

## Public Health

Public health indicators reflect the existence and success of efforts to promote healthy lifestyles and the avoidance of disease and injury. Where there are robust public health efforts, there is improved quality of life and life expectancy.

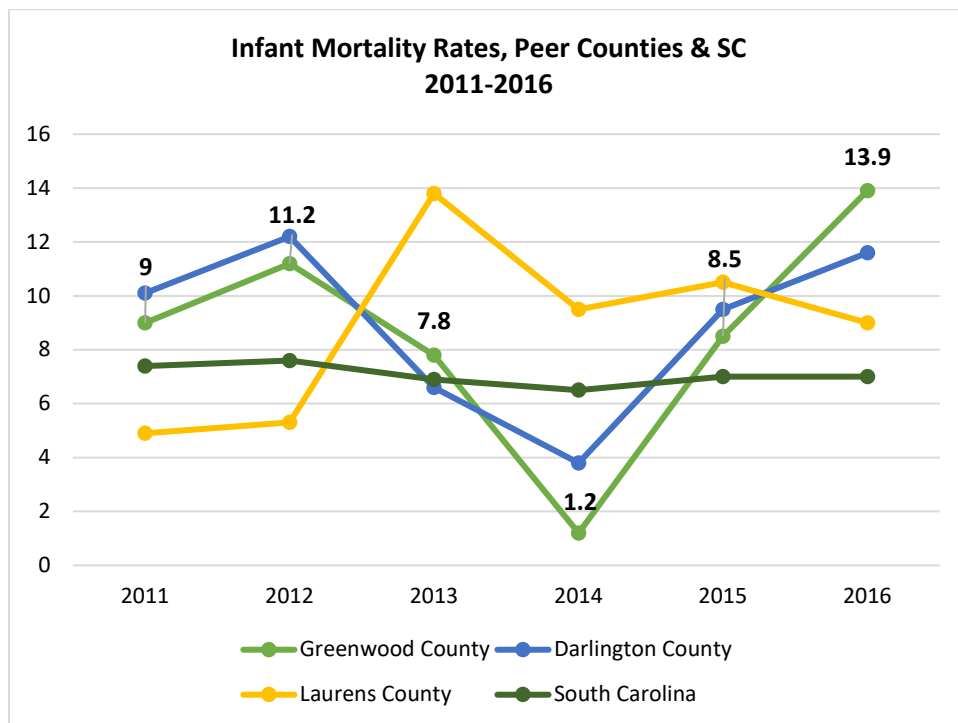
### Infant Mortality

Infant mortality rates are important indicators of health for the whole population, reflecting the factors affecting the health of the whole population have an impact on the mortality rate of infants in each community. Infant mortality is the measure of death within the first year of life and is reported as a rate per 1,000 live births. Because there is a historic racial disparity in infant mortality, it is instructive to examine the data for both blacks and whites and the Hispanic population in the county.

Greenwood County's infant mortality rate since 2011 has had significant variance and was at a 6 year high in 2016 with a rate of 13.9 infant deaths per 1,000 live births<sup>13</sup>.



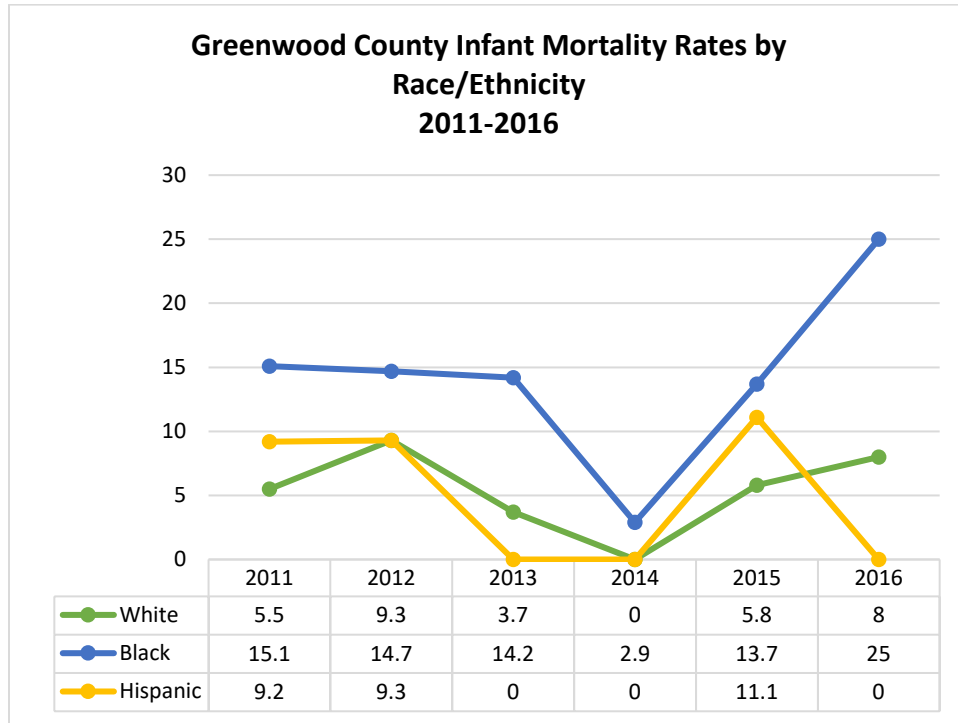
Update: The infant mortality rate in the county have gotten worse since the 2014 report.



