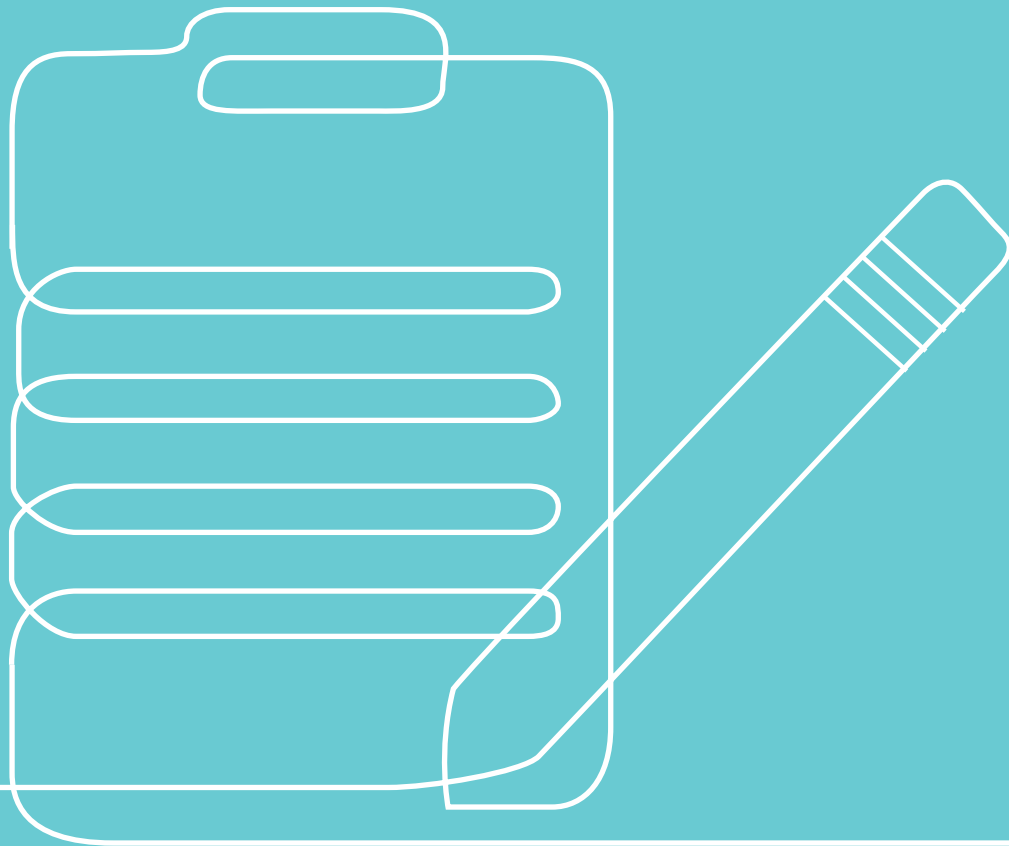


# Assessment Results



# ASSESSMENT RESULTS

## SCORH Assessment Results:

The SCORH conducted a series of focus groups, town hall meetings, and surveys. Five broad areas of need in the state were identified:

- Housing
  - Affordability
  - Safety
- Education
  - Vocational programs
  - All day preschool programs for three and four-year olds
- Access to care
  - Ability to see providers without payment
  - Recruitment and retention of health professionals
  - Drug treatment access
- Economic Development
  - More industry in rural areas
  - Active, coordinated, and diverse economic development
- Community Assets, Leadership, and Engagement
  - Rural management/ leadership training
  - Coordinated local leadership
  - Access to and help applying for grant funds.

## Community Assets Assessment Results:

Assets and resources that can be used to address health issues in South Carolina were identified through the “Data for Decision Walk” events. This list included assets from governmental agencies, professional associations, community-based organizations, and educational systems at the federal, state, and local levels. In cases where assets were not provided, DHEC staff researched additional resources. A complete list of the 124 can be found in Appendix K.

