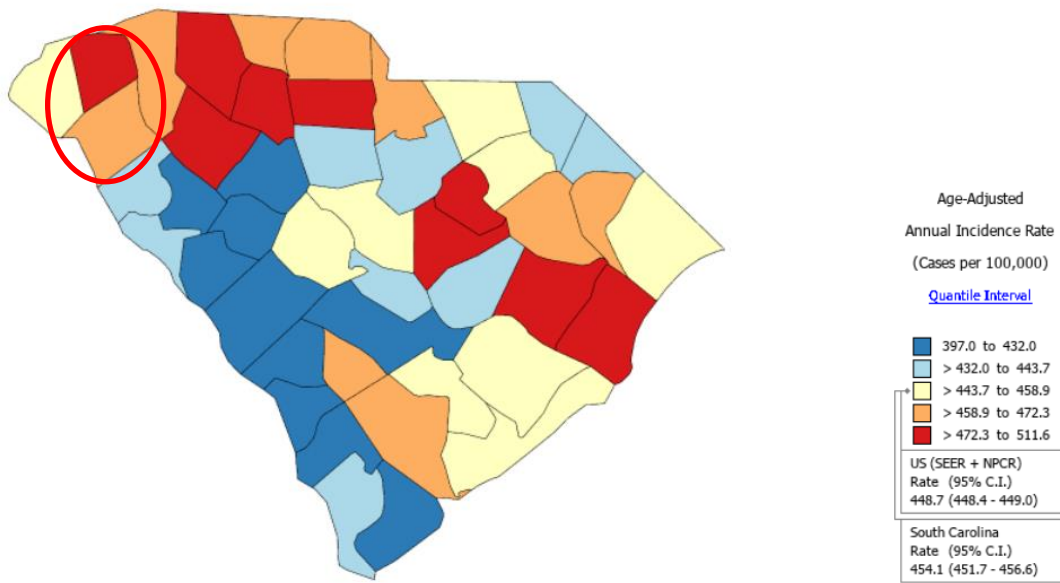
Cancer is the second leading cause of death across the nation, state and in Anderson and Pickens Counties. **Pickens ranks 5th highest rate in the state and Anderson ranks 16th highest rate in the state for cancer incidence rate. However, Pickens and Anderson fare much better when considering cancer death rates, with rates better than the state. Pickens ranks 38th and Anderson 30th for cancer death rates. A rank of 1 means the county has the highest rate of any county in the state, while a rank of 46 means that a county has the lowest rate of any in South Carolina. Over the years there has been a steady decline in cancer death rates.**

5 Year Average Rates of Cancer per 100,000								
	Incidence rates				Death rates			
	2005-2009	2008-2012	2011-2015	2013-2017	2005-2009	2008-2012	2011-2015	2013-2017
Anderson	488.0	475.4	463.9	465	208.4	181.5	172.6	169
Pickens			474.2	482			160.6	163
South Carolina	460.1	455.9	451.1	454	187.9	183.3	174.5	168
United States	465.0	453.8	441.2	442	178.7	171.2	163.5	152



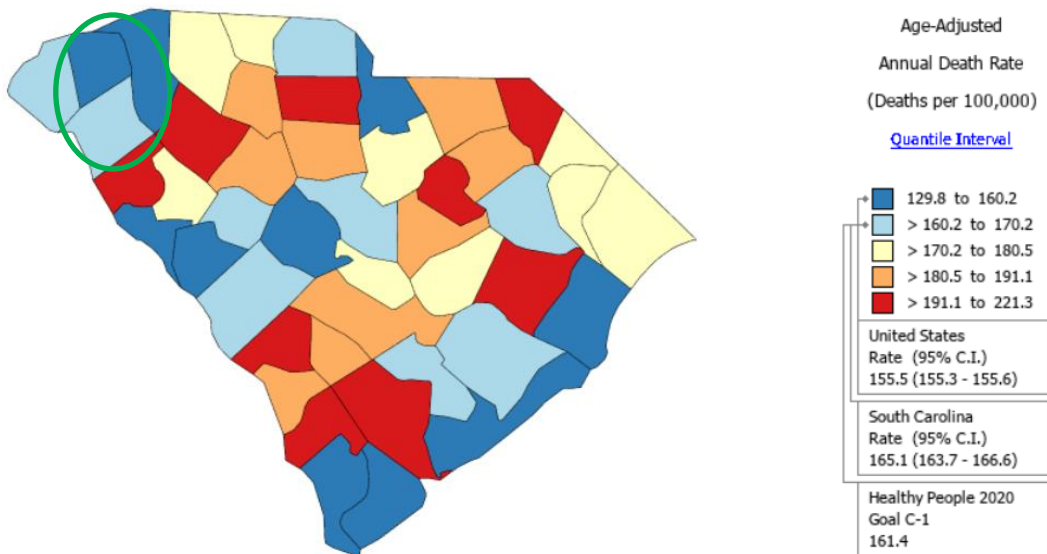
Source: South Carolina DHEC County Cancer Profiles and The United States Cancer Statistics (USCS)

Incidence Rates for South Carolina by County
All Cancer Sites, 2013 - 2017
All Races (includes Hispanic), Both Sexes, All Ages



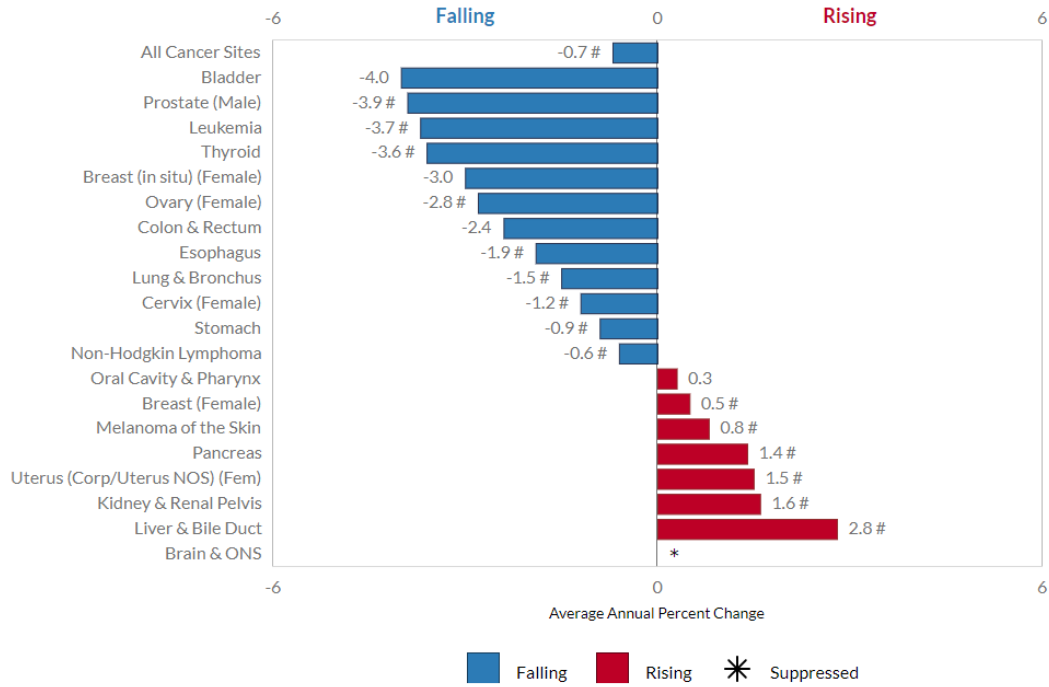
Source: National Cancer Institute, State Cancer Profiles

Death Rates for South Carolina by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages



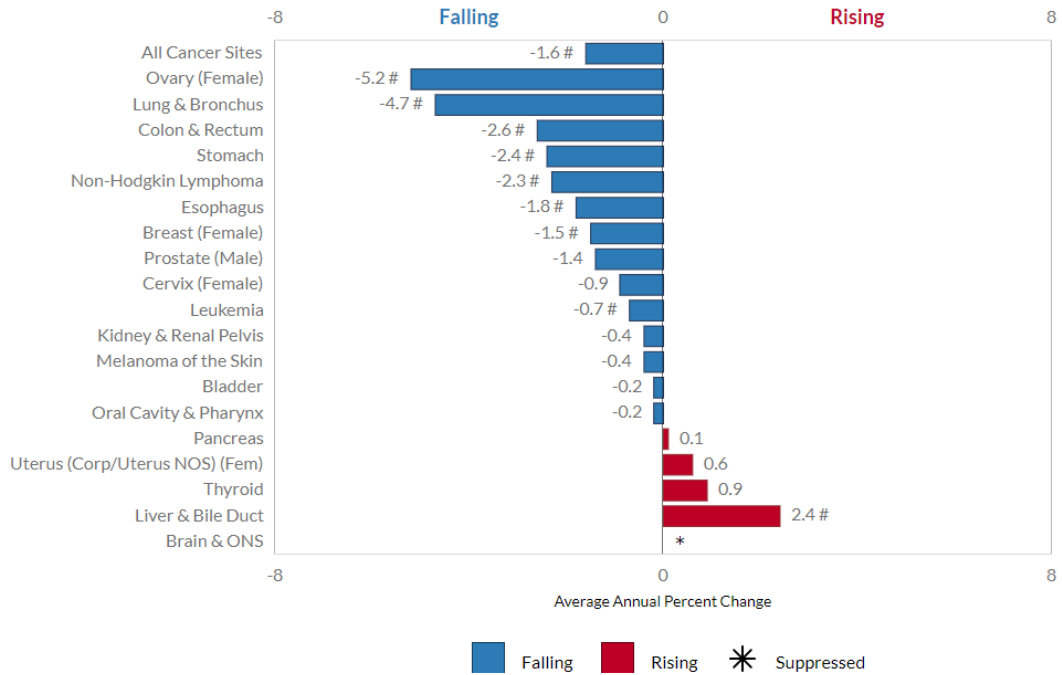
Source: National Cancer Institute, State Cancer Profiles

5-Year Rate Changes - Incidence
South Carolina, 2013-2017
All Ages, Both Sexes, All Races (incl Hisp)



Created by statecancerprofiles.gov on 6/30/2021 at 3:35 PM.

5-Year Rate Changes - Mortality
South Carolina, 2014-2018
All Ages, Both Sexes, All Races (incl Hisp)



Created by statecancerprofiles.gov on 6/30/2021 at 3:31 PM.

Several of the most common types of cancer in Anderson and Pickens are breast, prostate, lung, colorectal, melanoma, pancreatic, leukemia, and cervical. Anderson has seen improvements in comparison in incidence rates since the first Community Health Needs Assessment was conducted.

Age-Adjusted Incidence Rates for Selected Cancers, 2008-2012

Cases per 100,000

Type of cancer	US	SC	Anderson
Breast	123.0	125.3	130.5
Prostate	131.7	138.1	114.9
Lung	63.7	69.7	75.5
Colorectal	41.9	40.7	46.2
Melanoma	19.9	22.5	28.6
Leukemia	13.2	12.3	11.8
Cervical	7.7	8.0	4.4

Age-Adjusted Incidence Rates for Selected Cancers, 2011-2015

Cases per 100,000

Type of cancer	US	SC	Anderson	Pickens
Breast	124.7	128.3	123.4	127.2
Prostate	109	119.4	103.8	99.0
Lung	60.2	66.9	66.6	73.5
Colorectal	39.2	38.6	45	40.5
Melanoma	21.3	22.3	29.8	36.1
Leukemia	10.6	10.5	11.1	16.7
Cervical	7.5	7.6	4.9	8.8

Source: National Cancer Institute, State Cancer Profiles

Age-Adjusted Incidence Rates for Selected Cancers, 2013-2017

Cases per 100,000

Type of cancer	US	SC	Anderson	Pickens
Breast	126	130	127	138
Prostate	105	115	103	88
Lung	58	64	63	65
Colorectal	38	38	44	41
Melanoma	22	24	27	39
Pancreatic	13	14	14	13
Leukemia	14	13	13	20
Cervical	8	8	8	11

Source: National Cancer Institute, State Cancer Profiles

Cancers diagnosed in late stages lessen the potential for successful treatment and raise the risk of premature loss of life. The table below is an excerpt from the **DHEC- Anderson and Pickens Counties Cancer Profile Reports**, issued April 2020. The table shows the percentage of cancers diagnosed in early and late stages of disease in Anderson County and SC. Both Anderson and Pickens Counties have shown a slight improvement in early diagnosis. In the 2009-2013 reporting period, it was shown that 47% of all cancers in Anderson were diagnosed early, in comparison to most recent data of 52% early diagnosis. In Pickens, in the 2009-2013 reporting period, there was 50% cancers diagnosed early, whereas, in the updated time period, the early diagnosis percentage was 52%.

Table 5. All Cancers by Stage of Diagnosis, 2013-2017, Anderson County and South Carolina*

	SC	Anderson County
	Percent of all cancers	Percent of all cancers
Early Stage	48.8	52.0
Late Stage	40.7	41.9
Unknown Stage	10.5	6.2

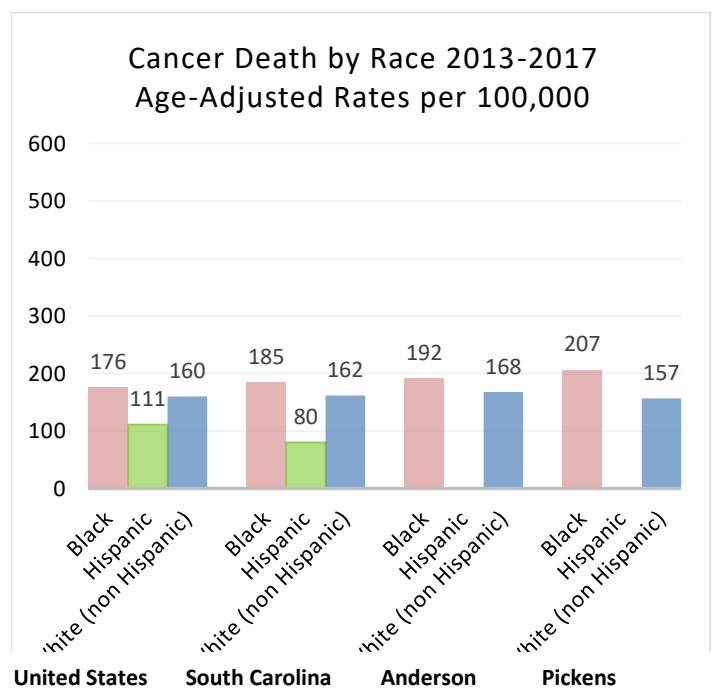
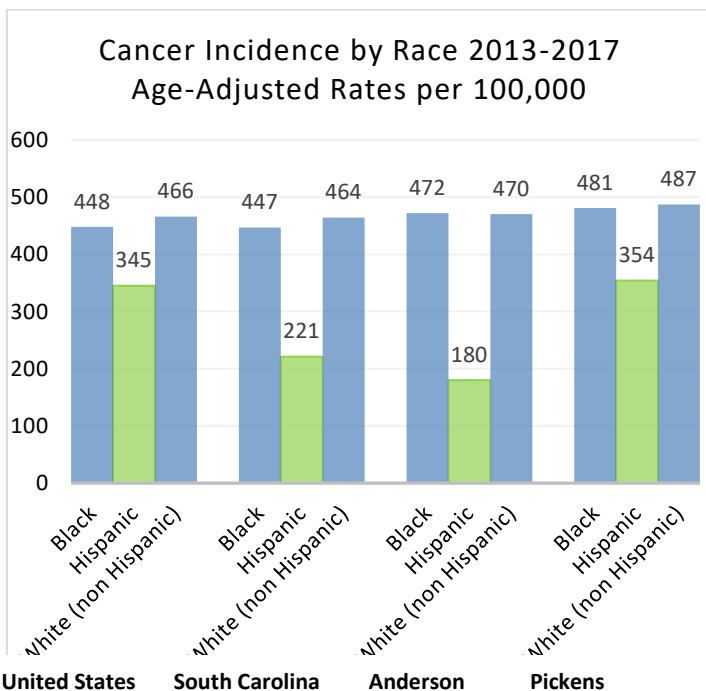
*Percents (proportions) shown are (rounded) based on 5 years of data. Statistics include *in situ* cancers.
Source: SC Central Cancer Registry.

Table 5. All Cancers by Stage of Diagnosis, 2013-2017, Pickens County and South Carolina*

	SC	Pickens County
	Percent of all cancers	Percent of all cancers
Early Stage	48.8	51.9
Late Stage	40.7	40.1
Unknown Stage	10.5	8.0

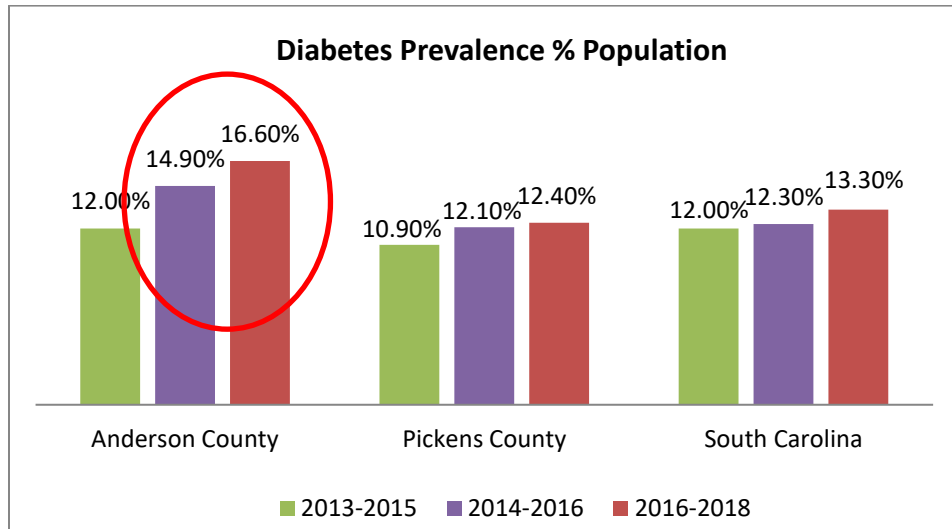
*Percents (proportions) shown are (rounded) based on 5 years of data. Statistics include *in situ* cancers.
Source: SC Central Cancer Registry.

There are racial differences seen in cancer incidence and death rates. National Cancer Institute data shows the Hispanic population with significantly lower cancer incidence rates than White and Black populations.



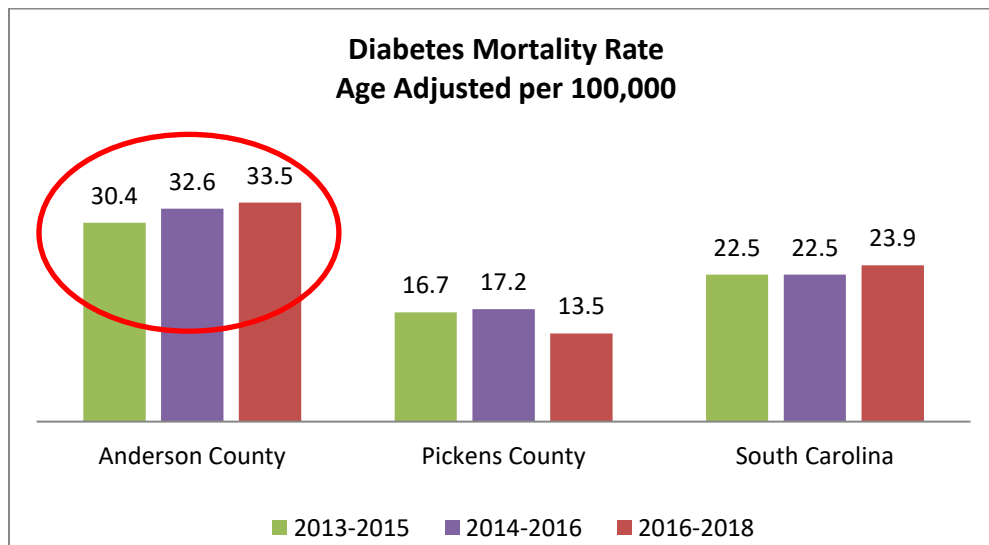
Diabetes

As of the previous Community Health Needs Assessment (CHNA), diabetes has risen to the 6th leading cause of death for Anderson County (up from 7th) and has remained the 8th leading cause of death for Pickens County. Anderson ranks 25th for diabetes prevalence and 31st for diabetes death rate (with 1st being best and 46th being worst) in the state. Similar to the previous CHNA reports, **Anderson County continues to have a higher prevalence and death rate of diabetes than the rest of the state and the nation, and it continues to rise.** Pickens County fares better, ranking 7th in the state for prevalence and 2nd for death rate.



