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APPENDIX A: GLOSSARY OF ACRONYMS

A

ACE: Adverse Childhood Experience

ACS: American Community Survey

AHEC: Area Health Education Consortium

AIDS: Acquired Immunodeficiency Syndrome

ASTHO: Association of State and Territorial Health Officials

ATS: Adult Tobacco Survey

B

BRFSS: Behavioral Risk Factor Surveillance System

C

CCR: Central Cancer Registry

CDC: Centers for Disease Control and Prevention

CHAS: Children's Health Assessment Survey

COPD: Chronic Obstructive Pulmonary Disease

CT: Computed Tomography

CWA: Clean Water Act

CWS: Community Water Systems

D

DHHS: Department of Health and Human Services

DTaP: Diphtheria, Tetanus, and Pertussis

E

ED: Emergency Department

EPA: Environmental Protection Agency

F

FBI: Federal Bureau of Investigation

FPL: Federal Poverty Level

H

Hib: Haemophilus influenzae type b

HIV: Human Immunodeficiency Virus

HPV: Human Papillomavirus

M

MAPP: Mobilizing for Action through Planning and Partnerships

MDE: Major Depressive Episode

MSW: Municipal Solid Waste

MVC: Motor Vehicle Crash

N

NAAQS: National Ambient Air Quality Standards

NACCHO: National Association of City and County Health Officials

NCHS: National Center for Health Statistics

NEI: National Emissions Inventory

NIS: National Immunization Survey

NISVS: National Intimate Partner and Sexual Violence Survey

NTDs: Neural Tube Defects

NVDRS: National Violent Death Reporting System

P

PCA: Pollution Control Act

PCV: Pneumococcal Conjugate Vaccine

PIT: Point in Time

PRAMS: Pregnancy Risk Assessment Monitoring System

PSA: Prostate-Specific Antigen

R

RFA: South Carolina Office of Revenue and Fiscal Affairs

RUCA: Rural-Urban Commuting Area

S

SAHIE: Small Area Health Insurance Estimates

SAMHSA: Substance Abuse and Mental Health Services Administration

SC BDP: South Carolina Birth Defects Program

SC DC: South Carolina Department of Corrections

SC DE: South Carolina Department of Education

SC DHEC: South Carolina Department of Health and Environmental Control

SCDPS: South Carolina Department of Public Safety

SCORH: South Carolina Office of Rural Health

SHA: State Health Assessment

SHIP: State Health Improvement Plan

SIDS: Sudden Infant Death Syndrome

SMI: Serious Mental Illness

STDs: Sexually Transmitted Diseases

SUIDs: Sudden Unexpected Infant Deaths

T

TB: Tuberculosis

Tdap: Tetanus, diphtheria, and pertussis

V

Var: Varicella

Y

YPLL: Years of Potential Life Lost

YRBSS: Youth Risk Behavior Surveillance System

YTS: Youth Tobacco Survey

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Demographics

Leading Causes of Death and Hospitalizations

Cross-Cutting

Access to Health Care

Maternal and Infant Health

Chronic Disease and Risk Factors

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APPENDIX B: GLOSSARY OF TABLES AND FIGURES

Infectious Disease

Injury

Behavioral Health

Physical Environment

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APPENDIX C: KEY TERMS

DEFINITION	SOURCE
RUCA: Codes classify US census tracts using measures of population density, urbanization, and daily commuting. The most recent RUCA codes are based on data from the 2010 decennial census and the 2006-2010 American Community Survey.	United States Department of Agriculture (USDA) https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx
Owner-Occupied: A housing unit was considered owner-occupied if the owner or co-owner lives in the unit, regardless if the mortgage is fully paid for. The unit is considered owner-occupied if it is being purchased with a mortgage or some other debt arrangement. It is also considered owner-occupied if there is a home equity line of credit on it. Mobile homes occupied by owners with installment loan balances are also included.	U.S. Census Bureau's American Community Survey (ACS) https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2016_ACSSubjectDefinitions.pdf
Renter-Occupied: All occupied housing units that are not owner-occupied, whether they are rented or occupied, without payment of rent, are classified as renter-occupied. Housing units on military bases are classified in the "no rent paid" category of the American Community Survey.	U.S. Census Bureau's American Community Survey (ACS) https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2016_ACSSubjectDefinitions.pdf
Years of Potential Life Lost (YPLL): YPLL is commonly used to measure the rate and distribution of premature mortality. Premature mortality is the number of years of potential life lost before age 75. This measure addresses the impact of premature death, the impact of disease and death, and their cost to society. YPLL emphasizes deaths of younger persons.	County Health Rankings & Roadmaps http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-outcomes/mortality/premature-death/premature-death-ypll

Gini Index of Income Inequality: This index measures income inequality. The Gini coefficient ranges from 0, indicating perfect income equality (everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income). This index is based on the difference between the observed cumulative income distribution and the notion of a perfectly equal income distribution.	U.S. Census Bureau https://www.census.gov/topics/income-poverty/income-inequality/about/metrics/gini-index.html
Concentrated Disadvantage: This US Census-created variable is used to measure community well-being. It looks at the percentage of households located in census tracts with a high level of concentrated disadvantage, calculated using the following variables: • Percentage of individuals living below poverty line • Percentage of individuals receiving public assistance • Percentage of female-headed households • Percentage of individuals unemployed • Percentage of households with children less than age 18	Association of Maternal and Child Health Programs (AMCHP) http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-06_ConcentratedDisad_Final-4-24-2014.pdf
Detracting Elements: Neighborhood-detracting elements include litter or garbage on the street or sidewalk, poorly kept or rundown housing, and/or vandalism such as broken windows and graffiti.	US Census Bureau, National Survey of Children's Health (NSCH) http://childhealthdata.org/browse/survey/results?q=4764&r=42

Violent Crime: These crimes include offenses of murder and nonnegligent manslaughter, rape (legacy definition), robbery, and aggravated assault.	US Department of Justice, Federal Bureau of Investigation (FBI) http://www.ucrdatatool.gov/
Property Crime: These crimes include burglary, larceny-theft, and motor vehicle theft.	US Department of Justice, Federal Bureau of Investigation (FBI) http://www.ucrdatatool.gov/
Adverse Childhood Experiences (ACEs): ACEs refers to a respondent's first 18 years of life. They are broken down into 3 groups: Abuse[1] • Emotional Abuse: A parent or other adult in your home ever swore at you, insulted you, or put you down. • Physical Abuse: A parent or other adult in your home ever hit, beat, kicked or physically hurt you. • Sexual Abuse: An adult or person at least 5 years older ever touched you in a sexual way, or tried to make you touch their body in a sexual way, or attempted to have sex with you. Household Challenges • Intimate Partner Violence: Parents or adults in home ever slapped, hit, kicked, punched or beat each other up. • Household Substance Abuse: A household member was a problem drinker or alcoholic or used street drugs or abused prescription medications. • Household Mental Illness: A household member was depressed or mentally ill or a household member attempted suicide.	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html [1]Abuse questions modified from the original Kaiser ACE Study to make them more appropriate for a telephone survey.

Rural and Urban Counties as used in Access to Health Care: Indicators using the South Carolina Office for Healthcare Workforce counties were identified based on percentage of a county's population living in urban areas and percent living outside of urbanized areas as calculated by the U.S. Census Bureau. Counties were designated rural if 50% or more of the population was living outside of urbanized areas. • Rural Counties: Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Fairfield, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, McCormick, Marion, Marlboro, Newberry, Oconee, Orangeburg, Saluda, Union, and Williamsburg • Urban Counties: Aiken, Anderson, Beaufort, Berkeley, Charleston, Dorchester, Florence, Georgetown, Greenville, Greenwood, Horry, Lexington, Pickens, Richland, Spartanburg, Sumter, and York.	South Carolina Health Professions Data Book, 2016 https://www.scohw.org/projects/databook/
Delayed Medical Care: This variable was calculated based on the BRFSS question of, "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?".	Centers for Disease Control and Prevention - Behavioral Risk Factor Surveillance System (BRFSS) https://www.cdc.gov/brfss/brfssprevalence/index.html

Avoidable Hospitalizations and Emergency Department (ED) Visits: This variable consists of illnesses and conditions that can often be managed effectively on an outpatient basis and generally do not require hospitalizations if managed properly. This variable was calculated by SC RFA and include: • Angina, asthma, cellulitis, chronic obstructive pulmonary disease, congestive heart failure, convulsions, dehydration, diabetes, gastroenteritis, hypertension, kidney/urinary infection, and pneumonia.	S.C. Revenue and Fiscal Affairs Office http://rfa.sc.gov/healthcare/utilization
Asthma Hospitalization: Hospitalizations were reviewed using ICD-9 Code, 493. This includes allergic asthma, allergic bronchitis, allergic rhinitis with asthma, atopic asthma, extrinsic allergic asthma, hay fever with asthma, idiosyncratic asthma, intrinsic non-allergic asthma, and non-allergic asthma.	Asthma ICD-9 Codes http://www.icd9data.com/2015/Volume1/460-519/490-496/493/default.htm
Infant Mortality: This is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
Neonatal Period: The first 27 days of life is known as the neonatal period.	National Center for Health Statistics (NCHS) https://www.cdc.gov/nchs/

Postneonatal Period: The period of a baby's life which occurs from 28 days to 11 months after birth.	National Center for Health Statistics (NCHS) https://www.cdc.gov/nchs/
Sudden Unexpected Infant Deaths (SUIDs): This is the death of an infant less than one year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious. The three commonly reported types of SUIDs include the following: Sudden Infant Death Syndrome (SIDS), unknown cause, or accidental suffocation and strangulation in bed.	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/sids/data.htm
Preterm: Babies born too early, prior to 37 weeks of pregnancy.	March of Dimes https://www.marchofdimes.org/complications/premature-babies.aspx
Low Birthweight: Babies born weighing less than 2,500 grams (5 pounds, 8 ounces).	March of Dimes https://www.marchofdimes.org/complications/low-birthweight.aspx

Adequacy of Prenatal Care Utilization (APNCU) Index: This index measures the utilization of prenatal care on two dimensions. • Adequacy of Initiation of Prenatal Care: measures the timing of initiation using the month prenatal care began reported on the birth certificate • Adequacy of Received Services: takes the ratio of the actual number of visits reported on the birth certificate to the expected number of visits (based on the American College of Obstetrics and Gynecology prenatal care visitation standards for uncomplicated pregnancies, and is adjusted for the gestational age at initiation of care and for the gestational age at delivery. **APNCU Categories:** • Adequate Plus: prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received • Adequate: prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received • Intermediate: prenatal care begun by the 4th month of pregnancy and 50-79% of recommended visits received • Inadequate: prenatal care begun after the 4th month of pregnancy or less than 50% of recommended visits received	March of Dimes https://www.marchofdimes.org/ Research Publication https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615177/pdf/amjph00460-0056.pdf

Pregnancy-Related Death: This is the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management.	World Health Organization (WHO) http://www.who.int/healthinfo/statistics/indmaternalmortality/en/
Body Mass Index (BMI) for Adults 18+: Underweight: 12.0-18.4 Normal: 18.5-24.9 Overweight: 25.0-29.9 Obese: 30.0+	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
Food Desert: The criteria for identifying a census tract as low income are from the Department of Treasury's New Markets Tax Credit (NMTC) program. This program defines a low-income census tract as any tract where: • The tract's poverty rate is 20 percent or greater; or • The tract's median family income is less than or equal to 80 percent of the State-wide median family income; or • The tract is in a metropolitan area and has a median family income less than or equal to 80 percent of the metropolitan area's median family income. Low-income census tracts where a significant number (at least 500 people) or share (at least 33 percent) of the population is greater than 1/2 mile from the nearest supermarket, supercenter, or large grocery store for an urban area or greater than 10 miles for a rural area.	United States Department of Agriculture (USDA) https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx

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HIV Continuum of Care: This is steps aimed to achieve viral suppression. This five-step process includes: • Diagnosed: receiving a diagnosis of HIV • Linked to Care: visited a health care provider within 30 days of receiving a HIV diagnosis • Engaged or Retained in Care: received medical care for HIV infection once or continuously • Prescribed Antiretroviral Therapy: treatment that helps HIV patients stay healthy • Achieve Viral Suppression: amount of HIV in the blood is at a very low level	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf Health Resources and Services Administration (HRSA) https://hab.hrsa.gov/about-ryan-white-hivaids-program/hiv-care-continuum
Child Maltreatment: This variable incorporated child victims with reported neglect, physical abuse, sexual abuse, threatened abuse or neglect, drug/alcohol addiction, and/or lack of supervision.	US Department of Health and Human Services, Children's Bureau https://www.acf.hhs.gov/cb/resource/child-maltreatment-2016
Serious Mental Illness (SMI): This is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. SMI includes individuals with diagnosis resulting in serious functional impairment.	Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.samhsa.gov/disorders
Municipal Solid Waste: Durable goods (e.g., appliances, tires, batteries), nondurable goods (e.g., newspapers, books, magazines), containers and packaging, food wastes, yard trimmings, and miscellaneous organic wastes from residential, commercial, and industrial non-process sources.	US Environmental Protection Agency (EPA) https://www.epa.gov/

