Conway Medical Center
Horry County
Community Health Needs Assessment

December 2022

## Our Mission

Conway Medical Center will improve the overall health of our communities by being a leader in health care.

## About Conway Medical Center

Conway Medical Center is a trusted leader in healthcare and has served the medical needs of Horry County and surrounding communities for nearly a century.

This non-profit medical center's roots run deep in Horry County. In the 1920s, a group of local physicians recognized the need for a hospital in the county and the application for a charter for Conway Hospital was filed with the South Carolina Secretary of State on November 7, 1928. At the time, the hospital was on Elm Street in the old Burroughs Hospital.

They soon outgrew that location. Work began on constructing and furnishing a new building on 9th Avenue with accommodations for 31 patients in single rooms and wards on three floors.  An open house for the facility was held on May 30, 1930.
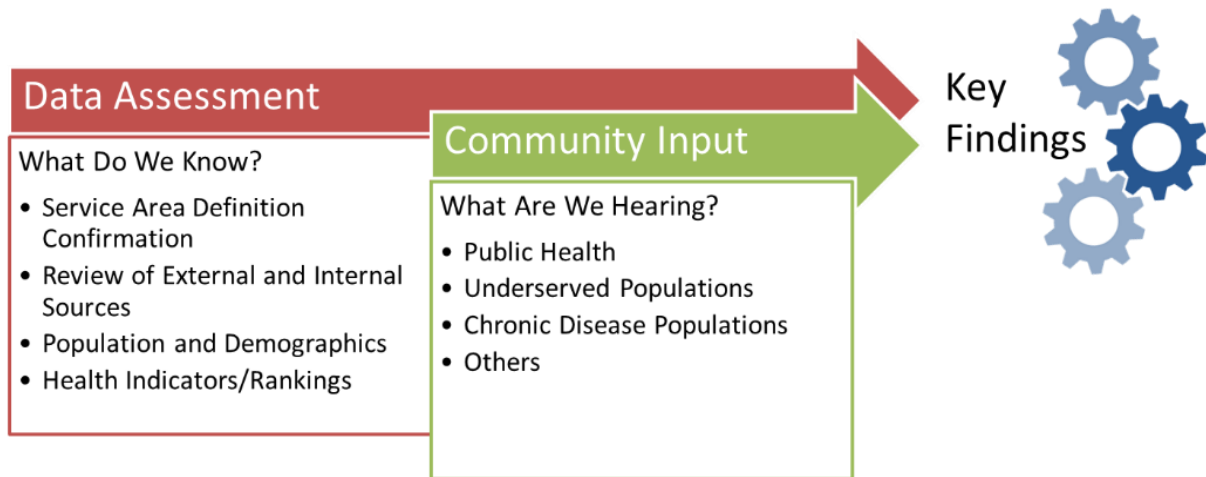
Then in 1982, Conway Hospital moved to its current location on Singleton Ridge Road. However, the growth did not stop. In 2001, the hospital expanded the Emergency Department, Obstetrical Department, and added a three-story medical office building. A new Patient Bed Tower opened in 2009, adding 71,000 square feet and 64 patient rooms including critical and surgical care.

Today, Conway Medical Center has 222 inpatient beds and is one of the county's largest employers with over 1,500 staff members.  CMC also owns and operates Embrace Hospice, a state-of-the-art inpatient care facility specializing in end-of-life and long-term care.  We are excited about the growth that continues at Conway Medical Center as we work to improve the overall health of our communities by being a leader in healthcare.

## Process and Methodology

Understanding the community's health needs is important to the Conway Medical Center (CMC) mission. To that goal, CMC sought outside assistance from FORVIS Healthcare. FORVIS Healthcare is ranked as the 9th largest healthcare management consulting firm in the country by Modern Healthcare and has 950 professionals serving a national footprint. FORVIS Healthcare demonstrated the necessary capabilities and service offerings to assist CMC on this important project. FORVIS Healthcare provided the project plan, research and organized the secondary data findings, analyzed and compiled survey input, and provided support and report of the findings.
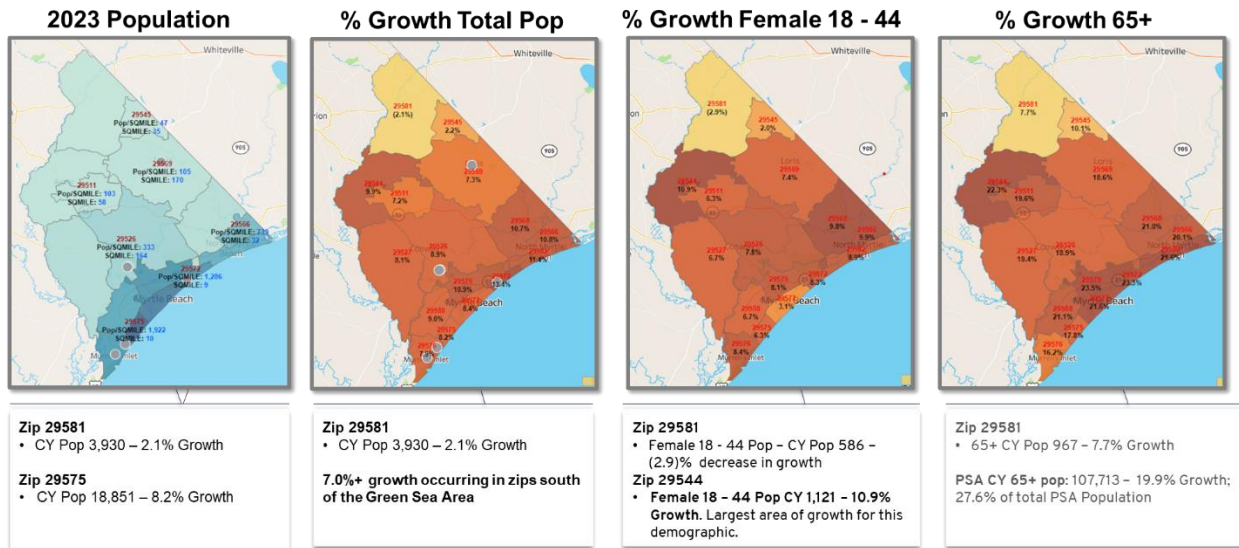
The process has two major elements illustrated below: 1) What do we know? This involved reviewing the secondary information available from a wide variety of sources to understand health needs and behaviors. This included reviewing local, state, and national healthcare and demographic variables. 2) What are we hearing? CMC wanted to gain understanding from the residents we serve. This was a critically important element in this process. We listened as residents shared their thoughts through surveys. Input was sought from public health leaders, physicians, business leaders, religious leaders, former patients, community advocacy groups, and community members.



**Data Assessment**

What Do We Know?
- Service Area Definition Confirmation
- Review of External and Internal Sources
- Population and Demographics
- Health Indicators/Rankings

**Community Input**

What Are We Hearing?
- Public Health
- Underserved Populations
- Chronic Disease Populations
- Others

**Key Findings**

## Community Served

The definition for this assessment is Horry County in South Carolina. For the purpose of this assessment, we have used Horry County as the primary service area surrounding Conway Medical Center, and thus carries their closest proximate patient population.

## Data Assessment – Secondary Data

## Demographics

An understanding of the demographics of the residents is an important component of understanding community health. It is also important to understand the differences between the communities. Claritas demographic information was reviewed for each individual county in comparison to the state and national norms. The maps below visual current state of population distribution and future growth areas in Horry County.



| 2023 Population | % Growth Total Pop | % Growth Female 18 - 44 | % Growth 65+ |

**Zip 29581**
- CY Pop 3,930 – 2.1% Growth

**Zip 29575**
- CY Pop 18,851 – 8.2% Growth

**Zip 29581**
- CY Pop 3,930 – 2.1% Growth

**7.0%+** growth occurring in zips south of the Green Sea Area

**Zip 29581**
- Female 18 - 44 Pop – CY Pop 586 – (2.9)% decrease in growth

**Zip 29544**
- **Female 18 – 44 Pop CY 1,121 – 10.9% Growth.** Largest area of growth for this demographic.

**Zip 29581**
- 65+ CY Pop 967 – 7.7% Growth

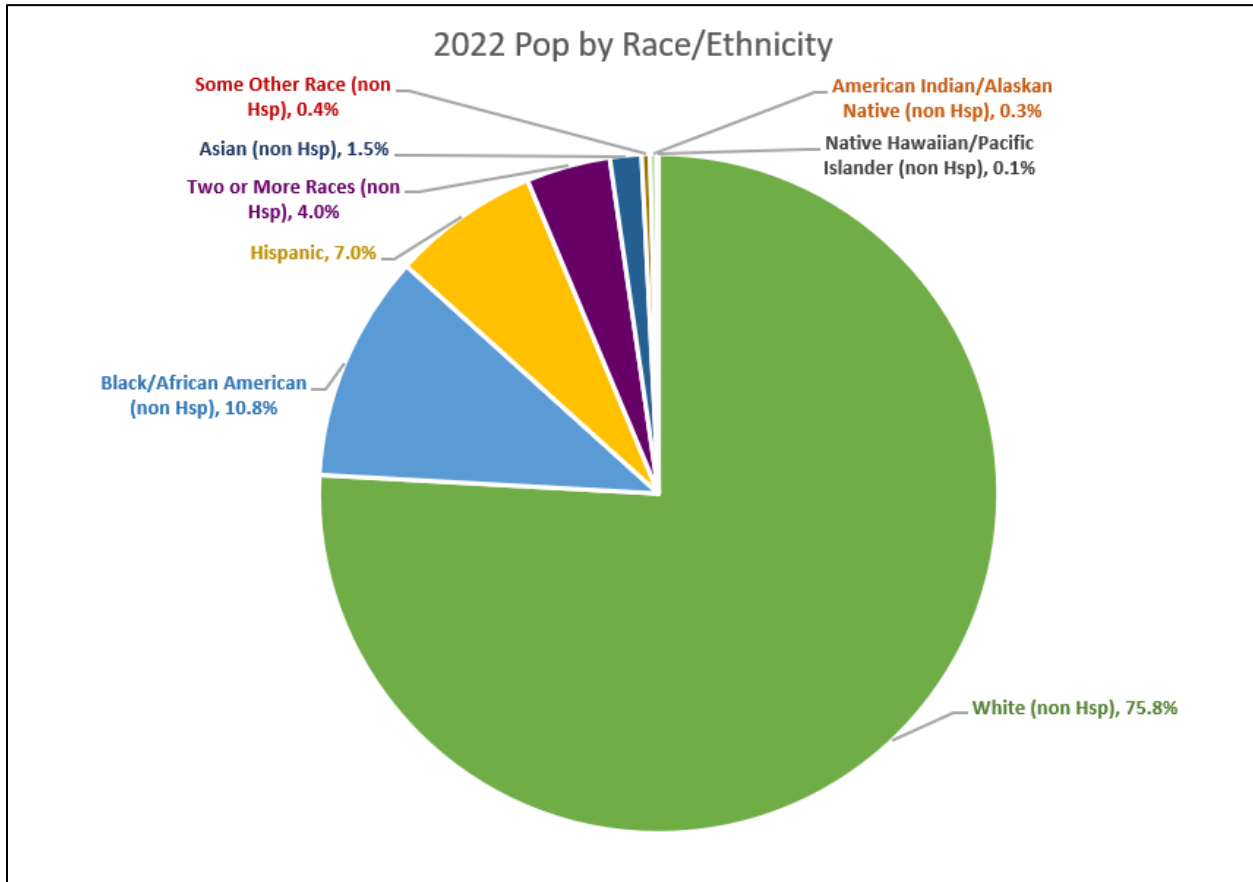**PSA CY 65+ pop:** 107,713 – 19.9% Growth; 27.6% of total PSA Population

Additionally, Horry County is experiencing the largest population growth in the 65+ age group (bottom right) with the overall average growth for this population being at 19.9%.



