



Community Health Needs Assessment

2018

November 2018

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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 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 assess the most current health landscape. Like the 2012 assessment, the updated study was utilized for planning, prioritizing, and linking needs to community benefit efforts of the hospital.





2018 marks the third iteration of the CHNA, providing a continuous effort to track data and progress over time. Data was collected in the same manner, utilizing the same data points and sources as in the 2012 and 2015 studies. This allows for provisions data comparisons to the previous years. In a few circumstance data sources have changed or are no longer available. These have been noted and new data sources have been documented. In addition, information recently gathered through an Anderson County Community Indicators Project has been referenced and included throughout the report as appropriate.

For the 2018 CHNA, the scope of the study has been expanded from previous years to include Pickens County data as AnMed Health's service area has expanded into parts of Pickens County.



This 2018 study, like previous years, will be utilized to document community need and link those needs to community benefit efforts of the health system. It has identified health statistic and community feedback changes, community health progress areas, and areas of decline. This needs assessment will be further utilized to assist the hospital in planning and prioritizing its community benefit investments.

Summary of Findings*

ANDERSON

 <p>Getting Better (compared to Anderson County past)</p> <ul style="list-style-type: none"> • Cancer Death Rates • Heart Disease Death Rate • Access to Care and Rate of Uninsured • Asthma ED Costs and hospitalizations • Maternal Health and Infant Indicators • Teen Pregnancy Rates • Smoking • Obesity (first time % has not increased, however, not yet determined to be a trend) • Healthy lifestyle Resources (parks, trails, farmers markets) 	 <p>Getting Worse (compared to Anderson County past)</p> <ul style="list-style-type: none"> • Mental/Behavioral Health Indicators and related Shortage of Providers; Suicide • Cancer Incidence Rates • Diabetes Prevalence • Substance Abuse • Excessive Drinking • STD's • Asthma Prevalence
 <p>Positive Highlights (incorporating comparisons to state, nation and community feedback)</p>	 <p>Areas of Concern (incorporating comparisons to state, nation and community feedback)</p>
<ul style="list-style-type: none"> • Cancer Death Rates • Heart Disease Death Rates • Access to Care • Increased resources and efforts for healthy lifestyles 	<ul style="list-style-type: none"> • Mental/Behavioral Health and Lack of Providers/Suicide • Cancer Incidence • Diabetes Prevalence • Substance Abuse • STD's • Obesity • Unintentional Accidents (youth 15-24; especially high for 15-17) • Teen Pregnancy (despite major decrease, rates are still higher than state and nation) • Asthma (youth)

PICKENS**

 <p>Positive Highlights (incorporating comparisons to state, nation and community feedback)</p>	 <p>Areas of Concern (incorporating comparisons to state, nation and community feedback)</p>
<ul style="list-style-type: none"> • Healthy Lifestyles and Behaviors • Cancer Death Rates • Access to Care and Rate of Uninsured • Maternal Health and Infant Indicators • Teen Pregnancy Rates, especially for minorities • Asthma ED Costs and hospitalizations • Obesity (first time % has not increased, however, not yet determined to be a trend) 	<ul style="list-style-type: none"> • Mental/Behavioral Health and Lack of Providers/Suicide • Cancer Incidence • Excessive Drinking • Substance Abuse • Hospitalization Rates for Heart Attacks • Heart Disease Death Rates • Obesity • STDs • Unintentional Accidents (youth 17-24) • Asthma (youth)

*More detail on data and findings is included in the full report.

**As this is the first year of including Pickens County data, the "Getting Better and Getting Worse" sections cannot be completed because data was not pulled for Pickens in the 2012 and 2015 study.

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, 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 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 in both the community and within AnMed Health

In considering the above, the following priorities below were selected in 2018 for which to develop specific community benefits and wellness strategies (see appendix for 2012 & 2015 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 a 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.

Community assets related to these needs have been identified in the *Identified Priority Health Needs & Related Assets* section of this report (starting on page 82).

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 & AnMedHealth 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 widely 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 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 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 state of the community's health.

Data collection methodology, tools, and data sources utilized in 2018 were consistent with those used during the 2012 and 2015 studies to allow for appropriate comparisons between the two time periods.

- 1) Collection of **statistical (secondary, quantitative) data** at national, state, regional and local levels – key data sources included Census Bureau American FactFinder, Healthy People 2020, County Health Rankings, CDC and South Carolina DHEC biostatistics, hospital discharge data. Dates of data collected ranged from 2000 – 2018. 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.

Note: National Health Indicators Warehouse, used as a data collection source in 2012 and 2015 was no longer available. However, it's primary sources of data pulls were still available through direct means, so most comparable data was able to be collected. Some of the Healthy People 2020 Goals have been revised over time. The Healthy People 2020 goals listed in the charts in this report have been updated to reflect the current, revised goals.

- 2) Collection of **qualitative data** through a variety of community and stakeholder focus groups. The focus group guide and questions from the previous CHNA studies were used in the 2018 to ensure comparability of community feedback from previous years.

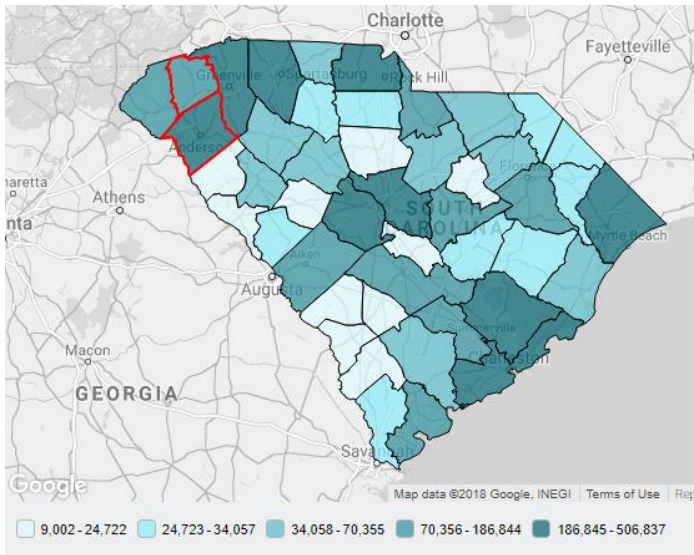
The assessment was completed in partnership and with local public health professionals, health and human service agencies, the United Way of Anderson County, and AnMed Health leaders and board.

Communities Served – ANDERSON & PICKENS COUNTY

Population Growth

Between 2013 and 2015 the population in South Carolina increased by 2.7 %. Anderson County experienced a similar, but slightly lower growth rate of 2.5 %, and Pickens County has lagged behind with a 1.8% growth rate.

Population by County



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

Anderson County

Population 2017= 198,795

23% population is under the age of 18 (45,700)

Growth Rate 2010-2013 = 1.6%

Growth Rate 2013-2015 = 1.9%

Growth Rate 2015-2017 = 2.5%

Pickens County

Population 2017= 123,449

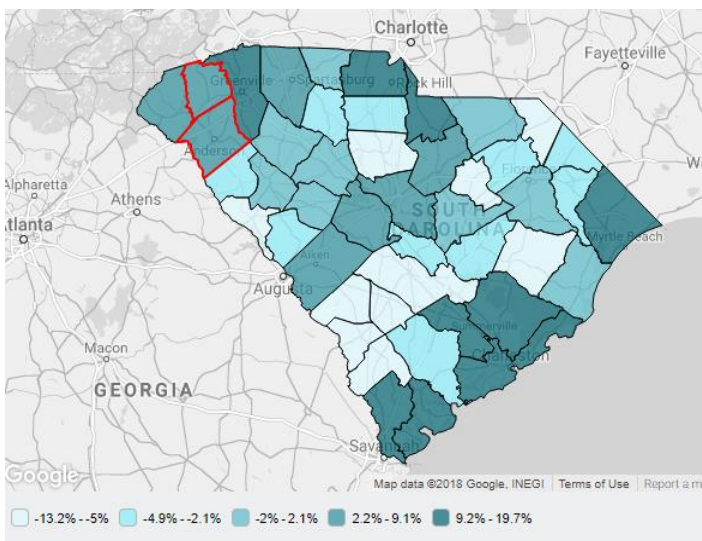
19.5% population is under the age of 18 (24,000)

Growth Rate 2010-2013 = -0.1%

Growth Rate 2013-2015 = 1.9%

Growth Rate 2015-2017 = 1.8%

Population Change, 2010-2016



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

South Carolina

Population 2017= 5,024,369

22% population is under the age of 18 (1,105,000)

Growth Rate 2010-2013 = 3.04%

Growth Rate 2013-2015 = 2.66%

Growth Rate 2015-2017 = 2.70%

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.

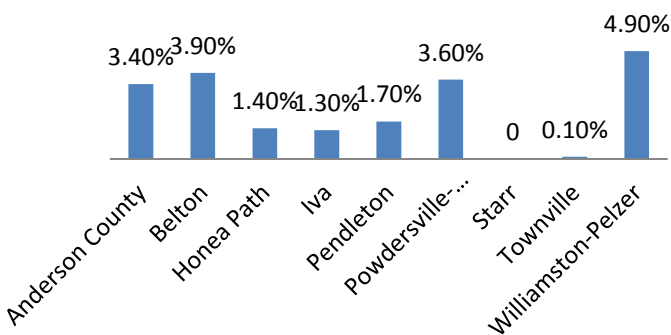
	Anderson County			Pickens County			South Carolina			United States		
	2010	2013	2016	2010	2013	2016	2010	2013	2016	2010	2013	2016
White	80.9%	80.3%	79.9%	89.4%	88.7%	88.7%	67.3%	67.2%	67.3%	74%	74%	73.3%
Black or African American	15.9%	16.4%	16.3%	6.5%	6.4%	6.5%	28.1%	27.7%	27.4%	12.5%	12.6%	12.6%
Asian	0.6%	0.7%	0.9%	1.5%	1.6%	1.8%	1.2%	1.2%	1.4%	4.7%	4.9%	5.2%
2 or more races	1.7%	1.4%	1.7%	1.4%	1.8%	1.6%	1.6%	1.6%	2.1%	2.4%	2.8%	3.1%
Other	0.9%	1.2%	1.2%	1.2%	1.5%	1.4%	1.5%	1.8%	1.8%	6.4%	5.7%	5.8%

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

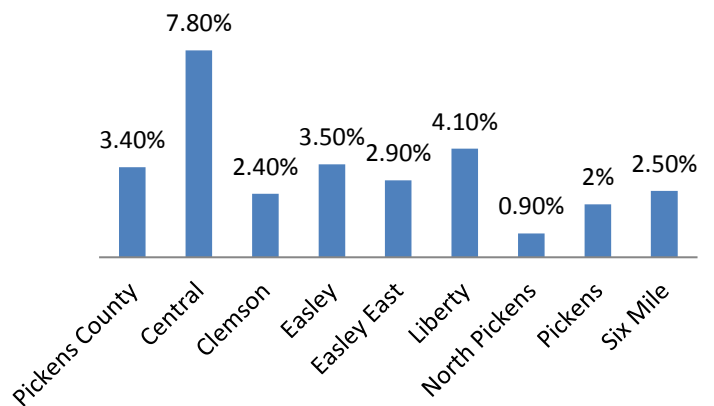
Hispanic or Latino

	Anderson County	Pickens County	South Carolina	United States
2010	2.7%	3.0%	4.6%	15.7%
2013	3.1%	3.2%	5.2%	16.6%
2016	3.4%	3.4%	5.3%	17.3%

Anderson County % Hispanic



Pickens County % Hispanic

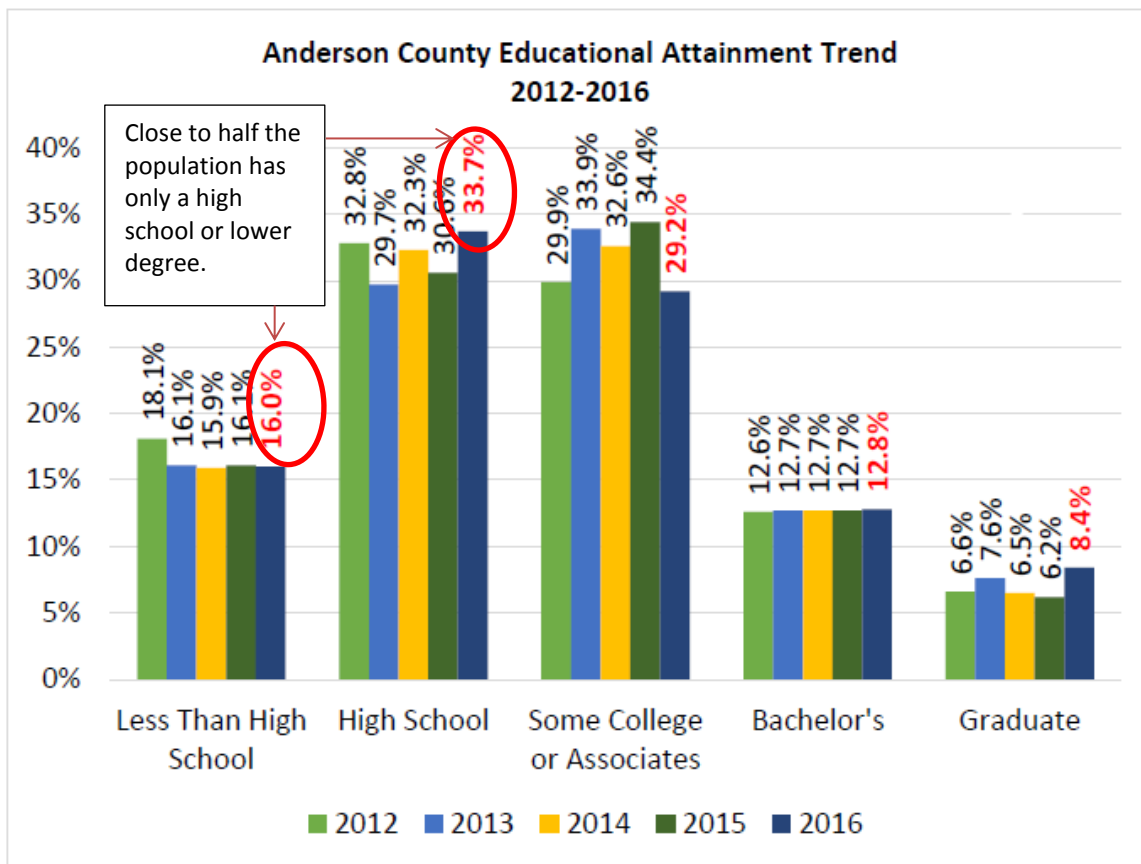


Educational Attainment

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.

-Upstate Metropolitan Studies Institute

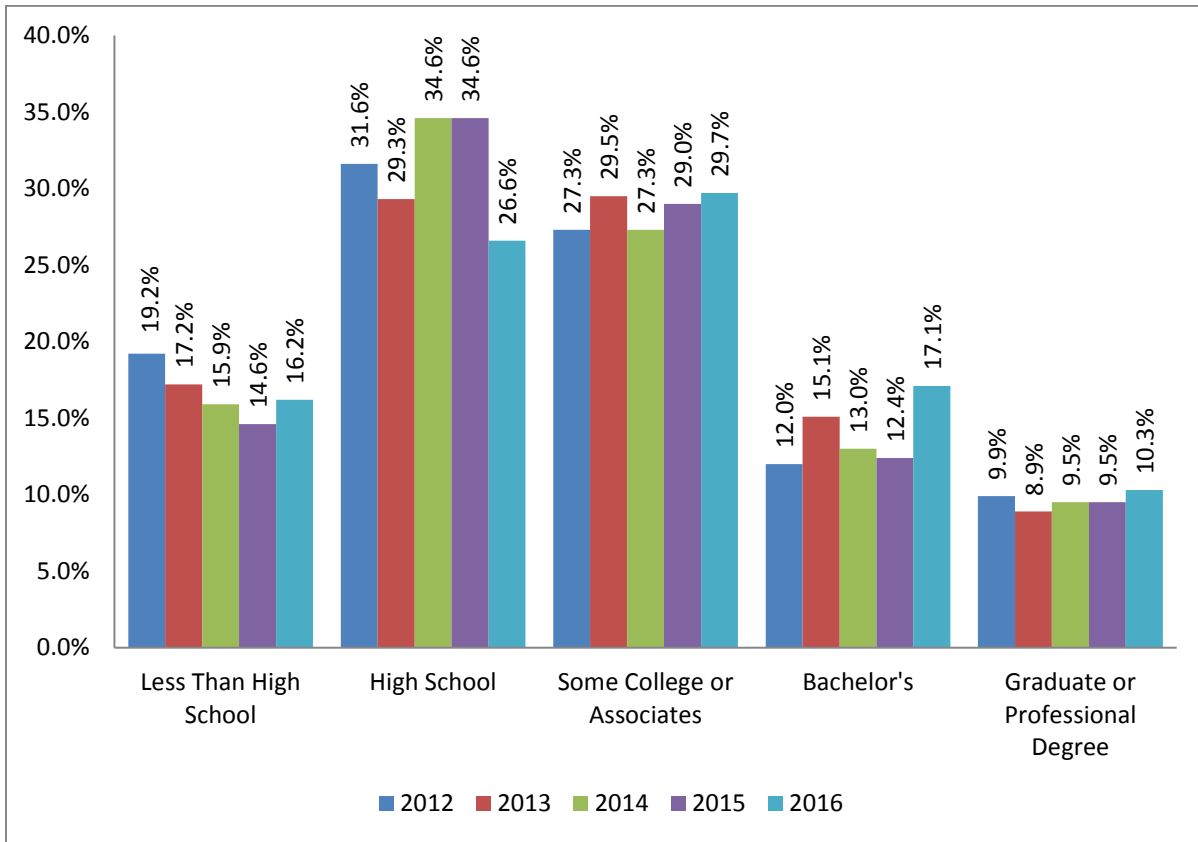
Since educational attainment is measured for adults age 25 and over, increases in attainment are typically not significant when looking from year to year. Trend data is presented to show what changes in educational attainment are present in the community.



Anderson County's educational attainment trend findings reflect a positive increase in the percent of the population 25+ who have obtained a graduate degree and a decrease in the percentage of the population who fail to graduate high school. However, findings are mixed for those who have obtained a high school diploma/equivalent and those who have some college or an associate's degree. The percentage of the population who has obtained a bachelor's degree has seen little change over the past 5 years.

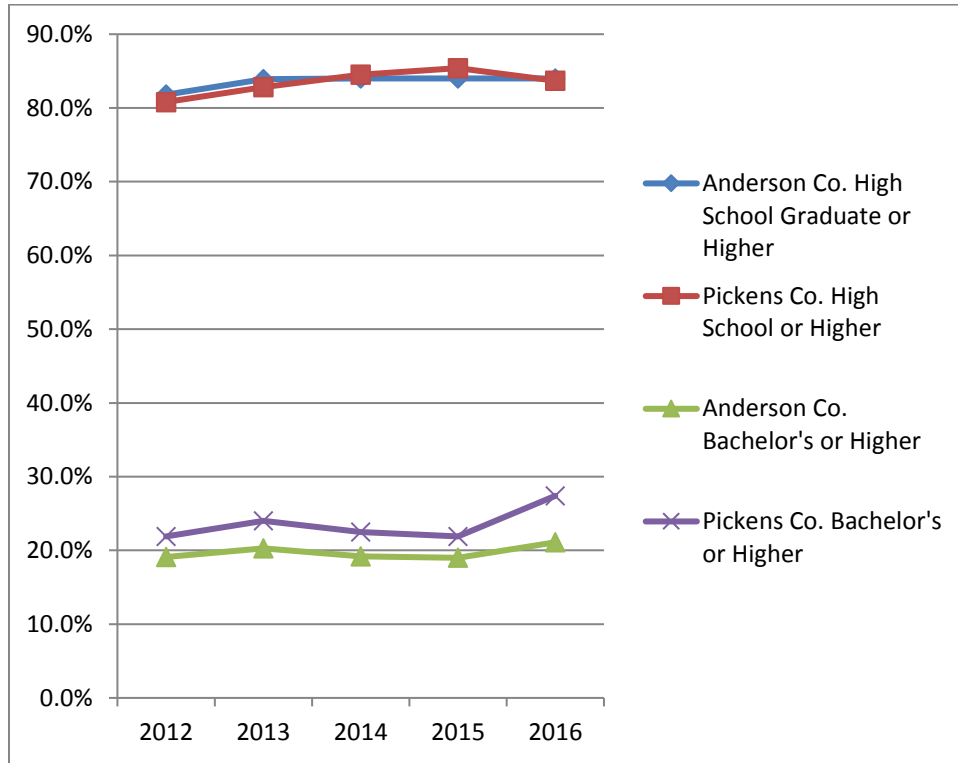
As noted in the 2017 Anderson County Indicators Report, close to half, 49.7%, of the population ages 25+ in the county had either failed to graduate high school or had only a high school diploma/equivalent only in 2016.

Pickens County Educational Attainment Trend 2012-2016



Pickens County’s educational attainment trend findings reflect a positive increase in the percent of the population 25+ who have obtained an associates, bachelor’s or graduate degree and a decrease in the percentage of the population who fails to graduate high school or has only a high school degree or equivalent.

**Anderson County and Pickens County Educational Attainment Trend
2012-2016**



Educational Attainment, Peer Counties, SC & US 2016			
	No High School Diploma or Equivalency	High School Graduate or Higher	Bachelor's or Higher
Anderson County	16.0%	84.0%	21.1%
Pickens County	16.3%	83.7%	27.4%
Florence County	16.7%	83.3%	22.3%
Sumter County	14.2%	85.8%	19.5%
South Carolina	13.4%	86.6%	27.2%
United States	12.5%	87.5%	31.3%

When compared to the peer counties, South Carolina, and the United States, in 2016, Anderson and Pickens Counties have a higher percentage of the population that fails to graduate high school. Pickens County has a higher percentage of individuals with a Bachelor's or Higher degree than Anderson and Peer Counties.

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
 - \$43,518 Anderson County
 - \$43,531 Pickens County
 - \$46,898 South Carolina
 - \$55,332 United States

- Per Capita Income
 - \$23,341 Anderson
 - \$22,258 Pickens County
 - \$25,521 South Carolina
 - \$29,829 United States

Poverty by Upstate County, State, and United States 2012 and 2016								
	Total People in Poverty		Percent of People in Poverty		Children, 18 and Under in Poverty		Percent Children, 18 and Under in Poverty	
	2012	2016	2012	2016	2012	2016	2012	2016
Abbeville*	24,545	5,230	20.8%	21.6%	5,609	1,665	29.0%	31.2%
Anderson	33,612	31,011	18.0%	16.0%	10,306	10,418	23.3%	23.5%
Cherokee*	12,415	12,593	22.8%	22.7%	4,497	4,522	33.7%	34.2%
Greenville	75,832	52,236	16.6%	10.7%	26,949	16,425	24.4%	14.4%
Greenwood	15,286	17,166	22.7%	25.6%	6,322	7,837	37.3%	48.0%
Laurens	14,264	11,536	22.3%	17.9%	6,031	3,612	40.2%	25.2%
Oconee	14,152	11,691	19.1%	15.5%	3,653	4,218	24.1%	28.1%
Pickens	21,433	17,108	19.4%	14.7%	3,754	3,496	16.3%	14.8%
Spartanburg	56,214	47,158	20.0%	16.1%	19,696	19,041	28.6%	27.9%
Union*	6,096	5,464	21.5%	19.9%	2,102	1,772	32.8%	30.1%
South Carolina	837,770	735,960	18.3%	15.3%	287,664	248,595	26.9%	23.0%
United States	48,760,123	44,268,996	15.9%	14.0%	16,396,863	14,115,713	22.6%	19.5%

*Smaller counties uses 5-year estimates for 2012 and 2016

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 the national average.

In 2016, Anderson County had the 7th highest percentage of the total population living in poverty in the Upstate (out of 10 counties) and had a higher rate of poverty than the state and national rates.

Of children 18 and under who live in poverty, Anderson County had the 8th highest percentage in the Upstate, and, again, has a higher rate than the state and nation.

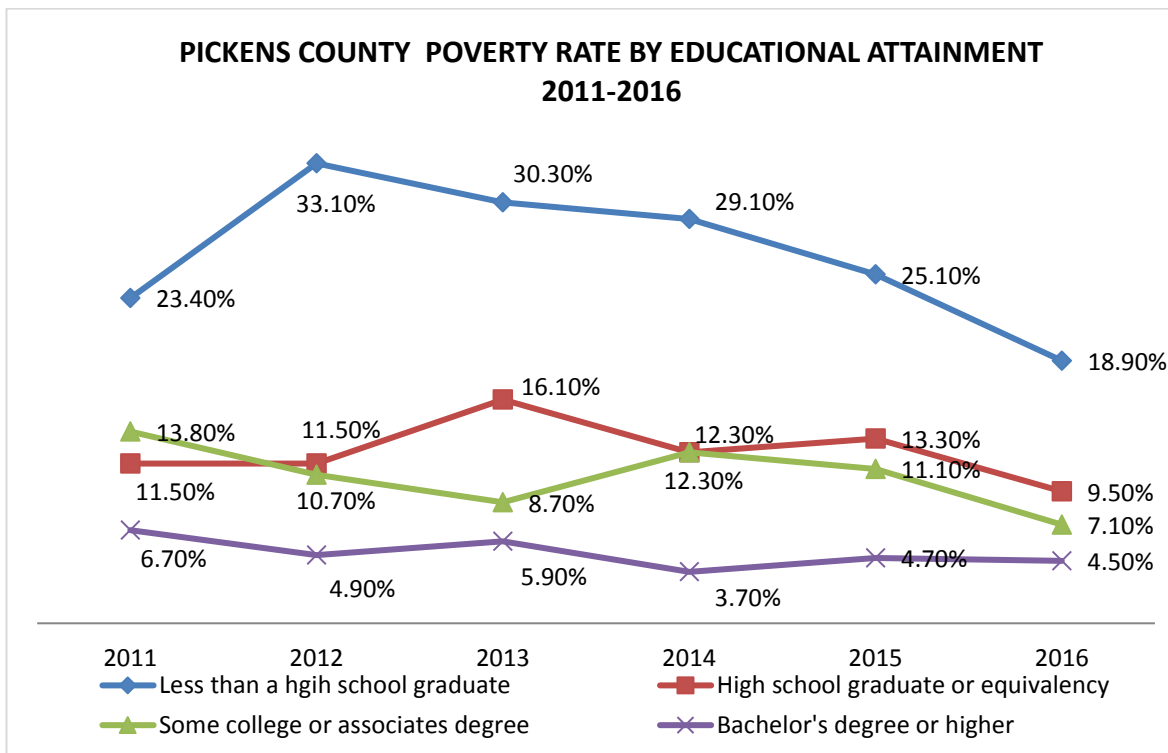
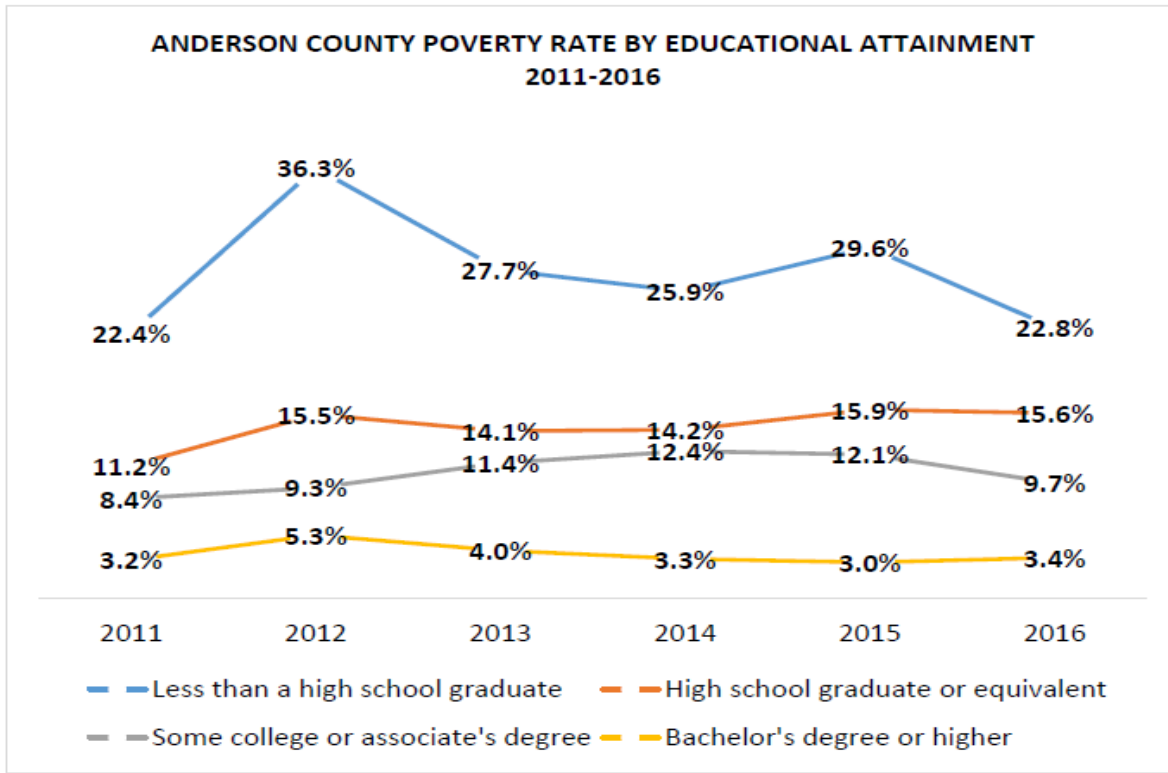
The 2016 Poverty Guidelines defines poverty as an annual income of \$11,880 or \$990 per month per individual OR annual income of \$24,300 or \$2,025 per month for a household of 4.

