

**AnMed Health**

**Community Health  
Needs Assessment  
2015**

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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. 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 has been utilized to document community need and link those needs to community benefit efforts of the health system. The needs assessment assists the hospital in planning and prioritizing its community benefit investments.

In 2015, AnMed Health conducted a second CHNA to update data, look at progress toward goals, and access the most current health landscape. Like the 2012 assessment, the updated study will be utilized for planning, prioritizing, and linking needs to community benefit efforts of the hospital.

**Summary of Findings** More detail on data and findings is included in the full report in the *General State of Our Community's Health* section.

<b>Getting Better</b> (compared to Anderson County past)	<b>Getting Worse</b> (compared to Anderson County past)
<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Heart Disease Death Rate</li> <li>• Stroke Death Rate</li> <li>• Diabetes Death Rate</li> <li>• Rate of uninsured</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Diabetes Prevalence</li> <li>• Exercise and Nutrition</li> <li>• Smoking</li> <li>• Infant Risk Factors (Pre-term, low weight, infant mortality)</li> <li>• Mental Health Indictors</li> </ul>
<b>Positive Highlights</b> (incorporating comparisons to state, nation and community feedback)	<b>Areas of Concern</b> (incorporating comparisons to state, nation and community feedback)
<ul style="list-style-type: none"> <li>• Cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Diabetes Prevalence</li> <li>• Childhood Obesity</li> <li>• Childhood Diabetes</li> <li>• Exercise and Nutrition</li> <li>• Infant Risk Factors (Pre-term, low weight, infant mortality)</li> <li>• Mental Health (Adults and Children)</li> <li>• Healthcare Access (Particularly Mental/Behavioral Health)</li> <li>• Asthma in Children</li> </ul>

## Identified Health Priorities

A variety of data and information was collected and analyzed in order to identify key 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, additional meetings with stakeholders were facilitated to identify priorities and potential actions. To select priorities and related strategies, the following criteria were considered:

- Data and community feedback indicated the issue as an important community need
- AnMed Health has the capacity to impact the issue
- Addressing a 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 in consideration current assets in both the community and within AnMed Health

In considering the above, the following priorities were selected in 2015 (see appendix for 2012 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 2<sup>nd</sup> 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.)

Community assets related to these needs have been identified in the *Identified Priority Health Needs & Related Assets* section of this report (starting on page 41).

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

This CHNA report will be made widely available to the public and will be posted on AnMed Health's website: [www.anmedhealth.org](http://www.anmedhealth.org).

## About the Research

A community-based approach was taken to complete the community health needs assessment. National, state, regional and county-specific data was collected from a broad set of data sources. Special emphasis was placed on assessing Healthy People 2020 Leading Indicators, medically underserved areas, and gathering information from community residents, providers of health and human services, and other stakeholders and representatives of Anderson County.

Efforts were made to ensure that the research was conducted in a manner that was representative of the communities within AnMed Health's primary service area. The primary service area and focus of the CHNA is Anderson County as approximately 90% of AnMed Health's Medical Center and Women's and Children's Hospital's inpatient, outpatient and emergency room discharges were from residents of Anderson County.

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

- 1) Collection of **statistical (secondary, quantitative) data** at national, state, regional and local levels – key data sources included Healthy People 2020, County Health Rankings, National Health Indicators Warehouse, CDC and South Carolina DHEC biostatistics, hospital discharge data. Dates of data collected ranged from 2000 – 2015. For each indicator, data was pulled for the most recent year available. In addition, data was pulled, when available, from previous years in order to assess progress. A more detailed list of data sources is included in the appendix of this report.
- 2) Collection of **qualitative data** through a variety of community and stakeholder focus groups.

The assessment was completed in partnership and with much input from the local public health professionals, health and human service agencies, the United Way of Anderson County, and AnMed Health leaders and board.

Data collection methodology, tools, and data sources utilized in 2015 were consistent with those used during the 2012 study to allow for appropriate comparisons between the two time periods.

# Community Served - Anderson County

The geographic service area and focus of the AnMed Health CHNA is Anderson County as approximately 90% of AnMed Health’s Medical Center and Women’s and Children’s Hospital’s inpatient, outpatient and emergency room discharges were from those who reside in Anderson County.

## Population Growth

Between 2010 and 2013 the population in South Carolina increased by 3.2% while Anderson County experienced a slightly lower growth rate of 1.9%.

Population Change, 2010-2014

### Anderson County

**Population = 190,754**

Approximately 44,000 of the population is under the age of 18

**Growth Rate 2010-2013 = 1.9%**

### South Carolina

**Population = 4,771,929**

**Growth Rate 2010-2013 = 3.2%**

Source: U.S. Census Bureau, Population Estimates Program (PEP)

## Race

As in 2010, Anderson County has less racial diversity than both the state and nation, particularly in Census-classified race categories such as Asian, American Indian, “some other race”, and “2 or more races”. Anderson County did see a larger increase in the percentage of Black or African American individuals than the state and the nation.

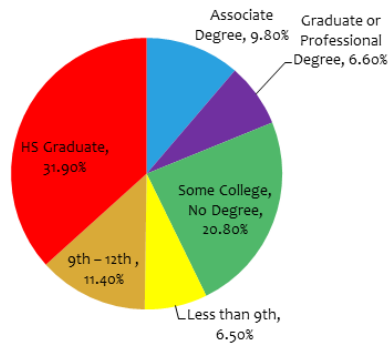
	Anderson, SC		South Carolina		United States	
	2010	2013	2010	2013	2010	2013
White	80.9%	80.3%	67.3%	67.2%	74%	74%
Black or African American	15.9%	16.4%	28.1%	27.7%	12.5%	12.6%
Asian	0.6%	0.7%	1.2%	1.2%	4.7%	4.9%
2 or more races	1.7%	1.4%	1.6%	1.6%	2.4%	2.8%
Other	0.9%	1.2%	1.5%	1.8%	6.4%	5.7%

Source: US Census Bureau, ACS 5-year estimate

## Education

Educational attainment has remained relatively unchanged in Anderson County since 2010, with the only significant change being a 2.7% increase in individuals holding bachelor's degrees. The current high school graduation rate is 74.1% in Anderson County, slightly lower than the 77.5% in the state of South Carolina. (Source: US Census and SC Department of Education)

Education Attainment Age 25+ 2013



Source: U.S. Census Bureau, American Community Survey - 2013 5-Year Estimates

## Changes since 2010

- \* Assoc Degrees (-0.2%)
- \* Graduate Degrees (-0.4%)
- \* Some College (-0.2%)
- \* Less than 9<sup>th</sup> (-0.5%)
- \* HS Graduate (-0.1%)
- \* Bachelors Degree (+2.7%)

## Income and Poverty

The median household and per capita income in Anderson County are lower than that of the state and nation; however Anderson County median household income has seen a larger increase than either the state or the nation from 2010-2013.

- Median household income
  - \$41,579 Anderson (+ \$4,809)
  - \$44,779 S.C. (+ \$2,761)
  - \$53,046 US (+ \$1,132)
- Per Capita Income
  - \$22,081 Anderson (+ \$1,585)
  - \$23,943 S.C. (+ \$1,815)
  - \$28,155 US (+ \$ 821)

After a spike in poverty levels in 2010, poverty rates have begun to decrease and are only slightly higher than the nation's 15.8% poverty rate.

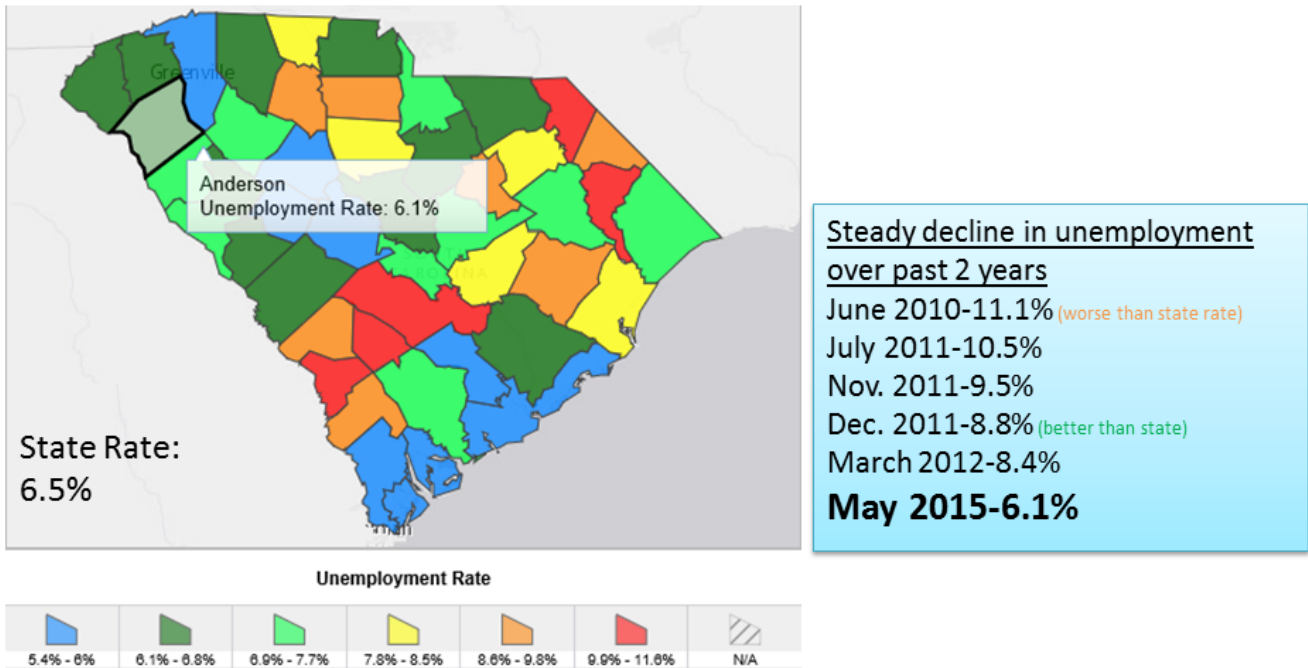
	Poverty 2000	Poverty 2010	Poverty 2013	Change (2010-2013)
Total Population	12.1%	19.7%	16.2%	-3.5 percentage points
Children	15.7% 17% in 2003	30.7%	22.8%	-7.9 percentage points
Single-female headed households	27.9%	44.1%	37.6%	-6.5 percentage points

**2013 Poverty Guidelines:** annual income of \$11,490 or \$958 per month per individual OR annual income of \$23,550 or \$1962 per month for a household of 4



## Unemployment

After a large spike in 2007 in unemployment, Anderson County, along with the nation has seen signs of recovery. Currently Anderson County's unemployment rate (6.1%) is higher than the nation (5.0%) but better than the state (6.5%).



Source: Bureau of Labor Statistics, SC Dept of Employment & Workforce

# General State of Our Community's Health

## Summary of Findings

### General Social Characteristics

- Anderson County population has experienced positive, steady growth.
- Educational attainment is improving.
- Anderson County is a less diverse population than the state and nation.
- Although the median household income is still lower than the nation and the state, it has grown at a faster rate from 2010-2013.
- Poverty rates are beginning to decrease after an alarming upward spike in 2010.

### General Health Rankings

- Anderson County is healthier than most other parts of the state of South Carolina. It ranks 19<sup>th</sup> out of 46 counties among the health outcomes ratings (morbidity, mortality) and 15<sup>th</sup> among the health factors ratings (social, economic, environment, health behavior factors). However, it has slipped in its rankings since 2012 as other communities have improved and moved ahead.

### Healthy Lifestyles and Risk Factors

- Smoking rates have remained relatively similar in adults since 2010, with only a slight increase in rates (adolescent data unavailable). Efforts such as Smoke-Free Anderson have made great strides in creating a culture that influences a decrease in smoking.
- Overweight and obese adults and children are a concern, as well as habits related to lack of exercise and healthy eating.
- Despite a slight increase from 2012-2013, teen pregnancy rates have generally improved over the past 14 years. However, Anderson County's rates remain significantly higher than the state and nation.
- Prevalence of diabetes continues to climb, and Anderson has a higher rate than both the state and nation.
- Hypertension rates have gotten worse.
- Community Perceptions: Focus groups repeatedly identified obesity and related health habits as a concern. In particular, childhood obesity and the increase of diabetes in children were particularly concerning. Community feedback also indicated that cost, education, and transportation were barriers to healthy eating and exercise opportunities.

### Health Environment

- Overall, Anderson County offers a healthy environment that is conducive to healthy lifestyles. From its natural resources that offer outdoor recreation, to its growing city and county recreation facilities and opportunities, to clean air, Anderson has many opportunities to engage in health behaviors.

### Health Outcomes - Morbidity and Mortality

- Although deaths from asthma are decreasing, asthma is still a significant health burden with 7.6% of the adult population in Anderson County suffering from asthma. Children are disproportionately affected by asthma.