| 5.1% - 10% Growth | 15.1 - 20% Growth |
| 10.1 - 15% Growth | >20% Growth |
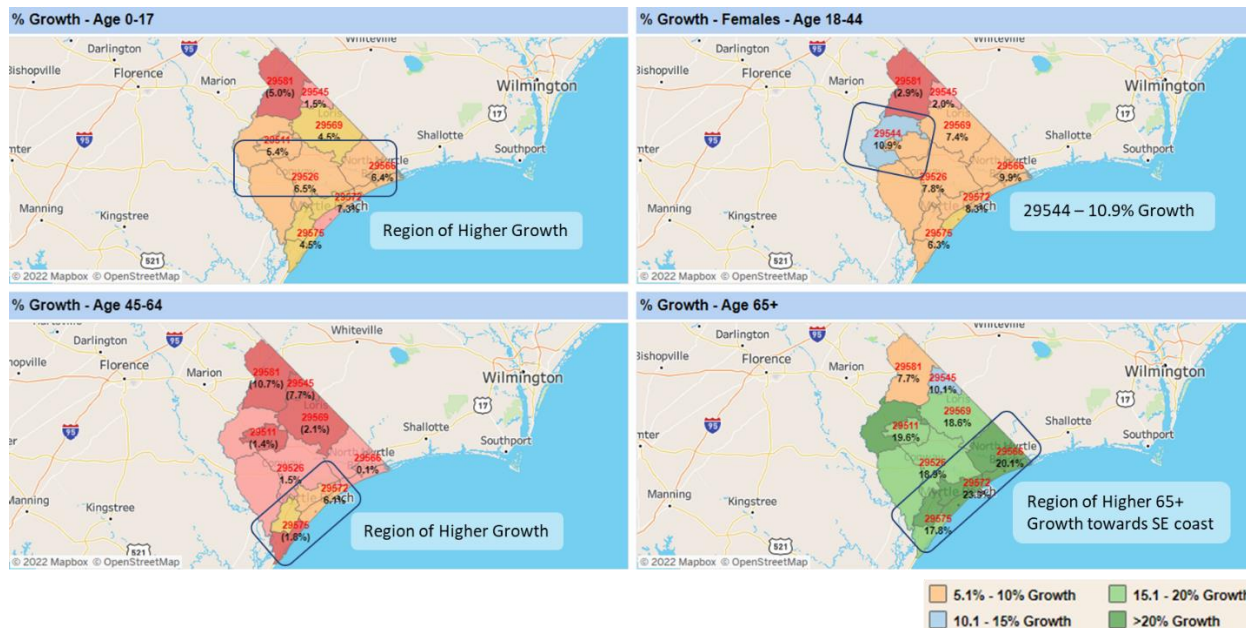
The following table and pie chart display the current and forecasted racial and ethnic diversity in Horry County.

| Race / Ethnicity | Population CY | % of Total Population CY | Population 5-Yr | 5-Yr Net Growth | 5-Yr % Net Growth |
|---|---|---|---|---|---|
| Grand Total | 389,610 | 100.0% | 425,514 | 35,904 | 9.2% |
| White (non Hisp) | 295,493 | 75.8% | 321,613 | 26,120 | 8.8% |
| Black/African American (non Hisp) | 42,215 | 10.8% | 44,154 | 1,939 | 4.6% |
| Hispanic | 27,392 | 7.0% | 31,600 | 4,208 | 15.4% |
| Two or More Races (non Hisp) | 15,654 | 4.0% | 17,250 | 1,596 | 10.2% |
| Asian (non Hisp) | 5,865 | 1.5% | 7,871 | 2,006 | 34.2% |
| Some Other Race (non Hisp) | 1,395 | 0.4% | 1,330 | (65) | (4.7%) |
| American Indian/Alaskan Native (non Hisp) | 1,300 | 0.3% | 1,434 | 134 | 10.3% |
| Native Hawaiian/Pacific Islander (non Hisp) | 296 | 0.1% | 262 | (34) | (11.5%) |



2022 Pop by Race/Ethnicity

- Some Other Race (non Hsp), 0.4%
- Asian (non Hsp), 1.5%
- Two or More Races (non Hsp), 4.0%
- Hispanic, 7.0%
- Black/African American (non Hsp), 10.8%
- American Indian/Alaskan Native (non Hsp), 0.3%
- Native Hawaiian/Pacific Islander (non Hsp), 0.1%
- White (non Hsp), 75.8%

In the summary table below, there is a disparity between the average median income and the percent of families below poverty compared to the South Carolina state average. In the subsequent table, we see that the 65+ age group represents the largest percent of households within the median household income range.

### Median Household Income

| Service Area | Med HH Inc. CY | Med HH Inc. 5Yr | Med HH Inc. 5Yr Net Growth | Med HH Inc. 5Yr % Net Growth | % Families < Poverty CY |
|---|---|---|---|---|---|
| Conway Service Area | $60,638 | $68,859 | $8,221 | 13.6% | 8.5% |
| South Carolina | $64,242 | $72,787 | $8,545 | 13.3% | 10.1% |
| USA | $73,503 | $83,333 | $9,830 | 13.4% | 8.8% |

### Household Income by Householder Age CY (# of HHs)
Service Area (Conway Service Area) - Zip Code (*)

| | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85p | Totals |
|---|---|---|---|---|---|---|---|---|---|
| Totals | 3.6% | 10.5% | 12.6% | 14.0% | 20.0% | 25.4% | 11.1% | 2.9% | 100.0% |
| <$15,000 | 9.1% | 9.4% | 9.9% | 11.6% | 25.0% | 18.7% | 11.7% | 4.6% | 100.0% |
| $15,000 - $24,999 | 6.4% | 10.1% | 12.0% | 10.4% | 19.8% | 20.5% | 14.9% | 5.9% | 100.0% |
| $25,000 - $34,999 | 7.9% | 11.6% | 10.5% | 11.6% | 17.6% | 21.7% | 14.8% | 4.3% | 100.0% |
| $35,000 - $49,999 | 3.7% | 12.4% | 13.0% | 12.0% | 18.7% | 24.4% | 12.4% | 3.4% | 100.0% |
| $50,000 - $74,999 | 3.3% | 11.6% | 11.9% | 13.4% | 18.6% | 27.0% | 11.6% | 2.6% | 100.0% |
| $75,000 - $99,999 | 1.8% | 11.2% | 14.1% | 12.4% | 16.3% | 32.0% | 10.0% | 2.2% | 100.0% |
| $100,000 - $124,999 | 0.2% | 9.5% | 15.4% | 16.8% | 19.6% | 28.3% | 9.0% | 1.3% | 100.0% |
| $125,000 - $149,999 | 0.1% | 8.4% | 13.7% | 18.6% | 23.0% | 26.2% | 8.6% | 1.4% | 100.0% |
| $150,000 - $199,999 | 0.9% | 8.4% | 16.1% | 19.7% | 22.8% | 25.1% | 6.1% | 1.0% | 100.0% |
| $200,000+ | 0.1% | 4.6% | 10.9% | 25.0% | 30.2% | 23.5% | 4.9% | 0.8% | 100.0% |

Other key demographic findings include:

- Overall population of Conway service area is expected to grow by 9.2%

- Zip code 29579 has the highest current population (55,816), and zip code 29545 has the lowest current population (1,664). Zip code 29572 has the highest overall 5-year % net growth at 13.4%.

- Higher regions of population growth occur towards the coastal areas of South Carolina

- 7.0%+ growth occurring in areas south of the Green Sea area.

- 5-year net growth percentages are significantly lower for the 0-17 age group (5.0%), 18-44 age group (7.9%), and 45-64 (2.2%) age group (19.9%) compared to the 65+ population.

- Women 18 – 44 have a 5-Year Net growth percentage of 7.2%, which is important when thinking about women's health, OB services, and pediatric services.

- 33% of the current total population only have a high school diploma. This demographic is expected to increase 10.2% in the next 5 years.

- 24.1% of the current total population only have completed college and obtained a bachelor's degree. This subset of the population is expected to increase 9.2% in the next 5 years.

- 10.6% of the current total population have no diploma, less than a 9th grade—or have some level of high school—education. This demographic is expected to also increase by 10.5% in the next 5 years.

- Zip code 29576 has the highest average median household income for the current year ($70,688), with 2.9% of families living below the poverty line.

- Zip code 29581 has the lowest average median household income for the current year ($43,125), with 20.2% of families living below the poverty line.

- The Conway Service Area median household income is more than $3,000 below the South Carolina state average indicating the financial burden of healthcare will encompass a greater percentage of an individual's income.

## Other Secondary Data

To present the data in a way that would tell a story of the community needs and identify needs that align with government guidelines, the framework of Healthy People 2030 was selected to guide secondary data gathering and community input. This framework was selected based on its national recognition and governmental relevance.

Within this framework, there are 355 core measurable objectives that were sorted by topic. The five topics have guided discussion and research related to this CHNA. The five topics include Health Conditions, Health Behaviors, Setting and Systems, Social Determinants of Health, and Populations.
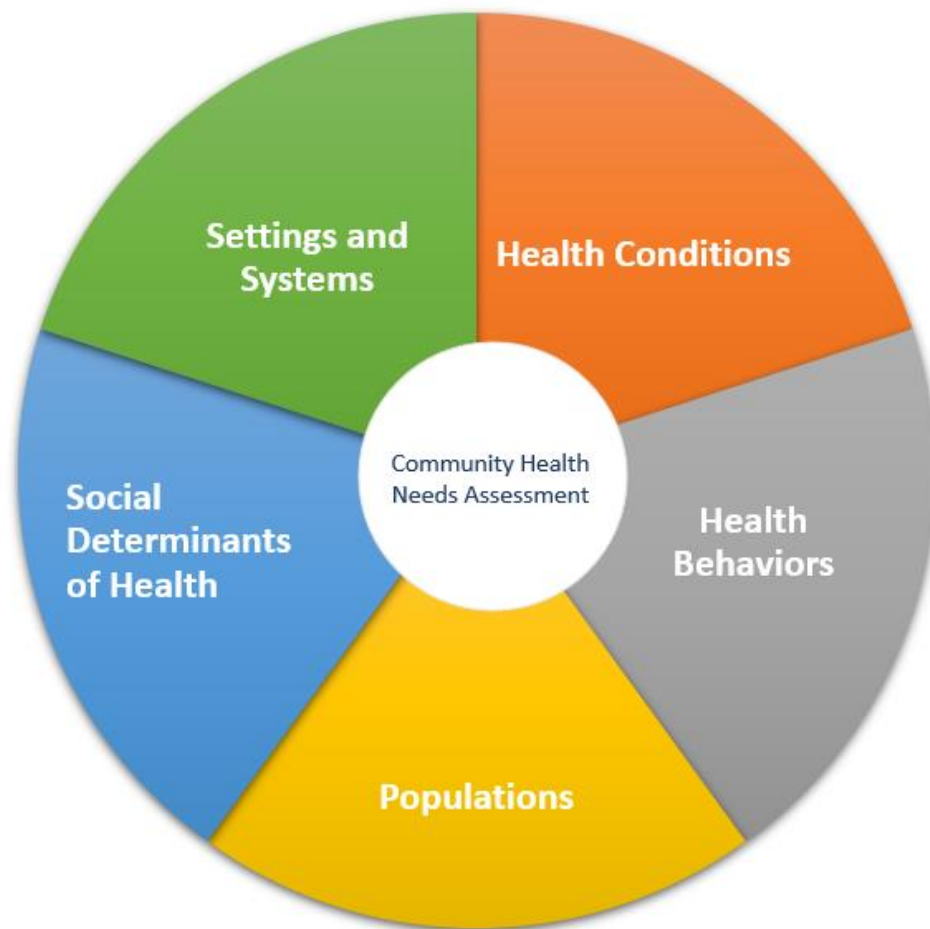
<table>
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**Health Conditions**

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Health Conditions are the prevalent chronic and acute conditions that affect the health of the citizens of the United States. Improvement and achievement of the Healthy People 2030 goals for these conditions will result in the better health of people living with cancer, chronic and mental conditions, infectious diseases, as well as improvement of sexual and reproductive health. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

