



# 2012 AnMed Health Community Health Needs Assessment

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# Executive Summary

## Background and Purpose

AnMed Health, located in Anderson County, South Carolina, is the leading health care provider serving the health care needs of those in the Anderson County area. With a mission *to passionately blend the art of caring with the science of medicine to optimize the health of our patients, staff and community*, AnMed Health is dedicated to improving the health of the community and providing gold-standard quality care.

In the Spring of 2012, AnMed Health began the implementation of a Community Health Needs Assessment (CHNA) for Anderson County. The effort focused on assessing community health needs, local health resources, barriers to care, gaps in services, and trends regarding health and healthy lifestyles. The resulting CHNA will be utilized to document community need and link those needs to community benefit efforts of the health system. The needs assessment will be utilized to assist the hospital in planning and prioritizing its community benefit investments.

**Summary of Findings** More detail on data and findings is included in the full report in the *General State of Our Community's Health* section.

 <b>Getting Better</b> (compared to Anderson County past)	 <b>Getting Worse</b> (compared to Anderson County past)
<ul style="list-style-type: none"> <li>• County Health Outcomes ranking</li> <li>• Infant mortality and preterm births</li> <li>• Stroke and heart disease death rates</li> <li>• Teen pregnancy</li> <li>• Smoking</li> <li>• Cholesterol Screenings</li> <li>• Hypertension</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight and obesity</li> <li>• Exercise and nutrition</li> <li>• Diabetes</li> <li>• County Health Factors ranking (only slight decline, still a good rank)</li> <li>• Low birth weight</li> </ul>
 <b>Positive Highlights</b> (incorporating comparisons to state, nation and community feedback)	 <b>Areas of Concern</b> (incorporating comparisons to state, nation and community feedback)
<ul style="list-style-type: none"> <li>• Environment: Air quality, # of recreation facilities and access to healthy food</li> <li>• County Health Rankings – Outcomes and Health Factors</li> <li>• Preventive screenings</li> <li>• Vaccines and immunizations</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy living habits – exercise, nutrition, weight</li> <li>• Diabetes</li> <li>• Heart disease – a leading cause of death, but improvements are being made</li> <li>• Stroke – a leading cause of death, but improvements are being made</li> <li>• Cancer – # 1 cause of death, high incident and death rates (particularly lung and colorectal)</li> <li>• Asthma</li> <li>• Smokeless tobacco</li> <li>• Behavioral health – lack of available care, particularly an issue for children</li> <li>• Access – not enough physicians accepting Medicaid</li> <li>• Increase in emergency department visits</li> <li>• Health Disparities – socioeconomic and race</li> </ul>

## Identified Health Priorities

A variety of data and information was collected and analyzed in order to identify key priority health needs of the community. The prioritization process included review and analysis of:

- 1) secondary, quantitative statistical data,
- 2) primary, qualitative community feedback, and
- 3) current community and AnMed Health-specific assets.

In addition to review of the above, additional meetings with stakeholders were facilitated to identify priorities and potential actions. To select priorities and related strategies, the following criteria were considered:

- Data and community feedback indicated the issue as an important community need
- AnMed Health has the capacity to impact the issue
- Addressing a selected issue holds the potential to affect other key health conditions, therefore creating a multiplying effect
- Strategies selected align with and support AnMed Health’s mission and strategic direction
- Strategies selected take in consideration current assets in both the community and within AnMed Health

In considering the above, the following priorities were selected:

### 1. Obesity

Over 65% of the population is either overweight or obese. That number has continued to grow over the past several decades. Childhood obesity is growing at an alarming rate. Addressing obesity has the potential to positively affect leading health issues in the community – heart disease (which is the County’s 2<sup>nd</sup> leading cause of death), stroke, hypertension, and diabetes.

### 2. Access to Primary Health Care

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for medical care. Hospital data shows ER usage rates have increased by approximately 40% from 2004 – 2011. Focus groups reported access to primary care as a major concern. The most frequently reported issues with access to care were: finding a provider that takes Medicaid, getting an appointment in a timely manner, high out-of-pocket costs, and lack of a medical home.

### 3. Access to Behavioral and Mental Health Services

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for mental health care. The community focus groups repeatedly reported that behavioral and mental health services are a growing need, yet very little mental and behavioral health services are available. There was particular concern regarding lack of mental and behavioral health services for children.

### 4. Cancer

Cancer is the leading cause of death in both adults and children (age 0-14) in Anderson County. Anderson still has a higher cancer death rate and higher cancer incidence rate than SC or US. Lung and colorectal

cancers are of particular concern. Recent data has, however, shown improvement in Anderson. The National Cancer Institute data set from 2004-2008 reported Anderson County as a priority level 1. A new release was issued July 2012 indicating that incidence rates and death rates from all cancers have dropped slightly in Anderson, prompting the National Cancer Institute to move Anderson from Priority 1 to Priority 4 (priority level 1 indicated that the death rate was both above the state and national rate, and also that the rate is rising. Priority 4 indicates that death rates are stable and no longer rising, but still above state and national rates.)

#### **5. Asthma in Children**

The prevalence of asthma has increased nationally since the 1980s. Asthma is the second most common chronic condition seen in emergency departments in Anderson, and the 10<sup>th</sup> most common chronic condition seen during inpatient stays. Children are disproportionately affected by asthma. The prevalence of asthma is highest in those under 18, and it is the most common chronic disease and a leading cause of disability in children.

#### **6. Accident Prevention for Children**

Accidents is the second (after malignant neoplasms) leading cause of death in children under age 18. For the 0-17 population Anderson County has a higher death rate from injury than the state, 35.2 per 10,000 for Anderson compared to 21.7 per 10,000 for the state. For non-fatal injuries, Anderson County has a rate of 928.6 per 10,000 for ages 0-17, which is lower than the state rate of 978.4 per 10,000. Motor vehicle accidents are the leading cause of injury death for children 0-17.

Community assets related to these needs have been identified in the *Identified Priority Health Needs & Related Assets* section of this report (starting on page 39).

Strategic initiatives to address each of these identified needs have been developed and are included in the *AnMed Health Medical Center & AnMed Health Women's and Children's Hospital Community Health Needs Assessment –Implementation Strategy* document . This will be reported annually to the IRS on Form 990.

This CHNA report will be made widely available to the public and will be posted on AnMed Health's website: [www.anmedhealth.org](http://www.anmedhealth.org).

## About the Research

Conducted by an independent consulting firm, a community-based approach was taken to complete the community health needs assessment. National, state, regional and county-specific data was collected from a broad set of data sources. Special emphasis was placed on assessing Healthy People 2020 Leading Indicators, medically underserved areas and gathering information from community residents, providers of health and human services, and other stakeholders and representatives of Anderson County.

Efforts were made to ensure that the research was conducted in a manner that was representative of the communities within AnMed Health's primary service area. The primary service area and focus of the CHNA is Anderson County as approximately 90% of AnMed Health's Medical Center and Women's and Children's Hospital's inpatient, outpatient and emergency room discharges were from residents of Anderson County.

Research methods were conducted in approach that incorporated both quantifiable and qualitative data to get a well-rounded view of the state of the community's health.

- 1) Collection of **statistical (secondary, quantitative) data** at national, state, regional and local levels – key data sources included Healthy People 2020, County Health Rankings, National Health Indicators Warehouse, CDC and South Carolina DHEC biostatistics, hospital discharge data. Dates of data collected ranged from 2000 – 2011. For each indicator, data was pulled for the most recent year available. In addition, data was pulled, when available, from previous years in order to assess progress. A more detailed list of data sources is included in the appendix of this report.
- 2) Collection of **qualitative data** through a variety of community and stakeholder focus groups.

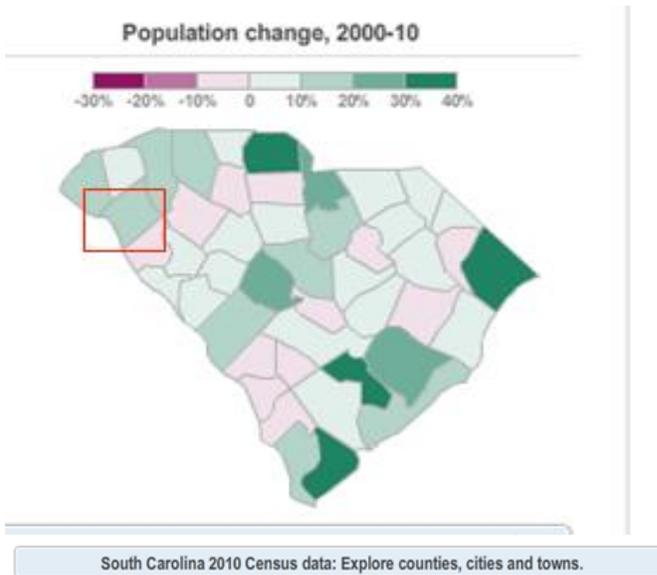
The assessment was completed in partnership and with much input from the local public health professionals, health and human service agencies and AnMed Health leaders and board.

# Community Served - Anderson County

The geographic service area and focus of the AnMed Health CHNA is Anderson County as approximately 90% of AnMed Health’s Medical Center and Women’s and Children’s Hospital’s inpatient, outpatient and emergency room discharges were from those who reside in Anderson County.

## Population Growth

Since 2000, the population in South Carolina has increased by 15.3%. Anderson County has experienced a slightly slower growth rate of 12.9% .



## Anderson County

**Population = 187,126**

Approximately 45,000 of the population is under the age of 18

**Growth Rate 2000-2010 = 12.9%**

## South Carolina

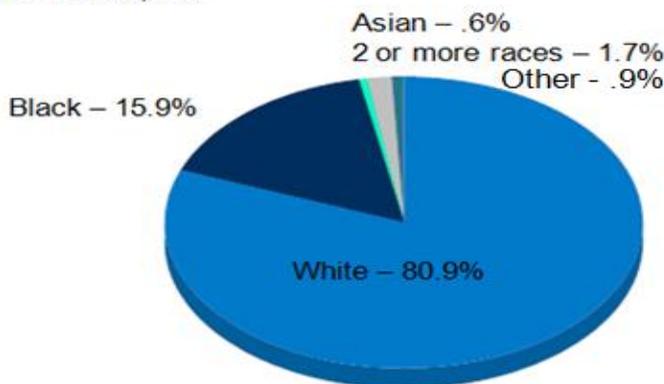
**Population = 4,625,364**

**Growth Rate 2000-2010 = 15.3%**

## Race

Anderson County has less racial diversity than both the state and nation, particularly in Census-classified race categories such as Asian, American Indian, “some other race”, and “2 or more races”. The Anderson County Black population is 15.9% compared to 27.9% in South Carolina

### ANDERSON, SC



NATIONAL POPULATION BY RACE UNITED STATES: 2010		
PERCENT OF POPULATION	CHANGE 2000-2010	
White alone	72.4%	5.7% ↑
Black or African American alone	12.6%	12.3% ↑
American Indian and Alaska Native alone	0.5%	18.4% ↑
Asian alone	4.8%	43.3% ↑
Native Hawaiian and Other Pacific Islander alone	0.2%	35.4% ↑
Some Other Race alone	6.2%	24.4% ↑
Two or More Races	2.9%	32.0% ↑

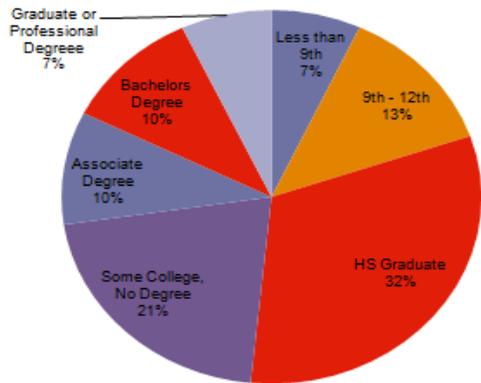
NATIONAL POPULATION BY HISPANIC OR LATINO ORIGIN UNITED STATES: 2010		
PERCENT OF POPULATION	CHANGE 2000-2010	
Hispanic or Latino	16.3%	43.0% ↑
Not Hispanic or Latino	83.7%	4.9% ↑

US Census Bureau , ACS 5-year estimate

## Education

Educational attainment has improved over the past 10 years in the County. The current high school graduation rate is 77% in Anderson County, better than the 73% in the state of South Carolina. (source: US Census and SC Department of Education)

**Educational Attainment age 25+ 2010**



### Change Since 2000

- **Assoc Degrees (+3%)**
- **Graduate Degrees (+2%)**
- **Some College (+3%)**
- **Less than 9<sup>th</sup> (-2%)**
- **9<sup>th</sup>-12<sup>th</sup> (-4%)**
- **HS Graduate (-1%)**
- **Bachelors Degree (-1%)**

## Income and Poverty

The median household and per capita income in Anderson County are lower than that of the state and nation.

- Median household income
  - \$36,770 Anderson
  - \$42,018 S.C.
  - \$51,914 US
- Per Capita Income
  - \$20,496 Anderson
  - \$22,128 S.C.
  - \$27,334 US

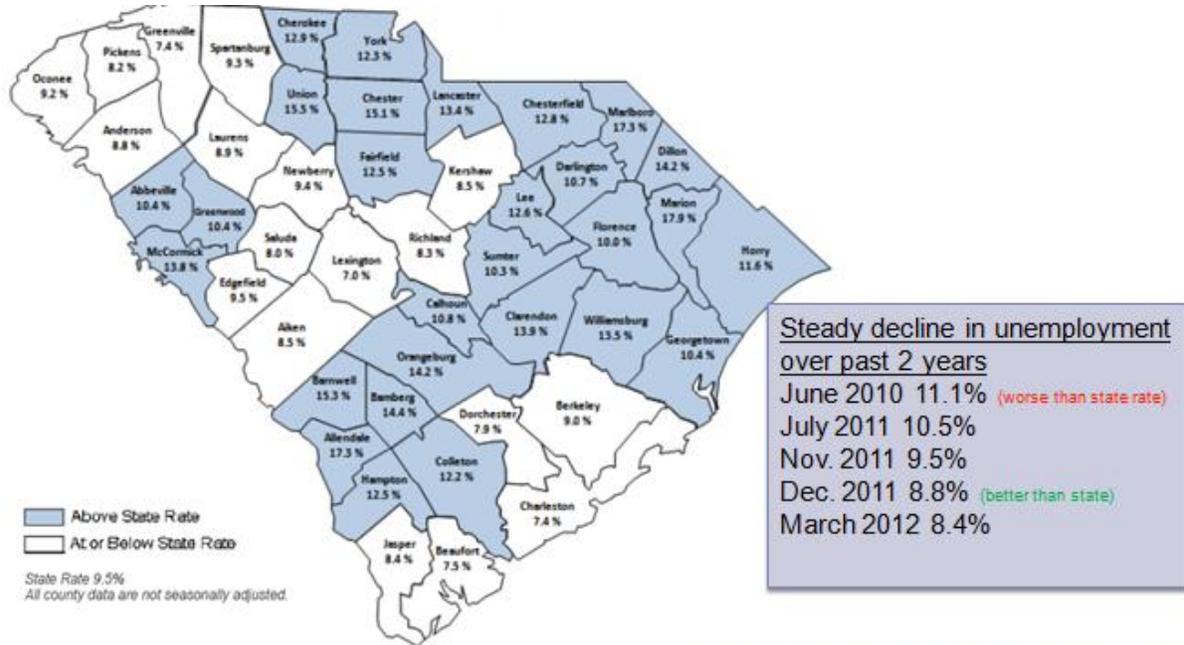
With the downturn in the economy over the past several years, poverty rates have climbed at an alarming rate and are much higher than the nation's 13.8% poverty rate.