- Cancer is the leading cause of death in adults. Lung and liver cancers are of particular concern. In Anderson County, total costs of hospitalizations due to cancer was \$51 million in 2013.
- Infant mortality and preterm births worsened from 2010-2013.
- Diabetes prevalence and death rates are higher than the state and nation.
- While heart disease is the second leading cause of death, death rates of both heart disease and stroke have seen a 15-year improvement trend.

#### Mental Health

- Through community focus group mental health surfaced as one of the top concerns. Community feedback indicated that mental health services are increasingly hard to access, and that there is a growing need for mental health services for children.

#### Health Services

- Due to the lower-income status of the county, Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for both medical and mental health care.
- Some areas of the County have been designated as Medically Underserved Areas/Populations (MUA/P).
- Anderson has improved and fares better than the state and nation in preventive clinical services such as cholesterol and colorectal screenings as well as in pneumococcal vaccines.
- While insurance coverage rates have improved, the community reports that access to care remains an issue, particularly for those covered by Medicaid and some ACA insurance products.

#### Children's Health

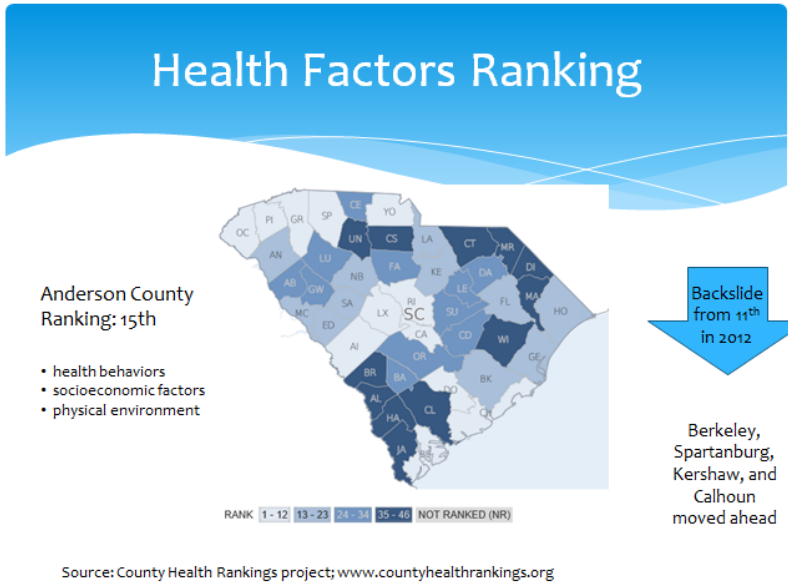
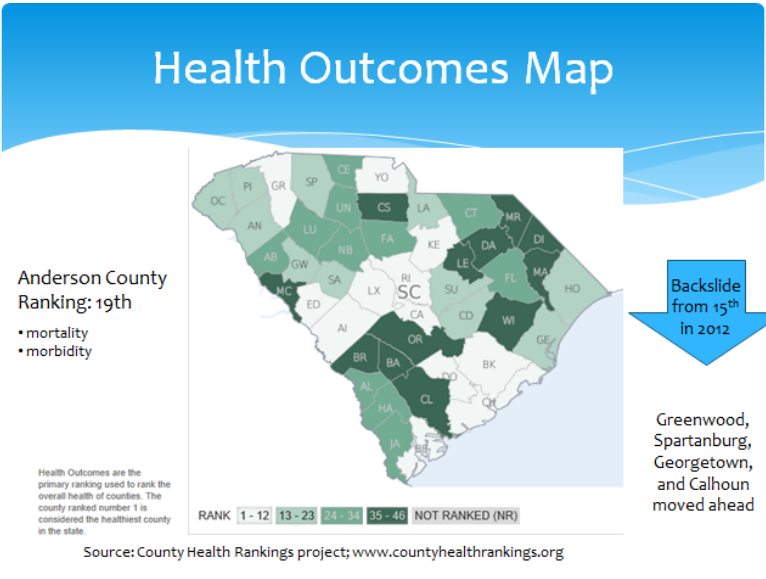
- In 2010 the leading cause of death for children up to age 1 year was disorders related to short gestation and the leading causes of death for children ages 1-14 were malignant neoplasms and accidents
- Other leading health issues of concern for children include obesity, diabetes, asthma, and mental 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 the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. 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 the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The *Rankings*, based on the latest data publically 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](http://www.countyhealthranking.org)**

Based on the County Health Rankings, Anderson County fares well compared to other parts of the state of South Carolina. It ranks 19<sup>th</sup> out of 46 counties among the health outcomes ratings and 15<sup>th</sup> among the health factors ratings. Anderson County has dropped slightly over the past 3 years in its “health outcomes ranking” and its health factors ranking as other communities have moved forward.



# Healthy Lifestyles and Behaviors

Individuals' lifestyles and daily habits play an integral role in their overall health and wellbeing. Specific behaviors can positively or negatively affects an individual and dictates the overall state of their health. Many public health recommendations and clinical guidelines emphasize the importance of healthy lifestyles and behaviors. **Anderson has gotten worse in many of the common lifestyle choices and behaviors and ranks below the state average, national average, and the Healthy People 2020 Goal.**

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Anderson	State	Nation
Smoking (adults age 18+) (HIW)	22.3% (2002) 19.7% (2010) 20.6% (2013)	21% (2010) 20.3% (2013)	19.3% (2010) 18.1% (2013)	12%	<b>WORSE</b>	<b>SIMILAR</b>	<b>WORSE</b>
Smoking (teens, 9 <sup>th</sup> – 12 <sup>th</sup> grade smoking cigarettes in past 30 days) (CDC YRBS)	26.6% (2002) 21.8% (2010) Data Not Available	20.5% (2010) 16.0% (2013)	19.3% (2010) 15.7% (2013)	16%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Smokeless Tobacco Youth (CDC)	10.6% (2009)	7.8% (2009) 7.0% (2013)	8.9% (2009) 8.8% (2013)	6.9%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Smokeless Tobacco Adult (CDC)		3.6% (2011)	4.4 (2011)	0.3%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Excessive Drinking (% adults reporting excessive drinking) (HIW)	13.6% (2002) 5.5% (2010) 9.5% (2012)	13.6% (2010) 14.3% (2012)	28% (2010) 28% (2012)	25.3%	<b>WORSE</b>	<b>BETTER</b>	<b>BETTER</b>
No Exercise (adults reporting no exercise) (HIW)	21.9% (2002) 25.6 (2010) 26.7% (2012)	27.8% (2010) 25.7% (2012)	- 25.9% (2012)	32.6%	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Nutrition (adults consuming fruits less than one time daily) (SC BRFSS;CDC)	46.7% (Region 1, 2011) 47.5% (Region 1, 2013)	45.2% (2013)	37.7% (2013)	-	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Nutrition (adults consuming vegetables less than one time daily)	27.2% (Region 1, 2011) 26.9% (Region 1, 2013)	26.8% (2013)	22.6% (2013)		<b>SIMILAR</b>	<b>SIMILAR</b>	<b>WORSE</b>

(SC BRFSS;CDC)							
Adults obese or overweight (SC DHEC Chronic Disease Report; CDC)	55-59% (2003) 65% (2010) 72.2% (, 2013)	67% (2010) 66.5% (2013)	69.2% (2010) 63.8% (2013)	Increase the proportion of adults that are at a healthy weight (30.8% to 33.9%)	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>

Sources: National Health Indicators Warehouse (HIW), CDC, Healthy People 2020, SC BRFSS, SC DHEC Chronic Disease Report

## Obesity and Related Health Habits

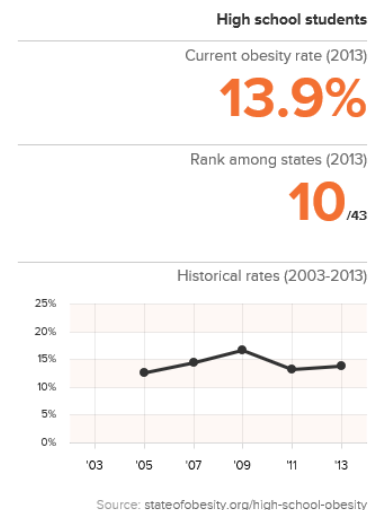
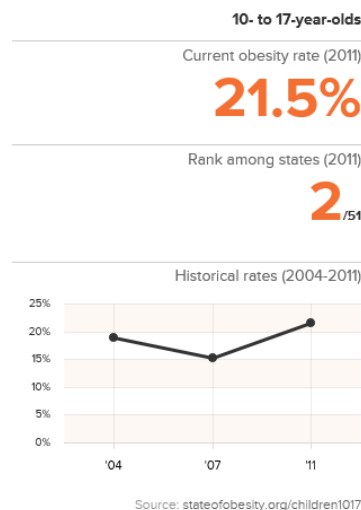
RISK FACTOR	Region*					State
	Total	Blacks	Whites	Males	Females	Total
Current smoking (%)	21.60	21.89	21.10	25.66	17.67	22.00
Sedentary lifestyle (%)	27.53	33.57	25.30	26.23	28.81	26.87
Overweight or Obese (%)	67.75	78.13	65.06	73.69	61.56	66.47
High Cholesterol (%)	43.81	37.11	44.26	48.31	39.75	42.58
Median daily servings of fruits	0.99	0.90	1.00	0.97	0.99	0.99
Median daily servings of vegetables	1.48	1.16	1.56	1.35	1.60	1.50

Source: SCDHEC, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet, November 2014

The percentage of the adults in DHEC Region I, which includes Anderson County, which are obese or overweight, continues to increase. In 2010 only 35% of the adult population lived at a healthy weight but in 2013 that number decreased to 32%. Additionally, out of the 68% individuals who are overweight and obese, roughly half of those are obese. At 78%, African Americans have the highest rate of adults overweight or obese. Females generally tend to have lower BMIs than males with 62% being overweight or obese.

In 2013, *State of Obesity* data indicated that South Carolina ranks as the 10<sup>th</sup> worst state, up from the 8<sup>th</sup>, in the United States in terms of obesity. In order, the ten worst states are: West Virginia, Mississippi, Arkansas, Tennessee, Kentucky, Louisiana, Oklahoma, Alabama, Indiana, and South Carolina.

In 2011, 21.5% of South Carolina adolescents 10-17 were obese, ranking as the 2<sup>nd</sup> worst state in the nation behind Mississippi. The most troubling aspect is that South Carolina's rate is increasing whereas Mississippi and other top states are beginning to decrease.



Health habits such as exercise and nutrition are major factors determining weight. A little over one in 4 adults in Anderson County is sedentary and

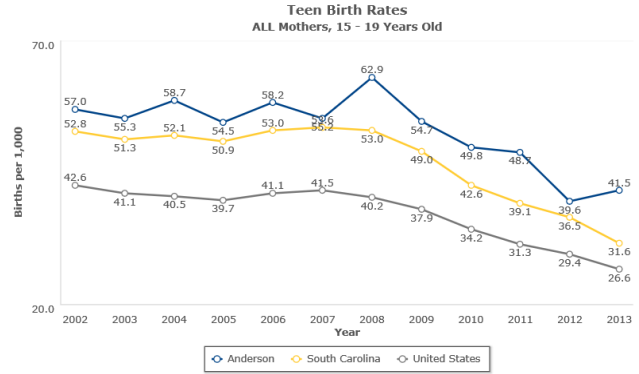
almost 50% consumed fruit less than one time daily while 27% consumed vegetables less than one time daily.

Just as alarming, 33% of adolescents in SC watch 3 or more hours of TV on a school day, replacing outdoor or other active or mentally stimulating activity.



### Teen Pregnancy Rates

Teen pregnancy rates have been showing a 14-year decline locally, state-wide and nationally. While Anderson County has generally seen a 14 year decline, rates are still higher in Anderson County than compared to the state and nation. However, from 2012 to 2013 there was an increase from 39.6 to 41.5, the first increase since 2007-2008.



### Anderson County

Incidence Rate per 1,000	2009	2011	2013	% Change 2009-2013
All 15-19	54.7	48.7	41.5	-13.2%
Black 15-19	73.3	58.4	65.0	-8.3%
White 15-19	48.8	46.1	36.8	-12%
All 15-17	26.4	17.2	21.7	-4.7%
All 18-19	97.2	95.9	71.3	-25.9%

Source: S.C. Campaign for the prevention of Teen Pregnancy

# Health Environment

Anderson County offers an environment that supports and encourages healthy living.

## 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. Although Anderson (13.0) was worse than the state (12.6), it has improved since 2003.