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**Healthy People 2030 Objectives**

| | |
|---|---|
| Addiction* | Heart Disease and Stroke |
| Arthritis | Infectious Disease |
| Blood Disorders | Mental Health and Mental Disorders* |
| Cancer | Oral Conditions |
| Chronic Kidney Disease | Osteoporosis |
| Chronic Pain | Overweight and Obesity* |
| Dementias | Pregnancy and Childbirth |
| Diabetes* | Respiratory Disease |
| Foodborne Illness | Sensory or Communication Disorders |
| Health Care – Associated Infections | Sexually Transmitted Infections |

*Objectives that are relevant to Conway Medical Center's Community feedback will be explored further below

**Addiction:** Healthy People 2030 focuses on preventing substance use disorders and helping people with these disorders get treatment. Strategies to prevent drug and alcohol use include increasing non-opioid pain management and interventions to help people with these disorders. The number of drug overdose deaths for both Horry County and the state has increased from 2019 to 2022.
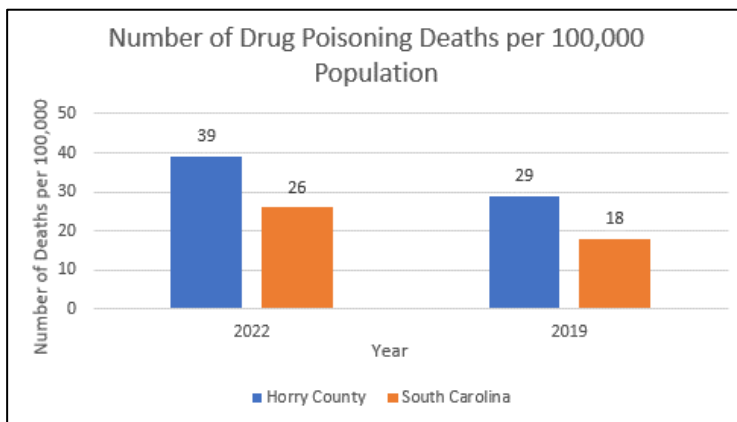


| Number of drug poisoning deaths per 100,000 population | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 39 | 29 | 34.4% |
| South Carolina | 26 | 18 | 44.4% |

**Diabetes:** More than 30 million people in the United States have diabetes and Healthy People 2030 focuses on reducing the cases, complications, and deaths. The percentage of adults with diagnosed diabetes decreased by 1% from 2019 to 2022 in both Horry County and the state of South Carolina.

Percentage of Adults with Diagnosed Diabetes
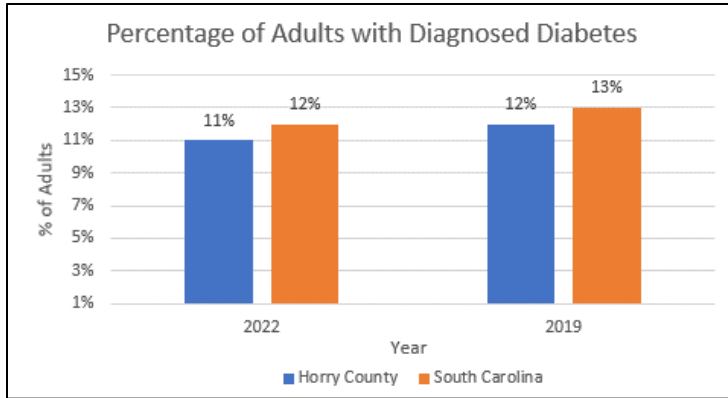
| Percentage of adults with diagnosed diabetes | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 11% | 12% | -8.33% |
| South Carolina | 12% | 13% | -7.69% |

**Overweight and Obesity:** Healthy People 2030 focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. From 2019 to 2022, the rate of adult obesity in both the state of South Carolina and Horry County has increased.



2022 Adult Obesity
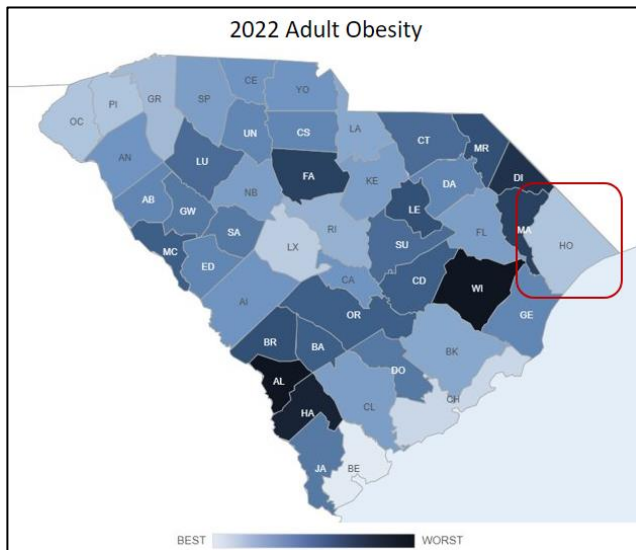
| Percentage of adults (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m$^2$ | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 32% | 30% | 6.67% |
| South Carolina | 36% | 32% | 9.38% |

**Mental Health and Mental Disorders:** About half of all people in the United States will be diagnosed with a mental health disorder at some point in their lifetime. Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The average number of mentally unhealthy days have increased for Horry County as well as the state of South Carolina. Additionally, Horry County had more mentally unhealthy days than the state average.

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2022 Poor Mental Health Days
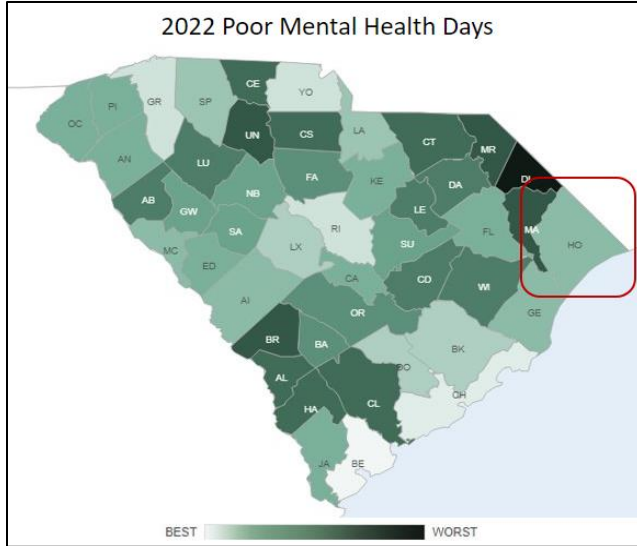
| Average number of mentally unhealthy days reported in the past 30 days (age-adjusted) | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 4.8 | 4.4 | 9.09% |
| South Carolina | 4.5 | 4.4 | 2.27% |

In 2022, Horry County had an increase in percentage of adults experiencing frequent mental distress (>14 days per month) from 2019. The overall state average remained the same.



Frequent Mental Distress Days per Month
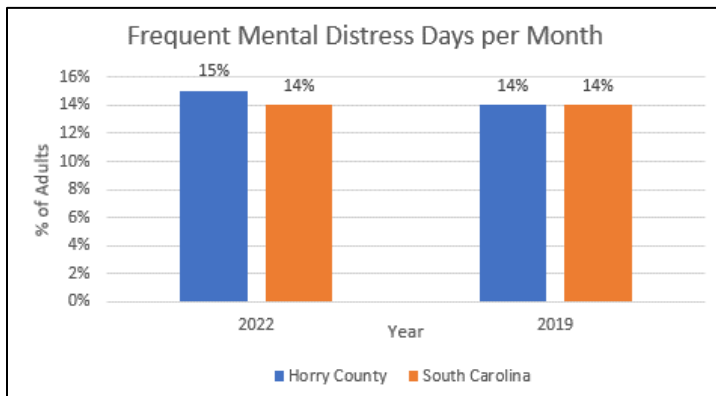
| Percentage of adults reporting 14 or more days of poor mental health per month | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 15% | 14% | 7.14% |
| South Carolina | 14% | 14% | 0% |

**Additional Health Conditions Metrics:**

| Health Condition | South Carolina | Horry County |
|---|---|---|
| Heart Disease Deaths | 167.4 | 168.9 |
| Heart Attack Deaths | 28.0 | 44.9 |
| High Blood Pressure Prevalence (%) | - | 41.7% |
| All Stroke Prevalence (%) | - | 4.2% |
| Breast Cancer Incident Rate (Female) | 130.9 | 119.0 |
| Colorectal Cancer Incidence Rate | 37.4 | 35.2 |
| All Cancer Incidence Rate | 429 | 443.8 |

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Other Key Findings:

| Metric Category | Metric | South Carolina | Horry County |
|---|---|---|---|
| Low birthweight | % Low birthweight | 10% | 9% |
| Sexually transmitted infections | Chlamydia Rate | 698.2 | 570.2 |
| Dentists | Dentist Ratio | 1,768:1 | 2,420:1 |
| Life Expectancy | Life Expectancy | 76.4 | 76.5 |
| Premature age-adjusted mortality | Age-adjusted Death Rate | 434 | 428 |
| Frequent physical distress | % Frequent Physical Distress | 13% | 14% |
| HIV prevalence | HIV Prevalence Rate | 404 | 323 |
| Suicides | Suicide Rate (Age-Adjusted) | 16 | 16 |

The table above represents 2022 key measures compiled factoring into the evaluation of **Health Conditions** in Horry County. Comparing these measures to the South Carolina state average, we can better understand how Horry County's health needs compare to that of the surrounding community. Green values indicate better metric performance than the state average. Red values indicate poorer performance than the state average. Please note, green values do not necessarily indicate lack of need in that measure.

Other Key Needs:

- Dental Providers
- Frequent Physical Distress

## Health Behaviors

Health Behaviors are the behaviors that influence the health of individuals related to family and personal health, healthcare prevention, substance abuse, violence, as well as other health behaviors such as emergency preparedness and safe food handling. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

**Healthy People 2030 Objectives**

| | |
|---|---|
| Child and Adolescent Development | Physical Activity* |
| Drug and Alcohol Use | Preventative Care* |
| Emergency Preparedness | Safe Food Handling |
| Family Planning | Sleep |
| Healthy Communication* | Tobacco Use* |
| Injury Prevention | Vaccination |
| Nutrition and Healthy Eating* | Violence Prevention |

*Objectives that are relevant to Conway Medical Center's Community feedback will be explored further below

**Nutrition and Healthy Eating:** Healthy People 2030 focuses on helping people get the recommended amounts of healthy foods to reduce their risk for chronic diseases and improve their health. Both Horry County and the state of South Carolina have increased in percentage of population who lack adequate access to healthy food since 2019. Horry County ranks lower than the state average for 2022 at 8%.
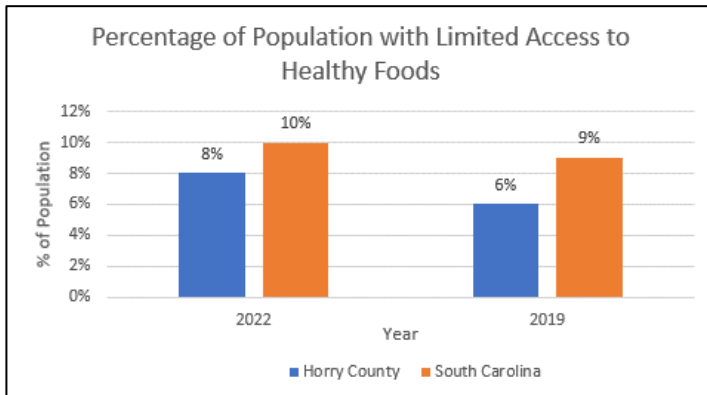


| Percentage of population who has limited access to healthy foods | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 8% | 6% | 33.3% |
| South Carolina | 10% | 9% | 11.1% |