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 with those with higher educational attainment earning at a higher rate. In 2016, those with bachelor’s degrees in Anderson County were earning at about the same as the median earnings nationally. In Pickens County, however, those with a Bachelor’s or Graduate degree were earning significantly less than those in Anderson County and the nation.

Median Earnings In the Past 12 Months (Inflation-Adjusted Dollars) by Educational Attainment Population 25+, 1-year estimates			
	Median 12-Month Earnings, 2016		
	United States	Anderson County	Pickens County
Less than high school graduate	\$21,839	\$22,953	\$23,719
High school graduate or equivalent	\$29,969	\$24,990	\$26,731
Some college or associates degree	\$35,406	\$34,993	\$32,697
Bachelor’s degree	\$51,676	\$51,391	\$41,444
Graduate or professional degree	\$70,121	\$61,383	\$52,484

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.

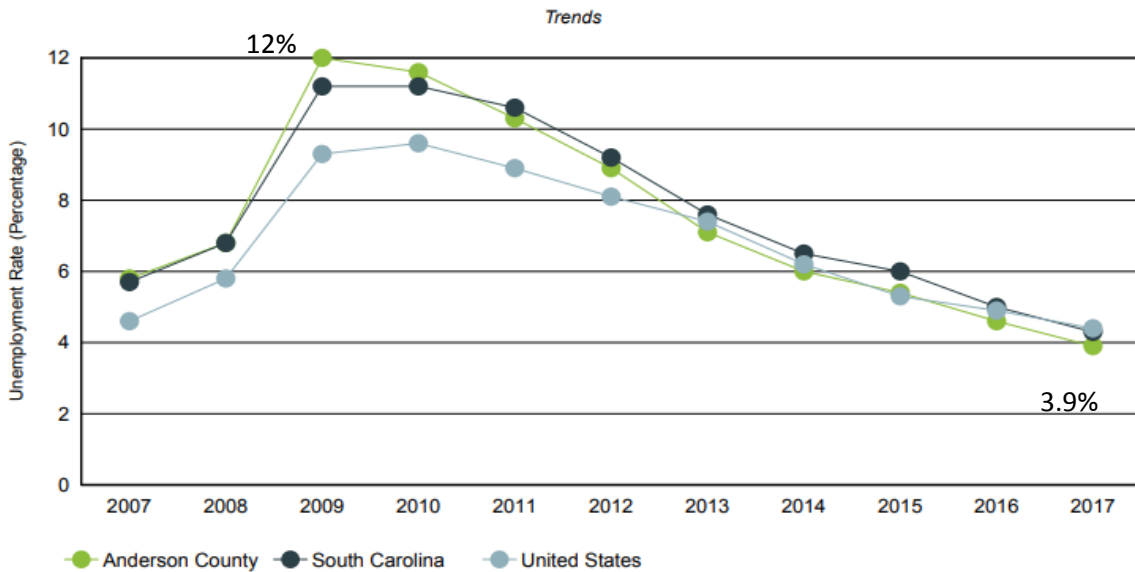


Unemployment

After a large spike in 2009 and 2010 in unemployment, Anderson and Pickens Counties, along with the nation, have seen signs of recovery. 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).

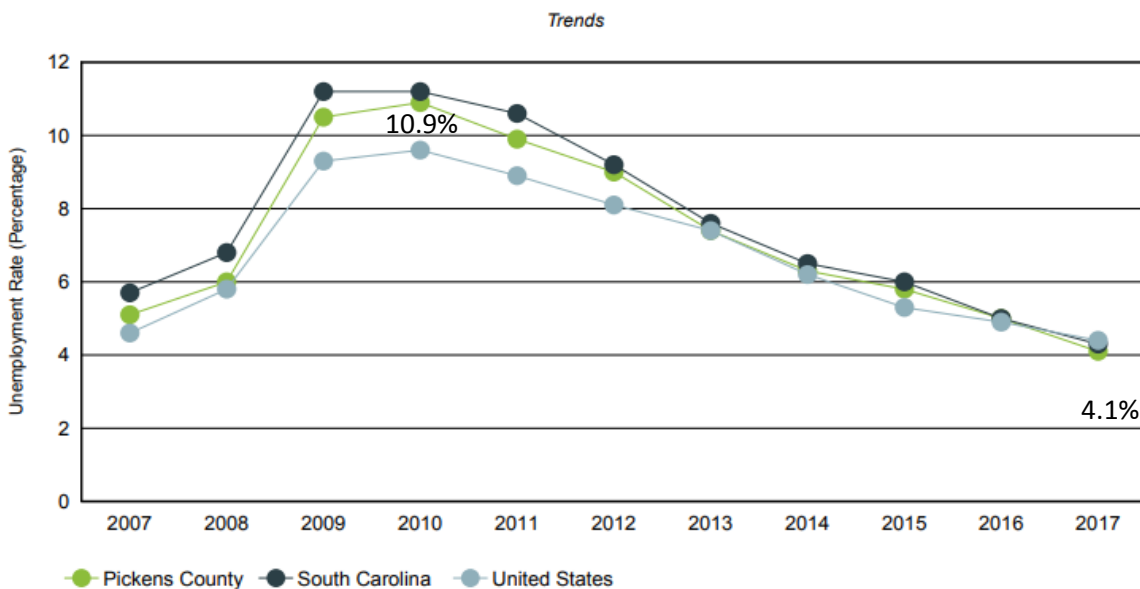
Anderson County

Annual Unemployment Rate (Unadjusted)



Pickens County

Annual Unemployment Rate (Unadjusted)



General State of Our Community's Health

2018 Summary of Findings

General Social Characteristics

- Anderson County population has experienced positive, steady growth. Pickens growth rate has been slower than Anderson and the state.
- Educational attainment is improving, however 50% in Anderson County have only a high school or less education (40% in Pickens).
- 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.
- Although the median household income is still 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.
- Unemployment is at a record low in both counties.

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 2nd Healthiest Tier for both Health Outcomes and Health Factors.
- Anderson County has improved its County Health Rankings since the last assessment.
- In South Carolina, measures of length and quality of life indicate that Asian/Pacific Islanders and Hispanic are healthier than those living in the top ranked counties; American Indians/Alaskan Natives and Whites are most similar in health to those living in the healthier quartile of counties; and Blacks are most similar to those living in the least healthy quartile of counties.

Healthy Lifestyles and Risk Factors

- Pickens County, overall, tends to rank better on most healthy lifestyle and behavior indicators than Anderson County.
- Tobacco use has decreased, however, Pickens County has a higher smoking rate than Anderson and the state. There is also concern over increased use of vaping products, particularly among youth.
- The percentage overweight and obese adults and children has decreased for the first time since the beginning of this health assessment series. This is a positive highlight, however, it is too earlier to define this as a decreasing trend. Overweight and obese adults and children are a concern due to high numbers as well as habits related to lack of exercise and healthy eating.
- There has been a significant trend of decreasing teen pregnancy rates in Anderson and Pickens counties. However, Anderson County's rates remain higher than the state and nation. 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.
- Prevalence of diabetes continues to climb. Anderson ranks among the worst counties for both diabetes prevalence and death rates, while Pickens ranks among the healthier counties for both diabetes prevalence and death rates.
- Community Perceptions: 2018 Focus groups repeatedly identified mental health, cancer, diabetes and substance abuse ranked among the top health concerns. Obesity and related health habits was also a

concern, but not as high as it had been in previous studies. Many reported feeling that people are making more of an effort to eat healthy and exercise than in the past and there are more recreation and healthy options than there had been in the past. For youth, childhood obesity and exercise habits remained as a top concern. Community feedback also indicated that cost and education were barriers to healthy eating and exercise opportunities, particularly for lower-income and underserved families.

Health Environment

- Overall, both counties are perceived to offer a healthy 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.

Health Outcomes - Morbidity and Mortality

- Community Perceptions: 2018 Focus groups repeatedly identified mental health, diabetes and cancer among the top health concerns. Obesity and related health habits was also a concern, but not as high as it had been in previous studies. For youth, mental health, obesity, substance abuse and rising STD rates were of top concern.
- Although hospitalization rates and related costs for asthma are decreasing, asthma prevalence is still increasing for both counties. Children are disproportionately affected by asthma, which is the leading chronic disease for children and reason for missed school days.
- 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.
- Maternal and infant health indicators have improved for both counties and are particularly good in Pickens County.
- The leading cause of death in Anderson is cancer, followed by diseases of the heart. The leading cause of death in Pickens is diseases of the heart, followed by cancer.
- Anderson has seen a 15-year trend of decreasing rates of heart disease deaths and has seen a decrease in hospitalization rates for heart attacks since 2007.
- Pickens County hospitalization rates for heart attack are higher than Anderson County rates and significantly high (and higher than Anderson) for those age 65+

Mental Health and Substance Abuse

- Suicide rates, emergency department visits and costs for behavioral health, and emergency department visits for suicide/self-inflicted harm have increased for both counties.
- Lack of mental/behavioral health providers has become a notable health issue.
- Drug-induced deaths in South Carolina have significantly increased since 2007.
- Similar to the nation, opioid-related hospital use and inpatient stays have been increasing steadily since 2007.
- Through 2015 and 2018 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 Care Access

- Insurance coverage rates have improved, however, with coming changes to the healthcare act, it is unclear what the implications will be for future health insurance rate or availability, and some report ACA insurance is now harder to get. Through the community focus groups, the community reports that while there may be an

increase in those with insurance, insurance is more expensive and covers less than it used to, creating barriers to access.

- Community focus groups acknowledged a significant growth in health services, particular urgent care. However, groups also reported that it was much more difficult to get appointments or become a patient of a primary care physician practice.
- While a few areas in Anderson and Pickens are classified as medically underserved areas, Anderson and Pickens have fewer medically underserved designated areas than the rest of the state.

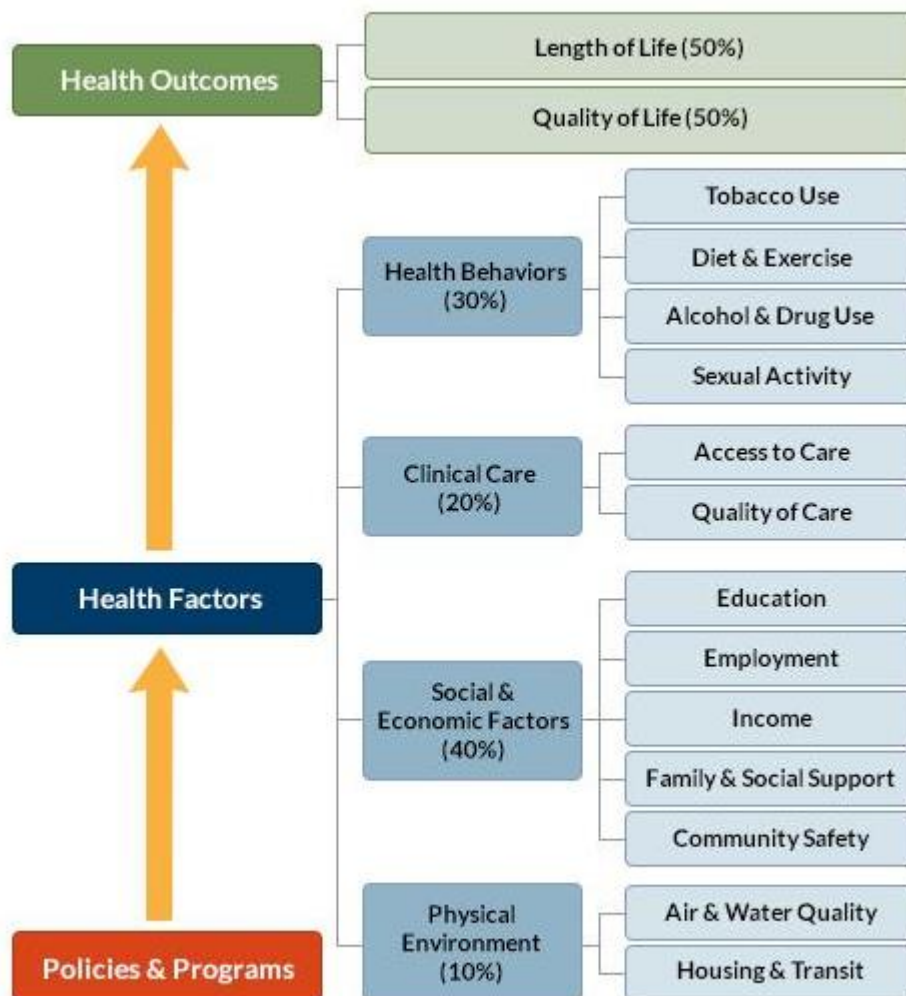
Children's Health

- Community Perception: 2018 Focus groups repeatedly identified mental health, obesity, substance abuse and rising STD rates as top health concerns for children and youth.
- Although hospitalization rates and 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 and youth ages 1-24 were accidents.
- Anderson County has a higher accident death rate among its youth than Pickens County and the state. For ages 15 -17 and ages 20-24, there is Anderson has a particularly high accident death rate.

County Health Rankings

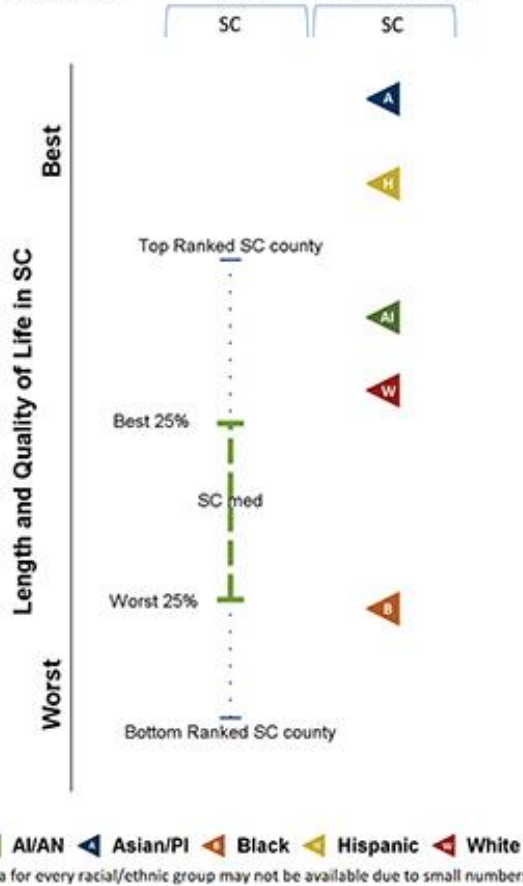
The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor’s office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties 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**



Health Outcomes in South Carolina

Differences by: **Place** **Race/Ethnicity**



AI/AN - American Indian/Alaskan Native/Native American
Asian/PI - Asian/Pacific Islander

South Carolina Health Outcomes

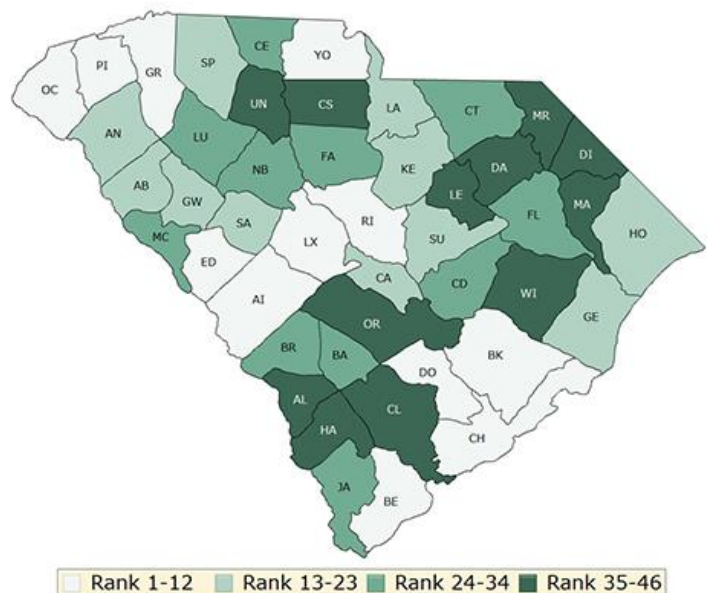
The graphic to the left compares measures of length and quality of life by place (Health Outcomes ranks) and by race/ethnicity. In South Carolina, measures of length and quality of life indicate:

- American Indians/Alaskan Natives are most similar in health to those living in the healthiest quartile of counties.
- Asians/Pacific Islanders are healthier than those living in the top ranked county.
- Hispanics are healthier than those living in the top ranked county.
- Blacks are most similar in health to those living in the least healthy quartile of counties.
- Whites are most similar in health to those living in the healthiest quartile of counties.

In 2018 Health Outcomes and Factors Rankings by County

Pickens County ranked in the Healthiest Tier among SC counties for both Health Outcomes and Health Factors.

Anderson County ranked in the 2nd Healthiest Tier for both Health Outcomes and Health Factors.



Based on the County Health Rankings, Anderson and Pickens Counties fare well compared to other parts of the state. Anderson County ranks 15th and 14th for Health Outcomes and Health Factors, respectively. This reflects

an improvement from the rankings reported in the 2015 Community Health Needs Assessment (CHNA) of 19th for Health Outcomes ratings and 15th for Health Factors. The current rankings for Anderson show improvement back to the 2012 CHNA report timeframe when rankings were 15th for Health Outcomes and 11th in Health Factors.

Pickens County ranks better than Anderson County in both areas with a ranking of 10th and 11th for Health Outcomes and Health Factors, respectively.

2018 County Health Rankings for the 46 Ranked Counties in South Carolina

County	Health Outcomes	Health Factors
Abbeville	22	20
Aiken	11	19
Allendale	43	46
Anderson	15	14
Bamberg	31	39
Barnwell	30	36
Beaufort	1	1
Berkeley	7	7
Calhoun	21	12
Charleston	3	2
Cherokee	28	28
Chester	39	34

County	Health Outcomes	Health Factors
Chesterfield	29	37
Clarendon	26	35
Colleton	35	38
Darlington	36	30
Dillon	44	42
Dorchester	6	4
Edgefield	8	16
Fairfield	34	29
Florence	32	21
Georgetown	16	10
Greenville	4	3
Greenwood	20	23

County	Health Outcomes	Health Factors
Hampton	37	31
Horry	14	26
Jasper	27	33
Kershaw	18	17
Lancaster	13	15
Laurens	33	27
Lee	41	43
Lexington	5	5
Marion	45	44
Marlboro	46	45
McCormick	25	18
Newberry	24	22

County	Health Outcomes	Health Factors
Oconee	9	13
Orangeburg	40	41
Pickens	10	11
Richland	12	8
Saluda	19	25
Spartanburg	17	9
Sumter	23	24
Union	38	32
Williamsburg	42	40
York	2	6

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 affect an individual and dictate the overall state of their health. Many public health recommendations and clinical guidelines emphasize the importance of healthy lifestyles and behaviors.

Risk Factors for Chronic Conditions

Risk Factors for Chronic Conditions Adults (ages 18+): South Carolina Behavioral Risk Factor Surveillance System (2011-2016)			
	Anderson County	Pickens County	South Carolina
Current Smoking (Cigarettes)*	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%
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%

*2015 data

The Behavior Risk Factor Surveillance Survey (BRFSS) tracks the prevalence of these risk factors by county. The latest data available are for 2016. Anderson County has a higher percentage of individuals who reported that they consumed fruit less than once per day and vegetables less than once per day than the state average. The county also has a slightly higher percentage reporting having poor physical or mental health days in the past 30 days (at the time of the survey). Most notably, Anderson County has a higher percentage of individuals who reported having a sedentary lifestyle and who were overweight or obese than the state average.

Pickens County measures better than Anderson County and the state in most of the above healthy lifestyles and behaviors indicators, except for smoking and high cholesterol.

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 2014-2015 SC Adult Tobacco Survey.

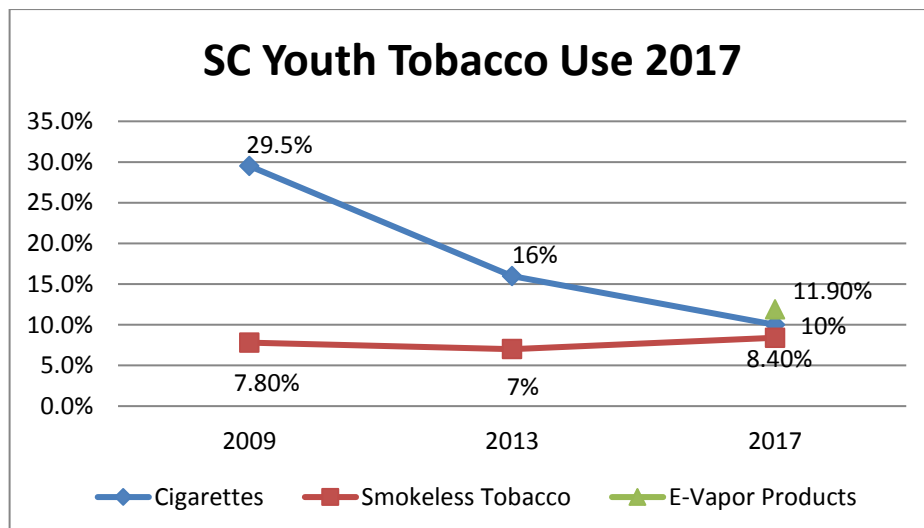
County	Ever Use of Tobacco Products				Current Use of Tobacco Products			
	Cigarettes	Cigars	Smokeless Tobacco	e-Cigarettes	Cigarettes	Cigars	Smokeless Tobacco	e-Cigarettes
Abbeville	53.9%	40.8%	23.5%	9.6%	16.0%	10.3%	5.9%	8.7%
Anderson	46.0%	44.5%	29.3%	15.4%	16.9%	4.9%	6.8%	4.4%
Cherokee	38.4%	35.8%	31.3%	12.5%	21.8%	2.5%	9.5%	4.6%
Greenville	53.9%	38.6%	18.6%	18.3%	17.0%	6.5%	1.4%	8.0%
Greenwood	54.1%	24.8%	22.1%	14.2%	18.7%	6.3%	1.9%	4.7%
Laurens	54.3%	38.1%	25.0%	23.7%	28.7%	4.6%	3.3%	9.6%
McCormick	59.2%	27.5%	23.7%	10.3%	12.1%	0.0%	6.9%	7.2%
Oconee	60.4%	45.1%	35.1%	17.6%	16.4%	11.4%	6.1%	7.3%
Pickens	51.9%	39.7%	30.9%	12.7%	20.0%	10.2%	9.4%	3.8%
Spartanburg	49.4%	39.5%	30.2%	17.4%	18.0%	3.0%	7.6%	9.6%
Union	64.1%	31.3%	30.8%	6.1%	31.3%	13.6%	6.3%	2.4%
State Highest	72.4%	55.1%	38.3%	30.2%	35.1%	21.4%	19.3%	17.4%
State Lowest	27.7%	14.0%	4.1%	4.1%	7.3%	0.0%	0.0%	0.0%
State Estimate^b	43.1%	38.2%	23.9%	16.2%	19.0%	4.7%	3.5%	6.4%

^a Estimation using a spatial logistic mixed model; confidence intervals were estimated using bootstrap re-sampling procedures

^b Direct estimation from the statewide ATS sample

Smoking and Tobacco Use – Youth

9th – 12th grade	South Carolina	United States
Reported smoking cigarettes in past 30 days	10%	8.8%
Reported using smokeless tobacco products in past 30 days	8.4%	5.5%
Reported using electronic vapor products in past 30 days	11.9%	13.2%

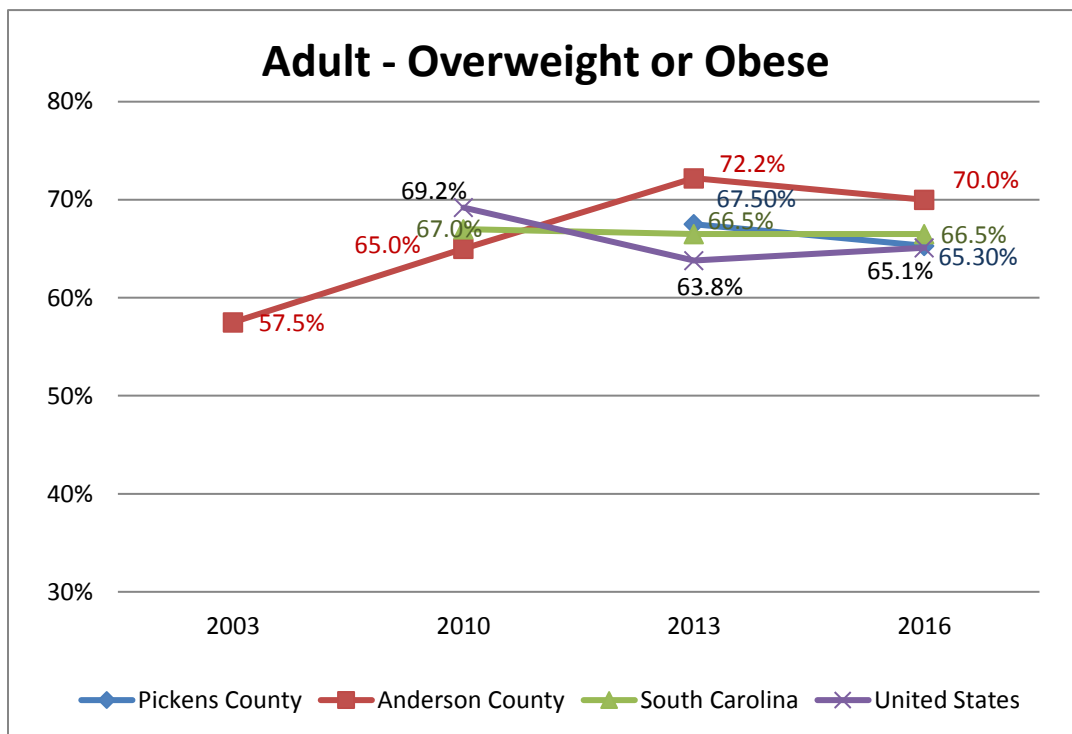


In 2017, more high school students in South Carolina used electronic vapor products than smoked cigarettes.

Obesity

Since 2008, the percentage of overweight and obese adults has steadily increased in Anderson County. However, 2016 marks the first decrease from 72.2% to 70% in Anderson. 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. South Carolina has remained steady for the past few years at 66.5%. Since Pickens data was not included in the previous study, the first data point for Pickens on the chart below is from 2013, showing Pickens with a lower population of overweight and obese adults than Anderson County and the State.

*Obesity is a complex, serious, and costly public health issue that affects two out of three South Carolina adults and one out of three South Carolina children. Obesity is linked to chronic diseases like diabetes, heart disease, and certain types of cancer. **The economic cost of obesity in South Carolina is estimated to be \$8.5 billion per year and growing.** The main risk factors for obesity and other chronic conditions include poor nutrition and lack of physical activity.*



Only 2016 data for Pickens is included in the above chart.

In 2017, *State of Obesity* data indicated that South Carolina ranks as the 12th worst state in terms of obesity, with 32.3% of the adult population being obese. This is an improvement from 10th worst in 2013 and 8th worst

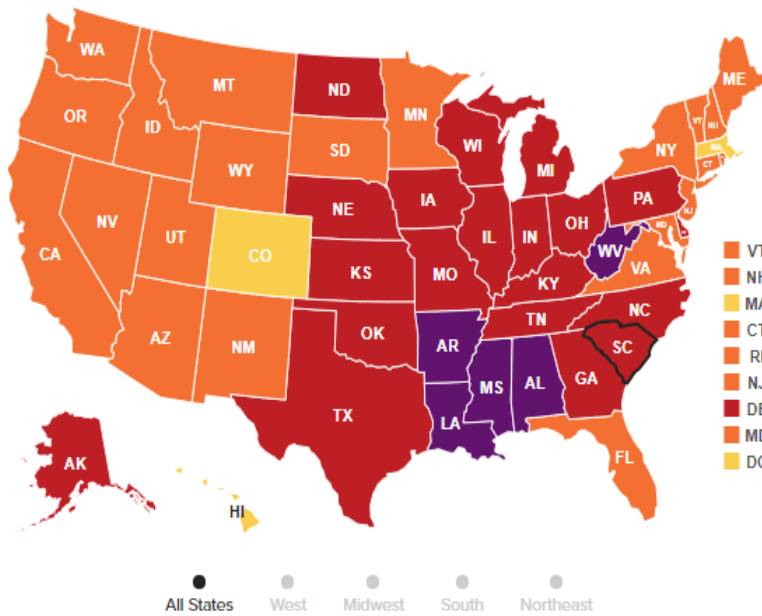
in 2010. In order, the top ten states with the highest obesity rates in 2017 were: 1. West Virginia (37.7); 2. Mississippi (37.3); 3. (tie) Alabama (35.7) and Arkansas (35.7); 5. Louisiana (35.5); 6. Tennessee (34.8); 7. Kentucky (34.2); 8. Texas (33.7); 9. Oklahoma (32.8); 10. (tie) Indiana (32.5) and Michigan (32.5).

