

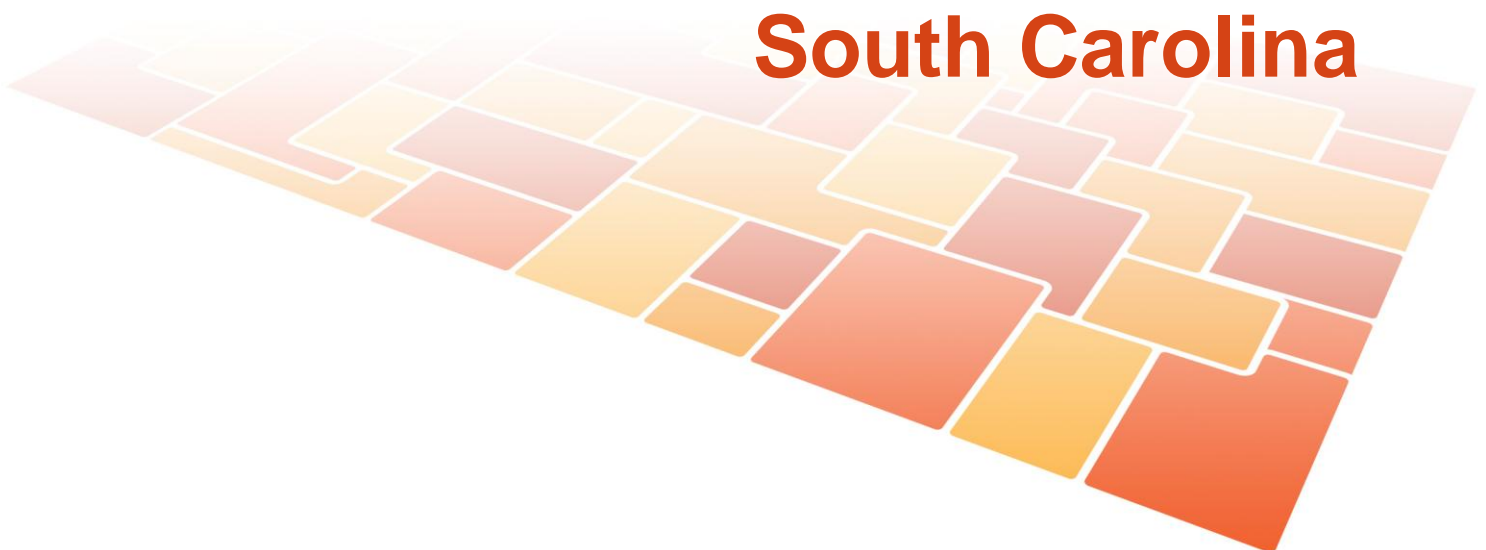


County Health Rankings

Mobilizing Action Toward Community Health

2010

South Carolina



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

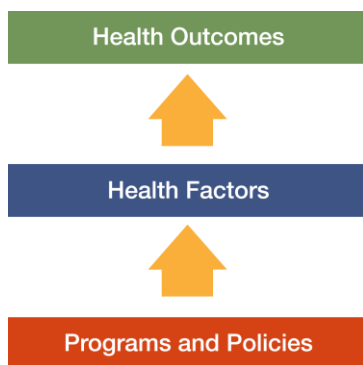
Introduction

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.

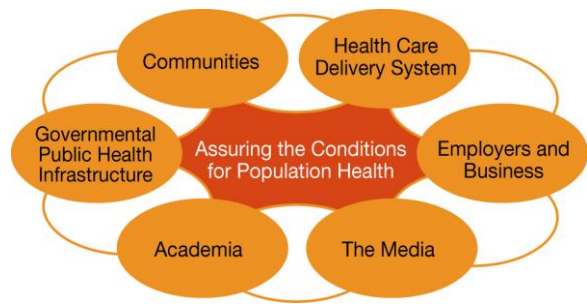
The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, 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 will allow them 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.