## 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 source of food during the past year.

## Access to Exercise Opportunities

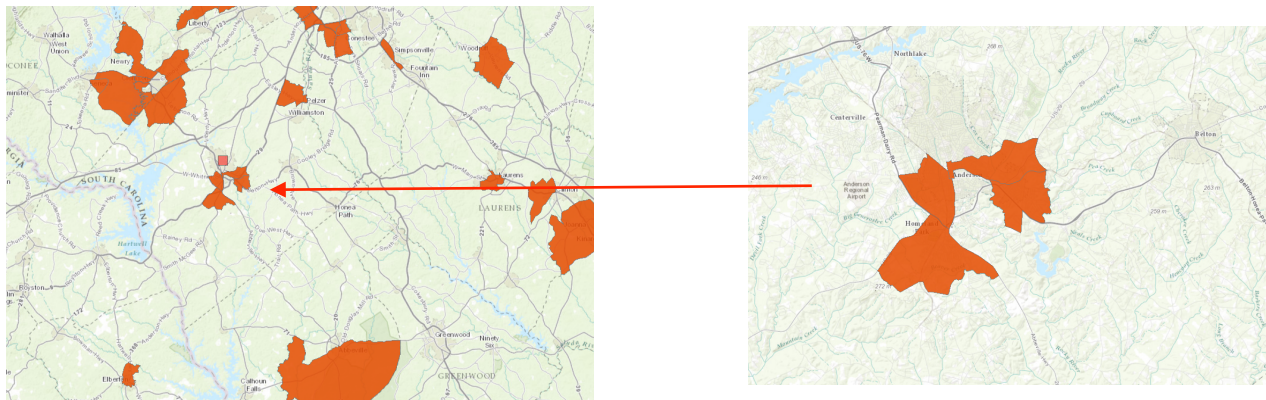
The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes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

	Anderson County	South Carolina	National Benchmark
Air Pollution – Particulate Matter	13.0	12.6	9.5
Food Environment Index	6.8	6.7	8.4
Access to Exercise Opportunities	66%	71%	92%

Source: County Health Rankings 2015

## Food Desert

A food desert is an area with low access and availability of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. 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.



Source: USDA Food Desert Locator

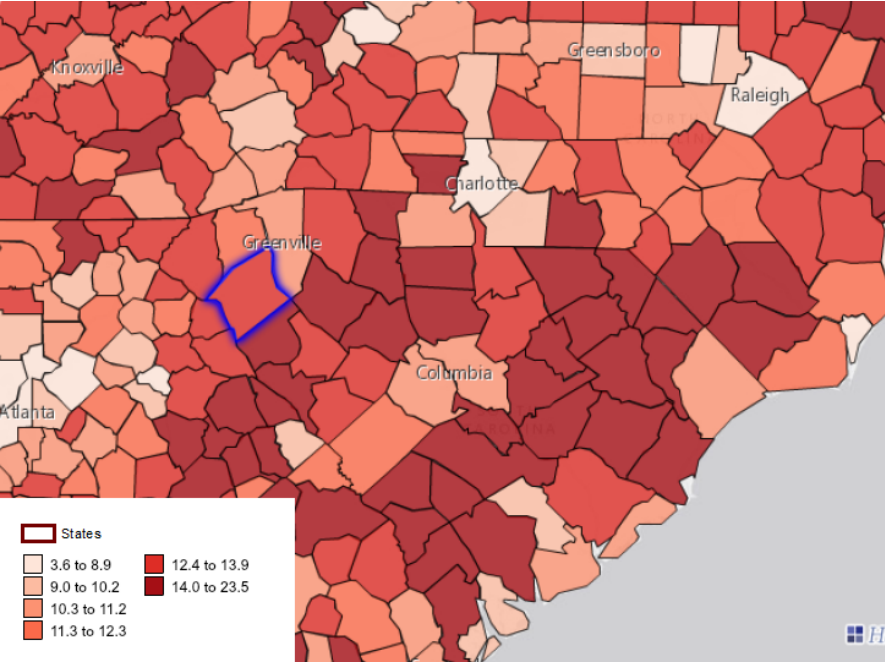
# Health Risk Factors

Health, well-being and quality of life are affected by a variety of genetic, environmental, and behavioral risk factors. Many risk factors are related and interdependent of each other. **Anderson County has either stayed the same or gotten worse in numerous risk factors most commonly associated with poor health, disability and premature death and typically is below the state average, national average, and the Healthy People 2020 Goal.**

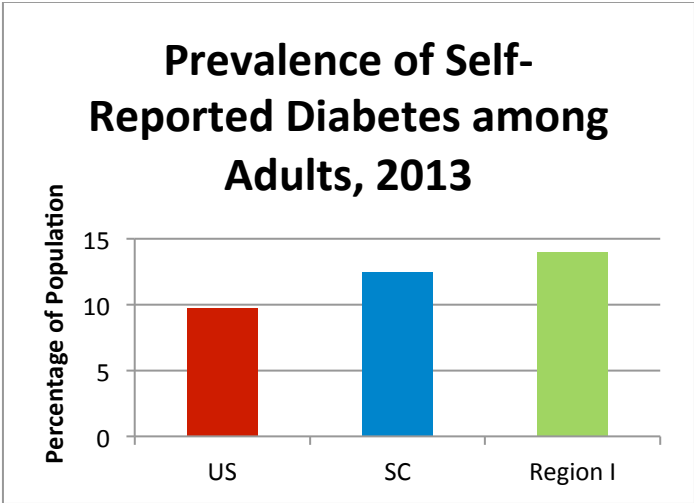
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					Past	State	Nation
Smoking (adults age 18+) (HIW)	22.3% (2002) 19.7% (2010) 20.6% (2013)	21% (2010) 20.3% (2013)	19.3% (2010) 18.2% (2013)	12%	WORSE	SIMILAR	WORSE
Diabetes (HIW)	11.2% (2003) 12.0% (2010) 12.3% (2012)	10.7% (2010) 10.6% (2012)	8.3% (2010)* 9.3% (2013)* * (American Diabetes Association)	NA	SIMILAR	WORSE	WORSE
Hypertension (HIW)	31.2% 29.8% (2010) 34.2% (2012)	32.7% (2010) 33.4% (2012)	31.9%* (CDC, Health, US 2011) 32.5%* (CDC, Health, US 2012)	26.9%	WORSE	WORSE	WORSE
Cholesterol Checked in last 5 years (SC DHEC)	75.3% (Region I, 2002) 77.4% (Region I, 2008) 76.9% (Region I, 2010)	76.7% (2008) 77.3% (2010)	74.6% (HIW, 2008) 76.4 (AHR, 2014)	82.1%	SIMILAR	SIMILAR	SIMILAR
<b>Maternal/Infant Risk Factors</b>							
Preterm Births (SC DHEC; CDC)	11.1% (2010) 13.6% (2013)	13.2% (2013)	11.4% (CDC, 2013)	11.4%	WORSE	SIMILAR	WORSE
Low Birthweight (HIW)	8.9% (2001-2007) 9% (2009) 10.2% (2013)	10% (2009) 9.7% (2013)	8.2% (2009) 8.0% (2013)	7.8%	WORSE	SIMILAR	WORSE
Infant Mortality (SC DHEC)	7.4 (2005-2007) 6.7 (2010) 7.9 (2013)	7.4 (2010) 6.9 (2013)	7 (2010)	6.0	WORSE	WORSE	WORSE
C-Section Rates (SC DHEC)	2010 Primary: 202.9/1000 2010 Repeat: 146.6/1000 2013 Primary: 203.4/1000 2013 Repeat: 146.5/1000	2010 Primary: 220.9/1000 2010 Repeat: 125.7/1000 2013 Primary: 207.9/1000 2013 Repeat: 133.5/1000	NA	NA			

Sources: Health Indicators Warehouse, American Diabetes Association, CDC, SC DHEC Biostatistics, SC DHEC ORS data, Healthy People 2020, American Health Rankings

One example of this general trend is the prevalence of diabetes. Anderson has higher rates of diabetes than the state and the nation. In South Carolina, an additional 6.7% of the population has been told that they have pre-diabetes or borderline diabetes (BRFSS, 2011), a condition which can often lead to full-blown diabetes without proper treatment. This is an increase of 5.5% since 2010.



While Anderson County is ranked similar to the state average on several key health factors, it is worse than state in diabetes and that difference has gotten larger over the past two years.



Source: SC DHEC, Division of Diabetes Prevention and Control

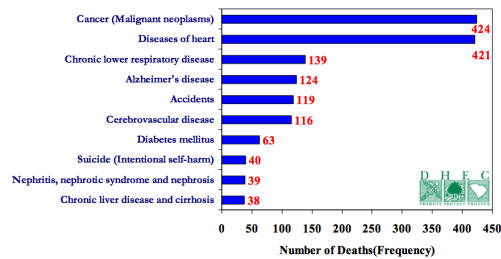
# Health Outcomes – Mortality and Morbidity

## Leading Causes of Death

The leading causes of death for Anderson County are similar to those of South Carolina and the US. Cancer and heart disease account for approximately half of all deaths at the county, state, and national level.

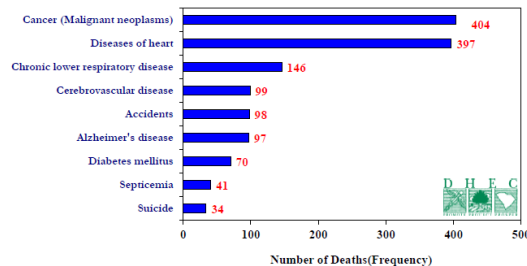
Anderson (DHEC 2013)	South Carolina (DHEC 2013)	United States (CDC 2013)
Cancer (Malignant Neoplasms)	Malignant Neoplasms	Diseases of the Heart
Diseases of Heart	Diseases of the Heart	Malignant Neoplasms
Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
Cerebrovascular Disease	Cerebrovascular Disease	Accidents
Accidents	Accidents	Cerebrovascular Disease
Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
Septicemia	Nephritis, nephrotic syndrome, nephrosis	Influenza and Pneumonia
Suicide	Influenza and Pneumonia	Nephritis, nephrotic syndrome, nephrosis
	Septicemia	Intentional self-harm

Top Ten Leading Causes of Death in Anderson County, 2010



Data Source: SCDHEC SCAN <http://scanshls.dhec.sc.gov/scan/>; Generated by Chronic Disease Epidemiology and Evaluation April 2012  
For methodology of ranking, see Technical Document: <http://www.scdhec.gov/health/epidata/docs/EpiTechNotes.pdf>

Top Ten Leading Causes of Death in Anderson County, 2013



Data Source: SCDHEC Vital Statistics; Generated by Chronic Disease Epidemiology November 2014  
For methodology of ranking, see Technical Document: <http://www.scdhec.gov/health/epidata/docs/EpiTechNotes.pdf>

## Cancer

Cancer is the leading cause of death in Anderson County and South Carolina. Several of the most common types of cancer in Anderson are colorectal, breast, lung, cervical, and prostate. The total cost of hospitalizations for cancer in Anderson County increased from almost \$46 million in 2010 to just over \$51 million in 2013.

Anderson has higher cancer **incidence rates** than many counties in SC and the US.

Anderson	475.4
SC	455.9
US	453.8

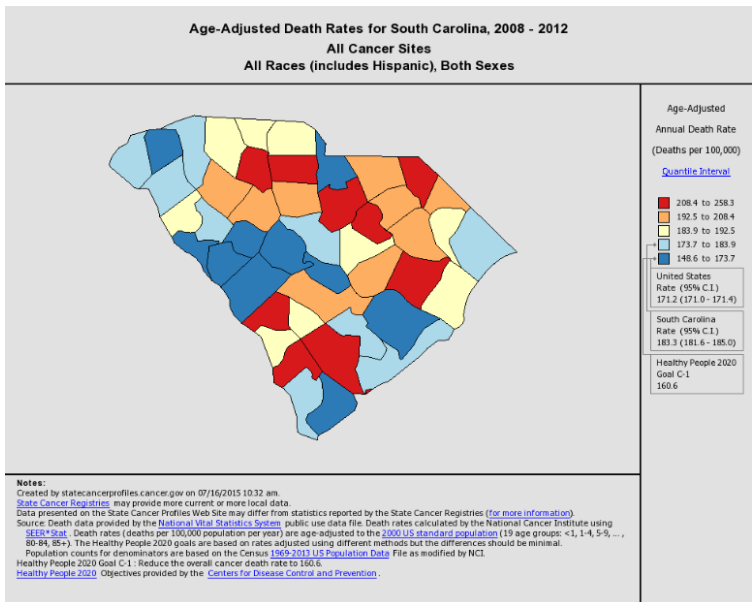
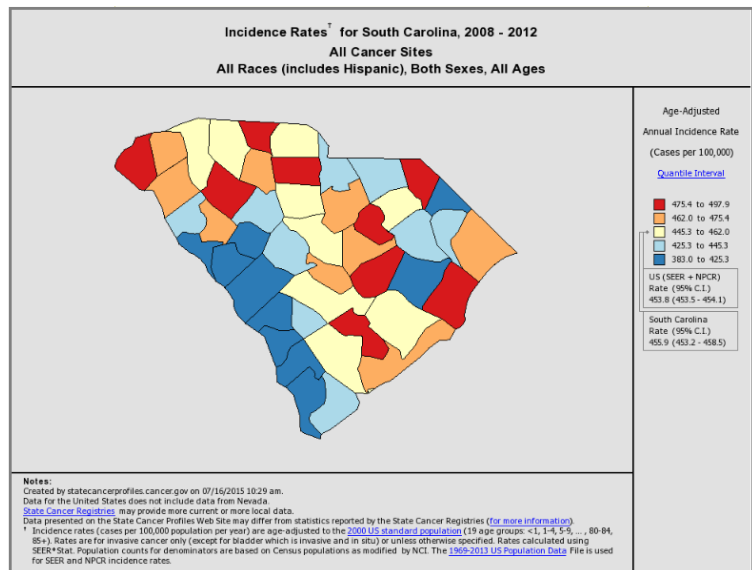
*Cases per 100,000*

Anderson has a higher than average **death rate** from cancer than the US but slightly lower than the state average.