ANDERSON COUNTY (source: US Census)	Poverty 2000	Poverty 2010	change
Total Population	12.1%	19.7%	<b>+ 7.6 percentage points</b>
Children	15.7% 17% in 2003	30.7%	<b>+ 15 percentage points</b>
Single-female headed households	27.9%	44.1%	<b>+ 16.2 percentage points</b>

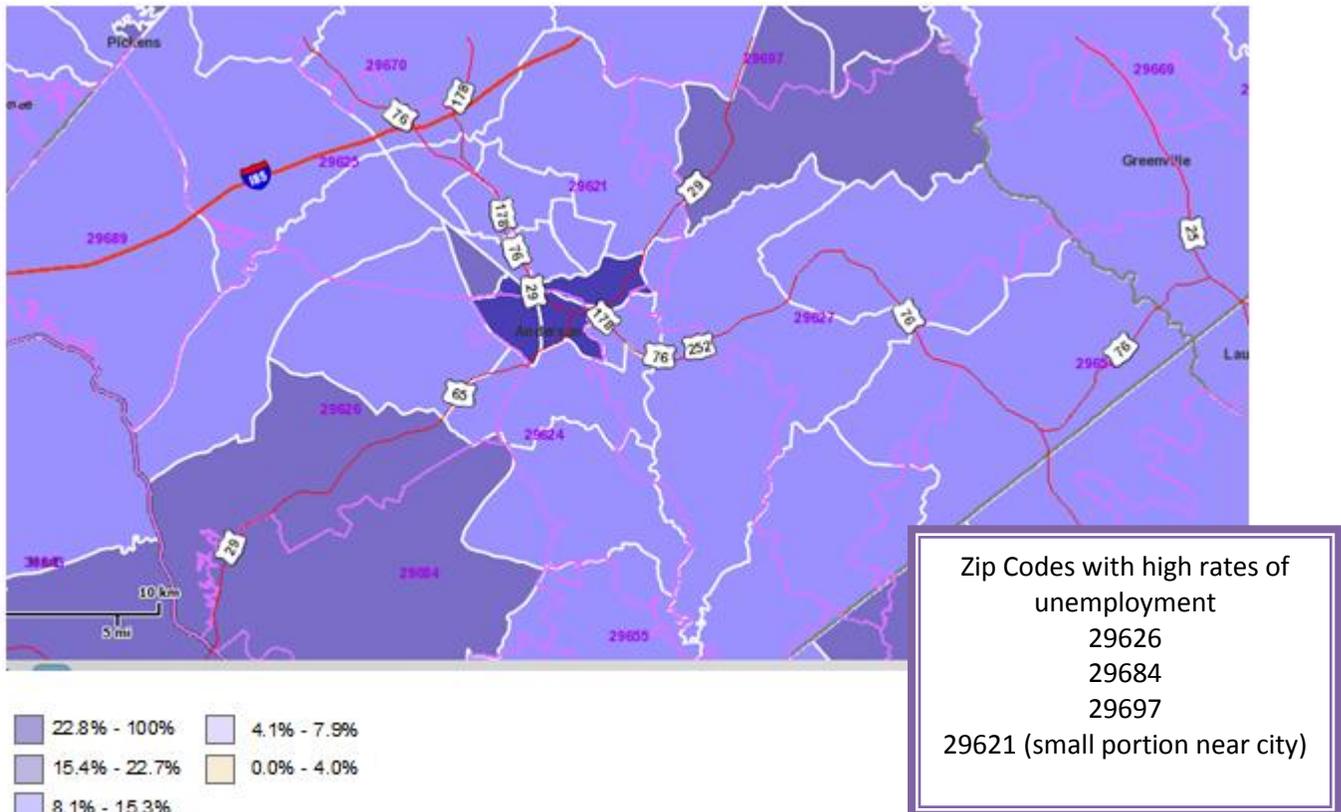
**2011Poverty Guidelines** annual income of \$10,830 (\$902 per month) for an individual OR an annual income of \$22,350 (\$1840 per month) for a household of 4

## Unemployment

After a large spike in 2007 in unemployment, Anderson County, along with the nation is beginning to see signs of recovery. Currently Anderson County's unemployment rate mirrors that of the nation and is better than most parts of the state.



source: S.C. Department of Employment & Workforce



# General State of Our Community's Health

## Summary of Findings

### General Social Characteristics

- Anderson County population has experienced positive, steady growth.
- Educational attainment is improving.
- Anderson County is a less diverse population than the state and nation.
- Median household income has remained stagnant over the past 10 years and is lower than the state and nation. Poverty rates have increased at an alarming rate.
- Unemployment is improving. Zip Codes with high unemployment rates include: 29626, 29684, 29697, and a small portion of 29621 in the city.

### General Health Rankings

- Anderson County is healthier than most other parts of the state of South Carolina. It ranks 15<sup>th</sup> out of 46 counties among the health outcomes ratings (morbidity, mortality) and 11<sup>th</sup> among the health factors ratings (social, economic, environment, health behavior factors).

### Healthy Lifestyles

- Smoking rates have improved both in adults and adolescents. Efforts such as Smoke-Free Anderson have made great strides in creating a culture that influences a decrease in smoking.
- Overweight and obese adults and children are a concern, as well as habits related to lack of exercise and healthy eating.
- Teen pregnancy rates have improved over the past 10 years. However, Anderson County's rates remain significantly higher than the state and nation. Zip codes in which teen pregnancy is high includes: 29621, 29624, 29625, 29627, and 29697.
- Community Perceptions: Feedback from the community focus groups indicates that most people have a general knowledge of how lifestyle choices impact health; however most report that for reasons related to cost, access, and convenience it is difficult to consistently eat a healthy diet and get enough physical activity.

### Health Environment

- Overall, Anderson County offers a health environment that is conducive to healthy lifestyles. From its natural resources that offer outdoor recreation, to its growing city and county recreation facilities and opportunities, to clean air, Anderson ranks high in the state when considering health environment.

### Health Risk Factors

- Prevalence of diabetes continues to climb, and Anderson has a higher rate than both the state and nation.
- Infant mortality and preterm births have improved.
- Hypertension rates have improved.
- Community Perceptions: The community focus groups reported consistently that obesity and related disease (diabetes, hypertension, congestive heart failure) is the number one health problem in Anderson for adults and children.

### Health Outcomes - Morbidity and Mortality

- Asthma is the second most common chronic condition seen in emergency departments in Anderson, and the 10<sup>th</sup> most common chronic condition seen during inpatient stays. Children are disproportionately affected by asthma.
- Cancer is the leading cause of death in adults. Lung and colorectal cancers are of particular concern. In Anderson County, total costs of hospitalizations due to cancer was \$46 million in 2010.
- Diabetes prevalence and death rates are increasing.
- While heart disease is the second leading cause of death, death rates of both heart disease and stroke have seen a 10-year improvement trend.

### Mental Health

- Some mental health indicators are showing improvement in Anderson; however, feedback from the community indicates that mental health services are increasingly hard to access, and that there is a growing need for mental health services for children.

### Health Services

- Due to the lower-income status of the county, Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for both medical and mental health care.
- Some areas of the County have been designated as Medically Underserved Areas/Populations (MUA/P). These areas fall within zip codes 29626, 29627, 29684, 29689 and a cluster near the city encompass medically underserved areas.
- Anderson has improved and fares better than the state and nation in preventive clinical services such as cholesterol, colorectal and mammogram screenings as well as in flu and pneumococcal vaccines and childhood immunizations.
- While insurance coverage rates have improved, the community reports that access to care remains an issue, particularly for those covered by Medicaid.
- Hospital data shows ER usage rates have increased by approximately 40% from 2004 – 2011.
- Community Perceptions: Within focus groups:
  - The most frequently reported issues with access to care were: finding a provider that takes Medicaid, getting an appointment in a timely manner, high out of pocket costs, and lack of a medical home.
  - The community reported very little behavioral health services, particularly for children, are available.
  - The community reported widespread misuse of the ER due to poor access to primary care.
  - Community members expressed confusion and concern about pending health care reform.

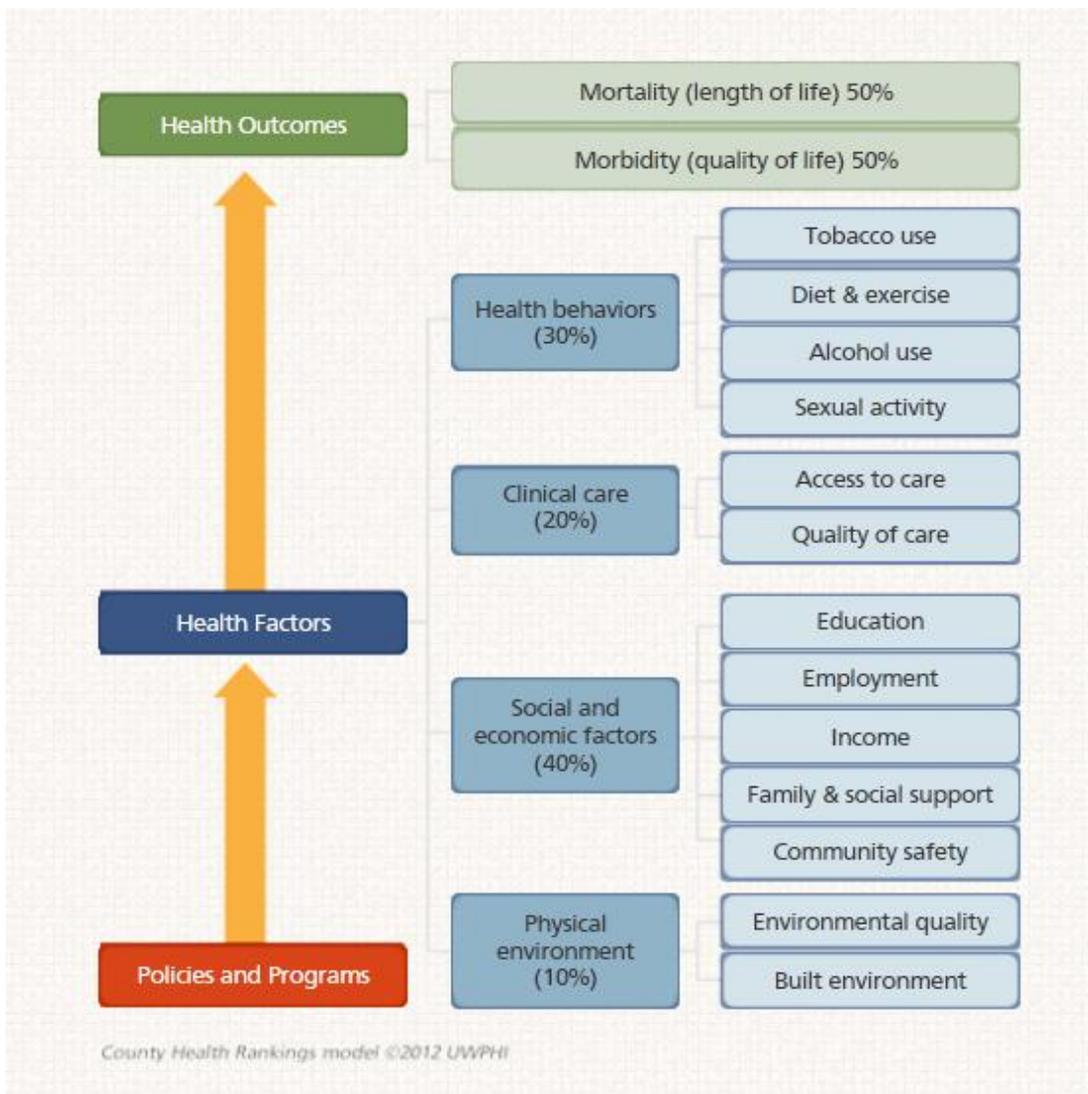
### Children's Health

- Malignant Neoplasms (cancer) is the leading cause of death in children age 1-14, followed by accidents as the second leading cause of death.
- Other leading health issues of concern for children include obesity and asthma.
- Community Perceptions:
  - The community reported a growing need for mental and behavioral health services for children, yet very little services are available.

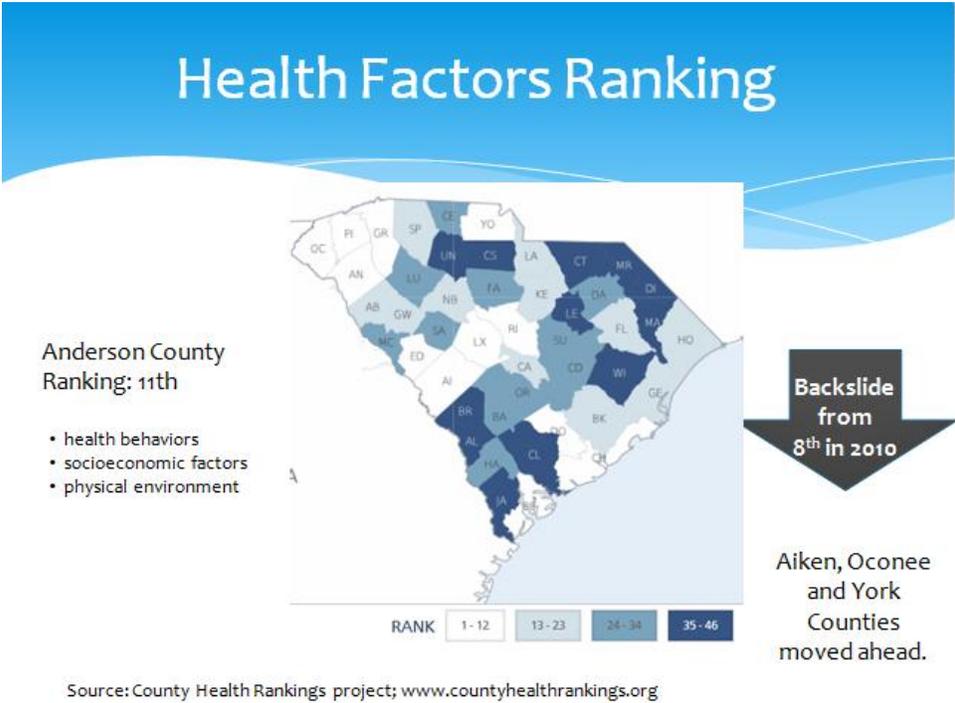
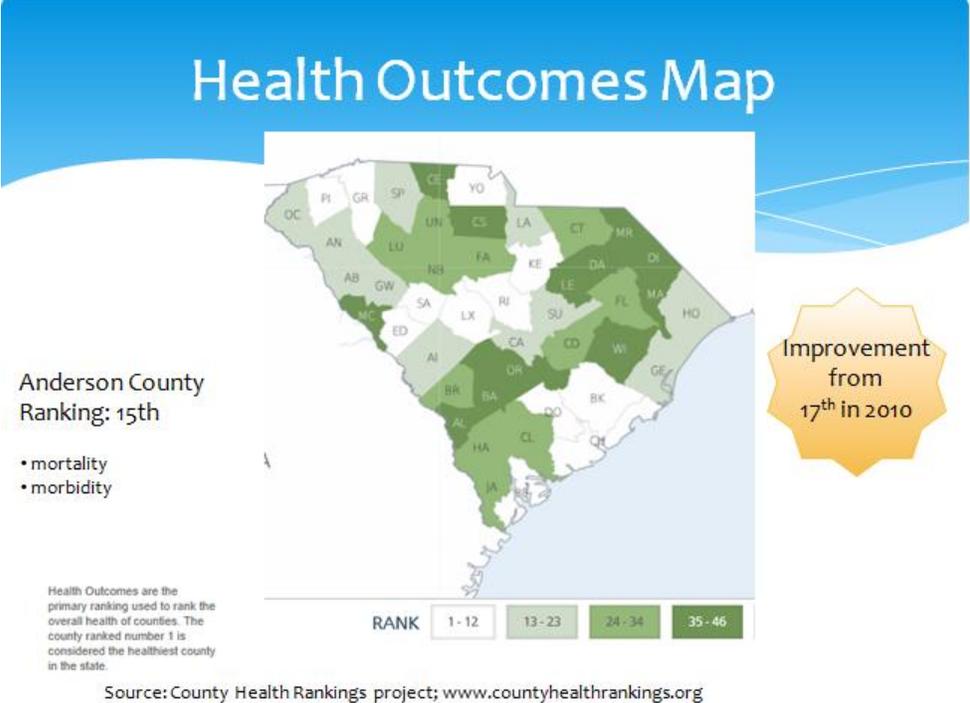
# County Health Rankings