Adult Obesity Rate by State, 2016

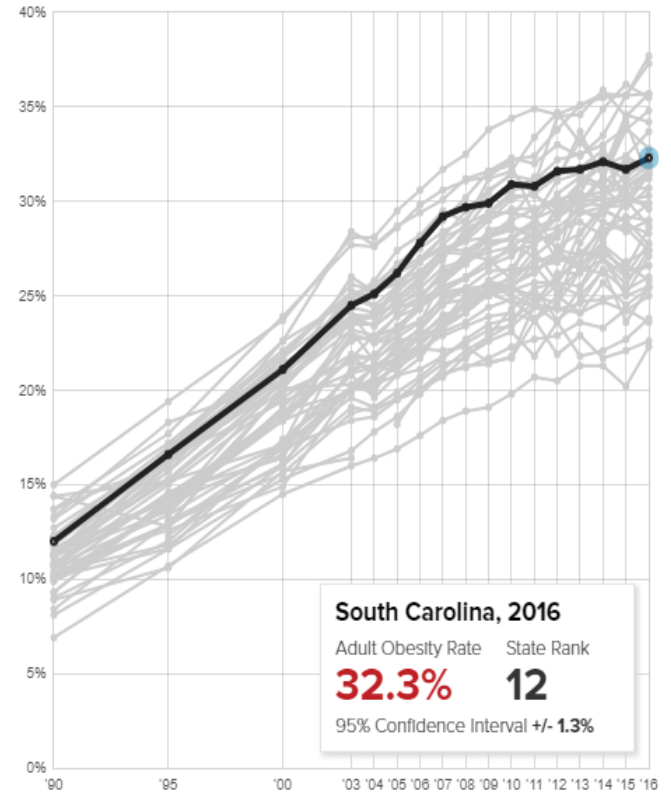
Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Percent of obese adults (Body Mass Index of 30+)

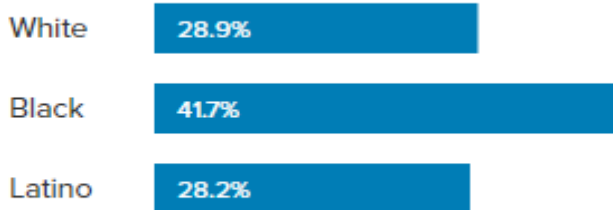
0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



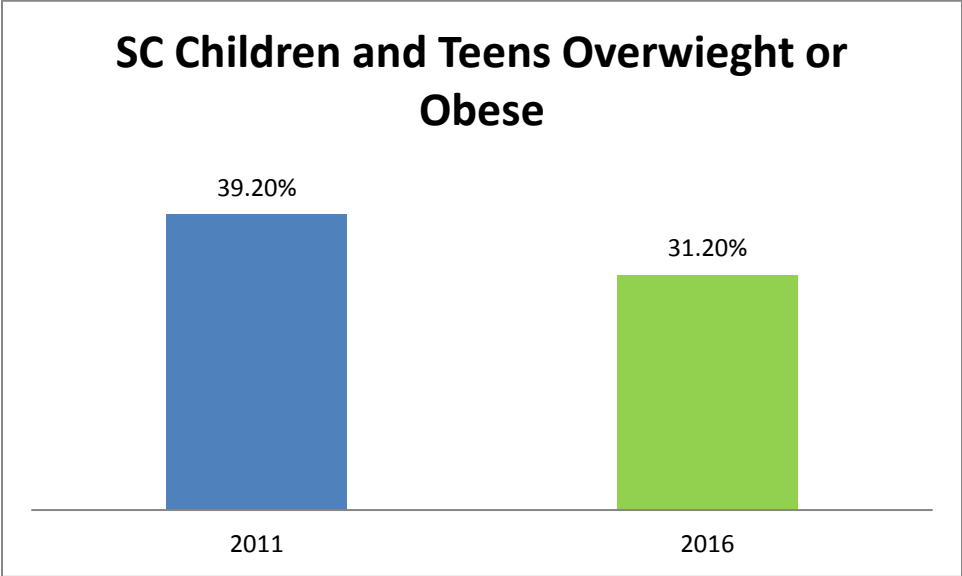
Adult obesity rates, 1990 to 2016



Obesity rate by race (2016)



According to the National Survey of Children’s Health, South Carolina has seen a decrease in the percentage of children who are overweight or obese. In 2016, South Carolina ranked 17th highest in percentage of overweight or obese youth, which is an improvement from previous year rankings.

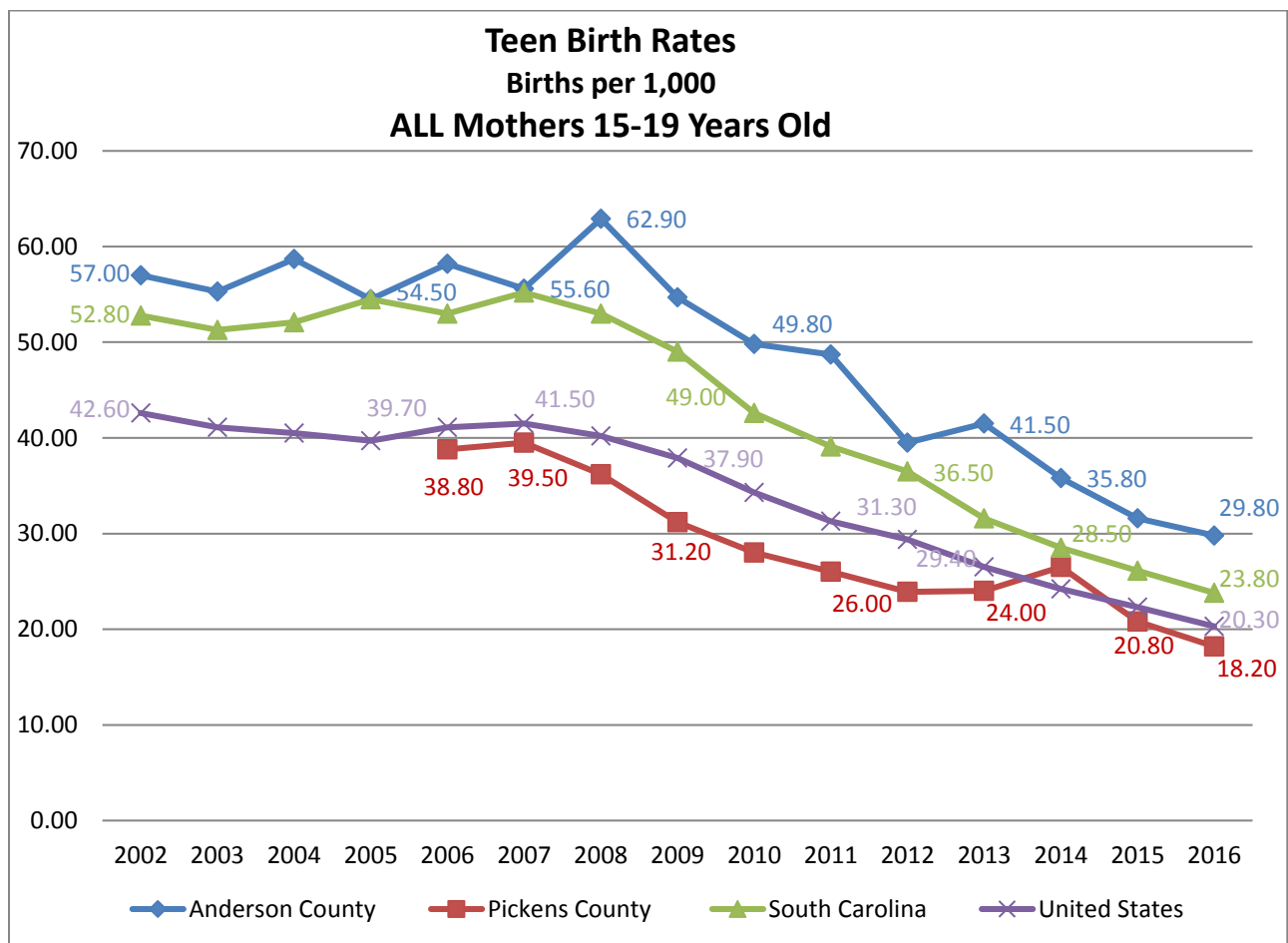


According to the 2016 SC YRBSS, 24% of youth report watching 3 or more hours of tv on an average school day and 40% report playing video or computer games or using a computer for something that is not related to school work 3 or more hours a day.

Teen Pregnancy Rates

South Carolina's teen birth rate has declined by 67% since peaking in 1991 with continuing decades of success for communities across the state. This includes a 9% decrease from 2015 to 2016, landing the teen birth rate for 15-19 year olds at 23.8 per 1,000 females. Declines over the past 25 years have been most substantial among African American youth ages 15-17 whose teen birth rate has decreased by 82% since 1991. **While teen birth rates have decreased for all ages and races in previous years, Hispanic teens in South Carolina (15-19) experienced a 12% increase in teen births from 2015 to 2016. Still, older youth (18-19 year olds) continue to drive the overall South Carolina teen birth rate, currently making up 75% of all teen births among 15-19 year olds.**

- South Carolina Campaign for the Prevention of Teen Pregnancy



Currently, Anderson County ranks 21st in the state and Pickens County ranks 41st in the state, with 1st being the highest teen pregnancy rate and 46th being the lowest.

2016 Teen Birth Rates by Age Categories

Incident Per 1,000	15-17 year Olds	18-19 Year Olds
South Carolina	10.0	44.3
Anderson County	11.7	56.8
Pickens County	7.3	34.4

Anderson County

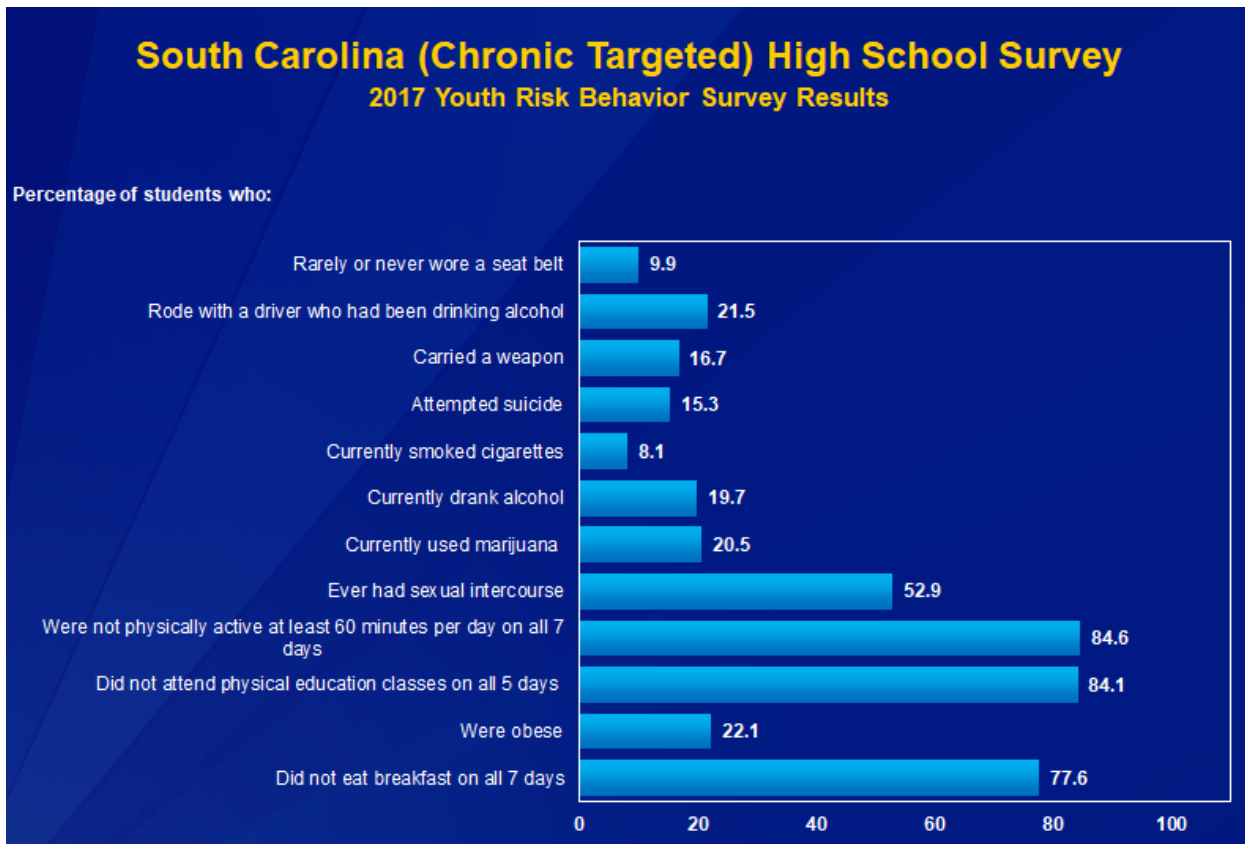
Incident Per 1,000	2009	2011	2013	2016
All 15-19	54.7	48.7	41.5	29.8
Black and other minority 15-19	69.0	54.2	60.0	32.1
White 15-19	50.2	47.1	36.4	29.2

Pickens County

Incident Per 1,000	2009	2011	2013	2016
All 15-19	31.2	26.0	24.0	18.2
Black and other minority 15-19	22.8	15.1	23.5	9.6
White 15-19	32.3	27.2	24.1	19.1

Pickens County minority population uniquely has a lower rate of teen pregnancies than both the general population and the white population.

Youth Behavior



ANDERSON COUNTY

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Anderson	State	Nation
Smoking (adults age 18+) * (Adult Tobacco Survey- SCDHEC, **CDC)	22.3% (2002) 19.7% (2010) 20.6% (2013) 16.9% (2015)*	21% (2010) 20.3% (2013) 19%(2015)*	19.3% (2010) 18.1% (2013) 15.5%(2015)**	12%	BETTER	BETTER	WORSE
Smokeless Tobacco Adult (Adult Tobacco Survey- SCDHEC, *CDC)	6.8% (2015)	3.6% (2011) 3.5% (2015)	4.4 (2011) 3.4% (2014)*	0.2%	N/A	WORSE	WORSE
E-cigarettes Adult (Adult Tobacco Survey- SCDHEC, *CDC)	4.4% (2015)	3.6% (2011) 6.4% (2015)	4.4 (2011) 3.2% (2016)*		N/A	BETTER	WORSE
Smoking (teens, 9 th – 12 th grade smoking cigarettes in past 30 days) (SC YRBS)		20.5% (2010) 16.0% (2013) 10% (2017)	19.3% (2010) 15.7% (2013) 8.8% (2017)	16%	N/A	N/A	N/A
Smokeless Tobacco Youth (SC YRBS)		7.8% (2009) 7.0% (2013) 8.4% (2017)	8.9% (2009) 8.8% (2013) 5.5% (2017)	6.9%	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)	13.2% (2017)		N/A	N/A	N/A
Excessive Drinking (% adults reporting excessive drinking) (County Health Rankings)	10% (2010) 10% (2012) 17% (2016)	14% (2010) 14% (2012) 18% (2016)	14% (2012) 18.5% (2017)	25.3%	WORSE	BETTER	BETTER
No Exercise (adults reporting no exercise) (HIW); (SCBRFFS)	21.9% (2002) 25.6 (2010) 26.7% (2012) 29.6% (2016)	27.8% (2010) 25.7% (2012) 26.3% (2016)	25.9% (2012) 22.7% (2016)	32.6%	WORSE	WORSE	WORSE

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Anderson	State	Nation
Nutrition (adults consuming fruits less than one time daily) (SC BRFSS;CDC)	46.7% (2011) 47.5% (2013) 48.8% (2016)	45.2% (2013) 46.2% (2016)	37.7% (2013) 39.7% (2015)	-	WORSE	WORSE	WORSE
Nutrition (adults consuming vegetables less than one time daily) (SC BRFSS;CDC)	27.2% (2011) 26.9% (2013) 27.1% (2016)	26.8% (2013) 26.5% (2016)	22.6% (2013) 22.1% (2015)		SIMILAR	WORSE	WORSE
Adults obese or overweight (SC DHEC Chronic Disease Report; CDC)	55-59% (2003) 65% (2010) 72.2% (2013) 70% (2016)	67% (2010) 66.5% (2013) 66.5% (2016)	69.2% (2010) 63.8% (2013) 65.1% (2016)	66.1%	BETTER	WORSE	WORSE
Teen Pregnancy Rate Age 15-19 (SC Vital Statistics, DHHS)	55.3% (2003) 49.8% (2010) 41.5% (2013) 29.8% (2016)	51.3% (2003) 42.6% (2010) 31.6% (2013) 23.8% (2016)	42.6% (2003) 34.3% (2010) 26.5% (2013) 20.3% (2016)		BETTER	WORSE	WORSE

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

PICKENS COUNTY

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Pickens	State	Nation
Smoking (adults age 18+) *(Adult Tobacco Survey- SCDHEC, **CDC)	21.6% (2013) 20% (2015)*	21% (2010) 20.3% (2013) 19%(2015)*	19.3% (2010) 18.1% (2013) 15.5%(2015)**	12%	BETTER	WORSE	WORSE
Smokeless Tobacco Adult (Adult Tobacco Survey- SCDHEC, CDC)	9.4% (2015)	3.6% (2011) 3.5% (2015)	4.4 (2011) 3.4% (2014)	0.2%	N/A	WORSE	WORSE
E-cigarettes Adult (Adult Tobacco Survey- SCDHEC, CDC)	3.8% (2015)	3.6% (2011) 6.4% (2015)	4.4 (2011) 3.2% (2016)		N/A	BETTER	SIMILAR
Smoking (teens, 9 th – 12 th grade smoking cigarettes in past 30 days) (SC YRBS)		20.5% (2010) 16.0% (2013) 10% (2017)	19.3% (2010) 15.7% (2013) 8.8% (2017)	16%	N/A	N/A	N/A
Smokeless Tobacco Youth (SC YRBS)		7.8% (2009) 7.0% (2013) 8.4% (2017)	8.9% (2009) 8.8% (2013) 5.5% (2017)	6.9%	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)	13.2% (2017)		N/A	N/A	N/A
Excessive Drinking (% adults reporting excessive drinking) (HIW) *(CDC)	11% (2010) 10% (2012) 19% (2016)	14% (2010) 14% (2012) 18% (2016)	14% (2012) 18.5% (2017)	25.3%	WORSE	WORSE	WORSE
No Exercise (adults reporting no exercise) (DHEC); (SCBRFFS)	22.4% (2016)	27.8% (2010) 25.7% (2012) 26.3% (2016)	25.9% (2012) 22.7% (2016)	32.6%	N/A	BETTER	SIMILAR

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

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Pickens	State	Nation
Nutrition (adults consuming fruits less than one time daily) (SC BRFSS;CDC)	45.9% (2016)	45.2% (2013) 46.2% (2016)	37.7% (2013) 39.7% (2015)	-	N/A	SIMILAR	WORSE
Nutrition (adults consuming vegetables less than one time daily) (SC BRFSS;CDC)	22.95% (2016)	26.8% (2013) 26.5% (2016)	22.6% (2013) 22.1% (2015)		N/A	BETTER	WORSE
Adults obese or overweight (SC DHEC Chronic Disease Report; CDC)	65.5% (2016)	67% (2010) 66.5% (2013) 66.5% (2016)	69.2% (2010) 63.8% (2013) 65.1% (2016)	66.1%	N/A	BETTER	SIMILAR
Teen Pregnancy Rate Age 15-19 (SC Vital Statistics, DHHS)	38.8% (2006) 28.0% (2010) 24.0% (2013) 18.2% (2016)	51.3% (2003) 42.6% (2010) 31.6% (2013) 23.8% (2016)	42.6% (2003) 34.3% (2010) 26.5% (2013) 20.3% (2016)		BETTER	BETTER	BETTER

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

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. In addition to the behavioral factors in the previous sector, some additional health risk factors are included below.

Anderson County

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Hypertension (NHANES, SC DHEC)	29.8% (2010) 34.2% (2012) 38.6% (2014)	32.7% (2010) 33.4% (2012) 38.7% (2014)	31.9%* (CDC, Health, US 2011) 32.5%* (CDC, Health, US 2012) 29% (NHANES 2015-16)	26.9%	WORSE	SIMILAR	WORSE
High Cholesterol (BRFSS, CDC)		39.4% (2015)	37% (2012)	13.5%	N/A	N/A	N/A
Maternal/Infant Risk Factors							
Preterm Births (SC DHEC; CDC)	11.1% (2010) 13.6% (2013) 11.0% (2016)	13.2% (2013) 11.0% (2016)	11.4% (2013) 10% (2016)	9.4%	BETTER	SIMILAR	WORSE
Low Birthweight (CDC)	8.9%(2007) 9% (2009) 10.2% (2013) 8.9%(2016)	10% (2009) 9.7% (2013) 9.5% (2016)	8.2% (2009) 8.0% (2013) 8.2% (2016)	7.8%	BETTER	BETTER	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	2010 Primary: 220.9 Repeat:125.7 2013 Primary: 207.9 Repeat:133.5 2016 Primary: 188 Repeat: 146	NA	NA	BETTER	BETTER	N/A

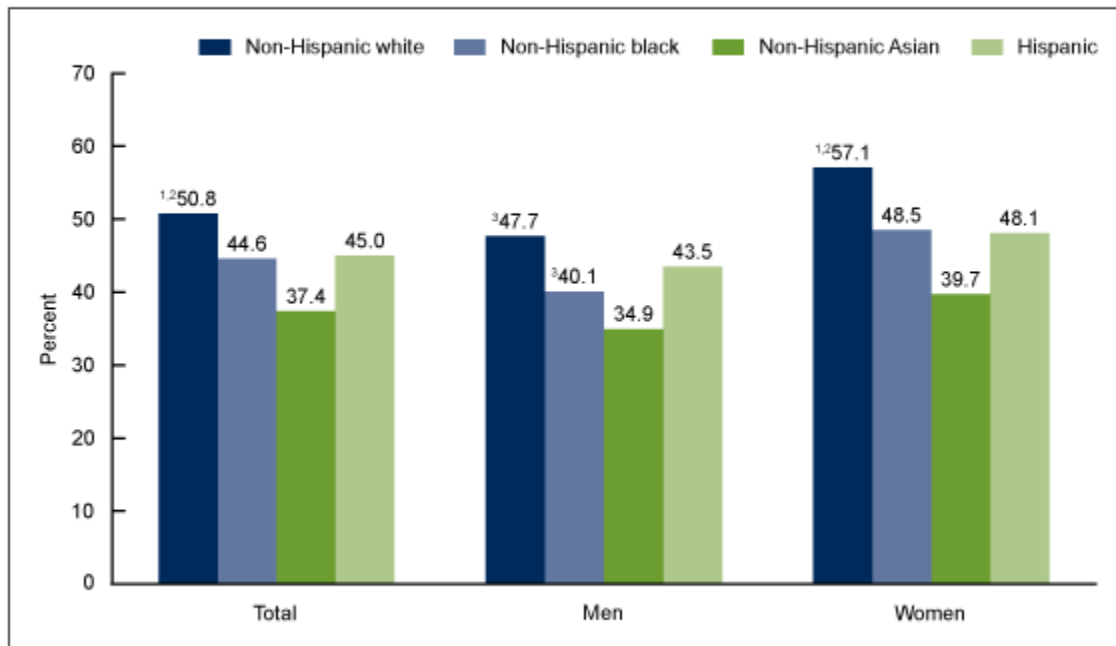
Pickens County

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Hypertension (HIW)	38.2% (2014)	32.7% (2010) 33.4% (2012) 38.7% (2014)	31.9%* (CDC, Health, US 2011) 32.5%* (CDC, Health, US 2012) 29% (NHANES 2015-16)	26.9%	N/A	SIMILAR	WORSE
High Cholesterol (BRFSS, CDC)		39.4% (2015)	37% (2012)	13.5%	N/A	N/A	N/A

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Maternal/Infant Risk Factors							
Preterm Births (SC DHEC; CDC)	9.2% (2016)	13.2% (2013) 11.0% (2016)	11.4% (2013) 10% (2016)	9.4%	N/A	BETTER	BETTER
Low Birthweight (CDC)	7.8% (2016)	10% (2009) 9.7% (2013) 9.5% (2016)	8.2% (2009) 8.0% (2013) 8.2% (2016)	7.8%	N/A	BETTER	BETTER
C-Section Rates (SC DHEC, SCAN birth cert data) Per 1,000	2016 Primary:164 Repeat: 148.6	2010 Primary: 220.9 Repeat:125.7 2013 Primary: 207.9 Repeat:133.5 2016 Primary: 188 Repeat: 146	NA	NA	N/A	BETTER	N/A

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

Figure 4. Age-adjusted prevalence of controlled hypertension among adults with hypertension aged 18 and over, by sex and race and Hispanic origin: United States, 2015–2016



¹Significant difference from non-Hispanic Asian.

²Significant difference from non-Hispanic black.

³Men significantly different from women in the same race and Hispanic-origin group.

Health Environment

Air Pollution

Particulate Matter is the average daily density of particles from sources such as National Health and Nutrition Examination Surveys (NHANES) 2015–2016; (PM2.5) in a South Carolina County Health Profile, SC DHEC, <https://gis.dhec.sc.gov/chp/>; DHEC SCAN birth certificate data 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.

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.

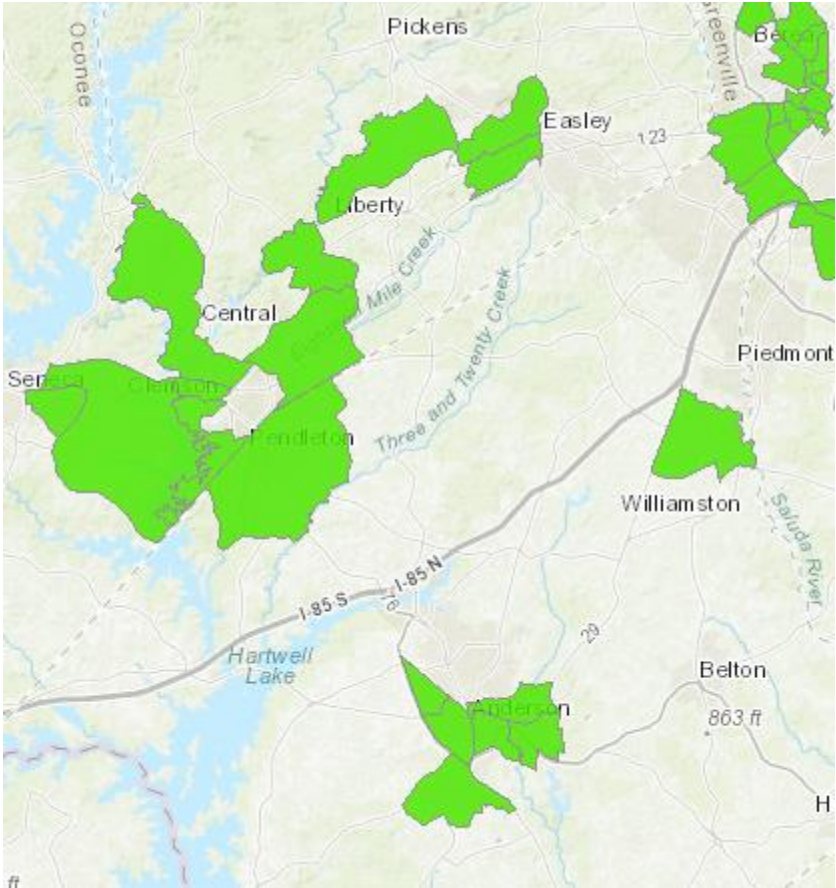
Access to Exercise Opportunities


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	Pickens County	South Carolina	National Standard
Air Pollution – Particulate Matter micrograms per cubic meter	10.7 (2012) 11.0 (2014)	10.3 (2012) 10.4 (2014)	9.7 (2012) 9.5 (2014)	12.0
Food Environment Index	6.8 (2012) 7.4 (2015)	6.8 (2012) 7.3 (2015)	6.7 (2012) 6.0 (2015)	8.6 (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)	59% (2014) 56% (2016)	71% (2014) 54% (2016)	91% (US Top Performing Communities)

Food Desert

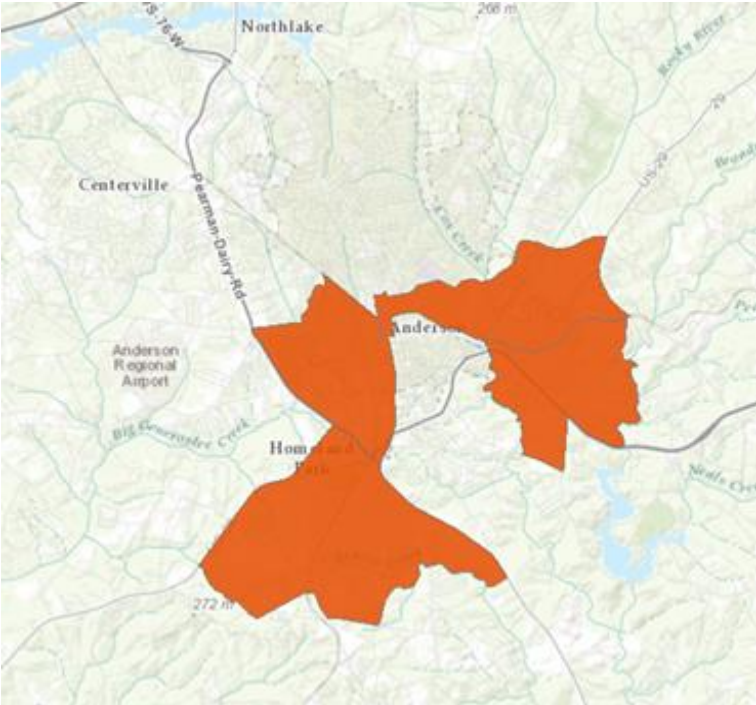
A food desert is an area with low access and availability of fresh fruit, vegetables, and other healthful whole foods and are usually found in impoverished areas. Low income census tracts where a significant number of urban residents are more than 1 mile from the nearest supermarket and rural residents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



 Food desert area

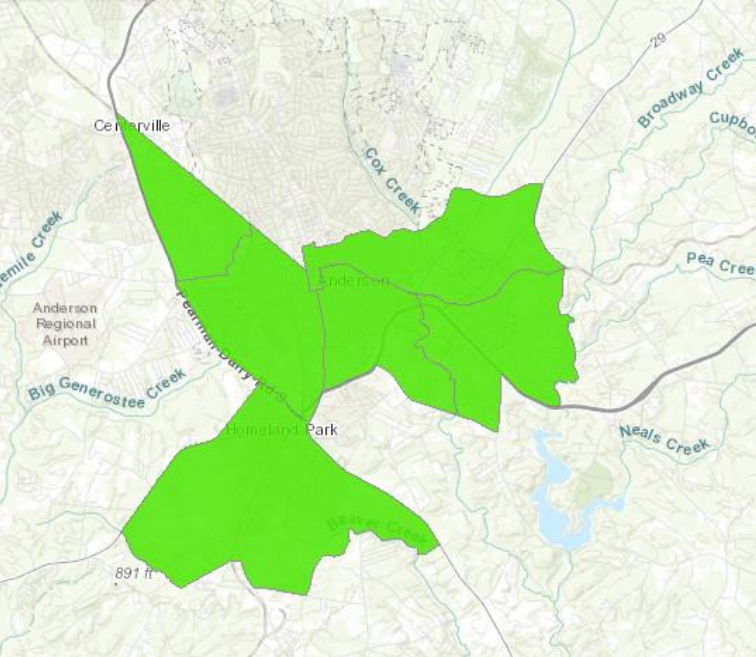
Since the completion of the last Community Health Needs Assessment, the food desert classifications have expanded in Anderson County out toward the Centerville area.