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Suicide: This category includes deaths of persons who intended only to injure rather than kill themselves, and deaths associated with risk-taking behavior with a high risk for death without clear intent to inflict fatal injury (e.g., "Russian roulette"). Suicides involving only passive assistance to the decedent (e.g., supplying the means or information needed to complete the act) are also included in this category. The category does not include deaths caused by chronic or acute substance abuse without the intent to die.	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/violenceprevention/suicide/index.html
Homicide: Homicide is defined as a death resulting from the use of physical force or power, threatened or actual, against another person, group, or community when a preponderance of evidence indicates that the use of force was intentional.	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/mmwr/volumes/65/ss/ss6510a1.htm
Sexual Violence: Sexual violence is defined as a sexual act committed against someone without that person's freely given consent. Contact sexual violence is a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact. Non-contact unwanted sexual experiences are those unwanted experiences that do not involve any touching or penetration, including someone exposing their sexual body parts, flashing, or masturbating in front of the victim, someone making a victim show his or her body parts, someone making a victim look at or participate in sexual photos or movies, or someone harassing the victim in a public place in a way that made the victim feel unsafe.	Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

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APPENDIX D: ALLIANCE FOR A HEALTHIER SOUTH CAROLINA MEMBERSHIP

American Association of Retired Persons (AARP)

AccessHealth SC

Anmed Health

Baptist Easley

Beaufort Memorial Hospital

Behavioral Health Services Association

BlueCross BlueShield of South Carolina

BlueCross BlueShield of South Carolina Foundation

Bon Secours St. Francis Health Systems

Care Coordination Institute

Children's Trust of South Carolina

Clemson University

Coastal Carolina University

Drs. Bruce and Lee Foundation

Eat Smart, Move More South Carolina

Furman University

Greenville Health System

Health Sciences South Carolina

Hilton Head Hospital

March of Dimes

Mary Black Foundation

McLeod Health

Michelin

Molina Healthcare

Medical University of South Carolina

Palmetto Care Connections

Palmetto Health

PASOs

Roper St. Francis

South Carolina Area Health Education Consortium

South Carolina Association of Health Underwriters

South Carolina Business Coalition on Health

South Carolina Campaign to Prevent Teen Pregnancy

South Carolina Children's Hospital Collaborative

South Carolina Department of Alcohol and Other Drug Abuse Services

South Carolina Department of Health and Environmental Control

South Carolina Department of Mental Health

South Carolina Free Clinic Association

South Carolina Hospital Association

South Carolina Institute of Medicine and Public Health

South Carolina Medical Association

South Carolina Nurses Association

South Carolina Office of Rural Health

South Carolina Primary Health Care Association

South Carolina State University

South Carolina Telehealth Alliance

South Carolina Thrive

Select Health of South Carolina

Self Regional Healthcare

Spartanburg Regional Healthcare System

The Carolinas Center

The Carolina Center for Medical Excellence

The Duke Endowment

The Self Family Foundation

Tidelands Health

Total Comfort Solutions

University of South Carolina

United Way Associations of South Carolina

WellCare

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Bureau of Chronic Disease and Injury Prevention

- Division of Oral Health

- Division of Tobacco Prevention and Control

Bureau of Communicable Disease Prevention and Control

- Division of Immunization and Prevention

- Division of STD/HIV

Bureau of Community Health Services

- Division of Biostatistics

Bureau of Drug Control

- Prescription Monitoring Program

Bureau of Health Improvement and Equity

- Division of Cancer Registry

- Division of Population Health Data

- Division of Surveillance

Environmental Affairs Administration

- Office of Applied Science and Community Engagement

Office of Project Management

Measurement of Statistical Significance

The methods for testing statistical significance are provided below for each data source. Assume any differences between data comparisons in the sections of the report are statistically significant unless otherwise stated.

Population-Based Surveys:

- BRFSS, PRAMS, CHAS, ATS, YTS, NIS, NIS-Teen, National Intimate Partner and Sexual Violence Survey, and National Survey of Children's Health

When using population-based surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS) Children's Health Assessment Survey (CHAS), Adult Tobacco Survey (ATS), the Youth Tobacco Survey (YTS), the National Immunization Survey (NIS), the National Intimate Partner and Sexual Violence Survey, and the National Survey of Children's Health (NSCH), one method was used to test the significance of the indicators in the assessment. When comparing two estimates, as done with the demographic variable categories (i.e. annual household income, sex, race/ethnicity), the 95% confidence intervals of both estimates were examined. If the intervals did not overlap then a statistically significant increase or decrease was observed between the two estimates ($p < 0.05$). If the 95% confidence intervals overlapped then no significant difference was reported. A trend analysis was also performed, when available, with population-based survey data. Regarding BRFSS data, with no more than six estimates from 2011-2016, the comparison of the confidence intervals was utilized to determine if a statistically significant increase or decrease was seen over time. The confidence intervals from 2011 were compared to the confidence intervals of the latest data point (i.e. 2016). The same method described above were employed in assessing trend significance. Error bars that are visually depicted using BRFSS, CHAS, PRAMS, ATS, and YTS data encompass the 95% confidence intervals. This method is customary and often used to show the 95% standard errors. Any estimates of United States medians do not have accompanying error bars because the standard errors were not available, and subsequent calculations were not possible. Additionally, the BRFSS analysis was conducted through the South Carolina BRFSS coordinator. Some of the estimates presented that utilize BRFSS data, primarily involving the race/ethnicity variable, do not align completely with the Centers for Disease Control and Prevention (CDC) BRFSS website. In South Carolina, respondents who did not report race/ethnicity were

classified as missing whereas CDC BRFSS imputes missing values for race/ethnicity. Therefore, the results presented here may not align with CDC BRFSS estimates by race/ethnicity. Indicators that were age-adjusted using the 2000 Standard Population were done so to align with Healthy People 2020 goals. To align with Healthy People 2020, either CDC-grouped or the National Center for Health Statistics (NCHS)-grouped weights were used. CDC-grouped weights were calculated using the same methodology as published in the 2001 NCHS document. More information concerning the methodology for age adjustment can be found here:[1] https://pdfs.semanticscholar.org/3c00/b6efc4ccc730b26cf06b2f9b5dcdf42753fd.pdf.

The following variables were age adjusted and their accompanying adjustment distributions are outlined below:

Adults Who Meet the Objectives for Aerobic Physical Activity (150 Minutes) and for Muscle-Strengthening Activity (two times per week); 18+ years

CDC WEIGHTS	
Age Group	Weight
19-44	0.530534557
45-64	0.299194019
65+	0.170271424

Breast cancer screening in past two years; (women, 50-74 years)

CDC WEIGHTS	
Age Group	Weight
50-59	0.503095679
60-74	0.496904321

Cervical cancer screening in past three years; (21-65 years)

CDC WEIGHTS

Age Group	Weight
21-44	0.597372335
45-65	0.402627665

Current cigarette smoker (18+ years)

CDC WEIGHTS

Age Group	Weight
18-44	0.530534557
45-64	0.299194019
65+	0.170271424

Met at least one of USPSTF Recommendations for Colorectal Cancer Screening; (ages 50-75 years)

CDC WEIGHTS

Age Group	Weight
50-64	0.677340307
65-75	0.322659693

Obesity; (ages 20+):

NCHS Weights: Distribution #11

Age Group	Weight
20-29	0.183707
30-39	0.212872
40-49	0.215905
50-59	0.155890
60-69	0.102446
70-79	0.082415
80+	0.046765

- YRBSS

When utilizing data from the Youth Risk Behavior Surveillance System (YRBSS), the available Youth Online Data Analysis Tool on the CDC website was employed to test significance. The online data tool provides the opportunity to test if there is a significant trend present from the earliest year of data collection to 2015 for each variable assessed. To determine if the trend shown is significant the website runs a logistic regression analysis, where all demographic variables are controlled for over time. If the p-value is < 0.05, the trend is considered significant. The Youth Online Data Analysis Tool also offers the ability to test if a significant difference is seen between two different locations (i.e. South Carolina vs. United States). To see if a significant difference was present among varying locations, t-tests were used to determine pairwise differences between these two populations. Differences were

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considered statistically significant if the t-test p-value was < 0.05. This same method was used to determine significant differences amongst varying subgroups (race/ethnicity, sex, and grade). For more information on the statistical methods employed on the YRBSS CDC website, visit https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf.[2] The error bars presented visually depict the 95% positive and negative standard errors.

Population-based Registries:

When relying on population-based registries, such as vital records and the cancer registry, additional methods and tests were conducted to determine the significance of the indicators in the assessment. When comparing two estimates, the two population proportions z-test was utilized. This test incorporated two different populations with varying proportions and sample sizes to determine if there was a statistical difference between the two. The sample size incorporated the population as determined by the Census. This test was conducted in Excel 2016 where a z-value and subsequent p-value was calculated using the population and proportion information. P-values < 0.05 were considered statistically significant. A trend analysis was conducted to analyze population-based vital records. When at least ten years

of estimates were available, a general linear regression model was examined. The goodness of fit with the F-statistic and systematic variation in residuals were evaluated to determine if a significant change had occurred over the ten plus years. Trend analyses were modeled in SAS 9.4 (SAS Institute, Cary, NC) and p-values < 0.05 were deemed significant.

Southern State Comparison:

Some of our indicators were compared to eight other southern states. These states included: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. These states make up Region Four in the Office of Intergovernmental and External Affairs in the US Department of Health and Human Services.[3]

Data Suppression Rules for the State Health Assessment:

Regarding records used for the state health assessment, counts less than ten were suppressed and displayed as "<10". Similarly, rates with numerators less than ten OR denominators less than 25 were suppressed and were noted in the footnotes. Survey estimates with a coefficient of variation (CV) more than 20% were suppressed and documented in the footnotes.

References:

1. Klein, R. J., & Schoenborn, C. A. (2001). Age adjustment using the 2000 projected US population.

2. Kann, L., McManus, T., Harris, W.A., et al. Youth Risk Behavior Surveillance—United States, 2015. MMWR Surveill Summ 2016; 65(No.6). https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf.

3. HHS Office of the Secretary, Office of Intergovernmental and External Affairs. (2014, April 15). Regional Offices. Retrieved June 7, 2018, from https://www.hhs.gov/about/agencies/iea/regional-offices/index.html.

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Access to Health Care

AHS-1: Increase the proportion of persons with health insurance

RD-2.1: Reduce hospitalizations for asthma among children under age 5 years

Maternal and Infant Health

FP-1: Increase the proportion of pregnancies that are intended

MICH-1.3: Reduce the rate of all infant deaths (within 1 year)

MICH-1.4: Reduce the rate of neonatal deaths (within the first 28 days of life)

MICH-1.5: Reduce the rate of postneonatal deaths (between 28 days and 1 year)

MICH-5: Reduce the rate of maternal mortality

MICH-8.1: Reduce low birth weight (LBW)

MICH-9.1: Reduce total preterm births

MICH-10.1: Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester

MICH-20: Increase the proportion of infants who are put to sleep on their backs

MICH-10.2: Increase the proportion of pregnant women who receive early and adequate prenatal care

MICH-21.4: Increase the proportion of infants who are breastfed exclusively through 3 months

MICH-21.5: Increase the proportion of infants who are breastfed exclusively through 6 months

Chronic Disease and Risk Factors

C-2: Reduce the lung cancer death rate

C-3: Reduce the female breast cancer death rate

C-4: Reduce the death rate from cancer of the uterine cervix

C-5: Reduce the colorectal cancer death rate

C-7: Reduce the prostate cancer death rate

C-9: Reduce invasive colorectal cancer

C-10: Reduce invasive uterine cervical cancer

C-11: Reduce late-stage female breast cancer

C-15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines

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C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines

C-17: increase the proportion of women who receive a breast cancer screening based on the most recent guidelines

HDS-2: Reduce coronary heart disease deaths

HDS-3: Reduce stroke deaths

NWS-9: Reduce the proportion of adults who are obese

PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

PA-3.1: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity

TU-1.1: Reduce cigarette smoking by adults

TU-2.2: Reduce the use of cigarettes by adolescents (past month)

Infectious Disease

IID-8: Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DtaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV)

IID-12.14: Increase the percentage of pregnant women who are vaccinated against seasonal influenza

IID-26: Reduce new hepatitis C infections

IID-29: Reduce tuberculosis (TB)

Injury

IVP-1.1: Reduce fatal injuries

IVP-13.1: Reduce motor vehicle crash-related deaths per 100,000 population

IVP-15: Increase use of safety belts

IVP-23.2: Prevent an increase in fall-related deaths among adults aged 65 years and older

IVP-29: Reduce homicides

IVP-38: Reduce nonfatal child maltreatment

MHMD-1: Reduce the suicide rate

Behavioral Health

MHMD-2: Reduce suicide attempts by adolescents

MHMD-4.1: Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)

The Forces of Change assessment is used in a State Health Assessment process to help identify issues that the review of data did not uncover. It identifies forces that affect the health and quality of life of the state now or in the near-to-medium future. Issues could be economic, social, political, technological, environmental, scientific, legal or even ethical. When thinking about forces consider trends, factors, or events. Factors are discrete elements, such as an ethnic population or a dispersed population. Events are one-time occurrences, such as a hospital closure, the opening of a new factory, a natural disaster, or the passage of new legislation. We invite you to take a few minutes to think about forces that the Alliance should consider in its state health assessment process and share your thoughts in the following survey. Input from this survey will inform a discussion at the January 23rd Alliance meeting. We thank you in advance for your time. Think about forces occurring in South Carolina that might affect the health status of South Carolinians over the next 3-5 years.