The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor’s office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in influencing health. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The *Rankings*, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

- **County Health Rankings and Roadmaps, [www.countyhealthranking.org](http://www.countyhealthranking.org)**



Based on the County Health Rankings, Anderson County fares well compared to other parts of the state of South Carolina. It ranks 15<sup>th</sup> out of 46 counties among the health outcomes ratings and 11<sup>th</sup> among the health factors ratings. Anderson County has improved over the past 2 years in its “health outcomes ranking”, but has dropped slightly in its health factors ranking.



# Healthy Lifestyles and Behaviors

Indicator	Anderson County Current (2010)	How Do We Compare?			Healthy People 2020 Goal	
		Anderson past	South Carolina	Nation		
Smoking (adults age 18+) (HIW)	19.7%	BETTER 22.3% (2002)	BETTER 21%	WORSE 19.3%	12%	
Smoking (teens, 9 <sup>th</sup> – 12 <sup>th</sup> grade smoking cigarettes in past 30 days) (CDC Wonder Data 2010)	21.8%	BETTER 26.6% (2002)	WORSE 20.5%	WORSE 19.3%	16%	
Smokeless Tobacco Youth (CDC Wonder Data 2010)	10.6%	--	WORSE 10.4%	WORSE 8.9%	WORSE 6.9%	
Adult	NA		2.2%	3.5%	.3%	
Excessive Drinking (% adults reporting excessive drinking) (HIW)	5.5% (2010)	BETTER 13.6% (2002)	BETTER 13.6%	BETTER 28%	25.3%	
No Exercise (adults reporting no exercise) (HIW)	25.6%	WORSE 21.9% (2002)	BETTER 27.8%	WORSE	-	
Nutrition (adults not eating 5 servings of fruits/vegetables daily) (HIW)	85.5%	WORSE 78.7% (2002)	WORSE 82.6%	WORSE	-	
Adults obese or overweight (SC DHEC Chronic Disease Report)	65% (rank 9 <sup>th</sup> in the state)  35% at a healthy weight	WORSE 55-59% (2003)	BETTER 67%	BETTER 69.2%	Increase the proportion of adults that are at a healthy weight (30.8% to 33.9%)	

Sources: National Health Indicators Warehouse (HIW), CDC, Healthy People 2020, SC DHEC Chronic Disease Report, SC Kids Count

### Obesity and Related Health Habits

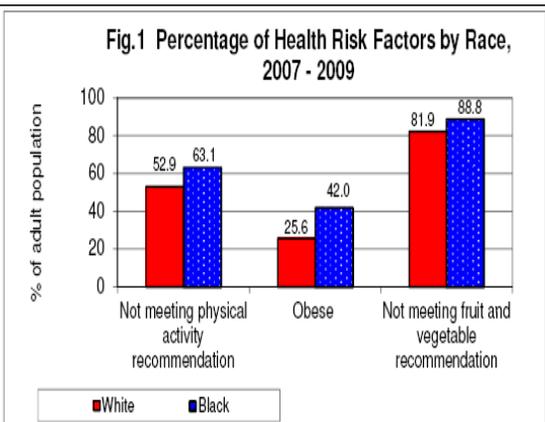
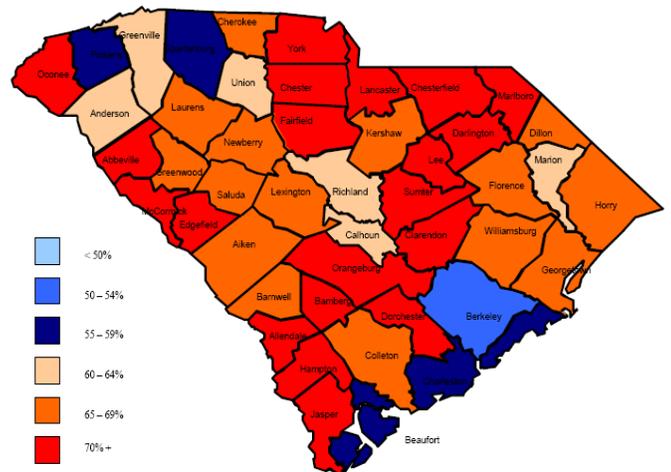
Only 35% of the adult population in Anderson County lives at a healthy weight, or, only 1 out of every 3 persons. Additionally, out of the 65% individuals who are overweight and obese, half of those are obese. So while 1 in every 3 individuals lives at a healthy weight, 1 in 3 is overweight and 1 in 3 is obese. While Anderson’s overweight and obesity rate is better than many places in the state, it has steadily increased over the past 30 years. In 2011, CDC data indicated that South Carolina ranks as the 8<sup>th</sup> worst state in the United States in terms of obesity.

About 29% of South Carolina’s children are overweight and obese. Obesity and overweight conditions in SC children has been growing at an alarming rate.

Health habits such as exercise and nutrition are major factors determining weight. One in 4 adults in Anderson County is sedentary and 85% do not eat the recommended 5 servings of fruit and vegetables in a day.

Just as alarming, 43% of middle school students in SC watch 3 or more hours of TV on a school day, replacing outdoor or other active or mentally stimulating activity.

Percent of Overweight and Obese (BMI ≥ 25) in S.C. Adults 2010



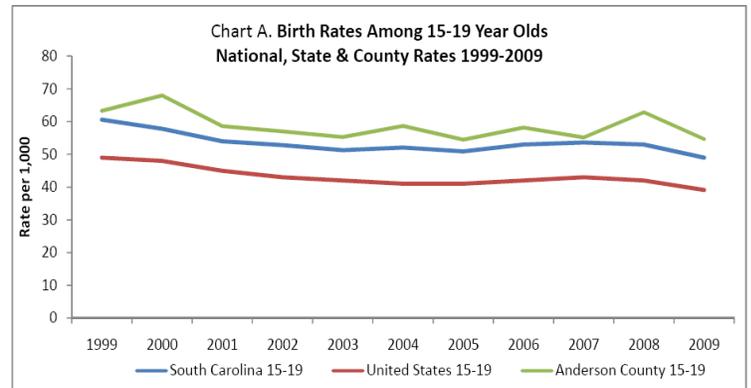
Source: 2009 South Carolina Behavioral Risk Factor Surveillance System (BRFSS)

### Alcohol Use Among Adolescents

SC Kids Count reported that in 2002, approximately 34% of high school students reported using alcohol in the past month. Anderson ranked 9<sup>th</sup> in the state (with a ranking of 1 being least % of high school students using alcohol). No updated data on adolescent alcohol use, specific to Anderson County, was available.

## Teen Pregnancy Rates

Teen pregnancy rates have been showing a 10-year decline locally, state-wide and nationally. While Anderson County has seen a 10 year decline, rates are still higher in Anderson County than compared to the state and nation.



**Chart F. 2009 Anderson County ZIP Codes with highest number of births\***

29621	62
29624	54
29625	38
29627	34
29697	34

## Anderson County

Incidence Rate per 1,000	1999	2005	2009	% Change 1999-2009
All 15-19	63.3	54.5	54.7	-14%
Black 15-19	79.6	62.5	72.9	-8%
White 15-19	58.5	52.5	50.3	-14%
All 15-17	41.5	26.3	26.4	-36%
All 18-19	96.1	96.9	97.2	1%

Source: SC State Campaign for the Prevention of Teen Pregnancy

# Health Environment

Anderson County offers an environment that supports and encourages healthy living.

## Air Quality

The annual number of days with daily 8-hour maximum ozone concentration over the National Ambient Air Quality Standard in Anderson County was 9 days in 2005 and 2010, compared to 3.1 on average in South Carolina. However in 2011 and 2012 only 1 ozone day was reported each year.

## Access to Healthy Food

Seventy-five percent of the county has access to healthy foods through outlets such as grocery stores, produce stands and farmers markets, compared to 65% in South Carolina. This is calculated by taking the percentage of zip codes in the county or state with a grocery store, produce stand or farmers market.

## Access to Recreation

The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.

Anderson County ranks 9<sup>th</sup> in the state for access to recreation facilities, with a recreation rate of 11 recreational facilities per 100,000 population. Other counties in the state range from a rate of 0 to 13.

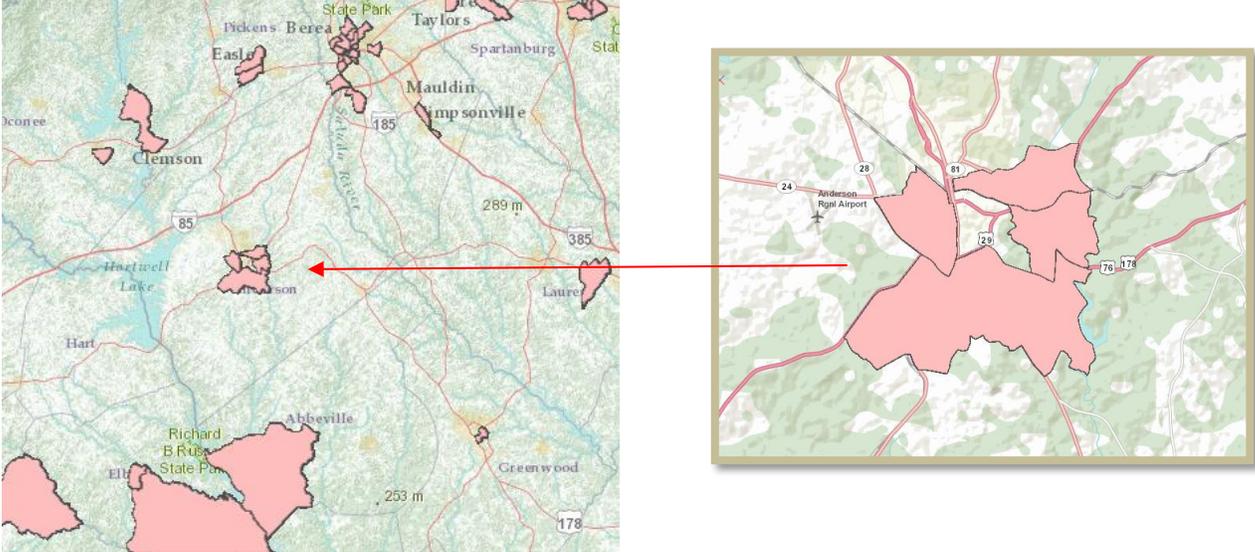
	Anderson County (state rank)	South Carolina	National Benchmark
<b>Air Quality</b>	1 ozone day (4 <sup>th</sup> )	3.1 ozone days	0 ozone days
<b>Access to Healthy Food</b>	75%	65%	92%
<b>Access to Recreation Facilities</b>	11 per 100,000 population (9 <sup>th</sup> )	0-13 per 100,000 population	16 per 100,000 population



Source: County Health Rankings 2012

**Food Desert**

Approximately 19,000 individuals in Anderson County live in areas designated as food deserts. These are areas with low access to healthy foods.



Source: USDA Food Desert Locator

# Health Risk Factors

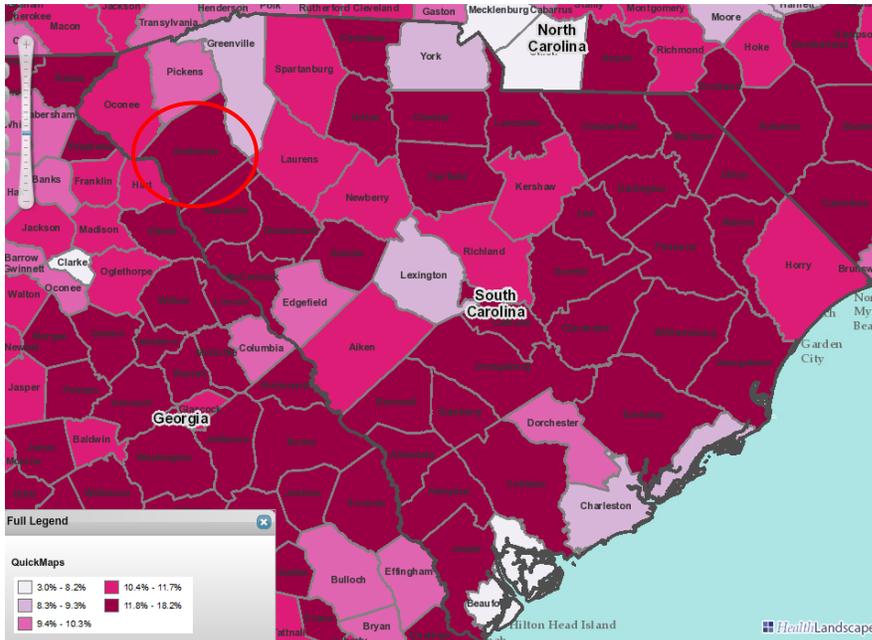
Health, well-being and quality of life are affected by a variety of genetic, environmental, and behavioral risk factors. Many risk factors are related and interdependent of each other. For several of the risk factors that are most commonly associated with poor health, disability and premature death, Anderson County typically fares better than the rest of the state, but is below the national average as well as the Healthy People 2020 Goal.