## Forces of Change Assessment Results:

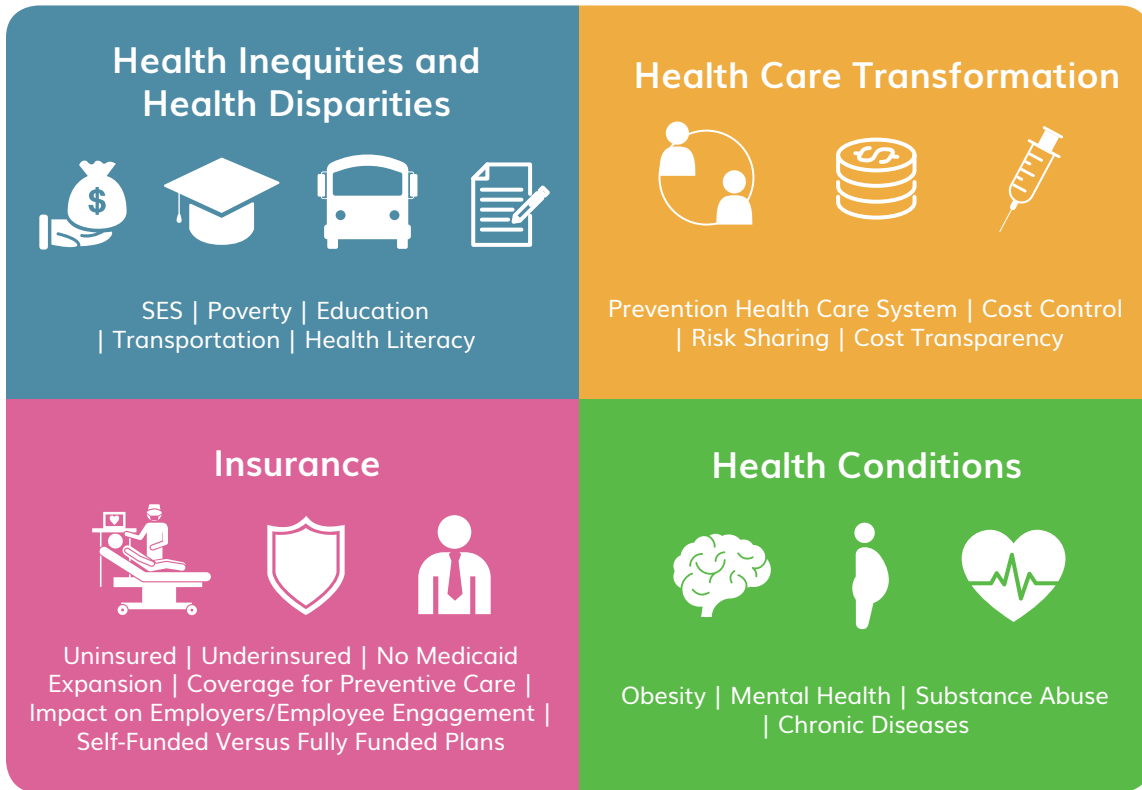
See page 16 for a description of how the assessment was conducted.

Participants identified these forces are affecting South Carolina’s health:

- Health inequities and disparities
- Changes in the delivery of health care (health care transformation)
- Health insurance
- Chronic health conditions.

Respondents were asked how the health of South Carolinians could be affected during the next three to five years. Respondents cited:

- Health disparities
- Effect of education on health



- Cost of care for chronic conditions
- Access to care
- High-risk groups not seeking care
- Lack of flexible insurance plans.

Potential actions identified that South Carolina could implement in response to these forces were:

- Create opportunities for cross agency collaboration
- Analyze health care costs
- Coordinate focused efforts among businesses, government, and health care partners to address key factors beyond clinical care that support health

- Advocate for access to health care for all residents.

## Public Input Survey Results:

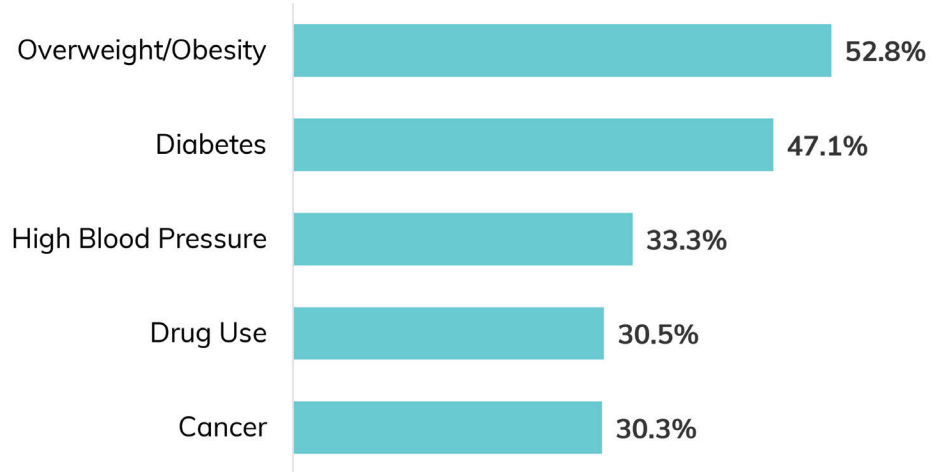
See page 16 for a description of how the survey was conducted.