1. Name of organization completing this survey:

2. What forces are affecting South Carolina?

3. What forces might hinder us from creating a healthier state?

4. How might those forces impact the health of South Carolinians during the next 3-5 years?

5. Are there actions South Carolina could take in response to those forces that could lead to health improvement?

1. What county do you live in?

   _____

2. My zip code is: _____

3. I have this type of health care coverage:

   ☐ Private/Employer-Sponsored Insurance

   ☐ Affordable Care/ObamaCare/ Marketplace

   ☐ Medicaid

   ☐ Medicare

   ☐ No Insurance

   ☐ Other

   ☐ If other is selected, please specify.

4. I think these are the 3 most important health concerns on our community:

   ☐ Alcohol Use

   ☐ Alzheimer's/Dementia

   ☐ Arthritis

   ☐ Cancer

   ☐ Diabetes

   ☐ Drug Use

   ☐ Heart Disease/Stroke

   ☐ High Blood Pressure

   ☐ HIV/AIDS/STDs

   ☐ Infant Death

   ☐ Mental Health

   ☐ Overweight/Obesity

   ☐ Tobacco Use

   ☐ Other

   ☐ If other is selected, please specify.

5. I think these are the 3 most important factors for a healthy community:

   ☐ Acceptance of all people

   ☐ Access to affordable health care

   ☐ Access to healthy and affordable foods

   ☐ Access to safe and affordable housing

   ☐ Access to safe places to be active

   ☐ Clean environment

   ☐ Good jobs/healthy economy

   ☐ Good schools

   ☐ Low crime

   ☐ Low disease rates

   ☐ Neighbors helping neighbors

   ☐ Smoke free workplace

   ☐ Strong faith and fellowship

   ☐ Other

   ☐ If other is selected, please specify.

6. I would rate the overall health of our community as:

   ☐ Poor

   ☐ Fair

   ☐ Good

   ☐ Very Good

   ☐ Excellent

7. Age

   ☐ 18-25

   ☐ 26-39

   ☐ 40-54

   ☐ 55-64

   ☐ 65 or older

8. Gender

   ☐ Male

   ☐ Female

9. Which race/ethnic group do you most identify with? (Choose only one)

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Native Hawaiian or Pacific Islander
- [ ] Asian
- [ ] More than one race
- [ ] Some other race

10. Are you of Hispanic, Latino or Spanish origin?

- [ ] Yes
- [ ] No

11. My Job Status

- [ ] Employed for wages
- [ ] Self-employed
- [ ] Out of work and not currently looking for work
- [ ] Out of work and looking for work
- [ ] A homemaker
- [ ] Student
- [ ] Military
- [ ] Retired
- [ ] Unable to work

12. My household income (in $) is:

- [ ] Less than $25,000
- [ ] $25,000-$39,999
- [ ] $40,000-$59,999
- [ ] $60,000-$79,999
- [ ] $80,000-$99,999
- [ ] $100,000 or more

13. Highest level of education

- [ ] Did not finish High School
- [ ] High School of GED
- [ ] Technical College
- [ ] Bachelors
- [ ] Masters
- [ ] Doctorate
- [ ] Other, (please specify)

The Quantitative Assessment in the SHA used 34 data sources to analyze more than 90 indicators, including 16 primary and 18 secondary data sources. Primary sources were defined as data collected directly by SC DHEC, whereas secondary included sources collected from other entities. The DHEC SHA Data Team created a template of metrics based on indicators from the original ASTHO table. The metrics for determining the indicators included the following:

- Magnitude (Size) – Number of persons affected by the health indicator.

- Seriousness – Are those affected severely impacted by the indicator, such as high mortality or morbidity, or severe disability or significant pain and suffering?

- Ability to Change (Feasibility) – How feasible is it to improve on the health issue, considering resources, evidenced-based interventions, and existing groups working on it?

- Health Equity—Are population subgroups disproportionately affected?

- Is the health indicator a measure of a social determinant that affects multiple health issues?

- Quality of the Data - Are there quality data available to measure and track the health indicator?

- Trend Data Available - Are there trend data available or is there an opportunity to track the health indicator over time?

- Comparison Data Available— Does the indicator have data available for comparing with other states and / or comparing regions within the state?

- Healthy People 2020 - Is the indicator a Healthy People 2020 objective?

A listing and a brief description, including strengths and limitations, is recorded below for all sources used in the SHA.

Adult Tobacco Survey (ATS):

- Owner: SC Department of Health and Environmental Control (SC DHEC), Centers for Disease Control and Prevention (CDC)

- Primary/Secondary: Primary

- Description: Adult Tobacco Survey (ATS) was created to assess the prevalence of tobacco use, as well as the factors promoting and impeding tobacco use among adults. ATS also establishes a comprehensive framework for evaluating both the national and state-specific tobacco control programs.

- Strengths: ATS is the first adult tobacco survey designed within the framework provided by the Office of Smoking and Health's Key Outcome Indicators (KOI) report. The ATS questionnaire is built around KOI from a

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variety of goal areas. This survey captures landlines and cell phone lines.

- Limitations: Self-reported data where the cell phone area codes do not always match up with the state of residence.
- Indicators:
  - o Percent of Adults Experiencing Secondhand Smoke Exposure in Workplaces
  - o Percent of Current Smokers Attempting to Quit in Past Year
  - o Secondhand Smoke Exposure in the Workplace

Website: www.cdc.gov/tobacco/data_statistics/surveys/nats/index.htm

American Community Survey (ACS):

- Owner: US Census Bureau
- Primary/Secondary: Secondary
- Description: The American Community Survey (ACS) is an ongoing survey that provides vital information on a yearly basis about our nation and its people. Information from the survey generates data that help determine how more than $675 billion in federal and state funds are distributed each year.
- Strengths: State and county level available with a wide variety of descriptive and geographic variables. ACS provides varying time estimates, and are released

in the year following data collection. This survey allows you the opportunity to monitor trends over time.

- Limitations: Self-reported data, and over time there has been changes in concepts or variables of measurement. Additionally, ACS estimates are less reliable or precise than census long-form estimates.
- Indicators:
  - o Race/Ethnicity
  - o Median Income and Poverty Level
  - o Marital Status
  - o Type of Disability
  - o Veteran Status
  - o Households with a Motor Vehicle
  - o Method of Transportation to Work
  - o Education
  - o Housing
  - o Gini Index of Income Inequality
  - o Concentrated Disadvantage

Website: www.census.gov/programs-surveys/acs

Behavioral Risk Factor Surveillance System (BRFSS):

- Owner: SC DHEC, CDC
- Primary/Secondary: Primary
- Description: BRFSS is the world's largest random telephone survey of non-institutionalized population

aged 18 or older that is used to track health risks in the United States. It collects data on actual behaviors, rather than on attitudes or knowledge, that would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs.

- Strengths: Population-based weighted data representative of the SC population. Due to the strong control over survey questions, SC data is comparable to other states. Contributes to national database and allows for the availability to track trends over time. Responses can be immediately checked, and those that are impossible are thrown out.

- Limitations: Self-reported data, anonymous, and cannot be linked with other databases. Due to small sample sizes, county and zip code level data is sometimes impossible. Only captures individuals who choose to participate in the telephone survey, and as such response rates have been declining over time.

- Indicators:
  - o Delayed medical care due to cost
  - o Percent of Adults Who Were Seen by a Dentist in the Past Year for a Routine Check-up

- o Percent of Adults Who Report Binge Drinking
- o Percent of Adults Who Report Heavy Drinking
- o Percent of Adults with Depression
- o Poor Mental Health Days
- o Adults Who Met Physical Activity Recommendations
- o Percent of Adults Who Did Not Eat Fruits at Least Once a Day
- o Percent of Adults Who Did Not Eat Vegetables at Least Once a Day
- o Percent of Adults with Arthritis
- o Percent of Current Smoking Among Adults
- o Percent of Diabetes
- o Percent of Hypertension
- o Percent of Obesity
- o Percent of Pap Test
- o Percent of Prediabetes
- o Percent of Women Reporting Having Mammograms
- o Percent Who Received Recommended Colorectal Cancer Screening
- o Percent of Adults Who Always Use a Seatbelt
- o Adverse Childhood Experiences
- o HIV Testing

Website: www.scdhec.gov/Health/ SCPublic HealthStatisicsMaps/ BehavioralRiskFactorSurveys/

Bureau of Health Improvement and Equity:

- Owner: SC DHEC

- Primary/Secondary: Primary

- Description: Per state law, SC DHEC obtains any blood lead test results. Fact sheets and reports are then made summarizing and highlighting the data shown.

- Strengths: Strengths: All blood lead test results are required to be reported by law. As such, SC DHEC receives, documents, and analyzes all blood lead test results that are performed in the state. It collects demographic information, reporting source, location of test, specimen collection date and source, and results as applicable. State and county level information is possible.

- Limitations: Lead test results other than those performed on blood are not reportable to SC DHEC. If a positive result lead result is shown, it does not mean the child obtained the high value in their own home or even county.

- Indicators:
  - o Children Who Received a Lead Blood Test
  - o Children with an Elevated Blood Lead Test

Website: www.scdhec.gov/ HomeAndEnvironment/ YourHomeEnvironmental andSafetyConcerns /Lead/ LeadData/

Bureau of Land and Waste Management:

- Owner: SC DHEC

- Primary/Secondary: Primary

- Description: Since the SC Solid Waste Policy and Management Act of 1991 annual reports focusing on solid waste management have been required in the state. The reports highlight the amount and type of solid waste that is disposed of and recycled in South Carolina.

- Strengths: Provides data on varying types of waste and how they are managed at both the state and county level. Data collection is mandated through state law.

- Limitations: Recycling data from businesses and other industries is not mandated by law, so reporting can fluctuate potentially impacting precision and consistency from year to year.

- Indicators:
  - o Land Waste Generated
  - o Land Waste Recycled

Website: www.scdhec.gov/ HomeAndEnvironment/Recycling/ DataReports

Bureau of Water:

- Owner: SC DHEC

- Primary/Secondary: Primary

- Description: Ambient water quality data is collected statewide to support the SC Pollution Control Act and US

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Clean Water Act goals and requirements to determine status, identify impairments, and provide the basis for maintenance and improvement efforts for the State's surface water quality.

- Strengths: Monitoring provides a long term, continuous, and comprehensive record of surface water quality throughout the state.

- Limitations: Ambient monitoring data may not be appropriate for civil boundary subdivisions (state, county, and city) that are not related to watershed extent.

- Indicators:
  o Compliance with Required Surface Water Quality Standards

Website: www.scdhec.gov/HomeAndEnvironment/Water

Children's Health Assessment Survey (CHAS):

- Owner: SC DHEC

- Primary/Secondary: Primary

- Description: CHAS is a survey to measure the health characteristics of children, ages 0 through 17. The CHAS survey has been implemented annually since January 2012. The CHAS is a follow-up survey to BRFSS for parents of children age 0-17.

- Strengths: CHAS is population-based data and provides data on health habits and disease

prevalence among children and teens not otherwise available. The data can be linked to BRFSS.

- Limitations: CHAS is self-reported data, anonymous, and cannot be linked with other databases. Response rates do not allow for breakdown by county or zip code, and trend analysis is often difficult.