Indicator	Anderson County current	How Do We Compare?			Healthy People 2020 Goal
		Anderson past	South Carolina	Nation	
Smoking (HIW)	19.7%	BETTER 22.3% (2002)	BETTER 21%	WORSE 19.3%	12%
Diabetes (HIW)	12%	WORSE 11.2% (2003)	WORSE 10.7%	WORSE 8.3%* (American Diabetes Association)	NA
Hypertension (HIW)	29.8%	BETTER 31.2%	BETTER 32.7%	BETTER 31.9%* (CDC, Health, US 2011)	26.9%
Cholesterol Checked in last 5 years (SC DHEC Biostatistics)	77.4% (DHEC Region I, 2008)	BETTER 75.3% (DHEC Region I, 2002)	BETTER 76.7% (DHEC, 2008)	BETTER 74.6% (HIW, 2008)	82.1%
<b>Maternal /Infant Risk Factors</b>					
Preterm Births (SC DHEC Biostatistics)	12.7%	BETTER 13%	BETTER 14.5%	WORSE 12.2%	11.4%
Low Birthweight (HIW)	9% (2009)	WORSE/SAME 8.9% (2001-2007)	BETTER 10%	WORSE 8.2%	7.8%
Infant Mortality (SC DHEC Biostatistics)	6.7 (2010)	BETTER 7.4 (2005-2007)	BETTER 7.4	BETTER 7	6.0
C-section Rates (SC DHEC Biostatistics)	WORSE primary 202.9/1000 repeat 146.6/1000 ALL 349.5/1000	WORSE primary (2000) 170/1000 repeat (2000) 110/1000 ALL (2000) 280/1000	WORSE/SIMILAR primary 220.9/1000 repeat 125.7/1000 ALL 346.6/1000		



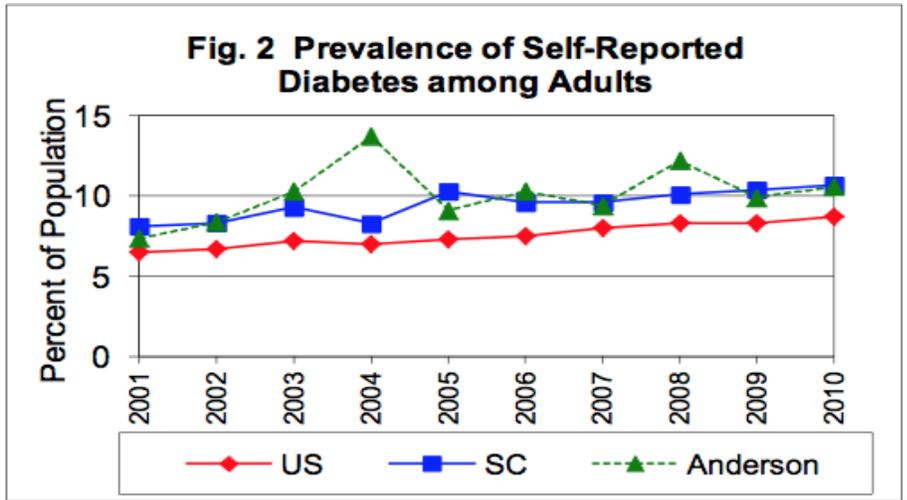
Sources: Health Indicators Warehouse, American Diabetes Association, CDC, SC DHEC Biostatistics, SC DHEC ORS data, Healthy People 2020

One exception to this general trend is the prevalence of diabetes. Anderson has higher rates of diabetes than the state and the nation. In South Carolina, an additional 1.3% of the population has been told that they have pre-diabetes or borderline diabetes (BRFSS, 2010), a condition which can often lead to full-blown diabetes without proper treatment.



While Anderson County is ranked better than the state average on several key health factors, it is in the bottom third of counties for diabetes (32 of 46 counties).  
*DHEC Office of Research and Statistics*

And while Anderson has improved on several key health risk factors in recent years, the prevalence of diabetes is actually increasing in Anderson County, as well as in the rest of DHEC Region I and in the state as a whole.



Source: SC DHEC, Division of Diabetes Prevention and Control

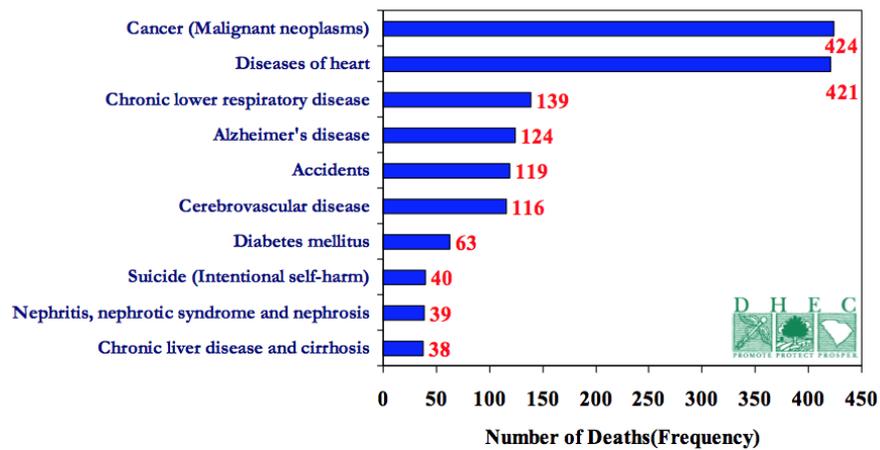
# Health Outcomes – Mortality and Morbidity

## Leading Causes of Death

The leading causes of death for Anderson County are similar to those of South Carolina and the US. Cancer and heart disease account for approximately half of all deaths at the county, state, and national level.

South Carolina (DHEC 2010)	United States (CDC 2010)
Malignant Neoplasms	Diseases of the Heart
Diseases of the Heart	Malignant Neoplasms
Cerebrovascular Disease	Chronic Lower Respiratory Disease
Chronic Lower Respiratory Disease	Cerebrovascular Disease
Accidents	Accidents
Alzheimer's Disease	Alzheimer's Disease
Diabetes Mellitus	Diabetes Mellitus
Nephritis, nephrotic syndrome, nephrosis	Nephritis, nephrotic syndrome, nephrosis
Influenza and Pneumonia	Influenza and Pneumonia
Septicemia	Intentional self-harm

## Top Ten Leading Causes of Death in Anderson County, 2010



Data Source: SCDHEC SCAN <http://scangis.dhec.sc.gov/scan/> ; Generated by Chronic Disease Epidemiology and Evaluation  
 For methodology of ranking, see Technical Document: <http://www.scdhec.gov/health/epidata/docs/EpiTechNotes.pdf>

April 2012

## Cancer

Cancer is the leading cause of death in Anderson County. The most common types of cancer in Anderson are colorectal, breast, lung, cervical, and prostate. In 2010, the total cost of hospitalizations for cancer in Anderson County was almost \$46 million.

Anderson has higher cancer **incidence rates** than many counties in SC.

Anderson	488.0
SC	460.1
US	465.0

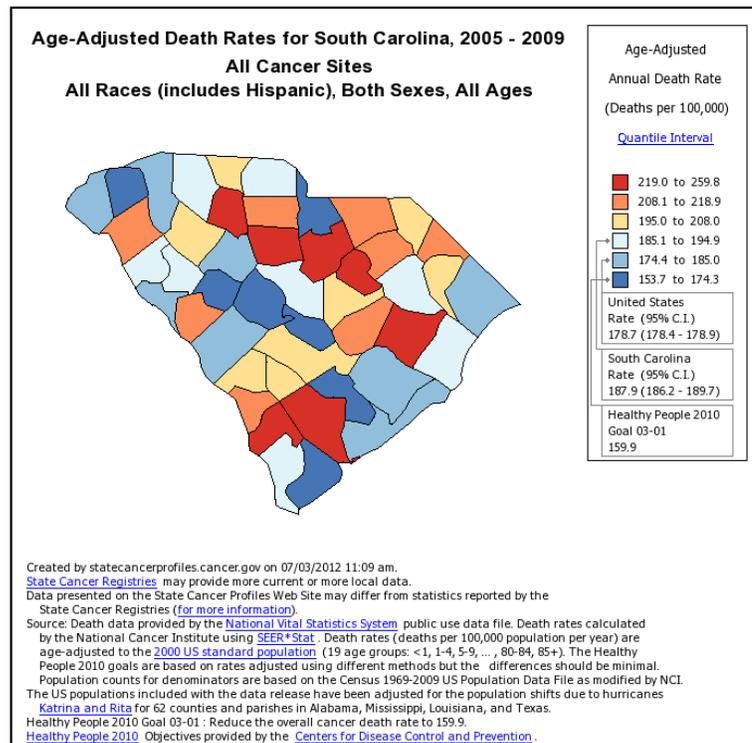
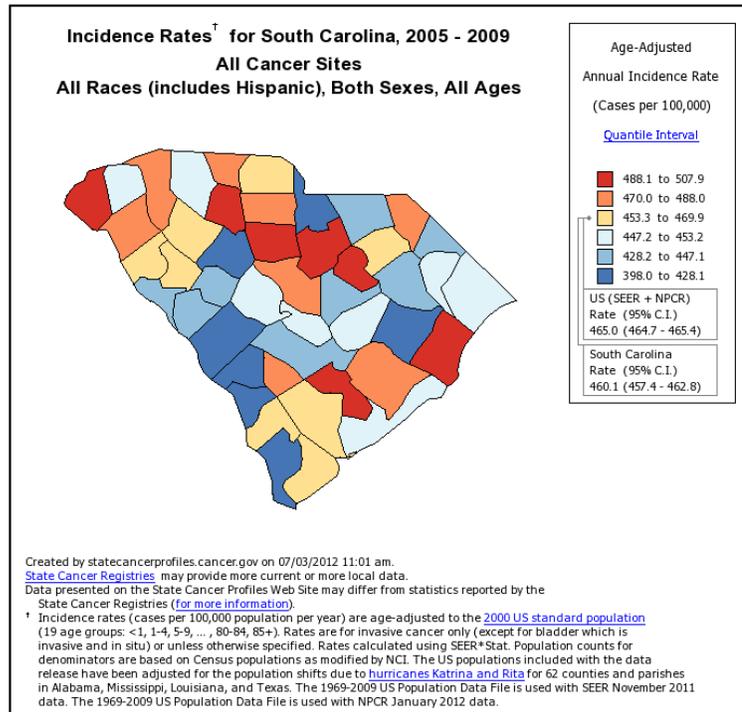
*Cases per 100,000*

Anderson also has a higher than average **death rate** from cancer.

Anderson	208.4
SC	187.9
US	178.7

*Cases per 100,000*

Source: National Cancer Institute, State Cancer Profiles



Of the most common types of cancers, lung cancer (and to a lesser extent colorectal cancer and leukemia) are the types that account for most of the increased incidence of cancers in Anderson.

### Age-Adjusted Incidence Rates for Selected Cancers, 2004-2008

Type of cancer	US	SC	Anderson	How do we compare?
Lung	67.9	72.4	84.6	WORSE
Breast	121.0	119.9	121.8	Similar
Colorectal	47.6	47.4	56.2	WORSE
Prostate	152.7	165.5	155.0	Similar
Cervical	8.1	8.0	6.4	BETTER
Leukemia	12.4	11.6	14.4	WORSE

\*Cases per 100,000

Based on 2004-2008 data, these higher rates of cancer prompted the National Cancer Institute to give Anderson a “Priority 1” rating, the highest priority out of a 9-level system of prioritizing communities in need of cancer control efforts. This priority level indicated that the death rate was both above the state and national rate, and also that the rate is rising. When the data was updated to 2005-2009 statistics, it indicated that incidence rates and death rates from all cancers have dropped slightly in Anderson, prompting the National Cancer Institute to move Anderson from Priority 1 to Priority 4. (Priority 4 indicates that death rates are stable and no longer rising, but still above state and national rates.)

A recent drop in death rates from cancer prompted the National Cancer Institute to move Anderson from Priority 1 (above average rates and still rising) to Priority 4 (above average rate but no longer rising).

Comparison by Cancer			
Death Rate/Trend Comparison by Cancer, death years through 2009 South Carolina Counties versus South Carolina			
All Cancer Sites All Races, Both Sexes			
	Above State Rate	Similar to State Rate	Below State Rate
<b>Rising Trend</b>	Priority 1: rising ↑ and above ↑ Chesterfield County Hampton County Lee County Union County Williamsburg County	Priority 2: rising ↑ and similar = [none]	Priority 3: rising ↑ and below ↓ [none]
<b>Stable Trend</b>	Priority 4: stable → and above ↑ Anderson County Chester County Clarendon County Colleton County Darlington County Dillon County Edgefield County Kershaw County	Priority 6: stable → and similar = Abbeville County Allendale County Barnberg County Barnwell County Jasper County Laurens County Marion County McCormick County Oconee County	Priority 7: stable → and below ↓ Calhoun County
<b>Falling Trend</b>	Priority 5: falling ↓ and above ↑ Cherokee County Fairfield County	Priority 8: falling ↓ and similar = United States Aiken County Berkeley County Charleston County Dorchester County Florence County Georgetown County Greenville County Greenwood County Horry County Lancaster County Lexington County Marlboro County Newberry County Orangeburg County Richland County Saluda County Spartanburg County Sumter County York County	Priority 9: falling ↓ and below ↓ Beaufort County Pickens County

Created by statecancerprofiles.cancer.gov on 06/28/2012 6:21 am.

Incidence and death rates of cancer are indicating a downward trend in Anderson, but are still higher than state and national rates:

5 Year Average Rates of Cancer, per 100,000				
	Incidence rates		Death rates	
	2004-2008	2005-2009	2004-2008	2005-2009
Anderson	493.7	488.0	218.2	208.4
South Carolina	463.2	460.1	191.1	187.9
United States	465.0	465.0	181.3	178.7

Source: National Cancer Institute, State Cancer Profiles

**Death Rate/Trend Comparison by State/County, death years through 2009  
Anderson County, South Carolina versus South Carolina**

**All Races, Both Sexes**

	Above State Rate	Similar to State Rate	Below State Rate
<b>Rising Trend</b>	Priority 1: rising ↑ and above ↑ Lung & Bronchus (Females) Lung & Bronchus (Males)	Priority 2: rising ↑ and similar = [none]	Priority 3: rising ↑ and below ↓ [none]
<b>Stable Trend</b>	Priority 4: stable → and above ↑ Pancreas (Males)	Priority 6: stable → and similar = Brain & ONS (Males) Breast (Females) Colon & Rectum (Females) Colon & Rectum (Males) Kidney & Renal Pelvis (Males) Leukemia (Females) Leukemia (Males) Non-Hodgkin Lymphoma (Females) Oral Cavity & Pharynx (Males) Ovary (Females) Pancreas (Females) Prostate (Males)	Priority 7: stable → and below ↓ [none]
<b>Falling Trend</b>	Priority 5: falling ↓ and above ↑ [none]	Priority 8: falling ↓ and similar = [none]	Priority 9: falling ↓ and below ↓ [none]

Created by statecancerprofiles.cancer.gov on 06/28/2012 6:19 am.

Trend<sup>2</sup>

**Rising** ↑ when 95% confidence interval of average annual percent change is above 0.  
**Stable** → when 95% confidence interval of average annual percent change includes 0.  
**Falling** ↓ when 95% confidence interval of average annual percent change is below 0.