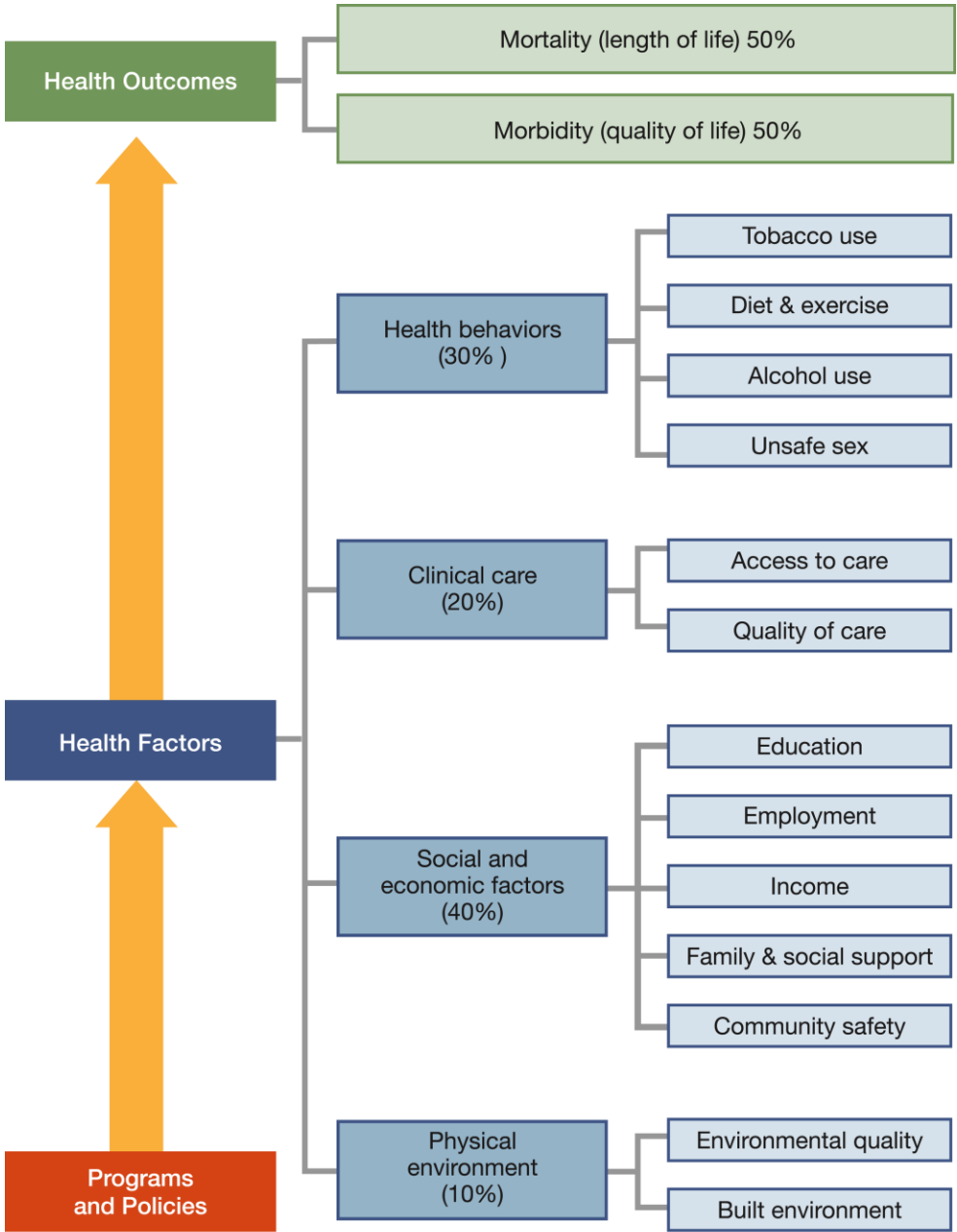
Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. 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 the choice of measures, 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.