Mapping as of the 2015 Assessment



Food desert area

Current Mapping



Food desert area

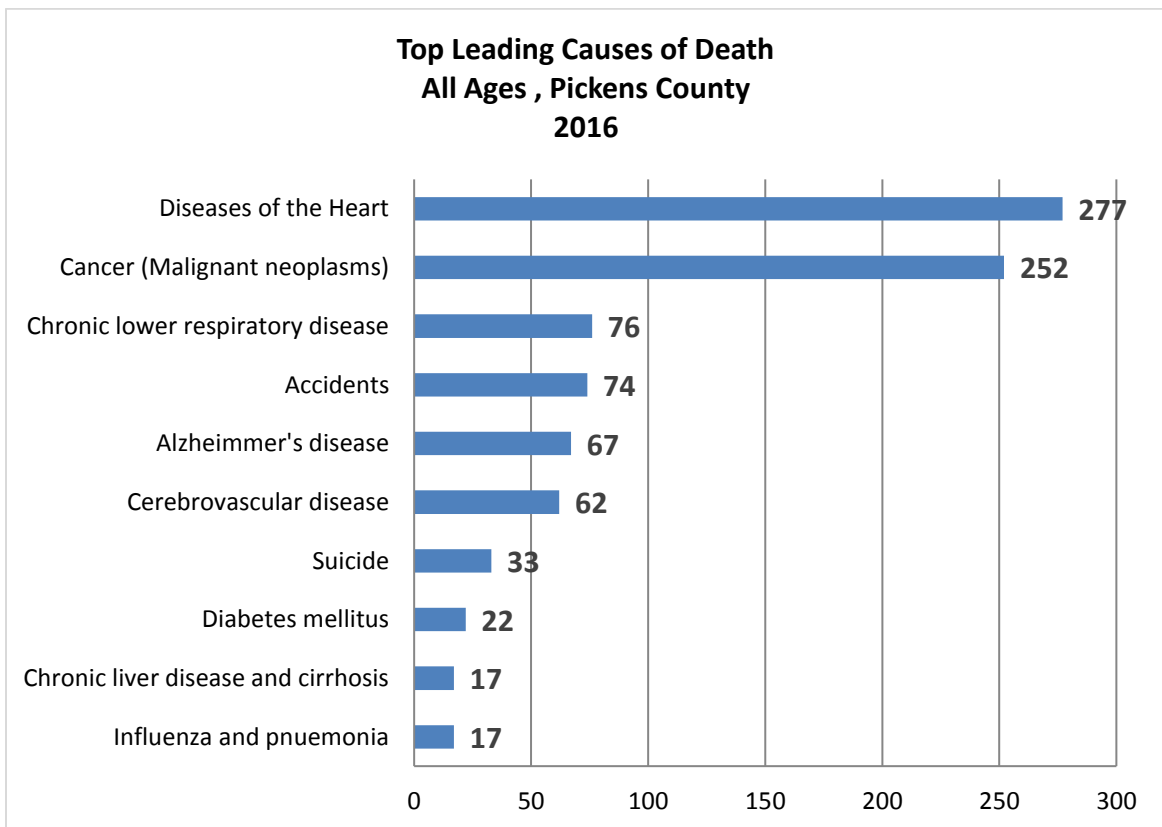
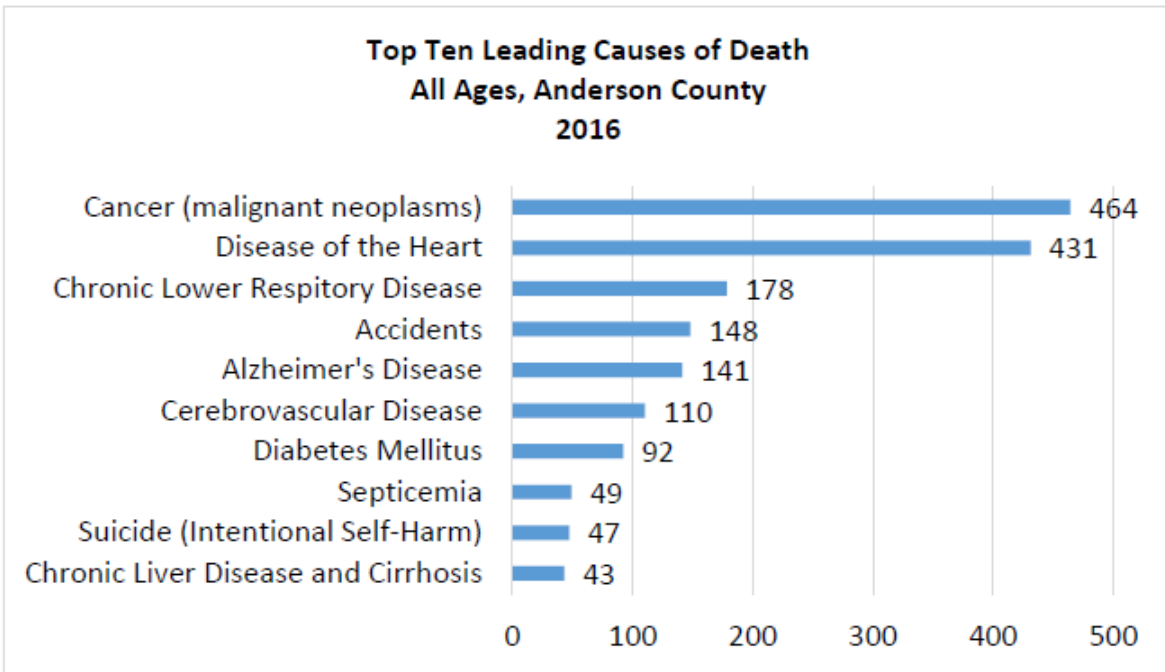
Health Outcomes – Mortality and Morbidity

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 2012 and 2015 Community Health Needs Assessment.

The leading causes of death in Anderson and Pickens Counties in 2016 are similar to that observed in the state and nation with cancer and diseases of the heart 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 5 years. Cancer and heart disease account for approximately half of all deaths at the county, state, and national level.

Anderson County (2016)	Pickens County (2016)	South Carolina (2016)	United States (2015)
Cancer (Malignant Neoplasms)	Diseases of the Heart	Cancer (Malignant Neoplasms)	Diseases of the Heart
Diseases of Heart	Cancer (Malignant neoplasms)	Diseases of the Heart	Cancer (Malignant neoplasms)
Chronic Lower Respiratory Disease	Chronic lower Respiratory disease	Accidents	Chronic Lower Respiratory Disease
Accidents	Accidents	Chronic Lower Respiratory Disease	Accidents
Alzheimer’s Disease	Alzheimer’s Disease	Cerebrovascular Disease	Cerebrovascular Disease
Cerebrovascular Disease	Cerebrovascular disease	Alzheimer’s Disease	Alzheimer’s Disease
Diabetes Mellitus	Suicide	Diabetes Mellitus	Diabetes Mellitus
Septicemia	Diabetes mellitus	Nephritis, nephrotic syndrome, nephrosis (kidney)	Influenza and pneumonia
Suicide	Chronic liver disease and cirrhosis	Septicemia	Nephritis, nephrotic syndrome, nephrosis (kidney)
Chronic Liver Disease or Cirrhosis	Influenza and pneumonia	Suicide	Suicide



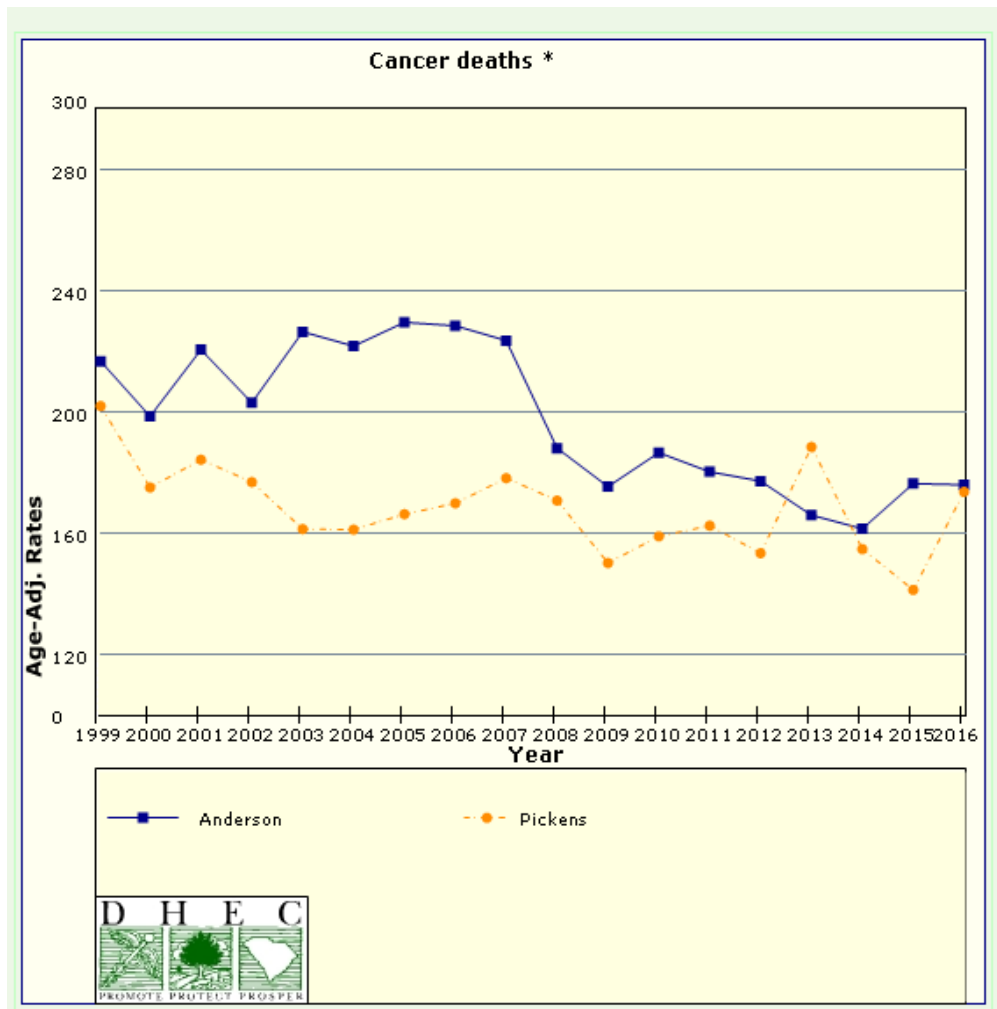
Cancer

Cancer is the leading cause of death in Anderson County and South Carolina 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.

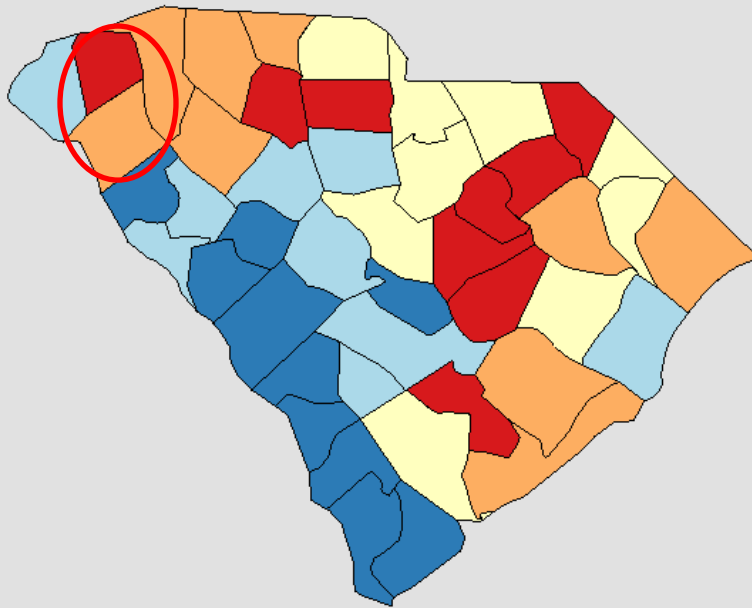
5 Year Average Rates of Cancer, per 100,000						
	Incidence rates			Death rates		
	2005-2009	2008-2012	2011-2015	2005-2009	2008-2012	2011-2015
Anderson	488.0	475.4	463.9	208.4	181.5	172.6
Pickens			474.2			160.6
South Carolina	460.1	455.9	451.1	187.9	183.3	174.5
United States	465.0	453.8	441.2	178.7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

Source: National Cancer Institute, State Cancer Profiles



*per 100,000 population

Incidence Rates[†] for South Carolina
All Cancer Sites, 2011 - 2015
All Races (includes Hispanic), Both Sexes, All Ages



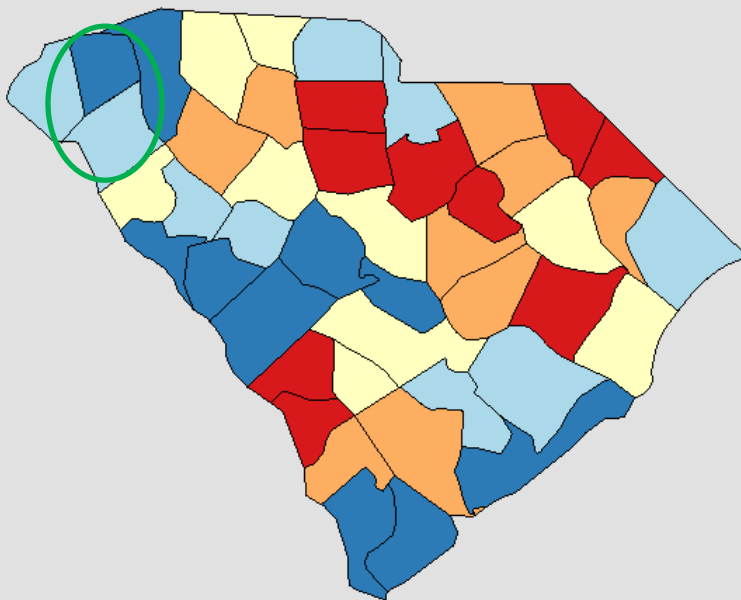
Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

[Quantile Interval](#)

371.4 to 427.5
> 427.5 to 443.3
> 443.3 to 456.7
> 456.7 to 469.2
> 469.2 to 509.8

US (SEER + NPCR) Rate (95% C.I.) 441.2 (440.9 - 441.5)
South Carolina Rate (95% C.I.) 451.1 (448.5 - 453.6)

Death Rates for South Carolina
All Cancer Sites, 2011 - 2015
All Races (includes Hispanic), Both Sexes, All Ages

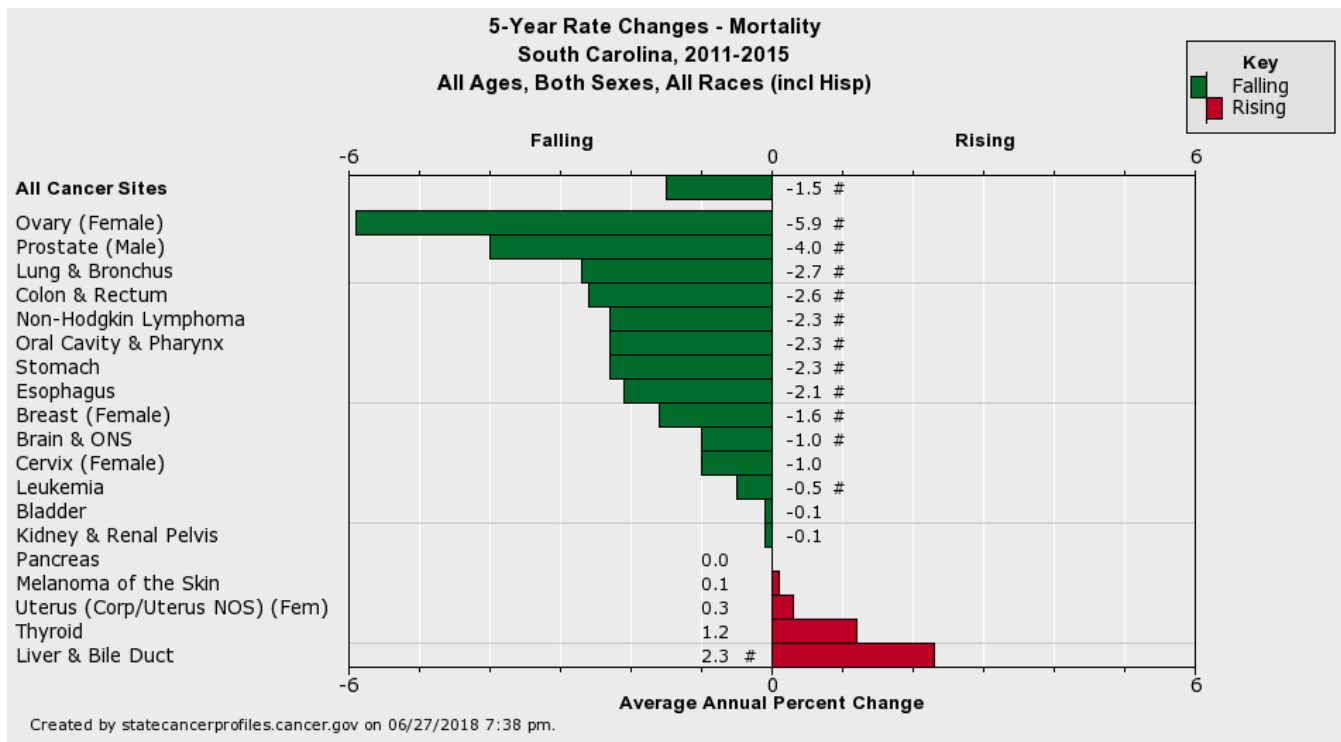
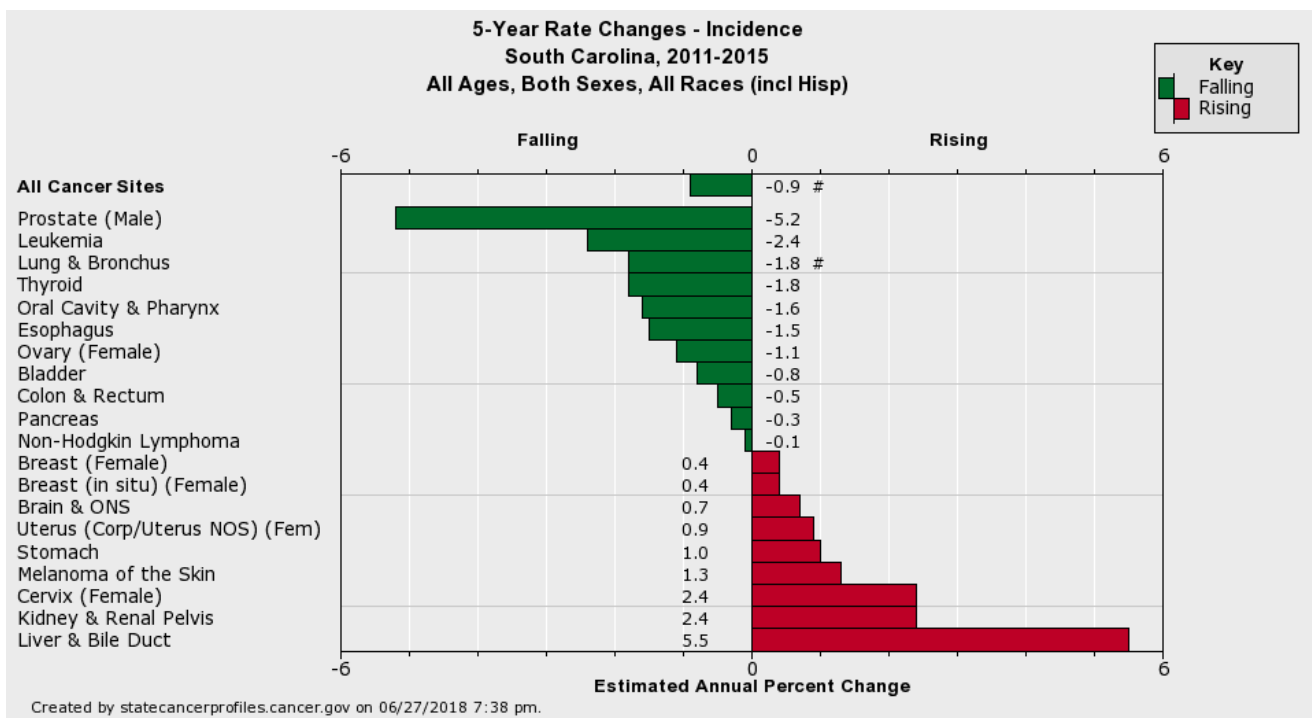


Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

[Quantile Interval](#)

142.0 to 166.2
> 166.2 to 176.0
> 176.0 to 192.2
> 192.2 to 200.9
> 200.9 to 225.4

United States Rate (95% C.I.) 163.5 (163.3 - 163.7)
South Carolina Rate (95% C.I.) 174.5 (173.0 - 176.1)
Healthy People 2020 Goal C-1 161.4



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

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

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

*Cases per 100,000

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

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

*Cases per 100,000

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 2016. The table shows the percentage of cancers diagnosed in early and late stages of disease in Anderson County and SC. This data, however, is somewhat dated (2009-2013). Updated data was not included in the report source at this point.

Table 5. All Cancers by Stage of Diagnosis, 2009-2013, Anderson County and South Carolina*

	SC	Anderson County
	Percent of all cancers	Percent of all cancers
Early Stage	45.8	47.4
Late Stage	44.2	47.0
Unknown Stage	10.0	5.6

*Percents (proportions) shown are (rounded) based on 5 years of data. Statistics do not include *in situ* cancers, except for bladder. Source: SC Central Cancer Registry.

Table 5. All Cancers by Stage of Diagnosis, 2009-2013, Pickens County and South Carolina*

	SC	Pickens County
	Percent of all cancers	Percent of all cancers
Early Stage	45.8	49.5
Late Stage	44.2	41.9
Unknown Stage	10.0	8.6

*Percents (proportions) shown are (rounded) based on 5 years of data. Statistics do not include *in situ* cancers, except for bladder. Source: SC Central Cancer Registry.

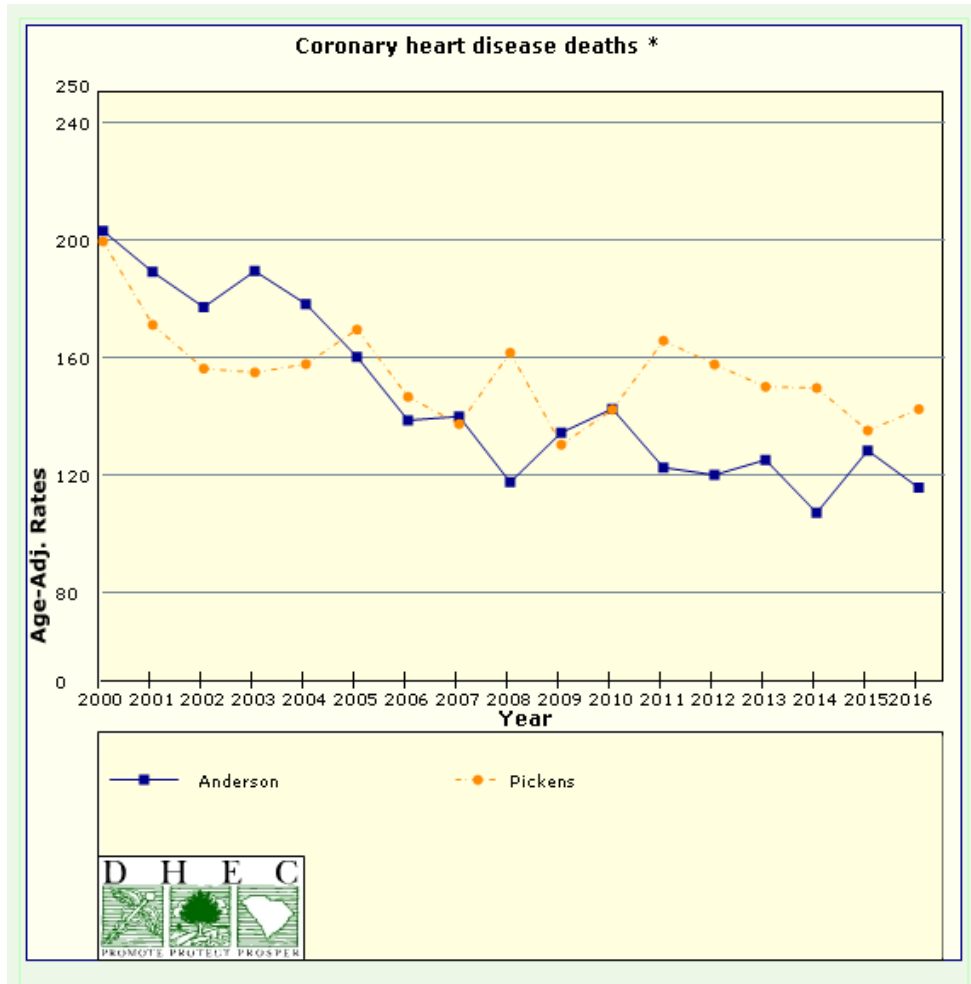
Age-Adjusted Incidence Rates by Race/Ethnicity (2011-2015)	South Carolina Rate
All Races (includes Hispanic)	451.1
White (includes Hispanic)	450.5
White Hispanic	263.2
White Non-Hispanic	456.0
Black (includes Hispanic)	451.2
Hispanic (any race)	279.1
Amer. Indian/Alaskan Native (includes Hispanic)	131.4
Asian or Pacific Islander (includes Hispanic)	252.3

National Cancer Institute data shows the Hispanic population with significantly lower cancer incidence rates than White and Black populations. NHIA (NAACCR Hispanic Identification Algorithm) was used for Hispanic Ethnicity. Statistics for minorities may be affected by inconsistent race identification between the cancer case reports (sources for numerator of rate) and data from the Census Bureau (source for denominator of rate); and from undercounts of some population groups in the census.

Heart Disease

Heart Disease is the leading cause of death in Pickens County and the 2nd leading cause of death in Anderson County and South Carolina. Anderson County has seen a steady decline in the heart disease hospitalizations and death rates over the past 15 years. While Pickens has seen declines as well, it has not seen as steady and steep a decline as in Anderson. The age 65+ population has a significantly higher heart disease rate than those 35-64.

Anderson has a lower heart disease rate than the state, but Pickens is higher than the state. In addition, Pickens consistently has higher hospitalization rates for heart attacks than Anderson.



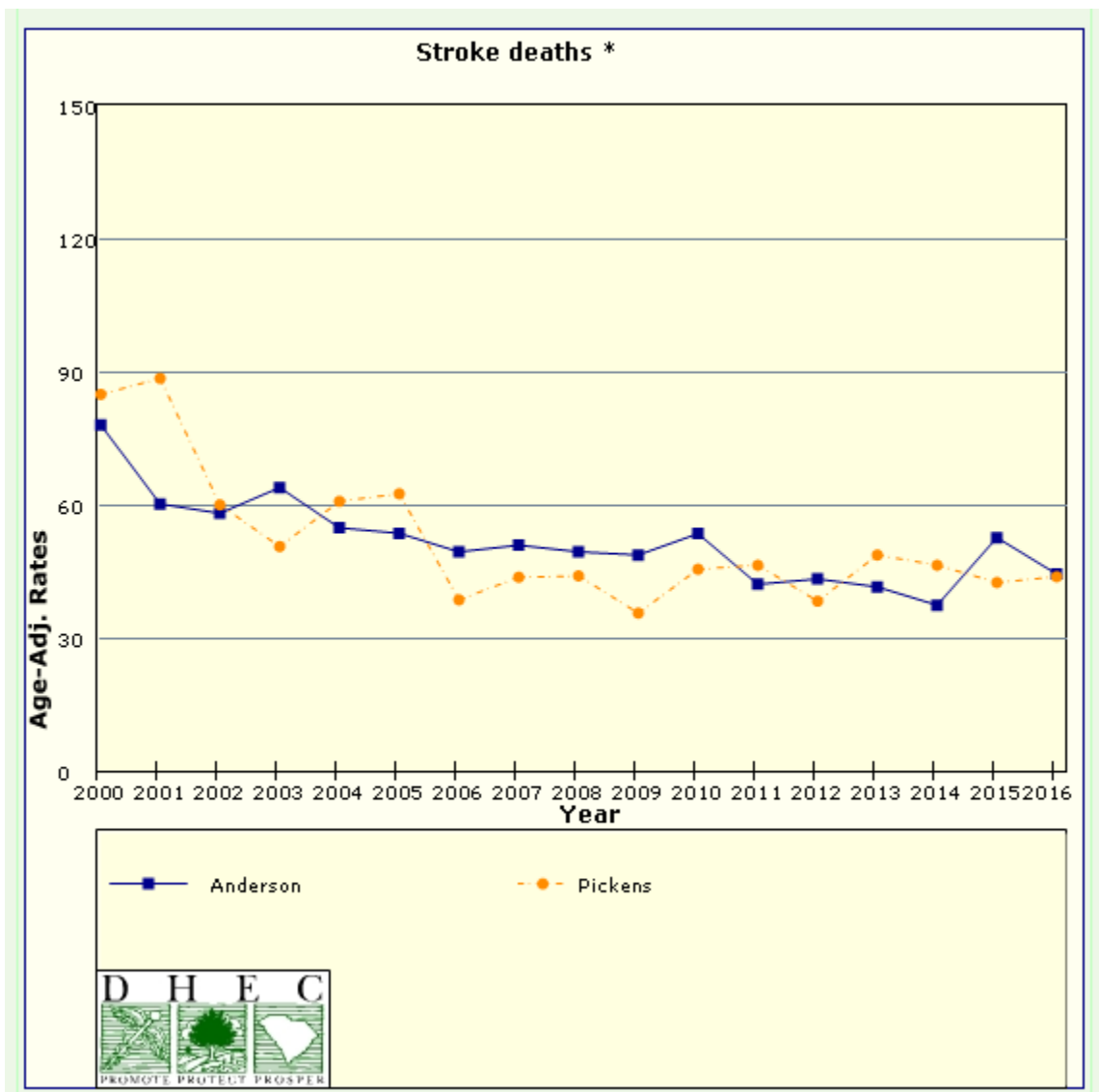
**Hospitalization Rates for Heart Attack
(rates per 10,000)**

	Age 35-64		Age 65+	
	Anderson	Pickens	Anderson	Pickens
2007	28.43	29.94	125.96	117.31
2010	29.05	34.97	77.49	97.63
2012	24.16	26.12	49.08	72.38
2015	18.17	24.84	39.32	85.69

Stroke

Cerebrovascular disease, or stroke, is the 5th leading cause of death in SC and in the nation, and the 6th leading cause of death in Anderson and Pickens Counties. 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 emotional/psychological problems. Lifestyle changes and, in some cases, medication can significantly decrease risk of stroke.