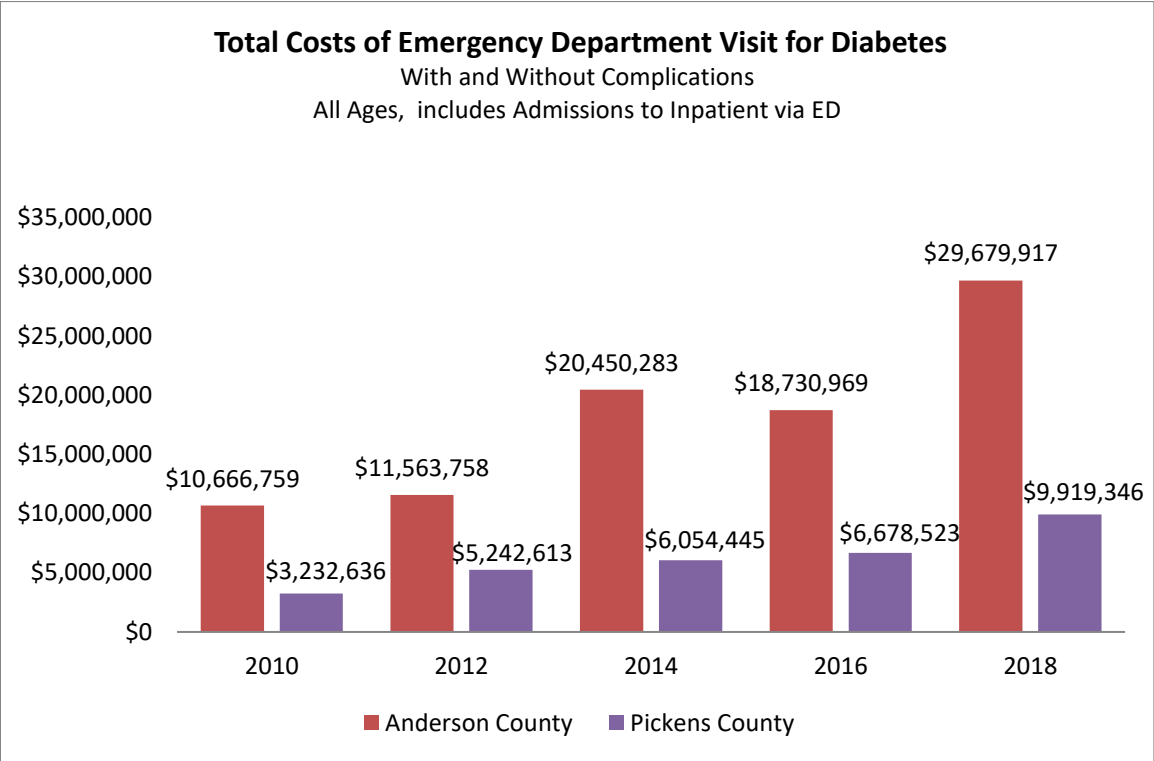
Source: South Carolina Department of Health and Environmental Control, County Health Profiles 2013-2018

People living with diabetes are at risk for many serious complications greatly impacting overall health and quality of life. Complications include serious eye problems, foot problems (that can lead to lower extremity amputations), and major skin infections and disorders. Individuals with diabetes often have other health risk factors such as overweight and hypertension which together often compromise quality of life.



Source: South Carolina Department of Health and Environmental Control, County Health Profiles 2013-2018

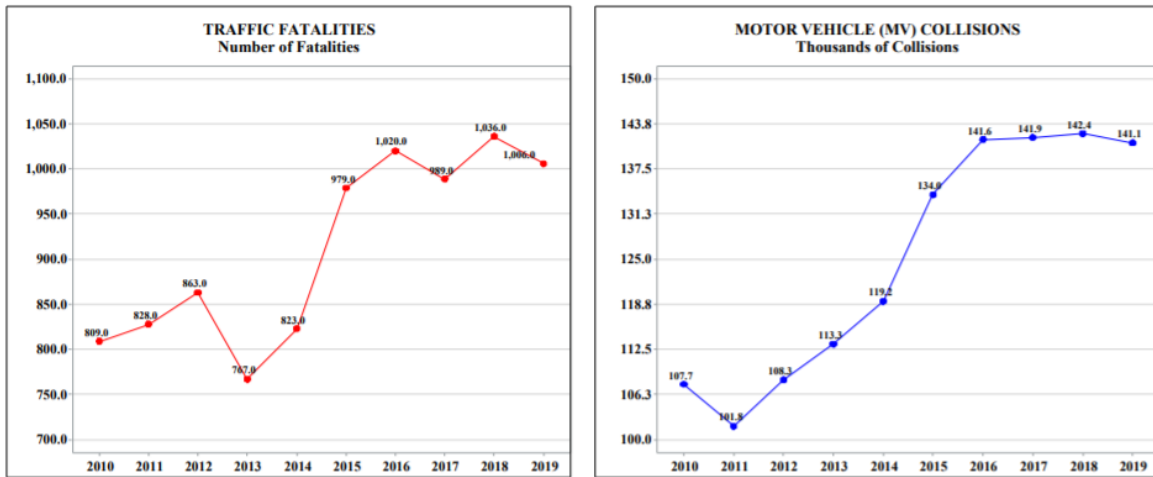
According to the South Carolina DHEC report *Diabetes Impact in South Carolina 2020*, in 2018, approximately 33,000 hospitalization and emergency department visits occurred in South Carolina for diabetes, with charges of more than \$641 million. The cost of care for South Carolinian adults with diabetes is estimated at \$5.89 billion in 2017 (Source: American Diabetes Association), and the average annual medical expenditures by people with diabetes was \$16,750 in 2017 (Source: American Diabetes Association). Costs in Anderson and Pickens County are included in the chart below.



Source: South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, 2010-2019

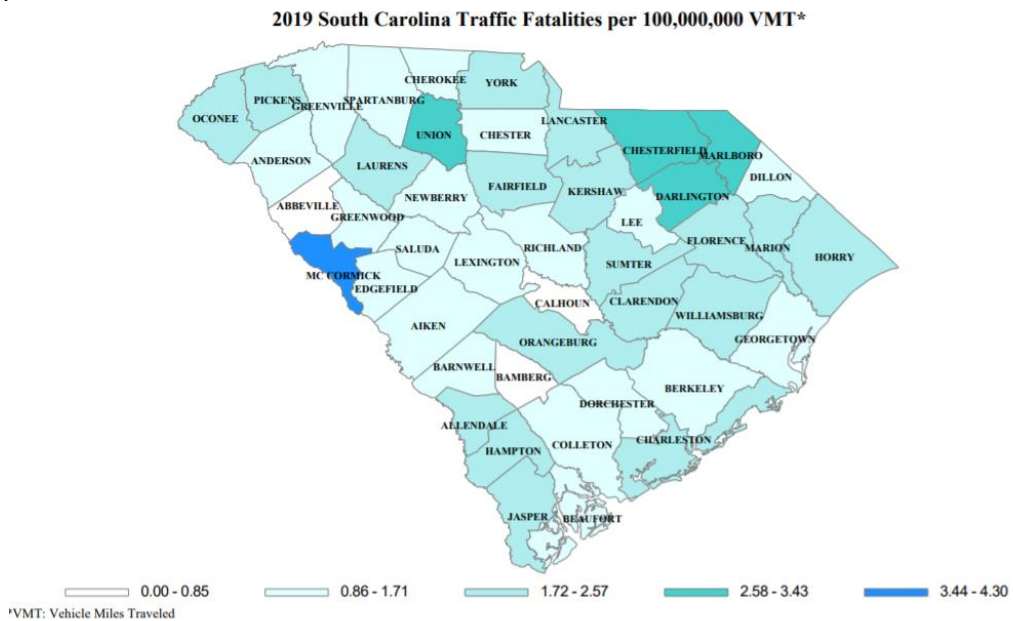
Traffic Accidents

Accidents is the leading cause of death in youth and the third leading cause among adults in South Carolina. Transportation accidents, in particular, is a leading type of fatal accident among all accident categories. The South Carolina Department of Public Safety analyzes all motor vehicle collision reports and produces an annual Traffic Collision Fact Book with statewide and local data. Traffic collisions are responsible for billions of dollars in economic loss in the state each year. In 2019, there were 1,006 traffic fatalities in the State of South Carolina, and there were 58,410 reported traffic injuries. Since 2010, the number of traffic collisions and fatalities have continued to rise.



Source: South Carolina Department of Public Safety, South Carolina Traffic Collision Fact Book 2019

Anderson County and Pickens County motor vehicle traffic collision and fatal collision rankings are some of the highest in the state (rank: 1=highest rate, 46=lowest rate). Anderson County ranks 9th overall in the state in total collisions, 7th in collision resulting in serious injuries, and 9th in fatal collisions. Pickens County ranks 14th overall in the state in total collisions, 13th in collision resulting in serious injuries, and 18th in fatal collisions.



South Carolina Traffic Collision Fact Book 2019
South Carolina Department of Public Safety

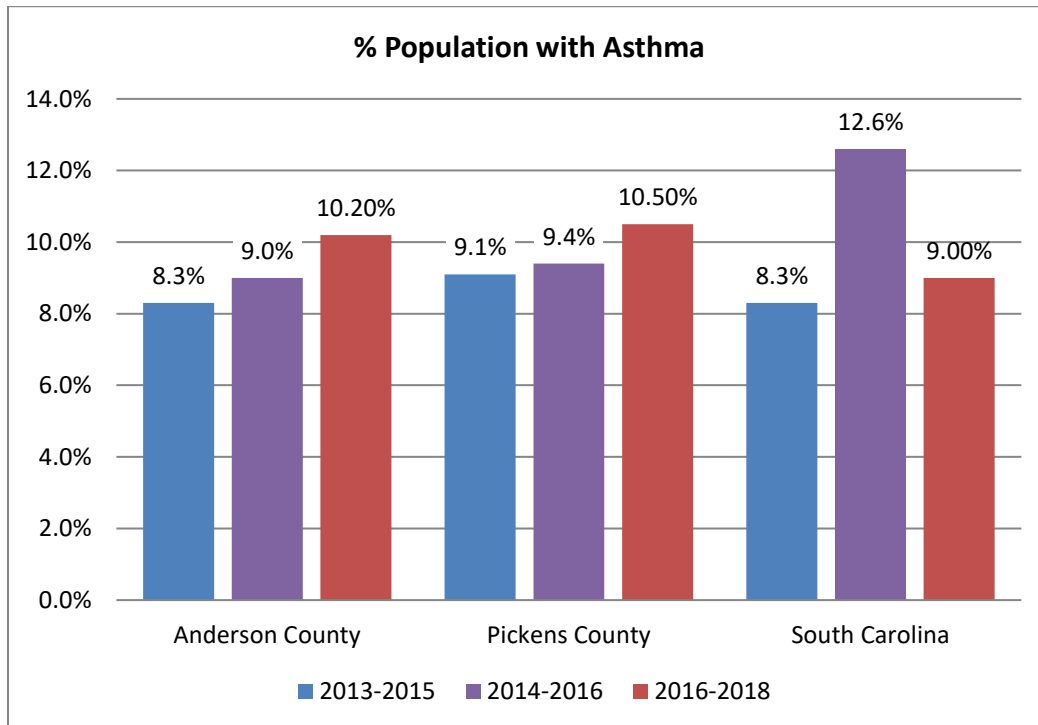
Source: South Carolina Department of Public Safety, South Carolina Traffic Collision Fact Book 2019

Asthma

The prevalence of asthma has increased nationally since the 1980s. Though deaths from asthma have been decreasing, asthma is a significant health burden. In the US, costs for asthma have more than tripled from an estimated \$6.2 billion in 1990, to an estimated \$20.7 billion in 2012. In a 2018 report published online in the Annals of the American Thoracic Society that utilized CDC data, the costs of asthma to the U.S. economy were estimated at approximately \$80 billion annually in medical expenses, missed work and school days and deaths.¹

In South Carolina, 9.4% currently have asthma. More females (12.1%) than males (6.4%) currently have asthma, and more residents with less than high school graduation (17.7%) than college graduates (6.7%) currently have asthma. In 2019, 26.9% of South Carolina high school students reported ever having asthma.²

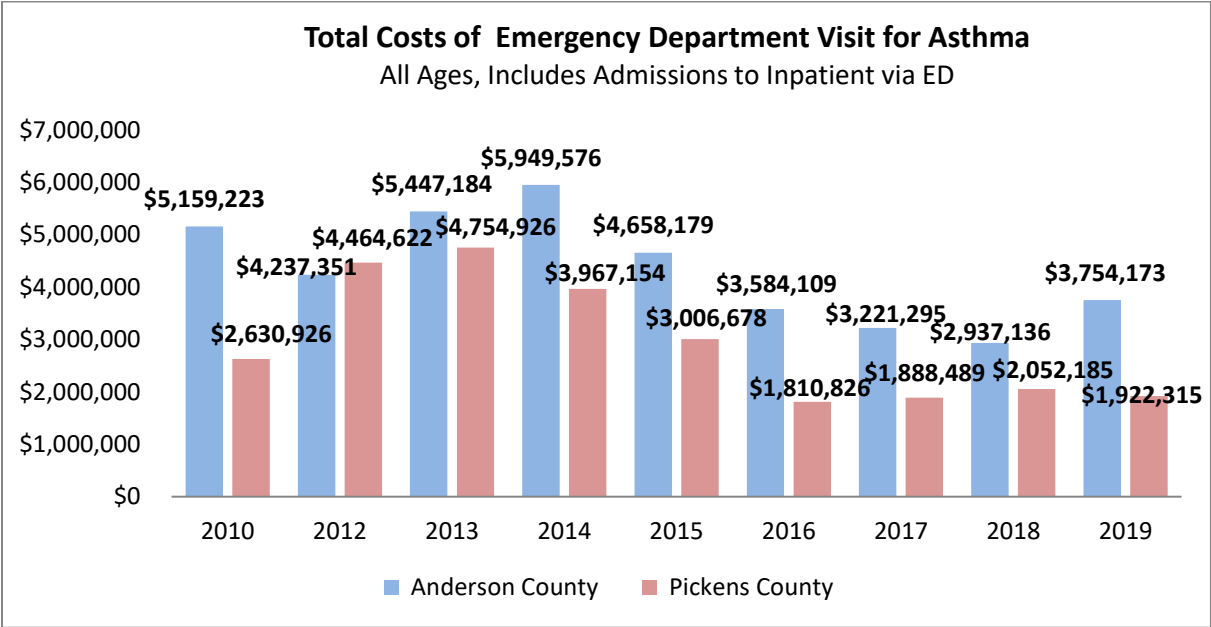
According to the South Carolina Revenue and Fiscal Affairs Office Health Utilization Query, and based on the top primary diagnoses for inpatient discharges by age groups, in 2019, asthma was the leading cause of inpatient hospitalizations in children age 5-14 and the second leading cause in children 0-4 after bronchiolitis.



Source: South Carolina Department of Health and Environmental Control, County Health Profiles 2013-2018

1 American Thoracic Society, *Asthma Costs the U.S. Economy More than \$80 Billion Per Year*, January 2018 Press release

2 South Carolina Department of Health and Environmental Control, *Asthma in South Carolina report 2021*



Source: South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, 2010-2019

Sexually Transmitted Diseases

Chlamydia, Gonorrhea, and Syphilis

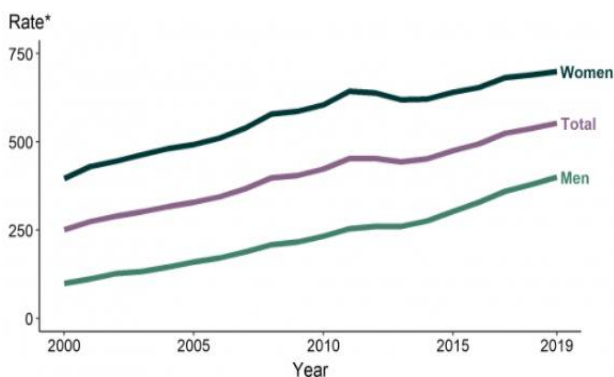
According to the CDC *Sexually Transmitted Disease Surveillance Report*, which analyzes the national trends of STDs in the United States, 2016 was the worst year on record with more than 2,000,000 new cases of gonorrhea, chlamydia and syphilis infections nationwide, spiking past the previous record that was set in 2015. Since then, cases have continued to steadily rise.

The following was reported in the 2019 CDC *Sexually Transmitted Disease Surveillance Report*:

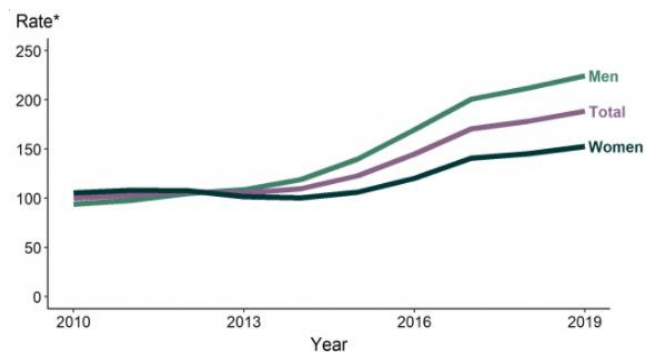
In 2019:

- 1,808,703 cases of Chlamydia infection were reported to the CDC, making it the most common notifiable condition in the United States for that year. This case count corresponds to a rate of 552.8 cases per 100,000 population, an increase of 2.8% compared with the rate in 2018.
- 616,392 cases of gonorrhea were reported to the CDC, making it the second most common notifiable condition in the United States for that year. Rates of reported gonorrhea have increased 92.0% since the historic low in 2009. During 2018–2019, the overall rate of reported gonorrhea increased 5.7%.
- In 2019, 129,813 cases of all stages of syphilis, were reported, including 38,992 cases of primary and secondary (P&S) syphilis, the most infectious stages of the disease. Since reaching a historic low in 2000 and 2001, the rate of P&S syphilis has increased almost every year, increasing 11.2% during 2018–2019.
- During 2018–2019, rates of reported chlamydia increased among both males and females, in all regions of the United States, and among all racial/Hispanic ethnicity groups.

Rates of Reported Cases of Chlamydia in the United States

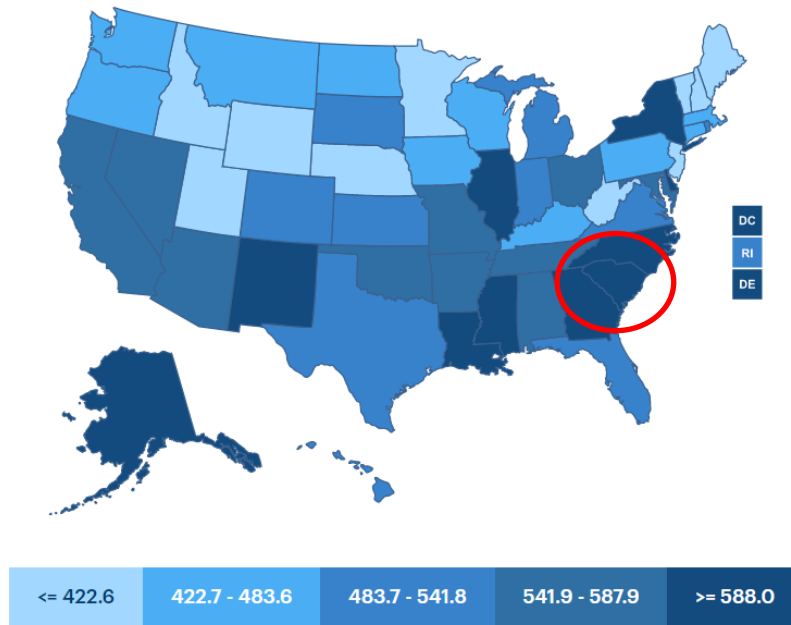


Rates of Reported Cases of Gonorrhea in the United States



Source: Centers for Disease Control 2019 Sexually Transmitted Disease Surveillance Report

New Cases of Chlamydia in the United States per 100,000



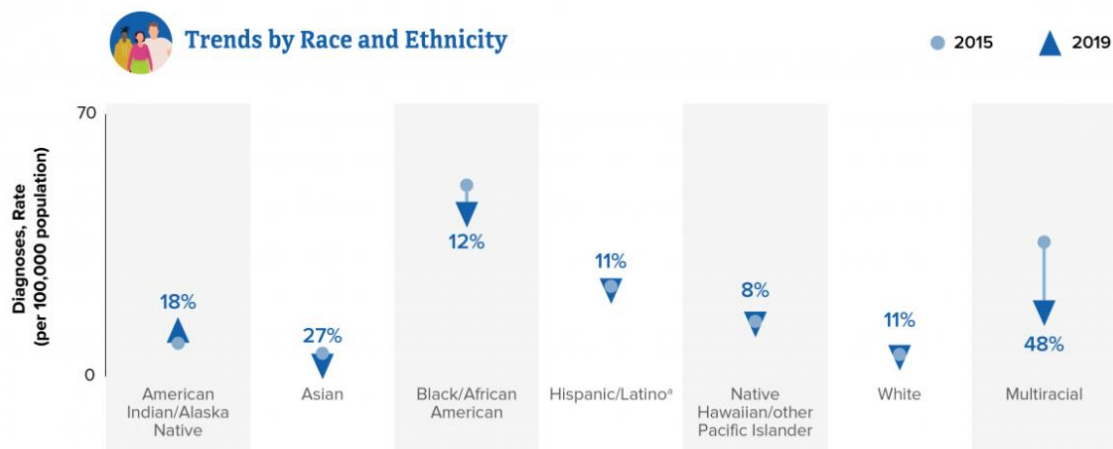
Source: Americas Health Rankings, United Health Foundation with data from CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas

Chlamydia is the most commonly reported sexually transmitted infection (STI) infecting both men and women. From 1997 to 2017, the rate of reported chlamydia infections increased from about 206 to 529 cases per 100,000 population. According to the 2019 CDC STD Surveillance Report, currently, **South Carolina ranks 4th in the nation (with 1st being the worst/highest case rate in the nation)** for Chlamydia with 701 cases per 100,000 in 2019, compared to 552 cases per 100,000 in the nation and up from 569 cases per 100,000 in 2017 at the time of the previous CHNA study.