From 2019 to 2022, the percentage of population that do not have a reliable source of food in the state overall has decreased from 14% to 11%.  However, the percent of population experiencing this issue within Horry County has remained the same at 12%.
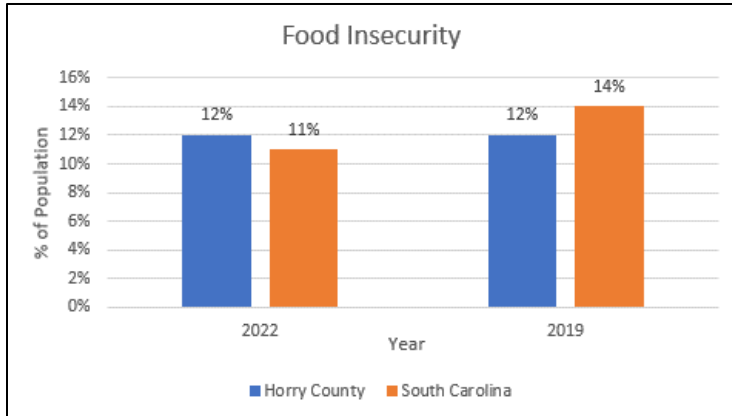
| Percentage of population who are food insecure | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 12% | 12% | 0% |
| South Carolina | 11% | 14% | -21.4% |

**Adult Smoking:** Healthy People 2030 focuses on improving health and wellness by assessing the prevalence of tobacco use, which provides communities valuable information for cessation and tobacco control programs. Adult smoking, including cigarette and tobacco smoke, has been identified as a cause for different respiratory conditions, cancers, cardiovascular diseases, and other adverse health outcomes. Although the percentage of adults in the state of South Carolina has reduced overall by 2%, Horry County has had a 4% increase in adults who smoke from 2019 to 2022.
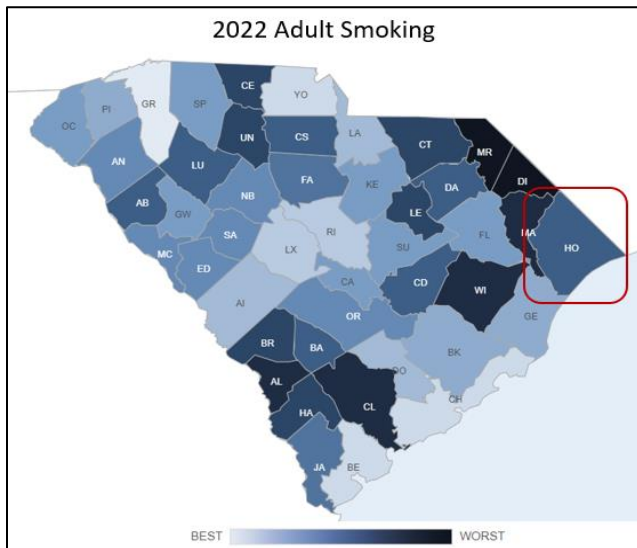


| Percentage of adults who are current smokers | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 23% | 19% | 21.1% |
| South Carolina | 18% | 20% | -10.0% |

**Violence Prevention:** Healthy People 2030 focuses on reducing different types of violence. Many people experience physical assaults, sexual violence, and gun-related injuries; almost 20,000 people die from homicide every year in the United States. The number of reported violent crime offenses has remained unchanged in Horry County and at the statewide level from 2019 to 2022.
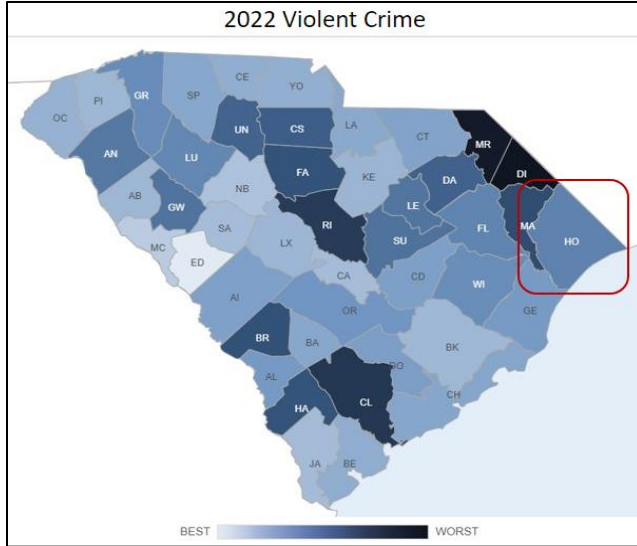
2022 Violent Crime

| Number of reported violent crime offenses per 100,000 population | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 569 | 569 | 0% |
| South Carolina | 500 | 500 | 0% |

Other Key Findings:

| Metric Category | Metric | South Carolina | Horry County |
|---|---|---|---|
| Premature death | Years of Potential Life Lost Rate | 9,287 | 10,108 |
| Adult smoking | % Smokers | 18% | 23% |
| Physical inactivity | % Physically Inactive | 29% | 29% |
| Excessive drinking | % Excessive Drinking | 22% | 24% |
| Alcohol-impaired driving deaths | % Driving Deaths with Alcohol Involvement | 33% | 26% |
| Teen births | Teen Birth Rate | 23 | 23 |
| Mammography screening | % With Annual Mammogram | 48% | 44% |
| Flu vaccinations | % Vaccinated | 49% | 50% |
| Injury deaths | Injury Death Rate | 94 | 104 |
| Limited access to healthy foods | % Limited Access to Healthy Foods | 10% | 8% |
| Insufficient sleep | % Insufficient Sleep | 39% | 34% |
| Firearm fatalities | Firearm Fatalities Rate | 19 | 19 |

The table above represents 2022 key measures compiled factoring into the evaluation of **Health Behaviors** in Horry County. Comparing these measures to the South Carolina state average, we can better understand how Horry County's health needs compare to that of the surrounding community. Green values indicate better metric performance than the state average. Red values indicate poorer performance than the state average. Please note, green values do not necessarily indicate lack of need in that measure.

Other Key Needs:

- Premature Death
- Adult Smoking
- Excessive Drinking
- Mammography Screening
- Injury Deaths

## Setting and Systems

Setting and Systems provide insights into the infrastructure that influences the health outcomes and behaviors of populations. The availability of healthcare resources outside of the traditional healthcare settings play a vital role in the overall health of individuals. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

**Healthy People 2030 Objectives**

| | |
|---|---|
| Community | Hospital and Emergency Services* |
| Environmental Health | Housing and Homes* |
| Global Health | Public Health Infrastructure |
| Health Care* | Schools |
| Health Insurance* | Transportation |
| Health IT | Workplace |
| Health Policy | |

*Objectives that are relevant Conway Medical Center's Community feedback will be explored further below

**Community:** Healthy People 2030 focuses on ways organizations, businesses, schools, and residents can help build healthier communities. Horry County has higher index factors (7.7) than the average for the state of Carolina (6.7) in 2022. However, Horry County saw a decrease in these index factors from 2019 (7.9) to 2022 (7.7).



2022 Food Environment Index
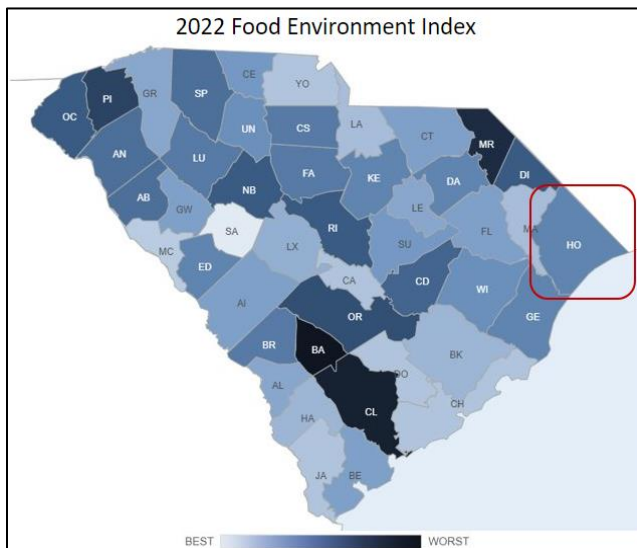
| Index factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 7.7 | 7.9 | -2.53% |
| South Carolina | 6.7 | 6.3 | 6.34% |

**Health Care:** Healthy People 2030 focuses on improving health care quality and making sure all people get the health care services they need. The ratio of population to primary care physicians has improved in Horry County from 2019 to 2022. Overall, the PCP ratio for the state of South Carolina stayed relatively similar.

2022 Primary Care Physician Ratio
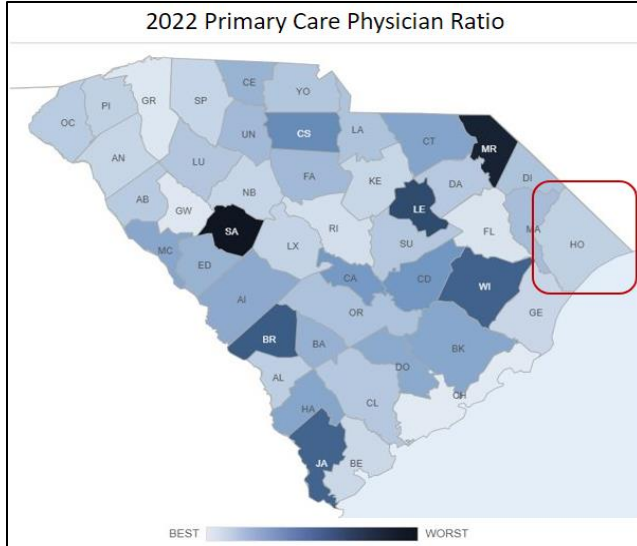
| Ratio of population for primary care physicians | | |
|---|---|---|
| | 2022 | 2019 |
| Horry County | 1,678:1 | 1,715:1 |
| South Carolina | 1,485:1 | 1,489:1 |

Both Horry County and the state of South Carolina saw an improvement in the ratio of population to mental health providers.


2022 Mental Health Provider Ratio
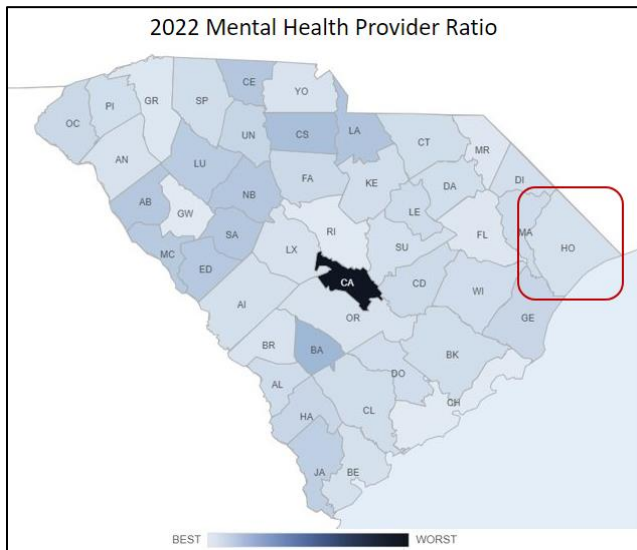
| Ratio of population for mental health providers | | |
|---|---|---|
| | 2022 | 2019 |
| Horry County | 636:1 | 724:1 |
| South Carolina | 524:1 | 610:1 |

**Health Insurance:** Healthy People 2030 focuses on improving health by increasing medical, dental, and prescription drug insurance coverage. About 30 million people in the United States do not have health insurance and people without insurance are less likely to get the health care services and medications they need. The percentage of population under 65 without insurance has increased for Horry County and at the statewide level. Horry County overall has a significantly higher percentage of uninsured adults than the state average in 2022.