\*Rates on chart reflect Greenwood County rates.

<sup>13</sup> South Carolina Department of Health and Environmental Control

Black infants have consistently had a higher mortality rate than their white and Hispanic counterparts from 2011 to 2016 in the county.

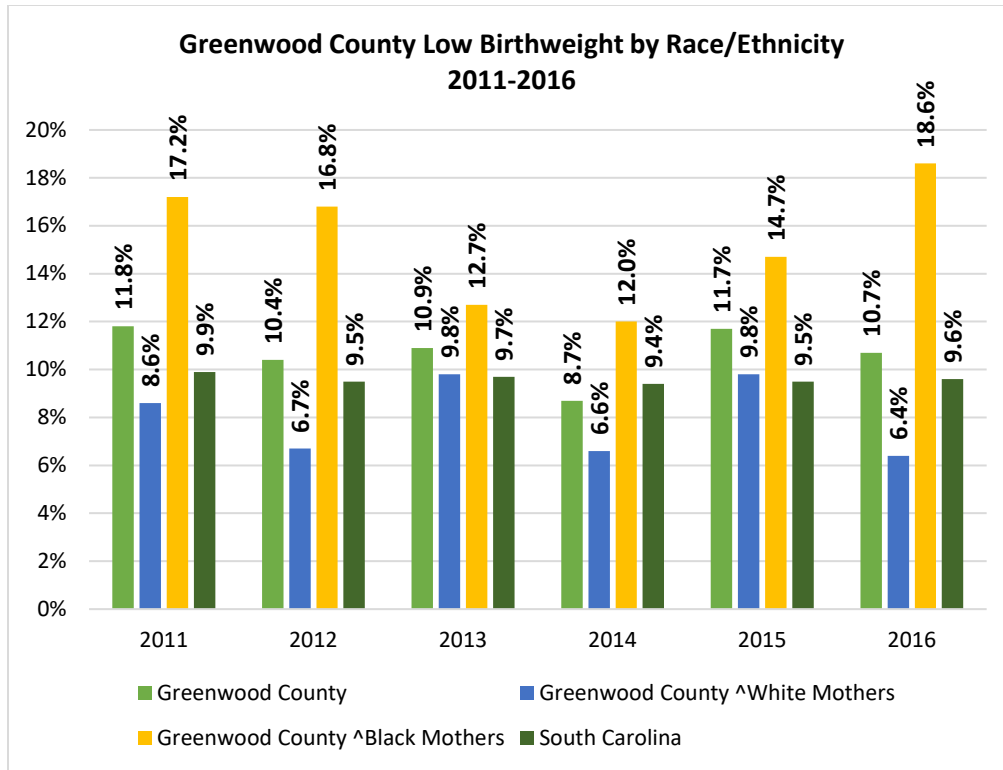


### Birth Weight

Low birth weight is a primary predictor of infant mortality, and children who had a low birth weight have higher incidences of ongoing physical disabilities, behavior problems, poor cognitive performance, and learning disabilities.

In 2016, 10.7% of babies were born with a low birth weight in the county and this rate has had little variance since 2011. When broken down by race, a higher percentage of babies born to black mothers have a low birth weight than their white counterparts<sup>14</sup>.