Anderson	181.5
SC	183.3
US	171.2

*Cases per 100,000*

Source: National Cancer Institute, State Cancer Profiles



Of the most common types of cancers, lung cancer (and to a lesser extent Liver and Melanoma) are the types that account for most of the increased incidence of cancers in Anderson.

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

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

\*Cases per 100,000

Based on 2004-2008 data, these higher rates of cancer prompted the National Cancer Institute to give Anderson a “Priority 1” rating, the highest priority out of a 9-level system of prioritizing communities in need of cancer control efforts. This priority level indicated that the death rate was both above the state and national rate, and also that the rate is rising. When the data was updated to 2005-2009 statistics, it indicated 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 4 indicates that death rates are stable and no longer rising, but still above state and national rates.) In the latest update (2008-2012) Anderson was further promoted to Priority 6, indicating that the death rates are stable and similar to the state rates but above the national rates.

A recent drop in death rates from cancer prompted the National Cancer Institute to move Anderson from Priority 4 (above average rate but no longer rising) to Priority 6 (average rate and no longer rising).

Death Rate/Trend Comparison by Cancer, death years through 2012 South Carolina Counties versus South Carolina			
All Cancer Sites All Races, Both Sexes			
	Above State Rate	Similar to State Rate	Below State Rate
<b>Rising Trend</b>	Priority 1: rising ↑ and above ↑ [none]	Priority 2: rising ↑ and similar ▬ [none]	Priority 3: rising ↑ and below ↓ [none]
<b>Stable Trend</b>	Priority 4: stable → and above ↑ Barnwell County Colleton County Hampton County Laurens County Lee County Marlboro County Union County Williamsburg County	Priority 6: stable → and similar ▬ Abbeville County Anderson County Calhoun County Clarendon County Dillon County Georgetown County Jasper County	Priority 7: stable → and below ↓ [none]
<b>Falling Trend</b>	Priority 5: falling ↓ and above ↑ Chester County Chesterfield County Darlington County Kershaw County	Priority 8: falling ↓ and similar ▬ United States Aiken County Allendale County Bamberg County Berkeley County Charleston County Cherokee County Dorchester County Edgefield County Fairfield County Florence County Greenville County Greenwood County Horry County Lancaster County Lexington County Marion County McCormick County Newberry County Oconee County Orangeburg County Richland County Spartanburg County Sumter County York County	Priority 9: falling ↓ and below ↓ Beaufort County Pickens County Saluda County



Incidence and death rates of cancer are continuing to indicate a downward trend in Anderson, resulting in death rates that are lower than the state but still higher than the nation.

5 Year Average Rates of Cancer, per 100,000				
	Incidence rates		Death rates	
	2005-2009	2008-2012	2005-2009	2008-2012
	Anderson	488.0	475.4	208.4
South Carolina	460.1	455.9	187.9	183.3
United States	465.0	453.8	178.7	171.2

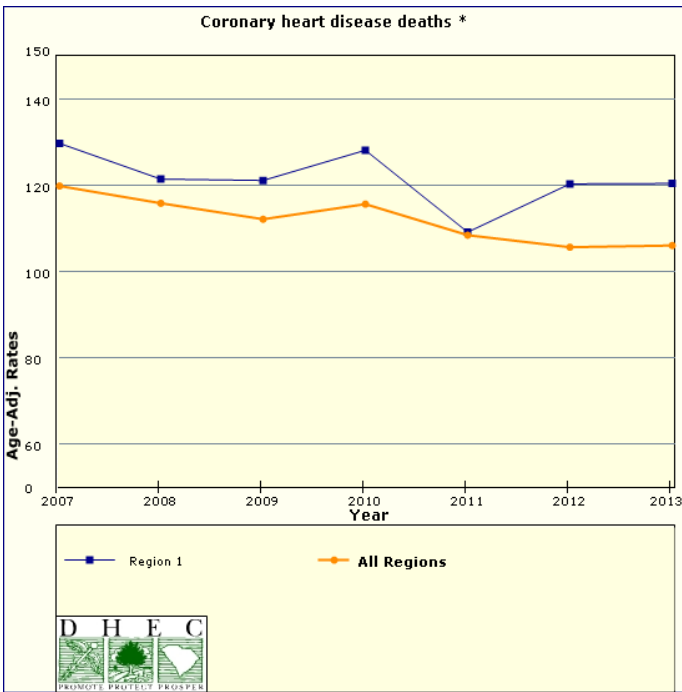
Source: National Cancer Institute, State Cancer Profiles

Death Rate/Trend Comparison by State/County, death years through 2012 Anderson County, South Carolina versus South Carolina All Races, Both Sexes			
	Above State Rate	Similar to State Rate	Below State Rate
<b>Rising Trend</b>	Priority 1: rising ↑ and above ↑ [none]	Priority 2: rising ↑ and similar = Liver & Bile Duct (Males) Lung & Bronchus (Females)	Priority 3: rising ↑ and below ↓ [none]
<b>Stable Trend</b>	Priority 4: stable → and above ↑ [none]	Priority 6: stable → and similar = Bladder (Males) Brain & ONS (Males) Breast (Females) Kidney & Renal Pelvis (Males) Leukemia (Females) Leukemia (Males) Melanoma of the Skin (Males) Non-Hodgkin Lymphoma (Males) Oral Cavity & Pharynx (Males) Pancreas (Females) Pancreas (Males)	Priority 7: stable → and below ↓ Esophagus (Males) Prostate (Males)
<b>Falling Trend</b>	Priority 5: falling ↓ and above ↑ [none]	Priority 8: falling ↓ and similar = Colon & Rectum (Females) Colon & Rectum (Males) Lung & Bronchus (Males) Non-Hodgkin Lymphoma (Females) Ovary (Females)	Priority 9: falling ↓ and below ↓ [none]

Notes:  
Created by statecancerprofiles.cancer.gov on 07/20/2015 12:03 pm.

Trend<sup>2</sup>  
**Rising ↑** when 95% confidence interval of average annual percent change is above 0.  
**Stable →** when 95% confidence interval of average annual percent change includes 0.  
**Falling ↓** when 95% confidence interval of average annual percent change is below 0.  
Rate Comparison  
**Above ↑** when 95% confident the rate is above and Rate Ratio<sup>2</sup> > 1.10  
**Similar =** when unable to conclude above or below with confidence.  
**Below ↓** when 95% confident the rate is below and Rate Ratio<sup>2</sup> < 0.90

The National Cancer Institute also prioritizes types of cancer that are most in need of cancer control efforts for a given area. Lung cancer (Females) and Liver cancer (Males), in particular, was identified by the National Cancer Institute as the highest priority in Anderson, as death rates from lung cancer are similar to the state averages, but still rising.



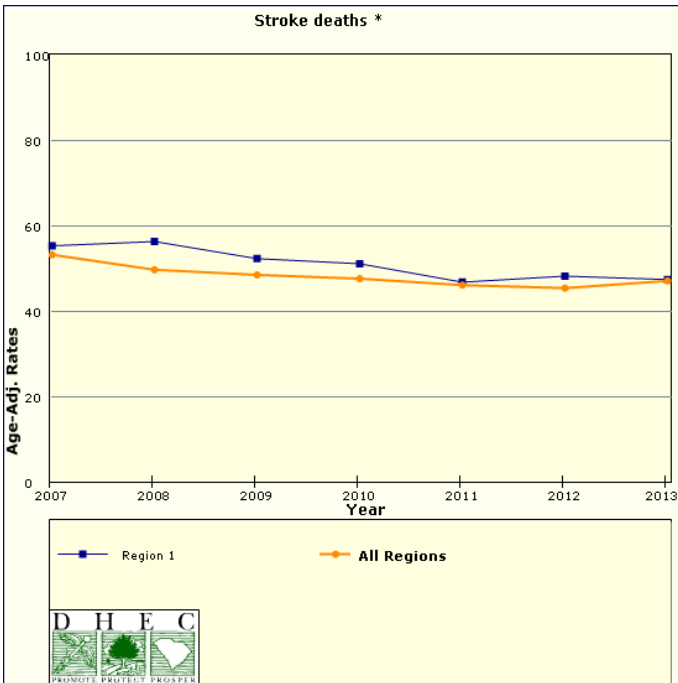
### Heart Disease

Heart disease is the leading cause of death in most of the US, and the second leading cause of death in South Carolina and Anderson. Heart disease is more of a threat as individuals age, and it is the number one cause of death of individuals 65 and over in Anderson.

Anderson has a heart disease death rate\* of 184.4 per 100,000, which is comparable to the rates in South Carolina and the United States (187.5 and 185.2 respectively). Strides have been made, with a general trend of declining heart disease death rates in the region for the past 15 years, although there have been some years that have seen an increase.

#### Impact of Heart Disease in Anderson

# of Hospitalizations	2418
Cost of hospitalizations	\$203,901,300
# of ER visits	558
cost of ER visits	\$9,740,700



### Stroke

Cerebrovascular disease, or stroke, is the fourth leading cause of the death in SC and 5<sup>th</sup> in the nation. While it does not cause as many deaths in Anderson County as heart disease or cancer, it can cause significant disability such as paralysis, speech impairment, and emotional/psychological problems. Lifestyle changes and, in some cases, medication can significantly decrease risk of stroke.

#### Impact of Stroke in Anderson

# of Hospitalizations	767
Cost of hospitalizations	\$42,745,100
# of ER visits	111
cost of ER visits	\$1,435,500

*SC DHEC Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet, 2013*

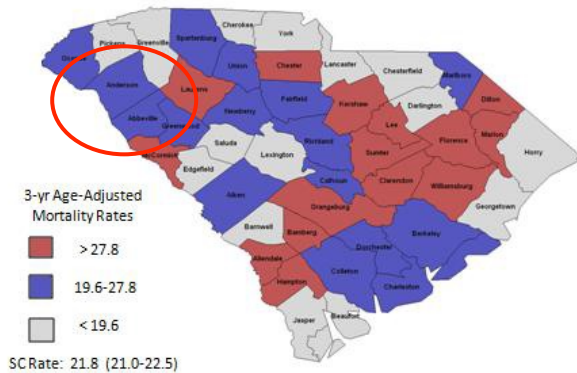
Anderson's stroke mortality rate\* is 50.5 per 100,000, similar to the state rate of 50.9 and higher than the national rate of 40.5. Strides have been made with a trend of declining stroke death rates in the region for the past 15 years.

\*Center for Disease Control and Prevention, Division of Heart Disease and Stroke Prevention, 2007-2009

## Diabetes

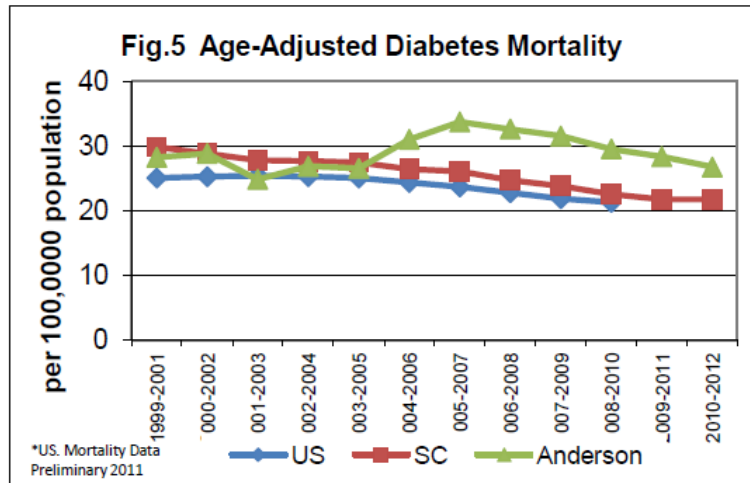
As mentioned earlier in the Health Risk Factors section of this report, Anderson County has a higher prevalence of diabetes than the rest of the state and the nation. In addition to having a higher prevalence in Anderson County, diabetes mortality is also higher in the county. The mortality rate for diabetes in Anderson (27 deaths per 100,000 in 2012) is above the state mortality rate for diabetes at 21.8 deaths per 100,000.