2022 Uninsured Population Under 65
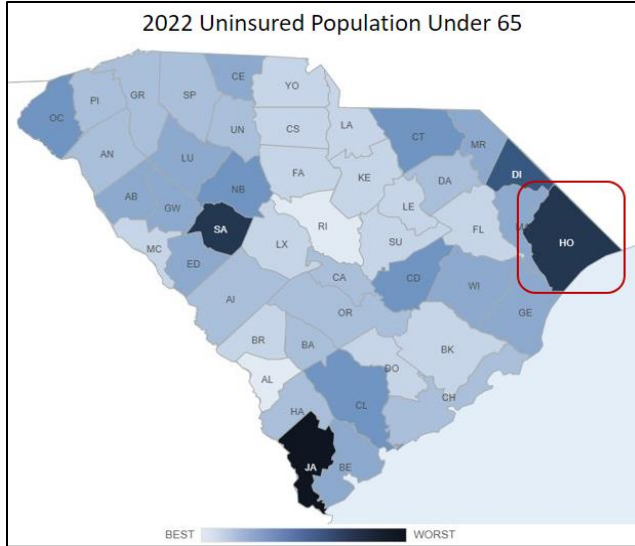
| Percentage of population under 65 without health insurance. | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 22% | 19% | 15.79% |
| South Carolina | 16% | 15% | 6.67% |

From 2019 to 2022, the percentage of uninsured children increased to 6% for both Horry County and the state of South Carolina.
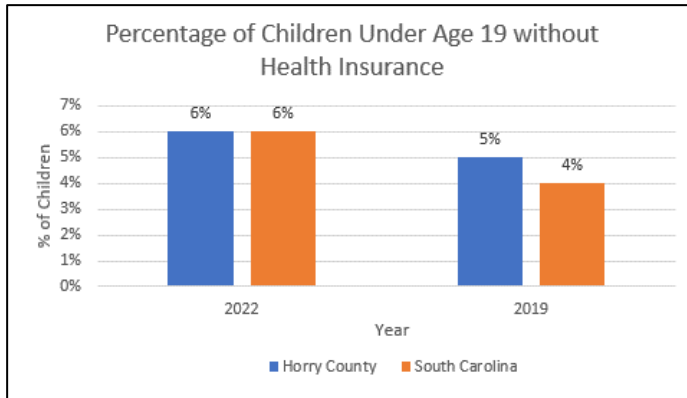


Percentage of Children Under Age 19 without Health Insurance

| Percentage of children under age 19 without health insurance | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 6% | 5% | 20.0% |
| South Carolina | 6% | 4% | 50.0% |

Other Key Findings:

| Metric Category | Metric | South Carolina | Horry County |
|---|---|---|---|
| Access to exercise opportunities | % With Access to Exercise Opportunities | 65% | 81% |
| Preventable hospital stays | Preventable Hospitalization Rate | 3,797 | 3,945 |
| High school completion | % Completed High School | 88% | 91% |
| Air pollution - particulate matter | Average Daily PM2.5 | 8.0 | 6.9 |
| Drinking water violations | Presence of Water Violation | - | No |
| Severe housing problems | % Severe Housing Problems | 14% | 15% |
| Driving alone to work | % Drive Alone to Work | 82% | 82% |
| Long commute - driving alone | % Long Commute - Drives Alone | 36% | 27% |

| Motor vehicle crash deaths | Motor Vehicle Mortality Rate | 20 | 19 |
|---|---|---|---|
| Childcare centers | County Value | 6 | 5 |
| Homeownership | % Homeowners | 70% | 74% |
| Severe housing cost burden | % Severe Housing Cost Burden | 13% | 13% |
| Broadband access | % Broadband Access | 81% | 87% |

The table above represents 2022 key measures compiled factoring into the evaluation of **Setting and Systems** in Horry County. Comparing these measures to the South Carolina state average, we can better understand how Horry County's health needs compare to that of the surrounding community. Green values indicate better metric performance than the state average. Red values indicate poorer performance than the state average. Please note, green values do not necessarily indicate lack of need in that measure.

Other Key Needs:

- Preventable Hospital Stays
- Severe Housing Problems
- Childcare Centers

## Social Determinants of Health

Social Determinants of Health describe the socioeconomic factors that play a role in the level of health people can achieve. This section looks at aspects outside of healthcare such as economic stability, education, and violence in the community. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

| Healthy People 2030 Objectives | |
|---|---|
| Economic Stability | Neighborhood and Built Environment* |
| Education Access and Quality* | Social and Community context |
| Health Care Access and Quality | |

*Objectives that are relevant to Conway Medical Center's Community feedback will be explored further below

**Education Access and Quality:** Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents. People with higher levels of education are more likely to be healthier and live longer. The percentage of adults who have completed a high school education has increased in both Horry County and South Carolina overall from 2019 to 2022. Horry County has a higher percentage (91%) than the state average at 88% in 2022.
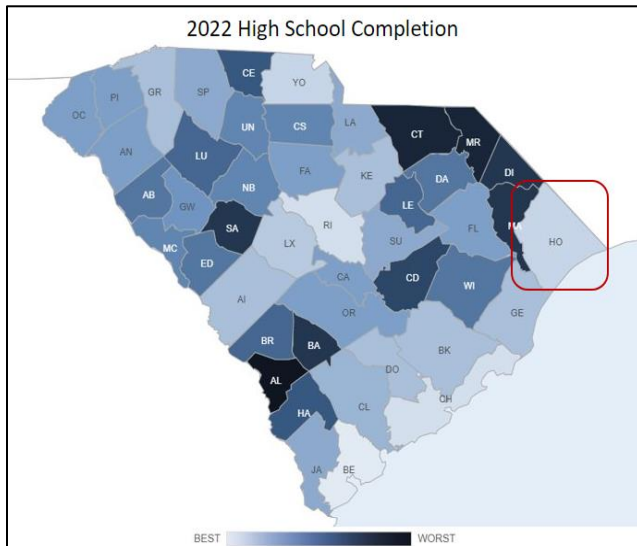


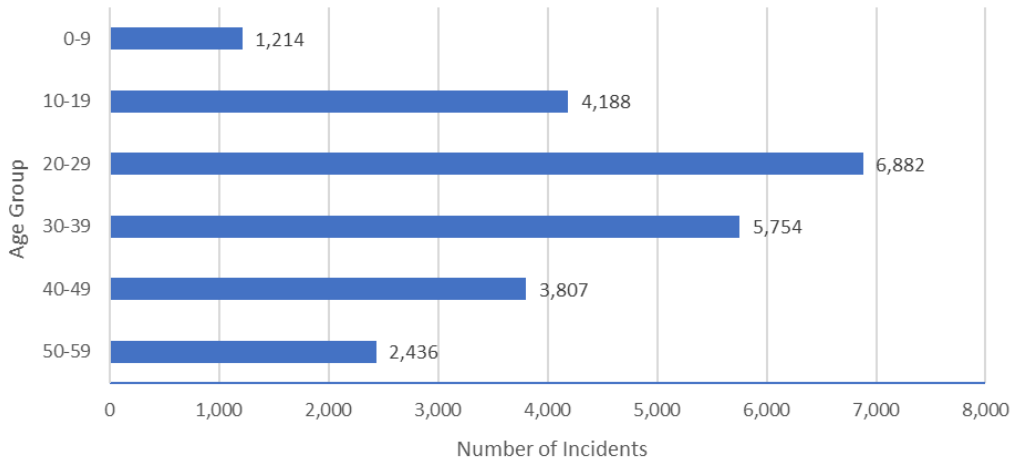| % Adults 25 and over with a high school diploma or equivalent | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 91% | 80% | 13.75% |
| South Carolina | 88% | 84% | 4.76% |

**Neighborhood and Built Environment:** Healthy People 2030 focuses on improving health and safety in the places where people live, work, learn, and play. In 2020, the rate of violent crime for South Carolina was 530.7 offenses per 100,000 people. This is higher than the national rate of 398.5 offenses.

**Rate of Violent Crime Offenses by Population**



Rate per 100,000 people, by year
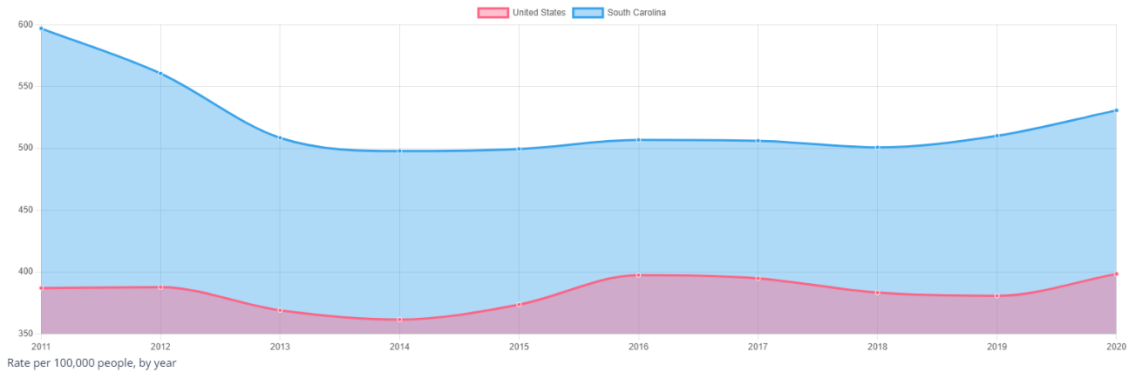
The 20-29 age group is the most common age of both offenders and victims of violent crimes. Healthy People 2030 has a goal to reduce the rate of minors and young adults committing violent crimes to 199.2 offenses per 100,000 population.



South Carolina 2021 Violent Crime Victims by Age Group

| Age Group | Number of Incidents |
| --- | --- |
| 0-9 | 1,214 |
| 10-19 | 4,188 |
| 20-29 | 6,882 |
| 30-39 | 5,754 |
| 40-49 | 3,807 |
| 50-59 | 2,436 |



South Carolina 2021 Violent Crime Offenders by Age Group

| Age Group | Number of Incidents |
| --- | --- |
| Unknown | 2,835 |
| 0-9 | 40 |
| 10-19 | 2,886 |
| 20-29 | 6,070 |
| 30-39 | 4,858 |
| 40-49 | 2,742 |
| 50-59 | 1,518 |
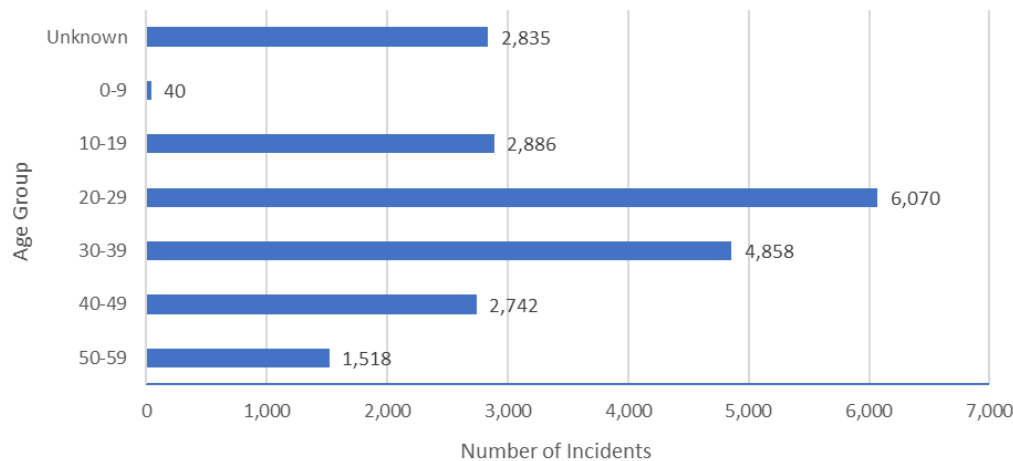
Other Key Findings:

| Metric Category | Metric | South Carolina | Horry County |
|---|---|---|---|
| Some college | % Some College | 64% | 59% |
| Social associations | Social Association Rate | 11.5 | 8.4 |
| Violent crime | Violent Crime Rate | 500 | 569 |
| Disconnected youth | % Disconnected Youth | 8% | 7% |
| High school graduation | High School Graduation Rate | 81 | 83 |
| Reading scores | Average Grade Performance | 2.9 | 3.1 |
| Math scores | Average Grade Performance | 2.9 | 3.2 |
| School segregation | Segregation index | 0.17 | 0.07 |
| School funding adequacy | School funding | ($3,202) | ($2,862) |
| Children eligible for free or reduced-price lunch | % Enrolled in Free or Reduced Lunch | 63% | 60% |
| Childcare cost burden | % Household income required for childcare expenses | 20% | 20% |
| Homicides | Homicide Rate | 9 | 7 |
| Juvenile arrests | Juvenile Arrest Rate | 27 | 36 |

The table above represents 2022 key measures compiled factoring into the evaluation of **Social Determinants of Health** in Horry County. Comparing these measures to the South Carolina state average, we can better understand how Horry County's health needs compare to that of the surrounding community. Green values indicate better metric performance than the state average. Red values indicate poorer performance than the state average. Please note, green values do not necessarily indicate lack of need in that measure.