Rate Comparison

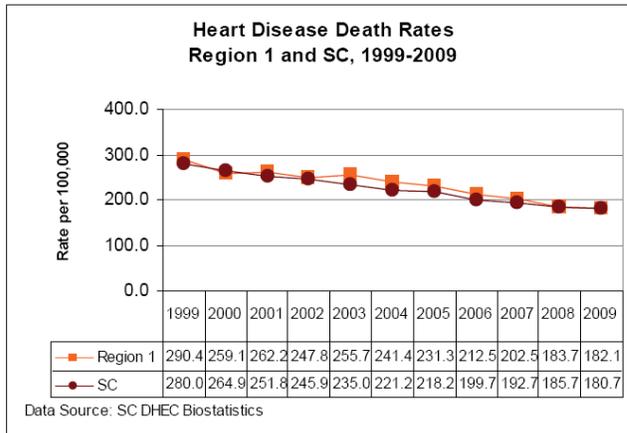
**Above** ↑ when 95% confident the rate is above and Rate Ratio<sup>3</sup> > 1.10  
**Similar** = when unable to conclude above or below with confidence.  
**Below** ↓ when 95% confident the rate is below and Rate Ratio<sup>3</sup> < 0.90

The National Cancer Institute also prioritizes types of cancer that are most in need of cancer control efforts for a given area. Lung cancer, in particular, was identified by the National Cancer Institute as the highest priority in Anderson, as death rates from lung cancer are higher than state and national averages, and still rising.

## Heart Disease

Heart disease is the leading cause of death in most of the US, and the second leading cause of death in South Carolina and Anderson. Heart disease is more of a threat as individuals age, and it is the number one cause of death of individuals 65 and over in Anderson.

Anderson has a heart disease death rate\* of 184.4 per 100,000, which is comparable to the rates in South Carolina and the United States (187.5 and 185.2 respectively). Strides have been made, with a trend of declining heart disease death rates in the region for the past 10 years.

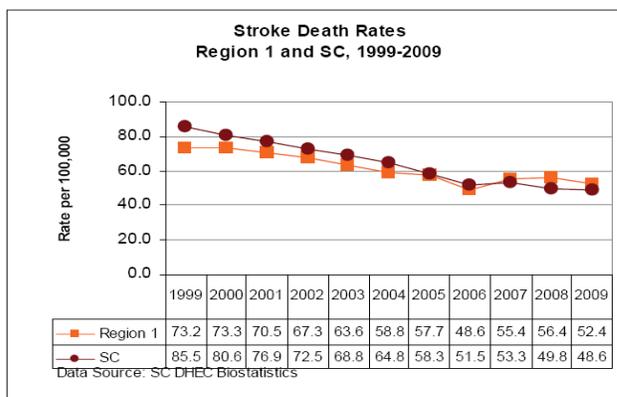


## Stroke

Cerebrovascular disease, or stroke, is the third leading cause of the death in SC and 4<sup>th</sup> in the nation. While it does not cause as many deaths in Anderson County as heart disease or cancer, it can cause significant disability such as paralysis, speech impairment, and emotional/psychological problems. Lifestyle changes and, in some cases, medication can significantly decrease risk of stroke.

Anderson's stroke mortality rate\* is 50.5 per 100,000, similar to the state rate of 50.9 and higher than the national rate of 40.5. Similar to heart disease death rates, strides have been made with a trend of declining stroke death rates in the region for the past 10 years.

\*Center for Disease Control and Prevention, Division of Heart Disease and Stroke Prevention, 2007-2009



### Impact of Heart Disease in Anderson

# of Hospitalizations	2698
Cost of hospitalizations	\$194,504,800
# of ER visits	588
cost of ER visits	\$4,566,100

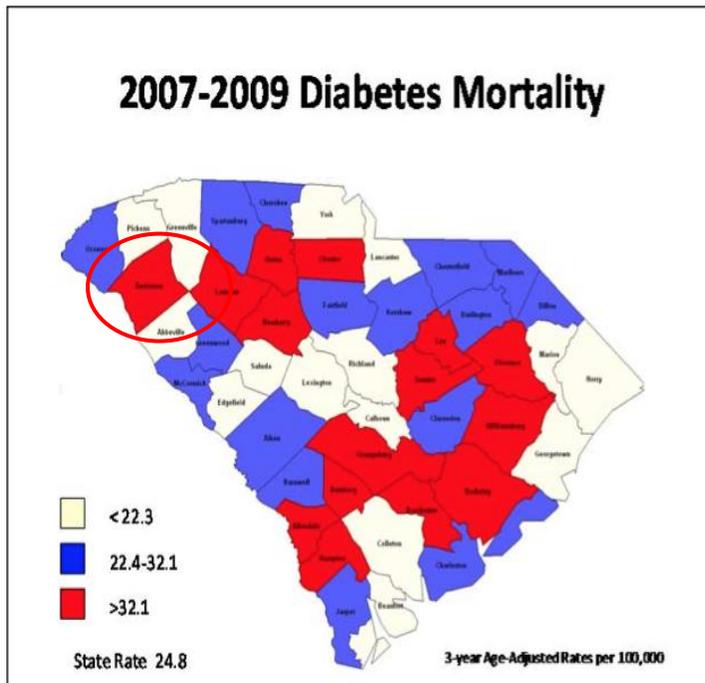
### Impact of Stroke in Anderson

# of Hospitalizations	690
Cost of hospitalizations	\$29,790,600
# of ER visits	156
cost of ER visits	\$1,238,200

SC DHEC Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet, April 2012

## Diabetes

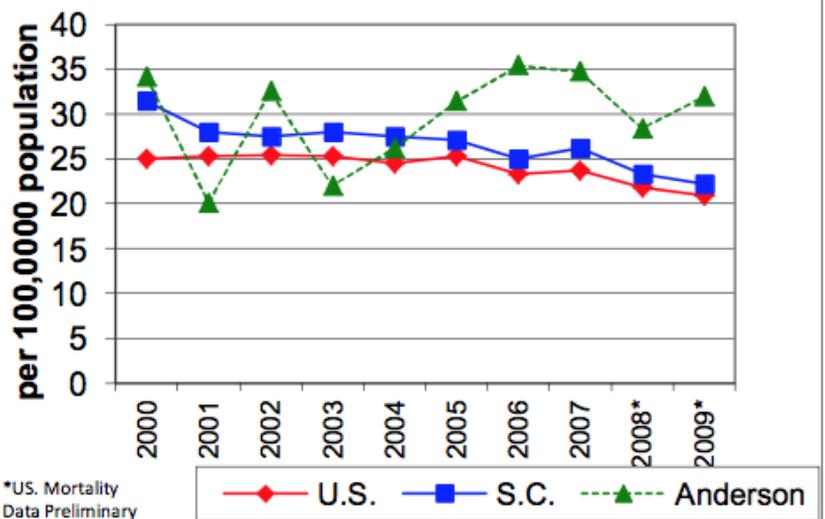
As mentioned earlier in the Health Risk Factors section of this report, Anderson County has a higher incidence of diabetes than the rest of the state and the nation. In addition to having a higher prevalence in Anderson County, diabetes mortality is also higher in the county. The mortality rate for diabetes in Anderson (31.9 deaths per 100,000 in 2009) is also above the state mortality rate for diabetes at 24.8 deaths per 100,000.



Anderson County ranks #11 in diabetes mortality in the South Carolina, and it is the 7<sup>th</sup> leading cause of death in Anderson.

While diabetes mortality rates are dropping in the US and in SC, they are trending upward in Anderson County.

**Fig.5 Age-Adjusted Diabetes Mortality**



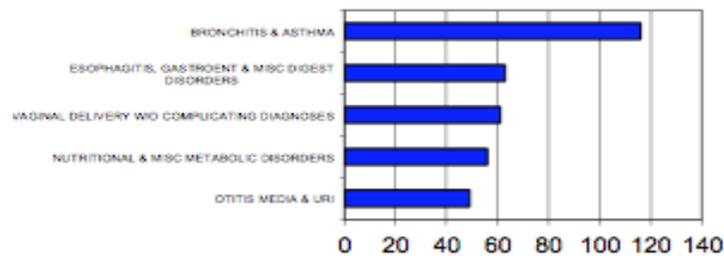
People living with diabetes are at risk for many serious complications greatly impacting overall health and quality of life. Complications include serious eye problems, foot problems (sometimes severe enough to lead to lower extremity amputations), and major skin infections and disorders. Individuals with diabetes often have other health risk factors such as overweight and hypertension which together often compromise quality of life.

**Asthma**

The prevalence of asthma has increased nationally since the 1980s. Though deaths from asthma have been decreasing, asthma is a significant health burden. It is a leading cause of hospitalizations and ER visits nationwide. In Anderson County, nearly 15,000 adults or 10.6% of the population suffer from asthma. Asthma is the second most common chronic condition seen in emergency departments in Anderson County, and the 10<sup>th</sup> most common chronic condition seen during inpatient stays.

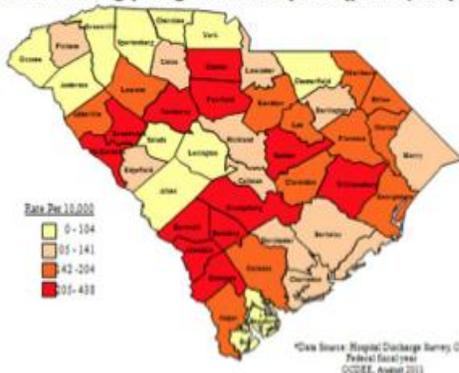
Children are disproportionately affected by asthma. The prevalence of asthma is highest in those under 18, and it is the most common chronic disease and a leading cause of disability in children. In Anderson County, asthma accounts for 35% of all ER visits and asthma/bronchitis is the leading cause of hospitalization of children up to 18 years old.

**Leading Causes of Hospitalization in Children Ages 0-18 Anderson County, 2010**



Overall Anderson County has lower rates of hospitalization and emergency department visits for asthma than other parts of the state.

**2010 Hospital and ED Discharge Rates\* due to Asthma among younger than 18 years (per 10,000)**



Asthma Hospitalization and Emergency Department Rates, Children 0-4, 2010			
	Anderson	SC	HP 2020 Objective
Hospitalization Rates	25	31	18.1
ED Rates	55	109	95.5

*Rates per 10,000*

There is a marked racial disparity for asthma hospitalizations and emergency room visits. The hospitalization rate for black children is three times the rate of white children in Anderson; ER rate is twice as high for black children in Anderson County.

Hospital and Emergency Room Visits Rates per 10,000 Children (<18 years), 2010				
	Anderson		South Carolina	
	White	Black and other	White	Black and other
Hospital	9.2	31.4	8.3	32.4
ER	36.4	94.1	38.5	173.5

### Infant Mortality

The Infant mortality rate in Anderson County in 2010 was 6.7 per 1000 live births. This is better than the state rate of 7.4, and better than the national rate of 7.0. There is a great deal of disparity on infant mortality depending on race of the mother. Black and other non-white mothers have much higher rates of infant mortality than white mothers.

### Infant Mortality Rates in SC by Race and Percent Change from 2009 to 2010

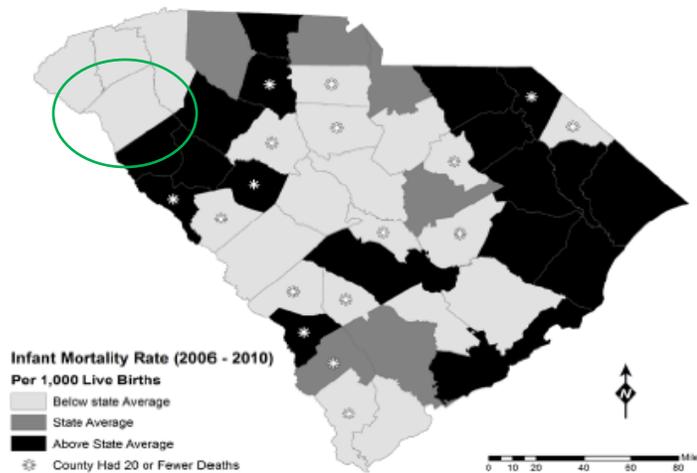
Infant Mortality			
Year	Total	White	Black & Other
2009	7.1	5.2	10.5
2010	7.4	5.5	10.9
<b>Percent Change</b>	4.2%	5.8%	3.8%

South Carolina’s infant mortality rate for Hispanic mothers was lower than the state rate and lower than the rate for white mothers, at 4.8 per 1000 live births.

Anderson County has a similar disparity in infant mortality rates:

Infant Mortality Rates in ANDERSON by Race			
Year	Total	White	Black and Other
2010	6.7	5.7	10.3
2008-2010	7.3	5.6	13.5
2005-2007	7.4	4.8	17.7

**Figure 2.  
Five Year Infant Mortality Rates by County  
South Carolina  
2006-2010  
(Residence Data)**



Infant mortality rates in SC have trended down slowly for the past 20 years with the exception of an increase from 2009 to 2010. The disparity between white and non-white mothers has remained consistent.

**Leading Causes of Death for Children**

The leading cause of death for children up to age 1 year is disorders related to short gestation. The leading causes of death for children ages 1-14 are malignant neoplasms and accidents. Anderson has a higher rate of deaths from childhood cancer than the state, and a lower rate of death from accidents than the state.

<b>Leading Causes of Death by Age Group Anderson County, 2008-2010</b>		
<i>Under 1 Year</i>		
<b>Cause of Death (ICD-10 Code)</b>	<b>Anderson*</b>	<b>SC *</b>
All Causes	7.3	7.5
Disorders Related To Short Gestation, Etc. (P07)	2.3	1.1
Accidents (V01-X59,Y85-Y86)	1	0.6
Newborn Aff By Maternal Comp Of Preg (P01)	0.7	0.5
Congenital Malformations, Etc. (Q00-Q99)	0.7	1.3
All Other Causes	2.6	2.9
* Rate per 1,000 live births		
<i>1 - 14 Years</i>		
<b>Cause of Death (ICD-10 Code)</b>	<b>Rate**</b>	<b>SC Rate**</b>
All Causes	0.7	0.6
Malignant Neoplasms (C00-C97)	17.4	7.9
Accidents (V01-X59,Y85-Y86)	11.6	20.8
Benign Neoplasms (D00-D48)	5.8	1.2
Congenital Malform., Deform., Chromosal Abn.(Q00-Q99)	5.8	4.8
Homicide (X85-Y09,Y87.1)	5.8	5.1
All Other Causes	20.3	13.4
** Crude Rate per 100,000 population		

SC Kids Count Report for Anderson County from 2009 indicates that there is a racial disparity in the number of deaths of children 1-14 from unintentional injuries, and that the overall number of deaths from injury is going down.

