

Snapshot of Health Indicators

26	DEMOGRAPHICS
27	CROSS-CUTTING
27	ACCESS TO HEALTH CARE
28	MATERNAL AND INFANT HEALTH
28	CHRONIC DISEASE AND RISK FACTORS
29	INFECTIOUS DISEASE
29	INJURY
30	BEHAVIORAL HEALTH
30	PHYSICAL ENVIRONMENT

SNAPSHOT OF HEALTH INDICATORS

Demographics

The Demographics section highlights the socioeconomic characteristics of South Carolina residents by gender, age, race, disability, and veteran status. Demographic information gives communities and states information needed to determine future infrastructure needs, resource allocation, and demand for services, while highlighting the population that comprises South Carolina residents.

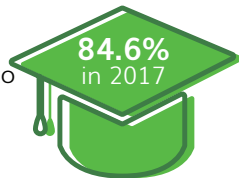


In 2016,
15.2% of adults had a disability.
Ambulatory difficulty was the most common form of disability



Since 2010, SC has
grown 8.6% to roughly
5 million residents,
higher than the national average rate of 5.5%

The percent of students who graduated from high school has
increased
from 77.3% in 2002 to



The population of those
aged 65 years and older increased



from 13.7% in 2010 to 16.7% in 2017

Cross-Cutting

Cross-cutting includes information on a variety of topics that can affect the health of South Carolinians throughout their life course. These topics include but are not limited to: crime, homelessness, income inequality, adverse childhood experiences, and concentrated disadvantage. It is important to study these topics because often poor health outcomes are commonly experienced in those most impacted, and targeted interventions are often needed to reduce these risks.

The violent crime rate **decreased**

2007 ↓ **786 per 100,000 population**
2016 ↓ **488 per 100,000 population**

Though the violent crime rate in SC was worse than the US, the gap narrowed over the last 10 years

Among seven Southeastern states, SC had the **2nd lowest rate** of incarcerated individuals



Disabled adults were more likely than non-disabled adults to have adverse childhood experiences that included:

- household dysfunction
- emotional or physical abuse
- sexual abuse



During 2011-2015, **higher levels of income inequality** were in the eastern and southeastern parts of the state



Access to Health Care

Access to quality health care services are important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all South Carolinians. Access to health care impacts one's overall physical, social, and mental health status and quality of life.

Decrease in delayed medical care among adults due to cost



Avoidable inpatient hospitalizations

has decreased:

2006: **1,780 per 100,000 population**
2015: **1,415 per 100,000 population**



The percent of 18-64 years old who were insured increased from 77.9% in 2008 to 83.7% in 2015



The **asthma hospitalization rate** was **4x higher for children of a minority race** compared to White children

Emergency department utilization has increased

avoidable ED visits:

2006: **3,732 per 100,000 population**
2015: **4,362 per 100,000 population**



SNAPSHOT OF HEALTH INDICATORS

Maternal and Infant Health

Ensuring the health and well-being of mothers and infants is important because it influences outcomes in the generations to follow. Preconception health status, prenatal and interconception care, and social determinants of health are factors shown to affect pregnancy and its timing, birth outcomes, and maternal behaviors in the postpartum period.



The infant mortality rate decreased

17.6% over the last 10 years



The teen birth rate decreased

2007: 53.6 births per 1,000 females 15-19 years
2016: 23.8 births per 1,000 females 15-19 years



In 2016,
75.3% of mothers received at least adequate prenatal care



Breastfeeding initiation at birth increased

from 58.1% in 2007 to 76.9% in 2016



In 2016,
nearly 1 in 10 infants were born at a low birthweight and
1 in 9 infants were born before 37 weeks of gestation

Chronic Disease and Risk Factors

The prevalence of chronic conditions has increased nationally and in South Carolina. Addressing modifiable risk factors for chronic disease, such as smoking, physical activity, nutrition, and early detection of disease, could reduce the burden of disease and economic impact in South Carolina.



From 2006 to 2015, there was a
decrease in the rate of new invasive colorectal cancer cases



The prevalence of current cigarette use among adults decreased. A decrease was seen in
cigarette use among high school youth from 16.0% in 2013 to 9.6% in 2015



The prevalence of
adult obesity increased
from 31.6% in 2011 to 33.2% in 2016



In 2016, SC had the
6th highest stroke death rate in the nation

Non-Hispanic Black women experienced a
higher rate of new cases of late-stage breast cancer
than non-Hispanic White women



Infectious Disease

Substantial reductions in the incidence of infectious disease, largely achieved through immunizations and other preventive practices, have contributed to reductions in infectious disease deaths and an increase in life expectancy. However, infectious diseases remain a major cause of illness, disability, and death in South Carolina.



The number of new HIV cases decreased 32.3%
from 1,170 cases in 1998 to 792 cases in 2016



The number of newly diagnosed infectious syphilis cases in SC increased
from 94 cases in 2007 to 314 cases in 2016



In 2016, **54% of HIV patients** were retained in continuous care or had reached viral suppression



In 2016, **SC ranked last in the US** for the percentage of **adolescents aged 13-17 years who received a Tdap (77.5%) booster**, and **female adolescents who were up-to-date with the HPV vaccine series (49.5%)**

Injury

Both unintentional injuries and those caused by violence are among the top leading causes of death and premature death in South Carolina. Injury and violence also contribute to disability, poor mental health, high medical costs, and loss of productivity. Injuries and violence are significant public health problems limiting the ability of South Carolinians to live to their full potential.



SC had a higher rate of non-fatal child maltreatment cases compared to the US
15.8 cases per 1,000 in SC compared to 9.1 cases per 1,000 in the US



The death rate due to falls among residents at least 65 years old increased
2007: 31.0 per 100,000
2016: 48.3 per 100,000



The male age-adjusted injury death rate in SC was **nearly three times that of females**



Over the past 10 years, the suicide rate has increased
2007: 11.7 per 100,000
2016: 15.7 per 100,000

SNAPSHOT OF HEALTH INDICATORS

Behavioral Health

Substance use disorder has a major impact on individuals, families, and communities in South Carolina. The effects of substance use disorder are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

More than one quarter of adults 25-34 years old reported binge drinking in 2016



The age-adjusted rate of drug overdose deaths in SC has increased

2012: 12.2 per 100,000 population
2016: 18.0 per 100,000 population



The percent of adults diagnosed with depression increased from 15.3% in 2011 to 20.5% in 2016



The percent of adolescents who reported a major depressive episode increased

from 8.1% between 2010-2011 to 11.0% between 2015-2016

Physical Environment

Maintaining a healthy physical environment is central to quality of life and years of healthy living. Outdoor air quality, surface and ground water, and toxic substances and hazardous wastes within our homes and communities impact our health and safety.

In 2016, **36,083 children were tested for childhood lead poisoning** representing a 15.6% increase from 2013
2013: 31,223
2016: 36,083



In 2016, **nearly 92% of South Carolinians** who got their drinking water from Community Water Systems received the benefits of fluoride