Fig. 6 Diabetes Mortality 2010-2012



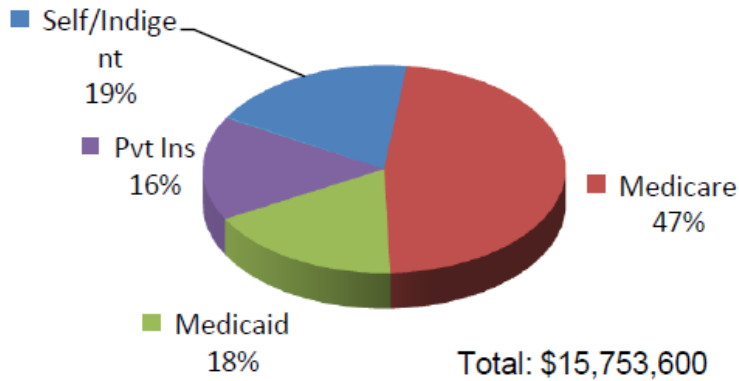
Diabetes is the 7<sup>th</sup> leading cause of death in Anderson County.

While diabetes mortality rates in Anderson County are starting to decrease, they are still higher than the state and nation.



DHEC Bureau of Community Health and Chronic Disease Prevention, County Diabetes Fact Sheet, April 2013

**Fig.3. Diabetes ER & Hospitalization Charges , Anderson County, 2012**



Medicare paid for almost 50% of ER and Hospitalization charges related to diabetes.

*DHEC Bureau of Community Health and Chronic Disease Prevention, County Diabetes Fact Sheet, April 2013*

**Table 1. Hospitalizations for Diabetes Complications in Anderson County in 2012**

Diabetes Complication	Hospital Admissions	Percent of Diabetes Hospital Admissions	Total Charges
Renal Failure	1,555	30%	\$78,096,300
Lower Extremity Amputation	78	2%	\$7,225,400
Ketoacidosis	132	3%	\$6,267,400
Retinopathy	103	2%	\$5,377,400

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 (sometimes severe enough to 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.

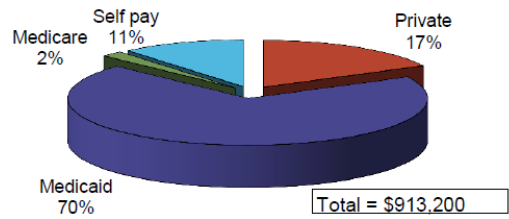
*DHEC Bureau of Community Health and Chronic Disease Prevention, County Diabetes Fact Sheet, April 2013*

**Asthma**

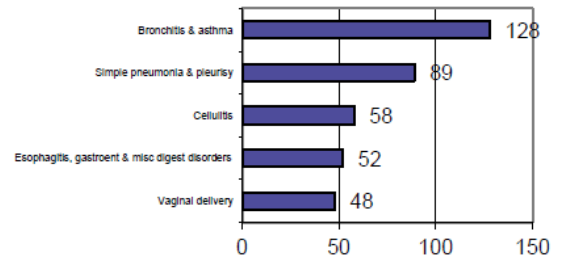
The prevalence of asthma has increased nationally since the 1980s. Though deaths from asthma have been decreasing, asthma is a significant health burden. In the US, costs for asthma have more than tripled from an estimated \$6.2 billion in 1990, to an estimated \$20.7 billion in 2012. In Anderson County, 11,300 adults or 7.6% of the adult population suffer from asthma and in 2012 there were 199 hospitalizations for asthma.

Children are disproportionately affected by asthma. Asthma is the leading chronic disease among children and the leading reason for missed school days. In Anderson County, asthma accounts for 34% of all ER visits and asthma/bronchitis is the leading cause of hospitalization of children up to 18 years old. Medicaid paid for 69% of ER and Hospitalization charges due to asthma.

**Percent Distribution of Asthma ER & Hospitalization Charges of Children Aged 0-18, Anderson County, 2012**



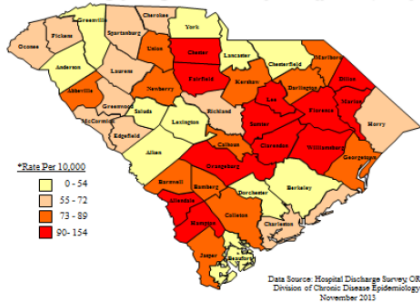
**Leading Causes of Hospitalization in Children Ages 0-18 Anderson County, 2012**



*DHEC Bureau of Community Health and Chronic Disease Prevention, County Asthma Fact Sheet, March*

Overall Anderson County has lower rates of hospitalization and emergency department visits for asthma than other parts of the state.

**2012 Hospital and ED Discharge Rates\* due to Asthma among younger than 18 years (per 10,000)**



**Asthma Hospitalization and Emergency Department Rates, Children 0-4**

	Anderson	SC	HP 2020 Objective
<b>Hospitalization Rates</b>	25 (2010) 36 (2012)	31 (2010) 26 (2012)	18.1
<b>ED Rates</b>	55 (2010) 21 (2012)	109 (2010) 115 (2012)	95.6

*Rates per 10,000*

There is a marked racial disparity for asthma hospitalizations and emergency room visits. The hospitalization rate for black children is four times the rate of white children in Anderson; ER rate is twice as high for black children in Anderson County.

Hospital and Emergency Room Visits Rates per 10,000 Children (<18 years), 2012				
	Anderson		South Carolina	
	White	Black	White	Black
Hospital	10.2	40.9	6.9	31.4
ER	16.4	39.8	34.7	198.9

**Infant Mortality**

The Infant mortality rate in Anderson County in 2013 was 7.9 per 1000 live births. This is worse than the state rate of 6.9, and worse than the national rate of 6.0. 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.

**Infant Mortality Rates in SC by Race and Percent Change from 2012 to 2013**

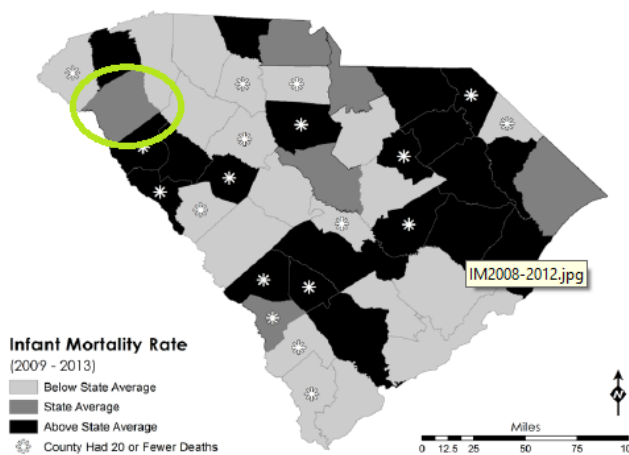
Infant Mortality			
Year	Total	White	Black & Other
2012	7.6	5.3	11.9
2013	6.9	5.5	9.5
<b>Percent Change</b>	-9.2%	3.8%	-20.2%

South Carolina’s infant mortality rate for Hispanic mothers was similar to the rate of white mothers and lower than the state rate, at 5.7 per 1000 live births. This was a 66.6% increase from 2012.

Anderson County has a similar disparity in infant mortality rates:

Infant Mortality Rates in ANDERSON by Race			
Year	Total	White	Black and Other
2013	7.9	7.2	10.5
2011-2013	8.0	6.5	13.9
2008-2010	7.3	5.6	13.5

Figure 2.  
Five Year Infant Mortality Rates by County  
South Carolina  
2009-2013  
(Residence Data)



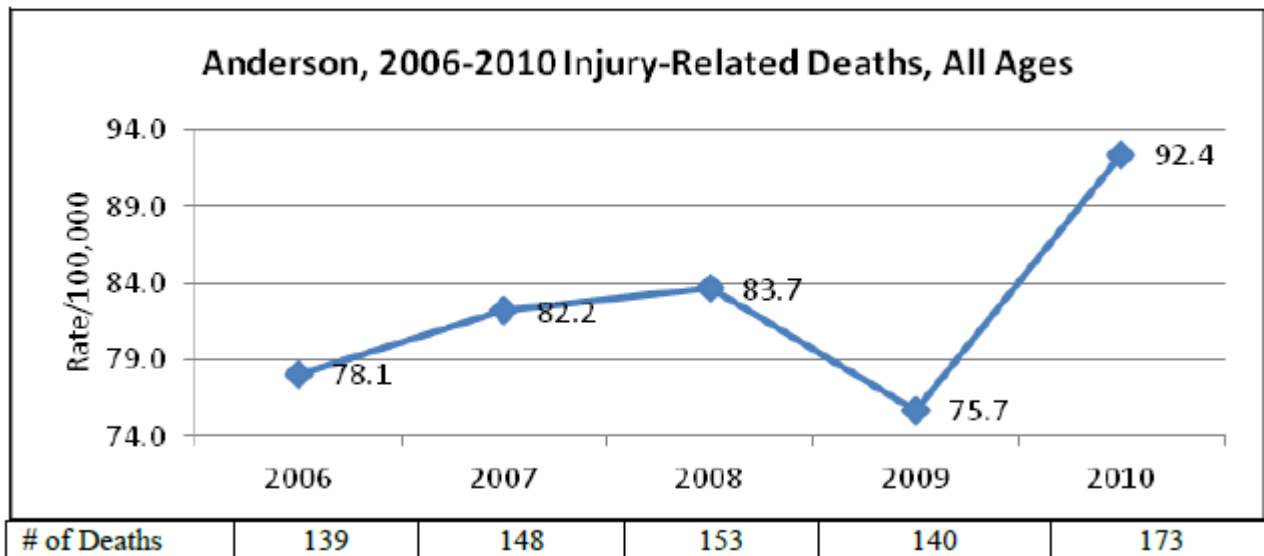
Infant mortality rates in SC have trended down slowly for the past 20 years with a substantial decrease from 2012 to 2013. This substantial decrease in infant mortality is due to a large decrease in infant deaths among non-white mothers. Anderson County saw a slight increase from 2010-2013.

## Leading Causes of Death for Children

In 2010 the leading cause of death for children up to age 1 year was disorders related to short gestation and the leading causes of death for children ages 1-14 were malignant neoplasms and accidents. In 2010 Anderson had a higher rate of deaths from childhood cancer than the state, and a lower rate of death from accidents than the state.

## Injury-Related Deaths

### Anderson County



### Top Causes of Injury Deaths, 2010

All Ages			0-17 Years			65+ Years		
Cause of Injury	No.	Rate	Cause of Injury	No.	Rate	Cause of Injury	No.	Rate
<b>All Causes</b>	<b>173</b>	<b>92.4</b>	<b>All Causes</b>	<b>4</b>	<b>---</b>	<b>All Causes</b>	<b>49</b>	<b>173.0</b>
Suicide	40	21.4	Firearm	1	---	Fall	15	52.9
Poisoning	35	18.7	MVC	1	---	Suicide	9	31.8
MVC	26	13.9	Pedestrians	1	---	MVC	7	24.7
Fall	18	9.6	Suffocation	1	---	Suffocation	5	17.6
Homicide	10	5.3				Motor Cyclists	1	---

Age specific rate per 100,000

All Causes are Unintentional except (suicide, homicide)

(SC DHEC Division of Injury and Violence Prevention, 2010)

## Health Outcomes Summary- Mortality and Morbidity

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	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)	460.1 (2005-2009) 455.9 (2008-2012)	465 (2005-2009) 453.8 (2008-2012)	NA	BETTER	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)	187.9 (2005-2009) 183.3 (2008-2012)	178.7 (2005-2009) 171.2 (2005-2009)	160.9	BETTER	BETTER	WORSE
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	184.3 (2007-2009) 171.2 (2011-2013)	187.5 (2007-2009) 181.5 (2011-2013)	185.2 (2007-2009) 171.6 (2011-2013)	100.8 (age adjusted to the 2000 standard)	BETTER	BETTER	SIMILAR
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	50.5 (2007-2009) 44.6 (2011-2013)	50.9 (2007-2009) 46.5 (2011-2013)	40.5 (2007-2009) 37 (2011-2013)	33.8 (age adjusted to the 2000 standard)	BETTER	BETTER	WORSE
Diabetes Prevalence (HIW; American Diabetic Association)	11.2% (2004-2010) 12.0% (2010) 12.3% (2012)	10.7% (2010) 10.6% (2012)	8.3% (2011) 9.3% (2014)	NA	SIMILAR	WORSE	WORSE
Diabetes Mortality Per 100,000 (SC DHEC Bureau of Community Health and Chronic Disease Prevention, 2013 Fact Sheet)	31.9 (2010) 29.3 (2013)	24.8 (2010) 22.5 (2013)	-- --	65.8 (related to diabetes - reported differently)	BETTER	WORSE	NA
Years of Life Lost before age 75 (HIW)	9692.9 (2005-2007) 9529.7 (2010) 9042.9 (2013)	9074.6 (2010) 8189.7 (2013)	7082.9 (2010) 6605.3 (2013)	NA	BETTER	WORSE	WORSE
Physically Unhealthy Days (HIW – BRFSS)	4.1 (2004-2010) 3.7 (2010) 4.1 (2012)	3.8 (2010) 3.8 (2012)	3.5 (2010) 3.9 (2013)	NA	SIMILAR	SIMILAR	SIMILAR
Mentally Unhealthy Days (HIW – BRFSS)	3.7 (2004-2010) 2.7 (2010)	3.9 (2010)	3.6 (2010)	NA	WORSE	SIMILAR	SIMILAR