<b>Deaths from Unintentional Injury in Anderson County</b>		
	<b>1995-1997</b>	<b>2005-2007</b>
<b>African American</b>	<b>11</b>	<b>3</b>
<b>White</b>	<b>18</b>	<b>19</b>
<b>Total</b>	<b>29</b>	<b>22</b>

For the 0-17 population Anderson County has a higher death rate from injury than the state, 35.2 per 10,000 for Anderson County compared to 21.7 per 10,000 for the state. For non-fatal injuries, Anderson County has a rate of 928.6 per 10,000 for ages 0-17, which is lower than the state rate of 978.4 per 10,000. Motor vehicle accidents are the leading cause of injury death for children 0-17. (SC DHEC Division of Injury and Violence Prevention, 2009)

## Health Outcomes Summary- Mortality and Morbidity

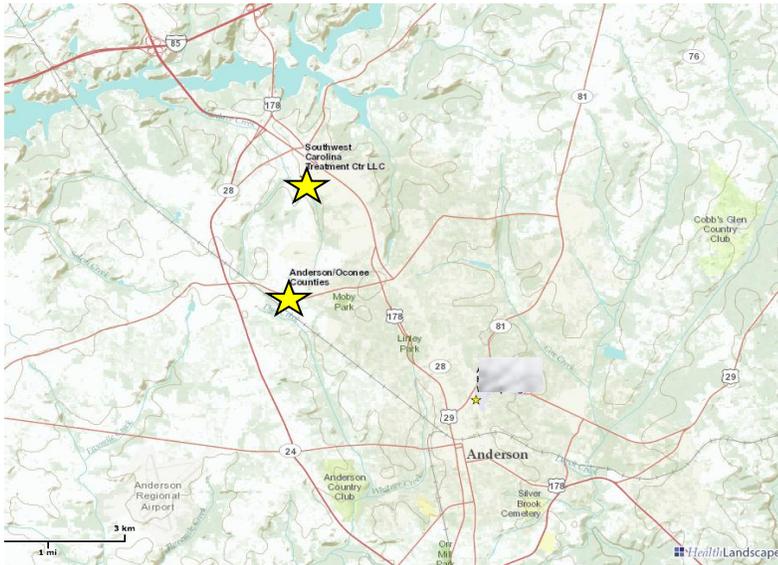
Indicator	Anderson County Current	How Do We Compare?			Healthy People 2020	
		Anderson past	South Carolina	Nation		
Cancer Incidence Per 100,000 (National Cancer Institute State Cancer Profiles, 2005-2009)	488.0	BETTER 493.7 (2004-2008)	WORSE 460.1	WORSE 465	NA	
Cancer Mortality Per 100,000 (National Cancer Institute State Cancer Profiles, 2005-2009)	208.4	BETTER 218.2 (2004-2008)	WORSE 187.9	WORSE 178.7	160.6	
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention, 2007-2009)	184.3	BETTER Downward trend over past 10 yrs (DHEC Region 1 annual report)	SIMILAR 187.5	SIMILAR 185.2	100.8 (age adjusted to the 2000 standard)	
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention, 2007-2009)	50.5	BETTER Downward trend over past 10 yrs (DHEC Region 1 annual report)	SIMILAR 50.9	WORSE 40.5	33.8 (age adjusted to the 2000 standard)	
Diabetes Prevalence (HIW except where noted)	12.0% (2010)	WORSE 11.2% (2004-2010)	WORSE 10.7% (2010)	WORSE 8.3% (2011 American Diabetic Association Fact Sheet)	NA	
Diabetes Mortality Per 100,000 (SC DHEC Bureau of Community Health and Chronic Disease Prevention, 2010 Fact Sheet)	31.9		WORSE 24.8	---	65.8 (related to diabetes - reported differently)	
Years of Life Lost before age 75 (HIW)	9529.7	BETTER 9692.9 (2005-2007)	BETTER 9074.6	WORSE 7082.9	NA	
Physically Unhealthy Days (HIW – BRFSS)	3.7 (2010)	BETTER 4.1 (2004-2010)	BETTER 3.8	WORSE 3.5 (BRFSS)	NA	
Mentally Unhealthy Days (HIW – BRFSS)	2.7 (2010)	BETTER 3.7 (2004-2010)	BETTER 3.9	BETTER 3.6 (BRFSS)	NA	
Fair or Poor Health (HIW – BRFSS)	19.9% (2010)	WORSE 19.1% (2004-2010)	WORSE 17.6% (2010)	WORSE 14.9% (BRFSS-2010)	NA	
Infant Mortality (per 1000) ( SC DHEC Biostatistics)	6.7	BETTER 9.5	BETTER 7.4	BETTER 7	6.0	

Sources: Health Indicators Warehouse, National Cancer Institute, American Diabetes Association, CDC, SC DHEC Biostatistics, SC DHEC ORS data, Healthy People 2020

# Mental Health

## Mental Health Centers

The Anderson/ Oconee/ Pickens Service area is designated as Health Professional Shortage Area in Mental Health as of September 1, 2011 due to low-income.



**There are 2 Substance Abuse and Mental Health Services Administration (SAMHSA) facilities in Anderson.**

Source: Health Landscape Beta

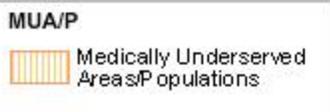
Indicator	Anderson County Current	How Do We Compare?			Healthy People 2020 Goal
		Anderson past	South Carolina	Nation	
Suicides (HIW)	13.3 (2008)	BETTER 16.2 (2002-2008)	WORSE 12.1 (2008)	WORSE 11.3 (2007)	10.2
Mentally Unhealthy Days (HIW)	2.7 (2010)	BETTER 3.7 (2004-2010)	BETTER 3.9 (2010)	---	NA
Sufficient social-emotional support (HIW)	81.5 (2008-2010)	BETTER 81.3 (2005-2010)	BETTER 77.8 (2008-2010)	---	NA



# Health Services – Preventive Clinical and Access

Due to the lower-income status of the county, Anderson County is designated as a low-income Health Provider Shortage Area (HPSA). In addition, certain areas of the county have been designated as Medically Underserved Areas/Populations (MUA/P). Zip codes 29626, 29627, 29684, 29689 and a cluster near the city encompass medically underserved areas.

Medically Underserved Areas by Zip Code



MUA/P is a federal designation and takes into account:

- Percentage of Population Below Poverty Level
- Percentage of Population Age 65 and Over
- Infant Mortality Rate
- Ratio of Primary Care Physicians Per 1,000

## Clinical Preventive Services

### Screenings

Anderson County screening rates for some of the most widely recommended screenings are better than the state and national rates. Anderson County residents are more likely to be receiving the regular cholesterol checks, colorectal screenings and mammograms.

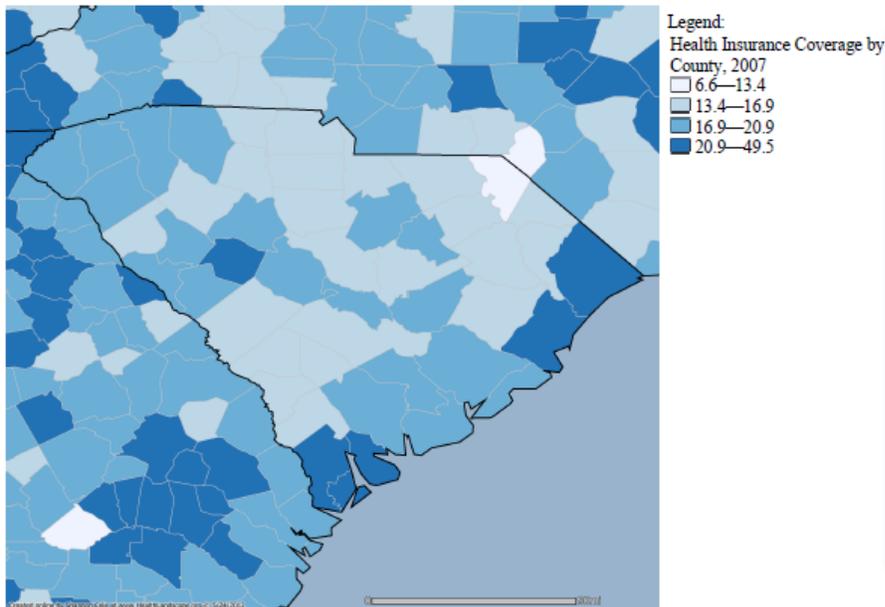
### Vaccines/ Immunizations

Anderson County residents are more likely to have had the recommended flu and pneumococcal vaccines than other South Carolina residents. For childhood immunizations the percentage of children treated in public health clinics who had not received the recommended vaccines up to age 2 dropped from 28.2% in 1993 to 17.3% in 2003, the year that data for the county is available. Statewide birth registry indicates that 88.1% of all 2 year-olds were fully immunized in 2003. Healthy People 2020 goal is for 80% of children 19-35 months to have received all recommended vaccines.

## Health Care Access

### Percent with no insurance coverage in SC, by county

#### Percent Uninsured



According to US Census Bureau data, 14.9% of Anderson's population do not have any form of health insurance. This is better than the state rate of 17.5% and the national rate of 15.5%. However it does not meet the Healthy People 2020 goal of 100% of the population covered by some form of insurance.

## Primary Care

### Primary Care Physician Rate

Primary care physician rate is lower in Anderson than other parts of the state and country, but fewer people report delaying care due to cost.

### Usual Primary Care Provider

Individuals who have identified a usual primary care provider are more likely to get routine medical screenings. Though county level data is not available for people who have a usual primary care provider, data indicates that people in the South are less likely than other regions of the country to have a usual primary care provider.

### Emergency Room Usage

Emergency Departments are increasingly being used for primary care not only by individuals who do not have insurance, but by those with insurance (either through employment or through Medicaid and Medicare) who have difficulty getting an appointment with a regular primary care provider. In Anderson County, the number of ER visits has increased by approximately 40% from 2004 to 2011.

Physician offices are concentrated in the zip code 29621, with most of the offices in the center of the county.

Indicator	Anderson County current	How do we compare?			Healthy People 2020
		Anderson past	South Carolina	Nation	
Cholesterol check (DHEC Biostatistics, HIW)	76.9% (Region 1 DHEC)		SIMILAR 77.3% (DHEC)	BETTER 74.6% (HIW)	82.1%
Colorectal screening based on guidelines (HIW, CDC)	70.4* (2010)	BETTER 62.9% (2004-2010)	BETTER 67% (2010)	59%* are screened based on current guidelines (CDC) (*different measure)	70.5%* are screened based on current guidelines (*different measure)
Mammogram based on guidelines (HIW)	80.5% (2010)	BETTER 79.8% (2004-2010)	BETTER 79.1% (2010)	BETTER 75.4% (HP 2020)	81.1%
Flu vaccine 65+	79.9% (2010)	BETTER 70.9% (2004-2010)	BETTER 67.4% (2010)	BETTER 67% (HP 2020)	90%
Pneumococcal vaccine (HIW)	69.7% (2008-2010)	SIMILAR 69.6% (2004-2010)	BETTER 68.7% (2008-2010)	BETTER 60% (HP 2020)	90%
Health Care Access					
Uninsured (ACS 2010)	14.9%	BETTER 18.2%	BETTER 17.5%	BETTER 15.5%	100% covered



Primary Care Provider Rate (per 100,000) (HIW)	81.5 (2008)	<b>WORSE</b> 147.78 (2006)	<b>WORSE</b> 117.03 (2006)	NA	(objective being developed)
Physician use delayed due to cost (HIW)	15.7% (2010)	<b>BETTER</b> 16.7% (2004-2010)	<b>BETTER</b> 16.7% (2010)	<b>WORSE</b> 4.7% (HP 2020)	4.2%
Usual Primary Care Provider	NA	NA	NA	76.3% (HP 2020)	83.9% (HP 2020)



Source: Health Indicators Warehouse, DHEC Biostatistics, CDC, Healthy People 2020, American Community Survey (ACS)

## Community Feedback— Focus groups

Qualitative data was gathered by conducting a series of community focus groups. Seven focus groups were completed inclusive of 74 participants. These groups included:

- \* Public Health Officials
- \* Health Care Providers
- \* Seniors
- \* Human Resource Professionals and Employer Group
- \* Other Health and Human Service Providers
- \* Community Neighborhood Group
- \* Hispanic Group

Topics discussed with the focus groups included:

1. General Health of the Community
  - General sense of health, wellness, lifestyle, environment, etc.
2. Health Conditions
  - Biggest concerns – illness, death
  - Perceived health trends
3. Access and Quality
  - Where people go for care, access
  - Gaps in service, barriers
  - Perceived quality of care

In addition, the United Way (UW) of Anderson County conducted a series of focus groups in April – May of 2012 to assess general perceptions of community issues and community need. Records and findings of these focus groups were also utilized to inform this CHNA. The UW focus groups included 7 community groups in a variety of geographic locations throughout the county and included over 80 participants. The focus groups were conducted by Shannon Owen of United Way and SE Consulting, Inc., who also assisted with focus groups for the CHNA effort. Records of these focus groups are on file with the United Way of Anderson County and are available upon request.

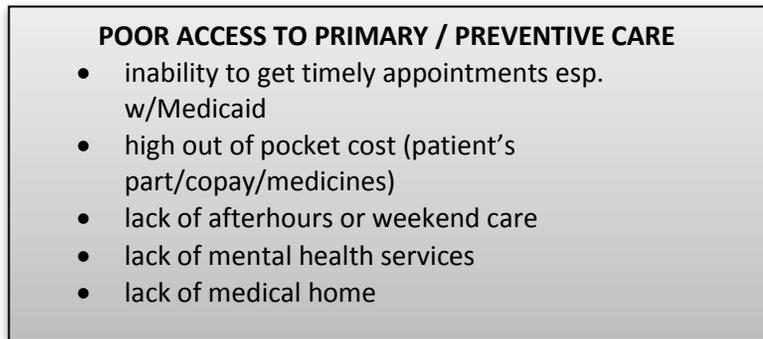
Additional information regarding community leaders and individuals representative of community residents is included in the Appendix in the *Community Leaders and Representatives Involved* section, page 52 of this report.