Only 4.1% of respondents rated the health of their community as very good or excellent, 26% as good, 50.5% as fair and 19.3% as poor.

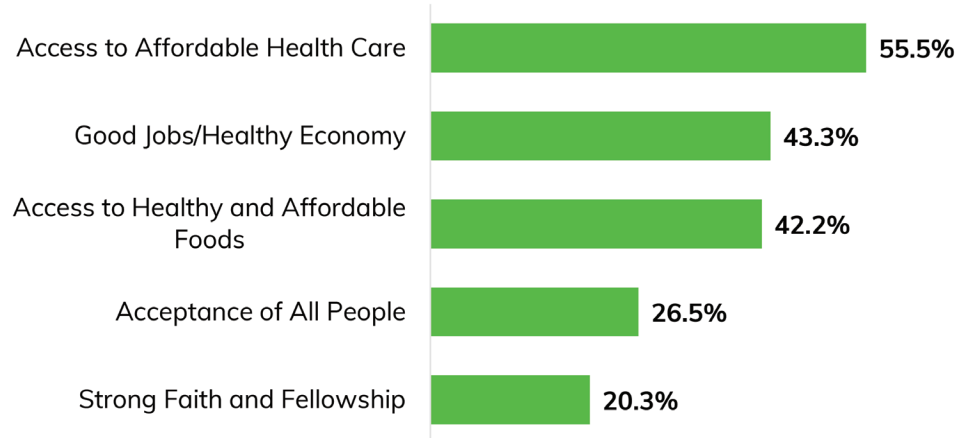
Participants were located in every county in South Carolina except Lee, Abbeville, and McCormick. The greatest number of completed surveys were from Marion, Charleston and Orangeburg. The Black respondent percentage

# ASSESSMENT RESULTS

## Five Most Important Community Health Concerns

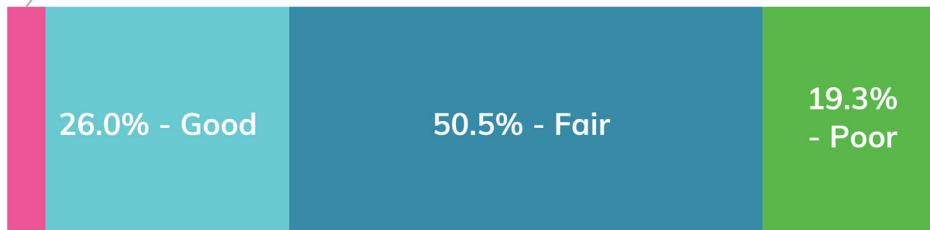


## Five Most Important Factors for a Healthy Community



## How Healthy Is Your Community?

4.1% - Very Good/Excellent



was higher than the overall state population (41.6% vs. 26.8%) and a higher percentage of the respondents were female compared to the overall state population (70.0% vs. 51.5%). While efforts were made to reach out to persons living in under-resourced communities, more respondents were college educated and employed than not (67.6% respondents had a college degree compared to 37%; 68.2% were employed compared to 55.0%). 16.5% of respondents were retired (compared to the 20.5% of the state population) and 4% were students.

### Health Indicators:

The remainder of this document reports quantitative data on the 90+ health indicators. These health indicators are divided into ten sections that are listed in the Table of Contents. These include Demographics, Leading Causes of Death and Hospitalizations, Cross Cutting, Access to Health Care, Maternal and Infant Health, Chronic Disease and Risk Factors, Infectious Disease, Injury, Behavioral Health, and Physical Environment.