<sup>14</sup> Annie E. Casey Kids County Data Center



[Access to Prenatal Care](#)

Access to prenatal care is a primary determinant of birth weight and, therefore, infant mortality.

In 2016, 26.3% of babies were born to mothers with less than adequate prenatal care in Greenwood County, and, of those who were born to black mothers, 30.7%, had less than adequate prenatal care while 23.6% of babies born to white mothers had less than adequate prenatal care. This racial disparity has been observed over the past 6 years and is in keeping with the state trend<sup>15</sup>.

Babies Born to Mothers with Less than Adequate Prenatal Care Greenwood County & SC 2011-2016							
		2011	2012	2013	2014	2015	2016
	<b>Greenwood County</b>	27.2%	23.8%	23.3%	25.4%	27.9%	26.3%
	<b>White</b>	26.0%	19.6%	20.6%	24.5%	25.6%	23.6%
	<b>Black</b>	27.8%	30.1%	27.8%	26.9%	31.8%	30.7%
	<b>South Carolina</b>	32.2%	31.9%	32.3%	32.9%	34.1%	33.0%

<sup>15</sup> Annie E. Casey Kids Count Data Center

### [Risk Factors for Chronic Health Conditions](#)

Common behavioral risk factors contribute significantly to chronic disease and death in South Carolina. The Behavior Risk Factor Surveillance Survey (BRFSS) tracks the prevalence of these risk factors by county. The latest data available are for 2016.

A higher percentage of the population in Greenwood County reported having hypertension and diabetes than the state rate, with 43.5% reporting having been diagnosed with hypertension and 14.3% reporting having diabetes.

Nearly 1 in 5 within the county (16.9%) reported delaying seeing a doctor because of costs but 84.3% reported that they have a least one person that they consider a personal doctor or health care provider.

Approximately 1 in 3 (32.4%) in the county age 20+ is considered obese (BMI equal to/greater than 30), and 21.3% of the population reported current smoking<sup>16</sup>.

<b>Risk Factors for Chronic Conditions Greenwood County &amp; SC 2014-2016</b>		
	<b>Greenwood County</b>	<b>South Carolina</b>
<b>Hypertension</b>	43.5%	38.7%
<b>Coronary heart disease</b>	3.8%	4.6%
<b>Diabetes</b>	14.3%	12.3%
<b>Current Smoking</b>	21.3%	20.4%
<b>Adults categorized as obese</b>	32.4%	32.7%
<b>Delayed seeing a doctor in the last year due to cost</b>	16.9%	16.7%
<b>Has at least one person considered a personal doctor or health care provider</b>	84.3%	77.8%

### [Health Insurance Coverage Rates](#)

The health insurance coverage rate is, in part, a reflection of the quality of jobs in a specific area, and the changes in the rate of coverage and the distribution of the coverage could reflect the economic trends. In 2014, the implementation of the Affordable Care Act (ACA) produced significant changes in the insurance coverage rates.

The portion of the population that is usually measured for health insurance coverage is working age adults, 18 to 64, as this segment is exempt from public insurance by entitlement of age or income. People age 65 and older are covered by public insurance (most often Medicare) and low-income children are covered by public insurance in the form of Medicaid. Persons who do not have any source of health insurance and go without primary care often end up being treated as emergency patients; a much costlier mode of treatment than prevention or accessing primary care via insurance coverage.