- Indicators:
  o Percent of Children Who Saw a Dentist in the Past Year for a Check-Up

Website: www.scdhec.gov/Health/SCPublicHEalthStatisicsMaps/CHAS/Overview

Central Cancer Registry (CCR):

- Owner: SC DHEC, NPCS, and SEER Incidence

- Primary/Secondary: Primary

- Description: The CCR is a population-based data system that collects cancer incidence (newly diagnosed cases) in South Carolina. Data in a central cancer registry are used to study trends in how often cancers occur in a defined area, changes in diagnosis and treatment patterns, and patients' survival rates. Strengths: Every cancer diagnosed after January 1, 1996 among SC residents is included in the registry. This allows for the opportunity to study trends over time.

Demographic information as well as diagnosis information and treatment type are included.

- Limitations: Does not include clinical data such as lab tests. Basal and squamous cell carcinomas of the skin and carcinoma in-situ cancers of the cervix are not reported to the registry
- Indicators:
  - o Incidence of All Sites Cancer
  - o Incidence of Colorectal Cancer
  - o Incidence of Invasive Cervical Cancer
  - o Incidence of Late-Stage Female Breast Cancer
  - o Incidence of Prostate Cancer

Website: www.scangis.dhec.sc.gov/scan/cancer2/home.aspx

Division of Acute Disease Epidemiology:

- Owner: SC DHEC
- Primary/Secondary: Primary
- Description: This division publishes reports annually on numbers and rates of infectious diseases
- Strengths: This division uses population-based data and hepatitis C is a mandatory reportable condition. State level data is available by several demographic breakdowns, and overall data

is available by county when sample size is adequate.

- Limitations: Due to confidentiality issues, data for specific locations broken down by demographics is limited.
- Indicators:
  - o Hepatitis C Incidence

Website: www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/DataandReports

Division of Oral Health:

- Owner: SC DHEC
- Primary/Secondary: Secondary
- Description: This division oversees the Community Water Fluoridation Surveillance, which provides internal personnel and external partners and stakeholders with the water fluoridation levels in Community Water Systems (CWS). As of December 31, 2017, there were 50 Community Water Systems in South Carolina that adjusted their fluoride levels. These adjusted systems, along with community systems that they sell to, and other natural systems provide fluoridated water to 91.9% of the population that is on public water. Monthly fluoride levels are extracted from the SC Environmental Facility Information System and reported to CDC's Water Fluoridation Reporting System.

- Strengths: Able to monitor adjusting systems to see if the CWS is maintaining recommended levels of fluoride in the community's drinking water. This information can be viewed monthly.
- Limitations: Many of the systems do adjust monthly and are only tested once every three years, where many changes can occur during this lag time.
- Indicators
  - o Fluoride in Drinking Water

Website: www.scdhec.gov/Health/OralHealth

Division of Surveillance and Technical Support:

- Owner: SC DHEC
- Primary/Secondary: Primary
- Description: This division publishes reports annually on numbers and rates of STD and HIV.
- Strengths: This is population-based data and STDs and HIV/AIDS are mandatory reportable conditions. State level data is available by several demographic breakdowns, and overall data is available by county.
- Limitations: Data for specific locations broken down by demographics is limited.
- Indicators:
  - o HIV/AIDS Incidence
  - o HIV/AIDS Continuum of Care

  - o HIV/AIDS Prevalence
  - o HIV/AIDS Viral Suppression
  - o Chlamydia Incidence
  - o Gonorrhea Incidence
  - o Syphilis Incidence

Website: www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs

Division of Tuberculosis Elimination:

- Owner: CDC
- Primary/Secondary: Primary
- Description: This division aims to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis in the United States. To accomplish these goals the division conducts surveillance, provides funding to state and local TB programs, conducts program evaluation, and provides data management, conducts research.
- Strengths: The CDC documents all cases and produce annual reports of total number of cases and rates for the state. Demographic variables are also provided when available
- Limitations: Most county level estimates are suppressed due to small sample sizes
- Indicators:
  - o Tuberculosis Incidence

Website: www.cdc.gov/nchhstp/metrics/dtbe.htm

Food Environmental Atlas:

- Owner: US Department of Agriculture
- Primary/Secondary: Secondary
- Description: The Food Environmental Atlas spatially depicts varying food access indicators for low-income and other census tracts using measures of supermarket availability. It also provides food access data for populations within census tracts, and offers census-tract-level data on food access.
- Strengths: This provides data at census-tract level on varying indicators on food access. Can also be manipulated to choose the distance to a supermarket. It also considers abundance of indicators to produce the best estimates of areas of low healthy food access.
- Limitations: Estimates use number of supermarkets from 2015, however, these numbers can fluctuate. Additionally, considers several assumptions (i.e. Low vehicle availability). Also, just because a census-tract is in a low food access area, this does not mean everyone in the tract is eating unhealthy foods or not getting adequate foods.
- Indicators:
  - o   Food Desert Map

Website: www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx

Inpatient Discharges and Emergency Department (ED) Visits:

- Owner: SC Revenue and Fiscal Affairs Office (RFA)
- Primary/Secondary: Primary
- Description: It collects data from all civilian hospitals in South Carolina. In 2016, the data was converted from ICD-9 CM codes to ICD-10 CM codes.
- Strengths: This dataset also contains diagnoses, length of stay, charges, payer source, and other useful information for health surveillance.
- Limitations: RFA data is not population-based and does not include information on individuals at the VA hospitals.
- Indicators:
  - o   Leading Causes of Hospitalizations
  - o   Asthma Hospitalizations Among Children
  - o   Avoidable Hospitalizations and ED Visits
  - o   Rate of Hospitalizations and ED Visits due to Falls Among Older Adults

Website: www.rfa.sc.gov/healthcare

Motor Vehicle Accident Database:

- Owner: SC Department of Public Safety (SCDPS)
- Primary/Secondary: Secondary

- Description: The section maintains the South Carolina traffic collision database and is the core of data analysis within the Office of Highway Safety.

- Strengths: This has a complete, unduplicated count of traffic collisions occurring in SC during the calendar year. Includes fatal and non-fatal collisions, and is analyzed by vehicle, by characteristics of the driver, and by type of injury to driver or passenger.

- Limitations: It is not linkable with other datasets.

- Indicators:
  - o   Nonfatal Traffic Collision Injuries

Website: www.scdps.gov

National Child Abuse and Neglect Data System (NCANDS):

- Owner: Administration of Children and Families

- Primary and Secondary: Secondary

- Description: NCANDS is a voluntary data collection system that gathers information from all 50 states. The data is used to examine trends in child abuse and neglect across the country.

- Strengths: This is a national database where the quality of data is closely monitored. Case-level data includes information including the characteristics of the reports of abuse and neglect, varying types of maltreatment, CPS

findings, risk factors of the child and the caregivers, and services provided.

- Limitations: It is not population-based and reporting is voluntary

- Indicators:
  - o   Nonfatal Child Maltreatment Rate

Website: www.acfhhs.gov/cb/research-data-technology/statistics-research/child-maltreatment

National Emissions Inventory (NEI):

- Owner: US Environmental Protection Agency (EPA)

- Primary/Secondary: Secondary

- Description: The NEI is a comprehensive and detailed estimate of air emissions of criteria pollutants, criteria precursors, and hazardous air pollutants from air emissions sources. The NEI is released every three years based primarily upon data provided by State, Local, and Tribal.

- Strengths: The NEI provides pollutant data at the county level for as many as 60 different pollutants. Data can be run by specific pollutant or by sector, i.e. agriculture, fuel combustion, dust, etc.

- Limitations: Ambient air does not recognize civil boundaries (state, county, and city). Use of emissions data on local scales must consider the source type (point, mobile, area).

- Indicators:
  - o Air Quality-Criteria Pollutant Emissions

Website: www.epa.gov/air-emissions-inventories/national-emissions-inventory-nei

National Immunization Survey (NIS):

- Owner: CDC
- Primary/Secondary: Secondary
- Description: The NIS are a group of phone surveys used to monitor vaccination coverage among children 19–35 months and teens 13–17 years, and flu vaccinations for children 6 months–17 years. The surveys collect data through telephone interviews with parents or guardians in all 50 states. Landline and cell phone numbers are randomly selected and called to enroll one or more age-eligible child or teen from the household. The parents and guardians of eligible children are asked during the interview for the names of their children's vaccination providers and permission to contact them. With this permission, a questionnaire is mailed to each child's vaccination provider(s) to collect the information on the types of vaccinations, number of doses, dates of administration, and other administrative data about the health care facility.
- Strengths: The NIS provide current, population-based,

state and local area estimates of vaccination coverage among children and teens using a standard survey methodology. Estimates of vaccination coverage are determined for child and teen vaccinations

- Limitations: There is difficulty reaching families by phone and gaining permission to contact vaccination providers. Estimates at the state/local area and by race/ethnicity could be unreliable due to small sample sizes
- Indicators:
  - o Children Ages 19-35 Months Who Completed the Combined 7-Vaccine Series
  - o Children Who Received a Flu Vaccine
  - o Adults Who Received a Flu Vaccine

Website: www.cdc.gov/vaccines/imz-managers/nis/index.html

National Immunization Survey – Teen (NIS-Teen)

- Owner: CDC
- Primary/Secondary: Secondary
- Description: The NIS-Teen was first launched in 2006, targeting adolescents 13-17 years who live in the United States. Data collection is used to monitor vaccination coverage among teens at the national, state, and selected local levels. Data collection happens in two parts: through a household survey and a mail

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survey to doctors and other vaccination providers once a parent has granted permission.

- Strengths: This survey provides current, population-based, state and local area estimates of vaccination coverage among teens using a standard survey methodology. Results are strengthened since the provider responds on vaccinations. Provides demographic characteristics in addition to adherence to vaccination recommendations.

- Limitations: There is some difficulty in reaching families by phone, and then obtaining permission to contact the provider. Additionally, estimates stratified by race/ethnicity could be unreliable due to small sample sizes

- Indicators:
  - o Female Adolescents Ages 13-17 Years Who Received at Least 1 Dose of HPV Vaccine
  - o Male Adolescents Ages 13-17 Years Who Received at Least 1 Dose of HPV Vaccine
  - o Tdap Booster Among Adolescents Ages 13-17 Years

Website: www.cdc.gov/vaccines/imz-managers/nis/datasets-teen.html

The National Intimate Partner and Sexual Violence Survey (NISVS)

- Owner: CDC
- Primary/Secondary: Secondary
- Description: The NISVS is an ongoing, national random-digit-dial (RDD) telephone survey on sexual violence, stalking, and intimate partner violence victimization. Data, representative of the national adult population, are collected from the non-institutionalized English- and Spanish-speaking population aged 18 or older using a dual-frame sampling strategy that includes landlines and cell phones.

- Strengths: The NISVS provides national and state-level estimates of sexual violence, stalking, and intimate partner violence victimization, collecting data from all 50 states.

- Limitations: Data is somewhat out of date, and it is also self-report data.

- Indicators:
- Women Who Ever Experienced Sexual Violence Victimization
- Women Who Ever Experienced Intimate Partner Violence
- Website: www.cdc.gov/violenceprevention/nisvs

National Survey on Drug Use and Health (SAMHSA)

- Owner: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Primary/Secondary: Secondary
- Description: SAMHSA is the agency that leads public

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health efforts to advance the behavioral health of the nation.

- Strengths: SAMHSA has prioritized data, outcomes and quality. SAMHSA has data by state, sex, age group, and payment source.

- Limitations: This is self-reported data, and does not report data on individuals who are homeless, active duty military personnel, and persons housed in jails or hospitals.

- Indicators:
  - o Percent of Major Depressive Episode
  - o Percent of Medical Treatment for Suicide
  - o Percent of Serious Mental Illness

Website: www.datafiles.samhsa. gov/study-series/national-survey-drug-use-and-health-nsduh-nid13517

National Survey of Children's Health (NSCH)

- Owner: US Census Bureau

- Primary/Secondary: Secondary

- Description: NSCH provides rich data on multiple, intersecting aspects of children's lives—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. A revised version of the survey was most recently conducted as a telephone survey by the Census Bureau in 2016.

- Strengths: NSCH collects data on a range of topics, including physical and emotional health, factors that may relate to well-being of children, including medical home, family interactions, parental health, school experiences, and safe neighborhoods.

- Limitations: The survey methodology changed in 2016; therefore, comparisons can't be made to historical data.

- Indicators:
  - o Safe Neighborhoods
  - o Presence of Detracting Neighborhood Elements

Website: www.childhealthdata.org/learn/NSCH

Office of Research and Data Analysis

- Owner: SC Department of Education (SC DE)

- Primary/Secondary: Secondary

- Description: The mission of the Office of Research and Data Analysis is to provide accurate, reliable, and timely data services.