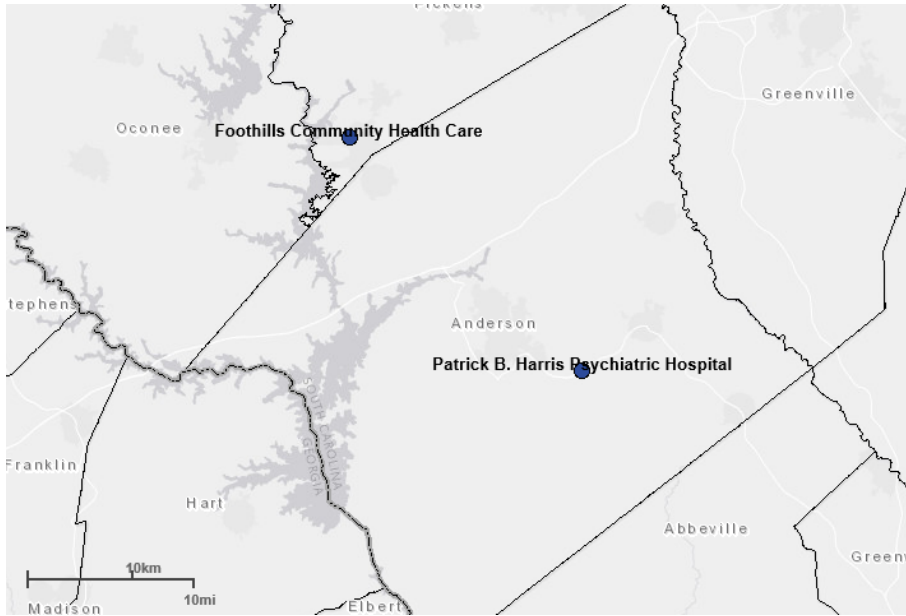
	4.0 (2012)	3.7 (2012)	3.7 (2013)				
Fair or Poor Health (HIW – BRFSS)	19.1% (2004-2010) 19.9% (2010) 18.9% (2012)	17.6% (2010) 17.1% (2012)	14.9% (2010) 17.9 (2013)	NA	BETTER	WORSE	WORSE
Infant Mortality (per 1000) ( SC DHEC)	9.5 6.7 (2010) 7.9 (2013)	7.4 (2010) 6.9 (2013)	7.0 (2010) 6.0 (2013)	6.0	WORSE	WORSE	WORSE

Sources: Health Indicators Warehouse, National Cancer Institute, American Diabetes Association, CDC, SC DHEC Biostatistics, SC DHEC ORS data, Healthy People 2020, Americas Health Rankings

# Mental Health

## Mental Health Centers

As of April 11, 2014 the Anderson/ Oconee/ Pickens Service area continues to be designated as Health Professional Shortage Area in Mental Health due to low-income.



**There are 2 Substance Abuse and Mental Health Services Administration (SAMHSA) facilities in Anderson.**

Source: US Department of Health and Human Resources

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Suicides (HIW)	16.2 (2002-2008) 13.3 (2008) 17.8 (2013)	12.1 (2008) 14.6 (2013)	11.3 (2007) 13.0 (2013)	10.2	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Mentally Unhealthy Days (HIW)	3.7 (2004-2010) 2.7 (2010) 4.0 (2012)	3.9 (2010) 3.7 (2012)	3.6 (2010) 3.7 (2013)	NA	<b>WORSE</b>	<b>SIMILAR</b>	<b>SIMILAR</b>



## Clinical Preventive Services

### Screenings

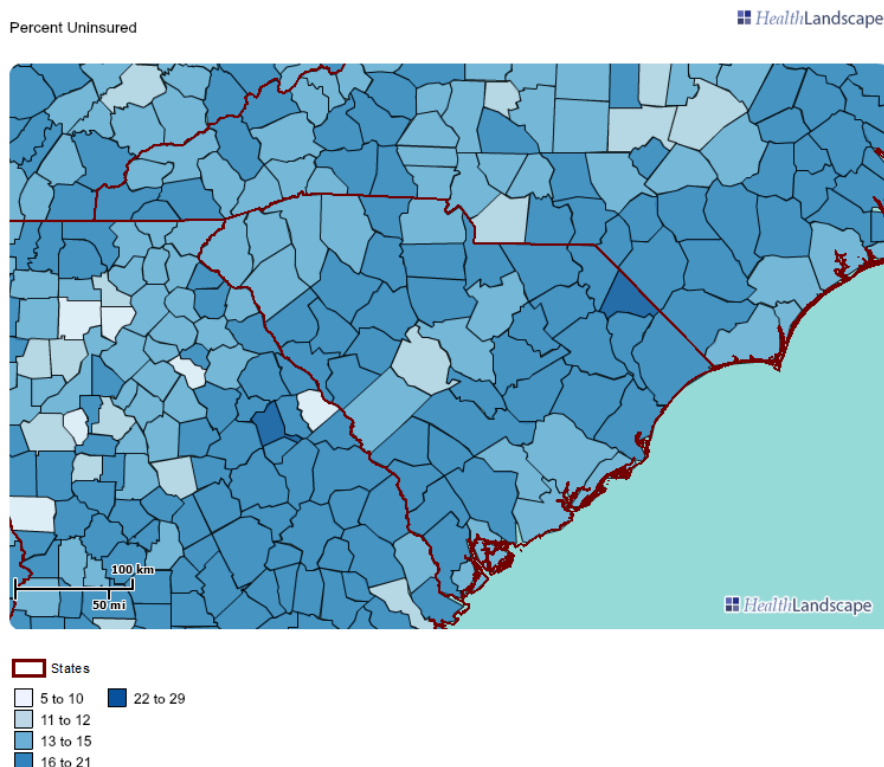
Anderson County screening rates for some of the most widely recommended screenings are generally better than the state and national rates. Anderson County residents are more likely to be receiving the regular cholesterol checks and colorectal screenings.

### Vaccines/ Immunizations

Anderson County residents are more likely to have had the recommended pneumococcal vaccines than other South Carolina residents. For childhood immunizations the percentage of children treated in public health clinics who had not received the recommended vaccines up to age 2 dropped from 28.2% in 1993 to 17.3% in 2003, the year that data for the county is available. According to the National Immunization Survey, the percent of the children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19–35 months nationally in 2013 was 70.4%. In 2013, South Carolina had 66.5% of children immunized by age 19-35 months, down from 71.8% in 2012. Healthy People 2020 goal is for 80% of children 19-35 months to have received all recommended vaccines.

## Health Care Access

### Percent with no insurance coverage in SC, by county



According to US Census Bureau data, 13.6% of Anderson's population do not have any form of health insurance. This is better than the state rate of 15.8% and the national rate of 14.5%.

However it does not meet the Healthy People 2020 goal of 100% of the population covered by some form of insurance.

## Primary Care

### Primary Care Physician Rate

Primary care physician rate is lower in Anderson than other parts of the state and country, which has contributed to more people report delaying care due to cost.

### Usual Primary Care Provider

Individuals who have identified a usual primary care provider are more likely to get routine medical screenings. Though county level data is not available for people who have a usual primary care provider, data indicates that people in the South are less likely than other regions of the country to have a usual primary care provider.

### Emergency Room Usage

Emergency Departments are increasingly being used for primary care not only by individuals who do not have insurance, but by those with insurance (either through employment or through Medicaid and Medicare) who have difficulty getting an appointment with a regular primary care provider.

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Cholesterol check (SC DHEC, HIW)	76.9% (Region I, 2010) 83.1% (Region I, 2013)	77.3% (2010) 81.8% (2013)	74.6% (HIW, 2008)	82.1%	BETTER	BETTER	NA
Colorectal screening based on guidelines (HIW, CDC) *Different measure	70.4%* (2010) 70.1%* (2006-2012)	63.3%* (2010) 62.9%* (2006-2012)	59% (2010) 58.2% (2013)	70.5% are screened based on current guidelines	SIMILAR	BETTER	BETTER
Mammogram based on guidelines (HIW, CDC) *Different measure	79.8%* (2004-2010) 80.5%* (2010) 78.1%* (2006-2012)	79.7%* (2010) 77.9%* (2006-2012)	72.4% (2010) 72.6% (2012)	81.1%	WORSE	SIMILAR	BETTER
Flu vaccine 65+ (CDC, SC DHEC)	70.9% (2004-2010) 79.9% (2010)	67.4% (2010) 65.3% (2013)	67% (HP 2020) 61.2% (2013)	90%	NA	NA	NA
Pneumococcal vaccine (HIW; HP 2020)	69.6% (2004-2010) 69.7% (2008-2010) 72.3% (2006-2012)	68.7% (2008-2010) 67.7% (2006-2012)	59.7% (HP, 2010) 59.9% (HP, 2011)	90%	BETTER	BETTER	BETTER

### Health Care Access

Uninsured (ACS 2013)	18.2% 14.9% (2010) 13.6% (2013)	17.5% (2010) 15.8% (2013)	15.5% (2010) 14.5% (2013)	100% covered	<b>BETTER</b>	<b>BETTER</b>	<b>BETTER</b>
Primary Care Provider Rate (per 100,000) (HIW)	147.78 (2006) 81.5 (2008) 73.7 (2011)	117.03 (2006) 83.5 (2011)	48.0 (2011)	objective being developed)	<b>WORSE</b>	<b>WORSE</b>	<b>BETTER</b>
Physician use delayed due to cost (HIW; CDC)	15.0% (2004-2010) 16.5% (2010) 18.2% (2006-2012)	17.1% (2010) 16.5% (2006-2012)	15.6% (2011)	9.0%	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Usual Primary Care Provider (HP 2020)	NA	NA	76.3% (2007) 77.3% (2011)	83.9% (HP 2020)	<b>NA</b>	<b>NA</b>	<b>NA</b>

Source: Health Indicators Warehouse, DHEC Biostatistics, CDC, Healthy People 2020, American Community Survey (ACS)

## Community Feedback— Focus groups

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

- \* Public Health Officials
- \* Health Care Providers
- \* Human Resource Professionals and Employer Group
- \* Other Health and Human Service Providers
- \* Community Neighborhood Group
- \* 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, page 54 of this report.