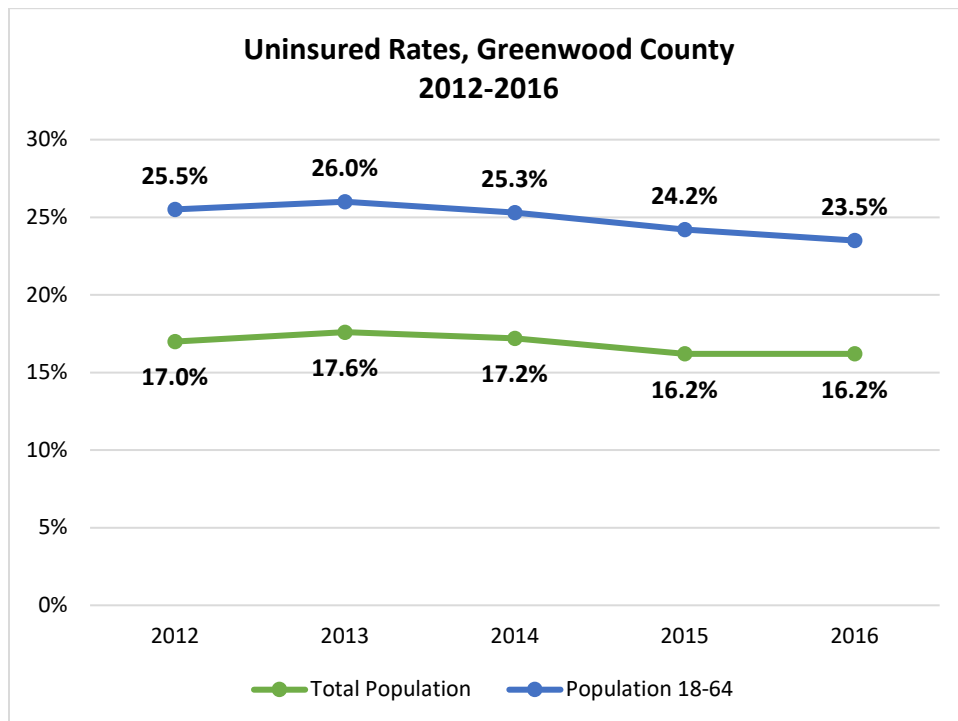
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<sup>16</sup> South Carolina Department of Health and Environmental Control, BRFSS

Over the past 5 years, the uninsured rates for the total population and the population ages 18-64 has fallen. In 2016, approximately 1 in 4 (23.5%) between the ages of 18-64 were uninsured<sup>17</sup>.



**Update:** Uninsured rates in the county for the total population and those 18-64 have slightly improved since the 2014 report.



<sup>17</sup> United States Census Bureau, American FactFinder

When the county is compared to the peers and the state, a higher percentage of those under the age of 18 were uninsured in 2016 at 8.5% and the uninsured rates by each educational attainment are higher than the comparison groups<sup>18</sup>.

<b>Percent Uninsured Peer Counties &amp; SC 2016</b>				
	<b>Greenwood County</b>	<b>Darlington County</b>	<b>Laurens County</b>	<b>South Carolina</b>
<b>Age</b>				
<b>Under 18</b>	8.5%	3.6%	7.1%	4.0%
<b>18-64</b>	23.5%	22.7%	18.9%	14.9%
<b>65 years and older</b>	0.6%	0.5%	0.1%	0.3%
<b>Educational Attainment (population 25 years +)</b>				
<b>Less Than High School</b>	30.2%	22.5%	20.7%	22.6%
<b>High School Graduate or Equivalent</b>	20.1%	19.5%	17.3%	14.3%
<b>Some College or Associate Degree</b>	18.2%	14.8%	10.9%	9.8%
<b>Bachelor's Degree or Higher</b>	7.6%	7.1%	3.8%	3.9%
<b>Work Status</b>				
<b>Worked Full-Time, year-round in the past 12 months</b>	17.0%	11.7%	11.8%	10.5%
<b>Worked Less Than Full Time, year-round in the past 12 months</b>	29.7%	36.7%	27.6%	20.3%
<b>Did Not Work</b>	28.2%	27.3%	22.5%	18.9%

Children, ages 0-18 years, made up 67.6% of Medicaid members with full benefits in Greenwood County in 2015, while adults ages 19-64 made up 89.3% of Medicaid members with limited benefits<sup>19</sup>.

*2016 data reported was preliminary and not included in this report.*

<b>Medicaid Members by Eligibility Category (count) Greenwood County</b>				
	<b>Full Benefits</b>		<b>Limited Benefits</b>	
	<b>2013</b>	<b>2015</b>	<b>2013</b>	<b>2015</b>
<b>Children (0-18)</b>	9,925	11,162	70	40
<b>Adults (19-64)</b>	3,750	4,461	1,128	2,545
<b>Elderly (65+)</b>	1006	1003	242	264

<sup>18</sup> United States Census Bureau, American FactFinder

<sup>19</sup> South Carolina eHealth Medicaid Statistics

<b>Medicaid Members by Eligibility Category (percentage) Greenwood County</b>				
	<b>Full Benefits</b>		<b>Limited Benefits</b>	
	<b>2013</b>	<b>2015</b>	<b>2013</b>	<b>2015</b>
<b>Children (0-18)</b>	67.6%	67.1%	4.9%	1.4%
<b>Adults (19-64)</b>	25.5%	26.8%	78.3%	89.3%
<b>Elderly (65+)</b>	6.9%	6.0%	16.8%	9.3%

28.1% of emergency department (ED) visits in 2016 in Greenwood County were covered by Medicaid<sup>20</sup>.