Other Key Needs:

- College Attendance
- Social Associations
- Violent Crime
- Juvenile Arrests

## Populations

Populations define the populations and demographics that align with other Healthy People 2030 objectives. The population information looks at age groups, gender, race and ethnicity, and disability status. Health and wellness metrics are also identified related to specific populations. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

**Healthy People 2030 Objectives**

| | |
|---|---|
| Adolescents | Older Adults* |
| Children | Parents or Caregivers |
| Infants | People with Disabilities |
| LGBT | Women |
| Men | Workforce* |

*Objectives that are relevant to Conway Medical Center's Community feedback will be explored further below

**Older Adults:** The Healthy People 2030 focuses on reducing health problems and improving quality of life for older adults. The 65+ age group has the highest projected growth of all other age groups. Horry County is projected to have an average of 19.9% growth in the 65+ population from 2023 – 2028.
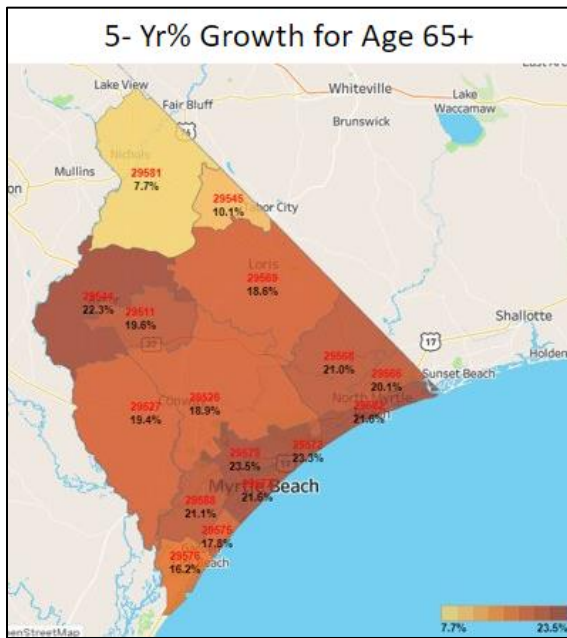


| 65+ Age Group | | | |
|---|---|---|---|
| | 2023 Population | 2028 Population | Total 5-YR % Growth |
| Total Service Area | 107,713 | 129,185 | 19.9% |

**Workforce:** Healthy People 2030 focuses on promoting the health, well-being, education, and training of the workforce – including the public health and health care workforce. Overall, there was a significant increase in the unemployed population statewide and Horry County as well. Horry County had a greater increase from 5.0% to 8.6% from the 2019 to 2022.
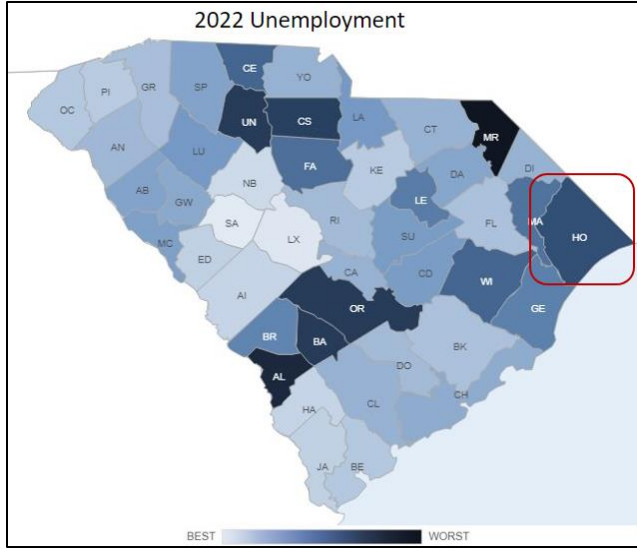
| Percentage of population ages 16 and older unemployed but seeking work | | | |
|---|---|---|---|
| | 2022 | 2019 | Variance |
| Horry County | 8.6% | 5.0% | 72.0% |
| South Carolina | 6.2% | 4.3% | 44.2% |

Other Key Findings:

| Metric Category | Metric | South Carolina | Horry County |
|---|---|---|---|
| Children in poverty | % Children in Poverty | 19% | 20% |
| Income inequality | Income Ratio | 4.8 | 4.1 |
| Children in single-parent households | % Children in Single-Parent Households | 31% | 34% |
| Child mortality | Child Mortality Rate | 59 | 53 |
| Infant mortality | Infant Mortality Rate | 7 | 7 |
| Gender pay gap | Gender Pay Gap | 0.78 | 0.86 |

The table above represents 2022 key measures compiled factoring into the evaluation of **Populations** in Horry County. Comparing these measures to the South Carolina state average, we can better understand how Horry County's health needs compare to that of the surrounding community. Green values indicate better metric performance than the state average. Red values indicate poorer performance than the state average. Please note, green values do not necessarily indicate lack of need in that measure.
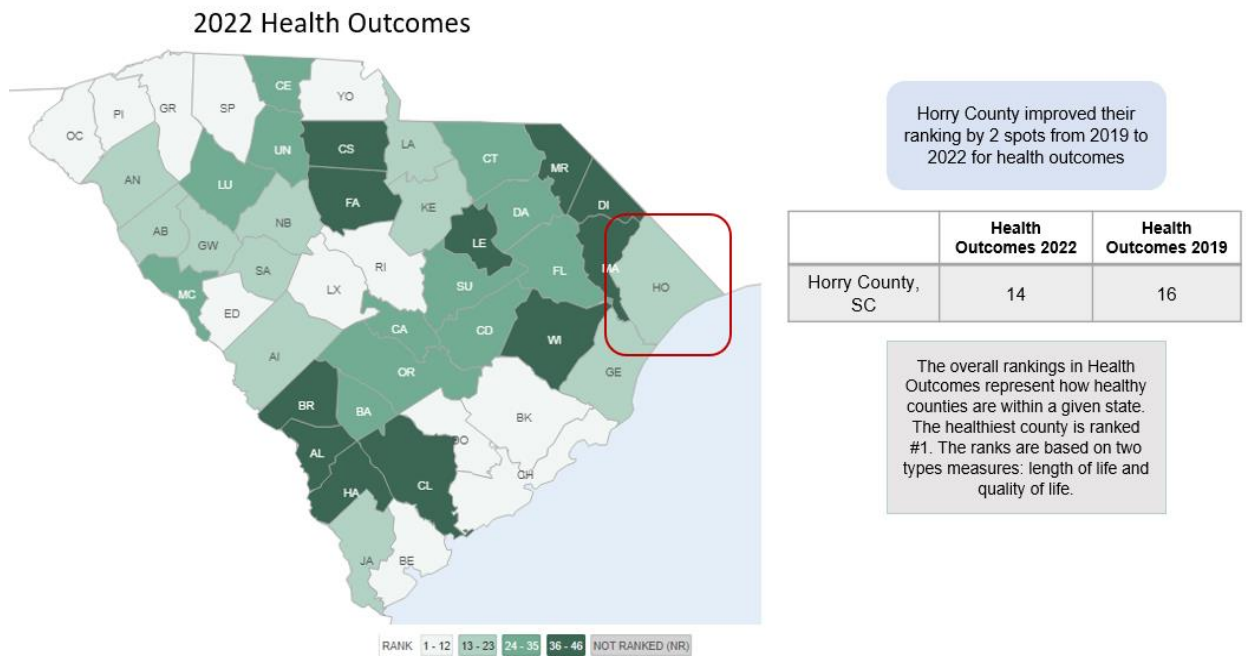
Other Key Needs:

- Children in Poverty
- Children in Single-Parent Households

# County Ranking

In addition to reviewing the data for Horry County, overall county health rankings were utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Measures for this are based on a wide variety of data sources, including the Bureau of Labor Statistics, National Center for Healthcare Statistics, and Behavioral Risk Factor Surveillance System survey data, and other units of the Centers for Disease Control and Prevention, etc. This allows us to understand how each county is performing against another within the state

**Health Outcomes:** Healthy People 2030 focuses on health outcomes as a measure of how healthy a county is currently. This measure accounts for various factors that reflect mental and physical well-being of the community through metrics that impact both length and quality of life. In South Carolina, there are 46 counties—where the healthiest county ranks at #1, and the least healthy county ranks at #46.



2022 Health Outcomes

Horry County improved their ranking by 2 spots from 2019 to 2022 for health outcomes

|  | Health Outcomes 2022 | Health Outcomes 2019 |
|---|---|---|
| Horry County, SC | 14 | 16 |

The overall rankings in Health Outcomes represent how healthy counties are within a given state. The healthiest county is ranked #1. The ranks are based on two types measures: length of life and quality of life.

RANK  1 - 12  13 - 23  24 - 35  36 - 46  NOT RANKED (NR)

Below is a table that represents more details of the metrics that make up health outcome scores. Horry County improved on the length of life ranking from 2019 (23) to 2022 (18). The rank for the Quality of life measure remained the same.

**Horry County, SC**
**(1 = Best, 46 = Worst)**

|  | 2022 | 2019 |
|---|---|---|
| **Health Outcomes** | 14 | 16 |
| Length of Life | 18 | 23 |
| *Premature Deaths* |  |  |
| Quality of Life | 13 | 13 |
| *Poor or Fair Health, Poor Physical Health Days, Poor Mental Health Days, Low Birthweight* |  |  |

**Health Factors:** The overall ranking in health factors represents what influences the health of a county. They are estimates of the future health of the county in comparison to other counties. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.



2022 Health Factors
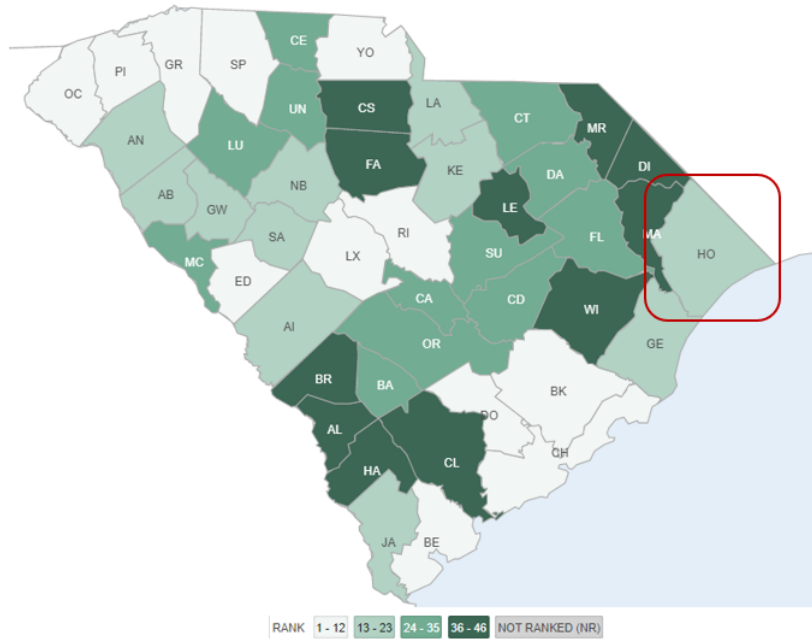
Horry County achieved a lower ranking by 2 spots from 2019 to 2022 for Health Factors.

| | Health Outcomes 2022 | Health Outcomes 2019 |
|---|---|---|
| Horry County, SC | 25 | 23 |

The overall rankings in Health Factors represent what influences the health of a county. They also serve as an estimate of the future health of counties compared to others within a given state. The healthiest county is ranked #1. The ranks are based on four types of measures: **health behaviors, clinical care, social and economic factors, and physical environment factors.**

RANK 1 - 12 | 13 - 23 | 24 - 35 | 36 - 46 | NOT RANKED (NR)

Below is a table that represents more details of the metrics that make up health outcome scores. Horry County improved on their rankings for social & economic factors and physical environment but achieved a lower rank for health behaviors and clinical care.