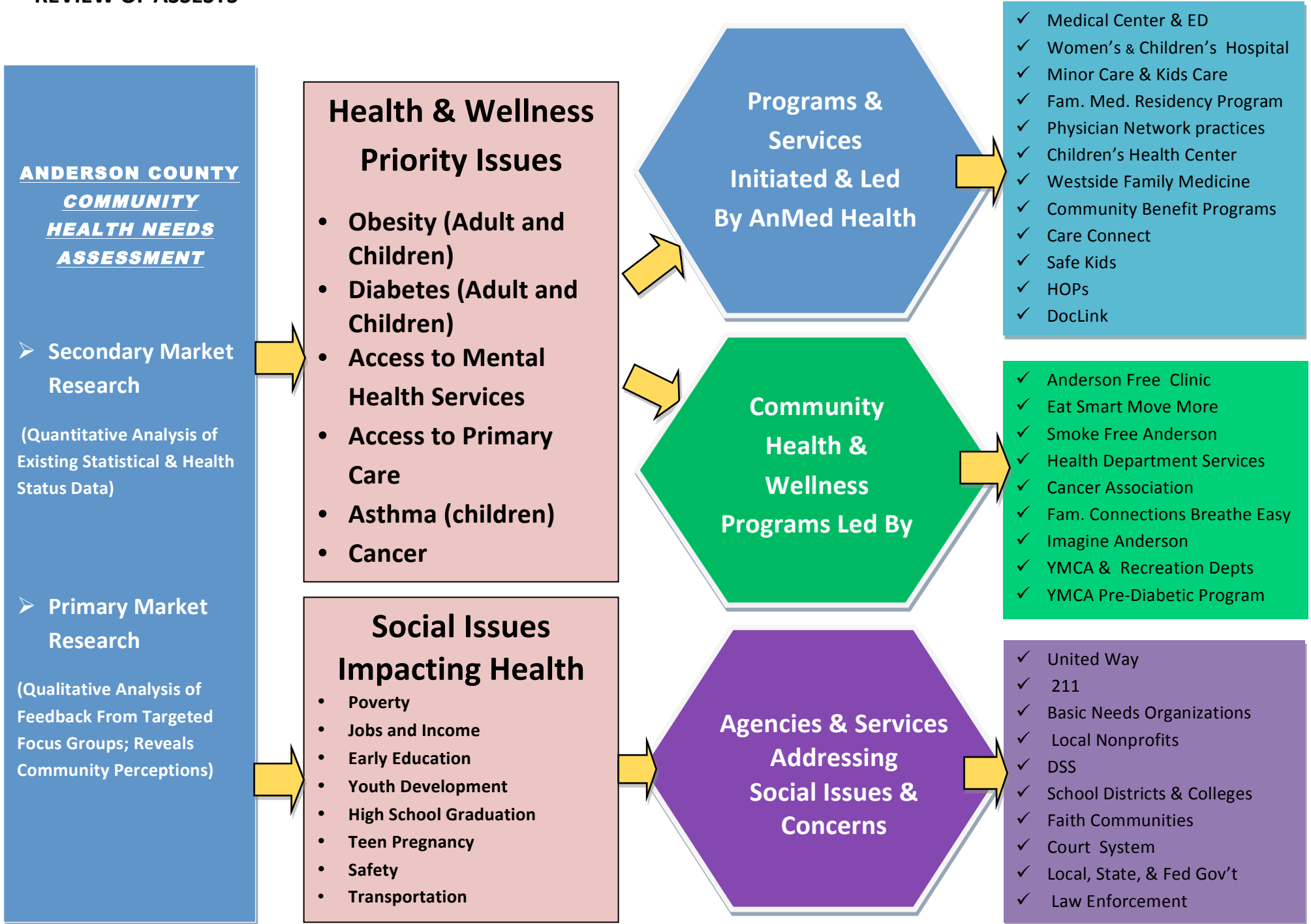
Anderson County	Health Conditions	Children’s Health	Barriers to Healthy Lifestyle
<p><u>Healthy</u></p> <ul style="list-style-type: none"> <li>• Parks, recreation</li> <li>• Recent efforts in Eat Smart Move More Anderson, AnMed track, East-West Connector</li> <li>• Overall quality of healthcare system is good</li> </ul> <p><u>Not Healthy</u></p> <ul style="list-style-type: none"> <li>• Low income families challenged with access to recreation and healthy foods</li> <li>• Lack of knowledge about healthy lifestyles</li> <li>• Overweight/obese</li> <li>• Unhealthy behaviors</li> <li>• Lack of mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity/overweight</li> <li>• Diabetes</li> <li>• Hypertension</li> <li>• Mental health issues</li> <li>• Substance abuse/mental health</li> <li>• Allergies</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Overweight/obesity</li> <li>• Mental health/behavioral issues</li> <li>• Asthma and allergies</li> <li>• Inactivity/screen-time/poor diet</li> <li>• Lack of inexpensive recreational activities (no more playing outside all day)</li> </ul>	<ul style="list-style-type: none"> <li>• Low SES – healthy foods and recreational opportunities are not affordable/ accessible for some segments of population</li> <li>• No immediate benefit, many in “survival mode”</li> <li>• Lack of time for exercising, preparing healthy meals</li> <li>• Education on healthy lifestyle</li> <li>• Age/disability</li> <li>• Access to safe parks, trails, recreation facilities</li> <li>• Transportation</li> </ul>
Other/Misc.	Basic Health Care- What Organizations?	Gaps in Services	Barriers to Healthcare
<ul style="list-style-type: none"> <li>• Misuse of ER</li> <li>• Knowledge about healthy lifestyle does not equal healthy behaviors; healthy choices need to be easy and accessible</li> <li>• ACA coverage options too expensive for some and some providers do not accept</li> </ul>	<ul style="list-style-type: none"> <li>• Free clinic</li> <li>• ER</li> <li>• DHEC (for some limited services)</li> <li>• AnMed</li> <li>• Doctor’s Care/acute care clinics</li> <li>• Care Connect</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health- adult and children</li> <li>• Available health care for Medicaid patients</li> <li>• Dental health- esp. adults</li> <li>• No Federally Qualified Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• Many doctors not taking Medicaid or ACA coverage options</li> <li>• Lack of medical home</li> <li>• Lack of insurance</li> <li>• Transportation</li> <li>• Cost/Low SES- lack of insurance or Medicaid only, out of pocket cost, access to healthy food and recreation</li> <li>• Hispanic population- understanding the American healthcare system and appropriate places to go; insurance</li> </ul>



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

1. Mental Health/behavioral health services
  - Lack of providers
  - Huge need
2. Obesity and related diseases (diabetes, heart and vascular diseases, hypertension) is considered the major health issue
  - Need more education
  - Empowerment
3. Access to healthcare
  - ACA still too expensive
  - “Insurance does not equal access.” - Difficulty finding a provider, especially with Medicaid and ACA
  - There are no Federally qualified health centers in Anderson
4. Child Health
  - Obesity
  - Earlier onset of diabetes
  - Asthma/Allergies
  - Depression, addiction, and other mental health issues
5. Other
  - Quality of services
  - More marketing of Care Connect
  - People want convenience

# REVIEW OF ASSESTS



**ANDERSON COUNTY  
COMMUNITY  
HEALTH NEEDS  
ASSESSMENT**

➤ **Secondary Market  
Research**

(Quantitative Analysis of Existing Statistical & Health Status Data)

➤ **Primary Market  
Research**

(Qualitative Analysis of Feedback From Targeted Focus Groups; Reveals Community Perceptions)

**Health & Wellness  
Priority Issues**

- **Obesity (Adult and Children)**
- **Diabetes (Adult and Children)**
- **Access to Mental Health Services**
- **Access to Primary Care**
- **Asthma (children)**
- **Cancer**

**Programs &  
Services  
Initiated & Led  
By AnMed Health**

**AnMed Health Medical Center**

- ✓ Inpatient & Outpatient Services
- ✓ Emergency Department
- ✓ Minor Care
- ✓ Physician Network Services –Primary Care Access
- ✓ Cancer Care
- ✓ Heart and Vascular Care
- ✓ Behavioral Health Services
- ✓ Care Connect

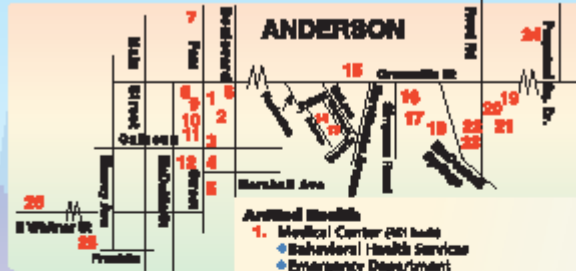
**AnMed Health Women’s & Children’s Hospital**

- ✓ Kids Care
- ✓ Children’s Health Center
- ✓ Kangaroo Kapers
- ✓ Teddy Bear Clinic
- ✓ Camp Asthmania / Asthma Academy
- ✓ Safe Kids
- ✓ DocLink

**Other Community Benefit Programs**

- ✓ Community Health & Wellness Education programs
- ✓ Health Fairs
- ✓ Medical Outreach Van & Screenings
- ✓ Cancer Survivors' programs
- ✓ Cancer Care Education & Support Groups
- ✓ Genetics Counseling
- ✓ Community Nutrition Education Programs
- ✓ Stroke Score and Heart Score Screenings
- ✓ Bariatric Support Groups
- ✓ Westside Family Medicine
- ✓ Pediatric Therapy Works
- ✓ Behavioral Health Access Center & Crisis Intervention
- ✓ Pharmacy Financial Assistance program
- ✓ Chaplain's Fund
- ✓ HOPs
- ✓ Hispanic Outreach

AnMed Health  
has created a map  
to better health.



- Anderson**
- Anderson Health**
1. Medical Center (24 beds)
    - Behavioral Health Services
    - Emergency Department
    - Heart and Vascular Center
    - Neuroscience Center
    - Orthopedics
  2. Behavioral Health Access Center
  3. Minor Care
    - Blood Center
    - Outpatient Laboratory Services
  4. Children's Health Center
  5. Statewide Internal Medicine
  6. Pharmacy & Medical Equipment
  7. Michael A. Rivers, MD
  8. Daniel A. Keenan, Jr, MD
  9. Anderson Pediatrics
    - Vascular Medicine
  10. Pediatric Therapy Works
  11. Patient Accounts
  12. Anderson Bone and Joint
  13. John D. Ware II, MD
  14. Medical Surgery Center
  15. Rehabilitation Hospital (24 beds)
  16. Home Care
    - Lifeline
  17. Digestive Health Center
    - Uptown Endoscopy
    - Uptown Gastroenterology
  18. Otolaryngology Center
    - Asthma Academy
    - Diabetes Education
    - Family Medicine Center
    - Family Medicine Residency Program
    - Women's Health Center
    - Imaging Services
    - Kidney Care (pediatric minor care)
    - Laboratory Services
    - Lung and Sleep Center
    - Pulmonary Rehab/Diagnostics
    - Pharmacy
    - Rehab Plus
    - Outpatient Surgery & Endoscopy Center
    - Physician Offices
      - Anderson Family Medicine
      - Anderson GYN-OB
      - Arrhythmia Specialists
      - Community Ophthalmology
      - Complex Care-Surgical Consultants
      - Pediatric Anesthesia
      - Plastic Surgery
      - Pulmonary and Sleep Medicine
      - Surgical Consultants
  19. Cancer Center
    - Clinical Trials and Research
    - Infusion (Chemotherapy) Center
    - Inpatient appearance shops
    - Learning Center
    - Radiation Oncology
    - Physician Office
    - Wound and Hyperbaric Medicine
  20. Women's and Children's Hospital (22 beds)
    - Gilman Pavilion Learning Center
    - Obstetric, Surgery & Endoscopy Center
    - Women's Diagnostics
    - Physician Office
      - OB-GYN Associates
  21. Cardiac and Orthopedic Center
    - Carolina Cardiology
    - LifeChances (Cardiac, PVD & Neurology Rehab)
    - Physician Surgery Center at AnMed Health
    - Rehab Plus
    - Physician Office
      - Carolina Cardiology
  22. Anderson Area YMCA
    - Pediatric Therapy Works (rehab)
  23. Carolina OB-GYN
  24. Wartside Family Medicine

When it comes to your family's health, you need the advice and care of experts. That's when you turn to the professionals at AnMed Health.

Thanks to our comprehensive network of physician offices and patient care sites, you can be confident that convenient, high-quality care will always be there when you need it.

- AnMed Health at a glance**
- SC's largest independent not-for-profit health system
  - Designated a Bariatric Surgery Center of Excellence by the American Society of Metabolic and Bariatric Surgery
  - Level III Nursery
  - Only Level II Trauma Center in SC
  - Received Accreditation with Commendation from the Commission on Cancer of the American College of Surgeons

26. Lattitude Family Medicine
  - Laboratory Services
27. Centerville Family Medicine
28. Pawlston Family Medicine
29. Clemson Health Center
30. Clemson Family Medicine
  - Laboratory Services
31. Clemson OB-GYN
32. Ivy Family Medicine
33. Harrell Family Medicine
34. Harney Path Family Medicine
  - Laboratory Services
35. Williamston Family Medicine
  - Laboratory Services
36. Palmetto Family Medicine
37. Wren Family Medicine (Spring 2012)
  - Laboratory Services
38. Fair Play Family Medicine
39. Carolina Kids

To find a physician or to learn more about all that AnMed Health has to offer your family, visit [www.anmedhealth.org](http://www.anmedhealth.org).



PHOTO: ANMED HEALTH

# 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 2<sup>nd</sup> 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 10<sup>th</sup> 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 HEALTH INDICATORS

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Anderson	State	Nation
Smoking (adults age 18+) (HIW)	22.3% (2002) 19.7% (2010) 20.6% (2013)	21% (2010) 20.3% (2013)	19.3% (2010) 18.1% (2013)	12%	<b>WORSE</b>	<b>SIMILAR</b>	<b>WORSE</b>
Smoking (teens, 9 <sup>th</sup> – 12 <sup>th</sup> grade smoking cigarettes in past 30 days) (CDC YRBS)	26.6% (2002) 21.8% (2010) Data Not Available	20.5% (2010) 16.0% (2013)	19.3% (2010) 15.7% (2013)	16%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Smokeless Tobacco Youth (CDC)	10.6% (2009)	7.8% (2009) 7.0% (2013)	8.9% (2009) 8.8% (2013)	6.9%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Smokeless Tobacco Adult (CDC)		3.6% (2011)	4.4 (2011)	0.3%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Excessive Drinking (% adults reporting excessive drinking) (HIW)	13.6% (2002) 5.5% (2010) 9.5% (2012)	13.6% (2010) 14.3% (2012)	28% (2010) 28% (2012)	25.3%	<b>WORSE</b>	<b>BETTER</b>	<b>BETTER</b>
No Exercise (adults reporting no exercise) (HIW)	21.9% (2002) 25.6 (2010) 26.7% (2012)	27.8% (2010) 25.7% (2012)	- 25.9% (2012)	32.6%	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Nutrition (adults consuming fruits less than one time daily) (SC BRFSS;CDC)	46.7% (Region 1, 2011) 47.5% (Region 1, 2013)	45.2% (2013)	37.7% (2013)	-	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Nutrition (adults consuming vegetables less than one time daily) (SC BRFSS;CDC)	27.2% (Region 1, 2011) 26.9% (Region 1, 2013)	26.8% (2013)	22.6% (2013)		<b>SIMILAR</b>	<b>SIMILAR</b>	<b>WORSE</b>
Adults obese or overweight (SC DHEC Chronic Disease Report;	55-59% (2003) 65% (2010) 72.2% (, 2013)	67% (2010) 66.5% (2013)	69.2% (2010) 63.8% (2013)	Increase the proportion of adults that are at a	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>