- Strengths: This office analyzes data that is submitted to the DE by the schools. School level is combined to provide accurate state level estimates and is broken out to provide demographic topics including students with disabilities and those receiving subsidized meals.

- Limitations: They must rely on schools to accurately report data, and includes information on public schools only. No individual level data and some variable definitions have changed over time (i.e. Lunch status).
- Indicators:
  - o   High School Education

Website: www.ed.sc.gov/data/

Point in Time Count Report (PIT)

- Owner: US Interagency Council on Homelessness
- Primary/Secondary: Secondary
- Description: Every year, the US Department of Housing and Urban Development (HUD) requires communities to count people experiencing homelessness on a specific night in January. The information is analyzed and compiled into a single report for SC by researchers working with each local continuum of care.
- Strengths: This report provides demographic data of those who are homeless. Counts are provided for the state and by county of individuals who are considered homeless. It also considers those living in shelters in addition to those living on the street.
- Limitations: Counts of homelessness are conducted during a two-week period in the month of January, as

ordered by the Department of Housing and Urban Development. These counts are estimates as the numbers could vary throughout the course of the year.

- Indicators:
  - o   Homelessness

Website: www.schomeless.org/resources/reports/pit-count

Pregnancy Risk Assessment Monitoring System (PRAMS)

- Owner: SC DHEC, CDC
- Primary/Secondary: Primary
- Description: PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. Developed in 1987, PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS surveillance currently covers about 83% of all US births.
- Strengths: PRAMS provide data not available from other sources. This data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.
- Limitations: No clinical or lab data is available.

- Indicators:
  - o Percent of Women Who Received a Flu Vaccine During Pregnancy
  - o Intended Pregnancy
  - o Safe Sleep
  - o Women Who Had Their Teeth Cleaned During Their Most Recent Pregnancy

Website: www.scdhec.gov/Health/ SCPublicHealthStatisicsMaps/ PregnancyRiskAssmentand MonitoringSystem/AboutPRAMS/ www.cdc.gov/prams/index.htm

Profile of Inmates in Institutional Count

- Owner: SC Department of Corrections (SC DC)
- Primary/Secondary: Primary
- Description: SC DC provides a yearly overview of the prison population in SC.
- Strengths: This profile provides data on institutionalized population that is not often captured from other sources. Data includes varying demographic indicators. The information also includes those inmates on authorized absence.
- Limitations: No clinical or lab data information is available, and the data provided is just descriptive statistics. The report only focuses on those in SC Department of Corrections on June 30th, so the numbers could vary throughout the year.

- Indicators:
  - o Incarcerated Inmates

Website: www.doc.sc.gov/ research/statistics.html

Small Area Health Insurance Estimates (SAHIE)

- Owner: US Census Bureau
- Primary/Secondary: Secondary
- Description: The US Census Bureau's Small Area Health Insurance Estimates program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the US by selected economic and demographic characteristics.
- Strengths: Provides estimates on insurance coverage for all counties in the US by selected economic and demographic characteristics.
- Limitations: Does not indicate if source of health coverage is public or private.
- Indicators:
  - o Health Insurance 18-64

Website: www.census.gov/data- tools/demo/sahie/sahie.html

South Carolina Birth Defects Program (SC BDP)

- Owner: SC DHEC
- Primary/Secondary: Primary
- Description: The SC Birth Defects Program is a legislatively-mandated

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program that conducts active surveillance of approximately 50 birth defects from all South Carolina's delivering hospitals. Its purpose is to promote increased understanding of birth defects, prevent and reduce birth defects, and assist families with children who have birth defects. The SC Birth Defects Program also make appropriate referrals to services designed to help children and families affected by birth defects.

- Strengths: Approximately 50 birth defects are captured by this program.
- Limitations: Data on babies affected by birth defects are not immediately available as babies are followed up until the age of two years.
- Indicators:
  - o Birth Defects, by Type
  - o Neural Tube Defects

Website: www.scdhec.gov/Health/FamilyPlanning/DataStatiscson PregnancyBabyHealth/BirthDefects/

South Carolina Office of Healthcare Workforce

- Owner: SC Area Health Education Consortium (SC AHEC)
- Primary/Secondary: Secondary
- Description: The SC Office of Healthcare Workforce provides information about the health status of South Carolinians and the number of healthcare

professionals actively practicing across the state.

- Strengths: Provider information covers 19 varying types of healthcare professionals. The provider information is broken down into county level estimates. Information is based on licensing, where individuals hold an active license and are practicing, which is a requirement to practice in the state. Includes rates which are based on population level data.
- Limitations: The number is based on licensing which occurs every two years, so the estimates could be skewed slightly. Additionally, individuals are counted if they hold an active license and are practicing. However, individuals could be educators, researchers, and administrators who do not engage in direct patient care, yet are still practicing.
- Indicators:
  - o Dentist Ratios
  - o Primary Care Physician Ratios
  - o Nurse Practitioners Ratio
  - o Physician Assistants Ratios

Website: www.scohw.org

Tuberculosis Control

- Owner: SC DHEC
- Primary/Secondary: Primary
- Description: The SC TB Control protects the public through case finding, treating both

active TB disease and latent TB infection, identification and testing of individuals exposed to TB, and targeted evaluation of persons at high risk progression to TB disease.

- Strengths: Since TB is a reportable condition, whenever a positive TB test is received, SC TB Control is notified. They document all cases and produce annual reports of total number of cases and rates, if possible, for the state and by county.

- Limitations: Most county level estimates are suppressed due to small sample sizes.

- Indicators:
  - o Tuberculosis Incidence

Website: www.scdhec.gov/ Health/DiseasesandConditions/ InfectiousDiseases/ BacterialDiseases/Tuberculosis

Uniform Crime Report Statistics

- Owner: Federal Bureau Investigation (FBI)

- Primary/Secondary: Secondary

- Description: The FBI's Uniform Crime Reporting (UCR) Program is a nationwide, cooperative statistical effort of nearly 18,000 law enforcement agencies voluntarily reporting data on crimes brought to their attention. This data has over the years become one of the country's leading social indicators.

- Strengths: The UCR Program collects statistics on violent crime (murder and non-negligent manslaughter, rape, robbery, and aggravated assault) and property crime (burglary, larceny-theft, and motor vehicle theft). By using the table-building tool, users can specify offenses, locality (city, county, state), and year(s).

- Limitations: Data classifications and definitions can vary substantially by locale.

- Indicators:
  - o Violent Crime
  - o Property Crime

Website: www.urcdatatool.gov/ index.cfm

Vital Statistics

- Owner: SC DHEC, National Center for Health Statistics (NCHS)

- Primary/Secondary: Primary

- Description: The Division of Vital Records is the state's official records keeper for vital information pertaining to births, deaths, marriages, and divorces occurring in South Carolina.

- Strengths: Population-based data where all births must be recorded by law. Provides information on birth weight, gestational age, prenatal care, maternal complications during pregnancy that affect birth outcomes. Population-based data, all deaths must be

Appendices

reported by law. A fundamental source of demographic, geographic, and cause-of-death information.

- Limitations: Does not include clinical data such as lab tests. Additionally, no information on health status leading up to death.
- Indicators:
  o Population by Age Group and Sex
  o Prenatal Care in the First Trimester
  o Adequate Prenatal Care
  o Low Birthweight
  o Preterm Birth
  o Teen Birth
  o Breastfeeding Initiation
  o Mortality Due to Drug Overdose
  o Fall Deaths Among Older Adults
  o Homicide Rates
  o Injury Death Rates
  o Motor Vehicle Crash Deaths
  o Suicide Rates
  o Infant Mortality and Leading Causes of Infant Death
  o Sudden Unexpected Infant Deaths (SUIDS)
  o Pregnancy-Related Death

Website: www.scangis.dhec.sc.gov/scan/

Youth Tobacco Survey (YTS)

- Owner: SC DHEC, CDC
- Primary/Secondary: Primary
- Description: YTS collects data from students in grades 6 through 12. The YTS is intended to enhance the capacity of state agencies and organizations to design, implement, and evaluate tobacco prevention and control programs.
- Strengths: Covers tobacco related topics and samples students in grades 6-12.
- Limitations: This is self-reported data.
- Indicators:
  o Percent of Current Young Smokers Attempting to Quit in Past Year
  o Percent of Youth Experiencing Secondhand Smoke Exposure in Homes or Vehicles

Website: www.cdc.gov/tobacco/data_statistics/surveys/nats/index.htm

Youth Risk Behavior Surveillance System (YRBSS)

- Owner: SC DE, CDC
- Primary/Secondary: Secondary
- Description: YRBSS is a national school-based survey conducted by the CDC, gauging health and behavioral indicators from the youth nationwide.

- Strengths: YRBSS collects a wide range of demographic and health related data. Like BRFSS, SC state data can be compared with other states. Allows for the ability to track trends over time. Allows states to add a small subset of questions.

- Limitations: Self-reported data, anonymous, cannot be linked with other databases. It lacks the ability to gather detailed information on chronic disease risk factors. Due to sampling design, it is only generalizable to public high school students. Due to small sample sizes county and zip code level data are sometimes impossible.

- Indicators:
  - o Percent of Adolescents Who Always Use a Seatbelt
  - o Adolescents Who Met Physical Activity Recommendations
  - o Percent Current Cigarette Smoking in Youth
  - o Percent of Adolescents Who Did Not Text or Email While Driving

Website: www.cdc.gov/healthyyouth/data/yrbs/index.htm

Cross-Cutting:

Artisan Community Garden: A community garden that provides a place for individuals to share the love of Christ and a passion for improved health through gardening fresh produce.

- Reach: Low-income residents in the city of Anderson, South Carolina
- Contact Information:
  - Website: www.thelotproject.com
  - Phone: 864-642-1085

Children's Trust of South Carolina: The statewide organization focused on the prevention of abuse, neglect and injury. The organization trains and educates professional who work directly with families, and also funds, supports and monitors proven prevention programs. Children's Trust advocates for strong, well-founded policies that positively impact child well-being.

- Reach: Children and families in South Carolina
- Contact Information:
  - Website: www.scchildren.org
  - Phone: 803-733-5430

Division of Industries: This training oriented work program allows the inmates to return to society with skills that will enable them to become useful and productive citizens.

- Reach: Inmates of the South Carolina Department of Corrections
- Contact Information:
  - Website: www.doc.sc.gov/programs/pi.html
  - Phone: 803-896-8516 or 1-800-922-8121

Eastern Carolina Homelessness Organization: The mission of this organization is to plan, develop, and implement strategies to resolve the housing crisis experienced by individuals and families.

- Reach: Individuals in the Pee Dee region of South Carolina
- Contact Information:
  - Website: www.echohomeless.org
  - Phone: 843-213-1798

Midlands Area Consortium for the Homeless: This organization was created to advocate for funding to address homelessness. They help individuals obtain stable housing and employment and education, necessary to become self-sufficient.

- Reach: Individuals in the Midlands region of South Carolina
- Contact Information:
  - Website: www.midlandshomeless.com
  - Phone: 803-733-5400

Operation Get Smart: This program is aimed primarily at youth to deter them from making poor decisions resulting in criminal behavior and prison sentences. The program consists of a carefully screened team of inmates who travel the state speaking to youth and adults about actions which led to their involvement in crime and the consequences of their behavior.

- Reach: Students of South Carolina
- Contact Information:
  - o Website: www.doc.sc.gov/ programs/getsmart.html
  - o Phone: 803-896-1846

Personal Responsibility Education Program: The goal is to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections.

- Reach: Targets youth ages 10-19 who are homeless, in foster care, live in rural areas, or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups.
- Contact Information:
  - o Website: www.scdhec.gov/ Health/ChildTeenHealth/ Teens/ThePointTeenClinics
  - o Phone: 855-472-3432

South Main Mercy Center: A community garden with fresh vegetables available seasonally.

- Reach: Low income residents and homeless individuals in the South Main Street area of Anderson, South Carolina
- Contact Information:
  - o Website: www. southmainmercy.org
  - o Phone: 864-437-8298

Transitions Homeless Center: This center provides homeless individuals access to the day center, hot meals, showers, service providers, and housing.

- Reach: Homeless individuals in the Midlands region of South Carolina
- Contact Information:
  - o Website: www.transitionssc. org
  - o Phone: 803-708-4861

United Housing Connections: This organization connects people at-risk for or currently experiencing homelessness with safe, sustainable and affordable homes.