**Horry County, SC**
**(1 = Best, 46 = Worst)**

| | 2022 | 2019 |
|---|---|---|
| Health Factors | 25 | 23 |
| Health Behaviors | 17 | 16 |
| *Tobacco Use, Diet & Exercise, Alcohol & Drug Abuse, Sexual Activity | | |
| Clinical Care | 34 | 30 |
| *Access to Care, Quality of Care | | |
| Social and Economic Factors | 26 | 27 |
| *Education, Employment & Income, Family & Social Support, Community Safety | | |
| Physical Environment | 3 | 13 |
| *Air & water quality, Housing and Transit | | |

# Community Input Findings

The last and most important element of the Community Needs Assessment is community input. Conway facilitated the distribution of a community health survey shared with key hospital administrators, physicians, community members, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations. During this phase, the team deployed a survey to gain these community member's knowledge.

There were 164 survey respondents who completed the survey across the community. Below is a map of the feedback distribution.
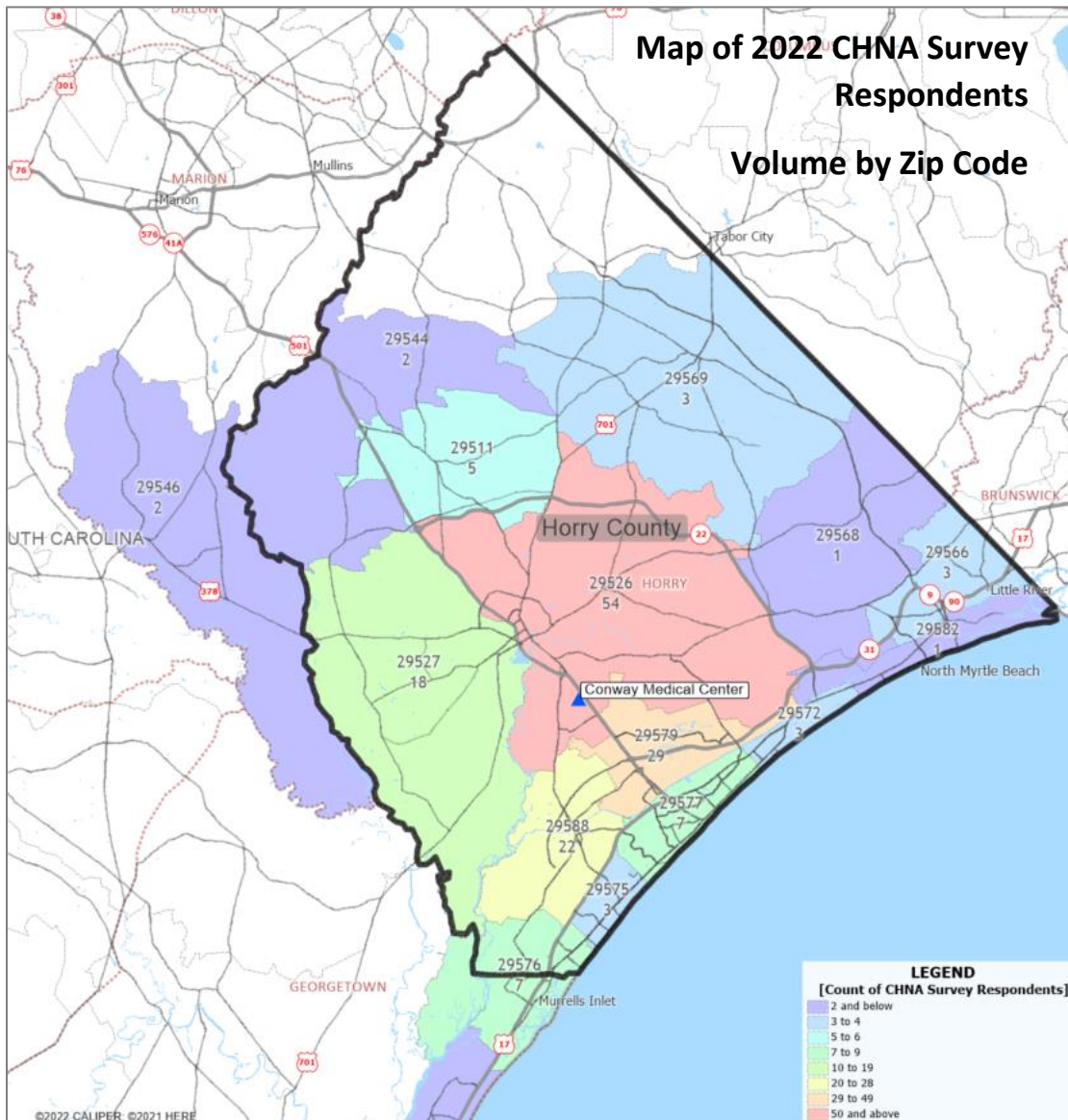


Each person participating ranked the current health of the community on a scale of 1 to 10, 10 being the best. The score after averaging the 164 respondents' feedback was 5.29.

Respondents were asked what they viewed as the top health issues facing Horry County and its residents. They were then asked to elaborate on certain barriers, gaps, and access to care issues.

Based on the feedback provided in the Community Input phase of the CHNA, the following barriers and opportunities were identified when evaluating the health of Horry County.

Barriers

- Cost of healthcare services / personal financial barriers
- Access to healthcare provider, particularly, timely access
- Lack of health education
- Insurance coverage
- Overall access related issues
    - Includes limited facility space & quality health services

Most Preventable Health Related Issue

- Weight management / obesity
- Access to healthcare
- Chronic disease (i.e. asthma, diabetes, etc.)
- Food insecurity
- Financial barriers / insurance

Once the issues/community needs were identified and organized, a prioritization session was held with members of the Community Health Needs Assessment Steering Committee. This session resulted in the development of a Prioritization Table. The priorities were ranked based on significance of the community need, CMC's ability to impact the need, and community perceived need. This process identified the top prioritized health issues for Horry County that CMC feels it has an ability to impact at certain levels.

## Prioritized 2022 Community Health Needs

| Community Needs Selected | |
|---|---|
| 1 | **Mental / Behavioral Health** |
| 2 | **Financial Barriers / Insurance** |
| 3 | **Access to Healthcare** |
| 4 | Chronic Disease |
| 5 | **Health Education** |

From this prioritization table, the CMC team identified community needs that would be the basis for the development of the implementation strategy. Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following community needs have been selected for implementation.

- **Mental / Behavioral Health** – CMC has identified a need to increase access to mental health resources, treatment, and prevention for members of the Horry County community. The demand for mental health treatment is not currently being met and the breadth of providers to treat these conditions is limited. This community need has been highlighted and aggravated in COVID-19 pandemic and key exacerbating factors include social isolation, anxiety, depression, and other contributing issues.

  - *CMC acknowledges the need for increased mental health resources and treatment. CMC does not currently offer mental health services outside of acute emergent treatment and will not be addressing this community health need in the implementation plan. CMC will explore opportunities for investment and partnerships to meet this need in the future.*

- **Financial Barriers / Insurance** - Financial barriers and insurance play a major role in Horry County resident's ability to access healthcare. Although medical services may be available throughout the county, high unemployment, lower incomes, and a lack of insurance may prohibit people from accessing or using these resources. People who have a low or fixed income are more vulnerable to competing financial priorities. These barriers

must be addressed as county and hospital resources are expended to meet the community need.

- **Access to Healthcare** – Providing better access points to healthcare in this community is vital to enhancing the quality of life for Horry County citizens. The resources that the community and Conway Medical Center provide can have a significant impact on population health outcomes. If more resources are available in the community, the social and physical environments within the community will help to promote good health for all. For Horry County, the promotion of health education, increased provider access, and insurance literacy will help to improve the overall health of the community.

- **Chronic Disease** – Chronic disease is a prioritized health need because its prevalence is prominent in the Horry County community. The poor physical health practices of individuals have likely accelerated the development of certain illnesses. Chronic conditions impacting this population include obesity, high blood pressure, diabetes, depression, heart disease, and cancer. Limited access to healthy food, poor lifestyle choices, mental health, and lack of exercise all contribute to the ongoing community health issues seen. CMC seeks to align initiatives around Chronic Disease with the community health prioritize identified by the state of South Carolina to maximize impact and align resources.

- **Health Education** – The importance of health education and literacy stems from a preventative health lens. Health literacy influences how people receive, interpret, or act on health information. Promoting health education and providing health literacy opportunities will garner a more knowledgeable community that is able to successfully find and access care, prevent certain health conditions, make informed decisions, and effectively manage the health issues that arise.

Conway Medical Center's Community Needs Assessment Steering Committee will initiate the development of implementation strategies for each health priority identified above. This implementation strategy will be executed in collaboration with community partners and health issue experts over the next three years. The following key elements will be used in developing their implementation strategy:

- Identify what other local organization are doing to address the health priority
- Develop support and participation for these approaches to address the health need
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Develop detailed work plans
- Communicate with the assessment team and ensure appropriate coordination with other efforts currently underway to address the issue

The team will utilize and build upon the monitoring method developed in the conclusion of the prior CHNA to provide status updates and outcome notifications of these efforts to improve community health. CMC is committed to conducting another health needs assessment in three years.