CDC)				healthy weight (30.8% to 33.9%)			
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Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Smoking (adults age 18+) (HIW)	22.3% (2002) 19.7% (2010) 20.6% (2013)	21% (2010) 20.3% (2013)	19.3% (2010) 18.2% (2013)	12%	WORSE	SIMILAR	WORSE
Diabetes (HIW)	11.2% (2003) 12.0% (2010) 12.3% (2012)	10.7% (2010) 10.6% (2012)	8.3% (2010)* 9.3% (2013)* * (American Diabetes Association)	NA	SIMILAR	WORSE	WORSE
Hypertension (HIW)	31.2% 29.8% (2010) 34.2% (2012)	32.7% (2010) 33.4% (2012)	31.9%* (CDC, Health, US 2011) 32.5%* (CDC, Health, US 2012)	26.9%	WORSE	WORSE	WORSE
Cholesterol Checked in last 5 years (SC DHEC)	75.3% (Region I, 2002) 77.4% (Region I, 2008) 76.9% (Region I, 2010)	76.7% (2008) 77.3% (2010)	74.6% (HIW, 2008) 76.4 (AHR, 2014)	82.1%	SIMILAR	SIMILAR	SIMILAR
Air Pollution – Particulate Matter	13.0	12.6		9.5 (National Benchmark)			
Food Environment Index	6.8	6.7		8.4 (National Benchmark)			
Access to Exercise Opportunities	66%	71%		92% (National Benchmark)			
<b>Maternal/Infant Risk Factors</b>							
Preterm Births (SC DHEC; CDC)	11.1% (2010) 13.6% (2013)	13.2% (2013)	11.4% (CDC, 2013)	11.4%	WORSE	SIMILAR	WORSE
Low Birthweight (HIW)	8.9% (2001-2007) 9% (2009) 10.2% (2013)	10% (2009) 9.7% (2013)	8.2% (2009) 8.0% (2013)	7.8%	WORSE	SIMILAR	WORSE
Infant Mortality (SC DHEC)	7.4 (2005-2007) 6.7 (2010) 7.9 (2013)	7.4 (2010) 6.9 (2013)	7 (2010)	6.0	WORSE	WORSE	WORSE
C-Section Rates (SC DHEC)	2010 Primary: 202.9/1000 2010 Repeat:	2010 Primary: 220.9/1000 2010 Repeat:	NA	NA			



	146.6/1000 2013 Primary: 203.4/1000 2013 Repeat: 146.5/1000	125.7/1000 2013 Primary: 207.9/1000 2013 Repeat: 133.5/1000					
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Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	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)	460.1 (2005-2009) 455.9 (2008-2012)	465 (2005-2009) 453.8 (2008-2012)	NA	BETTER	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)	187.9 (2005-2009) 183.3 (2008-2012)	178.7 (2005-2009) 171.2 (2005-2009)	160.9	BETTER	BETTER	WORSE
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	184.3 (2007-2009) 171.2 (2011-2013)	187.5 (2007-2009) 181.5 (2011-2013)	185.2 (2007-2009) 171.6 (2011-2013)	100.8 (age adjusted to the 2000 standard)	BETTER	BETTER	SIMILAR
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	50.5 (2007-2009) 44.6 (2011-2013)	50.9 (2007-2009) 46.5 (2011-2013)	40.5 (2007-2009) 37 (2011-2013)	33.8 (age adjusted to the 2000 standard)	BETTER	BETTER	WORSE
Diabetes Prevalence (HIW; American Diabetic Association)	11.2% (2004-2010) 12.0% (2010) 12.3% (2012)	10.7% (2010) 10.6% (2012)	8.3% (2011) 9.3% (2014)	NA	SIMILAR	WORSE	WORSE
Diabetes Mortality Per 100,000 (SC DHEC Bureau of Community Health and Chronic Disease Prevention, 2013 Fact Sheet)	31.9 (2010) 29.3 (2013)	24.8 (2010) 22.5 (2013)	-- --	65.8 (related to diabetes - reported differently)	BETTER	WORSE	NA
Years of Life Lost before age 75 (HIW)	9692.9 (2005-2007) 9529.7 (2010) 9042.9 (2013)	9074.6 (2010) 8189.7 (2013)	7082.9 (2010) 6605.3 (2013)	NA	BETTER	WORSE	WORSE
Physically Unhealthy Days (HIW – BRFSS)	4.1 (2004-2010) 3.7 (2010)	3.8 (2010)	3.5 (2010)	NA	SIMILAR	SIMILAR	SIMILAR

	4.1 (2012)	3.8 (2012)	3.9 (2013)				
Mentally Unhealthy Days (HIW – BRFSS)	3.7 (2004-2010) 2.7 (2010) 4.0 (2012)	3.9 (2010) 3.7 (2012)	3.6 (2010) 3.7 (2013)	NA	WORSE	SIMILAR	SIMILAR
Fair or Poor Health (HIW – BRFSS)	19.1% (2004-2010) 19.9% (2010) 18.9% (2012)	17.6% (2010) 17.1% (2012)	14.9% (2010) 17.9 (2013)	NA	BETTER	WORSE	WORSE
Infant Mortality (per 1000) (SC DHEC Biostatistics)	9.5 6.7 (2010) 7.9 (2013)	7.4 (2010) 6.9 (2013)	7.0 (2010) 6.0 (2013)	6.0	WORSE	WORSE	WORSE

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Suicides (HIW)	16.2 (2002-2008) 13.3 (2008) 17.8 (2013)	12.1 (2008) 14.6 (2013)	11.3 (2007) 13.0 (2013)	10.2	WORSE	WORSE	WORSE
Mentally Unhealthy Days (HIW)	3.7 (2004-2010) 2.7 (2010) 4.0 (2012)	3.9 (2010) 3.7 (2012)	3.6 (2010) 3.7 (2013)	NA	WORSE	SIMILAR	SIMILAR

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Cholesterol check (DHEC, HIW)	76.9% (Region I, 2010) 83.1% (Region I, 2013)	77.3% (2010) 81.8% (2013)	74.6% (HIW, 2008)	82.1%	BETTER	BETTER	NA
Colorectal screening based on guidelines (HIW, CDC) *Different measure	70.4%* (2010) 70.1%* (2006-2012)	63.3%* (2010) 62.9%* (2006-2012)	59% (2010) 58.2% (2013)	70.5% are screened based on current guidelines	SIMILAR	BETTER	BETTER
Mammogram based on guidelines (HIW, CDC) *Different measure	79.8%* (2004-2010) 80.5%* (2010) 78.1%* (2006-2012)	79.7%* (2010) 77.9%* (2006-2012)	72.4% (2010) 72.6% (2012)	81.1%	WORSE	SIMILAR	BETTER
Flu vaccine 65+ (CDC, DHEC)	70.9% (2004-2010) 79.9% (2010)	67.4% (2010) 65.3% (2013)	67% (HP 2020) 61.2% (2013)	90%	NA	NA	NA

Pneumococcal vaccine (HIW; HP 2020)	69.6% (2004-2010) 69.7% (2008-2010) 72.3% (2006-2012)	68.7% (2008-2010) 67.7% (2006-2012)	59.7% (HP, 2010) 59.9% (HP, 2011)	90%	<b>BETTER</b>	<b>BETTER</b>	<b>BETTER</b>
<b>Health Care Access</b>							
Uninsured (ACS 2013)	18.2% 14.9% (2010) 13.6% (2013)	17.5% (2010) 15.8% (2013)	15.5% (2010) 14.5% (2013)	100% covered	<b>BETTER</b>	<b>BETTER</b>	<b>BETTER</b>
Primary Care Provider Rate (per 100,000) (HIW)	147.78 (2006) 81.5 (2008) 73.7 (2011)	117.03 (2006) 83.5 (2011)	48.0 (2011)	objective being developed)	<b>WORSE</b>	<b>WORSE</b>	<b>BETTER</b>
Physician use delayed due to cost (HIW; CDC)	15.0% (2004-2010) 16.5% (2010) 18.2% (2006-2012)	17.1% (2010) 16.5% (2006-2012)	15.6% (2011)	9.0%	<b>WORSE</b>	<b>WORSE</b>	<b>WORSE</b>
Usual Primary Care Provider (HP 2020)	NA	NA	76.3% (2007) 77.3% (2011)	83.9% (HP 2020)	<b>NA</b>	<b>NA</b>	<b>NA</b>

# Data Sources

1. National Health Indicators Warehouse  
<http://healthindicators.gov/>
2. County Health Rankings 2012, 2015  
<http://www.countyhealthrankings.org/>
3. Healthy People 2020  
<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
4. SC DHEC
  - a. Chronic Disease Report Anderson County  
<http://www.scdhec.gov/Health/docs/Epi/chronic/Anderson.pdf>
  - b. Diabetes Fact Sheet Report Anderson County  
<http://www.scdhec.gov/Health/docs/Epi/diabetes/anderson.pdf>
  - c. Division of Injury and Violence Prevention  
<http://www.scdhec.gov/health/chcdp/injury/docs/County%20Profile%20Report.pdf>
  - d. Asthma Fact Sheet Report Anderson County  
<http://www.scdhec.gov/Health/docs/Epi/asthma/ANDERSON.PDF>
  - e. Ten Leading Causes of Death Anderson County  
<http://www.scdhec.gov/Health/docs/Epi/mortality/anderson.pdf>
  - f. Pregnancy Risk Assessment and Monitoring System  
<http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/PregnancyRiskAssessmentandMonitoringSystem/>
  - g. Vital Records Statistics  
<http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/BiostatisticsPublications/>
  - h. South Carolina Community Assessment Network  
<http://scangis.dhec.sc.gov/scan/>
5. SC Kids Count Anderson County Report 2009, 2015  
<http://www.sckidscount.org/health09.php?COUNTYID=4>  
<http://www.datacenter.kidscount.org/data/customreports/6311/any>
6. Center for Disease Control  
<http://www.cdc.gov/DataStatistics/>  
<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
7. US Census Bureau
  - a. 2000, 2010 US Census Data  
<http://www.cdc.gov/DataStatistics/>

- b. 2005-2009, 2010, 2013 American Community Survey  
<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- c. County and State Quick Facts  
<http://quickfacts.census.gov/qfd/index.html>
  
- 8. HealthLandscape Beta (mapping source)  
<http://www.healthlandscape.org/>
  
- 9. SC Campaign for the Prevention of Teen Pregnancy  
<http://www.teenpregnancysc.org/>
  
- 10. SC Department of Education  
<http://ed.sc.gov/>
  
- 11. USDA Food Desert Locator  
<http://www.ers.usda.gov/data/fooddesert/>
  
- 12. National Cancer Institute, State Cancer Profiles  
<http://statecancerprofiles.cancer.gov/>
  
- 13. American Diabetes Association  
<http://www.diabetes.org/>
  
- 14. SC Department of Employment and Workforce  
<http://dew.sc.gov/about-lmi.asp>
  
- 15. SC Behavioral Risk Factor Surveillance System  
<http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/BehavioralRiskFactorSurveys/>
  
- 16. State of Obesity, 2014  
<http://stateofobesity.org/>
  
- 17. US Department of Health and Human Resources  
<http://www.hrsa.gov/shortage/>

# CHNA Team



## **AnMed Health Leadership Groups**

AnMed Health Board

AnMed Health Community Health Improvement Committee

## **Public Health Officials - SC Dept. of Health and Environmental Control - Public Health Dept - Region 1\***

Laura Long

Community Systems Team

## **Research Team**

Michal Cunningham – AnMed Health

Vice President, Advancement

Wayne Harris – AnMed Health

Director, Affiliated Services

Blythe Smith – AnMed Health

Community Outreach Specialist

Kari Lutz – AnMed Health

Director of Marketing

Shannon Owen – United Way of Anderson County

Vice President of Planning and Community Impact

Brian Witrick – United Way of Anderson County

Health Community Impact Associate

Kara Henderson – Clemson University

Intern, United Way of Anderson County

\*Public health officials represent the broad health interests of the community, especially Anderson County residents served by the public health department. The public health officials listed above reviewed the secondary data and concurred with the assessment of the key priorities. Curriculum vitae of these individuals are available upon request.

# 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 the local health department. Data was gathered from the state and local health departments. A meeting was held with public health staff to gather their input and perspective on health needs.

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**

AIM  
Alston Wilkes Society  
Anderson Area YMCA  
Anderson County Library  
AnMed Health Providers and Professionals  
Associated Fuel Pump Systems Corporation  
City of Anderson Neighborhood Association Residents  
DHEC  
DoLink  
Henkels & McCoy  
Home Instead Senior Care  
Hospice  
Family Promise  
First Steps  
Free Clinic  
Hispanic Community Representatives  
New Foundations  
Meals on Wheels  
Michelin  
Salvation Army  
S.C. Department of Mental Health  
TriCounty Tech  
United Way of Anderson