



# County Health Rankings & Roadmaps

A Healthier Nation, County by County

## 2013 *Rankings* South Carolina





## Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, 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. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on 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. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

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

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## Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org) to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

## County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

### Roadmaps to Health Community Grants

The *Roadmaps to Health* Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

### Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health* Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

### RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



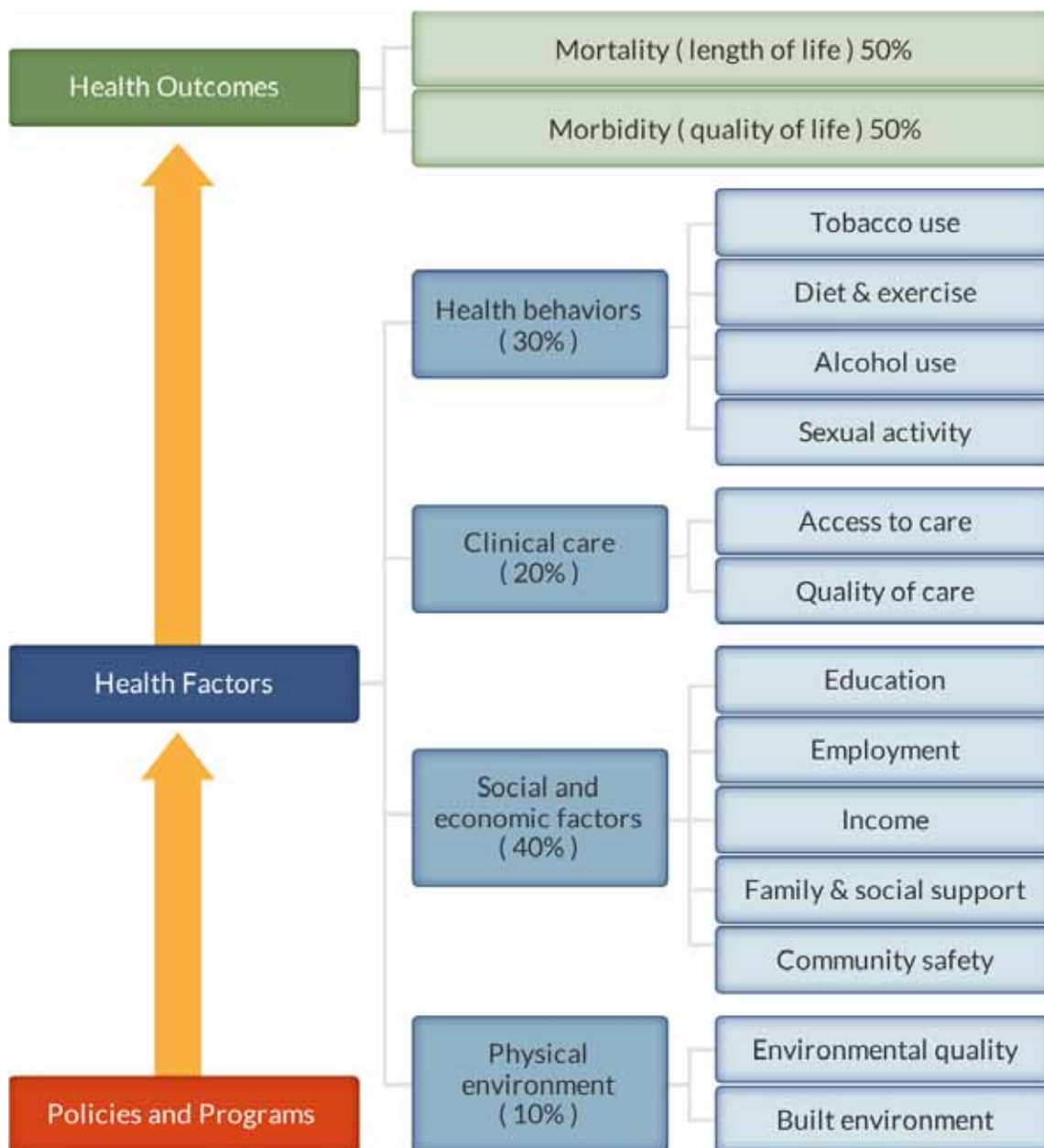
### Roadmaps to Health Action Center

The *Roadmaps to Health* Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

## County Health Rankings

The 2013 *County Health Rankings* report ranks South Carolina counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; 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.