<b>ED Visits by Type Greenwood County Oct. 2015-Sept. 2016</b>			
	<b>Visits</b>	<b>Total Charges</b>	<b>Average Charge</b>
<b>Commercial/HMO</b>	8,846	\$ 27,345,116	\$ 2,451
<b>Medicaid</b>	10,842	\$ 21,631,064	\$ 1,514
<b>Medicare</b>	8,014	\$ 33,440,007	\$ 3,550
<b>Self/Indigent</b>	10,886	\$ 24,081,959	\$ 1,708

<sup>20</sup> South Carolina Revenue and Fiscal Affairs Office, Health Utilization Online Query System

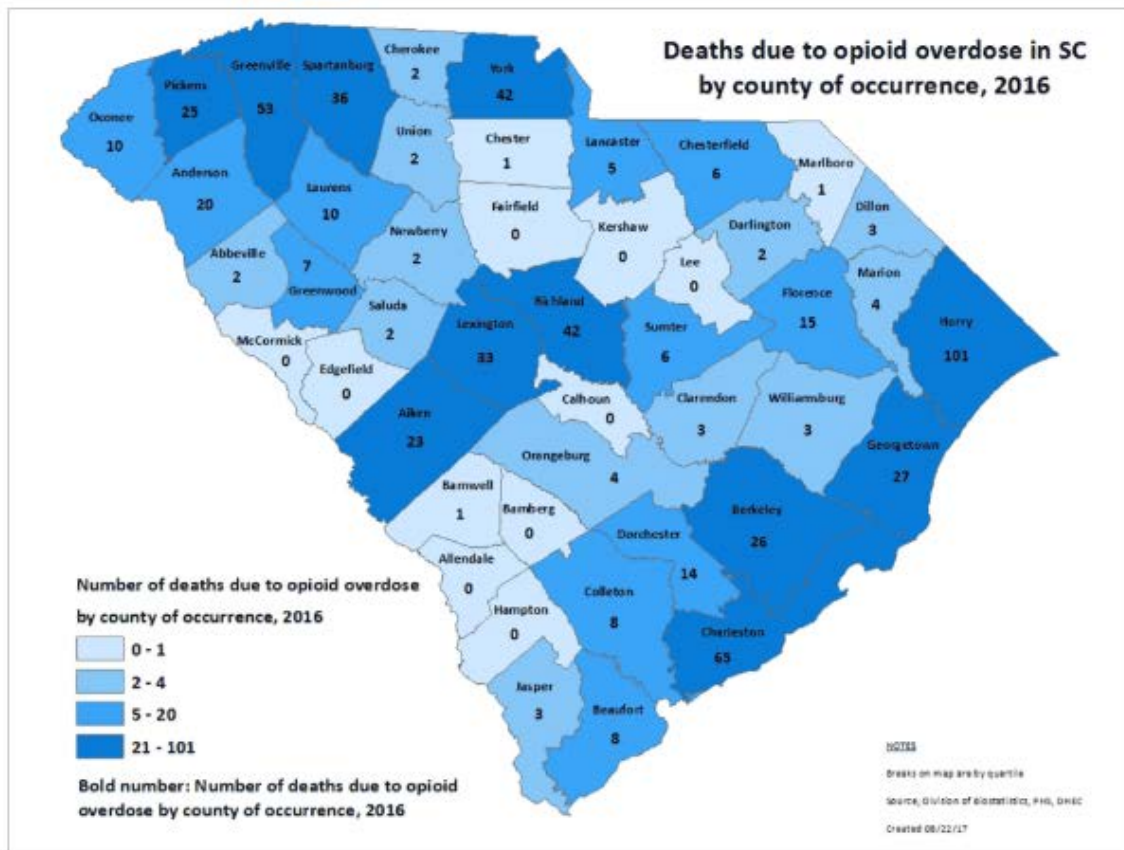
Drug and Alcohol Abuse

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) no longer publicly reports data at the county level. The South Carolina Department of Health and Environmental Control has released county level data on opioid statistics.

