

South Carolina





Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 County Health Rankings, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The County Health Rankings serve as both a call to action and a needed tool in this effort.





All of the County Health Rankings are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

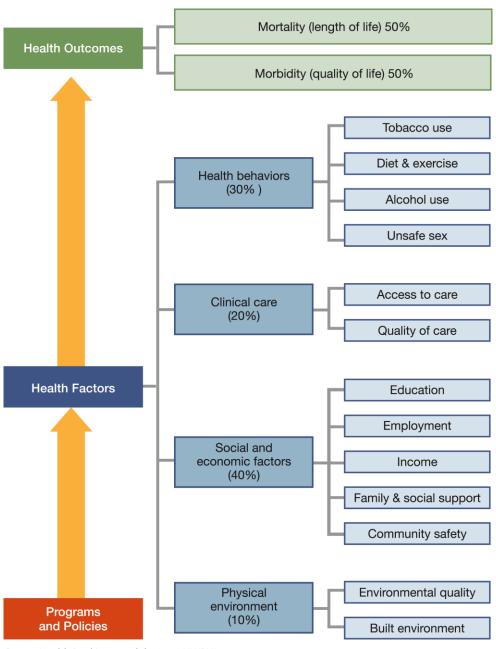
To compile the Rankings, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

For a more detailed explanation of our approach, the methods used to compile the Rankings, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org

The Rankings

This report ranks South Carolina counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. The figure below depicts the structure of the Rankings model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary health outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

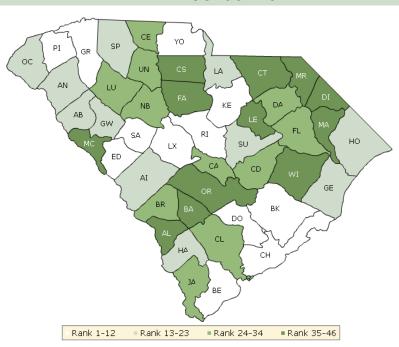


County Health Rankings model ©2010 UWPHI

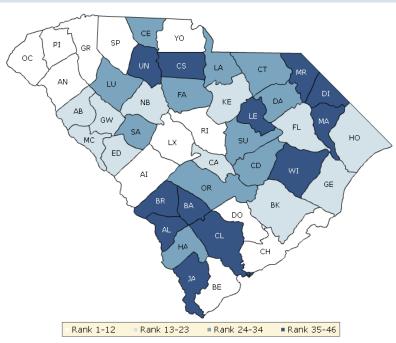
The maps on this page display South Carolina's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Beaufort	1	Lexington
2	Lexington	2	Beaufort
3	York	3	Greenville
4	Greenville	4	Charleston
5	Dorchester	5	Richland
6	Charleston	6	Pickens
7	Pickens	7	Dorchester
8	Berkeley	8	Anderson
9	Richland	9	York
10	Kershaw	10	Oconee
11	Saluda	11	Aiken
12	Edgefield	12	Spartanburg
13	Aiken	13	Newberry
14	Oconee	14	Greenwood
15	Horry	15	Kershaw
16	Anderson	16	Berkeley
17	Lancaster	17	Georgetown
18	Georgetown	18	Calhoun
19	Spartanburg	19	Edgefield
20	Greenwood	20	Abbeville
21	Sumter	21	Horry
22	Abbeville	22	Florence
23	Hampton	23	McCormick
24	Newberry	24	Lancaster
25	Calhoun	25	Laurens
26	Florence	26	Saluda
27	Clarendon	27	Sumter
28	Union	28	Cherokee
29	Laurens	29	Orangeburg
30	Jasper	30	Darlington
31	Barnwell	31	Hampton
32	Colleton	32	Chesterfield
33	Cherokee	33	Fairfield
34	Darlington	34	Clarendon
35	Fairfield	35	Bamberg
36	McCormick	36	Lee
37	Chester	37	Barnwell
38	Chesterfield	38	Union
39	Marion	39	Colleton
40	Marlboro	40	Chester
41	Bamberg	41	Williamsburg
42	Orangeburg	42	Dillon
43	Williamsburg	43	Marion
44	Dillon	44	Jasper
45	Allendale	45	Allendale
46	Lee	46	Marlboro
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Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