HIV

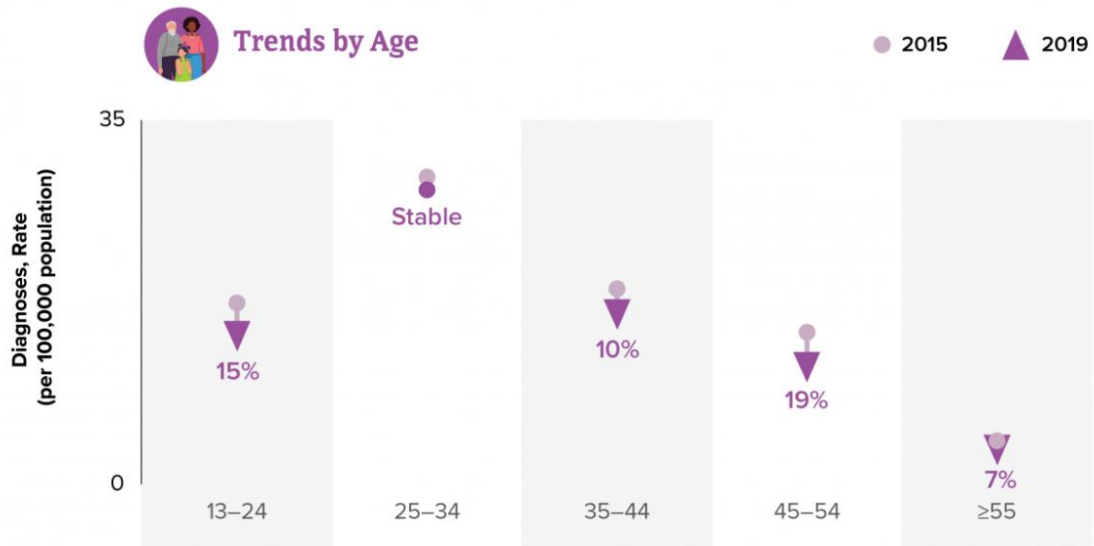
According to the CDC's *Diagnoses of HIV Infection in the United States and Dependent Areas 2019: National Profile* report, from 2015 through 2019, the annual number and rate of diagnoses of HIV infection in the United States have decreased across almost all age and race categories.

HIV Diagnosis in the US by Race/Ethnicity, Rate Per 100,000



Source: CDC, Diagnoses of HIV Infection in the United States and Dependent Areas 2019 National Profile

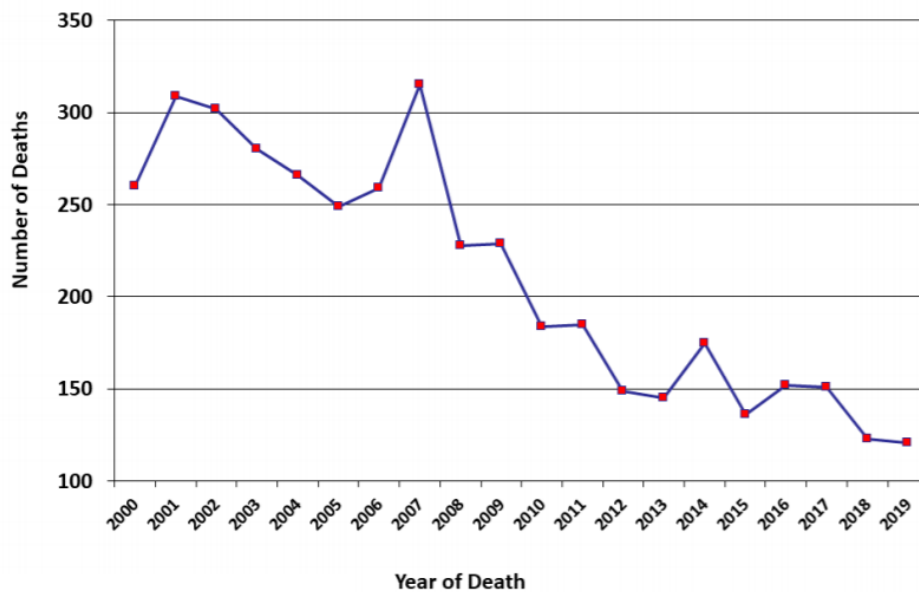
HIV Diagnosis in the US by Age, Rate Per 100,000



Source: CDC, Diagnoses of HIV Infection in the United States and Dependent Areas 2019 National Profile

In addition to diagnosis rates decreasing, death rates have been decreasing as well and South Carolina mirrors the nation with decreasing HIV death rates.

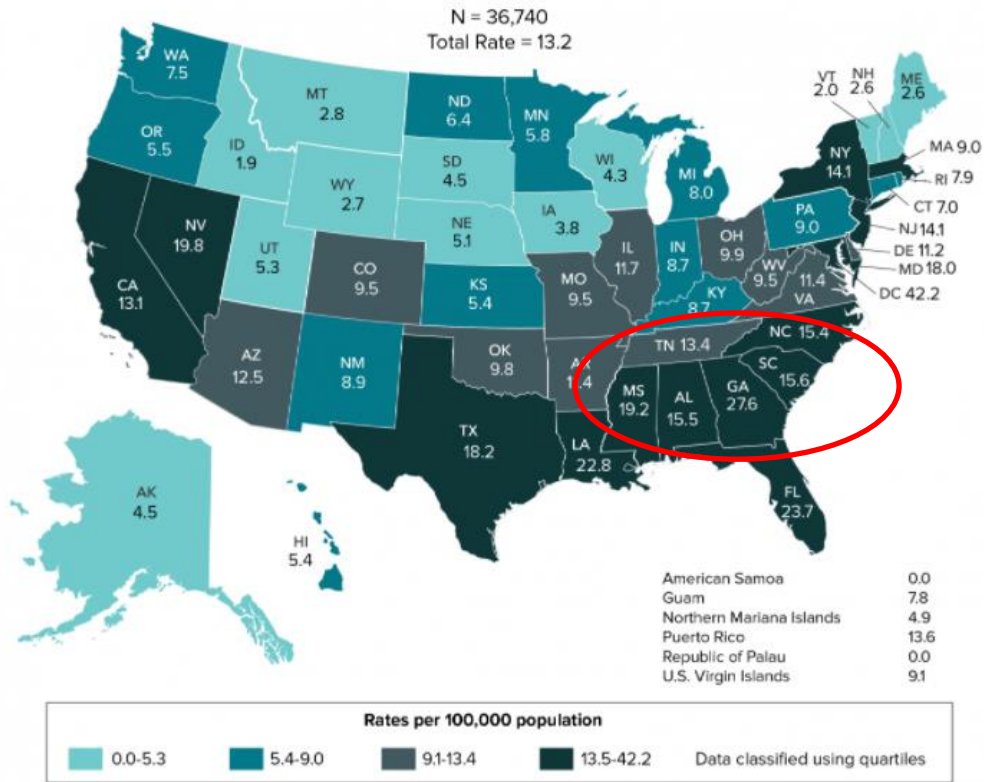
Figure 2.20: Deaths Due to AIDS (HIV) in South Carolina, 2000-2019



Source: South Carolina DHEC South Carolina Epidemiologic Profile of HIV, AIDS, and Sexually Transmitted Infections 2020

Despite decreasing cases and death rates, South Carolina, along with most of the southeast, tends to have higher HIV infection rates than the rest of the nation. By region, the rates were 15.2 in the South, 9.4 in the Northeast, 9.2 in the West, and 7.0 in the Midwest.

Figure 1. Rates of Diagnoses of HIV Infection among Adults and Adolescents, 2019—United States and 6 Dependent Areas



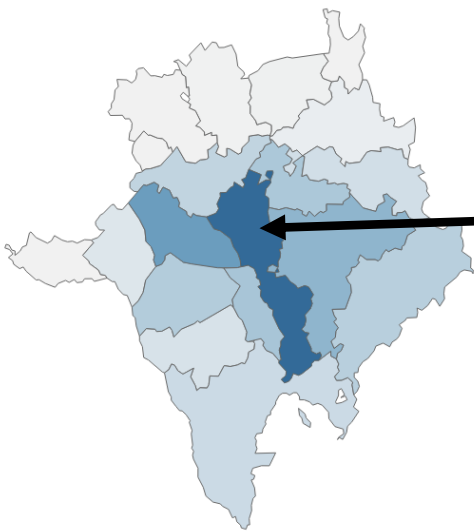
CDC's *Diagnoses of HIV Infection in the United States and Dependent Areas 2019: National Profile*

The South Carolina STD/HIV/AIDS Surveillance report, issued December 2018 by SC DHEC, indicated that **Anderson and Pickens Counties** have for the past several years followed the same trend as the US with increasing case rates of chlamydia, gonorrhea, and syphilis, while decreasing rates in HIV/AIDS.

COVID-19

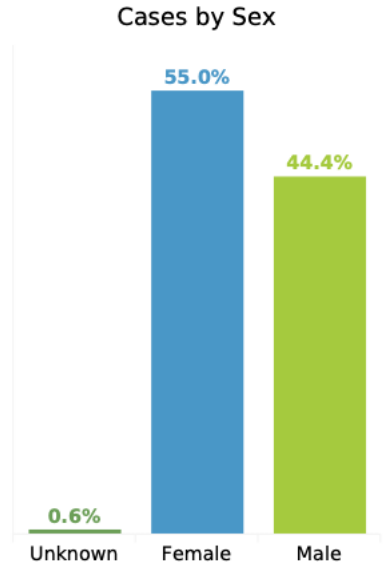
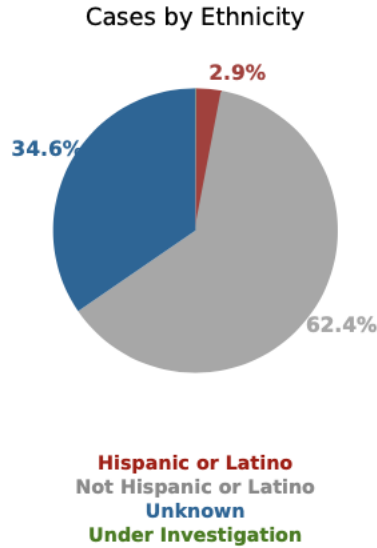
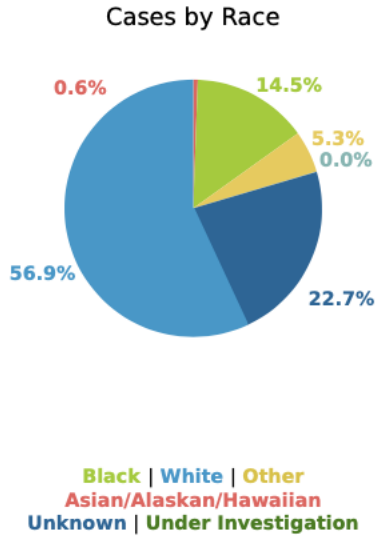
COVID-19 is a dangerous viral disease that was first discovered in Wuhan, China in December 2019. In early 2020, the coronavirus pandemic had spread across the globe and had unprecedented effects on communities worldwide. The impact was felt immediately and continues to impact individuals 18 months after the initial case. There is still much to learn about this disease, but it is known for causing respiratory symptoms that can feel similar to a cold or influenza and has been deadly for many. Most people who contract COVID-19 exhibited mild symptoms; however, older adults and individuals with certain underlying health issues are at an increased risk of severe illness or death.

Anderson County



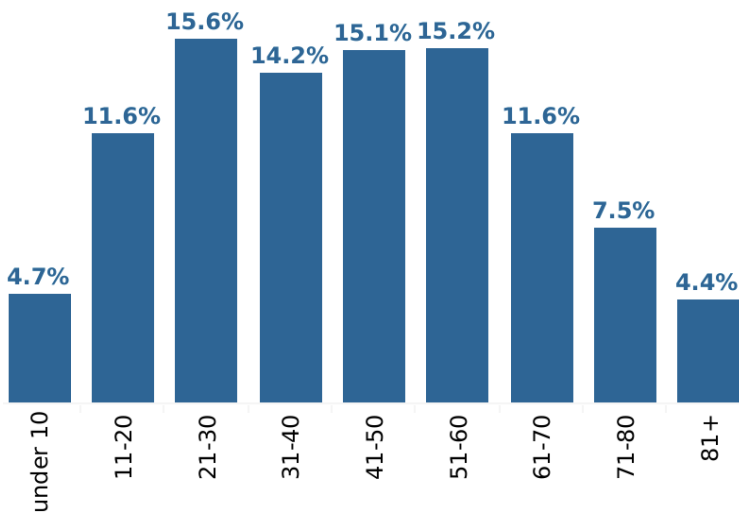
In Anderson County, the zip code 29621 had the most confirmed cases of COVID-19 between March 2020 and July 2021.

Zip Code: 29621



Reported COVID-19 Cases, by Age Group & Age Related Information

Source: SCDHEC, South Carolina County-Level Data for COVID-19, Anderson County



Minimum Age **0.0 years**

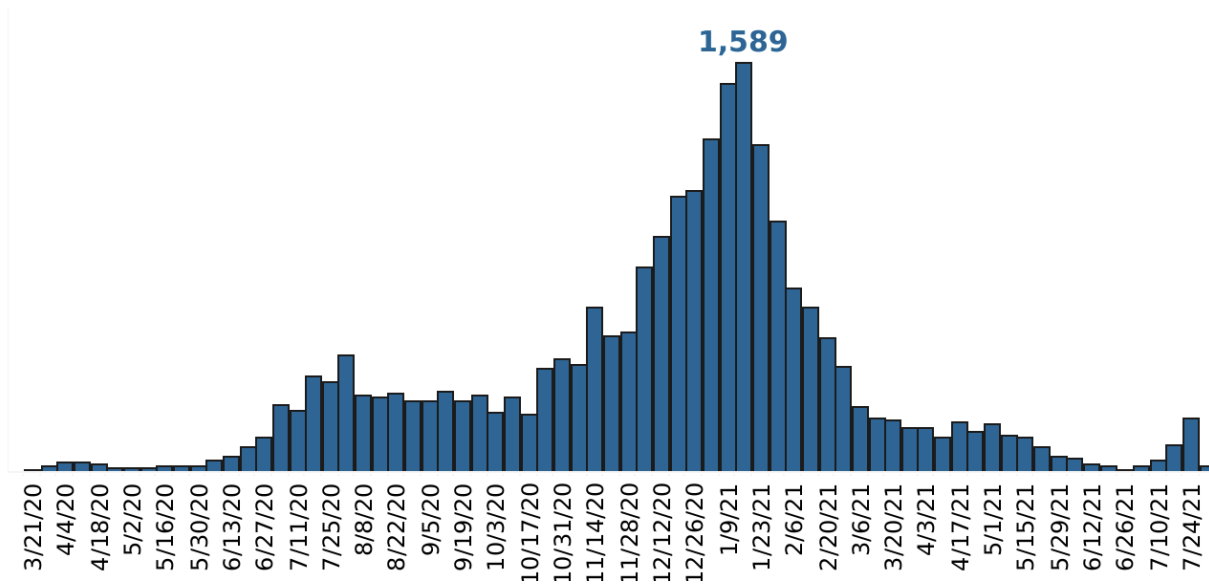
Median Age **43.0 years**

Max Age **103.0 years**

Average Age **43.6 years**

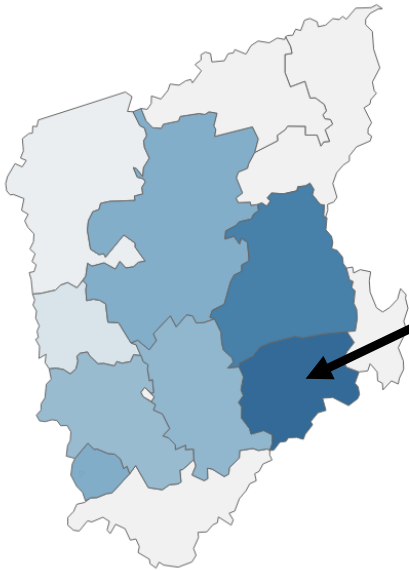
Source: SCDHEC, South Carolina County-Level Data for COVID-19, Anderson County

Reported COVID-19 Cases, by Week of Report
 County Displayed: **Anderson** | Dates Displayed: 3/13/2020 to 7/25/2021



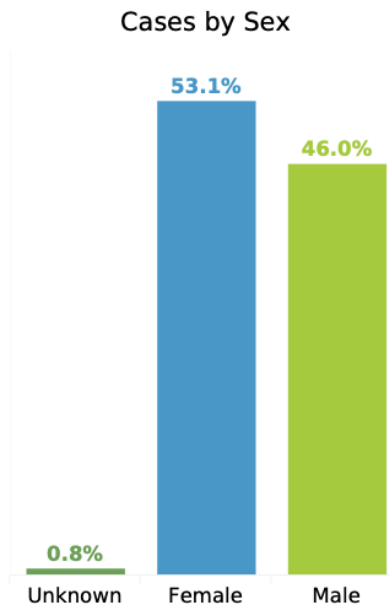
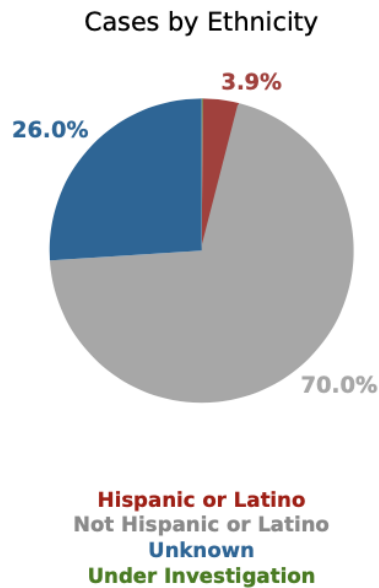
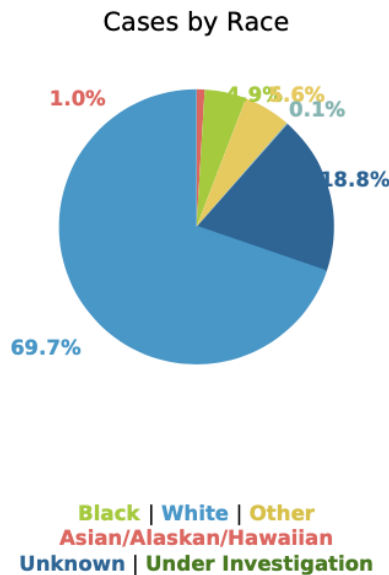
Source: SCDHEC, South Carolina County-Level Data for COVID-19. Anderson Count

Pickens County



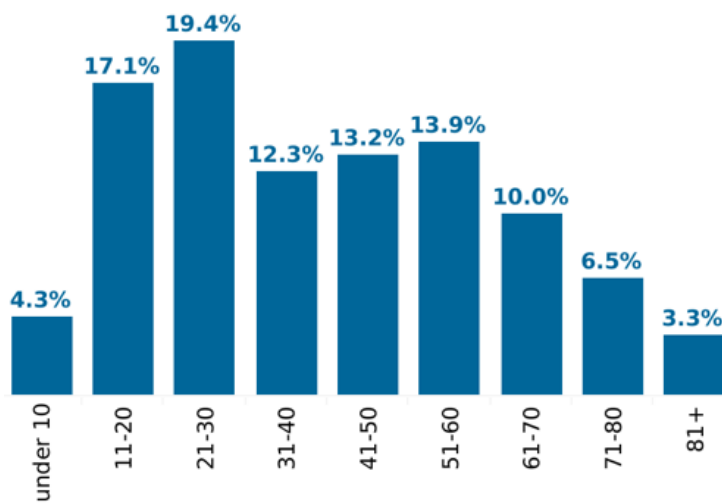
In Pickens County, the zip code 29642 had the most confirmed cases of COVID-19 between March 2020 and July 2021.