Community Perception - Feedback from Focus Groups

Anderson County	Health Conditions	Children’s Health	Barriers to Healthy Lifestyle	Other/Misc.
<p><u>Healthy</u></p> <ul style="list-style-type: none"> <li>Vaccines, smoking rates (getting better)</li> <li>Parks, recreation</li> <li>Knowledge about healthy lifestyle</li> <li>Recent efforts in Eat Smart Move More Anderson, smoking cessation, AnMed track, workplace program</li> <li>Nice facilities</li> <li>Overall quality of care good</li> </ul> <p><u>Not Healthy</u></p> <ul style="list-style-type: none"> <li>Health disparity- insurance/no ins.; access to recreation and healthy foods/ no access;</li> <li>Overweight/obese</li> <li>Healthy behaviors, lack of</li> <li>Mental health services lacking</li> </ul>	<ul style="list-style-type: none"> <li>Obesity/overweight</li> <li>Diabetes</li> <li>Hypertension</li> <li>Congestive heart failure</li> <li>Mental health issues</li> <li>Substance abuse/mental health</li> <li>Cancer</li> </ul> <p>1-obesity and related conditions 2-mental health – high prevalence and lack of services</p>	<ul style="list-style-type: none"> <li>Diabetes</li> <li>Overweight/obesity</li> <li>Developmental delays</li> <li>Mental health/behavioral issues</li> <li>Asthma and allergies</li> <li>Inactivity/screen-time/poor diet</li> <li>Poor parenting/single parents/grandparent homes</li> <li>Lack of inexpensive recreational activities (no more playing outside all day)</li> </ul> <p># 1 health issue- overweight/obesity and related conditions</p> <p>Perceived leading cause of death- accidents</p>	<ul style="list-style-type: none"> <li>Low SES – healthy foods and recreational opportunities are not affordable/ accessible for some segments of population</li> <li>No immediate benefit, many in “survival mode”</li> <li>Lack of time for exercising, preparing healthy meals</li> <li>Education on healthy lifestyle</li> <li>Age/disability</li> <li>Access to safe parks, trails, recreation facilities</li> </ul> <p>Most know they need to make healthier lifestyle choices but for various reasons have a hard time doing so</p>	<ul style="list-style-type: none"> <li>Widespread misuse of ER- hard to get apt esp. if no insurance or Medicaid only; waiting until health condition is serious; no after hours care; no medical home;</li> <li>Knowledge about healthy lifestyle does not equal healthy behaviors; healthy choices need to be easy and accessible</li> <li>Concern/confusion about healthcare reform</li> </ul>
Basic Health Care- What Organizations?	Gaps in Services	Barriers to Healthcare	Proposed Solutions	
<ul style="list-style-type: none"> <li>Free clinic</li> <li>ER</li> <li>DHEC (for some limited services)</li> <li>AnMed</li> <li>Doctor’s Care/acute care clinics</li> </ul>	<ul style="list-style-type: none"> <li>Mental health- adult and children</li> <li>Available health care for Medicaid patients</li> <li>Dental health- esp. adults</li> <li>After hours/weekend clinic</li> </ul> <p>Also mentioned (but not as frequently):</p> <ul style="list-style-type: none"> <li>Special needs children- recreation and services</li> <li>Preventive cancer screenings for some populations</li> <li>Transition special needs kids to adult</li> <li>Disabled/elderly</li> <li>In home care for seniors</li> </ul> <p>1- General lack of services / hard to access services for those with Medicaid 2- Mental health services 3- dental care-adults</p>	<ul style="list-style-type: none"> <li>Many doctors not taking Medicaid</li> <li>Lack of medical home</li> <li>Lack of insurance</li> <li>Inability to “work the system”/ self-advocate</li> <li>Transportation- esp. elderly/Medicaid</li> <li>Lack of afterhours/weekend services (shiftwork)</li> <li>Cost/Low SES- lack of insurance or Medicaid only, out of pocket cost, access to healthy food and recreation</li> <li>Hispanic population -Access to care is limited (esp. OB and peds); perception that providers will not work with them; poor translation/ communication problems with Hispanic population</li> </ul>	<ul style="list-style-type: none"> <li>Better coordination of service providers- increasing awareness of what’s available, appropriate referrals; better communication with physicians/hospital and public health professions</li> <li>Improve communication between doctors/patients/caregivers/other providers</li> <li>Partner with schools on obesity; possibly preventive care at schools</li> <li>Wellness programs at work- utilize AnMed professionals; community education</li> <li>Partner with pharmaceutical companies on medical supplies (esp. diabetes)</li> <li>Education on cooking, other topics</li> <li>Consider social media opportunities</li> <li>Condition management model (Michelin)</li> <li>Require or incentivize healthy lifestyle habits- pay people to lose weight or exercise</li> <li>Consider establishment of FQHC status or other health center that accepts Medicaid patients?</li> <li>Use of culturally sensitive health coaches in target communities; use of positive peer pressure</li> <li>Support Eat Smart Move More</li> <li>Support growth of walking trails, bike paths</li> <li>Health care educators in primary care offices</li> <li>Support opening of Urgent care center</li> </ul>	

Overall/Major Focus Group Themes (common across all groups):

- Obesity and related diseases (diabetes, heart and vascular diseases, hypertension) is considered the major health issue for adults and children.
- “Insurance does not equal access.” Lack of access to primary care is a major issue:



**OVERUSE/  
MISUSE  
of ER**

- Lack of mental/behavioral health services, particularly for children, is a major issue.
- Most people know what they need to do be healthier, but have a hard time doing it. Most are open to incentives, even mandates, to move them toward healthier lifestyles.

# Identified Priority Health Needs & Related Health Assets

To select priorities and related strategies, the following criteria were considered:

- Data and community feedback indicated the issue as an important community need
- AnMed Health has the capacity to impact the issue
- Addressing a selected issue holds the potential to affect other key health conditions, therefore creating a multiplying effect
- Strategies selected align with and support AnMed Health’s mission and strategic direction
- Strategies selected take in consideration current assets in both the community and within AnMed Health

In considering the above, the following priorities were selected:

## 1. Obesity

Over 65% of the population is either overweight or obese. That number has continued to grow over the past several decades. Childhood obesity is growing at an alarming rate. Addressing obesity has the potential to positively affect leading health issues in the community – heart disease (which is the County’s 2<sup>nd</sup> leading cause of death), stroke, hypertension, and diabetes.

## 2. Access to Primary Health Care

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for medical care. Hospital data shows ER usage rates have increased by approximately 40% from 2004 – 2011. Focus groups reported access to primary care as a major concern. The most frequently reported issues with access to care were: finding a provider that takes Medicaid, getting an appointment in a timely manner, high out-of-pocket costs, and lack of a medical home.

## 3. Access to Behavioral and Mental Health Services

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for mental health care. The community focus groups repeatedly reported that behavioral and mental health services are a growing need, yet very little mental and behavioral health services are available. There was particular concern regarding lack of mental and behavioral health services for children.

## 4. Cancer

Cancer is the leading cause of death in both adults and children (age 0-14) in Anderson County. Anderson still has a higher cancer death rate and higher cancer incidence rate than SC or US. Lung and colorectal cancers are of particular concern. Recent data has, however, shown improvement in Anderson. The National Cancer Institute data set from 2004-2008 reported Anderson County as a

priority level 1. A new release was issued July 2012 indicating that incidence rates and death rates from all cancers have dropped slightly in Anderson, prompting the National Cancer Institute to move Anderson from Priority 1 to Priority 4 (priority level 1 indicated that the death rate was both above the state and national rate, and also that the rate is rising. Priority 4 indicates that death rates are stable and no longer rising, but still above state and national rates.)

#### **5. Asthma in Children**

The prevalence of asthma has increased nationally since the 1980s. Asthma is the second most common chronic condition seen in emergency departments in Anderson, and the 10<sup>th</sup> most common chronic condition seen during inpatient stays. Children are disproportionately affected by asthma. The prevalence of asthma is highest in those under 18, and it is the most common chronic disease and a leading cause of disability in children.

#### **6. Accident Prevention for Children**

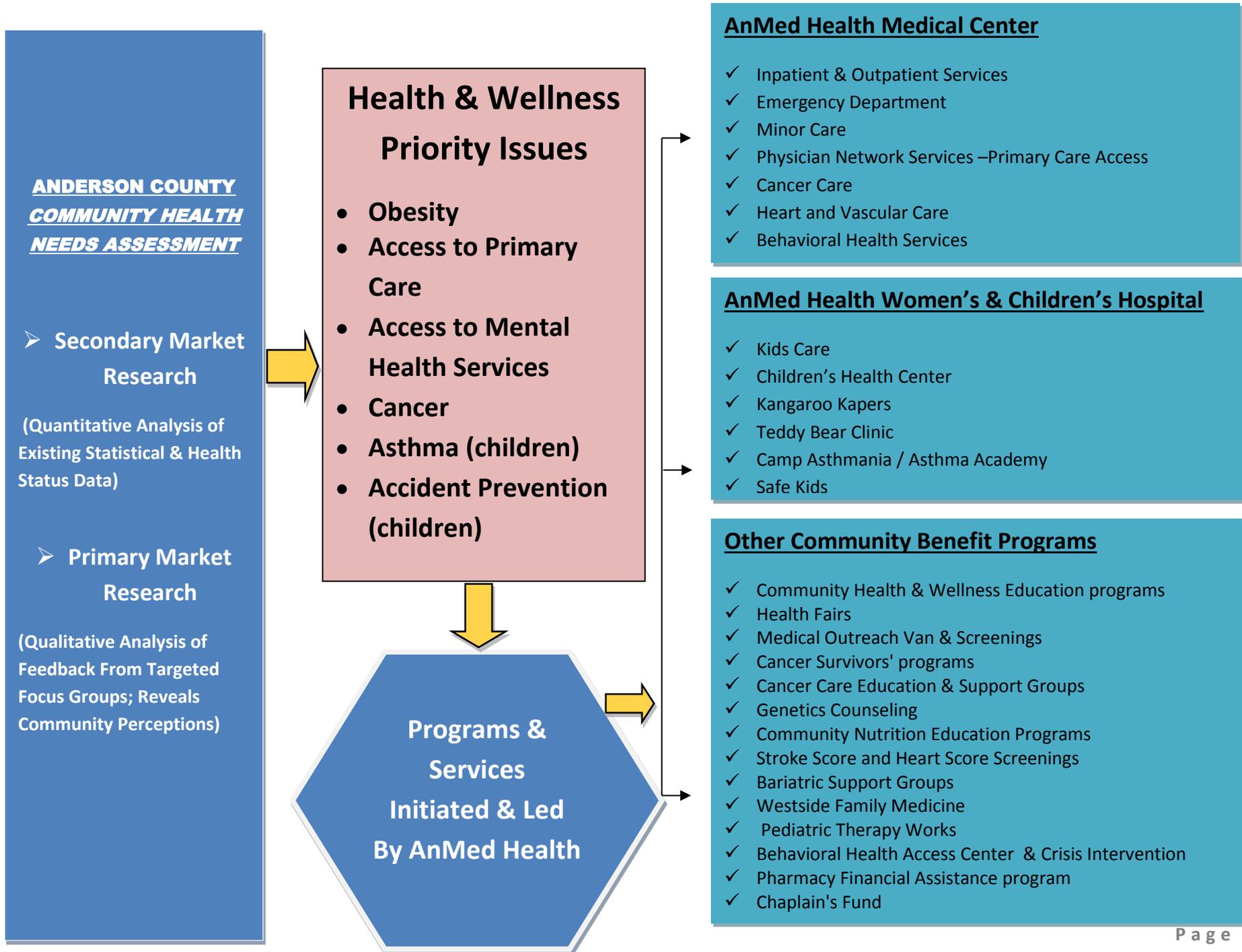
Accidents is the second (after malignant neoplasms) leading cause of death in children under age 18. For the 0-17 population Anderson County has a higher death rate from injury than the state, 35.2 per 10,000 for Anderson compared to 21.7 per 10,000 for the state. For non-fatal injuries, Anderson County has a rate of 928.6 per 10,000 for ages 0-17, which is lower than the state rate of 978.4 per 10,000. Motor vehicle accidents are the leading cause of injury death for children 0-17.

Strategic initiatives to address each of these identified needs have been developed and are included in the *AnMed Health Medical Center & AnMed Health Women's and Children's Hospital Community Health Needs Assessment –Implementation Strategy* document . This will be reported annually to the IRS on Form 990.

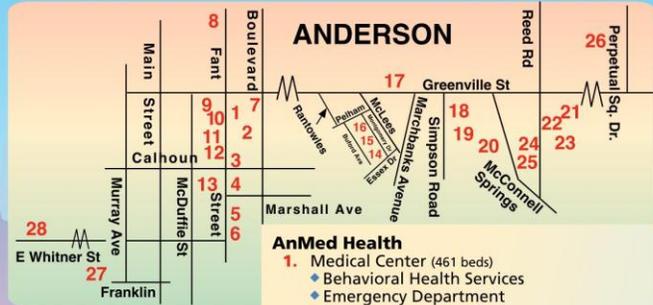
Community and AnMed Health assets related to the identified priority health needs have been identified and are documented in the asset framework on the following pages. These assets are also referenced alongside the strategic initiatives in the *AnMed Health Medical Center & AnMed Health Women's and Children's Hospital Community Health Needs Assessment –Implementation Strategy* document. Strategic initiatives selected take in consideration these current assets.

# REVIEW OF ASSESTS





# AnMed Health has created a map to better health.



- AnMed Health**
- Medical Center (461 beds)
    - Behavioral Health Services
    - Emergency Department
    - Heart and Vascular Center
    - Neurology Consultants
    - Neuroscience Center
    - Orthopaedics
  - Behavioral Health Access Center
  - Minor Care
    - Blood Center
    - Outpatient Laboratory Services
  - Children's Health Center
  - Eastside Internal Medicine
  - Psychiatry
  - Pharmacy & Medical Equipment
  - Michael A. Rivera, MD
  - Daniel A. Keenan, Jr, MD
  - Anderson Pediatrics
  - Vascular Medicine
  - Pediatric Therapy Works
  - Patient Accounts
  - Gastroenterology Specialists
  - Anderson Bone and Joint
  - John D. Ware III, MD
  - Medicus Surgery Center
  - Rehabilitation Hospital (55 beds)
  - Home Care
    - Lifeline
  - Digestive Health Center
    - Upstate Endoscopy
    - Upstate Gastroenterology
  - Oglesby Center
    - Asthma Academy
    - Diabetes Education
    - Family Medicine Center
      - Family Medicine Residency Program
      - Women's Health Center
    - Imaging Services
    - Kids' Care (pediatric minor care)
    - Laboratory Services
    - Lung and Sleep Center
      - Pulmonary Rehab/Diagnostics
    - Pharmacy
    - Rehab Plus
    - Outpatient Surgery & Endoscopy Center
    - Physician Offices
      - Anderson Family Medicine
      - Anderson GYN-OB
        - Arrhythmia Specialists
        - Community Orthopaedics
        - Gynecologic Oncology
        - Metabolic and Bariatric Surgery
        - Pediatric Associates
        - Plastic Surgery
        - Pulmonary and Sleep Medicine
        - Surgical Consultants
      - Urology
  - Cancer Center
    - Clinical Trials and Research
    - Genetic Counseling
    - Infusion (Chemotherapy) Center
    - Impressions appearance shoppe
    - Learning Center
    - Lymphedema Center
    - Radiation Oncology
    - Physician Offices
      - Wound and Hyperbaric Medicine
  - Women's and Children's Hospital (72 beds)
    - Gilmer Pavilion Learning Center
    - Obstetric, Surgery & Endoscopy Center
    - Women's Diagnostics
    - Physician Offices
      - OB-GYN Associates
      - Pediatric Hospitalist
  - Cardiac and Orthopaedic Center
    - Carolina Cardiology
    - LifeChoice (Cardiac, PVD & Oncology Rehab)
    - Physician Surgery Center at AnMed Health
    - Rehab Plus
    - Physician Offices
      - Carolina Cardiology

When it comes to your family's health, you need the advice and care of experts. That's when you turn to the professionals at AnMed Health.

Thanks to our comprehensive network of physicians' offices and patient care sites, you can be confident that convenient, high-quality care will always be there when you need it.

**AnMed Health at a glance:**

- SC's largest independent not-for-profit health system
- Designated a Bariatric Surgery Center of Excellence by the American Society of Metabolic and Bariatric Surgery
- Level II Nursery
- Only Level II Trauma Center in SC
- Received Accreditation with Commendation from the Commission on Cancer of the American College of Surgeons

To find a physician or to learn more about all that AnMed Health has to offer your family, visit [www.anmedhealth.org](http://www.anmedhealth.org).