- Reach: Individuals who are homeless or at risk of becoming homeless in the Upstate region of South Carolina
- Contact Information:
  - o Website: www. unitedhousingconnections. org
  - o Phone: 864-241-0462

Access to Health Care:

AccessHealth Spartanburg: This organization was designed to help uplift the people of the community without health insurance. This provides a place for the uninsured to receive care, management, navigation, and connection to needed services.

- Reach: Uninsured individuals living in Spartanburg County, South Carolina
- Contact Information:
  - o Website: www. accesshealthspartanburg. org
  - o Phone: 864-560-0190

Affordable Care Act to Expand Medicaid: Medicaid coverage and options for low-income individuals and families through the Marketplace, regardless if the state has expanded Medicaid.

- Reach: Low-income individuals and families
- Contact Information:
  - o Website: https://www. healthcare.gov/
  - o Phone: 1-800-318-2596

Coalition for Access to Health Care: This group of Health Care professionals works to develop ways to ensure that every patient can get the care they need from any provider they select.

- Reach: Community at large

- Contact Information:
  - o Website: www.coalitionfor accesstohealthcare.com
  - o Phone: 803-530-9899

Connecting Smiles Community Oral Health Coordination Institute: The vision is to improve the oral health status of vulnerable populations in South Carolina through collaborative partnerships, oral health integration, and preventive public health strategies.

- Reach: Vulnerable populations in South Carolina
- Contact Information:
  - o Website: www.cs.sph. sc.edu
  - o Phone: 803-576-6036

Greenville Health System Population Health Program: A mobile health clinic that is fully staffed with oversight from the Departments of Family and Emergency Medicine, and rotates throughout vulnerable sites.

- Reach: Communities in South Carolina who have been identified with a high need of primary and urgent care services.
- Contact Information:
  - o Website: www.hsc. ghs.org/education/ gme/familymedicine/ populationhealth/
  - o Phone: 864-455-9022

Lowcountry Health Network: Through this mission, the Healthcare Network Group of the Lowcountry intends to enhance

the quality of care for Lowcountry residents by bringing together a network of professionals and/or organizations who will be better informed about resources in the Lowcountry of South Carolina.

- Reach: South Carolinians who reside in the Lowcountry region of the state
- Contact Information:
  - o   Website: www.hnglc.org

PASOs: Provides culturally responsive education on family health, early childhood, and positive parenting skills; individual guidance for participants in need of resources; and partnerships with healthcare and social service providers to help them provide more effective services.

- Reach: The Latino Community of South Carolina
- Contact Information:
  - o   Website: www.scpasos.org
  - o   Phone: 803-777-0188

Smiles for a Lifetime (SMILES): This division of Welvista, is a school-based pediatric dental program providing preventive and restorative services to school-aged children in grades K-12 in rural South Carolina counties.

- Reach: K-12 public school students in Allendale, Dillon, Hampton, Manning, and Summerton, South Carolina
- Contact Information:
  - o   Website: www.welvista.org/pediatric-dentistry/

South Carolina Asthma Alliance: This alliance works together to promote a healthier South Carolina by eliminating the burdens associated with asthma through collaboration, education, and leadership.

- Reach: Community at large
- Contact Information:
  - o   Website: www.scasthmaalliance.org
  - o   Phone: 864-347-0031

South Carolina Access Health: The mission is to support communities in creating and sustaining coordinated data-driven provider networks of care that provider networks of care that provide medical homes and ensure timely, affordable, high-quality healthcare services for low-income uninsured South Carolinians.

- Reach: Health Organizations that have patient-centered Medical Homes in South Carolina
- Contact Information:
  - o   Website: www.scha.org/members/member-initiatives/accesshealth-sc
  - o   Phone: 803-744-3556

South Carolina Institute of Medicine and Public Health: This entity works to collectively inform policy to improve health and health care.

- Reach: Community at large
- Contact Information:
  - o   Website: www.imph.org
  - o   Phone: 803-576-5850

South Carolina's Lieutenant Governor's Office on Aging: This office enhances the quality of life for seniors in South Carolina and works with a network of regional and local organizations to develop and manage services that help seniors remain independent in their homes and communities.

- Reach: Seniors, ages 55 and older who reside in South Carolina
- Contact Information:
  - Website: www.aging.sc.gov
  - Phone: 803-734-9900

Tri-County Health Network: The mission of AccessHealth Tri-County Network is to coordinate a sustainable provider network of care for low-income, uninsured residents.

- Reach: Low-income, uninsured residents in Berkeley, Charleston, and Dorchester Counties, South Carolina
- Contact Information:
  - Website: www.scha.org/public/access/accesshealth-tri-county-network
  - Phone: 843-743-2777

Upper Midlands Rural Health Network: The mission is to improve health through collaboration of a diverse group, focused on access to care, health promotion, and education.

- Reach: Individuals in Chester, Fairfield, and Lancaster Counties, South Carolina
- Contact Information:
  - Website: www.umrhn.org

Maternal and Infant Health:

Baby and Me, Tobacco Free: Evidence-based, smoking cessation program created to reduce the burden of tobacco on the pregnant and postpartum population.

- Reach: Pregnant women who are attempting to quit smoking
- Contact Information:
  - Website: www.babyandmetobaccofree.org
  - Phone: 864-518-0124

Cribs for Kids: This program helps educate new parents about Sudden Infant Death Syndrome (SIDS) and the dangers of unsafe sleep practices. They offer important safety messages and give away safety-approved Graco Pack-N-Play to income-eligible families.

- Reach: Infants and their families of the Midlands region of South Carolina
- Contact Information:
  - Website: www.palmettohealth.org/medical-services-perinatal-systems/cribs-for-kids
  - Phone: 803-434-7015

First Steps: Goals include improving children's health and well-being, support parents in their goals to serve as their children's first and best teachers, provide parents with easy access to needed early interventions for children with unique development

needs, help parents access quality child care for their young children, promote early education programs and quality pre-kindergarten choices for families, and help parents transition their rising kindergarteners into school.

- Reach: Residents of South Carolina with children up to age five.
- Contact Information:
  - o Website: www.scfirststeps.com/healthystart
  - o Phone: 803-734-0479

Greenwood Genetic Center: Nonprofit organization advancing the field of medical genetics and caring for families impacted by genetic diseases and birth defects.

- Reach: Individuals and families affected by genetic diseases and/or birth defects
- Contact Information:
  - o Website: www.ggc.org
  - o Phone: 888-442-4363

March of Dimes: Resources and tools for pregnant mothers and their babies to ensure a safe and healthy delivery.

- Reach: South Carolina pregnant mothers and their babies
- Contact Information:
  - o Website: www.marchofdimes.org
  - o Phone: 803-252-5300

Neural Tube Defects Prevention Awareness Campaign: Promotes knowledge of the prevention benefits of folic acids and increase folic acid use by women of childbearing age to prevent these defects.

- Reach: Women of childbearing age
- Contact Information:
  - o Website: www.nbdpn.org

New Morning Foundation: This foundation aims to advance sexual and reproductive health to decrease the number of unintended pregnancies.

- Reach: Community at large
- Contact Information:
  - o Website: www.newmorningfoundation.org
  - o Phone: 803-929-0088

PASOs: Provides culturally responsive education on family health, early childhood, and positive parenting skills, individual guidance for participants in need of resources, and partnerships with healthcare and social service providers to help them provide more effective services.

- Reach: The Latino Community of South Carolina
- Contact Information:
  - o Website: www.scpasos.org
  - o Phone: 803-777-0188

Perinatal Regionalization System: A comprehensive, coordinated and geographically structured system of risk-appropriate care for all pregnant women and infants with a goal of improving perinatal outcomes and reducing infant mortality.

- Reach: There are four perinatal regions and five regional perinatal centers in South Carolina.
- Contact Information:
  - o Website: http://www.astho.org/Presidents-Challenge-2013/SouthCarolina/

South Carolina Beginnings: This organization works with parents of children who are deaf or hard of hearing, deaf and hard of hearing parents, and the professionals that work with these families. They provide counseling, technical assistance and training, hearing screenings, services for providers, and education.

Reach: Individuals and families suffering from hearing loss

- Contact Information:
  - o Website: www.scbegin.org
  - o Phone: 803-216-1171

South Carolina Birth Defects Program: This program conducts active surveillance of approximately 50 birth defects from all South Carolina's delivering hospitals. It provides support information about having children with birth defects.

- Reach: Mothers who deliver a baby with birth defects, or expecting mother wanting to know more about having a child with birth defects throughout South Carolina.

- Contact Information:
  - o Website: www.scdhec.gov/Health/FamilyPlanning/DataStaticsonPregnancyBabyHealth/BirthDefects

South Carolina Birth Outcomes Initiative: This effort aims to improve the health outcomes for all moms and babies. Some efforts include reducing the number of C-sections for low-risk moms, championing Baby-Friendly designated hospitals and breastfeeding, and increasing access to long-acting reversible contraceptives (LARCs).

- Reach: Mothers and babies in South Carolina
- Contact Information:
  - o Website: www.scdhhs.gov/organizations/south-carolina-birth-outcomes-initiative

Spina Bifida Association of the Carolinas: An organization dedicated to promoting the prevention of Spina Bifida and enhancing the lives of all affected.

- Reach: Individuals and families affected by Spina Bifida in the Carolina's
- Contact Information:
  - o Website: www.sbancsc.org

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): This program serves to safeguard the health of mothers, infants, and children in the medically needy population. WIC conducts health assessments and referrals, nutrition and breastfeeding education, and provide supplemental food.

- Reach: Pregnant, postpartum, and breastfeeding women, infants, and children up to age five who are at nutritional risk.
- Contact Information:
  - o Website: https://scdhec.gov/health/wic-nutrition-program
  - o Phone: 855-472-3432

Chronic Disease and Risk Factors:

Alzheimer's Association: Information and referrals as well as care consultation, caregiver support groups, caregiver respite, and community education for those in South Carolina who want to learn more or are dealing with Alzheimer's.

- Reach: Individuals and families affected by Alzheimer's
- Contact Information:
  - o Website: www.alz.org/sc
  - o Phone: 864-224-3045

American Diabetes Association: Committed to educating the public about how to stop diabetes and support those living with diabetes

- Reach: Individuals and families affected by Diabetes
- Contact Information:
  - o Website: www.diabetes.org
  - o Phone: 803-799-4246

Arthritis Foundation: Information and resources, as well as access to optimal care, and community connections in the fight against arthritis

- Reach: Individuals and families affected by arthritis
- Contact Information:
  - o Website: www.arthritis.org
  - o Phone: 404-872-7100

Best Chance Network (BCN): Breast and cervical cancer screenings at no cost for South Carolina women who qualify. This includes screening services, diagnostic testing, follow-up guidance, as well as community education about breast and cervical cancer.

- Reach: Low-income South Carolina women who qualify
- Contact Information:
  - o Website: www.scdhec.gov/Health/DiseasesandConditions/Cancer/FreeCancer/Screenings
  - o Phone: 800-450-4611

Camp Happy Days: The mission of this organization is to offer support and encouragement to children diagnosed with cancer and their families. The goal is to improve the physical, emotional, and psychological health of the entire family facing pediatric cancer.

- Reach: Individuals and families suffering from pediatric cancer
- Contact Information:
  - o Website: www. camphappydays.org
  - o Phone: 843-571-4336

Care Coordination Institute Labs: CCI Labs works with communities and healthcare providers using data to improve quality of care and prevent disease. CCI Labs combines data from EMR, billing, and scheduling systems to create useful tools for healthcare providers all over South Carolina. The focus is on low cost highly scalable solutions to chronic disease and risk factors

- Reach: South Carolina
- Contact Information:
  - o Website: www.ccilabs.org

Catawba Farm and Food Coalition: Aims to establish a food policy council, farmers markets, food hubs, and include access to food in comprehensive planning.

- Reach: Residents of Chester, Fairfield, Lancaster, Union, and York Counties, South Carolina, as well as the Catawba Indian Nation
- Contact Information:
  - o Website: www. catawbafarmandfood.org
  - o Phone: 803-374-3779

City of Columbia Food Policy Council: Elected city residents gather to address problems found within food production, consumption, processing,

distribution, and waste disposal with the primary focus on finding solutions to problems that promote sustainability, economic development, and social justice.

- Reach: Community at large
- Contact Information:
  - o Website: www.columbiasc. net/boards-commissions/ food-policy-committee
  - o Phone: 803-545-3039

Colorectal Cancer Roundtable: Helps prevent more colorectal cancer by providing tools and resources for organizations to help reduce the incidence and mortality from colorectal cancer in the state.

- Reach: Those with colorectal cancer or at risk for developing colorectal cancer in South Carolina
- Contact Information:
  - o Website: www.nccrt.org/ state/south-carolina

Diabetes Initiative of South Carolina: The goal is to provide the tools for management of the disease to reduce severe complications and cost burdens for South Carolinians.