Both Anderson and Pickens have a better stroke death rate than the state.

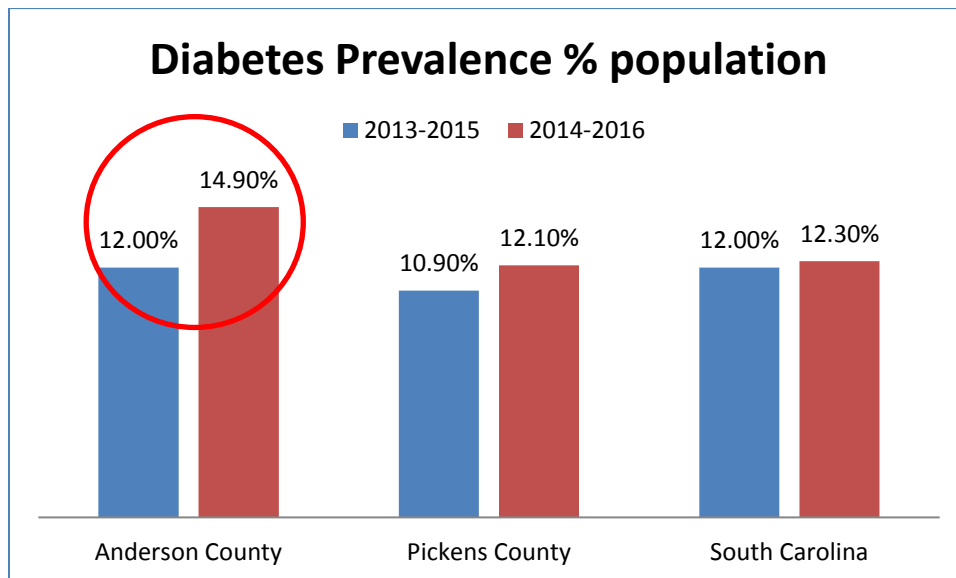


Diabetes

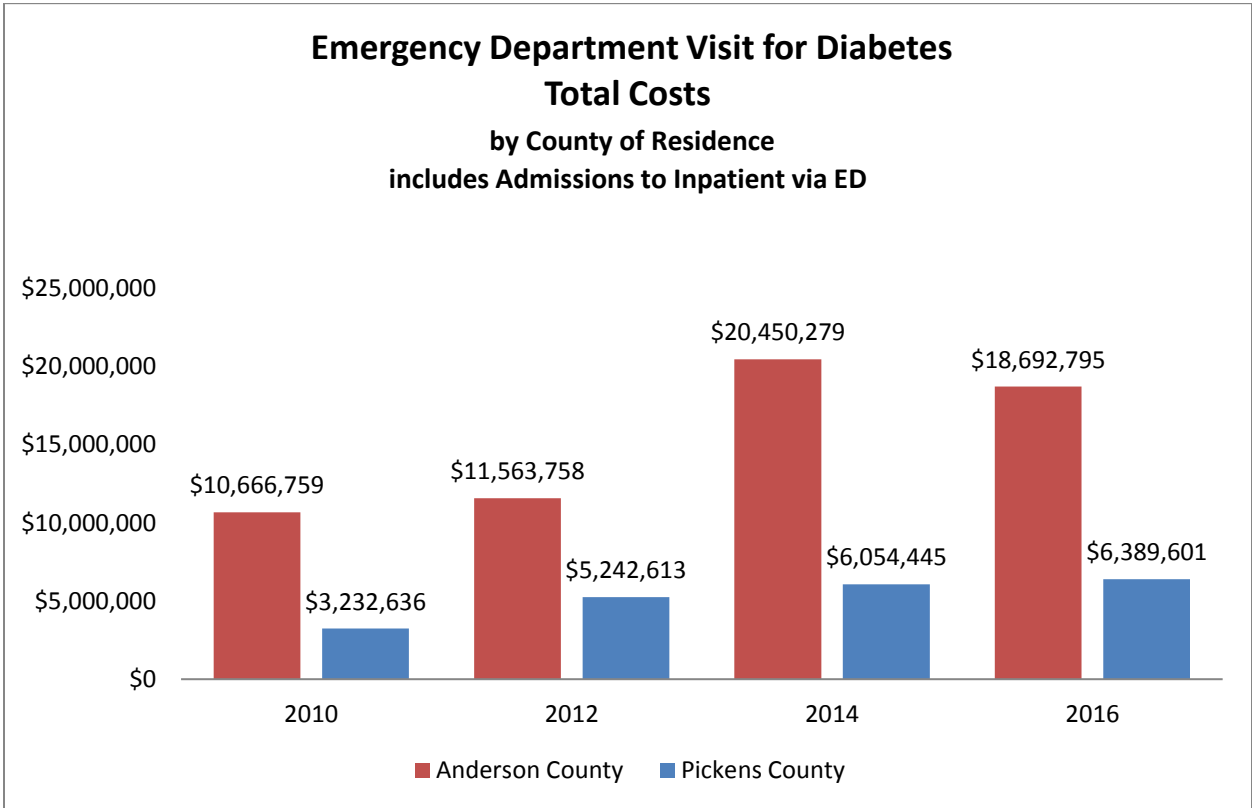
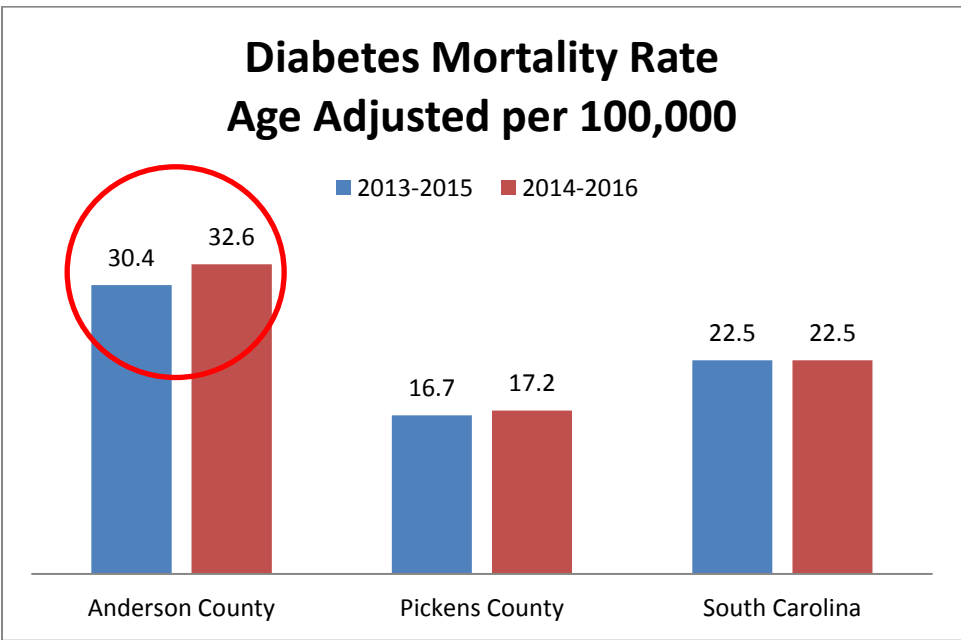
As of the previous Community Health Needs Assessment, Diabetes remains the 7th leading cause of death for Anderson County and is the 8th leading cause of death for Pickens County.

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.**

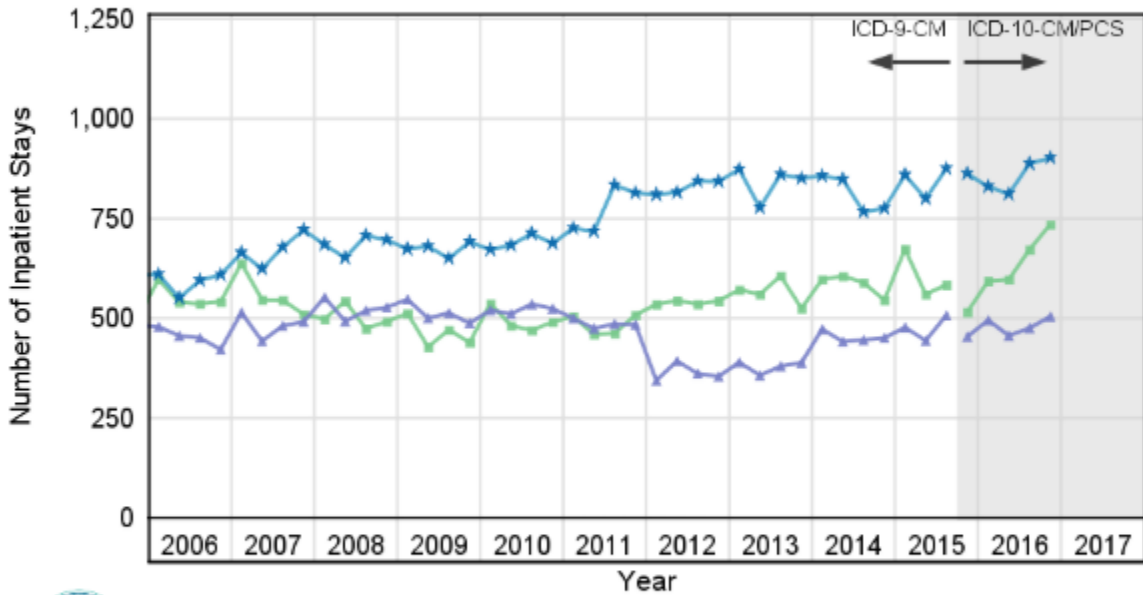
Pickens County fares better, ranking 11th in the state for prevalence and 9th for death rate (with 1st being best and 46th being worst).



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.



South Carolina: Diabetes Adult Inpatient Stays by Expected Payer
Medicaid and the Uninsured Combined



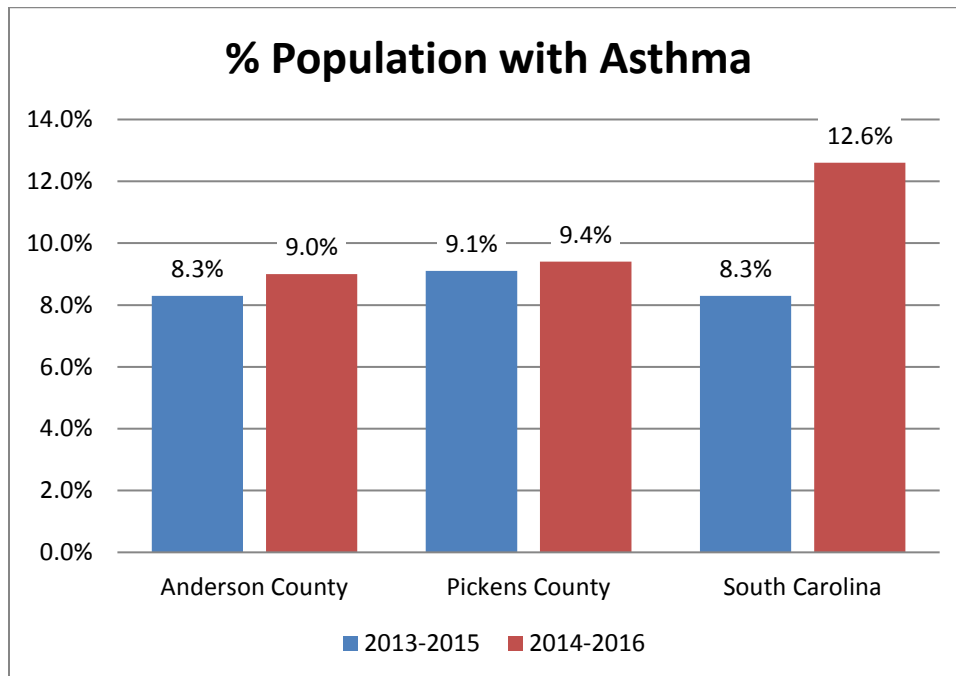
—★ Medicaid and Uninsured, age 19-64
—■ Medicare, age 65+
—▲ Private, age 19-64

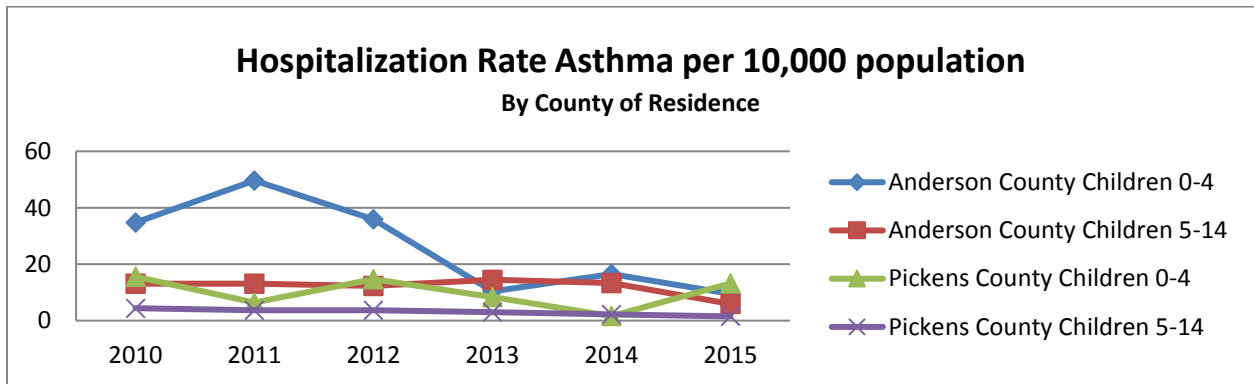
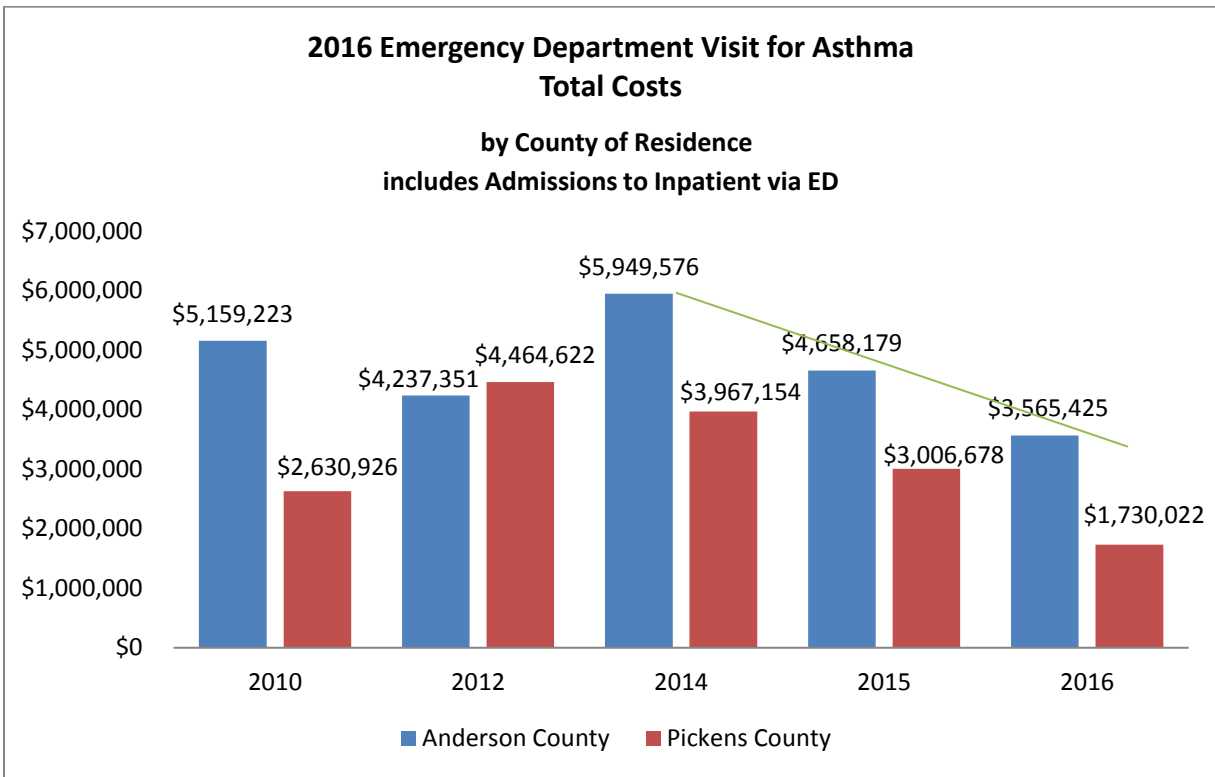
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) 2006-2016 (all available data as of 05/25/2018).

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 was estimated at approximately \$80 billion annually in medical expenses, missed work and school days and deaths.

Children are disproportionately affected by asthma. Asthma is the leading chronic disease among children and the leading reason for missed school days. In South Carolina, asthma and related conditions were the leading cause of children’s hospitalizations in 2013, with more than 2,900 admissions. The second leading cause, pneumonia, is diagnosed more frequently in children with asthma.





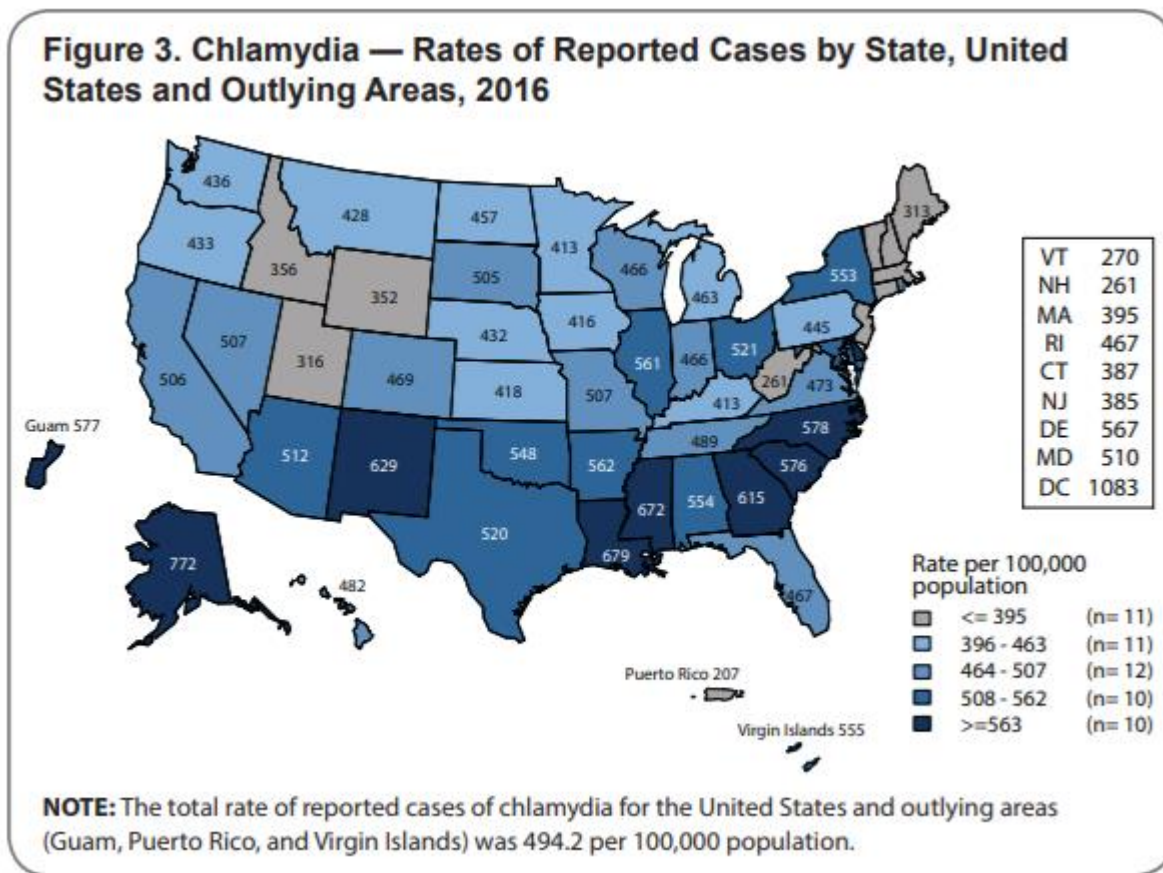
The rate for hospitalization due to asthma in children has declined in Anderson County. Anderson County rates now mirrors the lower rates of Pickens County, which have remained fairly steady over the past five years. In addition, costs related to ED visits and inpatient admissions through the ED for asthma have also seen a decline.

Sexually Transmitted Diseases

According to the 2016 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. The vast majority of those 2 million infections were chlamydia (1.6 million cases).

Syphilis infections are on the rise, jumping 18% from 2015. Syphilis infections saw a 36% increase among women, and a 28% increase among newborns, also known as congenital syphilis.

South Carolina ranks 7th in the nation for the most sexually diseased states in the Union behind Alaska, Mississippi, Louisiana, Georgia, New Mexico and North Carolina. Arkansas, Delaware, and Oklahoma round out the top ten.

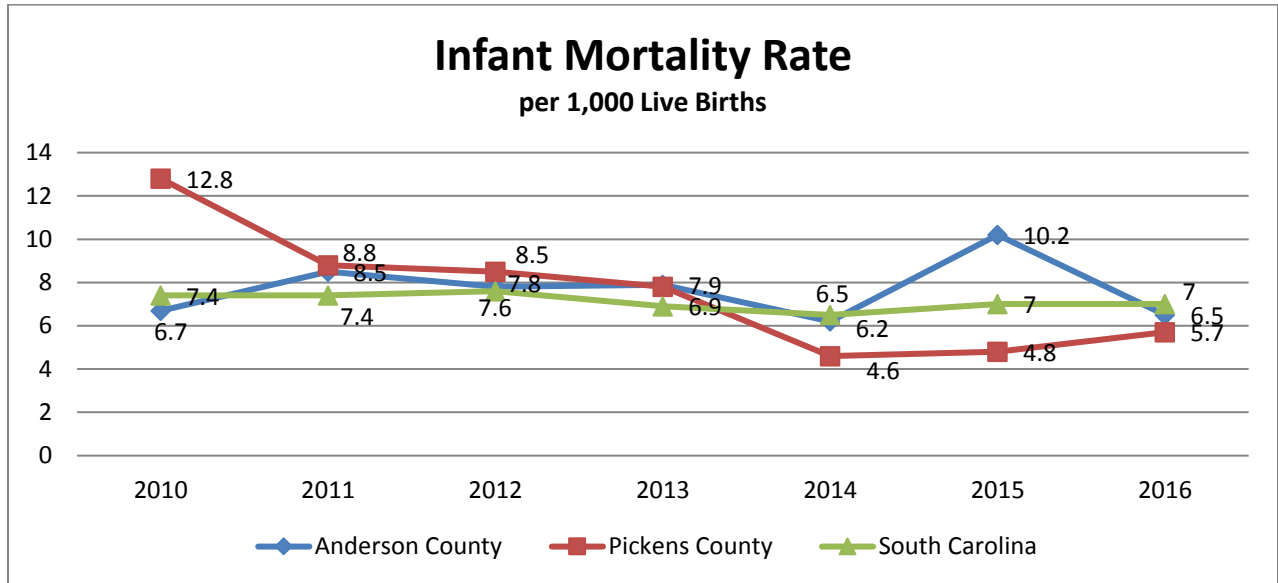


Source: 2016 CDC *Sexually Transmitted Disease Surveillance Report*

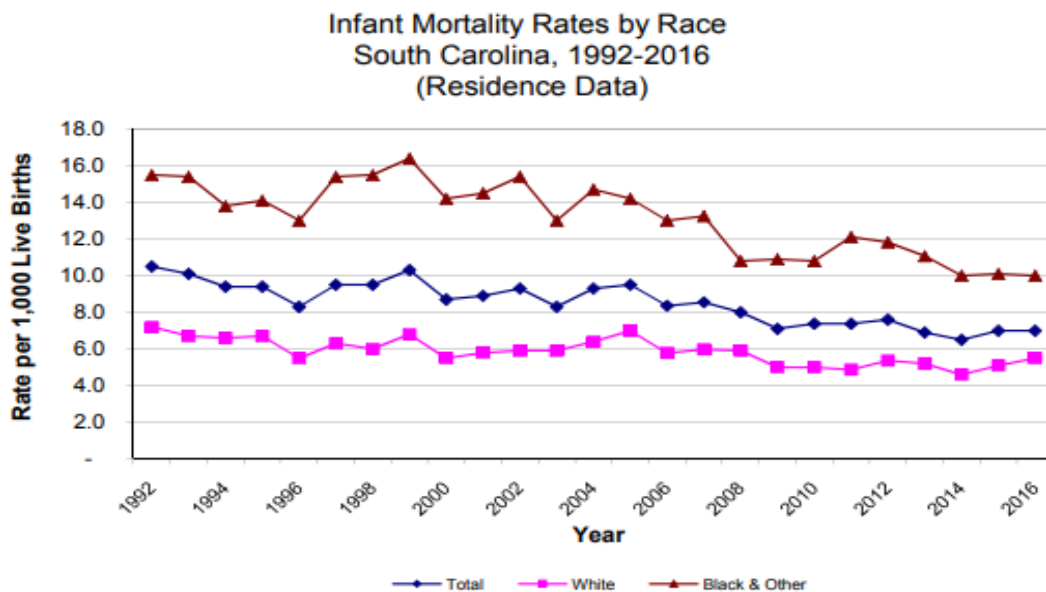
Infant Mortality

Infant mortality rates are important indicators 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 is currently lower than both the state and Anderson County. The Infant mortality rate in Anderson County in 2016 was 6.5 per 1000 live births and in Pickens County, 5.7. This is better than the state rate of 7.0. The Pickens County rate is also slightly better than the national rate of national rate of 5.9.



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.

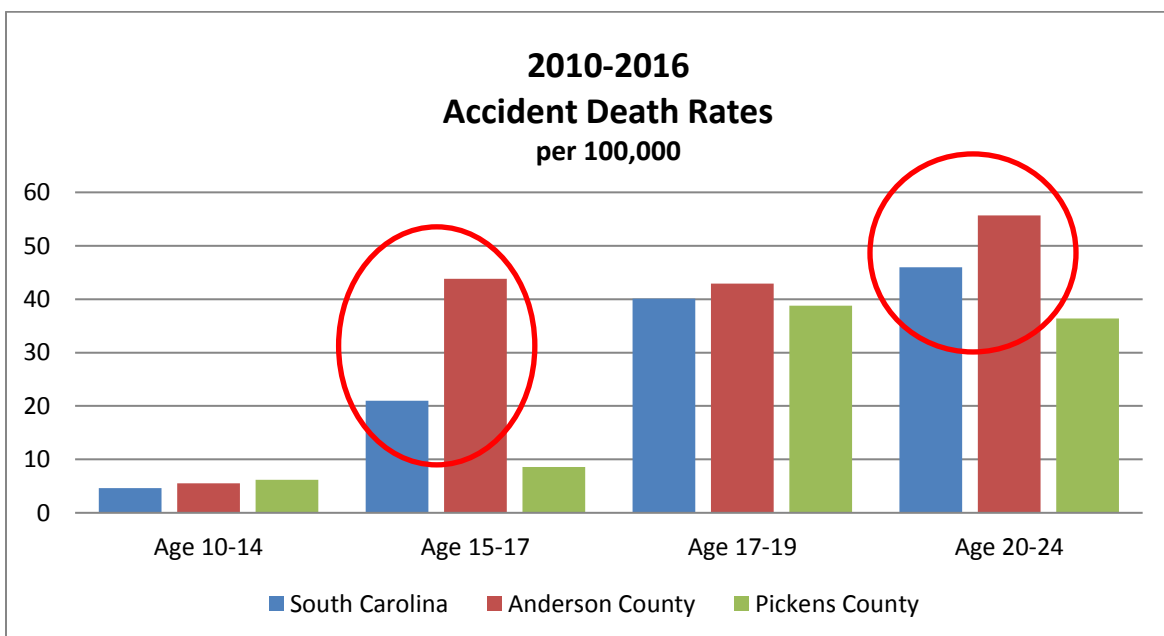


Anderson and Pickens Counties have a similar racial disparity in infant mortality rates as the state.