Zip Code: 29642



Source: SCDHEC, South Carolina County-Level Data for COVID-19. Pickens

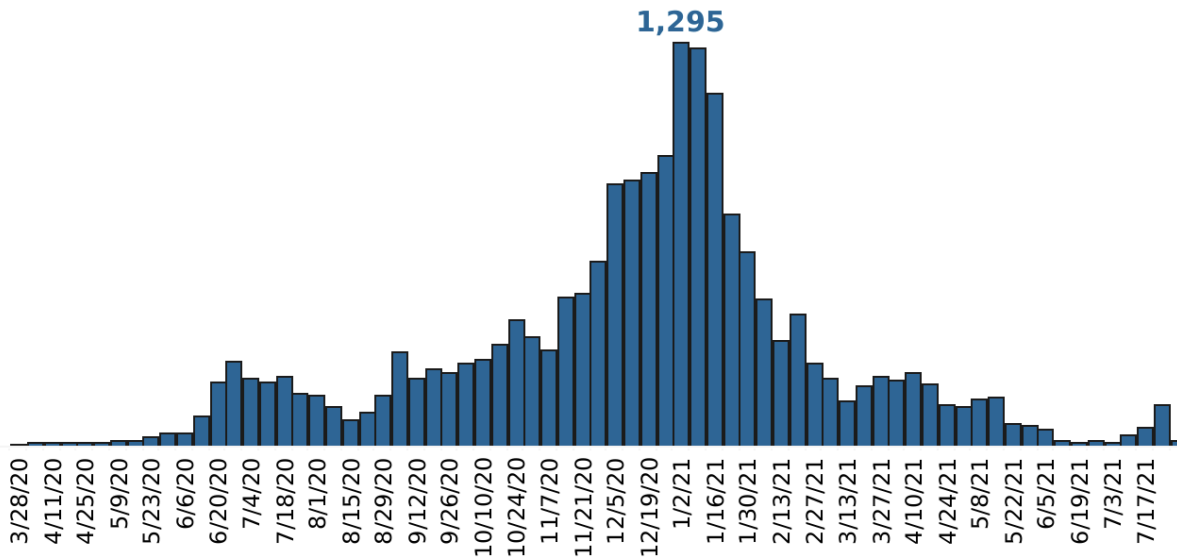
Reported COVID-19 Cases, by Age Group & Age Related Information



Minimum Age	0.0 years
Median Age	39.0 years
Max Age	105.0 years
Average Age	40.7 years

Source: SCDHEC, South Carolina County-Level Data for COVID-19. Pickens County

Reported COVID-19 Cases, by Week of Report
 County Displayed: **Pickens** | Dates Displayed: 3/18/2020 to 7/25/2021

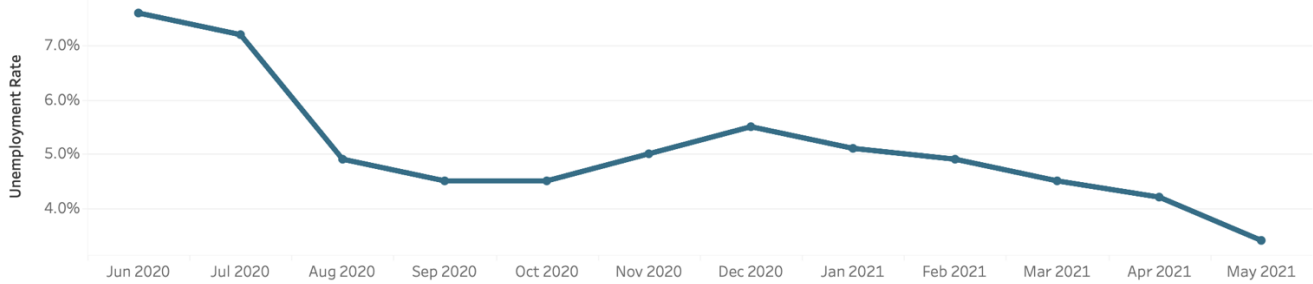


Source: SCDHEC, South Carolina County-Level Data for COVID-19. Pickens County

COVID-19 Economic Impact

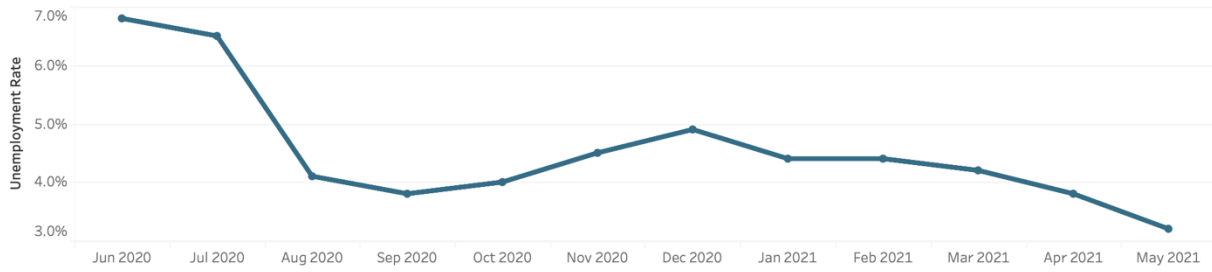
Across the United States, households struggled to stay financially afloat during the pandemic. The Upstate region of South Carolina was no exception. The economic impact of COVID-19 can be seen in the unemployment rate starting in June 2020, and then seeing another surge in December 2020. Pickens County’s unemployment rate was continuously lower than Anderson County and South Carolina.

Unemployment Rate | Anderson County



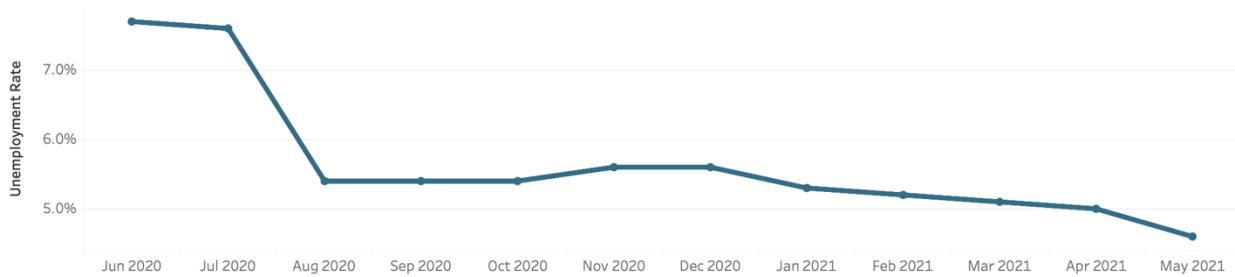
Source: SC Department of Employment & Workforce

Unemployment Rate | Pickens County



Source: SC Department of Employment & Workforce

Unemployment Rate | South Carolina



Source: SC Department of Employment & Workforce

COVID-19 Cases

COVID-19 Data Collection Summary March 2020 to July 2021 (per 10,000 population)			
	Anderson County	Pickens County	South Carolina
# of Tests Administered	276,470	340,727	8,433,934
# of Confirmed Cases	23,674	19,312	611,594
# of Hospitalizations	1,030	555	23,945
# of Deaths	536	305	9,883

Source: SC County Level Data for Covid-19. SCDHEC. 2021

COVID-19 Vaccine

Anderson County and Pickens County lag significantly behind South Carolina in receiving the COVID-19 vaccination.

COVID-19 Vaccination Data <i>Records as of July 2021</i>			
Vaccination Records % of Population	Anderson County	Pickens County	South Carolina
At Least One Dose	66,564 32.9%	49,755 39.2%	2,172,698 50.6%
Fully Vaccinated	60,279 29.8%	44,764 35.3%	1,904,403 44.3%

Sources: Covid Data Tracker. CDC. 2021; Covid-19 Vaccination Dashboard, SCDHEC, 2021

It is anticipated that COVID 19 will remain a significant health issue over the next year or more as health providers and public health officials continue to learn more about the virus and continue to work through the challenges of variants and an increasing push for vaccinations as those willing to take the vaccine has slowed.

Mental Health and Substance Abuse

Mental Health

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human, reviews and classifies Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage of health professionals. Similar to the previous CHNA studies, Anderson and Pickens Counties both have been designated with 2 mental health HSPAs. The continued designation of a mental health shortage area is of concern as reports are indicating an increase in mental health issues and high rates of visits to the emergency departments for behavioral health issues.

Another indicator of mental health resources is the Mental Health Providers ratio, which is the ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. As of the 2021 County Health rankings (utilizing 2020 data), Anderson County has a Mental Health Provider ratio of 590:1; Pickens County has a Mental Health Provider ratio of 860:1; and South Carolina has a ratio of 550:1. These numbers include private facilities which are not always attainable for lower income families suffering from mental health issues. However, according to the American Health Rankings South Carolina 2020 Annual Report, mental health providers in South Carolina have increased 18% between 2016 and 2020, demonstrating the acknowledgement of mental health issues.

A succinct way to observe data for behavioral health and access to care is to examine the amount of Anderson County and Pickens County ED visits for behavioral health. With a continued increase in visits for behavioral health issues, this is a plausible cause of a lack of access to care for lower income community residents. Anderson County and Pickens County both had an increase in ED visits for behavioral health between 2015 and 2019. Anderson County had an increase in average cost between 2015 and 2019 (and has since 2011), while Pickens County saw a decrease in average cost.

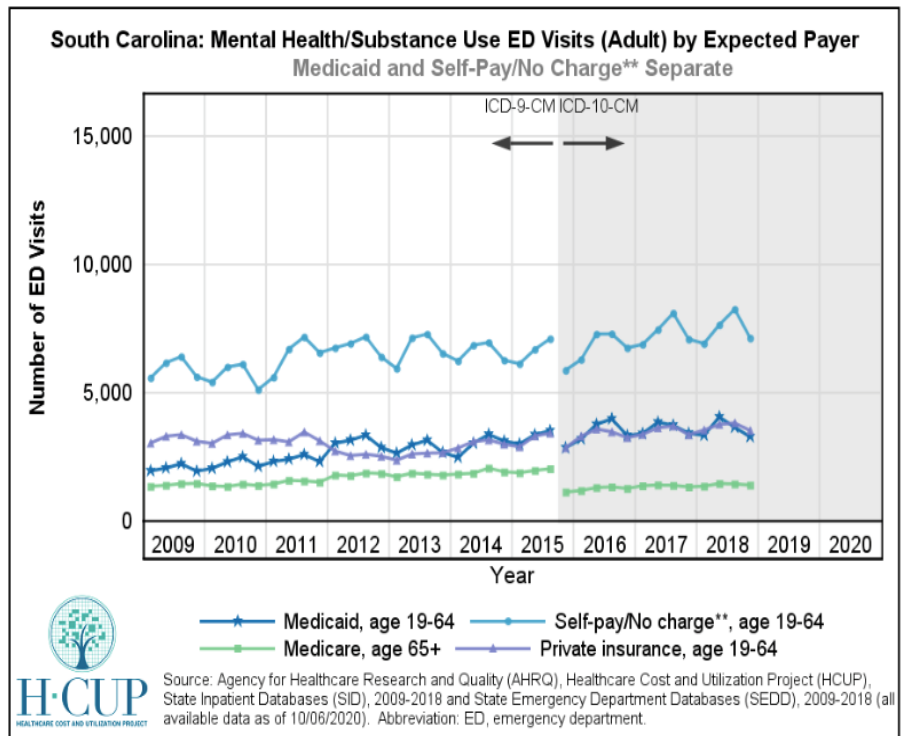
ED Visits for Behavioral Health Anderson County 2012, 2015, & 2019									
Payer Source	# of Visits			Total Charges			Average Charge		
	2011	2015	2019	2011	2015	2019	2011	2015	2019
Commercial/HMO	400	486	494	\$ 995,567	\$1,755,590	\$2,079,363	\$ 2,282	\$ 3,270	\$3,851
Medicaid	452	608	741	\$982,127	\$1,989,252	\$3,171,422	\$ 1,923	\$ 3,000	\$3,832
Medicare	541	726	752	\$1,466,764	\$3,120,129	\$3,891,178	\$ 2,418	\$ 3,674	\$4,665
Self/Indigent	960	850	1,023	\$2,698,684	\$3,777,130	\$4,507,472	\$ 2,578	\$ 4, 081	\$3,969
Total	2,353	2,670	3,010	\$6,143,142	\$10,642,101	\$13,649,435			

Source: South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, 2010-2019

**ED Visits for Behavioral Health
Pickens County
2012, 2015, & 2019**

Payer Source	# of Visits			Total Charges			Average Charge		
	2011	2015	2019	2011	2015	2019	2011	2015	2019
Commercial/HMO	378	466	474	\$884,364	\$1,332,919	\$1,371,543	\$2,135	\$2,631	\$2,593
Medicaid	449	636	604	\$908,546	\$1,738,731	\$1,625,016	\$1,742	\$2,484	\$2,297
Medicare	465	445	481	\$1,244,509	\$1,672,870	\$1,712,588	\$2,406	\$3,362	\$3,114
Self/Indigent	778	711	758	\$2,029,254	\$2,210,884	\$2,446,223	\$2,365	\$2,836	\$2,819
Total	2,070	2,258	2,317	\$5,066,673	\$6,955,404	\$7,155,370			

Source: South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, 2010-2019



Source: Agency for Healthcare Research and Quality, Healthcare Costs and Utilization Project (HCUP) 2020

According to Mental Health of America State Rankings Report, South Carolina ranks 45th for mental health care access (with 1 being best and 51st being worst). South Carolina has kept the same position since 2018, showing no growth in public service in mental health when comparing to the other states.

RANK	STATE	RANK	STATE	RANK	STATE
01	Vermont	18	Kentucky	35	Idaho
02	Massachusetts	19	Montana	36	Kansas
03	Maine	20	New York	37	Alaska
04	District of Columbia	21	Oregon	38	Wyoming
05	Delaware	22	South Dakota	39	Virginia
06	Minnesota	23	New Jersey	40	Arizona
07	Wisconsin	24	North Dakota	41	Missouri
08	Rhode Island	25	New Mexico	42	Arkansas
09	Ohio	26	Indiana	43	Tennessee
10	New Hampshire	27	Louisiana	44	North Carolina
11	Maryland	28	Illinois	45	South Carolina
12	Pennsylvania	29	Nebraska	46	Nevada
13	Connecticut	30	West Virginia	47	Alabama
14	Hawaii	31	Colorado	48	Florida
15	Iowa	32	Utah	49	Mississippi
16	Washington	33	Oklahoma	50	Texas
17	Michigan	34	California	51	Georgia

Source: Mental Health of America State Rankings Reports. Access to Care, 2020

Suicide

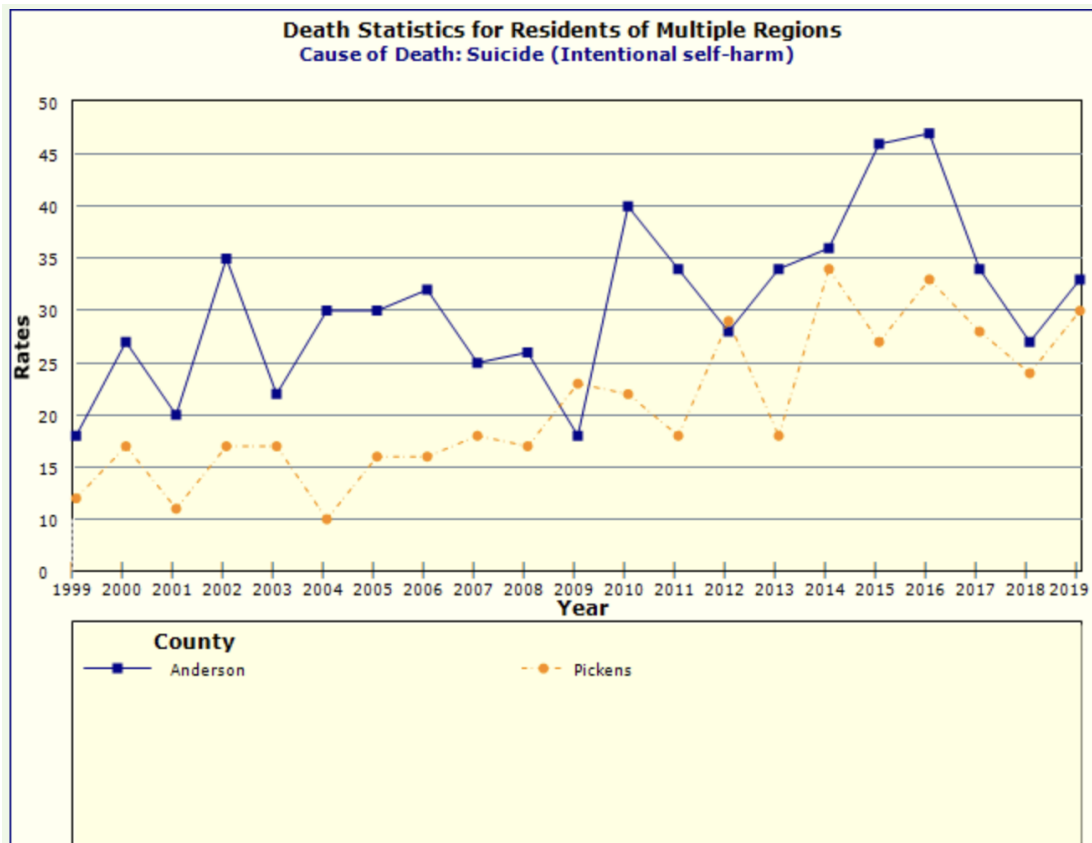
Another indicator that may help gauge mental health in a community is the amount of suicide and intentional self-inflicted injury visits. Emergency Department visits for attempted suicide/intentional self-inflicted have increased drastically since 2010, while increasing over 20% since 2016.