- Reach: Individuals suffering from diabetes in South Carolina
- Contact Information:
  - o Website: www. academicdepartments. musc.edu/medicine/ Divisions/Endocrineology/ DSC/index.htm

Eat Smart, Move More South Carolina: The goal is a state in which healthy eating and active living is the pillar for healthy lifestyles in healthy communities.

- Reach: Community at large
- Contact Information:
  - o   Website: www. eatsmartmovemoresc.org
  - o   Phone: 803-667-9810

Faithful Families: The Faithful Families Eating Smart and Moving More Program promotes healthy eating and physical activity in communities of faith. Resources for the program include a 9-session Faithful Families curriculum and the Planning Guide for Faithful Families Eating Smart and Moving More.

- Reach: Faith communities throughout Anderson County, South Carolina
- Contact Information:
  - o   Website: www.scscu. edu/1890/extension.aspx
  - o   Phone: 864-332-0910

Farm to Institution: Helps increase access to locally sourced produce, promotes environmental stewardship, and strengthens community connections and relationships in South Carolina

- Reach: South Carolinians who lack access/resources to fresh fruits and vegetables; must meet eligibility
- Contact Information:
  - o   Website: www. scfarmtoinstitution.com
  - o   Phone: 803-898-1621

Foodshare: The goal is to make it easier for families in South Carolina to enjoy fresh fruits and vegetables on a daily basis regardless of where one lives or how much they make.

- Reach: South Carolinians who lack access/resources to fresh fruits and vegetables; must meet eligibility
- Contact Information:
  - o   Website: www.foodsharesc. org
  - o   Phone: 803-851-4461

Lee County Farm and Garden Committee: The mission is to provide a community gathering place for both local farmers/ venders and consumers to create access to healthy, affordable locally grown and crafted products, and to promote a healthier lifestyle.

- Reach: All residents of Lee County, South Carolina

LiveWell South Carolina: Community members taking a population-based approach to improving health outcomes in South Carolina

- Reach: Community at large
- Contact Information:
  - o   Website: https:// livewellgreenville.org/
  - o   Phone: 864-230-6127

Midlands Local Food Collaborative: Local governments, academic, and non-profit organizations whose common goal is to promote a sustainable

local food system, foster land stewardship, and increase equitable food access in the Midlands.

- Reach: Community at large
- Contact Information:
  o Website: www.clemson.edu/extension/midlandslocalfood/

Midlands Health Partners: The result of a merger of the Lexington and Richland Health Partners groups who were called together to address top issues from the assessment including obesity and diabetes.

- Reach: Richland and Lexington Counties, South Carolina

National Diabetes Prevention Program: Resources, information, and programs to help combat diabetes in Americans.

- Reach: Community at large
- Contact Information:
  o Website: www.cdc.gov/diabetes/prevention/index.html

Quit Line: One on one coaching through phone and web-based counseling and support as well as a personalized quit plan and free nicotine patches and gum.

- Reach: Community at large
- Contact Information:
  o Website: www.quitnow.net/southcarolina
  o Phone: 800-784-8669

Scale Down South Carolina: Initiatives and programs available to citizens of South Carolina who are interested in losing weight and becoming healthier.

- Reach: Individuals and families in South Carolina who are overweight, obese, or those looking for healthier resources.
- Contact Information:
  o Website: www.scaledown.org

South Carolina Cancer Alliance: The alliance has been dedicated to the prevention and early detection of cancer, as well as improving the treatment of those affected by this disease. Initiatives include public, professional, and patient education.

- Reach: Individuals and families affected by cancer
- Contact Information:
  o Website: www.sccancer.org/workgroups/breast-cancer
  o Phone: 803-708-4732

South Carolina Department of Education: Insight into the National School Lunch and Breakfast programs, as well as other governmental and USDA regulated programs.

- Reach: Public schools in the state of South Carolina
- Contact Information:
  o Website: www.ed.sc.gov/districts-schools/nutrition
  o Phone: 803-734-8500

South Carolina Food Access Task Force: Expands the availability of nutritious food by developing and equipping retail and wholesale outlets selling healthy food.

- Reach: South Carolinians who live in food deserts
- Contact Information:
  - o Website: www. scfoodaccess.com
  - o Phone: 843-973-6285

South Carolina Food Bank Association: The association of four major food banks across the state that bring 85 million meals to the hungry within the state.

- Reach: Community at large
- Contact Information:
  - o Website: scfoodbankassociation.org

South Carolina Governor's Council on Physical Fitness: All schools should offer convenient opportunities for students and staff to participate in enjoyable physical activity, and this imperative should be embodied in policy.

- Reach: Children and educators in public schools in South Carolina
- Contact Information:
  - o Website: www.scahperd.org
  - o Phone: 803-786-3384

South Carolina SNAP Education and Obesity Prevention Program: This program provides a combination of nutrition education, health promotion, and policy, system, and environmental support to low-income communities to improve the likelihood that families who are receiving SNAP benefits will make healthier food and physical activity choices.

- Reach: Individuals and families who receive SNAP benefits in South Carolina
- Contact Information:
  - o Website: www.dss.sc.gov/ assistance-programs/food- and-nutrition-education
  - o Phone: 800-616-1309

South Carolina Supplemental Nutrition Assistance Program (SNAP): Provides benefits, formerly known as Food Stamp benefits, to low-income households with nutrition assistance by increasing the household's food purchasing power.

- Reach: Low-income South Carolinian households
- Contact Information:
  - o Website: www.dss.sc.gov/ assistance-programs/snap
  - o Phone: 800-616-1309

South Carolina Tobacco-Free Collaborative: Eliminate the toll of tobacco in South Carolina

- Reach: Statewide, all South Carolinians
- Contact information:
  - o Website: 803-251-0130
  - o Phone: www.sctobaccofree. org

South Main Mercy Center: A community garden with fresh vegetables available seasonally.

- Reach: Low income residents and homeless individuals in the South Main Street area of Anderson, South Carolina.

- Contact Information:
  - o Website: www. southmainmercy.org
  - o Phone: 864-437-8298

Steps to Your Health: This is a ten-week course that covers basic information about healthy eating and exercising. Participants are weighed and measured the first week and asked to set goals they would like to accomplish by the end of the program. Each session lasts 90 minutes and ends with an exercise activity that can be adapted for individuals with all types of disabilities.

- Reach: Individuals in South Carolina with disabilities
- Contact Information:
  - o Website: www.able-sc.org/ health-initiatives
  - o Phone: 803-779-5121

United Way of South Carolina: Provides a variety of programs for residents of South Carolina including activities to promote healthy eating, active living, smoke-free environments, and the Backpack Snackpack Program.

- Reach: Community at large
- Contact Information:
  - o Website: www.uwasc.org
  - o Phone: 803-929-1000

University of South Carolina Cooking Matters: This program works to empower low-income families, kids, and adults with the knowledge and skills to prepare healthy and tasty meals on a budget.

- Reach: Low-income families in South Carolina
- Contact Information:
  - o Website: www. cookingmatters.org
  - o Phone: 803-898-1629

Working Well: Working Well helps employers develop a strategic plan to impact employee health by focusing on policy, systems, and environmental changes, which are often low or no cost. Working Well aims to help employers create a sustainable culture of wellbeing by using effective, evidence-based best practices to create worksites where the healthy choice is the easy choice.

- Reach: Employers statewide
- Contact Information:
  - o Websites: https://www. scha.org/working-well

Infectious Disease:

AIDS Drug Assistance Program: This program helps South Carolina residents get HIV medications or drugs they cannot get or otherwise afford.

- Reach: Individuals who have HIV, are not eligible for Medicaid/Medicare, and are South Carolina residents
- Contact Information:
  - o Website: www. scdhec.gov/Health/ DiseasesandConditions/ InfectiousDiseases/ HIVandSTDs/ AIDSDrugAssistancePlan/
  - o Phone: 1-800-856-9954

AIDS Healthcare Foundation: Provides those dying of AIDS a safe, dignified, and compassionate place to spend their final days.

- Reach: South Carolinians who are dying of HIV/AIDS
- Contact Information:
  - o Website: www.ahf.org
  - o Phone: 803-933-0288

AID Upstate: This organization provides supportive services to people affected by HIV/AIDS. They provide comprehensive services in the Upstate of South Carolina. Some care services include medical case management, referrals, food pantry, addiction counseling, and a host of other activities.

- Reach: Individuals in Greenville, Anderson, Pickens, and Oconee Counties, South Carolina
- Contact Information:
  - o Website: www.aidupstate. org
  - o Phone: 864-250-0607

EMPOWERR Program: This program aims to reduce the onset of substance abuse and prevent the transmission of HIV, Hepatitis, and other sexually transmitted infections, as well as prevent unintended pregnancy.

- Reach: Minority youth and young adults in the Charleston area of South Carolina
- Contact Information:
  - o Website: www. academicdepartments. musc.edu/empowerr

- o Phone: 843-792-8356 or 843-792-3625

HIV Task Force: The goal is to make a positive difference in the health and lives of people living with HIV in the state of South Carolina as well provide individuals with tools and resources to help support those affected by HIV.

- Reach: Individuals and families living with HIV
- Contact Information:
  - o Website: www.schtf.org

Palmetto AIDS Life Support Services (PALSS): This organization was formed to fight the war against AIDS and offers free services to people who have been diagnosed with or at risk of contracting HIV/AIDS.

- Reach: Community at large
- Contact Information:
  - o Website: www.palss.org
  - o Phone: 803-779-7257

Palmetto Community Care: This organization assists those living with HIV/AIDS by providing a full spectrum of care and support services.

- Reach: Individuals and families with HIV/AIDS in the Lowcountry region of South Carolina
- Contact Information:
  - o Website: www. palmettocommunitycare. org
  - o Phone: 843-747-2273

Personal Responsibility Education Program: The goal is to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections.

- Reach: Targets youth ages 10-19 who are homeless, in foster care, live in rural areas, or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups.

- Contact Information:
  - o Website: www.scdhec.gov/ Health/ChildTeenHealth/ Teens/ThePointTeenClinics
  - o Phone: 855-472-3432

Piedmont Care, Inc.: This nonprofit organization provides HIV/AIDS care, prevention, and advocacy in their service counties. Their mission is to coordinate and provide medical, social, and psychological services for individuals and families affected by or at risk for HIV.

- Reach: Individuals and families affected by HIV in Spartanburg, Cherokee, and Union Counties, South Carolina

- Contact Information:
  - o Website: www. piedmontcare.org
  - o Phone: 864-582-7773 or 866-454-7773

Southern AIDS Coalition: The mission of this coalition is to end the HIV epidemic in the South through public health advocacy, capacity building assistance and education, research and evaluation, and strategic grant writing.

- Reach: Community at large and throughout the Southern region of the United States

- Contact Information:
  - o Website: www. southernaidscoalition.org
  - o Phone: 888-745-2975

South Carolina Immunization Coalition: The coalition comprised of providers, stakeholders, policy makers, and advocates aims to educate, motivate, and increase access to immunizations.

- Reach: Community at large

- Contact Information:
  - o Website: www. atlanticquality.org/ initiatives/immunization/ immunization-sc/
  - o Phone: 803-212-7535

South Carolina Tuberculosis Association: This organization provides programs and services for South Carolinians in hopes to assist in the eradication of tuberculosis.

- Reach: Community at large

- Contact Information:
  - o Website: www. sctuberculosis.org
  - o Phone: 803-252-1087

State Alliance for Adolescent Sexual Health in South Carolina: This alliance works to improve comprehensive sexual health education policies, raise awareness

of prevention of STI/HIV, as well as the availability of HPV vaccine, and the use of condoms, along with other forms of contraception.

- Reach: Adolescents and youth in South Carolina
- Contact Information:
  - o Website: www.saashsc.org
  - o Phone: 803-898-0670

Youth AIDS Coalition: This coalition aims to raise STD awareness, encourage STD testing, and teach preventive techniques. They also provide information on STD testing locations throughout the state.

- Reach: Community at large
- Contact Information:
  - o Website: www. youthaidscoalition.org

Injury:

Aiken County Safe Coalition: Provides suicide prevention through community education and collaboration

- Reach: Community at large
- Contact Information:
  - o Website: www. preventingsuicides.org

Brain Injury Association of South Carolina: This organization aims to provide support and education to individuals with traumatic brain injury, their families, and professionals. They also aim to bring changes in knowledge, attitudes, and behavior to prevent brain injuries and the violence that often causes these injuries. Additionally, they aim to support the advancement of scientific knowledge to improve the quality of life and develop new treatments to protect the brain.