County Infant Mortality Rate by Race							
	2010	2011	2012	2013	2014	2015	2016
Pickens County White	10.5	8	8.4	8.5	5.1	4.4	5.4
Pickens County Black	34.5	20.8	11.8			12.3	12
Anderson County White	5.1	6.3	7	6.6	3.9	7.8	5.4
Anderson County Black	13.2	17.2	11.1	13.8	15.2	21.5	11.6

Leading Causes of Death for Children in South Carolina

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



Highway and Traffic Safety

The following information on motor vehicle accidents was reported in the 2017 Anderson County Community Indicators Report:

“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 2015 (latest year data available), there were 979 traffic fatalities in the State of South Carolina, an increase of 19% from 2014. In 2015, there were 58,604 reported traffic injuries. There was an increase of the death rate per mile driven to 1.89 deaths per hundred million vehicle miles traveled. Traffic collisions cost an economic loss of \$4.12 billion dollars in 2015.

Anderson County motor vehicle traffic collision ranking, fatal collision ranking, and injury collision ranking has been steady for the past 5 years, but are some of the highest in the state (rank: 1=highest rate, 46=lowest rate).”

Motor Vehicle Traffic Collision Anderson County 2011-2015					
	2011	2012	2013	2014	2015
Total collisions ranking by county	8	8	8	8	8
Fatal collisions ranking by county	6	6	7	4	9
Injury collisions ranking by county	8	8	8	9	9
Number of SC drivers licenses	142,812	144,195	146,346	148,366	151,044
Number of SC vehicle registrations	166,852	168,095	172,324	173,641	177,484
Motor vehicle death rate per 100,000	22.8	24.8	17.3	23.4	16.4
Economic loss (rounded to \$100,000)	\$ 119,203,400	\$ 129,836,400	\$ 115,096,700	\$ 156,228,800	\$ 149,663,000

Rank out of 46 counties

Health Outcomes Summary- Mortality and Morbidity

Anderson County

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) 463.9 (2011-2015)	460.1 (2005-2009) 455.9 (2008-2012) 451.1 (2011-2015)	465 (2005-2009) 453.8 (2008-2012) 441.2 (2011-2015)	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) 172.6 (2011-2015)	187.9 (2005-2009) 183.3 (2008-2012) 174.5 (2011-2015)	178.7 (2005-2009) 171.2 (2005-2009) 163.5 (2011-2015)	161.4	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) 166.2 (2014-2016)	187.5 (2007-2009) 181.5 (2011-2013) 177 (2014-2016)	185.2 (2007-2009) 171.6 (2011-2013) 167 (2014-2016)	103.4 (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) 44.1 (2014-2016)	50.9 (2007-2009) 46.5 (2011-2013) 45 (2014-2016)	40.5 (2007-2009) 37 (2011-2013) 37 (2014-2016)	34.8 (age adjusted to the 2000 standard)	SIMILAR	BETTER	WORSE
Diabetes Prevalence (HIW; CDC, SC County Profiles)	11.2%(2004-10) 12.0% (2010) 12.3% (2012) 14.9% (2014-16)	10.7% (2010) 10.6% (2012) 12.3%(2014-16)	8.3% (2011) 9.3% (2014) 9.4% (2015)	NA	WORSE	WORSE	WORSE
Years of Life Lost before age 75 (HIW)	9529.7 (2010) 9042.9 (2013) 9100 (2014-2016)	9074.6 (2010) 8189.7 (2013) 8300 (2014-16)	7082.9 (2010) 6605.3 (2013)	NA	SIMILAR	WORSE	N/A
Physically Unhealthy Days (County Health Rankings, BRFSS)	4.1 (2004-10) 3.7 (2010) 4.1 (2012) 4.0 (2016)	3.8 (2010) 3.8 (2012) 4.2 (2016)	3.5 (2010) 3.9 (2013) 3.8 (2016)	NA	SIMILAR	SIMILAR	SIMILAR
Fair or Poor Health (County Health Rankings, BRFSS)	19.1% (2004-10) 19.9% (2010) 18.9% (2012) 18% (2016)	17.6% (2010) 17.1% (2012) 19% (2016)	14.9% (2010) 17.9% (2013) 16.4% (2016)	NA	BETTER	BETTER	WORSE
Infant Mortality (per 1000) (SC DHEC)	6.7 (2010) 7.9 (2013) 6.5 (2016)	7.4 (2010) 6.9 (2013) 7.0 (2016)	7.0 (2010) 6.0 (2013) 5.9 (2016)	6.0	BETTER	BETTER	WORSE

Pickens County

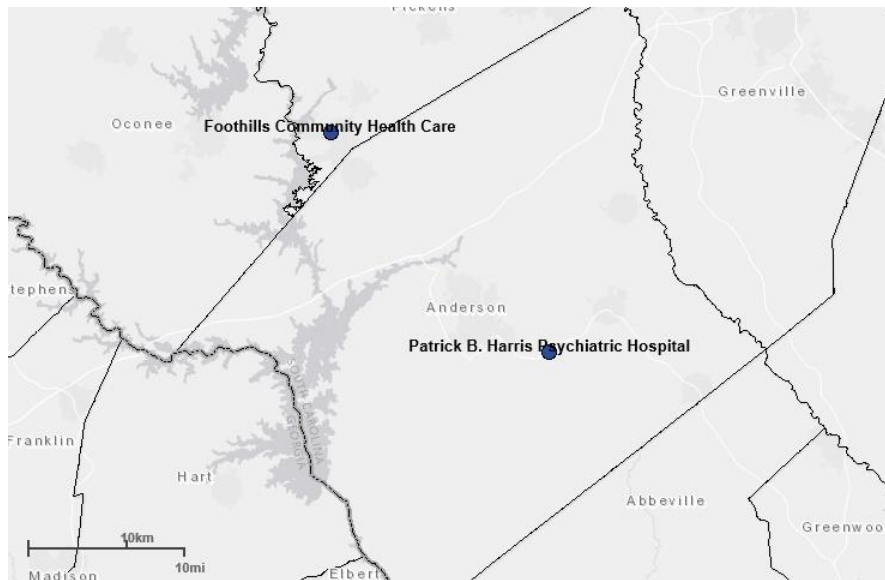
Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare	
					State	Nation
Cancer Incidence Per 100,000 (National Cancer Institute State Cancer Profiles)	474.2 (2011-2015)	460.1 (2005-2009) 455.9 (2008-2012) 451.1 (2011-2015)	465 (2005-2009) 453.8 (2008-2012) 441.2 (2011-2015)	NA	WORSE	WORSE
Cancer Mortality Per 100,000 (National Cancer Institute State Cancer Profiles)	160.6 (2011-2015)	187.9 (2005-2009) 183.3 (2008-2012) 174.5 (2011-2015)	178. (2005-2009) 171.2 (2005-2009) 163.5 (2011-2015)	161.4	BETTER	BETTER
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	193.4 (2014-2016)	187.5 (2007-2009) 181.5 (2011-2013) 177 (2014-2016)	185.2 (2007-2009) 171.6 (2011-2013) 167 (2014-2016)	103.4 (age adjusted to the 2000 standard)	WORSE	WORSE
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	41.7 (2014-2106)	50.9 (2007-2009) 46.5 (2011-2013) 45 (2014-2016)	40.5 (2007-2009) 37 (2011-2013) 37 (2014-2016)	34.8 (age adjusted to the 2000 standard)	BETTER	WORSE
Diabetes Prevalence (HIW; CDC, SC County Profiles)	12.1% (2014-2016)	10.7% (2010) 10.6% (2012) 12.3% (2014-2016)	8.3% (2011) 9.3% (2014) 9.4% (2015)	NA	SIMILAR	WORSE
Years of Life Lost before age 75 (County health Rankings)	8300 (2014-2016)	9074.6 (2010) 8189.7 (2013) 8300 (2014-2016)	7082.9 (2010) 6605.3 (2013) ---	NA	SIMILAR	N/A
Physically Unhealthy Days (County Health Rankings, BRFSS)	4.1 (2016)	3.8 (2010) 3.8 (2012) 4.2 (2016)	3.5 (2010) 3.9 (2013) 3.8 (2016)	NA	SIMILAR	SIMILAR
Fair or Poor Health (HIW – BRFSS)	17% (2016)	17.6% (2010) 17.1% (2012) 19% (2016)	14.9% (2010) 17.9% (2013) 16.4% (2016)	NA	BETTER	WORSE
Infant Mortality (per 1000) (SC DHEC)	5.7 (2016)	7.4 (2010) 6.9 (2013) 7.0 (2016)	7.0 (2010) 6.0 (2013) 5.9 (2016)	6.0	BETTER	BETTER

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

Mental Health and Substance Abuse

Mental Health

Similar to the last two Community Health Needs Assessment, Anderson and Pickens County continue to be designated as Health Professional Shortage Area in Mental Health for low-income populations by the US Department of Health and Human Resources. The last designation was completed in October 2017.

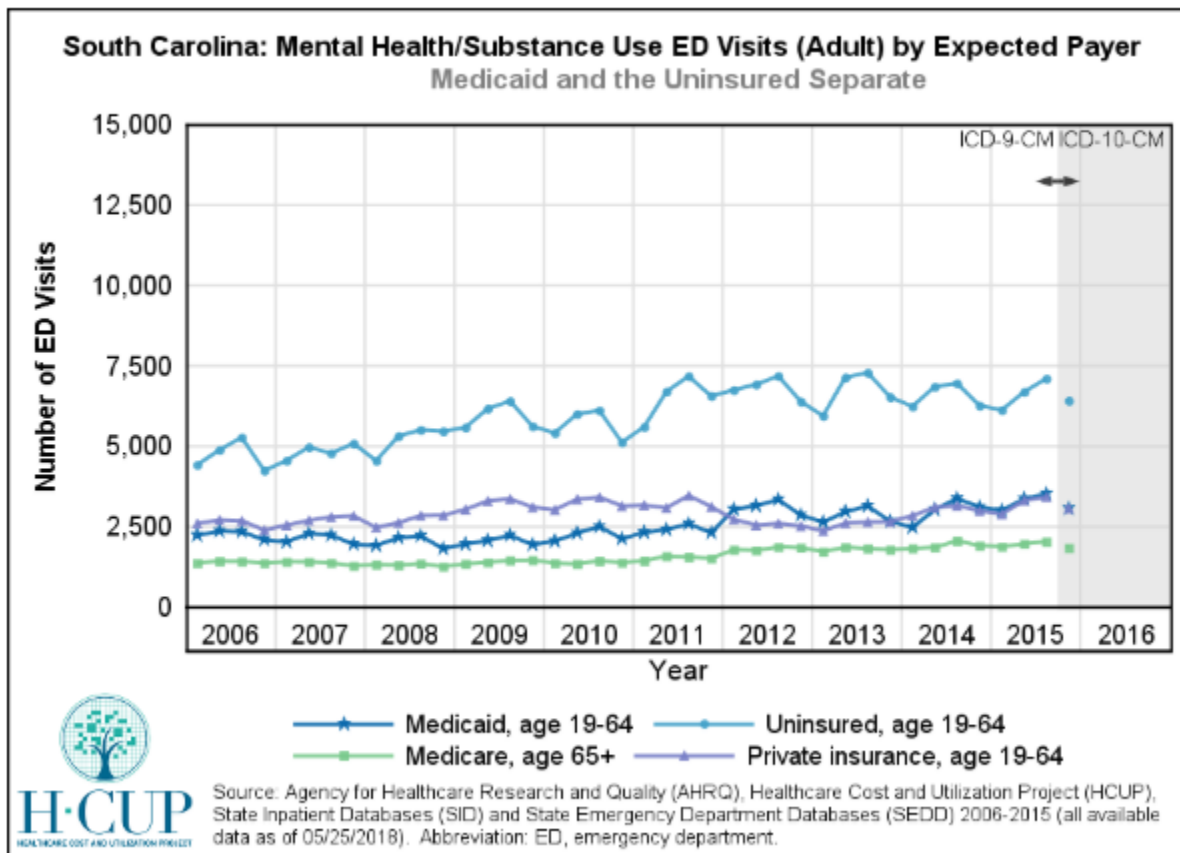


There are 2 Substance Abuse and Mental Health Services Administration (SAMHSA) facilities in Anderson and Pickens.

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.

According to the 2017 Anderson County Indicators Report conducted by the Upstate Metropolitan Studies Institute, “the best gage of mental health morbidities and access to treatment is the number of visits to Anderson County hospital emergency departments for mental health diagnoses, and the disposition of those visits. *Note: because these morbidities include substance use diagnoses, they are referred to collectively as “behavioral health.”* High rates of visits to emergency departments for behavioral health diagnoses indicate that preventative or outpatient options may not be available or sufficient. Anderson County had an increase in visits to the ED for behavioral health by all payer sources from 2011 to 2015 and, not surprisingly, the average charges have increased for all payer sources since 2011. “

ED Visits for Behavioral Health Anderson County 2012 & 2015						
Payer Source	# of Visits		Total Charges		Average Charge	
	2011	2015	2011	2015	2011	2015
Commercial/HMO	400	486	\$ 995,567	\$ 1,755,590	\$ 2,282	\$ 3,270
Medicaid	452	608	\$ 982,127	\$ 1,989,252	\$ 1,923	\$ 3,000
Medicare	541	726	\$ 1,466,764	\$ 3,120,129	\$ 2,418	\$ 3,674
Self/Indigent	960	850	\$ 2,698,684	\$ 3,777,130	\$ 2,578	\$ 4,081
Total	2,353	2,670	\$ 6,143,142	\$ 10,642,101		



According to Mental Health of America State Rankings Report, South Carolina ranks 50th for mental health care access (with 1 being best and 51st being worst).

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

Suicide

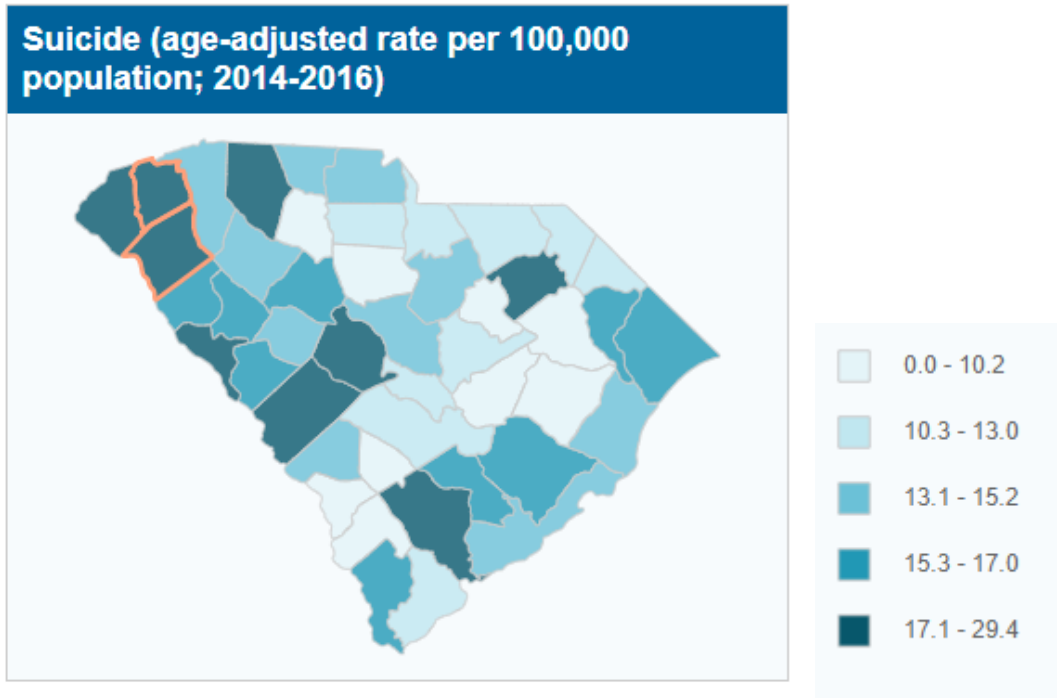
Another indicator that may help gauge mental health in a community is the amount of suicide and intentional self-inflicted injury visits. Emergency Department visits for attempted suicide/intentional self-inflicted have increased significantly since 2010.

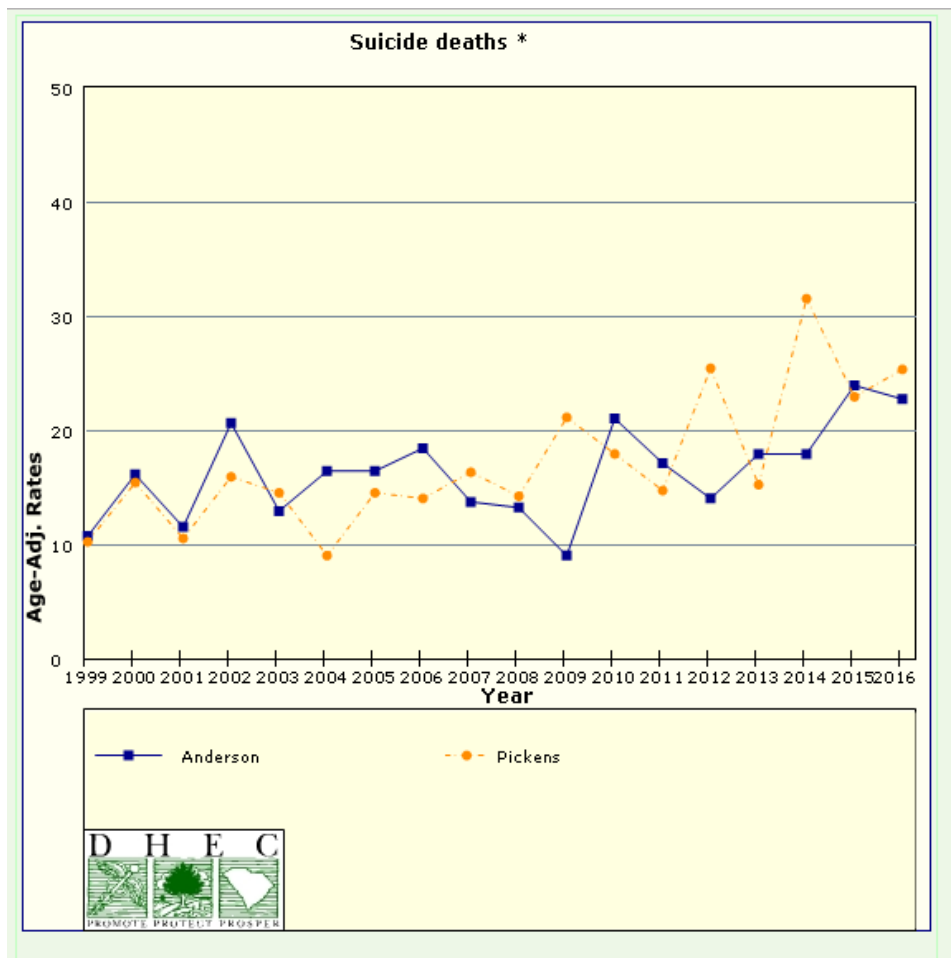
Analysis of Emergency Department Visits by Selected Characteristics Includes Admissions to Inpatient via ED Suicide/Intentional Self-Inflicted

Anderson County		Pickens County	
Visits 2010	Visits 2016	Visits 2010	Visits 2016
40	298	51	317

By County of residence

In addition, Anderson and Pickens Counties rank among the highest in the state for suicides.

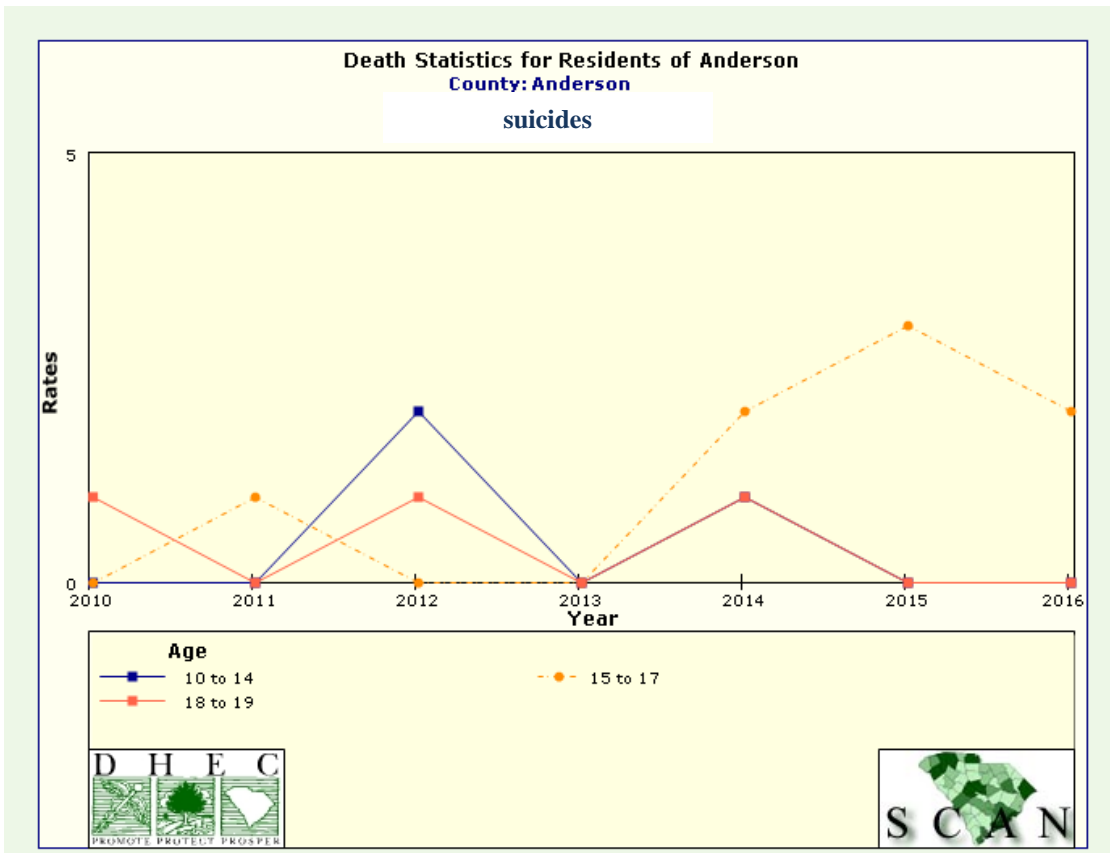




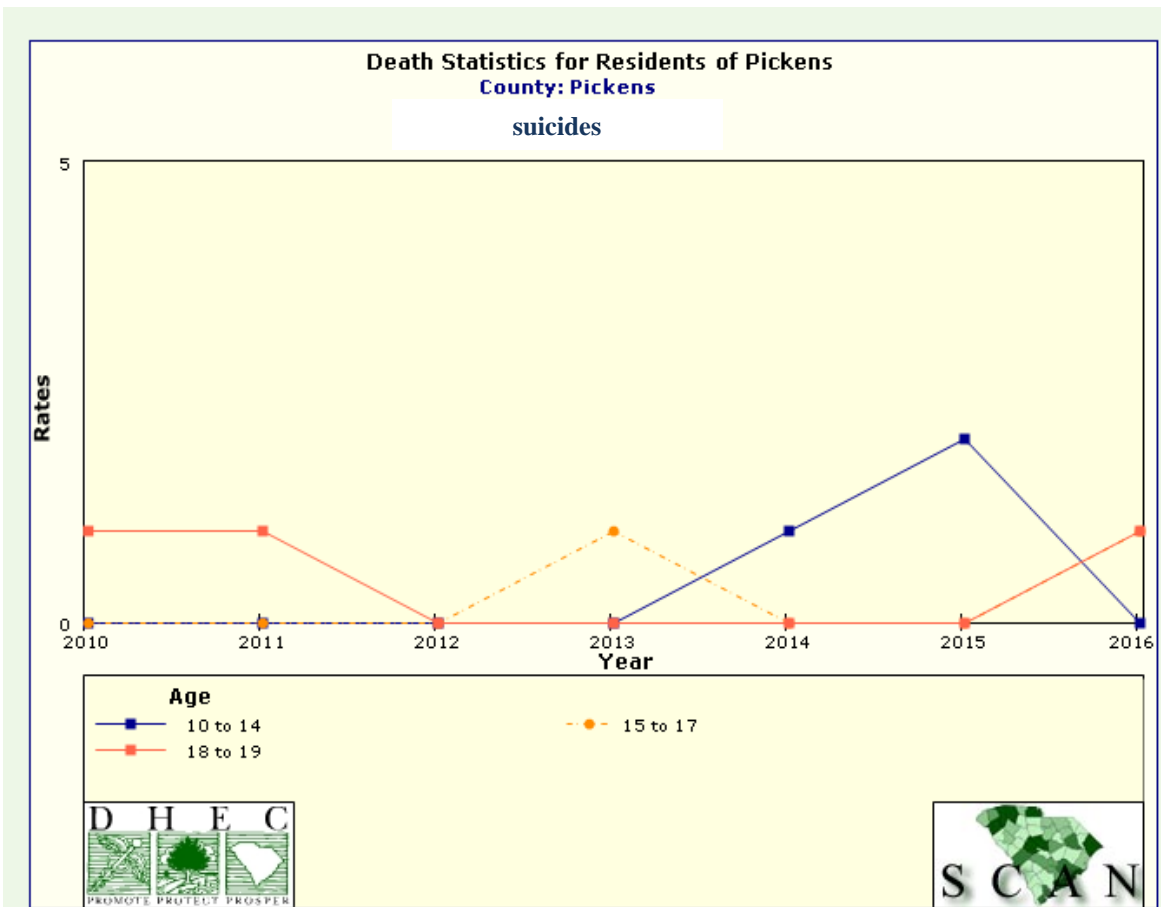
Suicide Among Youth

In 2017, through the Youth Risk Behavioral Survey, 33.2% of 9th-12th graders in South Carolina reported that they have felt “so sad or hopeless almost every day for two weeks or more in a row” that they “stopped doing some usual activities”. This represents an increase since 2005, when 28.6% responded they felt this way. Females were more likely to report feeling sad or hopeless for more than 2 weeks (43%) than males (22%).

Similar increases have been reported when high school students were asked if they have ever “seriously considered attempting suicide”. In 2005 approximately 15% answered yes and in 2017, 19% 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.



* Per 100,000



* Per 100,000

ANDERSON

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How Do We Compare		
					Past	State	Nation
Suicides (HIW, SC SCAN, CDC)	16.2 (2002-08) 13.3 (2008) 17.8 (2013) 23.9 (2016)	12.1 (2008) 14.6 (2013) 16.5 (2016)	11.3 (2007) 13.0 (2013) 13.5 (2016)	10.2	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)	3.9 (2010) 3.7 (2012) 4.4 (2016)	3.6 (2010) 3.7 (2013) 3.7 (2016)	NA	WORSE	SIMILAR	WORSE

PICKENS

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How Do We Compare	
					State	Nation
Suicides (HIW, SC SCAN, CDC)	18.5 (2010) 15 (2013) 26.9 (2016)	12.1 (2008) 14.6 (2013) 16.5 (2016)	11.3 (2007) 13.0 (2013) 13.5 (2016)	10.2	WORSE	WORSE
Mentally Unhealthy Days reported in the last 30 days (HIW, County Health Rankings)	4.4 (2016)	3.9 (2010) 3.7 (2012) 4.4 (2016)	3.6 (2010) 3.7 (2013) 3.7 (2016)	NA	SIMILAR	WORSE

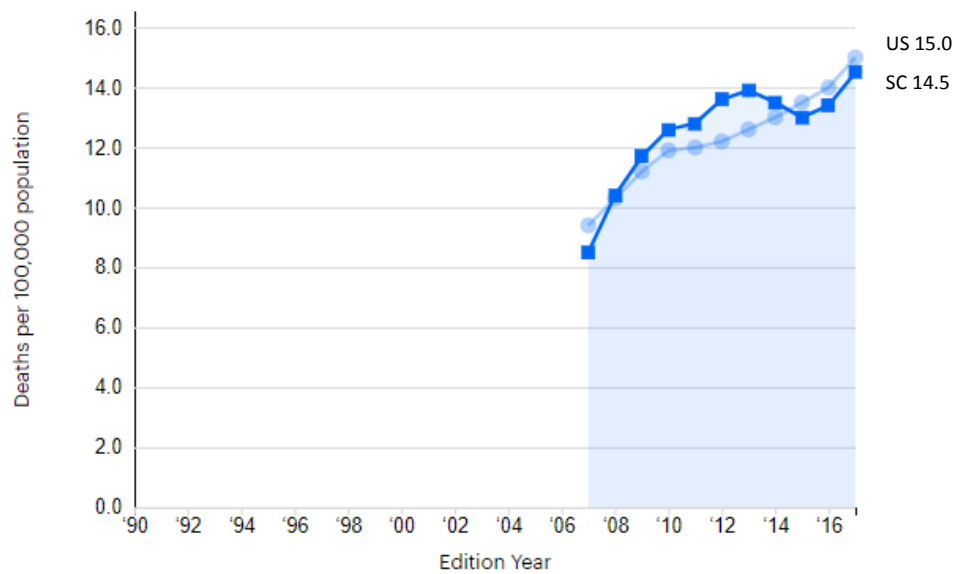
Drug Use

The National Survey on Drug Use and Health (NSDUH) provides 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. In the most recent 2015-2016 survey, 8.4% of South Carolina residents reported using illicit drugs in the past month, similar to the percentage in 2010, which was 8.88%. Nationally, 10.57 % US residents reported using illicit drugs in the past month up from 8.82% in 2010. Additionally, 3.77% of South Carolina residents reported using an illicit drug other than marijuana in the past month (the national average was 3.5%).