Analysis of Emergency Department Visits by Selected Characteristics Includes Admissions to Inpatient via ED Suicide/Intentional Self-Inflicted Injury

Anderson County			Pickens County		
Visits 2010	Visits 2016	Visits 2019	Visits 2010	Visits 2016	Visits 2019
40	298	377	51	317	504

* By County of Residence

Source: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2020

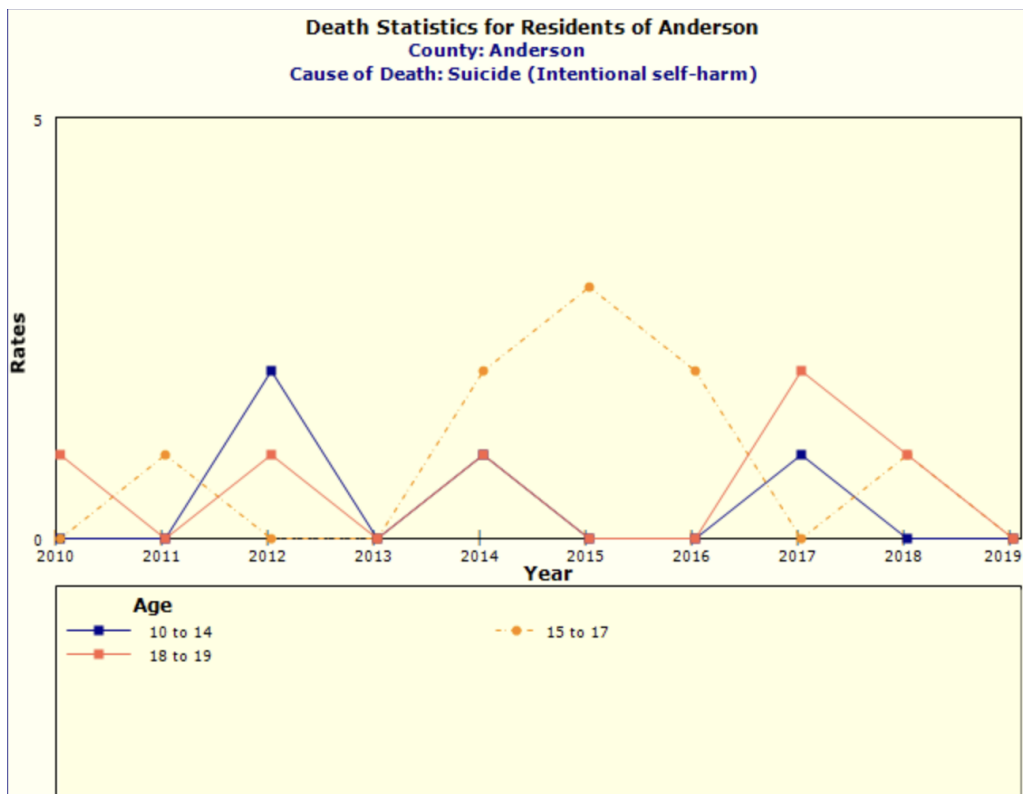


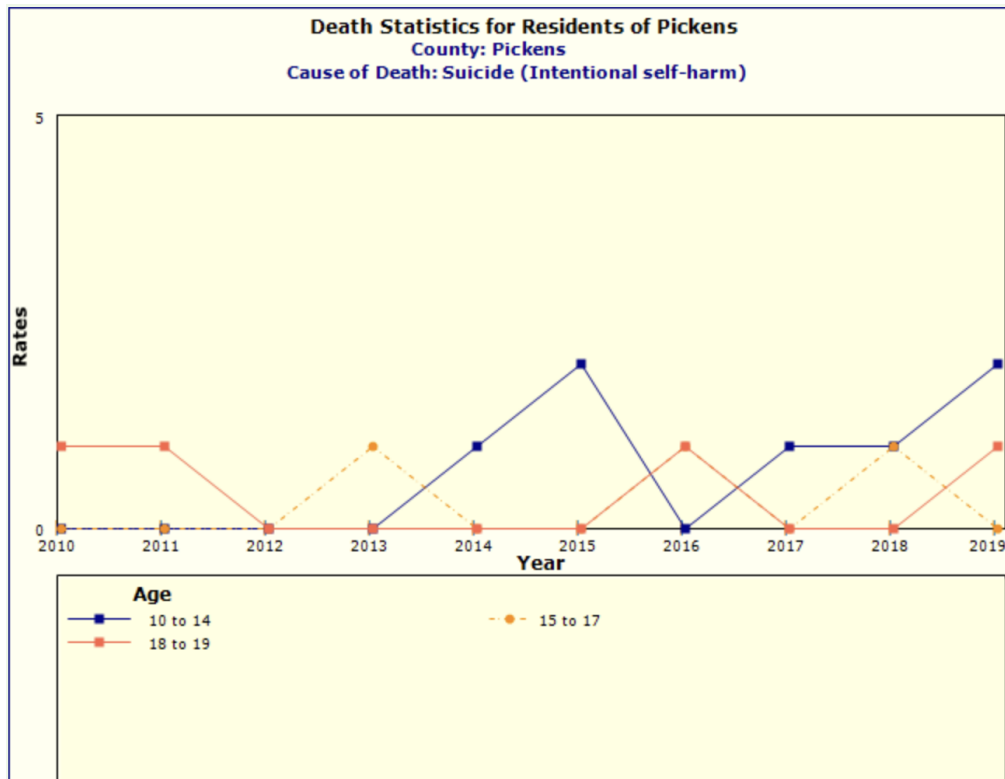
* Per 100,000; Source: SC DHEC SCAN Community Profiles

Suicide Among Youth

In 2019, through the Youth Risk Behavioral Survey, 39.0% of 9th-12th graders in South Carolina reported that they have felt “so sad or hopeless almost every day for two or more weeks in a row that they stopped doing usual activities during the past 12 months”. This represents an increase since 2017, when 33.2% responded they felt this way. Similarly, to past reports, females were more likely to report feeling sad or hopeless for more than 2 weeks (48.0%) than males (29.6%).

Similar increases have been reported when high school students were asked if they have ever “seriously considered attempting suicide”. In 2017 approximately 19% answered yes and in 2019, 20% answered yes. A point of interest to note, when viewing more historical data, it was found that between 1991 and 1999 those indicated having seriously considered attempting suicide ranged from 17% - 25.6% depending on the year.





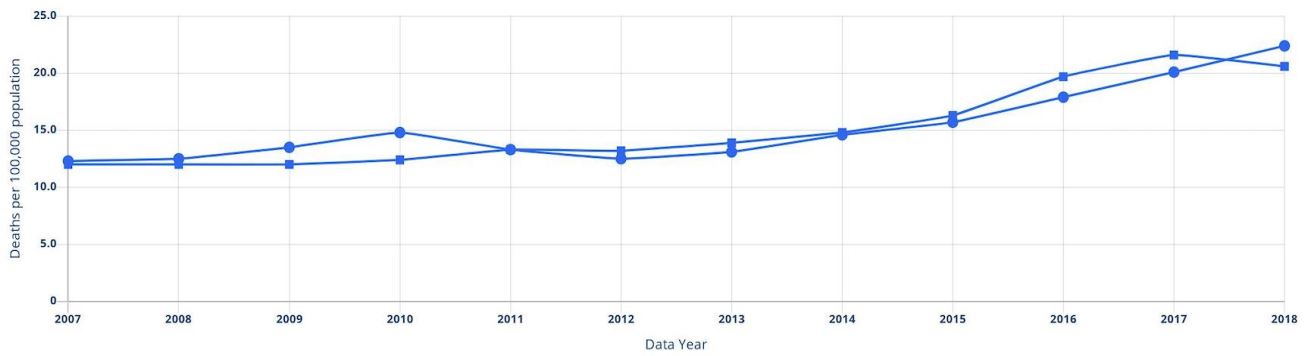
Drug Use

The National Survey on Drug Use and Health (NSDUH) and the National Survey of Substance Abuse Treatment Services (SAMHSA) provide national and state level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States for individuals 12 years and older. In the most recent 2017-2018 survey, 9.84% of South Carolina residents reported using illicit drugs in the past month, a slight increase from 2015-2016 survey, which was 8.4%. Nationally, 11.43% US residents reported using illicit drugs in the past month up from 10.57% in 2016. Additionally, 3.6% of South Carolina residents reported using an illicit drug other than marijuana in the past month, a slight decrease from 3.7% in 2016. (the national average was 3.3% in 2017-2018).

Drug-Induced Deaths

The rate of drug deaths in South Carolina and in the US have been on the rise. According to the America Health Rankings 2020 Annual Report, based on data gathered from 2018, South Carolina has a higher level of drug deaths than the Nation, with the national rate at 20.6 while South Carolina has a rate of 22.4. These drug deaths are seen more in males between the ages of 35 and 44 than any other demographic.

Trend: Drug Deaths (1-year), South Carolina, United States, 2020 Annual Report



Number of deaths due to drug injury (unintentional, suicide, homicide or undetermined) per 100,000 population

● South Carolina ■ United States

SOURCE:

• CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files

Source: America’s Health Rankings

According to the 2019 Anderson County Community Indicators Report, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) no longer publicly reports data at the county level.

Another indicator of drug and alcohol abuse in the county is the number of Emergency Department (ED) visits for mental health, specifically for substance and alcohol related disorders.

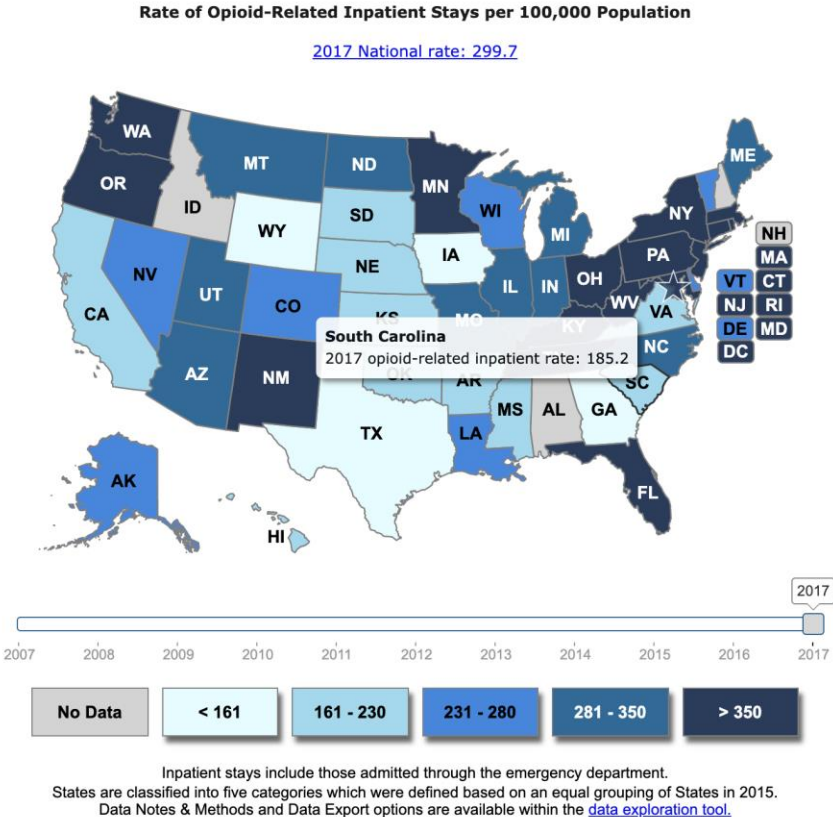
ED Visits for Alcohol-Related and Substance-Related Disorders (Including Admissions to Inpatient via ED) 2012, 2015, & 2019						
County	Anderson County			Pickens County		
	2012	2015	2019	2012	2015	2019
Alcohol-Related Disorders	382	553	594	255	274	313
Substance-Related Disorders	334	474	613	302	342	412

Source: South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query, 2010-2019

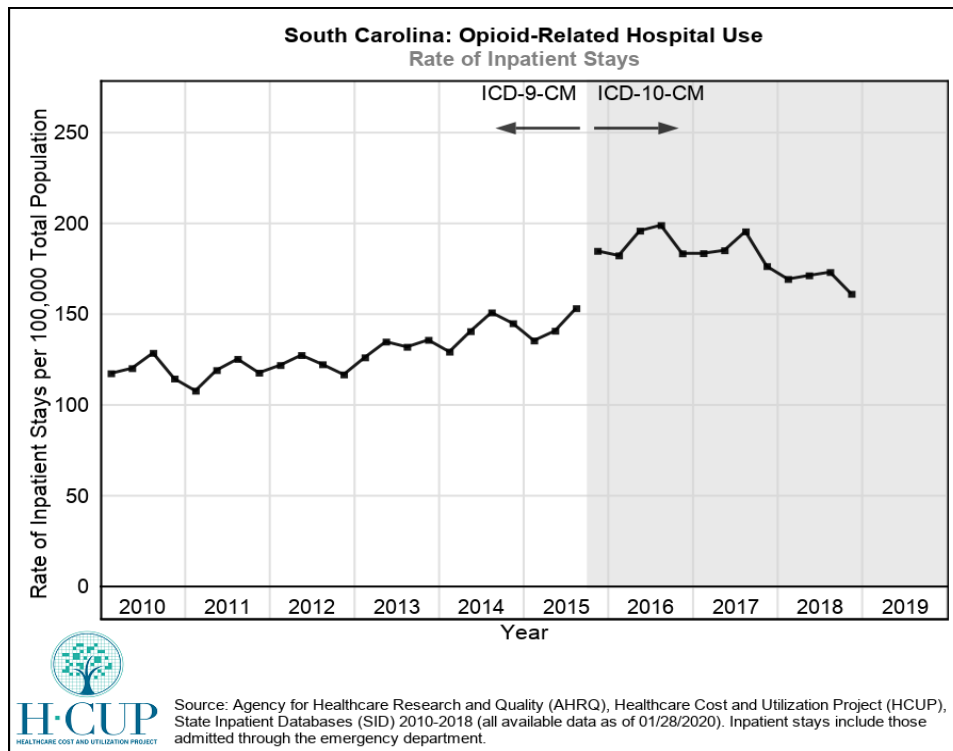
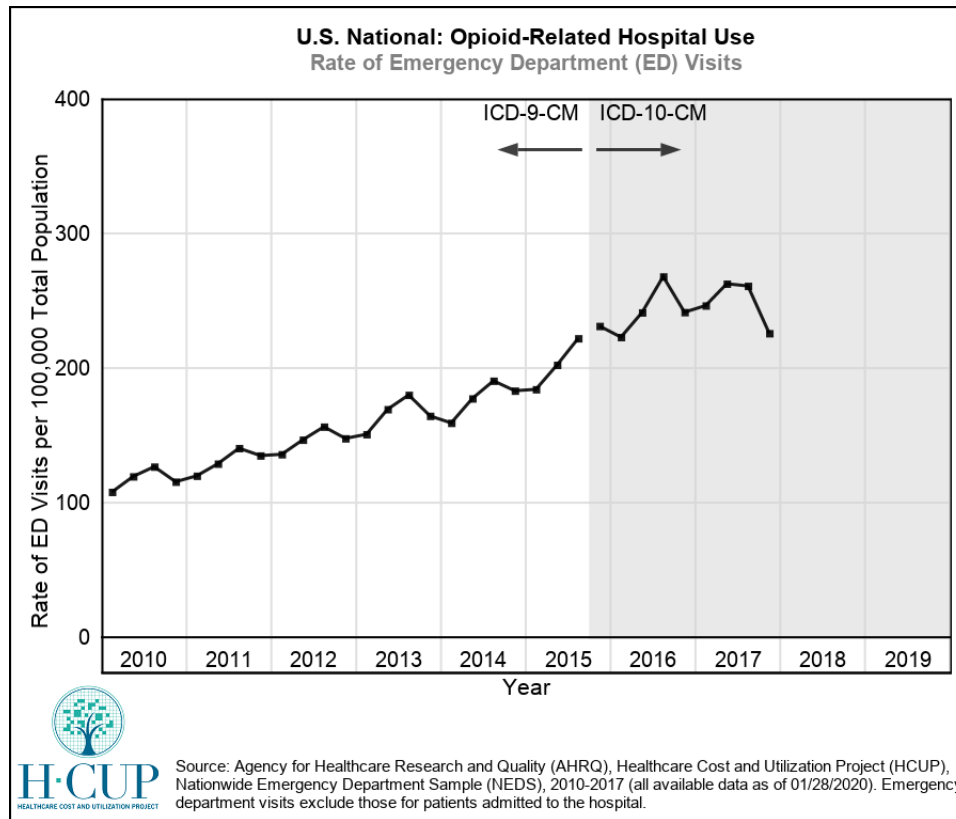
Nationwide, there has been much concern regarding the increased use and addiction of opioid drugs. There has been a significant increase in hospitalizations in both the nation and in South Carolina due to opioid use (see charts on following page). In South Carolina, however, the opioid-related inpatient

rate was well below the national average when data was collected (2017), and from 2017 to 2018, Anderson County saw a 31% decrease in opioid-involved overdose deaths, according to the Opioid Mortality and Selected Trends: 2018 South Carolina Overdose Mortality Data released by SC DHEC and SC DAODAS (Department of Alcohol and Other Drug Abuse Services).

Currently, community feedback gathered through focus groups in Anderson and Pickens Counties has indicated a declining concern about opioid use and a growing concern with the use and overdoses from methamphetamine, heroin, and fentanyl.



Healthcare Costs and Utilization Project (HCUP); Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). <https://www.hcup-us.ahrq.gov/>



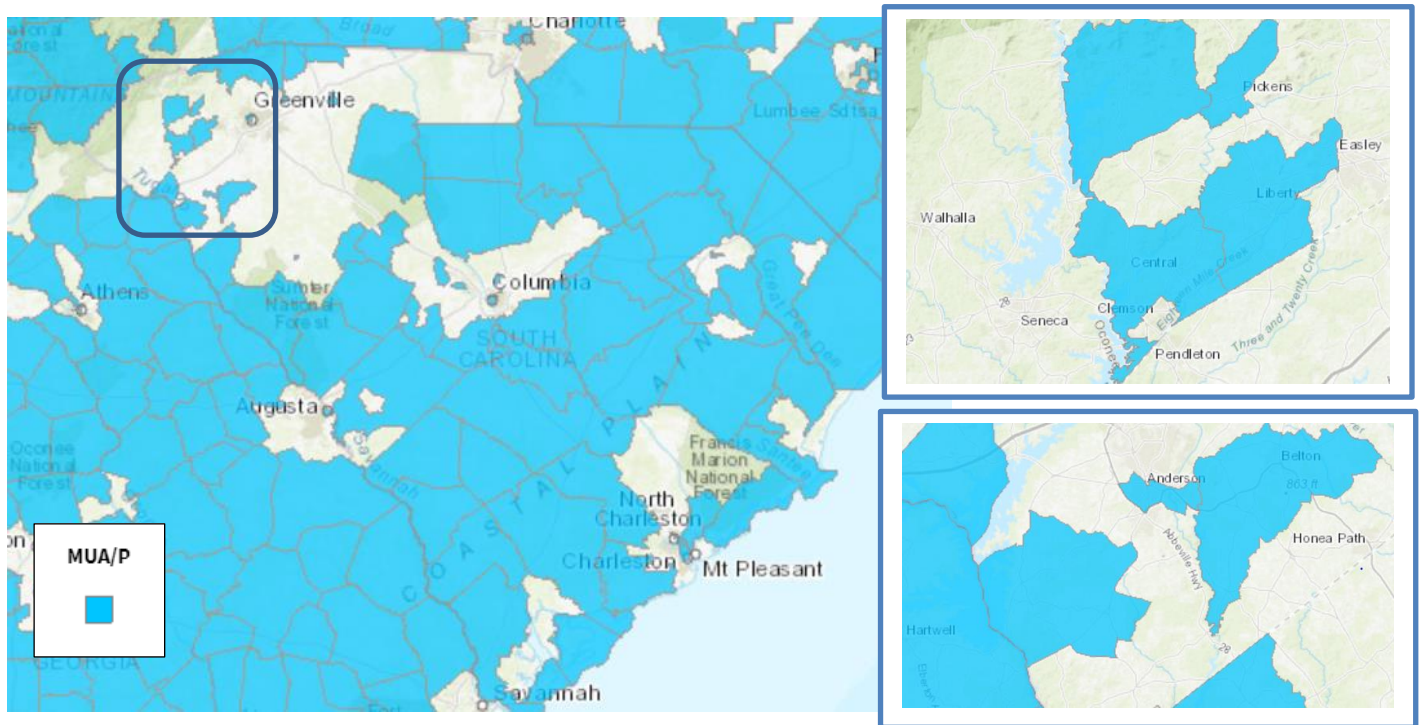
Sources: Healthcare Costs and Utilization Project (HCUP); Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). <https://www.hcup-us.ahrq.gov/>

Health Services –Access

Health Professional Shortage Areas

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human, reviews and classifies Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage of health professionals.

HRSA also designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs), which identify geographic areas and populations with a lack of access to primary care services. MUA/P is a federal designation and takes into account: percentage of population below poverty level, percentage of population age 65 +, infant mortality rate, and ratio of primary care physicians per 1,000. The Federal government uses HPSAs, MUAs and MUPs to determine eligibility for a number of government programs. Anderson County and Pickens County with some areas classified as MUA/Ps, however, in general, Anderson and Pickens have fewer MUA/P designations than the rest of the state.



Source: U.S. Department of Health and Human, Health Resources and Services Administration (HRSA), HRSA Data Warehouse

Parts of Anderson County and Pickens County have also been designated as Health Professional Shortage Areas (HPSAs) in primary care, dental care, and mental health. HPSAs are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage

of health professionals. Anderson has 1 designated primary care HPSA, 1 dental HSPA and 2 mental health HSPAs. Pickens has 2 designated primary care HPSAs, 2 dental HSPAs and 2 mental health HSPAs. In addition, shortage areas are given rank of 0-26, with 26 being highest priority. For primary care HSPA, Anderson’s priority rank is 13 and in Pickens’ is 15; for dental care HSPA, Anderson’s priority rank is 15 and in Pickens’ is 17; and for mental health HSPA, Anderson and Pickens have a priority rank of 17.

Person to Provider Ratios

The persons to everyone primary care physician, dentist and mental health provider is higher in Anderson and Pickens than other parts of the state. It is important to note that in Anderson County, the person to dentist ration is particularly high, as is the mental health provider to person ration in Pickens County. Across all categories, with the exception of primary care physicians in Pickens, there appears to be improvement on the number person to provider ratios, although both counties do not measure favorably against the state nor top performing US counties.