In South Carolina in 2016, 550 deaths occurred with prescription opioid drug listed on the death certificate, and 108 deaths attributed to heroin overdoses. The prescription opioid drug death count is up 7% from 2015 (512 deaths) and up 18% from 2014 (464 deaths). Heroin overdose deaths increased by 14% from 2015 to 2016 and 67% from 2014 to 2015.

In 2015 in Greenwood County, one death was attributed to a prescription opioid overdose and no heroin deaths were recorded. In 2016, Greenwood County had 7 deaths attributed to opioid overdoses (6 related to prescription opioids) and 2 deaths attributed to heroin overdose. This is a 600% increase in total opioid deaths from 2015 to 2016<sup>21</sup>.

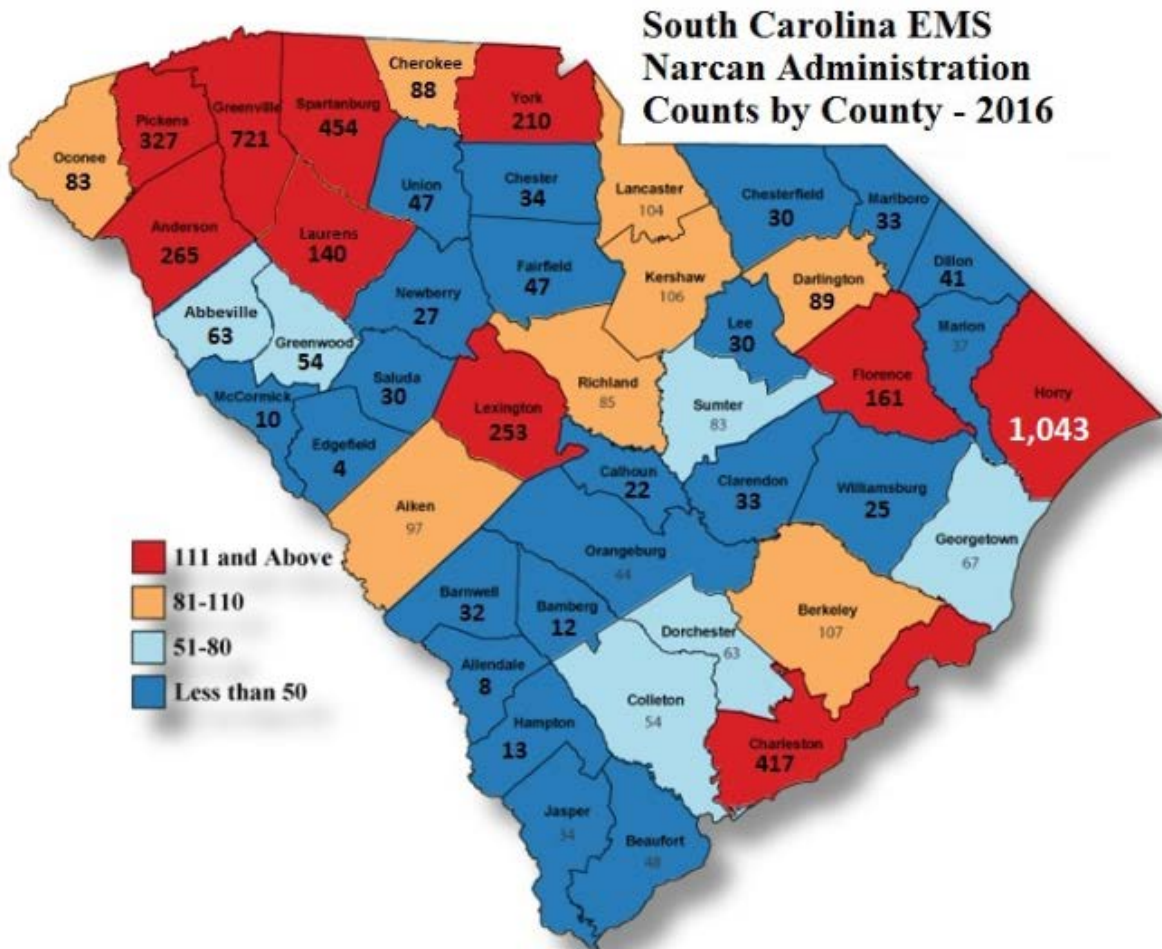
**Opioid-Involved Overdose Deaths by County of Occurrence, 2016**