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# APPENDIX

# SUMMARY OF HEALTH INDICATORS

Indicator	Anderson County Current (2010)	How Do We Compare?			Healthy People 2020 Goal	
		Anderson past	South Carolina	Nation		
<b>Lifestyle Factors and Behaviors</b>						
Smoking (adults age 18+) (HIW)	19.7%	BETTER 22.3% (2002)	BETTER 21%	WORSE 19.3%	12%	
Smoking (teens, 9 <sup>th</sup> – 12 <sup>th</sup> grade smoking cigarettes in past 30 days) (CDC Wonder Data 2010)	21.8%	BETTER 26.6% (2002)	WORSE 20.5%	WORSE 19.3%	16%	
Smokeless Tobacco Youth (CDC Wonder Data 2010)	10.6%	--	WORSE 10.4%	WORSE 8.9%	WORSE 6.9%	
Adult	NA		2.2%	3.5%	.3%	
Excessive Drinking (% adults reporting excessive drinking) (HIW)	5.5% (2010)	BETTER 13.6% (2002)	BETTER 13.6%	BETTER 28%	25.3%	
No Exercise (adults reporting no exercise) (HIW)	25.6%	WORSE 21.9% (2002)	BETTER 27.8%	WORSE	-	
Nutrition (adults not eating 5 servings of fruits/vegetables daily) (HIW)	85.5%	WORSE 78.7% (2002)	WORSE 82.6%	WORSE	-	
Adults obese or overweight (SC DHEC Chronic Disease Report)	65% (rank 9 <sup>th</sup> in the state)  35% at a healthy weight	WORSE 55-59% (2003)	BETTER 67%	BETTER 69.2%	Increase the proportion of adults that are at a healthy weight (30.8% to 33.9%)	

Indicator	Anderson County Current (2010)	How Do We Compare?			Healthy People 2020 Goal
		Anderson past	South Carolina	Nation	
<b>Health Risk Factors</b>					
Smoking (HIW)	19.7%	BETTER 22.3% (2002)	BETTER 21%	WORSE 19.3%	12%
Diabetes (HIW)	12%	WORSE 11.2% (2003)	WORSE 10.7%	WORSE 8.3%* (American Diabetes Association)	NA
Hypertension (HIW)	29.8%	BETTER 31.2%	BETTER 32.7%	BETTER 31.9%* (CDC, Health, US 2011)	26.9%
Cholesterol Checked in last 5 years (SC DHEC Biostatistics)	77.4% (DHEC Region I, 2008)	BETTER 75.3% (DHEC Region I, 2002)	BETTER 76.7% (DHEC, 2008)	BETTER 74.6% (HIW, 2008)	82.1%
<b>Maternal / Infant Risk Factors</b>					
Preterm Births (SC DHEC Biostatistics)	12.7%	BETTER 13%	BETTER 14.5%	WORSE 12.2%	11.4%
Low Birthweight (HIW)	9% (2009)	WORSE/SAME 8.9% (2001-2007)	BETTER 10%	WORSE 8.2%	7.8%
Infant Mortality (SC DHEC Biostatistics)	6.7 (2010)	BETTER 7.4 (2005-2007)	BETTER 7.4	BETTER 7	6.0
C-section Rates (SC DHEC Biostatistics)	WORSE primary 202.9/1000 repeat 146.6/1000 ALL 349.5/1000	WORSE primary (2000) 170/1000 repeat (2000) 110/1000 ALL (2000) 280/1000	WORSE/SIMILAR primary 220.9/1000 repeat 125.7/1000 ALL 346.6/1000		



Indicator	How do we compare?		
	Anderson County (state rank)	South Carolina	National Benchmark
<b>Health Environment</b>			
	1 ozone day (4 <sup>th</sup> )	3.1 ozone days	0 ozone days
	75%	65%	92%
	11 per 100,000 population (9 <sup>th</sup> )	0-13 per 100,000 population	16 per 100,000 population



Indicator	Anderson County Current	How Do We Compare?			Healthy People 2020	
		Anderson past	South Carolina	Nation		
<b>Morbidity and Mortality</b>						
Cancer Incidence Per 100,000 (National Cancer Institute State Cancer Profiles, 2005-2009)	488.0	BETTER 493.7 (2004-2008)	WORSE 463.2	WORSE 465	NA	
Cancer Mortality Per 100,000 (National Cancer Institute State Cancer Profiles, 2005-2009)	208.4	BETTER 218.2 (2004-2008)	WORSE 191.1	WORSE 181.3	160.6	
Heart Disease Death Rate Per 100,000 (CDC Division for Heart Disease and Stroke Prevention, 2007-2009)	184.3	BETTER Downward trend over past 10 yrs (DHEC Region 1 annual report)	SIMILAR 187.5	SIMILAR 185.2	100.8 (age adjusted to the 2000 standard)	
Stroke Mortality Per 100,000 (CDC Division for Heart Disease and Stroke Prevention, 2007-2009)	50.5	BETTER Downward trend over past 10 yrs (DHEC Region 1 annual report)	SIMILAR 50.9	WORSE 40.5	33.8 (age adjusted to the 2000 standard)	
Diabetes Prevalence (HIW except where noted)	12.0% (2010)	WORSE 11.2% (2004-2010)	WORSE 10.7% (2010)	WORSE 8.3% (2011 American Diabetic Association Fact Sheet)	NA	
Diabetes Mortality Per 100,000 (SC DHEC Bureau of Community Health and Chronic Disease Prevention, 2010 Fact Sheet)	31.9		WORSE 24.8	---	65.8 (related to diabetes - reported differently)	
Years of Life Lost before age 75 (HIW)	9529.7	BETTER 9692.9 (2005-2007)	BETTER 9074.6	WORSE 7082.9	NA	
Physically Unhealthy Days (HIW – BRFSS)	3.7 (2010)	BETTER 4.1 (2004-2010)	BETTER 3.8	WORSE 3.5 (BRFSS)	NA	
Mentally Unhealthy Days (HIW – BRFSS)	2.7 (2010)	BETTER 3.7 (2004-2010)	BETTER 3.9	BETTER 3.6 (BRFSS)	NA	
Fair or Poor Health (HIW – BRFSS)	19.9% (2010)	WORSE 19.1% (2004-2010)	WORSE 17.6% (2010)	WORSE 14.9% (BRFSS-2010)	NA	
Infant Mortality (per 1000) ( SC DHEC Biostatistics)	6.7	BETTER 9.5	BETTER 7.4	BETTER 7	6.0	

Indicator	Anderson County current	How do we compare?			Healthy People 2020
		Anderson past	South Carolina	Nation	
<b>Screenings/ Immunizations</b>					
Cholesterol check (DHEC Biostatistics, HIW)	76.9% (Region 1 DHEC)		SIMILAR 77.3% (DHEC)	BETTER 74.6% (HIW)	82.1%
Colorectal screening based on guidelines (HIW, CDC)	70.4* (2010)	BETTER 62.9% (2004-2010)	BETTER 67% (2010)	59%* are screened based on current guidelines (CDC) (*different measure)	70.5%* are screened based on current guidelines (*different measure)
Mammogram based on guidelines (HIW)	80.5% (2010)	BETTER 79.8% (2004-2010)	BETTER 79.1% (2010)	BETTER 75.4% (HP 2020)	81.1%
Flu vaccine 65+	79.9% (2010)	BETTER 70.9% (2004-2010)	BETTER 67.4% (2010)	BETTER 67% (HP 2020)	90%
Pneumococcal vaccine (HIW)	69.7% (2008-2010)	SIMILAR 69.6% (2004-2010)	BETTER 68.7% (2008-2010)	BETTER 60% (HP 2020)	90%
<b>Health Care Access</b>					
Uninsured (ACS 2010)	14.9%	BETTER 18.2%	BETTER 17.5%	BETTER 15.5%	100% covered
Primary Care Provider Rate (per 100,000) (HIW)	81.5 (2008)	WORSE 147.78 (2006)	WORSE 117.03 (2006)	NA	(objective being developed)
Physician use delayed due to cost (HIW)	15.7% (2010)	BETTER 16.7% (2004-2010)	BETTER 16.7% (2010)	WORSE 4.7% (HP 2020)	4.2%
Usual Primary Care Provider	NA	NA	NA	76.3% (HP 2020)	83.9% (HP 2020)



Zip code analysis

- Unemployment - 29626, 29684, 29697, and a small portion of **29621 in the city**.
- Teen pregnancy- 29621, 29624, 29625, 29627, and 29697.
- MUA - Zip codes 29626, 29627, 29684, 29689 and a cluster **near the city** encompass medically underserved areas.

Zip code source: HealthLandscape Beta (mapping source) <http://www.healthlandscape.org/>; SC Campaign for the Prevention of Teen Pregnancy

# Data Sources

1. National Health Indicators Warehouse  
<http://healthindicators.gov/>
2. County Health Rankings 2012  
<http://www.countyhealthrankings.org/>
3. Healthy People 2020  
<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
4. Chronic Disease Epidemiology and Evaluation (OCDEE) - HP2010 Chronic Disease Focus Areas  
<http://www.scdhec.gov/health/chcdp/cdee/hp2010.htm>
5. SC DHEC
  - a. Chronic Disease Report Anderson County  
<http://www.scdhec.gov/health/epidata/docs/chronic/Anderson.pdf>
  - b. Division of Biostatistics  
<http://www.scdhec.gov/co/phsis/biostatistics/index.asp?page=bio>
  - c. Division of Diabetes Prevention and Control  
<http://www.dhec.sc.gov/health/chcdp/diabetes/index.htm>
  - d. Division of Injury and Violence Prevention  
<http://www.scdhec.gov/health/chcdp/injury/docs/County%20Profile%20Report.pdf>
  - e. Bureau of Community Health and Chronic Disease Prevention  
<http://www.scdhec.gov/health/chcdp/>
  - f. Office of Research and Statistics
6. SC Kids Count Anderson County Report 2009  
<http://www.sckidscount.org/health09.php?COUNTYID=4>
7. Center for Disease Control  
<http://www.cdc.gov/DataStatistics/>
8. US Census Bureau
  - a. 2000, 2010 US Census Data
  - b. <http://www.cdc.gov/DataStatistics/>
  - c. 2005-2009, 2010 American Community Survey  
<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
  - d. County and State Quick Facts
  - e. <http://quickfacts.census.gov/qfd/index.html>

9. HealthLandscape Beta (mapping source)  
<http://www.healthlandscape.org/>
10. SC Campaign for the Prevention of Teen Pregnancy  
<http://www.teenpregnancysc.org/>
11. SC Department of Education  
<http://ed.sc.gov/>
12. USDA Food Dessert Locator  
<http://www.ers.usda.gov/data/fooddesert/>
13. National Cancer Institute, State Cancer Profiles  
<http://statecancerprofiles.cancer.gov/>
14. American Diabetes Association  
<http://www.diabetes.org/>
15. SC Department of Employment and Workforce  
<http://dew.sc.gov/about-lmi.asp>
16. SC Behavioral Risk Factor Surveillance System  
[http://www.scdhec.gov/hs/epidata/brfss\\_index.htm](http://www.scdhec.gov/hs/epidata/brfss_index.htm)

# CHNA Team



## **AnMed Health Leadership Groups**

AnMed Health Board

AnMed Health Community Health Improvement Committee

## **Public Health Officials - SC Dept. of Health and Environmental Control - Public Health Dept - Region 1\***

Kandi Fredere, PhD, MHA, MCHES

Interim Health Director

Mary Stackhouse, RN

Newborn Home Visiting Nurse Supervisor

Shanika McCray, MPH, RN

Misty Lee, BS, MCHES

Health Educator

Amy Mattison, RN

Home Health Supervisor

## **AnMed Health Staff**

Michal Cunningham

Vice President, Advancement

Wayne Harris

Director, Affiliated Services

Blythe Smith

Community Outreach Specialist

## **Research Consultant Team**

Shannon Owen, MHA

SE Consulting, Inc.

Shannon Cole, MS Health Sciences

SE Consulting, Inc.

\*Public health officials represent the broad health interests of the community, especially Anderson County residents served by the public health department. The public health officials listed above reviewed the secondary data and concurred with the assessment of the key priorities. Curriculum vitae of these individuals are available upon request.

# Community Leaders and Representatives Involved

A variety of community leaders and representatives were involved and provided input into the CHNA. Community leaders and those very knowledgeable of the public's health needs include individuals working for the local health department. Data was gathered from the state and local health departments. A meeting was held with public health staff to gather their input and perspective on health needs and preliminary results of the CHNA were presented to the public health staff to gather their reaction to the report and additional feedback needed to solidify the report. Public health officials involved included:

Kandi Fredere, PhD, MHA, MCHES  
Interim Health Director

Mary Stackhouse, RN  
Newborn Home Visiting Nurse Supervisor

Shanika McCray, MPH, RN

Misty Lee, BS, MCHES  
Health Educator

Amy Mattison, RN  
Home Health Supervisor

Curriculum vitae of these individuals are available upon request.

Representatives of community residents, inclusive of underserved population were directly involved in the CHNA through the focus group efforts and one-on-one discussions. Some of these representatives also provided assistance to the effort by helping to invite and gather community individuals to participate in the focus groups. Key community representatives include:

Bea Thompson

Representing the Westside Heights Community --

Ms. Thompson is a well-respected individual in the community. She hosted a focus group in her community at the local community center.

Carol Loyd

Representing the needs of underserved individuals --

Ms. Loyd works for the United Way as the Health Community Impact Associate. She is responsible for staffing the United Way's Health Vision Council and is the local liaison for the 2-1-1 health and human services information and referral call line. Ms. Loyd participated in one of the focus groups and provided reports regarding 2-1-1 calls that provided information on the most common types of assistance local residents needed and were requesting through the 2-1-1 center.

Betty Stallings

Representing Seniors and Belton (an outlying, rural community in the County) --

Ms. Stallings is a well-known and respected individual in the Belton area, which is an outlying rural area of Anderson County. She helped coordinate, invite and host a group of Seniors to participate in a community conversation related to community needs in the local community center in the town of Belton.

Adela Mendoza and Wilson Narvaez  
Hispanic/Latino representatives --

Adela Mendoza is the Executive Director of the Hispanic Alliance in the Upstate of South Carolina. Ms. Mendoza provided information regarding the needs related specifically to the Latino population. In addition, Ms. Mendoza assisted in coordinating, conducting and translating for a community focus group with Spanish speaking, Latino individuals.

Mr. Narvaez, a local Hispanic restaurant owner in the outlying, rural town of Williamston, assisted by hosting a Hispanic/Latino focus group at his restaurant. He also assisting by inviting individuals to participate in the group.

Additional groups were represented throughout the focus group process as listed below.

**Agencies and Community Groups Participating/Represented in Community Feedback Process**

Alzheimers Association  
Anderson Area YMCA  
AnMed Health Providers and Professionals  
Anderson University  
Belton Community  
Cross Country Home Services  
DoLink  
Free Clinic  
Hispanic Community Representatives  
Hospice House  
Housing Authority  
Meals on Wheels  
Michelin  
ReWigo  
Safekids  
Senior Action  
Senior Solutions  
Westside Community Center  
Walgreens Distribution Center  
Westside Community Center  
United Way Anderson