- Reach: Individuals and their families who are suffering from a traumatic brain injury
- Contact Information:
  - o Website: www.biaofsc.com
  - o Phone: 803-731-9823

Children's Trust of South Carolina: The statewide organization focused on the prevention of abuse, neglect and injury. The organization trains and educates professional who work directly with families, and also funds, supports and monitors proven prevention programs. Children's Trust advocates for strong, well-founded policies that positively impact child well-being.

- Reach: Children and families in South Carolina
- Contact Information:
  - o Website: www.scchildren.org
  - o Phone: 803-733-5430

Head and Spinal Cord Injury: Information, case management, and other tools and resources for family support as well as initiatives for children and adults who suffer from a head and spinal cord injury.

- Reach: Those in South Carolina with a Head and Spinal Cord Injury that meet eligibility criteria

- Contact Information:
  - Website: www.ddsn.sc.gov/ consumers/divisions/Pages/ HASCI.aspx
  - Phone: 800-289-7012

Julie Valentine Center: This center's mission is to stop sexual violence and child abuse and the impact of these crimes through prevention, investigation, collaboration, treatment, and advocacy.

- Reach: Community at large
- Contact Information:
  - Website: www. julievalentinecenter.org
  - Phone: 864-331-0560

Palmetto Cycling Coalition: The mission of this coalition is to make South Carolina bicycle and pedestrian friendly, by improving safety through better access and education, to promote healthy lifestyles and livable and economically viable communities.

- Reach: Community at large
- Contact Information:
  - Website: www.pccsc.net
  - Phone: 803-445-1099

Palmetto Poison Center: This center provides services free-of-charge to the public and health professionals 24 hours a day, 365 days a year. They provide information on exposure to poisonous materials for the public and healthcare professionals.

- Reach: Community at large

- Contact Information:
  - Website: poison.sc.edu/ index.asp
  - Phone: 1-800-222-1222 or 803-777-7909

Sexual Trauma Services: This organization advocates for and supports survivors of sexual assault and abuse and educates the community to identify and prevent sexual violence.

- Reach: Community at large
- Contact Information:
  - Website: www.stsm.org
  - Phone: 803-790-8208

South Carolina Coalition Against Domestic Violence and Sexual Assault: This coalition is made up of organizations providing intervention services to victims and survivors of domestic violence and sexual assault and primary prevention programs to students and communities across the state.

- Reach: Community at large
- Contact Information:
  - Website: www.sccadvasa. org
  - Phone: 803-256-2900

South Carolina Occupational Safety and Health Administration: The mission of this organization is to prevent workplace deaths, injuries, and illnesses.

- Reach: Community at large
- Contact Information:
  - Website: www.scosha. llronline.com
  - Phone: 803-896-7665

Target Zero: This is a statewide safety plan that provides a coordinated framework towards eliminating traffic deaths and reducing severe injuries on South Carolina's public roads.

- Reach: Community at large
- Contact Information:
  - o   Website: www. sctargetzeroplan.org
  - o   Phone: 877-349-7187

ThinkFirst Injury Prevention: The South Carolina Spinal Cord Injury Association offers the ThinkFirst Injury prevention program for students in elementary through high school. These presentations provide education on the brain and spinal cord, explain how they are impacted by injury, and address how students can be more safety-conscious in their everyday lives.

- Reach: Elementary through high school students in South Carolina
- Contact Information:
  - o   Website: www.scspinalcord. org/thinkfirst-injury-prevention
  - o   Phone: 803-252-2198

Upstate Splash: This organization hosts charity events to make a measurable difference in childhood drowning by raising funds to provide swim lesson scholarships for at-risk youth.

- Reach: At-risk youth in the surrounding communities of the Upstate, South Carolina

- Contact Information:
  - o   Website: upstatesplash.org
  - o   Phone: 864-400-9967

Behavioral Health:

Axis I Center of Barnwell: The mission of this center is to provide awareness, education, prevention, intervention, treatment, and referral for individuals in the community suffering from substance use disorders.

- Reach: Individuals and families suffering from substance use disorder in Barnwell County, South Carolina
- Contact Information:
  - o   Website: www.axis1.org
  - o   Phone: 803-541-1245

Behavioral Health Coalition: Coalition comprised of behavioral and mental health professionals and stakeholders from across South Carolina to address a set of priority areas related to improving care and outcome to better serve our residents with behavioral health illnesses

- Reach: South Carolinians who need a sustainable system of high quality, cost-effective and accessible behavioral health services and support
- Contact Information:
  - o   Website: http://imph.org/ taskforces/behavioral-health-taskforce
  - o   Phone: 803-576-5850

Code Green Campaign: Raising awareness of the high rates of mental health issues that affect first responders.

- Reach: First responders in South Carolina
- Contact Information:
  - o Website: www. codegreencampaign.org

Federation of Families of South Carolina: This organization aims to provide leadership in children's mental health through education, awareness, support, and advocacy for families of children and youth with emotional, behavioral, mental, and/or substance use disorder.

- Reach: Children and youth suffering from mental illness in South Carolina along with their families
- Contact Information:
  - o Website: www.fedfamsc.org
  - o Phone: 866-779-0402

Lexington Rise Above It: Community partners from LRADAC, law enforcement, Lexington School District, and others to address drug and alcohol use by youth.

- Reach: Youth in Lexington County, South Carolina
- Contact Information:
  - o Website: www.locc.info

Mental Health America of South Carolina: This organization works diligently to advocate for those suffering from mental illness. They also educate individuals to promote good mental health, raise awareness and reduce the stigma associated with mental illness. Finally, they serve those suffering from mental illness by providing evidence based programs that can improve quality of life and speed their recovery.

- Reach: Community at large, primarily those suffering from mental illness in South Carolina
- Contact Information:
  - o Website: www.mha-sc.org
  - o Phone: 803-779-5363

National Alliance on Mental Illness (NAMI) South Carolina: NAMI aims to improve the quality of life for individuals who live with mental illnesses and for their families by promoting the availability of effective services and resources, through education, support, and advocacy.

- Reach: Individuals and families suffering from mental illness
- Contact Information:
  - o Website: www.namisc.org

New Hope Behavioral Health: This counseling center aims to provide a means to an end for each person's struggles through professional counseling, medical services, and restoring hope to all adults to enhance their quality of life.

- Reach: Community at large
- Contact Information:
  - o Website: www. newhopebehavioralhealth. com
  - o Phone: 864-608-4578

Palmetto Low Country Behavioral Health: This is a mental health treatment provider offering substance abuse treatment services for teens, adults, and senior adults in private, caring, and compassionate inpatient and outpatient settings.

- Reach: Community at large
- Contact Information:
  - o Website: www.palmettobehavioralhealth.com
  - o Phone: 843-747-5830

Pee Dee Mental Health: This health center aims to provide effective mental health services to individuals who are experiencing emotional or psychiatric distress while working with organizations and individuals to develop additional resources that may be needed.

- Reach: Individuals and families suffering from mental health distress in Darlington, Florence, and Marion Counties, South Carolina
- Contact Information:
  - o Website: www.peedeementalhealth.org
  - o Phone: 843-317-4073

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS): This agency is charged with ensuring quality services to prevent or reduce the negative consequences of substance use and addictions. The mission is to ensure the availability and quality of continuum of substance use services, thereby improving health status, safety, and quality life of individuals, families, and communities across South Carolina.

- Reach: Individuals and families suffering from substance use disorder in South Carolina
- Contact Information:
  - o Website: www.daodas.sc.gov
  - o Phone: 803-896-5555

South Carolina SHARE: SHARE is a mental health organization to promote recovery principles for the people of South Carolina suffering from mental illness, substance use disorder, and/or co-occurring disorder through education, support, and wellness.

- Reach: South Carolina individuals suffering from mental illness, substance use disorder, and/or co-occurring disorder
- Contact Information:
  - o Website: www.scshare.com
  - o Phone: 803-739-5712

York County All on Board: This coalition aims to engage York County's citizens to collaborate for youth substance abuse reduction, risk minimizations, and healthier lifestyles through capacity building, environmental strategies, education, community awareness, and evaluation.

- Reach: 12-18-year-old youth in York County, South Carolina
- Contact Information:
  - o Website: www.allonboard.org
  - o Phone: 803-493-6950

Physical Environment:

Carolinas Integrated Sciences & Assessments: This team conducts applied research in the Carolinas that incorporates climate information into water, health, and coastal management decision making. Primary goals include seeking to understand climate processes, advance climate adaptation, and support climate information networks.

- Reach: Community at large in both North and South Carolina
- Contact Information:
  - Website: www.cisa.sc.edu
  - Phone: 803-777-2482

Carolina Recycling Association: This organization is committed to waste reduction and recycling efforts through training, education, and networking opportunities.

- Reach: Community at large
- Contact Information:
  - Website: www.cra-recycle.org
  - Phone: 877-972-0007

Charleston Resilience Network: This network aims to foster a unified regional strategy and provide a forum to share science-based information, educate stakeholders, and enhance long-term planning decisions that result in resilience.

- Reach: Charleston region, South Carolina
- Contact Information:
  - Website: www.charlestonresilience.net

Coastal Conservation League: This league was formed to protect the threatened resources of the South Carolina coastal plain including the natural landscapes, abundant wildlife, clean water, and quality of life, by working with citizens and government on proactive solutions to environmental challenges.

- Reach: Community at large
- Contact Information:
  - Website: www.coastalconservationleage.org
  - Phone: 843-723-8035

Don't Waste Food SC: This collaborative campaign brings stakeholders together who are dedicated in sharing knowledge, coordinating resources, and working together to help reduce food waste in South Carolina.

- Reach: Community at large
- Contact Information:
  - Website: www.scdhec.gov/HomeandEnvironment/Recycling/FoodWaste

Farm to Institution: Helps increase access to locally sourced produce, promotes environmental stewardship, and strengthens community connections and relationships in South Carolina

- Reach: South Carolinians who lack access/resources to fresh fruits and vegetables; must meet eligibility

- Contact Information:
  - o Website: www.scfarmtoinstitution.com
  - o Phone: 803-898-1621

Forestry Association of South Carolina: This organization's mission is to maintain and secure adoption of local, state, and federal policies that encourage management, utilization, and conservation of forest resources while maintaining or strengthening the business climate for the wood and paper products industry.

- Reach: Community at large
- Contact Information:
  - o Website: www.scforestry.org
  - o Phone: 803-798-4170

Friends of Lake Keowee: This organization aims to preserve, protect, and enhance Lake Keowee and its watershed through conservation, science, education, and good governance so that the lake remains clean, safe, and beautiful for the community.

- Reach: Individuals and families utilizing Lake Keowee
- Contact Information:
  - o Website: www.folkskeowee.org
  - o Phone: 864-882-3655

Keep the Midlands Beautiful: The mission of this organization is to engage, inspire, and educate the Midlands to invest in the community through litter prevention, recycling, and beautification.

- Reach: Richland and Lexington Counties, South Carolina
- Contact Information:
  - o Website: www.keepthemidlandsbeautiful.org
  - o Phone: 803-733-1139

Palmetto Pride: This entity is South Carolina's anti-litter and beautification organization. Through programs this organization aims to educate the public on the impacts of litter to help prevent it, enforce current litter laws, bring awareness to the issue, and encourage groups to take ownership of communities.

- Reach: Community at large
- Contact Information:
  - o Website: www.palmettopride.org
  - o Phone: 803-758-6034

The South Carolina Clean Indoor Air Act: This act made it unlawful to smoke in public indoor areas, thus reducing secondhand smoke exposure.

- Reach: Community at large
- Contact Information:
  - o Website: www.scstatehouse.gov/code/t44c095.php

Appendices

South Carolina Section of the American Water Works Association: This association of water professionals aims to provide solutions to effectively manage water in the state.

- Reach: Community at large
- Contact Information:
  - o Website: www.scwaters. org/page/SCAWWA
  - o Phone: 803-358-0658

Surfrider Foundation— Charleston Chapter: This organization concentrates on keeping the beaches and waterways free of trash to keep the Lowcountry beautiful through conservation, activism, research, and education.

- Reach: Lowcountry Region of South Carolina
- Contact Information:
  - o Website: www.charleston. surfrider.org

Take Action SC Environmental Education Partnership: This partnership aims to provide a program that informs, inspires, and empowers students and teachers to protect and preserve the environment.

- Reach: Students and teachers of South Carolina
- Contact Information:
  - o Website: www.takeactionsc.org
  - o Phone: 1-800-768-7348

Upstate Forever: This conservation organization protects critical lands, waters, and the unique character of the Upstate.

- Reach: Upstate region of South Carolina
- Contact Information:
  - o Website: www. upstateforever.org
  - o Phone: 864-250-0500 or 864-327-0090