Drug-Induced Deaths

The rate of drug deaths in South Carolina and in the US have been on the rise. In 2017, the rate for South Carolina was 14.5, and the national rate was 15.0.

Trend: Drug Deaths, South Carolina, United States



Source:

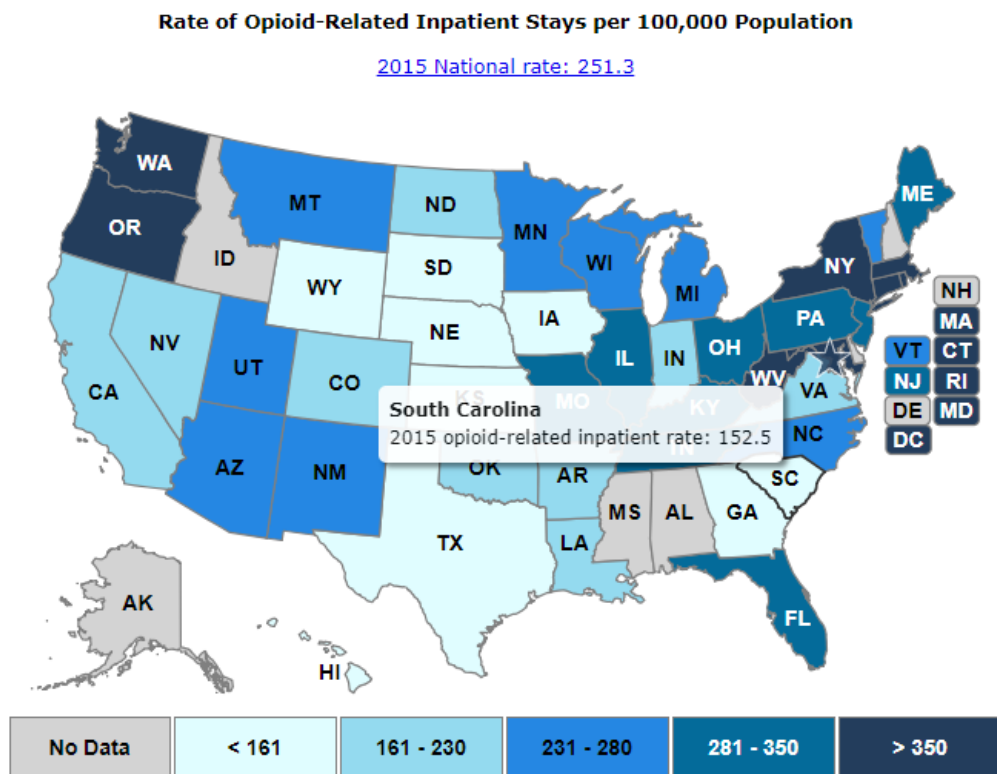
- CDC, National Vital Statistics System

According to the 2017 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 drug and alcohol use.

Anderson County has had an increase in the number of ED visits for nondependent use of drugs since 2010. Nondependent use of drugs is the use/abuse of other drugs not defined by other ED visit classifications (alcohol, etc.). This increase in the nondependent use of drug ED visits mirrors the national trend. This is also similar to the trend observed statewide.

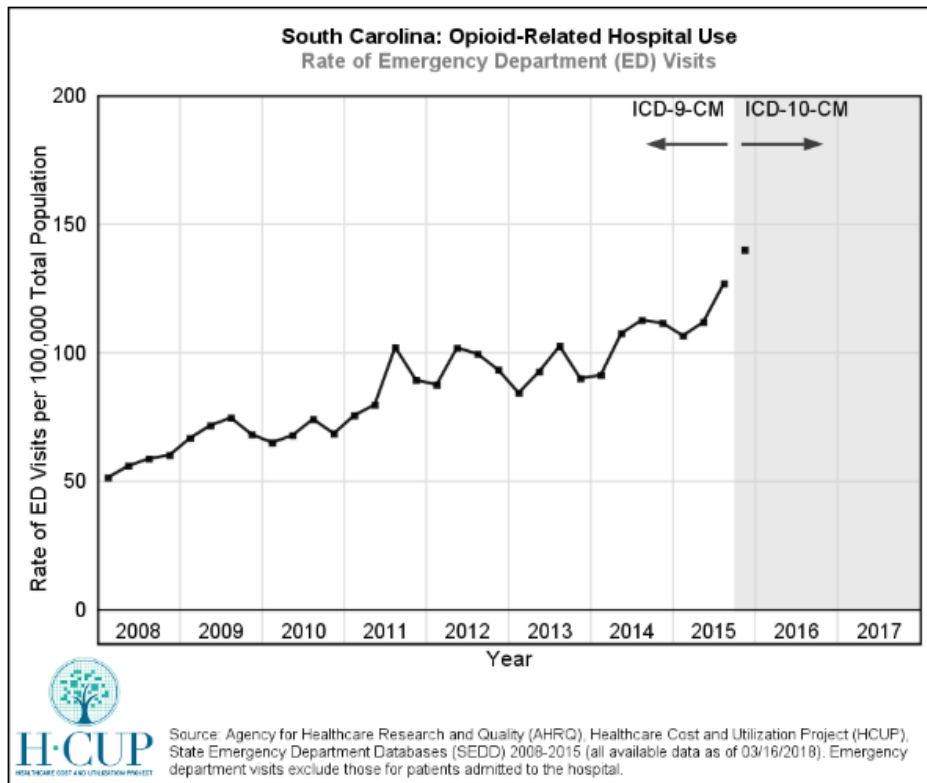
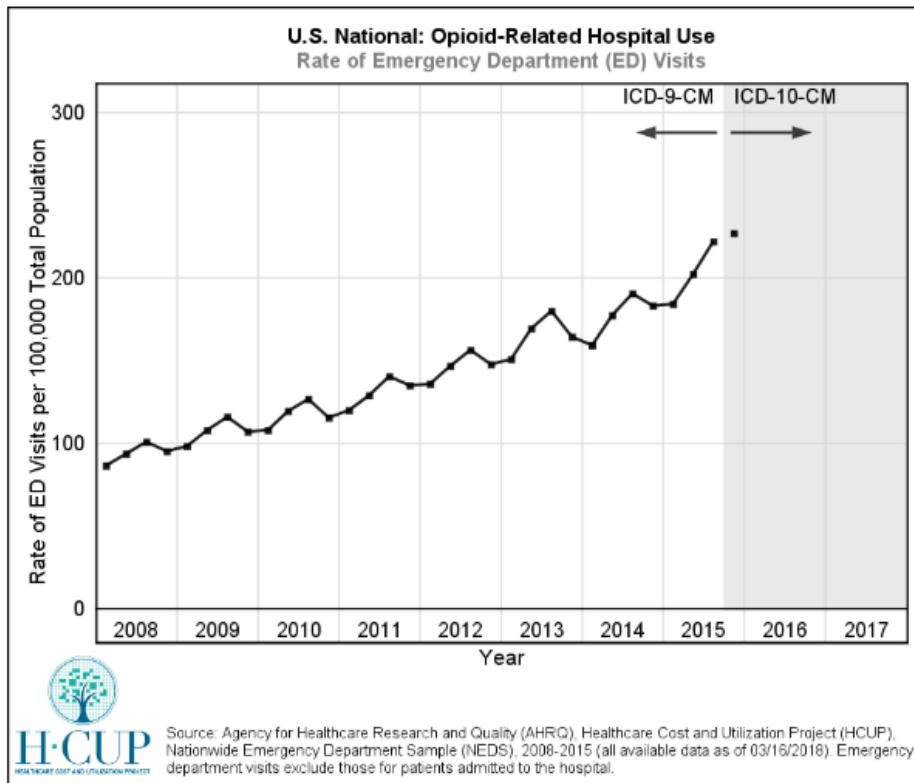
ED Visits (Including admissions to Inpatient via ED) Anderson County 2010-2015						
	2010	2011	2012	2013	2014	2015
Alcohol Dependence Syndrome	72	43	61	83	103	108
Drug Dependence	35	24	26	22	30	21
Nondependent Use of Drugs	366	474	387	282	572	574

Nationwide, there has been much concern regarding the increase 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 (2015).



Inpatient stays include those admitted through the emergency department.
States are classified into five categories which were defined based on an equal grouping of States in 2015.
Data Notes & Methods and Data Export options are available within the [data exploration tool](#).

Sources: 2017 Anderson County Indicators Report, Upstate Metropolitan Studies Institute ; South Carolina Revenue and Fiscal Affairs Office, Health Utilization Online Query System, ED Reports ; 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/>

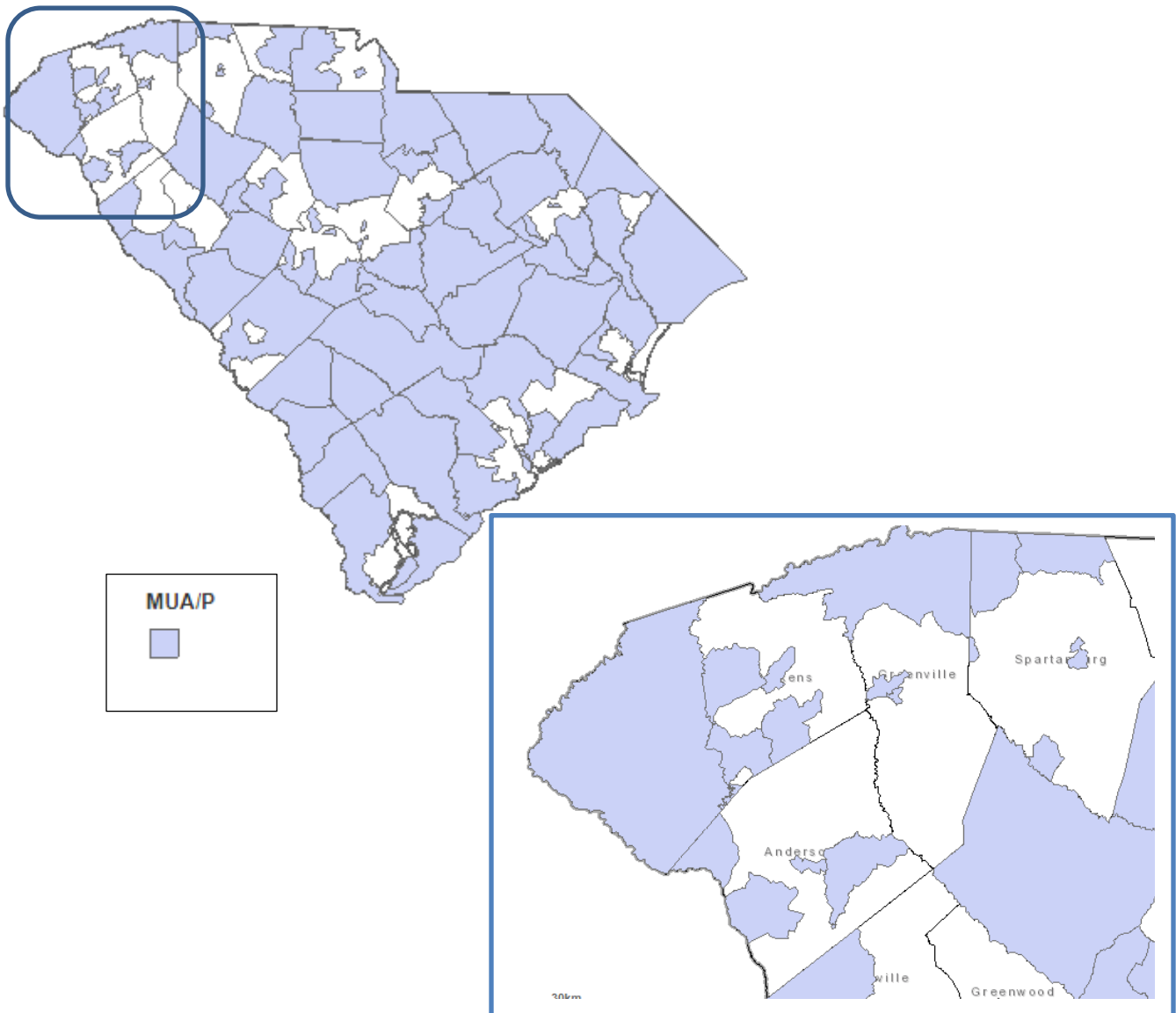
Health Services – Preventive Clinical and Access

Health Professional Shortage Areas

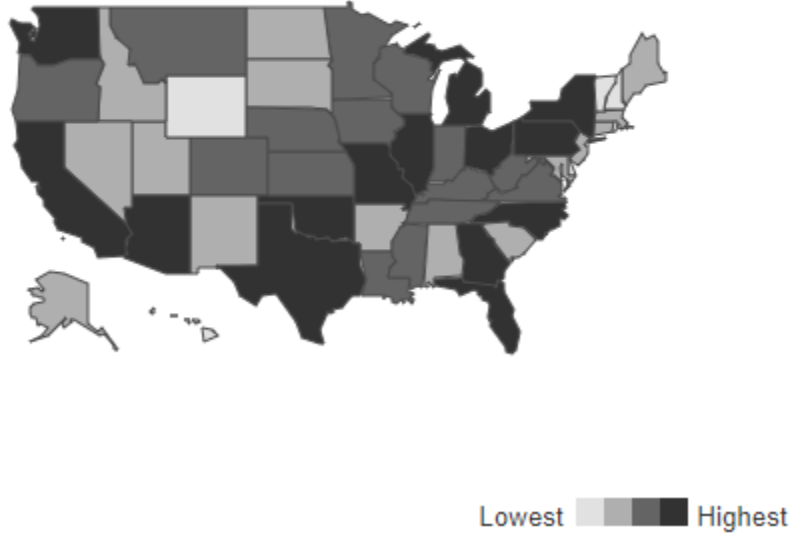
The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, reviews and classifies Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas, population groups, or health care facilities that have been designated by HRSA as having 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. The Federal government uses HPSAs, MUAs and MUPs to determine eligibility for a number of government programs. 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.

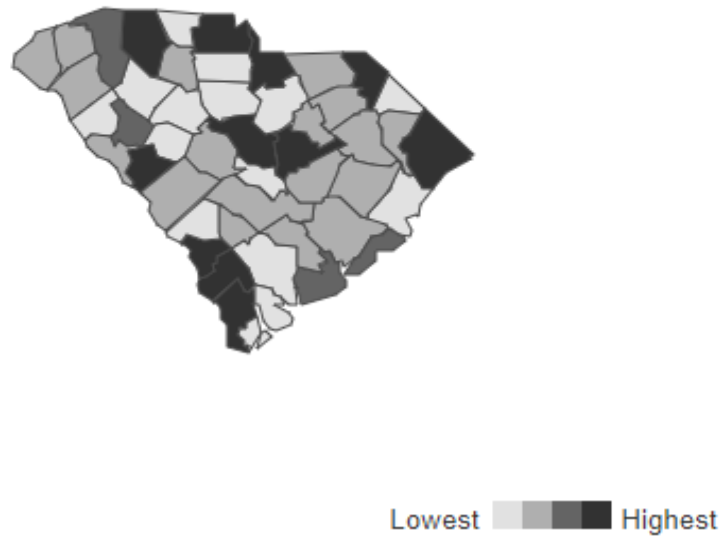
2017 reports designate Anderson County and Pickens County with some areas classified as MUA/Ps, however, in general, Anderson and Pickens have fewer MUA/P designations than the rest of the state.



Health Professional Shortage Areas by Geographic Area - Total



Health Professional Shortage Areas by Geographic Area - South Carolina



Parts of Anderson County and Pickens County have also been designated as dental shortage area for low-income populations. Dental shortage areas are given a priority rank of 0-26, with 26 being highest priority. Anderson's priority rank is 15 and in Pickens' is 13.

Person to Provider Ratios

The persons to everyone primary care physician and dentist is higher in Anderson and Pickens than other parts of the state. However, the person to mental health provider ratio in Anderson County is lower than that of Pickens County and the State. Across all categories, there appears to be improvement on the number of providers per person.

	Anderson County		Pickens County		South Carolina	
	2014	2018	2014	2018	2014	2018
Primary Care Physicians	1,653:1	1,500:1	1,573:1	1,560:1	1,535:1	1,480:1
Dentists	2,630:1	2,370:1	2,137:1	1,950:1	2,068:1	1,890:1
Mental Health Providers	709:1*	620:1	1,235:1*	1,050:1	773:1*	640:1

*2015 data

Health Care Access

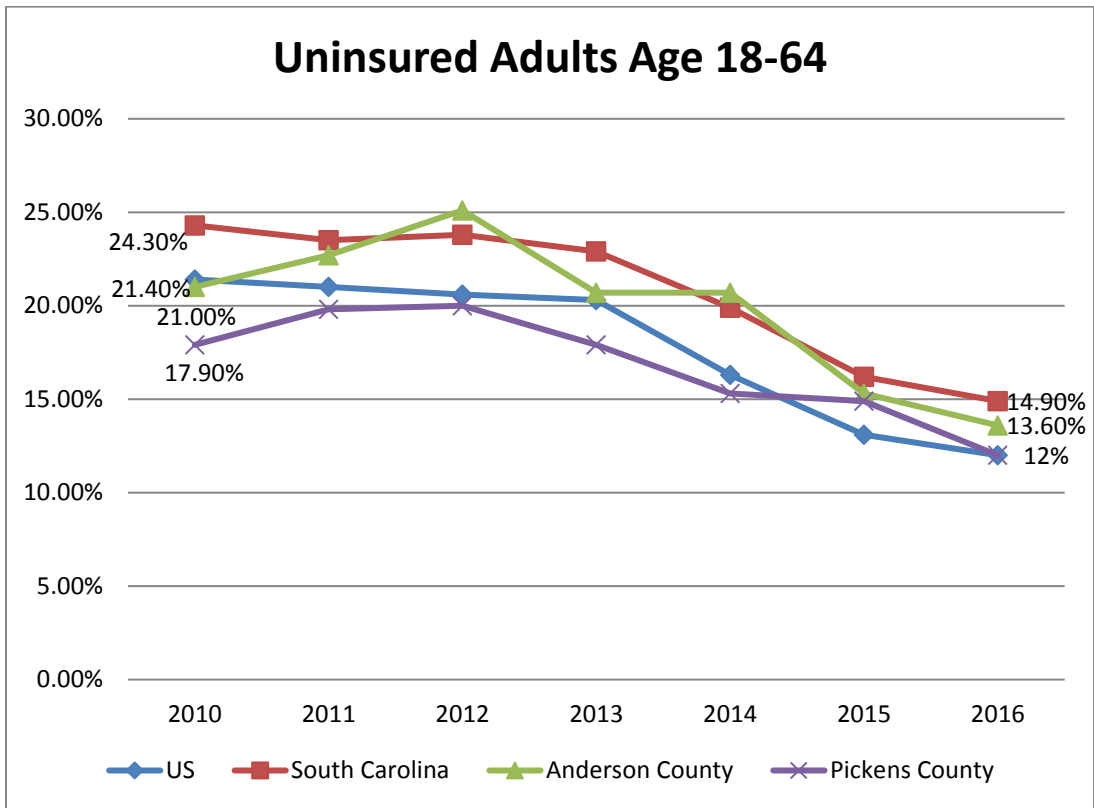
Uninsured

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 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 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

Since 2010, there has been a significant downward trend in the uninsured rates across the nation, state and Anderson and Pickens Counties.



Usual Primary Care Provider & Delay of Care

Individuals who have identified a usual primary care provider are more likely to get routine medical screenings. 75.2% in Pickens County and 80.5% in Anderson County report have a personal doctor or healthcare provided. This is better than the state measure of 70.1%.

Through the South Carolina Behavioral Risk Factor Surveillance System (2011-2016), 18.27% adults in South Carolina, 18.33% in Anderson County and 15.73% 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.

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

Includes Admissions to Inpatient via ED

	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

Preventative Clinical

Anderson County:

- Decrease in mammogram screenings, but still higher percentage of women screened than the state and nation
- Flu vaccines have decrease, but still a higher percentage of individuals are receiving the vaccine than the state and nation
- Improvements in percentage of individuals receiving the Pneumococcal vaccine, has higher percentages than the state, and similar to those nationwide

Pickens County:

- Percent of women receiving mammograms is lower than in Anderson and the nation, but similar to the state
- Lower percentage of individuals receiving the flu vaccine than Anderson, the state and nation
- The percentage of individuals receiving the Pneumococcal vaccine is similar to Anderson and the nation, and is high than the state

ANDERSON COUNTY

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past	State	Nation
Cholesterol check (w/in last 5 years) (SC DHEC, HIW, CDC BRFSS)	76.9% (Region I, 2010) 83.1% (Region I, 2013) ---	77.3% (2010) 81.8% (2013) 79.0% (2015)	74.6% (HIW, 2008) 77.7% (2015)	82.1%	N/A	N/A	N/A
Colorectal screening based on guidelines (HIW, CDC BRFSS) *Different measure	70.4%* (2010) 70.1%* (2006-2012) ---	63.3%* (2010) 62.9%* (2006-2012) 69.6% (2016)	59% (2010) 58.2% (2013) 67.7% (2016)	70.5%	N/A	N/A	N/A
Mammogram age 40+ based on guidelines (HIW, CDC BRFSS)	79.8%* (2004-2010) 80.5%* (2010) 78.1%* (2006-2012) 72% Anderson (2017)	79.7%* (2010) 77.9%* (2006-2012) 71.3% (2016)	72.4% (2010) 72.6% (2012) 72.5% (2016)	81.1%	WORSE	SIMILAR	SIMILAR
Flu vaccine 65+ (CDC BRFSS, SC DHEC)	70.9% (2004-2010) 79.9% (2010) 64.7% (2014-16)	67.4% (2010) 65.3% (2013) 62% (2016)	67% (HP 2020) 61.2% (2013) 58.6% (2016)	90%	WORSE	BETTER	BETTER
Pneumococcal vaccine (HIW; CDC BRFSS)	69.6% (2004-2010) 69.7% (2008-2010) 72.3% (2006-2012) 73.1% (2014-2016)	68.7% (2008-2010) 67.7% (2006-2012) 71.4% (2016)	59.7% (2010) 59.9% (2011) 73.5% (2016)	90%	BETTER	BETTER	SIMILAR
Health Care Access							
Uninsured Age 18-64 (ACS 1-year estimate)	21% (2010) 21.7% (2013) 15.3% (2015) 13.6% (2016)	24.3% (2010) 22.9% (2013)	21.4% (2010) 20.3% (2013)	100% covered	BETTER	BETTER	WORSE

		16.2% (2015) 14.9% (2016)	13.1% (2015) 12.0% (2016)				
Physician use delayed due to cost (HIW; CDC BRFSS)	15.0% (2004-2010) 16.5% (2010) 18.2% (2006-2012) 18.3% (2011-2016)	17.1% (2010) 16.5% (2006-2012) 18.2% (2011-2016)	15.6% (2011) 12% (2016)	9.0%	SIMILAR		N/A
Usual Primary Care Provider (HP 2020, CDC BRFSS)	N/A = Current data not available for a direct comparison. 80.5% (2011- 2016)	73.3% (2016)	76.3% (2007) 77.3% (2011) 70.9% (2016)	83.9% (HP 2020)	N/A	N/A	N/A

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

PICKENS COUNTY

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare	
					State	Nation
Cholesterol check (w/in last 5 years) (SC DHEC, HIW, CDC BRFSS)	76.9% (Region I, 2010) 83.1% (Region I, 2013) ----	77.3% (2010) 81.8% (2013) 79.0% (2015)	74.6% (HIW, 2008) 77.7% (2015)	82.1%	N/A	N/A
Colorectal screening based on guidelines (HIW, CDC BRFSS) *Different measure	----	63.3%* (2010) 62.9%* (2006-2012) 69.6% (2016)	59% (2010) 58.2% (2013) 67.7% (2016)	70.5%	N/A	N/A
Mammogram age 40+ based on guidelines (HIW, CDC BRFSS) *Different measure	71% (2017)	79.7%* (2010) 77.9%* (2006-2012) 71.3% (2016)	72.4% (2010) 72.6% (2012) 72.5% (2016)	81.1%	SIMILAR	WORSE
Flu vaccine 65+ (CDC BRFSS, SC DHEC)		67.4% (2010) 65.3%	67% (2010) 61.2%	90%	WORSE	WORSE

	56.9% (2014-16)	(2013) 62% (2016)	(2013) 58.6% (2016)			
Pneumococcal vaccine (HIW; CDC BRFSS)	73.9% (2014-16)	68.7% (2008-2010) 67.7% (2006-2012) 71.4% (2016)	59.7% (2010) 59.9% (2011) 73.5% (2016)	90%	BETTER	SIMILAR
Health Care Access						
Uninsured Age 18-64 (ACS 1-year estimate)	17.9% (2010) 14.9% (2013) 14.9% (2015) 12.0% (2016)	24.3% (2010) 22.9% (2013) 16.2% (2015) 14.9% (2016)	21.4% (2010) 20.3% (2013) 13.1% (2015) 12.0% (2016)	100% covered	BETTER	SIMILAR
Physician use delayed due to cost (HIW; CDC BRFSS)	15.73% (2011-2016)	17.1% (2010) 16.5% (2006-2012) 18.2% (2011-2016)	15.6% (2011) 12% (2016)	9.0%	BETTER	N/A
Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare	
					State	Nation
Usual Primary Care Provider (HP 2020, CDC BRFSS)	75.2% (2011- 2016)	73.3% (2016)	76.3% (2007) 77.3% (2011) 70.9% (2016)	83.9%	N/A	N/A

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

Community Feedback— Focus groups

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

- * Public Health Officials – Pickens and Anderson (3 groups)
- * Employer Group – Anderson and Pickens combined
- * Health and Human Service & Safety Net Providers – Pickens and Anderson (3 groups)
- * Community Neighborhood Group – Anderson City
- * Community Group – Belton
- * Senior 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 98 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><u>Healthy</u></p> <ul style="list-style-type: none"> • Parks, recreation opportunities, walking tracks, Doodle Trail , the Connector, farmers markets, ESMM, Clemson nutrition, summer feeding programs, snackpack • Overall quality of health system is good • More healthcare options than there used to be • More people making more of an effort to exercise and eat healthy • More food labels at fast food restaurants, stores, etc. • Have a lot of social services in the community <p><u>Not Healthy</u></p> <ul style="list-style-type: none"> • Low income families challenged with access to recreation and healthy foods • Lack of education around how to prepare healthy meals, healthy lifestyles, etc. • Parenting • Rural areas don't have as much access to healthy options and recreation • Lack of mental health services • More substance abuse 	<ul style="list-style-type: none"> • Mental Health • Cancer • Diabetes • Substance Abuse • Obesity • Hypertension • Heart Disease • Alzheimer's/Dementia 	<ul style="list-style-type: none"> • Mental health/behavioral issues • Obesity • Substance Abuse • STD's • Asthma • Diabetes 	<ul style="list-style-type: none"> • Transportation (particularly rural areas) • Low SES – healthy foods and recreational opportunities are not affordable/ accessible for some segments of population • Education on healthy lifestyle and diabetes control • Parenting • Motivation • Older population not as much trust of health providers • Cancer screenings – people don't go because of time/convenience, insurance may not cover the screening, or they don't want to know the results
<p>Other/Misc.</p>	<p>Basic Health Care- Where to people go?</p>	<p>Gaps in Services</p>	<p>Barriers to Healthcare</p>
<ul style="list-style-type: none"> • Would like more mobile unit services in community, rural areas, at churches and at workplaces (cancer screens, check-ups, education) • Misuse of ER is still prevalent for the uninsured and underinsured • More people have insurance, but insurance now if more expensive, co-pays and deductibles higher, insurance doesn't cover as much, so people still going without care because of costs • Access to insurance has improved with ACA, however, it is starting to get harder to get 	<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, • AnMed – physician groups, pediatrics, hospital services • There is a general recognition in the community that Anderson and Pickens have many more options for care now 	<ul style="list-style-type: none"> • Mental health- adult and children • Hard to get in to a primary care physician, if you are not a patient there are either no spots or it is weeks before a new patient spot is open • Specialists – (mental health, endocrinology, neurology) • Dental health 	<ul style="list-style-type: none"> • Hard to get appoints, especially for primary care • Transportation • Cost even with insurance

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

1. There is an overall recognition that there are lot more resources in the community now to support healthy lifestyles:
 - Parks, trail, connector, doodle trail, more gyms and recreation centers, farmers markets, farmers market vouchers, summer feeding program, snackpack/backpack
 - Fast food and restaurants are labeling foods with nutrition information
2. There is a feeling that people are more aware and making more effort to eat healthy and exercise.
3. The most often and top of mind health concerns/ issues identified for adults included (in rank order most to least):
 - Mental Health
 - Cancer
 - Diabetes
 - Substance Abuse
 - Obesity
 - Hypertension
 - Heart Disease
 - Alzheimer's/Dementia

Note: In the past, obesity was one of the highest concerns. While obesity was still a concern, it was not mentioned as often nor as prominently as it had been in focus groups during the past CHNA's.