	Anderson County			South Carolina	US Top Performing Counties
	2014	2018	2021	2021	2021
Primary Care Physicians	1,653:1	1,500:1	1,440:1	1,490:1	1,030:1
Dentists	2,630:1	2,370:1	2,280:1	1,770:1	1,210:1
Mental Health Providers	709:1*	620:1	590:1	550:1	270:1

	Pickens County			South Carolina	US Top Performing Counties
	2014	2018	2021	2021	2021
Primary Care Physicians	1,573:1	1,560:1	1,620:1	1,490:1	1,030:1
Dentists	2,137:1	1,950:1	1,890:1	1,770:1	1,210:1
Mental Health Providers	1,235:1*	1,050:1	860:1	550:1	270:1

*2015 data

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute; 2021 South Carolina State Reports

Uninsured

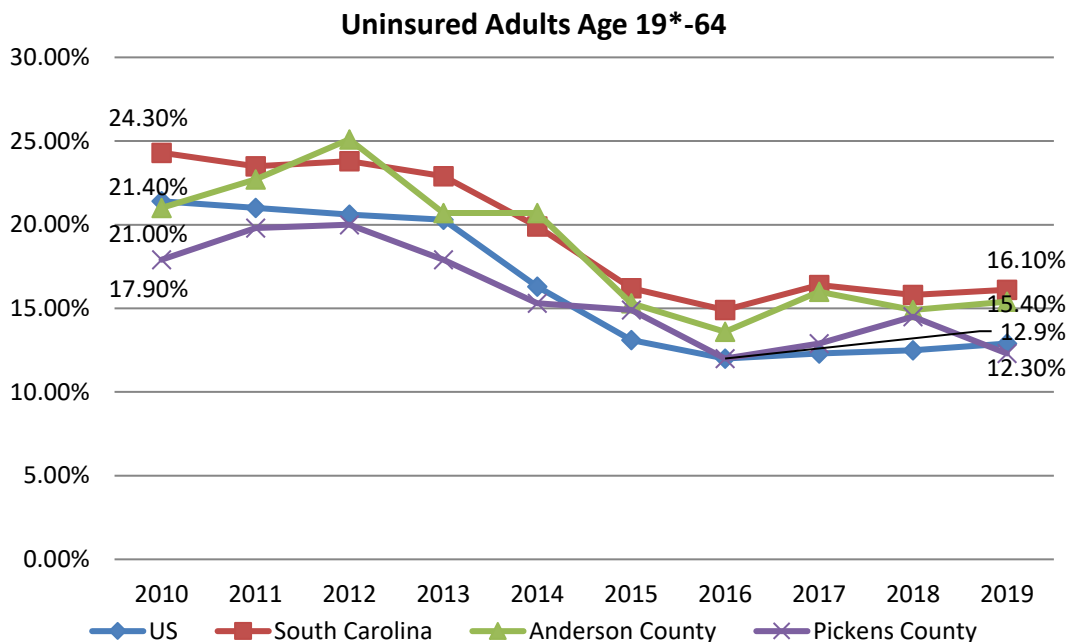
The health insurance coverage rate is, in part, a reflection of the quality of jobs in a specific area, and the changes in the rate of coverage and the distribution of the coverage could reflect the economic trends. In 2014, the implementation of the Affordable Care Act (ACA) produced significant changes in the insurance coverage rates.

The portion of the population that is usually measured for health insurance coverage is working age adults, 18 or 19 to 64, as this segment is exempt from public insurance by entitlement of age or income. People age 65 and older are covered by public insurance (most often Medicare) and low-income children are often covered by public insurance in the form of Medicaid. Persons who do not have any source of health insurance and go without primary care often end up being treated as emergency patients; a much costlier mode of treatment than prevention or accessing primary care via insurance coverage.

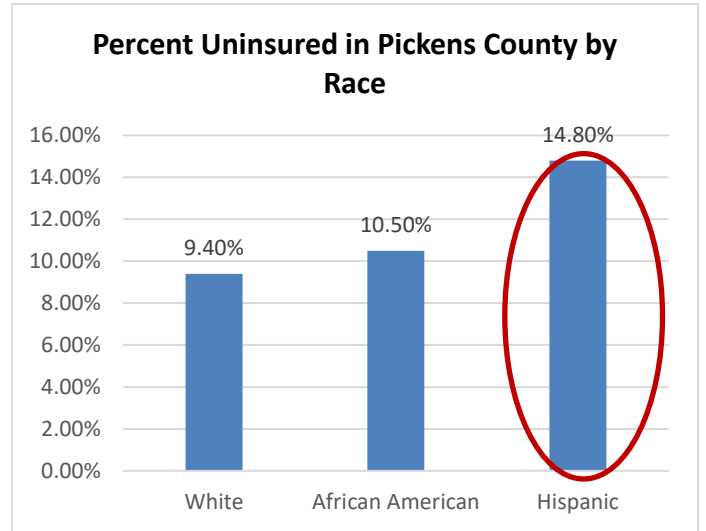
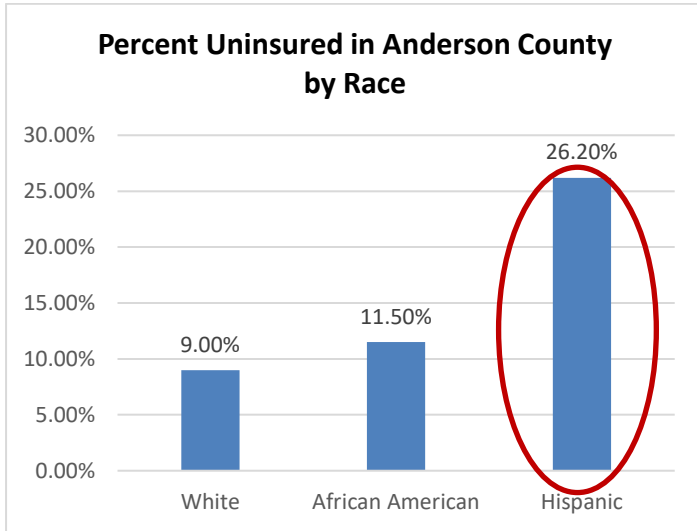
-2017 Anderson County Indicators Report

From 2010 -2016, there has been a significant downward trend in the uninsured rates across the nation, state and Anderson and Pickens Counties. Since 2016, the uninsured rates have been relatively flat with only very slight increases shown over the past three years. Significant racial disparities exist. The white population has the lowest uninsured rate, while the Hispanic population has the highest uninsured rate, with the Hispanic population in Anderson County having an uninsured rate that is double that of white individuals.

Sources: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation: 2017 Anderson County Indicators Report, Upstate Metropolitan Studies Institute



Sources: US Census Bureau, American Community Survey 1-year estimates 2010-19 Health Insurance Coverage Status. *Years 2010-2016 Age Category was defined as age 18-64 years; in years 2017-2019 Age Category was defined as 19-64.



Sources: US Census Bureau, American Community Survey 5-year estimates 2019 Health Insurance Coverage Status by Race.

Usual Primary Care Provider & Delay of Care

Routine care, early screenings and timely access to medical appointments are important factors to maintaining health and preventing health issues. Access to a regular medical provider and affordability effect an individual’s ability to access routine care, earlier screenings, and timely appointments. Individuals who have identified a usual primary care provider are more likely to get routine medical screenings. Based on data from the 2016-2018 South Carolina Behavioral Risk Factor Surveillance System:

- 77.3% of adults in South Carolina, 76.7% in Pickens County and 79.2% in Anderson County report have a personal doctor or healthcare provided.
- 15.6% adults in South Carolina, 15.2% in Anderson County and 16.1% in Pickens County reported that in the past 12 months they could not see a doctor due to costs.

Emergency Room Usage

Emergency Department costs for common hospital admissions are included below. The first chart was data gathered during the previous CHNA, while the second chart is most recent data available.

Analysis of Emergency Department Visits by Selected Characteristics Period Covered: October 2015 - September 2016

Includes Admissions to Inpatient via ED

2015 - 2016	Anderson County		Pickens County	
	Visits	Total Charge	Visits	Total Charge
Diseases of the Heart	6,933	\$177,757,475	4,402	\$70,620,925
Mental Illness	3,972	\$41,845,450	2,491	\$12,492,903
Diabetes with complications	922	\$18,331,666	467	\$6,022,298
Cerebrovascular Disease	726	\$31,660,703	449	\$15,195,925
Asthma	646	\$3,565,425	502	\$1,730,022
Diabetes without complications	93	\$361,129	103	\$367,303

Analysis of Emergency Department Visits by Selected Characteristics Period Covered: October 2018 - September 2019

Includes Admissions to Inpatient via ED

2018 - 2019	Anderson County		Pickens County	
	Visits	Total Charge	Visits	Total Charge
Diseases of the Heart	6,523	\$151,588,890	4,690	\$71,928,881
Mental Illness	3,972	\$43,258,826	2,518	\$12,792,108
Diabetes with complications	1,153	\$29,225,787	615	\$9,321,405
Cerebrovascular Disease	805	\$40,048,982	500	\$18,676,463
Asthma	496	\$3,754,173	373	\$1,922,315
Diabetes without complications	85	\$454,130	111	\$397,941

Source: South Carolina Revenue and Fiscal Affairs Office, Emergency Department Visit Database Query

SUMMARY OF HEALTH INDICATORS



ANDERSON COUNTY

Indicator	Anderson County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Anderson Previous Data	State	Nation
Smoking (Adults age 18+) *(Adult Tobacco Survey- SCDHEC, **CDC)	22.3% (2002) 19.7% (2010) 20.6% (2013) 16.9% (2015)* 23.6% (2018)	21.0%(2010) 20.3%(2013) 19.0%(2015)* 18.0% (2018)	19.3% (2010) 18.1% (2013) 15.5%(2015)** 16.0% (2019)	5%	WORSE	WORSE	WORSE
Smokeless Tobacco Use Adult (Adult Tobacco Survey- SCDHEC, *CDC)	6.8% (2015) 6.6% (2018)	3.6% (2011) 3.5% (2015) 3.9% (2018)	4.4 (2011) 3.4% (2014)* 4.0% (2019)*	--	SIMILAR	WORSE	WORSE
E-cigarettes Adult (Adult Tobacco Survey- SCDHEC, *CDC)	4.4% (2015) 26.2% (2018)	3.6% (2011) 6.4% (2015) 18.0%(2018)*	4.4 (2011) 3.2% (2016)* 16.1% (2018)*	--	WORSE	WORSE	WORSE
Smoking (9 th – 12 th grade smoking cigarettes in past 30 days) (SC YRBS, YRBS)		20.5% (2010) 16.0% (2013) 10% (2017) 5.9% (2019)	19.3% (2010) 15.7% (2013) 8.8% (2017) 6.0% (2019)	3.4%	N/A	N/A	N/A
Smokeless Tobacco Youth (SC YRBS, YRBS)		7.8% (2009) 7.0% (2013) 8.4% (2017) 7.1% (2019)	8.9% (2009) 8.8% (2013) 5.5% (2017) 3.8% (2019)	2.3%	N/A	N/A	N/A
Vaping - Youth (9 th -12 th who have used electronic vapor products in the past 30 days) (SC YRBS, YRBS)		11.9% (2017) 21.1% (2019)	13.2% (2017) 32.7% (2019)	10.5%	N/A	N/A	N/A
Teen Pregnancy Rate Age 15-19 (SC Vital Statistics, DHHS)	55.3 (2003) 49.8 (2010) 41.5 (2013) 29.8 (2016) 22.1 (2019)	51.3 (2003) 42.6 (2010) 31.6 (2013) 23.8 (2016) 21.6 (2019)	42.6 (2003) 34.3 (2010) 26.5 (2013) 20.3 (2016) 16.7 (2019)	31.4	BETTER	SIMILAR	WORSE
Excessive Drinking (% adults reporting excessive drinking)(County Health Rankings)	10% (2010) 10% (2012) 17% (2016) 16% (2018)	14% (2010) 14% (2012) 18% (2016) 18% (2018)	14% (2012) 18.5% (2017) 18.6% (2018)	---	BETTER	BETTER	BETTER

N/A = Current county-level data not available for a direct comparison.

Indicator	Anderson County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Anderson Previous Data	State	Nation
No Exercise (Adults reporting no exercise) (HIW); (SCBRFFS)	21.9% (2002) 25.6 (2010) 26.7% (2012) 29.6% (2016) 33.6% (2019)	27.8% (2010) 25.7% (2012) 26.3% (2016) 19.6% (2019)	25.9% (2012) 22.7% (2016) 25.4% (2018)	21.2%	WORSE	WORSE	WORSE
Nutrition (consuming fruits less than one time daily -adults) (SC BRFFS; CDC)	46.7% (2011) 47.5% (2013) 48.8% (2016) 44.4% (2019)	45.2% (2013) 46.2% (2016) 43.9% (2019)	37.7% (2013) 39.7% (2015) --	--	BETTER	SIMILAR	N/A
Nutrition (consuming vegetables less than one time daily - adults) (SC BRFFS; CDC)	27.2% (2011) 26.9% (2013) 27.1% (2016) 19.1% (2019)	26.8% (2013) 26.5% (2016) 19.5% (2019)	22.6% (2013) 22.1% (2015)	--	BETTER	SIMILAR	N/A
Adults obese or overweight (SC DHEC Chronic Disease Report; NHANES*)	55-59% (2003) 65.0% (2010) 72.2% (2013) 70.0% (2016) 73.6% (2019)	67.0% (2010) 66.5% (2013) 66.5% (2016) 72.4% (2019)	69.2% (2010) 63.8% (2013) 65.1% (2016) 71.6%(2018)*	--	WORSE	WORSE	WORSE
Adults obese (SC DHEC Chronic Dx Report; CDC)	35.2% (2018)	34.1% (2018)	31.9% (2019)	36.0%	--	SIMILAR	WORSE
Hypertension (SC DHEC, CDC, NHANES*)	29.8% (2010) 34.2% (2012) 38.6% (2014) 40.5% (2018)	32.7% (2010) 33.4% (2012) 38.7% (2014) 38.9% (2018)	31.9% (2011) 32.5% (2012) 29.0% (2016)* 45.4% (2018)	27.7%	WORSE	WORSE	BETTER
High Cholesterol (BRFSS, CDC)	36.2% (2019)	39.4% (2015) 34.3% (2019)	37% (2012) 33.3% (2019)	--	--	WORSE	WORSE
Diabetes Prevalence (HIW; CDC, SC County Profiles)	11.2%(2004-10) 12.0% (2010) 12.3% (2012) 14.9%(2014-16) 16.6% (2016-18)	10.7% (2010) 10.6% (2012) 12.3% (2014-16) 13.3% (2016-18)	8.3% (2011) 9.3% (2014) 9.4% (2015) 10.8% (2019)	--	WORSE	WORSE	WORSE
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	319 (2013-2015) 338 (2015-2017) 323 (2017-2019)	346 (2013-2015) 336 (2015-2017) 342 (2017-2019)	327 (2013-2015) 323 (2015-2017) 324 (2017-2019)	--	BETTER	BETTER	SIMILAR
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	85 (2013-2015) 90 (2015-2017) 74 (2017-2019)	89 (2013-2015) 88 (2015-2017) 86 (2017-2019)	71 (2013-2015) 73 (2015-2017) 72 (2017-2019)	--	BETTER	BETTER	SIMILAR

N/A = Current county-level data not available for a direct comparison.

Indicator	Anderson County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Anderson Previous Data	State	Nation
Cancer Incidence Per 100,000 (National Cancer Institute State Cancer Profiles)	493.7 (2004-2008) 488.0 (2005-2009) 474.5 (2008-2012) 463.9 (2011-2015) 465 (2013-2017)	460.1 (2005-2009) 455.9 (2008-2012) 451.1 (2011-2015) 454 (2013-2017)	465 (2005-2009) 453.8 (2008-2012) 441.2 (2011-2015) 442 (2013-2017)	--	SIMILAR	WORSE	WORSE
Cancer Mortality Per 100,000 (National Cancer Institute State Cancer Profiles)	218.2 (2004-2008) 208.4 (2005-2009) 181.5 (2008-2012) 172.6 (2011-2015) 169 (2013-2017)	187.9 (2005-2009) 183.3 (2008-2012) 174.5 (2011-2015) 168 (2013-2017)	178.7 (2005-2009) 171.2 (2005-2009) 163.5 (2011-2015) 152 (2013-2017)	122.7	BETTER	SIMILAR	WORSE
# Years of Life Lost before age 75 per 100,000 – 1 year estimate (HIW, County Health Rankings)	9529.7 (2010) 9042.9 (2013) 9100 (2014-2016) 9000 (2017-2019)	9074.6 (2010) 8189.7 (2013) 8300 (2014-16) 8700 (2017-2019)	7082.9 (2010) 6605.3 (2013) --- 7350 (2017-2019)	--	SIMILAR	WORSE	WORSE
Physically Unhealthy Days in the past 30 days (County Health Rankings, BRFSS)	4.1 (2004-10) 3.7 (2010) 4.1 (2012) 4.0 (2016) 4.2 (2018)	3.8 (2010) 3.8 (2012) 4.2 (2016) 4.0 (2018)	3.5 (2010) 3.9 (2013) 3.8 (2016) --	--	SIMILAR	SIMILAR	N/A
Fair or Poor Health (County Health Rankings, BRFSS)	19.1% (2004-10) 19.9% (2010) 18.9% (2012) 18% (2016) 19% (2018)	17.6% (2010) 17.1% (2012) 19% (2016) 18% (2018)	14.9% (2010) 17.9% (2013) 16.4% (2016) 15.3% (2019)	--	WORSE	WORSE	WORSE

N/A = Current local data not available for a direct comparison.

Indicator	Anderson County	South Carolina	Nation	Healthy People 2030 Goal	How Do We Compare		
					Anderson Previous Data	State	Nation
Suicides (HIW, SC SCAN, CDC)	16.2(2002-08) 13.3 (2008) 17.8 (2013) 23.9 (2016) 19.0 (2019)	12.1 (2008) 14.6 (2013) 16.5 (2016) 16.2 (2019)	11.3 (2007) 13.0 (2013) 13.5 (2016) 13.9 (2019)	12.8	WORSE	WORSE	WORSE
Mentally Unhealthy Days reported in the last 30 days (HIW, County Health Rankings)	3.7(2004-10) 2.7 (2010) 4.0 (2012) 4.4 (2016) 4.6 (2019)	3.9 (2010) 3.7 (2012) 4.4 (2016) 4.7 (2019)	3.6 (2010) 3.7 (2013) 3.7 (2016) 4.3 (2019)	--	SIMILAR	SIMILAR	SIMILAR
Infant Mortality (per 1000) (SC DHEC, CDC)	6.7 (2010) 7.9 (2013) 6.5 (2016) 5.5 (2019)	7.4 (2010) 6.9 (2013) 7.0 (2016) 6.9 (2019)	7.0 (2010) 6.0 (2013) 5.9 (2016) 5.6 (2019)	5.0	BETTER	BETTER	SIMILAR
Preterm Births % - calculated from rate per 100 live births (SC DHEC; CDC)	11.1% (2010) 13.6% (2013) 11.0% (2016) 12.3% (2019)	13.2% (2013) 11.0% (2016) 11.5% (2019)	11.%2013) 10% (2016) 10.0% (2018)	9.4%	WORSE	SIMILAR	WORSE
Low Birthweight (CDC)	8.9%(2007) 9.0% (2009) 10.2% (2013) 8.9%(2016) 9.0% (2019)	10% (2009) 9.7% (2013) 9.5% (2016) 10.0% (2019)	8.2% (2009) 8.0% (2013) 8.2% (2016) 8.3% (2018)	--	SIMILAR	WORSE	SIMILAR
C-Section Rates (SC DHEC, SCAN birth cert data) Per 1,000	2010 Primary: 202.9 Repeat:146.6 2013 Primary: 203.4 Repeat: 146.5 2016 Primary:156 Repeat: 152 2019 Primary:181 Repeat: 148	2010 Primary: 220.9 Repeat:125.7 2013 Primary: 207.9 Repeat:133.5 2016 Primary: 188 Repeat: 146 2019 Primary:190 Repeat: 143	NA	--	SIMILAR	SIMILAR	N/A

N/A = Current data not available for a direct comparison.

Health Care Access & Screenings							
Uninsured Age 18-64 (ACS 1-year estimate)	21% (2010) 21.7% (2013) 15.3% (2015) 13.6% (2016) 15.4% (2019)	24.3% (2010) 22.9% (2013) 16.2% (2015) 14.9% (2016) 16.1% (2019)	21.4% (2010) 20.3% (2013) 13.1% (2015) 12.0% (2016) 12.9% (2019)	92.1% covered (7.9% uninsured)	WORSE	SIMILAR	WORSE
Physician use delayed due to cost (HIW; CDC BRFS)	15.0% (2004-2010) 16.5% (2010) 18.2% (2006-2012) 18.3% (2011-2016) 15.2% (2016-2018)	17.1% (2010) 16.5% (2006-2012) 18.2% (2011-2016) 15.6% (2016-2018)	15.6% (2011) 12% (2016) 9.1% (2019)	--	BETTER	SIMILAR	WORSE
Usual Primary Care Provider (CDC BRFS, SC DHEC County Health Profile)	80.5% (2011- 2016) 79.2% (2016-2018)	73.3% (2016) 77.3% (2016-2018)	76.3% (2007) 77.3% (2011) 70.9% (2016) 87.8% (2019)	84%	SIMILAR	BETTER	WORSE
Mammogram based on guidelines (HIW, CDC BRFS)	79.8%* (2004-2010) 80.5%* (2010) 78.1%* (2006-2012) 72% (2017) 51% (2018)	79.7%* (2010) 77.9%* (2006-2012) 71.3% (2016) 47% (2018)	72.4% (2010) 72.6% (2012) 72.5% (2016) 66.7% (2019)	72.8%	WORSE	BETTER	WORSE
Flu vaccine 65+ (CDC BRFS, SC DHEC County Health Profile)	70.9% (2004-2010) 79.9% (2010) 64.7% (2014-16) 62.1% (2016-2018)	67.4% (2010) 65.3% (2013) 62% (2016) 60.9% (2016-2018)	67% (HP 2020) 61.2% (2013) 58.6% (2016) --	--	WORSE	BETTER	N/A
Pneumococcal vaccine (HIW; CDC BRFS, SC DHEC County Health Profile)	69.6% (2004-2010) 69.7% (2008-2010) 72.3% (2006-2012) 73.1% (2014-2016) 77.5% (2016-2018)	68.7% (2008-2010) 67.7% (2006-2012) 71.4% (2016) 73.8% (2016-2018)	59.7% (2010) 59.9% (2011) 73.5% (2016) --		BETTER	BETTER	N/A

N/A = Current data not available for a direct comparison.