## Appendix A – Data Sources

| Focus Area | Measure | Description | Weight | Source | Year(s) | Top Performers | US Overall |
|---|---|---|---|---|---|---|---|
| **HEALTH OUTCOMES** | | | | | | | |
| **Length of Life** | Premature death* | Years of potential life lost before age 75 per 100,000 population (age-adjusted). | 50% | National Center for Health Statistics - Mortality Files | 2018-2020 | 5,600 | 7,300 |
| **Quality of Life** | Poor or fair health‡ | Percentage of adults reporting fair or poor health (age-adjusted). | 10% | Behavioral Risk Factor Surveillance System | 2019 | 15% | 17% |
| | Poor physical health days‡ | Average number of physically unhealthy days reported in past 30 days (age-adjusted). | 10% | Behavioral Risk Factor Surveillance System | 2019 | 3.4 | 3.9 |
| | Poor mental health days‡ | Average number of mentally unhealthy days reported in past 30 days (age-adjusted). | 10% | Behavioral Risk Factor Surveillance System | 2019 | 4 | 4.5 |
| | Low birthweight* | Percentage of live births with low birthweight (< 2,500 grams). | 20% | National Center for Health Statistics - Natality files | 2014-2020 | 6% | 8% |
| **HEALTH FACTORS** | | | | | | | |
| **HEALTH BEHAVIORS** | | | | | | | |
| **Tobacco Use** | Adult smoking‡ | Percentage of adults who are current smokers (age-adjusted). | 10% | Behavioral Risk Factor Surveillance System | 2019 | 15% | 16% |
| **Diet and Exercise** | Adult obesity‡ | Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). | 5% | Behavioral Risk Factor Surveillance System | 2019 | 30% | 32% |
| | Food environment index | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). | 2% | USDA Food Environment Atlas, Map the Meal Gap from Feeding America | 2019 | 8.8 | 7.8 |
| | Physical inactivity‡ | Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). | 2% | Behavioral Risk Factor Surveillance System | 2019 | 23% | 26% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Access to exercise opportunities | Percentage of population with adequate access to locations for physical activity. | 1% | Business Analyst, ESRI, YMCA & US Census Tigerline Files | 2010 & 2021 | 86% | 80% |
| **Alcohol and Drug Use** | Excessive drinking‡ | Percentage of adults reporting binge or heavy drinking (age-adjusted). | 2.5% | Behavioral Risk Factor Surveillance System | 2019 | 15% | 20% |
| | Alcohol-impaired driving deaths | Percentage of driving deaths with alcohol involvement. | 2.5% | Fatality Analysis Reporting System | 2016-2020 | 10% | 27% |
| **Sexual Activity** | Sexually transmitted infections | Number of newly diagnosed chlamydia cases per 100,000 population. | 2.5% | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2019 | 161.8 | 551 |
| | Teen births* | Number of births per 1,000 female population ages 15-19. | 2.5% | National Center for Health Statistics - Natality files | 2014-2020 | 11 | 19 |
| **CLINICAL CARE** | | | | | | | |
| **Access to Care** | Uninsured | Percentage of population under age 65 without health insurance. | 5% | Small Area Health Insurance Estimates | 2019 | 6% | 11% |
| | Primary care physicians | Ratio of population to primary care physicians. | 3% | Area Health Resource File/American Medical Association | 2019 | 1,010:1 | 1,310:1 |
| | Dentists | Ratio of population to dentists. | 1% | Area Health Resource File/National Provider Identification file | 2020 | 1,210:1 | 1,400:1 |
| | Mental health providers | Ratio of population to mental health providers. | 1% | CMS, National Provider Identification | 2021 | 250:01:00 | 350:01:00 |
| **Quality of Care** | Preventable hospital stays* | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. | 5% | Mapping Medicare Disparities Tool | 2019 | 2,233 | 3,767 |
| | Mammography screening* | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. | 2.5% | Mapping Medicare Disparities Tool | 2019 | 52% | 43% |
| | Flu vaccinations* | Percentage of fee-for-service (FFS) Medicare | 2.5% | Mapping Medicare Disparities Tool | 2019 | 55% | 48% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | enrollees that had an annual flu vaccination. | | | | | |
| **SOCIAL & ECONOMIC FACTORS** | | | | | | | |
| **Education** | High school completion | Percentage of adults ages 25 and over with a high school diploma or equivalent. | 5% | American Community Survey, 5-year estimates | 2016-2020 | 94% | 89% |
| | Some college | Percentage of adults ages 25-44 with some post-secondary education. | 5% | American Community Survey, 5-year estimates | 2016-2020 | 74% | 67% |
| **Employment** | Unemployment | Percentage of population ages 16 and older unemployed but seeking work. | 10% | Bureau of Labor Statistics | 2020 | 4.00% | 8.10% |
| **Income** | Children in poverty* | Percentage of people under age 18 in poverty. | 7.5% | Small Area Income and Poverty Estimates | 2020 | 9% | 16% |
| | Income inequality | Ratio of household income at the 80th percentile to income at the 20th percentile. | 2.5% | American Community Survey, 5-year estimates | 2016-2020 | 3.7 | 4.9 |
| **Family and Social Support** | Children in single-parent households | Percentage of children that live in a household headed by a single parent. | 2.5% | American Community Survey, 5-year estimates | 2016-2020 | 14% | 25% |
| | Social associations | Number of membership associations per 10,000 population. | 2.5% | County Business Patterns | 2019 | 18.1 | 9.2 |
| **Community Safety** | Violent crime | Number of reported violent crime offenses per 100,000 population. | 2.5% | Uniform Crime Reporting - FBI | 2014 & 2016 | 63 | 386 |
| | Injury deaths* | Number of deaths due to injury per 100,000 population. | 2.5% | National Center for Health Statistics - Mortality Files | 2016-2020 | 61 | 76 |
| **PHYSICAL ENVIRONMENT** | | | | | | | |
| **Air and Water Quality** | Air pollution - particulate matter | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). | 2.5% | Environmental Public Health Tracking Network | 2018 | 5.9 | 7.5 |
| | Drinking water violations+ | Indicator of the presence of health-related drinking water violations. 'Yes' | 2.5% | Safe Drinking Water Information System | 2020 | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | indicates the presence of a violation, 'No' indicates no violation. | | | | | |
| Housing and Transit | Severe housing problems | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. | 2% | Comprehensive Housing Affordability Strategy (CHAS) data | 2014-2018 | 9% | 17% |
| | Driving alone to work* | Percentage of the workforce that drives alone to work. | 2% | American Community Survey, 5-year estimates | 2016-2020 | 72% | 75% |
| | Long commute - driving alone | Among workers who commute in their car alone, the percentage that commute more than 30 minutes. | 1% | American Community Survey, 5-year estimates | 2016-2020 | 16% | 37% |

| Focus Area | Measure | Description | Source | Year(s) |
|---|---|---|---|---|
| HEALTH OUTCOMES | | | | |
| Length of Life | COVID-19 age-adjusted mortality | All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted). | National Center for Health Statistics - Mortality Files | 2020 |
| | Life expectancy* | Average number of years a person can expect to live. | National Center for Health Statistics - Mortality Files | 2018-2020 |
| | Premature age-adjusted mortality* | Number of deaths among residents under age 75 per 100,000 population (age-adjusted). | National Center for Health Statistics - Mortality Files | 2018-2020 |
| | Child mortality* | Number of deaths among residents under age 18 per 100,000 population. | National Center for Health Statistics - Mortality Files | 2017-2020 |
| | Infant mortality* | Number of infant deaths (within 1 year) per 1,000 live births. | National Center for Health Statistics - Mortality Files | 2014-2020 |
| Quality of Life | Frequent physical distress‡ | Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). | Behavioral Risk Factor Surveillance System | 2019 |
| | Frequent mental distress‡ | Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). | Behavioral Risk Factor Surveillance System | 2019 |
| | Diabetes prevalence‡ | Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). | Behavioral Risk Factor Surveillance System | 2019 |
| | HIV prevalence+ | Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2019 |

| HEALTH FACTORS | | | | |
|---|---|---|---|---|
| **HEALTH BEHAVIORS** | | | | |
| **Diet and Exercise** | Food insecurity | Percentage of population who lack adequate access to food. | Map the Meal Gap | 2019 |
| | Limited access to healthy foods | Percentage of population who are low-income and do not live close to a grocery store. | USDA Food Environment Atlas | 2019 |
| **Alcohol and Drug Use** | Drug overdose deaths* | Number of drug poisoning deaths per 100,000 population. | National Center for Health Statistics - Mortality Files | 2018-2020 |
| | Motor vehicle crash deaths* | Number of motor vehicle crash deaths per 100,000 population. | National Center for Health Statistics - Mortality Files | 2014-2020 |
| **Other Health Behaviors** | Insufficient sleep‡ | Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). | Behavioral Risk Factor Surveillance System | 2018 |
| **CLINICAL CARE** | | | | |
| **Access to Care** | Uninsured adults | Percentage of adults under age 65 without health insurance. | Small Area Health Insurance Estimates | 2019 |
| | Uninsured children | Percentage of children under age 19 without health insurance. | Small Area Health Insurance Estimates | 2019 |
| | Other primary care providers | Ratio of population to primary care providers other than physicians. | CMS, National Provider Identification | 2021 |
| **SOCIAL & ECONOMIC FACTORS** | | | | |
| **Education** | High school graduation+ | Percentage of ninth-grade cohort that graduates in four years. | EDFacts | 2018-2019 |
| | Disconnected youth | Percentage of teens and young adults ages 16-19 who are neither working nor in school. | American Community Survey, 5-year estimates | 2016-2020 |
| | Reading scores*+ | Average grade level performance for 3rd graders on English Language Arts standardized tests | Stanford Education Data Archive | 2018 |
| | Math scores*+ | Average grade level performance for 3rd graders on math standardized tests | Stanford Education Data Archive | 2018 |
| | School segregation | The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation. | National Center for Education Statistics | 2020-2021 |
| | School funding adequacy+ | The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. | School Finance Indicators Database | 2019 |

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|---|---|---|---|---|
| **Income** | Gender pay gap | A ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." | American Community Survey, 5-year estimates | 2016-2020 |
| | Median household income* | The income where half of households in a county earn more and half of households earn less. | Small Area Income and Poverty Estimates | 2020 |
| | Living wage | Living wage is the hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. | The Living Wage Calculator | 2021 |
| | Children eligible for free or reduced price lunch+ | Percentage of children enrolled in public schools that are eligible for free or reduced price lunch. | National Center for Education Statistics | 2019-2020 |
| **Family and Social Support** | Residential segregation - Black/white | Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents. | American Community Survey, 5-year estimates | 2016-2020 |
| | Residential segregation - non-white/white | Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. | American Community Survey, 5-year estimates | 2016-2020 |
| | Childcare cost burden | Childcare costs for a household with two children as a percent of median household income | The Living Wage Calculator, Small Area Income and Poverty Estimates | 2021 & 2020 |
| | Childcare centers | Number of childcare centers per 1,000 population under 5 years old. | Homeland Infrastructure Foundation-Level Data (HIFLD) | 2021 |
| **Community Safety** | Homicides* | Number of deaths due to homicide per 100,000 population. | National Center for Health Statistics - Mortality Files | 2014-2020 |
| | Suicides* | Number of deaths due to suicide per 100,000 population (age-adjusted). | National Center for Health Statistics - Mortality Files | 2016-2020 |
| | Firearm fatalities* | Number of deaths due to firearms per 100,000 population. | National Center for Health Statistics - Mortality Files | 2016-2020 |
| | Juvenile arrests+ | Rate of delinquency cases per 1,000 juveniles | Easy Access to State and County Juvenile Court Case Counts | 2019 |
| **PHYSICAL ENVIRONMENT** | | | | |
| **Housing and Transit** | Traffic volume | Average traffic volume per meter of major roadways in the county. | EJSCREEN: Environmental Justice Screening and Mapping Tool | 2019 |
| | Homeownership | Percentage of owner-occupied housing units. | American Community Survey, 5-year estimates | 2016-2020 |
| | Severe housing cost burden | Percentage of households that spend 50% or more of their household income on housing. | American Community Survey, 5-year estimates | 2016-2020 |
| | Broadband access | Percentage of households with broadband internet connection. | American Community Survey, 5-year estimates | 2016-2020 |
| **DEMOGRAPHICS** | | | | |
| **All** | Population | Resident population. | Census Population Estimates | 2020 |
| | % below 18 years of age | Percentage of population below 18 years of age. | Census Population Estimates | 2020 |
| | % 65 and older | Percentage of population ages 65 and older. | Census Population Estimates | 2020 |

| % non-Hispanic Black | Percentage of population self-identifying as non-Hispanic Black or African American. | Census Population Estimates | 2020 |
|---|---|---|---|
| % American Indian & Alaska Native | Percentage of population self-identifying as American Indian or Alaska Native. | Census Population Estimates | 2020 |
| % Asian | Percentage of population self-identifying as Asian. | Census Population Estimates | 2020 |
| % Native Hawaiian/Other Pacific Islander | Percentage of population self-identifying as Native Hawaiian or Other Pacific Islander. | Census Population Estimates | 2020 |
| % Hispanic | Percentage of population self-identifying as Hispanic. | Census Population Estimates | 2020 |
| % non-Hispanic white | Percentage of population self-identifying as non-Hispanic white. | Census Population Estimates | 2020 |
| % not proficient in English | Percentage of population that is not proficient in English. | American Community Survey, 5-year estimates | 2016-2020 |
| % female | Percentage of population that is female. | Census Population Estimates | 2020 |
| % rural | Percentage of population living in a rural area. | Census Population Estimates | 2010 |

Violent Crime Data Sources:

- FBI Crime Data Explorer: https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/crime-trend

Other Health Conditions Data Sources

- CDC: https://nccd.cdc.gov/DHDSPAtlas/?state=County
- State Cancer Profiles: https://statecancerprofiles.cancer.gov/index.html