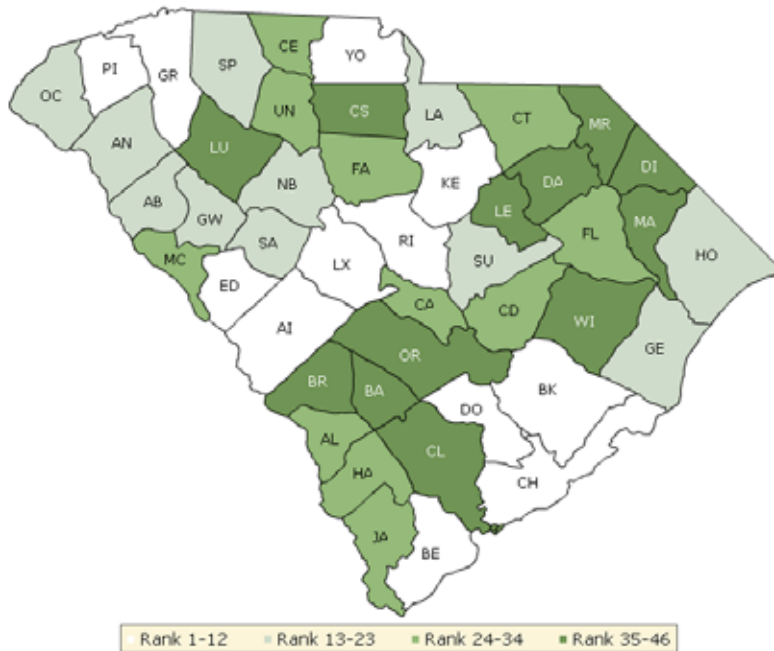


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display South Carolina’s counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

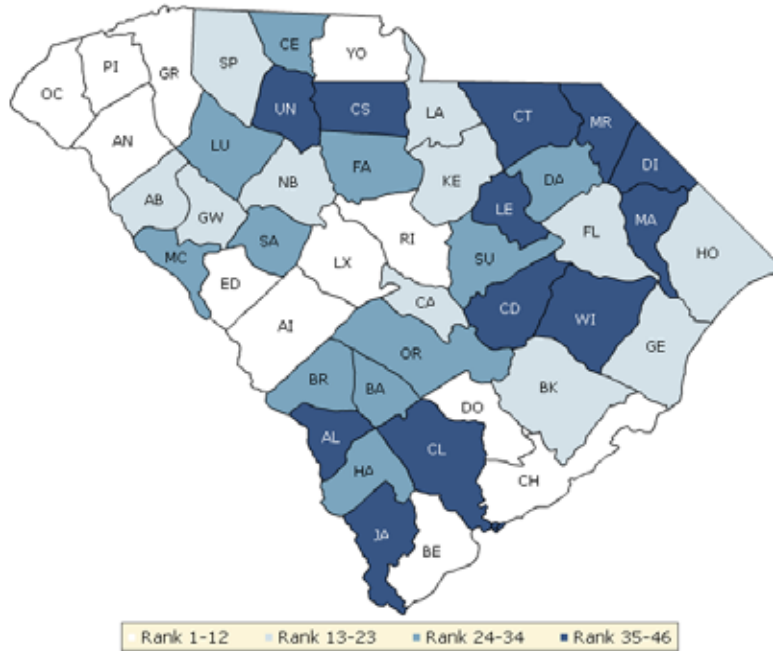
summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

**HEALTH OUTCOMES**



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

### HEALTH FACTORS



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



## 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 represent what influences the health of the county.

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



Rank	Health Outcomes	Rank	Health Factors
43	Bamberg	43	Chester
44	Marlboro	44	Dillon
45	Lee	45	Allendale
46	Marion	46	Marlboro

## 2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Mortality</b>	Premature death	National Center for Health Statistics	2008-2010
<b>Morbidity</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
<b>Diet and Exercise</b>	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
<b>Alcohol Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
<b>Quality of Care</b>	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2011
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2011
<b>Family and Social Support</b>	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
<b>Community Safety</b>	Violent crime rate	Federal Bureau of Investigation	2008-2010
<b>PHYSICAL ENVIRONMENT</b>			
<b>Environmental Quality</b>	Daily fine particulate matter <sup>1</sup>	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
<b>Built Environment</b>	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

<sup>1</sup> Not available for AK and HI.

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[countyhealthrankings.org](http://countyhealthrankings.org)



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