PICKENS COUNTY

Indicator	Pickens County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Pickens Previous Data	State	Nation
Smoking (Adults age 18+) *(Adult Tobacco Survey- SCDHEC, **CDC)	21.6% (2013) 20% (2015)* 15.4% (2018)	21.0%(2010) 20.3%(2013) 19.0%(2015)* 18.0% (2018)	19.3% (2010) 18.1% (2013) 15.5%(2015)** 16.0% (2019)	5%	BETTER	BETTER	SIMILAR
Smokeless Tobacco Adult (Adult Tobacco Survey- SCDHEC, CDC)	9.4% (2015) 2.8% (2018)	3.6% (2011) 3.5% (2015) 3.9% (2018)	4.4 (2011) 3.4% (2014)* 4.0% (2019)*	--	BETTER	BETTER	BETTER
E-cigarettes Adult (Adult Tobacco Survey- SCDHEC, CDC)	3.8% (2015) 28.5% (2018)	3.6% (2011) 6.4% (2015) 18.0% (2018)*	4.4 (2011) 3.2% (2016)* 16.1% (2018)*	--	WORSE	WORSE	WORSE
Smoking (Teens, 9 th – 12 th grade smoking cigarettes in past 30 days) (SC YRBS)	--	20.5% (2010) 16.0% (2013) 10% (2017) 5.9% (2019)	19.3% (2010) 15.7% (2013) 8.8% (2017) 6.0% (2019)	3.4%	N/A	N/A	N/A
Smokeless Tobacco Youth (SC YRBS)	--	7.8% (2009) 7.0% (2013) 8.4% (2017) 7.1% (2019)	8.9% (2009) 8.8% (2013) 5.5% (2017) 3.8% (2019)	2.3%	N/A	N/A	N/A
Vaping - Youth (9 th -12 th who have used electronic vapor products in the past 30 days) (SC YRBS)	--	11.9% (2017) 21.1% (2019)	13.2% (2017) 32.7% (2019)	10.5%	N/A	N/A	N/A
Teen Pregnancy Rate Age 15-19 (SC Vital Statistics, DHHS)	38.8% (2006) 28.0% (2010) 24.0% (2013) 18.2% (2016) 16.6% (2019)	51.3 (2003) 42.6 (2010) 31.6 (2013) 23.8 (2016) 21.6 (2019)	42.6 (2003) 34.3 (2010) 26.5 (2013) 20.3 (2016) 16.7 (2019)	34.1	BETTER	BETTER	SIMILAR
Excessive Drinking (% adults reporting excessive drinking) (HIW)*(CDC)	11% (2010) 10% (2012) 19% (2016) 18% (2018)	14% (2010) 14% (2012) 18% (2016) 18% (2018)	14% (2012) 18.5% (2017) 18.6% (2018)	---	BETTER	SIMILAR	SIMILAR

N/A = Current data not available for a direct comparison.

Indicator	Pickens County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Pickens Previous Data	State	Nation
No Exercise (Adults reporting no exercise) (DHEC, SCBRFFS)	22.4% (2016) 23.4% (2019)	21.0%(2010) 20.3%(2013) 19.0%(2015)* 19.6% (2019)	19.3% (2010) 18.1% (2013) 15.5%(2015)** 25.4% (2019)	21.2%	WORSE	WORSE	BETTER
Nutrition (fruits less than one time daily - adults) (SC BRFSS; CDC)	45.9% (2016) 43.1% (2019)	45.2% (2013) 46.2% (2016) 43.9% (2019)	37.7% (2013) 39.7% (2015) --	--	BETTER	SIMILAR	N/A
Nutrition (consuming vegetables less than one time daily - adults) (SC BRFSS; CDC)	22.95%(2016) 20.20%(2019)	26.8% (2013) 26.5% (2016) 19.5% (2019)	22.6% (2013) 22.1% (2015) --	--	BETTER	SIMILAR	N/A
Adults obese or overweight (SC DHEC Chronic Dx Report; CDC)	65.5% (2016) 70.4% (2019)	67% (2010) 66.5% (2013) 66.5% (2016) 72.4% (2019)	69.2% (2010) 63.8% (2013) 65.1% (2016) 71.6% (2018)*	--	WORSE	BETTER	BETTER
Adults obese (SC DHEC Chronic Dx Report; CDC)	35.0% (2019)	34.1% (2018)	31.9% (2019)	36.0%	--	SIMILAR	WORSE
Hypertension (HIW)	38.2% (2014) 38.4% (2018)	32.7% (2010) 33.4% (2012) 38.7% (2014) 38.9% (2018)	31.9% (2011) 32.5% (2012) 29.0% (2016)* 45.4% (2018)	27.7%	SIMILAR	SIMILAR	BETTER
High Cholesterol (BRFSS, CDC)	31.9% (2019)	39.4% (2015) 34.3% (2019)	37% (2012) 33.3% (2019)	--	--	BETTER	BETTER
Diabetes Prevalence (HIW; CDC, SC County Profiles)	12.1% (2014-2016) 12.4% (2016-2018)	10.7% (2010) 10.6% (2012) 12.3% (2014-2016) 13.3% (2016-2018)	8.3% (2011) 9.3% (2014) 9.4% (2015) 10.8% (2019)	--	SIMILAR	BETTER	WORSE
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	375 (2013-2015) 381 (2015-2017) 375 (2017-2019)	346 (2013-2015) 336 (2015-2017) 342 (2017-2019)	327 (2013-2015) 323 (2015-2017) 324 (2017-2019)	--	BETTER	WORSE	WORSE
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	85 (2013-2015) 83 (2015-2017) 76 (2017-2019)	89 (2013-2015) 88 (2015-2017) 86 (2017-2019)	71 (2013-2015) 73 (2015-2017) 72 (2017-2019)	--	BETTER	BETTER	BETTER

N/A = Current data not available for a comparison.

Indicator	Pickens County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Pickens Previous Data	State	Nation
Cancer Incidence Per 100,000 (National Cancer Institute State Cancer Profiles)	474.2 (2011-2015) 482 (2013-2017)	460.1 (2005-2009) 455.9 (2008-2012) 451.1 (2011-2015) 454 (2013-2017)	465 (2005-2009) 453.8 (2008-2012) 441.2 (2011-2015) 442 (2013-2017)	--	WORSE	WORSE	WORSE
Cancer Mortality Per 100,000 (National Cancer Institute State Cancer Profiles)	160.6 (2011-2015) 163 (2013-2017)	187.9 (2005-2009) 183.3 (2008-2012) 174.5 (2011-2015) 168 (2013-2017)	178. (2005-2009) 171.2 (2005-2009) 163.5 (2011-2015) 152 (2013-2017)	122.7	SIMILAR	BETTER	WORSE
# Years of Life Lost before age 75 per 100,000 1-year estimate (County health Rankings)	8300 (2014-2016) 8100 (2017-2019)	9074.6 (2010) 8189.7 (2013) 8300 (2014-2016) 8700 (2017-2019)	7082.9 (2010) 6605.3 (2013) --- 7350 (2017-2019)	--	BETTER	BETTER	WORSE
Physically Unhealthy Days in past 30 days (County Health Rankings, BRFSS)	4.1 (2016) 4.2 (2018)	3.8 (2010) 3.8 (2012) 4.2 (2016) 4.0 (2018)	3.5 (2010) 3.9 (2013) 3.8 (2016) --	--	SIMILAR	SIMILAR	N/A
Fair or Poor Health (HIW – BRFSS)	17% (2016) 18% (2018)	17.6% (2010) 17.1% (2012) 19% (2016) 18% (2018)	14.9% (2010) 17.9% (2013) 16.4% (2016) 15.3% (2019)	--	WORSE	SIMILAR	WORSE
Suicides (HIW, SC SCAN, CDC)	18.5 (2010) 15 (2013) 26.9 (2016) 23.0 (2019)	12.1 (2008) 14.6 (2013) 16.5 (2016) 16.2 (2019)	11.3 (2007) 13.0 (2013) 13.5 (2016) 13.9 (2019)	12.8	WORSE	WORSE	WORSE
Mentally Unhealthy Days reported in the last 30 days (HIW, County Health Rankings)	4.4 (2016) 4.4 (2019)	3.9 (2010) 3.7 (2012) 4.4 (2016) 4.7 (2019)	3.6 (2010) 3.7 (2013) 3.7 (2016) 4.3 (2019)	--	SIMILAR	SIMILAR	SIMILAR

N/A = Current data not available for a direct comparison.

Indicator	Pickens County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Pickens Previous Data	State	Nation
Infant Mortality (per 1000) (SC DHEC, CDC)	5.7 (2016) 4.7 (2019)	7.4 (2010) 6.9 (2013) 7.0 (2016) 6.9 (2019)	7.0 (2010) 6.0 (2013) 5.9 (2016) 5.6 (2019)	5.0	BETTER	BETTER	BETTER
Preterm Births (SC DHEC; CDC)	9.2% (2016) 10.1% (2019)	13.2% (2013) 11.0% (2016) 11.5% (2019)	11.4% (2013) 10% (2016) 10% (2018)	9.4%	WORSE	WORSE	SIMILAR
Low Birthweight (SC DHEC, CDC)	7.8% (2016) 8.0% (2019)	10% (2009) 9.7% (2013) 9.5% (2016) 10% (2019)	8.2% (2009) 8.0% (2013) 8.2% (2016) 8.3% (2018)	--	SIMILAR	BETTER	SIMILAR
C-Section Rates Per 1,000 (SC DHEC, SCAN birth cert data)	2016 Primary:164 Repeat: 148.6 2019 Primary:169 Repeat: 117	2010 Primary: 220.9 Repeat:125.7 2013 Primary: 207.9 Repeat:133.5 2016 Primary: 188 Repeat: 146 2019 Primary:190 Repeat: 143	NA	--	BETTER	BETTER	N/A
Health Care Access & Screenings							
Uninsured Age 18-64 (ACS 1-year estimate)	17.9% (2010) 14.9% (2013) 14.9% (2015) 12.0% (2016) 12.3% (2019)	24.3% (2010) 22.9% (2013) 16.2% (2015) 14.9% (2016) 16.1% (2019)	21.4% (2010) 20.3% (2013) 13.1% (2015) 12.0% (2016) 12.9% (2019)	92.1% covered (7.9% uninsured)	SIMILAR	BETTER	SIMILAR
Physician use delayed due to cost (HIW; CDC BRFSS)	15.73% (2011-2016) 16.1% (2016-2018)	17.1% (2010) 16.5% (2006-2012) 18.2% (2011-2016) 15.6% (2016-2018)	15.6% (2011) 12% (2016) 9.1% (2019)	--	SIMILAR	SIMILAR	WORSE
Usual Primary Care Provider (CDC BRFSS)	75.2% (2011- 2016) 76.7% (2016-2018)	73.3% (2016) 77.3% (2016-2018)	76.3% (2007) 77.3% (2011) 70.9% (2016) 87.8% (2019)	84%	SIMILAR	SIMILAR	WORSE

N/A = Current data not available for a direct comparison.

Indicator	Pickens County	South Carolina	Nation	Healthy People 2030 Goal	How do we Compare		
					Pickens Previous Data	State	Nation
Mammogram based on guidelines (HIW, CDC BRFS) *Different measure	71% (2017) 51% (2018)	79.7%* (2010) 77.9%* (2006-2012) 71.3% (2016) 47% (2018)	72.4% (2010) 72.6% (2012) 72.5% (2016) 66.7% (2019)	72.8%	WORSE	BETTER	WORSE
Flu vaccine 65+ (CDC BRFS, SC DHEC)	56.9% (2014-16) 50.4% (2016-2018)	67.4% (2010) 65.3% (2013) 62% (2016) 60.9% (2016-2018)	67% (HP 2020) 61.2% (2013) 58.6% (2016) --	--	WORSE	WORSE	N/A
Pneumococcal vaccine (HIW; CDC BRFS)	73.9% (2014-16) 75.1% (2016-2018)	68.7% (2008-2010) 67.7% (2006-2012) 71.4% (2016) 73.8% (2016-2018)	59.7% (2010) 59.9% (2011) 73.5% (2016) --	--	BETTER	BETTER	N/A

N/A = Current data not available for a direct comparison.

COMMUNITY FEEDBACK



Community Feedback— Focus groups

Qualitative data was gathered by conducting a series of community focus groups.

- * Public Health Officials – Pickens and Anderson (2 groups)
- * Health Care Professionals – Pickens and Anderson (2 groups)
- * Health and Human Service & Safety Net Providers – Pickens and Anderson (3 groups)
- * Community Neighborhood Group – Anderson
- * Parent Group – Pickens
- * Senior Group – via interviews
- * Hispanic Group

Topics discussed with the focus groups included:

1. General Health of the Community
 - General sense of health, wellness, lifestyle, environment, etc.
2. Health Conditions
 - Biggest concerns – illness, death
 - Perceived health trends
3. Access and Quality
 - Where people go for care, access
 - Gaps in service, barriers
 - Perceived quality of care

Additional information regarding community leaders and individuals representative of community residents is included in the Appendix in the *Community Leaders and Representatives Involved* section in the Appendix on page 99 of this report.

Overall Perception of Health of the Community	Health Conditions of Top Concern – Adults (in order of most mentioned to least)	Health Conditions of Top Concern – Children/Youth (in order of most mentioned to least)	Barriers to Healthy Lifestyle
<p>Healthy:</p> <ul style="list-style-type: none"> • Parks, recreation opportunities, walking tracks, Doodle Trail, the Connector, farmers markets • Safety Net Council and social services in the community • Providers for underserved: Anderson Free Clinic, Samaritan Health Clinic, Foothills Community Health, Clemson Free Clinic <p>Not Healthy:</p> <ul style="list-style-type: none"> • Low-income families challenged with access to recreation and healthy foods – costs, transportation • Rural areas don't have as much access to healthy options and recreation • Increased mental health and substance abuse issues coupled with a stark lack of resources • Substandard housing and homelessness • Parenting – lack of support for youth • Childhood trauma • Food deserts 	<ul style="list-style-type: none"> • Mental Health • Substance Abuse (meth, fentanyl, heroine) • Obesity • STDs • Diabetes • Hypertension • Heart Disease 	<ul style="list-style-type: none"> • Mental Health <ul style="list-style-type: none"> • Ability to deal with social media • Family stress • Lack of family structure • Childhood trauma • Depression • Obesity <ul style="list-style-type: none"> • Lack of exercise • Lack of sex education and education around healthy relationships • Vaping 	<ul style="list-style-type: none"> • Transportation (particularly rural areas and for Seniors) • Low SES – healthy foods and recreational opportunities are not affordable/ accessible for some segments of population • Education • Knowledge of available resources • Social Determinants of Health: Housing/Homelessness
Other/Misc.	Basic Health Care- Where to people go?	Gaps in Services	Barriers to Healthcare
<ul style="list-style-type: none"> • Would like more mobile unit services in community, rural areas, at churches, etc. at consistent days and times (screening, check-ups, education) • Misuse of ER is still prevalent for the uninsured and underinsured • Costs of care continues to rise – even with insurance, insurance is now more expensive, co-pays and deductibles higher, insurance doesn't cover as much, so people still going without care because of costs • There is a sense that AnMed is not as much as a trusted provider as in the past – much stems from current business models in healthcare, less time with doctors, less presence/relationship building, more economic pressures on healthcare • Concern: misinformation on social media regarding vaccines and other health information • COVID Impact – mental health, isolation, substance abuse, misinformation 	<ul style="list-style-type: none"> • Urgent Care Centers (minute clinic, care connect, doctor's care etc.) • Un and Under-insured – Anderson Free Clinic, Clemson FQHC, ER, Samaritan Health Care, Foothills Community Care, Westside Clinic • AnMed – physician groups, pediatrics, hospital services • Easley Baptist and Prisma (Pickens) • There tends to be a sense of more healthcare resources in Anderson than in Pickens • Some people chose to go to Greenville for care – more services, more trust in Prisma 	<ul style="list-style-type: none"> • Mental Health- adult and children • Substance Abuse • Some Specialists – (often need to go to Greenville; lack of specialties often mentions: no pediatricians in Pickens, endocrinology, rheumatology, psychologist) • Dental health 	<ul style="list-style-type: none"> • Hard to get timely appointments • Transportation • Cost even with insurance • Cost of pharmaceuticals • Social Determinants of Health: Housing/Homelessness • Mistrust with healthcare system/physicians • Rural areas have increased barriers as compared to suburban and urban areas (transportation, education, proximity to services, food deserts)

Overall/Major Focus Group Themes (common across all groups):

1. There is an overall recognition/appreciation for resources in the community that support healthy lifestyles:
 - Parks, trail, connector, doodle trail, more gyms and recreation centers, farmers markets, community gardens
2. The most often and top of mind health concerns/ issues identified for adults included (in rank order most to least):
 - **Mental Health**
 - **Substance Abuse** (meth, fentanyl, heroine; opioids less of a concern than in the past)
 - Obesity
 - STD's
 - Diabetes
 - Hypertension
 - Heart Disease

Note: Mental Health and Substance abuse were by far the most often mentioned issues.

3. The most often and top of mind health concerns/ issues identified for children/youth included (in rank order most to least):
 - **Mental Health**
 - Ability to deal with social media
 - Family stress
 - Lack of family structure
 - Childhood trauma
 - Obesity
 - Lack of sex education and education around healthy relationships
 - Vaping
4. Access to Healthcare:
 - Barriers:
 - Health Care Cost: even with insurance even with insurance, insurance is now more expensive, co-pays and deductibles higher, pharmaceutical costs, insurance doesn't cover as much, so people still going without care because of costs
 - Transportation – Rural area and Seniors
 - Knowledge of Resources
 - Pickens areas more often reported feeling as though they did not have enough physician/medical services (especially in rural areas) in comparison to Anderson.

- People now primarily go to urgent care centers (both for convenience, but also can't get appointments at primary care offices).

5. Gaps in service:

- Mental Health
- Substance Abuse Recovery/Treatment
- Dental
- Pediatric Childhood Trauma Professionals
- Some specialties

6. Social Determinants of Health were often noted as having a strong impact on health.

Particular issues mentioned often include:

- Substandard housing and homelessness were often cited as a major issue in Anderson and Pickens that has direct impact on health
- Childhood trauma and abuse was often cited as a major concern
- Lack of family structure and parental involvement was a major concern

7. Other:

- There was a high demand/request for more consistent mobile services in the community in outlying areas or underserved communities. This would include screenings, education, regular check-ups, basic health care services, and coordination of care. It was suggested that this should be done at consistent locations, consistent days and times in efforts to build relationships and trust.
- It was often noted that better communication from AnMed on events, services, available programs was needed (DHEC, among AnMed Staff, through schools, in the community, through nonprofit partners, etc.).
- Issues of specific concerns of Seniors include:
 - Transportation
 - Elder abuse
 - Prescription cost
 - Housing
 - Mental Health
 - Gun Violence/Safety
- There was feedback in multiple groups that AnMed is not as much as a trusted provider as in the past – much stems from current business models in healthcare, less time with doctors, less presence/relationship building, more economic pressures on healthcare.
- There is concern about medical misinformation on social media (vaccines and other medical misinformation).