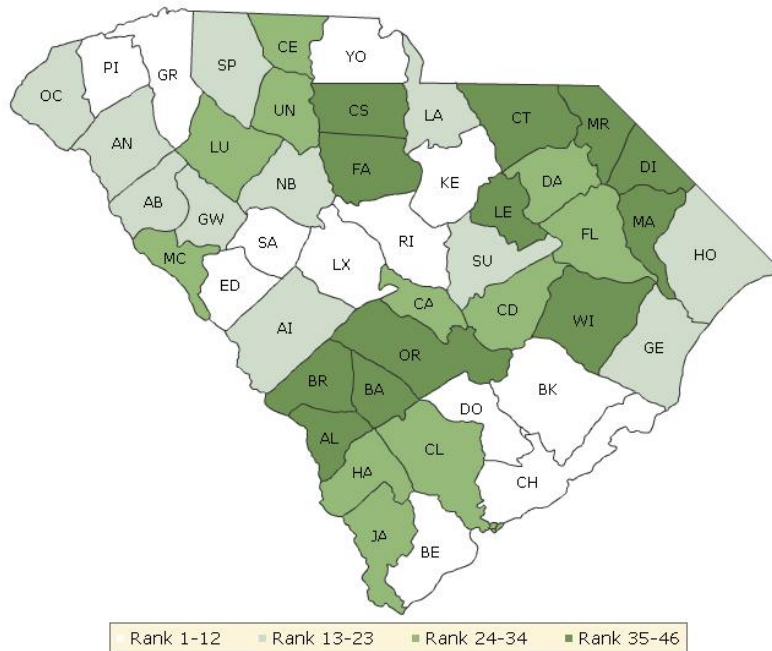


County Health Rankings model ©2010 UWPHI

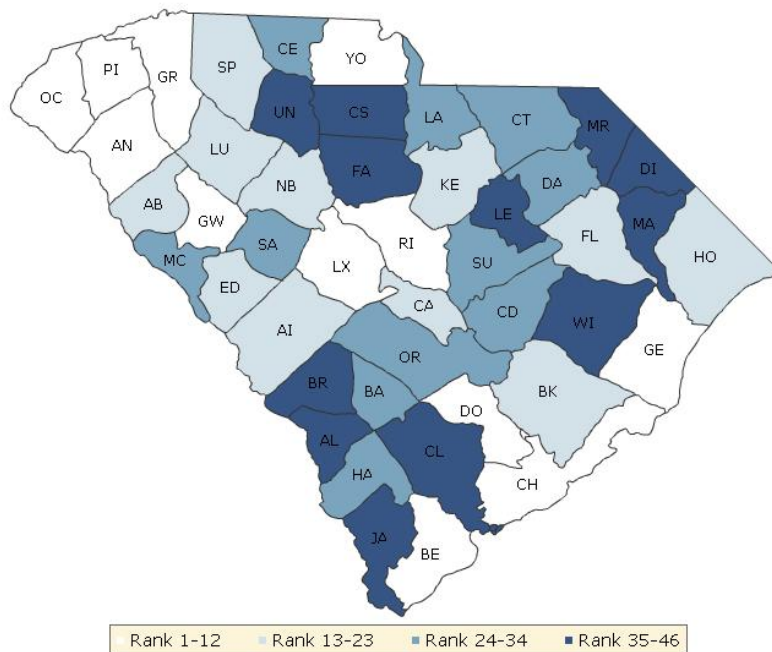
The maps on this page display South Carolina's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health 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	Greenville
3	Greenville	3	Beaufort
4	York	4	Dorchester
5	Dorchester	5	Charleston
6	Charleston	6	Pickens
7	Berkeley	7	Richland
8	Pickens	8	Anderson
9	Edgefield	9	Oconee
10	Kershaw	10	York
11	Richland	11	Greenwood
12	Saluda	12	Georgetown
13	Georgetown	13	Spartanburg
14	Oconee	14	Aiken
15	Horry	15	Calhoun
16	Aiken	16	Newberry
17	Anderson	17	Berkeley
18	Greenwood	18	Edgefield
19	Lancaster	19	Abbeville
20	Sumter	20	Horry
21	Spartanburg	21	Kershaw
22	Abbeville	22	Laurens
23	Newberry	23	Florence
24	Hampton	24	Saluda
25	Calhoun	25	Cherokee
26	McCormick	26	Lancaster
27	Florence	27	McCormick
28	Laurens	28	Hampton
29	Jasper	29	Darlington
30	Colleton	30	Chesterfield
31	Clarendon	31	Sumter
32	Union	32	Orangeburg
33	Darlington	33	Bamberg
34	Cherokee	34	Clarendon
35	Chesterfield	35	Fairfield
36	Marion	36	Jasper
37	Barnwell	37	Lee
38	Allendale	38	Chester
39	Fairfield	39	Colleton
40	Chester	40	Union

Rank	Health Outcomes	Rank	Health Factors
41	Orangeburg	41	Barnwell
42	Bamberg	42	Marion
43	Williamsburg	43	Dillon
44	Marlboro	44	Williamsburg
45	Dillon	45	Marlboro
46	Lee	46	Allendale

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

Rank	Mortality	Morbidity
41	Bamberg	Union
42	Orangeburg	Williamsburg
43	Williamsburg	Bamberg
44	Dillon	Lee
45	Fairfield	Marlboro
46	Lee	Dillon

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

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
41	Allendale	Horry	Fairfield	Aiken
42	Barnwell	Barnwell	Williamsburg	Abbeville
43	Union	Union	Marion	McCormick
44	Williamsburg	Jasper	Dillon	Allendale
45	Jasper	Saluda	Marlboro	Spartanburg
46	Marlboro	Lee	Allendale	Richland

2010 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	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2007
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) 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.

⁴ Not available for AK and HI.

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