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

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Beaufort	1	Richland	1	Lexington	1	Lexington
2	Greenville	2	Greenwood	2	Dorchester	2	Horry
3	Pickens	3	Charleston	3	Beaufort	3	Beaufort
4	Lexington	4	Greenville	4	Pickens	4	Georgetown
5	McCormick	5	Florence	5	Greenville	5	Anderson
6	Charleston	6	Aiken	6	Richland	6	Kershaw
7	Richland	7	York	7	Newberry	7	Orangeburg
8	Anderson	8	Spartanburg	8	Charleston	8	Bamberg
9	Oconee	9	Allendale	9	York	9	Dorchester
10	Abbeville	10	Anderson	10	Kershaw	10	Barnwell
11	Dorchester	11	Lexington	11	Spartanburg	11	Florence
12	Spartanburg	12	Pickens	12	Anderson	12	Charleston
13	York	13	Newberry	13	Berkeley	13	Marlboro
14	Calhoun	14	Oconee	14	Aiken	14	Aiken
15	Aiken	15	Marlboro	15	Calhoun	15	Darlington
16	Edgefield	16	Dorchester	16	Oconee	16	Marion
17	Hampton	17	Beaufort	17	Horry	17	Edgefield
18	Georgetown	18	Orangeburg	18	Saluda	18	Greenwood
19	Greenwood	19	Berkeley	19	Georgetown	19	Lancaster
20	Horry	20	Laurens	20	Edgefield	20	Berkeley
21	Newberry	21	McCormick	21	Abbeville	21	Hampton
22	Lancaster	22	Sumter	22	Greenwood	22	Sumter
23	Laurens	23	Abbeville	23	Sumter	23	Cherokee
24	Kershaw	24	Bamberg	24	Lancaster	24	Oconee
25	Lee	25	Fairfield	25	Florence	25	Williamsburg
26	Berkeley	26	Clarendon	26	Cherokee	26	Chesterfield
27	Florence	27	Kershaw	27	Laurens	27	Clarendon
28	Darlington	28	Lancaster	28	Chesterfield	28	Newberry
29	Fairfield	29	Edgefield	29	Jasper	29	Jasper
30	Cherokee	30	Dillon	30	Darlington	30	Saluda
31	Marion	31	Hampton	31	Orangeburg	31	Richland
32	Clarendon	32	Darlington	32	Fairfield	32	Laurens
33	Sumter	33	Chesterfield	33	McCormick	33	Allendale
34	Saluda	34	Georgetown	34	Union	33	Dillon
35	Chester	35	Calhoun	35	Clarendon	33	Lee
36	Williamsburg	36	Colleton	36	Lee	36	Chester
37	Bamberg	37	Cherokee	37	Barnwell	37	Colleton
38	Dillon	38	Saluda	38	Bamberg	38	Pickens
39	Barnwell	39	Union	39	Colleton	39	Union
40	Orangeburg	40	Horry	40	Hampton	40	Greenville
41	Colleton	41	Chester	41	Chester	41	McCormick
42	Chesterfield	42	Marion	42	Williamsburg	42	York
43	Allendale	43	Williamsburg	43	Dillon	43	Calhoun
44	Union	44	Barnwell	44	Marion	44	Fairfield
45	Jasper	45	Lee	45	Marlboro	45	Spartanburg
46	Marlboro	46	Jasper	46	Allendale	46	Abbeville

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACT	ORS		
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONME	NT		
Air Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

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Robert Wood Johnson Foundation

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Suggested citation: University of Wisconsin Population Health Institute. County Health Rankings 2011.



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