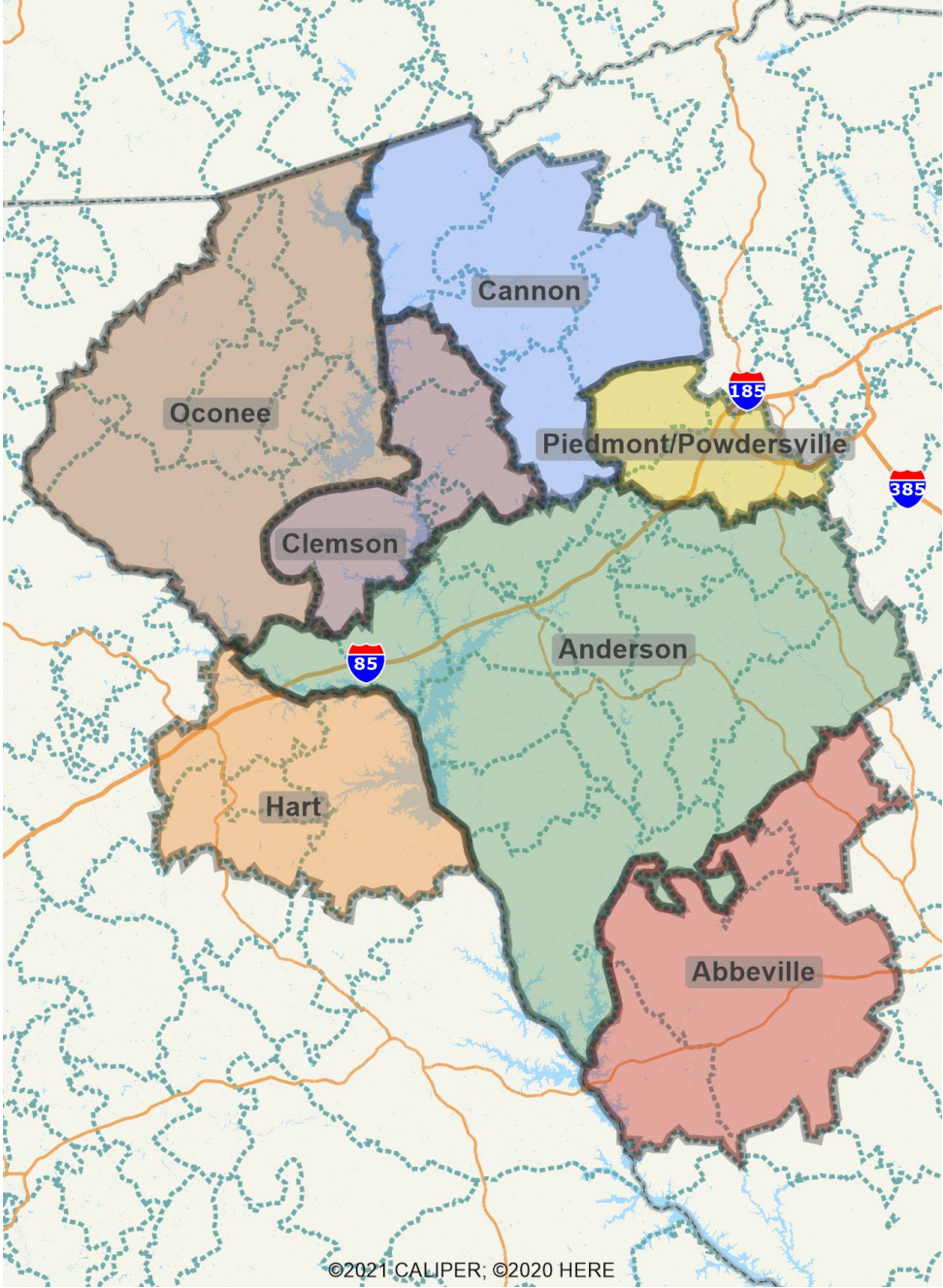
- Telehealth was often cited as an opportunity to expand care and reach more people (particularly for mental health). However, there are some legislative barriers and barriers exist for those with little to no access to internet.

- COVID Impact:
 - Increased mental health, isolation, substance abuse, medical misinformation
 - Stress on medical system and providers
 - Opportunity – use of telehealth

HEALTH AND COMMUNITY ASSETS



AnMed Health Service Area



REVIEW OF COMMUNITY ASSETS -ANDERSON COUNTY		
CHNA Priority Areas	AnMed Health Programs and Resources	Community Partners and Resources
Resources that Address Multiple Areas Below	<ul style="list-style-type: none"> • Medical Center Inpatient and Outpatient Services • Emergency Department • Women’s & Children’s Hospital • Kids Care • Fam. Medicine Residency Program • AnMed Health Medical Group (specialists) • Children’s Health Center • Community Benefit Programs • Care Connect • AnMed Health Medical Group –Primary Care Access • Piedmont Health Partners • Kids Care 	<ul style="list-style-type: none"> • Anderson Free Clinic • DHEC Public Health Services • Foothills Community Health Care
Mental and Behavioral Health	<ul style="list-style-type: none"> • Behavioral Health Services • Crisis Assessment and Treatment Team 	<ul style="list-style-type: none"> • Mental Health America • Anderson-Oconee-Pickens Mental Health Center • Anderson Oconee Behavioral Health Services • Mental Health First Aid Training
Substance Abuse	<ul style="list-style-type: none"> • Crisis Assessment and Treatment Team 	<ul style="list-style-type: none"> • FAVOR
Diabetes	<ul style="list-style-type: none"> • Diabetes Management within Cardiovascular Services • DocLink • AnMed Health Medical Group (Primary Care) 	<ul style="list-style-type: none"> • YMCA Pre-Diabetic Program

CHNA Priority Areas	AnMed Health Programs and Resources	Community Partners and Resources
<p>Community Education (obesity, STDs, vaping)</p>	<ul style="list-style-type: none"> • DocLink • Safe Kids • Community Health & Wellness Education programs • Health Fairs • Community Nutrition Education 	<ul style="list-style-type: none"> • United Way Wholespire • Smoke Free Anderson • Health Department Services • YMCA & Recreation Depts
<p>Social Determinants of Health (housing, transportation, access to healthcare, childhood trauma)</p>	<ul style="list-style-type: none"> • Access Health • Piedmont Health Partners • HOP • Robert B. Claytor Assistance Fund • AnMed Health Coverage Assistance and Financial Assistance Program • Hispanic Outreach 	<ul style="list-style-type: none"> • Safety Net Council • United Way of Anderson County • 211 • Imagine Anderson • Farmers Markets • School Districts & Colleges • Safe Harbor • Foothills Alliance • AIM • Habitat for Humanity • Rebuild Upstate • Salvation Army • Other Basic Needs Organizations • Other Local Nonprofits • DSS • Faith Communities • Court System • Local, State, & Fed Gov't • Law Enforcement

REVIEW OF COMMUNITY ASSETS -PICKENS COUNTY		
CHNA Priority Areas	AnMed Health Cannon Programs and Resources	Community Partners and Resources
Resources that Address Multiple Areas Below	<ul style="list-style-type: none"> • Inpatient & Outpatient Services • Emergency Department • Surgical Services • Choosewell • Rural Health Center • AnMed Health Medical Group – primary care 	<ul style="list-style-type: none"> • Clemson Free Clinic • DHEC Public Health Services • Foothills Community Health Care • Samaritan Health Care
Mental and Behavioral Health		<ul style="list-style-type: none"> • Mental Health America • Anderson-Oconee-Pickens Mental Health Center • Anderson Oconee Behavioral Health Services
Substance Abuse	<ul style="list-style-type: none"> • SBIRT (Screening, Brief Intervention and Referral for Treatment) 	<ul style="list-style-type: none"> • Pickens County Behavioral Health
Heart Disease	<ul style="list-style-type: none"> • ChooseWell program • Inpatient & Outpatient Services • Heart and Vascular Care • Stroke Score and Heart Score Screenings 	<ul style="list-style-type: none"> • YMCA Wellness and Blood Pressure Self-Monitoring Programs
Community Education (obesity, STDs, vaping)	<ul style="list-style-type: none"> • DocLink 	<ul style="list-style-type: none"> • United Way of Pickens County • DHEC Public Health Services • YMCA & Recreation Depts

CHNA Priority Areas	AnMed Health Programs and Resources	Community Partners and Resources
<p>Social Determinants of Health (housing, transportation, access to healthcare, childhood trauma)</p>	<ul style="list-style-type: none"> ● Piedmont Health Partners ● HOP 	<ul style="list-style-type: none"> ● Access Health Mountain Lakes ● United Way of Pickens County ● 211 ● Farmers Markets ● School Districts & Colleges ● Safe Harbor ● The Parenting Place ● Habitat for Humanity ● Rebuild Upstate ● Other Basic Needs Organizations ● Other Local Nonprofits ● DSS ● Faith Communities ● Court System ● Local, State, & Fed Gov't ● Law Enforcement

Parks and Recreation Anderson County and Pickens County

Anderson County – City Parks	
Name	City
Bea Thompson Park	Anderson
Blair/Gazebo Park	Anderson
Carolina Wren Park	Anderson
Cater’s Lake	Anderson
Darwin Wright Park	Anderson
D.B. Walker Park	Anderson
Generator Park	Anderson
Greeley Park	Anderson
Linley Park	Anderson
Southwood Park	Anderson
Watson Park	Anderson
Westside Community Center Park	Anderson

City of Anderson, SC – Parks and Recreation.

<https://coasc.maps.arcgis.com/apps/MapTour/index.html?appid=cfb3f945abe45a1a6b6a0f756569e50>

Anderson County – County Parks	
Allen Park	Anderson
Cheddar Community Park	Belton
Chris Taylor Memorial Park	Anderson
Civic Center of Anderson	Anderson
Courthouse Annex Park	Anderson
Dolly Cooper Sports Complex	Anderson
Double Springs Park	Townville
Ebenezer Park	Anderson
Flat Rock Community Park	Starr
Friendship Community Park	Honea Path
Green Pond Landing & Event Center	Anderson
Haynie Park	Anderson
Hurricane Springs Park	Anderson
Kid Venture	Anderson
Morningside Park	Anderson
Mt. Bethel Community Park	Belton
Muldrow Park	Anderson
Pendleton Community Park	Pendleton
Sandy Springs Walking Track	Anderson
Starr Community Park	Starr
Starr Walking Track	Starr
Susan St. Park	Anderson
Thomas Crate Watts Park	Iva

Anderson County: Parks and Recreation. <https://www.andersoncountysc.org/work-live/for-residents/parks-and-recreation/>

Pickens County – City Parks	
Pickens Doodle Park	Pickens (Shared with county)
Jaycee Park	Pickens
Town Creek Bike Park	Pickens

City Of Pickens Recreation Department. City Parks. <https://www.cityofpickens.com/rec>

Pickens County – County Parks	
Mile Creek Park	Six Mile
Cateechee Point	Central
Equoni Point	Central
Ponderosa Park	Six Mile
Pickens Doodle Park	Pickens (Shared with city)
Doodle Trail	Pickens
Nettles Park	Clemson
Ashley Dearing Park	Clemson
Clemson Park	Clemson
Earle Anderson Park	Clemson
Dawson Park	Clemson
Gateway Park	Clemson
Waterfront Park	Clemson
Mountain View Park	Clemson
Rotary Park	Clemson
Dacusville Recreation	Easley
Norris Community Park	Central
Freedom Park	Liberty
Nalley Brown Nature Park	Easley
JB Red Owens Park	Easley
Hagood Park	Easley
Doodle Park (Easley location)	Easley
Kings Park	Easley
Alice Park	Easley
Woodside Park	Easley
Twelve Mile Recreation Area	Clemson
SC Botanical Garden	Clemson
Clemson Experimental Forest – Various Trailheads	Clemson

Parks in Pickens County. Parks, Recreation, and Tourism.

https://www.co.pickens.sc.us/departments/parks,_recreation,__tourism/locals/parks_and_facilities_.php

APPENDIX



Summary of 2012 Priorities

1. Obesity

Over 65% of the population is either overweight or obese. That number has continued to grow over the past several decades. Childhood obesity is growing at an alarming rate. Addressing obesity has the potential to positively affect leading health issues in the community – heart disease (which is the County's 2nd leading cause of death), stroke, hypertension, and diabetes.

2. Access to Primary Health Care

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for medical care. Hospital data shows ER usage rates have increased by approximately 40% from 2004 – 2011. Focus groups reported access to primary care as a major concern. The most frequently reported issues with access to care were: finding a provider that takes Medicaid, getting an appointment in a timely manner, high out-of-pocket costs, and lack of a medical home.

3. Access to Behavioral and Mental Health Services

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for mental health care. The community focus groups repeatedly reported that behavioral and mental health services are a growing need, yet very little mental and behavioral health services are available. There was particular concern regarding lack of mental and behavioral health services for children.

4. Cancer

Cancer is the leading cause of death in both adults and children (age 0-14) in Anderson County. Anderson still has a higher cancer death rate and higher cancer incidence rate than SC or US. Lung and colorectal cancers are of particular concern. Recent data has, however, shown improvement in Anderson. The National Cancer Institute data set from 2004-2008 reported Anderson County as a priority level 1. A new release was issued July 2012 indicating that incidence rates and death rates from all cancers have dropped slightly in Anderson, prompting the National Cancer Institute to move Anderson from Priority 1 to Priority 4 (priority level 1 indicated that the death rate was both above the state and national rate, and also that the rate is rising. Priority 4 indicates that death rates are stable and no longer rising, but still above state and national rates.)

5. Asthma in Children

The prevalence of asthma has increased nationally since the 1980s. Asthma is the second most common chronic condition seen in emergency departments in Anderson, and the 10th most common chronic condition seen during inpatient stays. Children are disproportionately affected by asthma. The prevalence of asthma is highest in those under 18, and it is the most common chronic disease and a leading cause of disability in children.

6. Accident Prevention for Children

Accidents is the second (after malignant neoplasms) leading cause of death in children under age 18. For the 0-17 population Anderson County has a higher death rate from injury than the state, 35.2 per 10,000 for Anderson compared to 21.7 per 10,000 for the state. For non-fatal injuries, Anderson County has a rate of 928.6 per 10,000 for ages 0-17, which is lower than the state rate of 978.4 per 10,000. Motor vehicle accidents are the leading cause of injury death for children 0-17.

Summary of 2015 Priorities

1. **Adult and Childhood Obesity**

Over 70% of the population is either overweight or obese. That number has continued to grow over the past several decades. Childhood obesity is growing at an alarming rate, with South Carolina being the number 2 state for adolescent obesity. Addressing obesity has the potential to positively affect leading health issues in the community – heart disease (which is the County's 2nd leading cause of death), stroke, hypertension, and diabetes.

2. **Adult and Childhood Diabetes**

Anderson County has a higher rate of diabetes (12.3%) than the state (10.6%) and the nation (9.3%) and that difference has gotten larger over the past two years. Community focus groups expressed a particular concern for the early onset of diabetes occurring in children. People living with diabetes are a risk for many serious complications and other health risk factors, such as obesity and hypertension, which compromise quality of life.

3. **Access to Behavioral and Mental Health Services**

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for mental health care. The community focus groups repeatedly reported that behavioral and mental health services are a growing need, yet very little mental and behavioral health services are available. There was particular concern regarding lack of mental and behavioral health services for children.

4. **Access to Primary Health Care**

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for medical care. Focus groups reported access to primary care as a major concern. The most frequently reported issues with access to care were: finding a provider that takes Medicaid or ACA insurance and high out-of-pocket costs. Feedback from focus groups also identified a lack of Federally Qualified Health Center.

5. **Asthma in Children**

The prevalence of asthma has increased nationally since the 1980s. In Anderson County, 7.6% of the adult population suffers from asthma. Children are disproportionately affected by asthma. Asthma accounts for 34% of all ER visits and asthma/bronchitis is the leading cause of hospitalization of children up to 18 years old.

6. **Cancer**

Cancer is the leading cause of death in adults in Anderson County. Anderson still has a higher cancer incidence rate than SC or US. Recent data has, however, shown improvement in Anderson. The National Cancer Institute data set from 2004-2008 reported Anderson County as a priority level 1. In the latest updated (2008-2012) incidence rates and death rates from all cancers have dropped slightly in Anderson, prompting the National Cancer Institute to move Anderson from Priority 1 to Priority 6 (priority level 1 indicated that the death rate was both above the state and national rate, and also that the rate is rising; priority 6 indicates that death rates are stable and no longer rising, similar to the state rates but higher than the national rates.)

Summary of 2018 Priorities

1. Behavioral and Mental Health Services

The community focus groups repeatedly reported that behavioral and mental health services are a growing need and major concern, yet little mental and behavioral health services are available or accessible. There was particular concern regarding lack of mental and behavioral health services, and related early intervention, for children. Recent data has shown a significant increase in suicides and emergency department visits for mental and behavioral health issues.

2. Substance Abuse

There has been a significant increase in substance abuse across the nation as well as in Anderson and Pickens County. The use of opioids has been cited at a “crisis” level and impacts many other social aspects in communities. In addition, emergency room visits and discharges for mental health issues, in many cases, come with a dual diagnosis of mental health and substance abuse.

3. Cancer

Cancer is the leading cause of death in Anderson County and the 2nd leading cause of death in Pickens County. Pickens ranks 8th highest rate in the state and Anderson ranks 13th highest rate in the state for incidence rate. However, Pickens and Anderson fare much better when considering cancer death rates, with rates better than the state. Pickens ranks 5th lowest rates and Anderson 15th lowest for cancer death rates. Cancer continually ranked as one of the highest health concerns among the focus groups conducted.

4. Diabetes (Anderson Specific)

Anderson ranks 30th for diabetes prevalence and 35th for diabetes death rate (with 1st being best and 46th being worst) in the state. Similar to the last Community Health Needs Assessment, Anderson County has a higher prevalence and death rate of diabetes than the rest of the state and the nation, and it continues to rise. Pickens County fares much better, ranking 11th in the state for prevalence and 9th for death rate (with 1st being best and 46th being worst), and thus diabetes was not selected as one of the priorities for Pickens. Community focus groups in Anderson consistently identified diabetes as a leading health concern.

5. Heart Disease (Pickens Specific)

Heart Disease is the leading cause of death in Pickens County. The age 65+ population has a significantly higher heart disease and hospitalization rates rate than those 35-64. Pickens is higher heart disease rate than the state, while Anderson County’s rate is lower than the state. In addition, Pickens’ hospitalization rates for heart attacks for age 65+ is approximately double the rate of that in Anderson County.

6. Healthy Lifestyles Support and Promotion

Throughout the focus groups, participants consistently recognized an increase in resources and options for healthy lifestyles such as trails, recreation sites, farmers markets, more healthy options at restaurants, etc. They also indicated that people in the community were making an increased effort to eat healthy,

exercise and lead healthy lifestyles. However, it was often acknowledged that some communities have cost, access, and transportation barriers.

Over 65% of the population in Anderson and Pickens is either overweight or obese. Data has shown a slight decrease in this percentage since the last CHNA, however, it is too early to determine if this is the start of a declining trend in obesity or if it is just a one-year change.

Because addressing obesity, exercise and healthy lifestyles has the potential to positively affect many other health issues in the community – heart disease, stroke, hypertension, and diabetes, this area remains as a selected priority.

7. Access to Preventative & Primary Health Care

There has been a significant increase in a variety of health services, especially urgent care centers, in both Anderson and Pickens. In addition, the rate of uninsured individuals has dropped over the past several years. However, throughout the focus groups, residents reported difficulty in accessing primary care providers in a timely manner (thus urgent care has become the regular source of care). Residents have also reported that while many more people have insurance, costs of premiums and co-pays have increased so much causing delay or foregoing of needed care. Focus groups recommended use of mobile units and communities fairs to offer convenient and low-cost early screenings, health education, and other preventative efforts.

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Community Leaders and Representatives Involved

A variety of community leaders and representatives were involved and provided input into the CHNA. Community leaders and those very knowledgeable of the public's health needs include individuals working for organizations such as the local hospital and physician practices, the health department, safety-net organizations and other health and human service organizations in the community. Meetings were held with representatives from these organizations to gather their input and perspective on health needs.

In addition, representatives of community residents, inclusive of underserved population were directly involved in the CHNA through the focus group efforts and one-on-one discussions. Some of these representatives also provided assistance to the effort by helping to invite and gather community individuals to participate in the focus groups.

A variety of groups were represented throughout the focus group process as listed below.

Agencies and Community Groups Participating/Represented in Community Feedback Process

AARP

Anderson Free Clinic

Anderson Interfaith Ministries

Anderson Oconee Pickens Mental Health Center

AnMed Health Providers and Professionals

Cancer Association of Anderson

Capstone

City of Anderson

The Lot Project

Easley YMCA

FAVOR Anderson

Foothills Alliance

Foothills Community Health Care

Habitat for Humanity of Anderson County

NAMI SC

New Foundations/Empowering Families

Parenting Place

Pickens County Advocacy Center

Piedmont Health Partners

Powersville YMCA

Rebuild Upstate

Safety Net Council

Safe Harbor

Samaritan Health Clinic

SC Thrive

South Carolina Department of Health and Environmental Control

South Carolina Department of Mental Health

South Main Chapel and Mercy Center

The Salvation Army

Westside Community Center

United Way of Anderson County

United Way of Pickens County

Community Residents

Other Health and Human Service Providers