4. The most often and top of mind health concerns/ issues identified for children/youth included (in rank order most to least):
 - Mental health/behavioral issues/suicide
 - Obesity
 - Substance Abuse
 - STD's (many noted while teen pregnancy was decreasing, STD's were rapidly rising)
 - Asthma
 - Diabetes

5. Access to healthcare:

- More people may have insurance, however, the insurance now is more expensive, co-pays are too high, less services are covered; this creates barriers to care; ACA has helped people get insurance, however, seems harder to get now
- There is a recognition that there are more healthcare services now
 - Pickens areas more often reported feeling as though they did not have enough physician/medical services (especially in rural areas) in comparison to Anderson
 - All groups reported it being more difficult now to get into a primary care provider
 - People now primarily go to urgent care centers (both for convenience, but also can't get appointments at primary care offices)

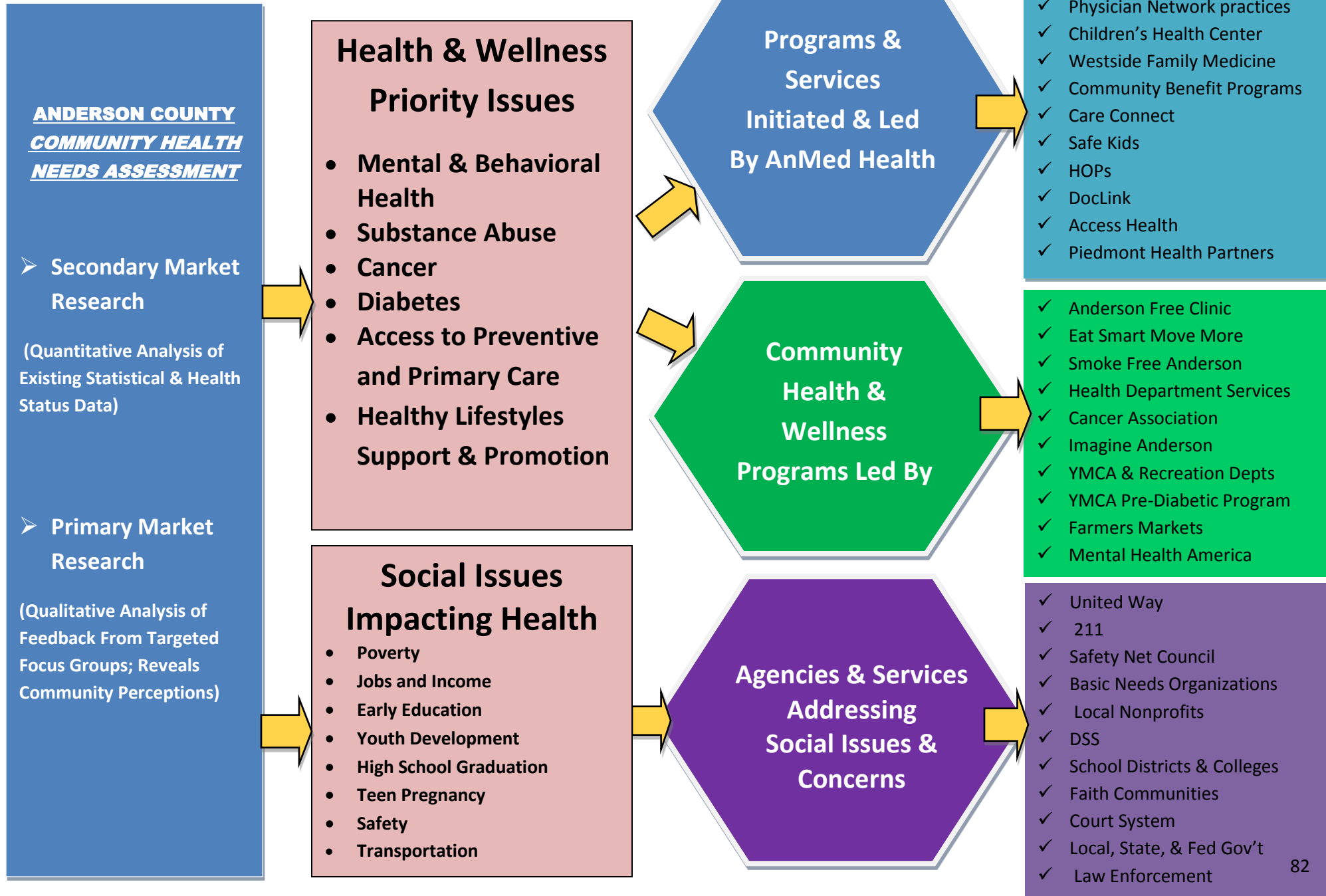
6. Gaps in service:

- Mental health/psychologist
- Some specialties (endocrinologist, neurology)

7. Other

- Overall, people feel the quality of health services and the health care system is good in Anderson and Pickens
- There was a high demand/request for more mobile services in the community. This would include cancer screenings, diabetes services/education, regular check-ups, screenings and education. Sites suggested included bring the mobile units to workplaces, churches, community fairs and rural areas.
- Senior populations involved in focus groups were often more skeptical of physicians and the health care system the general population
- There was more concern voiced regarding aging, dementia, Alzheimer's than had been in previous CHNA studies.

REVIEW OF COMMUNITY ASSETS -ANDERSON COUNTY



REVIEW OF COMMUNITY ASSETS -PICKENS COUNTY



**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**

- **Mental and Behavioral Health**
- **Substance Abuse**
- **Cancer**
- **Diabetes**
- **Heart Disease**
- **Access to Preventive and Primary Care**
- **Healthy Lifestyles Support & Promotion**

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

AnMed Health Medical Center

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

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

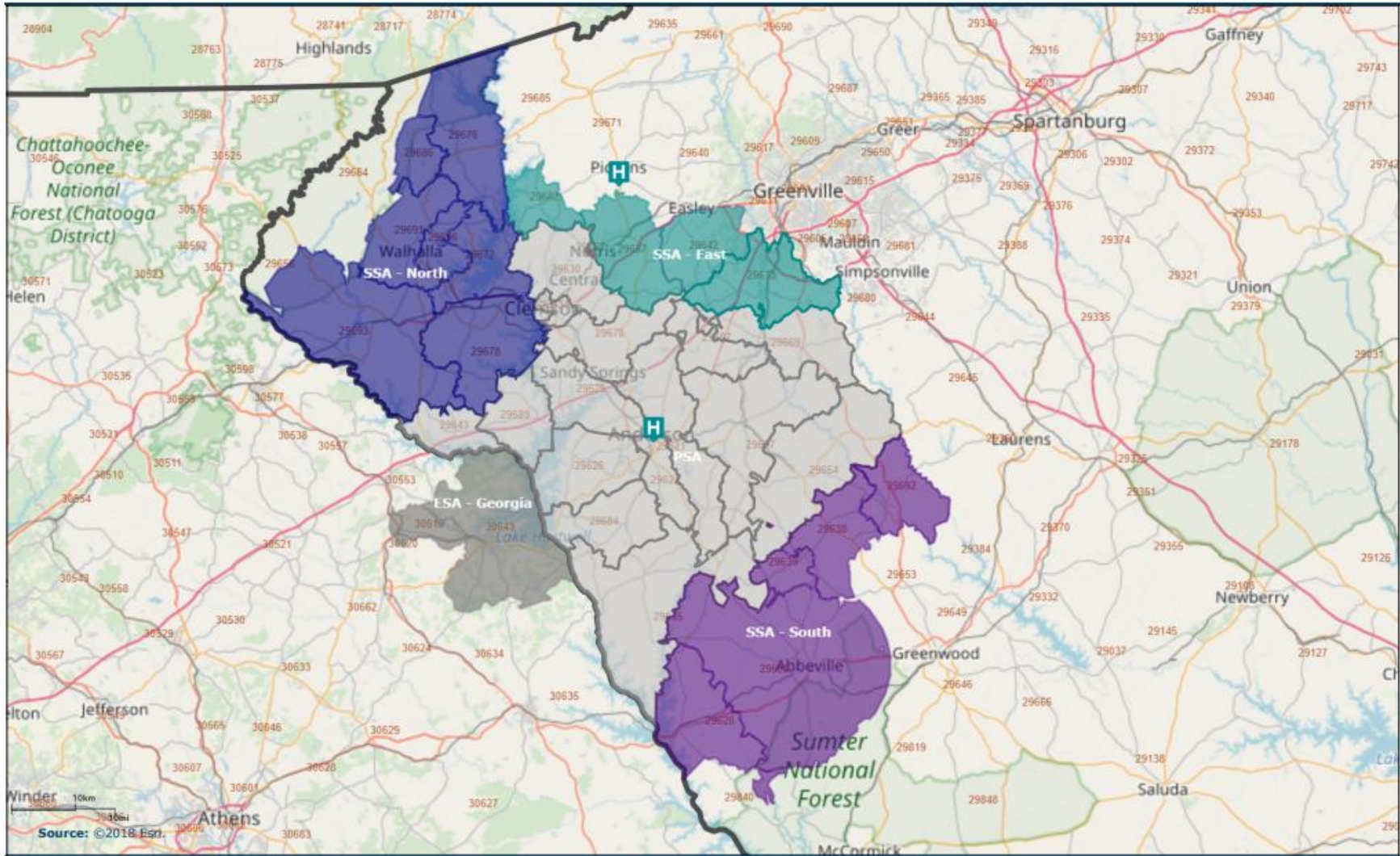
AnMed Cannon

- ✓ Inpatient & Outpatient Services
- ✓ Emergency Department
- ✓ Surgical Services
- ✓ Choosewell
- ✓ Rural Health Centers
- ✓ Family Practice

**Other Community Benefit
Programs**

- ✓ Community Health & Wellness Education programs
- ✓ Health Fairs
- ✓ Access Health
- ✓ Medical Outreach Van & Screenings
- ✓ Cancer Survivors' programs
- ✓ Cancer Care Education & Support Groups
- ✓ Genetics Counseling

- ✓ Community Nutrition Education
- ✓ 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



October 22, 2018

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 HEALTH INDICATORS

ANDERSON COUNTY

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Anderson	State	Nation
Smoking (adults age 18+) *(Adult Tobacco Survey- SCDHEC, **CDC)	22.3% (2002) 19.7% (2010) 20.6% (2013) 16.9% (2015)*	21% (2010) 20.3% (2013) 19%(2015)*	19.3% (2010) 18.1% (2013) 15.5%(2015)**	12%	BETTER	BETTER	WORSE
Smokeless Tobacco Adult (Adult Tobacco Survey- SCDHEC, *CDC)	6.8% (2015)	3.6% (2011) 3.5% (2015)	4.4 (2011) 3.4% (2014)*	0.2%	N/A	WORSE	WORSE
E-cigarettes Adult (Adult Tobacco Survey- SCDHEC, *CDC)	4.4% (2015)	3.6% (2011) 6.4% (2015)	4.4 (2011) 3.2% (2016)*		N/A	BETTER	WORSE
Smoking (teens, 9 th – 12 th grade smoking cigarettes in past 30 days) (SC YRBS)		20.5% (2010) 16.0% (2013) 10% (2017)	19.3% (2010) 15.7% (2013) 8.8% (2017)	16%	N/A	N/A	N/A
Smokeless Tobacco Youth (SC YRBS)		7.8% (2009) 7.0% (2013) 8.4% (2017)	8.9% (2009) 8.8% (2013) 5.5% (2017)	6.9%	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)	13.2% (2017)		N/A	N/A	N/A
Excessive Drinking (% adults reporting excessive drinking) (County Health Rankings)	10% (2010) 10% (2012) 17% (2016)	14% (2010) 14% (2012) 18% (2016)	14% (2012) 18.5% (2017)	25.3%	WORSE	BETTER	BETTER

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

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Anderson	State	Nation
No Exercise (adults reporting no exercise) (HIW); (SCBRFFS)	21.9% (2002) 25.6 (2010) 26.7% (2012) 29.6% (2016)	27.8% (2010) 25.7% (2012) 26.3% (2016)	25.9% (2012) 22.7% (2016)	32.6%	WORSE	WORSE	WORSE
Nutrition (adults consuming fruits less than one time daily) (SC BRFSS;CDC)	46.7% (2011) 47.5% (2013) 48.8% (2016)	45.2% (2013) 46.2% (2016)	37.7% (2013) 39.7% (2015)	-	WORSE	WORSE	WORSE
Nutrition (adults consuming vegetables less than one time daily) (SC BRFSS;CDC)	27.2% (2011) 26.9% (2013) 27.1% (2016)	26.8% (2013) 26.5% (2016)	22.6% (2013) 22.1% (2015)		SIMILAR	WORSE	WORSE
Adults obese or overweight (SC DHEC Chronic Disease Report; CDC)	55-59% (2003) 65% (2010) 72.2% (2013) 70% (2016)	67% (2010) 66.5% (2013) 66.5% (2016)	69.2% (2010) 63.8% (2013) 65.1% (2016)	66.1%	BETTER	WORSE	WORSE
Teen Pregnancy Rate Age 15-19 (SC Vital Statistics, DHHS)	55.3% (2003) 49.8% (2010) 41.5% (2013) 29.8% (2016)	51.3% (2003) 42.6% (2010) 31.6% (2013) 23.8% (2016)	42.6% (2003) 34.3% (2010) 26.5% (2013) 20.3% (2016)		BETTER	WORSE	WORSE
Hypertension (NHANES, SC DHEC)	29.8% (2010) 34.2% (2012) 38.6% (2014)	32.7% (2010) 33.4% (2012) 38.7% (2014)	31.9%* (CDC, Health, US 2011) 32.5%* (CDC, Health, US 2012) 29% (NHANES 2015-16)	26.9%	WORSE	SIMILAR	WORSE
High Cholesterol (BRFSS, CDC)		39.4% (2015)	37% (2012)	13.5%	N/A	N/A	N/A
Preterm Births (SC DHEC; CDC)	11.1% (2010) 13.6% (2013) 11.0% (2016)	13.2% (2013) 11.0% (2016)	11.4% (2013) 10% (2016)	9.4%	BETTER	SIMILAR	WORSE
Low Birthweight (CDC)	8.9%(2007) 9% (2009) 10.2% (2013) 8.9%(2016)	10% (2009) 9.7% (2013) 9.5% (2016)	8.2% (2009) 8.0% (2013) 8.2% (2016)	7.8%	BETTER	BETTER	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	2010 Primary: 220.9 Repeat: 125.7 2013 Primary: 207.9 Repeat: 133.5 2016 Primary: 188 Repeat: 146	NA	NA	BETTER	BETTER	N/A
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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) 463.9 (2011-2015)	460.1 (2005-2009) 455.9 (2008-2012) 451.1 (2011-2015)	465 (2005-2009) 453.8 (2008-2012) 441.2 (2011-2015)	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) 172.6 (2011-2015)	187.9 (2005-2009) 183.3 (2008-2012) 174.5 (2011-2015)	178.7 (2005-2009) 171.2 (2005-2009) 163.5 (2011-2015)	161.4	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) 166.2 (2014-2016)	187.5 (2007-2009) 181.5 (2011-2013) 177 (2014-2016)	185.2 (2007-2009) 171.6 (2011-2013) 167 (2014-2016)	103.4 (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) 44.1 (2014-2016)	50.9 (2007-2009) 46.5 (2011-2013) 45 (2014-2016)	40.5 (2007-2009) 37 (2011-2013) 37 (2014-2016)	34.8 (age adjusted to the 2000 standard)	SIMILAR	BETTER	WORSE
Diabetes Prevalence (HIW; CDC, SC County Profiles)	11.2%(2004-10) 12.0% (2010) 12.3% (2012) 14.9% (2014-16)	10.7% (2010) 10.6% (2012) 12.3%(2014-16)	8.3% (2011) 9.3% (2014) 9.4% (2015)	NA	WORSE	WORSE	WORSE
Years of Life Lost before age 75 (HIW)	9529.7 (2010) 9042.9 (2013) 9100 (2014-2016)	9074.6 (2010) 8189.7 (2013) 8300 (2014-16)	7082.9 (2010) 6605.3 (2013) ---	NA	SIMILAR	WORSE	N/A

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

Physically Unhealthy Days (County Health Rankings, BRFSS)	4.1 (2004-10) 3.7 (2010) 4.1 (2012) 4.0 (2016)	3.8 (2010) 3.8 (2012) 4.2 (2016)	3.5 (2010) 3.9 (2013) 3.8 (2016)	NA	SIMILAR	SIMILAR	SIMILAR
Fair or Poor Health (County Health Rankings, BRFSS)	19.1% (2004-10) 19.9% (2010) 18.9% (2012) 18% (2016)	17.6% (2010) 17.1% (2012) 19% (2016)	14.9% (2010) 17.9% (2013) 16.4% (2016)	NA	BETTER	BETTER	WORSE
Infant Mortality (per 1000) (SC DHEC)	6.7 (2010) 7.9 (2013) 6.5 (2016)	7.4 (2010) 6.9 (2013) 7.0 (2016)	7.0 (2010) 6.0 (2013) 5.9 (2016)	6.0	BETTER	BETTER	WORSE

Indicator	Anderson County	South Carolina	Nation	Healthy People 2020 Goal	How Do We Compare		
					Past	State	Nation
Suicides (HIW, SC SCAN, CDC)	16.2 (2002-08) 13.3 (2008) 17.8 (2013) 23.9 (2016)	12.1 (2008) 14.6 (2013) 16.5 (2016)	11.3 (2007) 13.0 (2013) 13.5 (2016)	10.2	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)	3.9 (2010) 3.7 (2012) 4.4 (2016)	3.6 (2010) 3.7 (2013) 3.7 (2016)	NA	WORSE	SIMILAR	WORSE
Cholesterol check (w/in last 5 years) (SC DHEC, HIW, CDC BRFSS)	76.9% (Region I, 2010) 83.1% (Region I, 2013) ---	77.3% (2010) 81.8% (2013) 79.0% (2015)	74.6% (HIW, 2008) 77.7% (2015)	82.1%	N/A	N/A	N/A
Colorectal screening based on guidelines (HIW, CDC BRFSS) *Different measure	70.4%* (2010) 70.1%* (2006-2012) ---	63.3%* (2010) 62.9%* (2006-2012) 69.6% (2016)	59% (2010) 58.2% (2013) 67.7% (2016)	70.5%	N/A	N/A	N/A
Mammogram age 40+ based on guidelines (HIW, CDC BRFSS)	79.8%* (2004-2010) 80.5%* (2010) 78.1%* (2006-2012) 72% Anderson (2017)	79.7%* (2010) 77.9%* (2006-2012) 71.3% (2016)	72.4% (2010) 72.6% (2012) 72.5% (2016)	81.1%	WORSE	SIMILAR	SIMILAR
Flu vaccine 65+	70.9% (2004-2010)			90%	WORSE	BETTER	BETTER

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

(CDC BRFSS, SC DHEC)	79.9% (2010) 64.7% (2014-16)	67.4% (2010) 65.3% (2013) 62% (2016)	67% (HP 2020) 61.2% (2013) 58.6% (2016)				
Pneumococcal vaccine (HIW; CDC BRFSS)	69.6% (2004-2010) 69.7% (2008-2010) 72.3% (2006-2012) 73.1% (2014-2016)	68.7% (2008-2010) 67.7% (2006-2012) 71.4% (2016)	59.7% (2010) 59.9% (2011) 73.5% (2016)	90%	BETTER	BETTER	SIMILAR
Health Care Access							
Uninsured Age 18-64 (ACS 1-year estimate)	21% (2010) 21.7% (2013) 15.3% (2015) 13.6% (2016)	24.3% (2010) 22.9% (2013) 16.2% (2015) 14.9% (2016)	21.4% (2010) 20.3% (2013) 13.1% (2015) 12.0% (2016)	100% covered	BETTER	BETTER	WORSE
Physician use delayed due to cost (HIW; CDC BRFSS)	15.0% (2004-2010) 16.5% (2010) 18.2% (2006-2012) 18.3% (2011-2016)	17.1% (2010) 16.5% (2006-2012) 18.2% (2011-2016)	15.6% (2011) 12% (2016)	9.0%	SIMILAR	SIMILAR	N/A
Usual Primary Care Provider (HP 2020, CDC BRFSS)	N/A = Current data not available for a direct comparison.		76.3% (2007) 77.3% (2011) 70.9% (2016)	83.9% (HP 2020)	N/A	N/A	N/A

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

PICKENS COUNTY

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Pickens	State	Nation
Smoking (adults age 18+) *(Adult Tobacco Survey- SCDHEC, **CDC)	21.6% (2013) 20% (2015)*	21% (2010) 20.3% (2013) 19%(2015)*	19.3% (2010) 18.1% (2013) 15.5%(2015)**	12%	BETTER	WORSE	WORSE
Smokeless Tobacco Adult (Adult Tobacco Survey- SCDHEC, CDC)	9.4% (2015)	3.6% (2011) 3.5% (2015)	4.4 (2011) 3.4% (2014)	0.2%	N/A	WORSE	WORSE
E-cigarettes Adult (Adult Tobacco Survey- SCDHEC, CDC)	3.8% (2015)	3.6% (2011) 6.4% (2015)	4.4 (2011) 3.2% (2016)		N/A	BETTER	SIMILAR
Smoking (teens, 9 th – 12 th grade smoking cigarettes in past 30 days) (SC YRBS)		20.5% (2010) 16.0% (2013) 10% (2017)	19.3% (2010) 15.7% (2013) 8.8% (2017)	16%	N/A	N/A	N/A
Smokeless Tobacco Youth (SC YRBS)		7.8% (2009) 7.0% (2013) 8.4% (2017)	8.9% (2009) 8.8% (2013) 5.5% (2017)	6.9%	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)	13.2% (2017)		N/A	N/A	N/A
Excessive Drinking (% adults reporting excessive drinking) (HIW) *(CDC)	11% (2010) 10% (2012) 19% (2016)	14% (2010) 14% (2012) 18% (2016)	14% (2012) 18.5% (2017)	25.3%	WORSE	WORSE	WORSE
No Exercise (adults reporting no exercise) (DHEC); (SCBRFFS)	22.4% (2016)	27.8% (2010) 25.7% (2012) 26.3% (2016)	25.9% (2012) 22.7% (2016)	32.6%	N/A	BETTER	SIMILAR

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

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare		
					Past Pickens	State	Nation
Nutrition (adults consuming fruits less than one time daily) (SC BRFSS;CDC)	45.9% (2016)	45.2% (2013) 46.2% (2016)	37.7% (2013) 39.7% (2015)	-	N/A	SIMILAR	WORSE
Nutrition (adults consuming vegetables less than one time daily) (SC BRFSS;CDC)	22.95% (2016)	26.8% (2013) 26.5% (2016)	22.6% (2013) 22.1% (2015)		N/A	BETTER	WORSE
Adults obese or overweight (SC DHEC Chronic Disease Report; CDC)	65.5% (2016)	67% (2010) 66.5% (2013) 66.5% (2016)	69.2% (2010) 63.8% (2013) 65.1% (2016)	66.1%	N/A	BETTER	SIMILAR
Teen Pregnancy Rate Age 15-19 (SC Vital Statistics, DHHS)	38.8% (2006) 28.0% (2010) 24.0% (2013) 18.2% (2016)	51.3% (2003) 42.6% (2010) 31.6% (2013) 23.8% (2016)	42.6% (2003) 34.3% (2010) 26.5% (2013) 20.3% (2016)		BETTER	BETTER	BETTER
Hypertension (HIW)	38.2% (2014)	32.7% (2010) 33.4% (2012) 38.7% (2014)	31.9%* (CDC, Health, US 2011) 32.5%* (CDC, Health, US 2012) 29% (NHANES 2015-16)	26.9%	N/A	SIMILAR	WORSE
High Cholesterol (BRFSS, CDC)		39.4% (2015)	37% (2012)	13.5%	N/A	N/A	N/A
Preterm Births (SC DHEC; CDC)	9.2% (2016)	13.2% (2013) 11.0% (2016)	11.4% (2013) 10% (2016)	9.4%	N/A	BETTER	BETTER
Low Birthweight (CDC)	7.8% (2016)	10% (2009) 9.7% (2013) 9.5% (2016)	8.2% (2009) 8.0% (2013) 8.2% (2016)	7.8%	N/A	BETTER	BETTER
C-Section Rates (SC DHEC, SCAN birth cert data) Per 1,000	2016 Primary:164 Repeat: 148.6	2010 Primary: 220.9 Repeat:125.7 2013 Primary: 207.9 Repeat:133.5 2016 Primary: 188 Repeat: 146	NA	NA	N/A	BETTER	N/A

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How do we Compare	
					State	Nation
Cancer Incidence Per 100,000 (National Cancer Institute State Cancer Profiles)	474.2 (2011-2015)	460.1 (2005-2009) 455.9 (2008-2012) 451.1 (2011-2015)	465 (2005-2009) 453.8 (2008-2012) 441.2 (2011-2015)	NA	WORSE	WORSE
Cancer Mortality Per 100,000 (National Cancer Institute State Cancer Profiles)	160.6 (2011-2015)	187.9 (2005-2009) 183.3 (2008-2012) 174.5 (2011-2015)	178. (2005-2009) 171.2 (2005-2009) 163.5 (2011-2015)	161.4	BETTER	BETTER
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	193.4 (2014-2016)	187.5 (2007-2009) 181.5 (2011-2013) 177 (2014-2016)	185.2 (2007-2009) 171.6 (2011-2013) 167 (2014-2016)	103.4 (age adjusted to the 2000 standard)	WORSE	WORSE
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention)	41.7 (2014-2106)	50.9 (2007-2009) 46.5 (2011-2013) 45 (2014-2016)	40.5 (2007-2009) 37 (2011-2013) 37 (2014-2016)	34.8 (age adjusted to the 2000 standard)	BETTER	WORSE
Diabetes Prevalence (HIW; CDC, SC County Profiles)	12.1% (2014-2016)	10.7% (2010) 10.6% (2012) 12.3% (2014-2016)	8.3% (2011) 9.3% (2014) 9.4% (2015)	NA	SIMILAR	WORSE
Years of Life Lost before age 75 (County health Rankings)	8300 (2014-2016)	9074.6 (2010) 8189.7 (2013) 8300 (2014-2016)	7082.9 (2010) 6605.3 (2013) ---	NA	SIMILAR	N/A
Physically Unhealthy Days (County Health Rankings, BRFSS)	4.1 (2016)	3.8 (2010) 3.8 (2012) 4.2 (2016)	3.5 (2010) 3.9 (2013) 3.8 (2016)	NA	SIMILAR	SIMILAR
Fair or Poor Health (HIW – BRFSS)	17% (2016)	17.6% (2010) 17.1% (2012) 19% (2016)	14.9% (2010) 17.9% (2013) 16.4% (2016)	NA	BETTER	WORSE
Infant Mortality (per 1000) (SC DHEC)	5.7 (2016)	7.4 (2010) 6.9 (2013) 7.0 (2016)	7.0 (2010) 6.0 (2013) 5.9 (2016)	6.0	BETTER	BETTER

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

Indicator	Pickens County	South Carolina	Nation	Healthy People 2020 Goal	How Do We Compare	
					State	Nation
Suicides (HIW, SC SCAN, CDC)	18.5 (2010) 15 (2013) 26.9 (2016)	12.1 (2008) 14.6 (2013) 16.5 (2016)	11.3 (2007) 13.0 (2013) 13.5 (2016)	10.2	WORSE	WORSE
Mentally Unhealthy Days reported in the last 30 days (HIW, County Health Rankings)	4.4 (2016)	3.9 (2010) 3.7 (2012) 4.4 (2016)	3.6 (2010) 3.7 (2013) 3.7 (2016)	NA	SIMILAR	WORSE
Cholesterol check (w/in last 5 years) (SC DHEC, HIW, CDC BRFSS)	76.9% (Region I, 2010) 83.1% (Region I, 2013) ----	77.3% (2010) 81.8% (2013) 79.0% (2015)	74.6% (HIW, 2008) 77.7% (2015)	82.1%	N/A	N/A
Colorectal screening based on guidelines (HIW, CDC BRFSS) *Different measure	----	63.3%* (2010) 62.9%* (2006-2012) 69.6% (2016)	59% (2010) 58.2% (2013) 67.7% (2016)	70.5%	N/A	N/A
Mammogram age 40+ based on guidelines (HIW, CDC BRFSS) *Different measure	71% (2017)	79.7%* (2010) 77.9%* (2006-2012) 71.3% (2016)	72.4% (2010) 72.6% (2012) 72.5% (2016)	81.1%	SIMILAR	WORSE
Flu vaccine 65+ (CDC BRFSS, SC DHEC)	56.9% (2014-16)	67.4% (2010) 65.3% (2013) 62% (2016)	67% (2010) 61.2% (2013) 58.6% (2016)	90%	WORSE	WORSE
Pneumococcal vaccine (HIW; CDC BRFSS)	73.9% (2014-16)	68.7% (2008-2010) 67.7% (2006-2012) 71.4% (2016)	59.7% (2010) 59.9% (2011) 73.5% (2016)	90%	BETTER	SIMILAR
Uninsured Age 18-64 (ACS 1-year estimate)	17.9% (2010) 14.9% (2013) 14.9% (2015) 12.0% (2016)	24.3% (2010) 22.9% (2013) 16.2% (2015) 14.9% (2016)	21.4% (2010) 20.3% (2013) 13.1% (2015) 12.0% (2016)	100% covered	BETTER	SIMILAR
Physician use delayed due to cost (HIW; CDC BRFSS)	15.73% (2011-2016)	17.1% (2010) 16.5% (2006-2012) 18.2% (2011-2016)	15.6% (2011) 12% (2016)	9.0%	BETTER	N/A
Usual Primary Care Provider (CDC BRFSS)	75.2% (2011- 2016)	73.3% (2016)	76.3%(2007) 77.3% (2011) 70.9% (2016)	83.9%	N/A	N/A

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

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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*

Misty Lee

Community Systems Teams

Research Team

Michal Cunningham – AnMed Health

Vice President, Advancement

Wayne Harris – AnMed Health

Director, Strategic Planning

Kari Lutz – AnMed Health

Director of Marketing

Shannon Owen

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*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

Alston Wilkes Society
Anderson County
AnMed Health Providers and Professionals
City of Anderson
Dream Center
Eat Smart Move Move Anderson
Emmanuel's Hammer
Foothills Community Health Care
Hagood Senior Center
Littlejohn Community Center
Meals on wheels
Piedmont Health Partners
Pickens County Advocacy Center
Pickens County Board of Disabilities and Special Needs
Salvation Army-Pickens
Samaritan Health Clinic
South Main Chapel and Mercy Center
SC Department of Health and Environmental Control
Westside Community Center
United Way of Anderson County
United Way of Pickens County
Community Residents
Other Health and Human Service Providers