<sup>21</sup> South Carolina Department of Health and Environmental Control, Opioid Statistics



While opioid deaths have significantly increased from 2015 to 2016 in Greenwood County, EMS Naloxone administration has fallen 21.74% from 2015 to 2016. EMS administered Naloxone 54 times in 2016, down from 69 in 2015. In comparison, the state EMS Naloxone administration rate increased by 39.41% from 2015 to 2016.



Maps accessed from SC DHEC

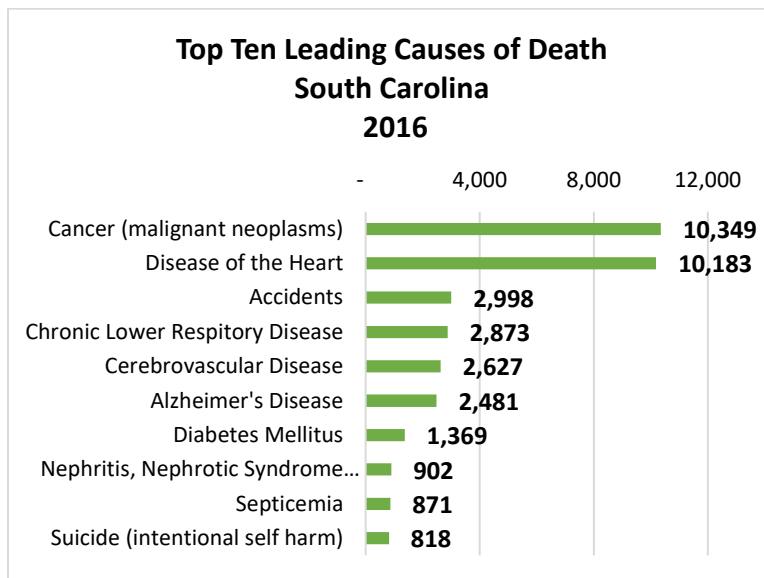
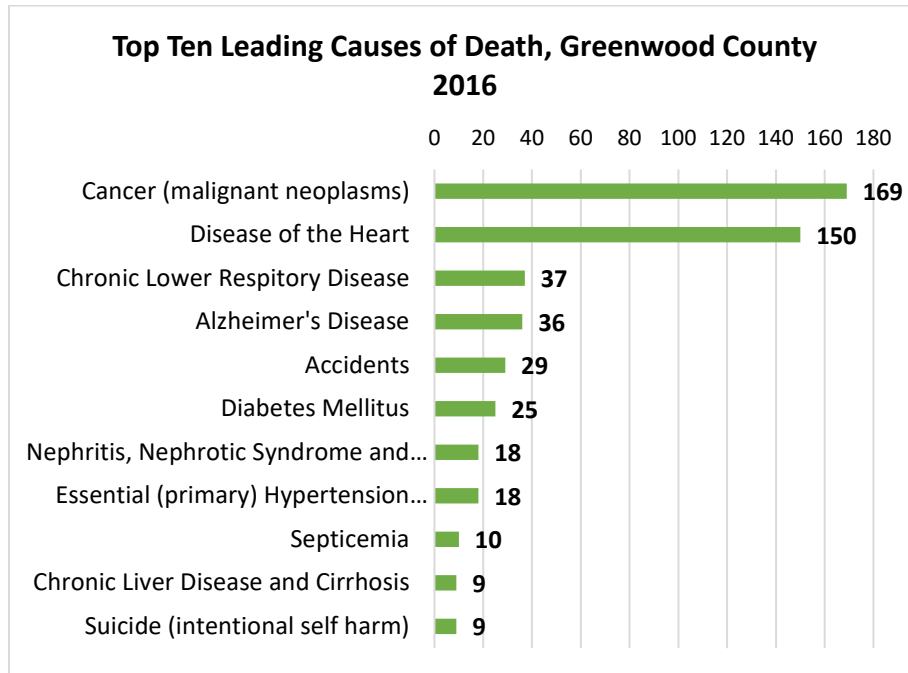
According to the County Health Rankings, in 2018 (uses 2016 data), 17% of adults in the county reported excessive drinking. Because of the change in the definition of binge drinking, this percentage cannot be compared to previous years.

*Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day.*

[Mortality](#)

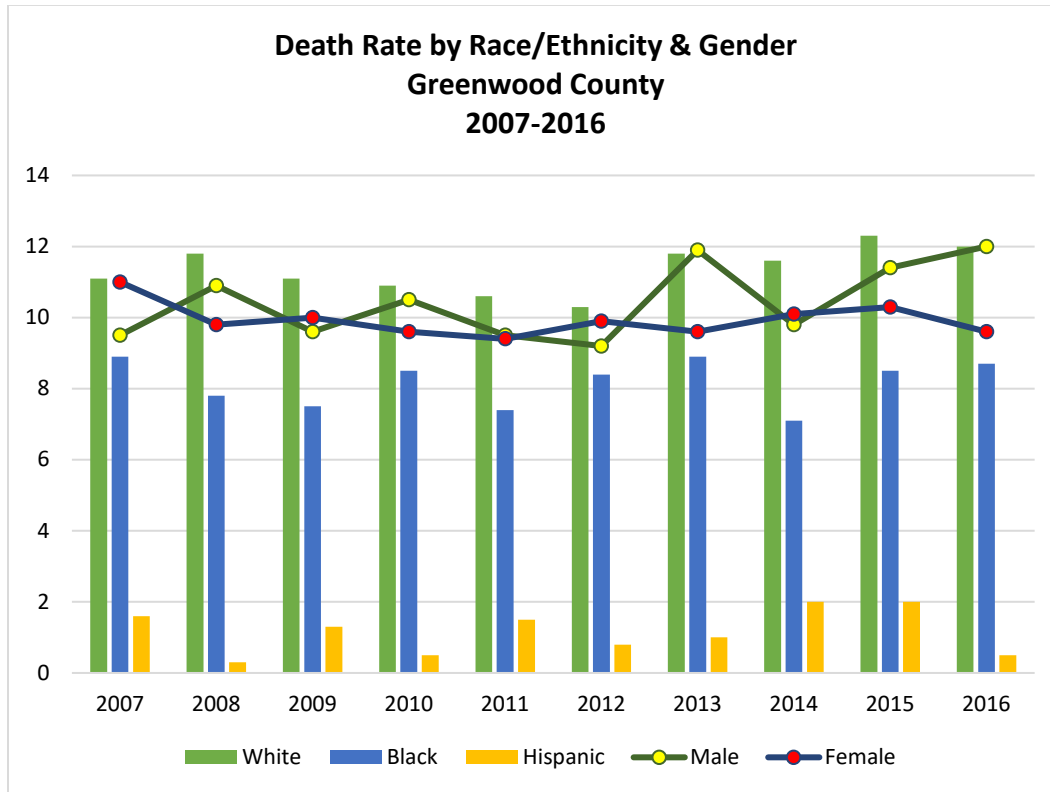
The major causes of death in South Carolina and its counties generally do not vary significantly from year to year.

The leading causes of death in Greenwood County in 2016 is like that observed in the state with cancer and diseases of the heart being the top two leading causes of death. There has been little variance in the top 10 causes of death in the county over the past 5 years<sup>22</sup>.



<sup>22</sup> South Carolina Department of Health and Environmental Control

When the death rate is broken down by race and ethnicity in the county, whites have had a significantly higher death rate than their black and Hispanic counterparts do over the past 10 years. This disparity by race mirrors the disparity observed statewide. While there has been variance in the death rate for males over the past 10 years, on average males have had a higher death rate than females<sup>23</sup>.



\*Death rate per 1,000 population

### Mental Health

The best gauge of mental health morbidities and access to treatment is the number of visits to Anderson County hospital emergency departments for mental health diagnoses, and the disposition of those visits.

*Note: because these morbidities include substance use diagnoses, they are referred to collectively as “behavioral health.”*

High rates of visits to emergency departments for behavioral health diagnoses indicate that preventative or outpatient options may not be available or sufficient.

Greenwood County had an increase in visits to the ED for behavioral health by all payer sources from 2012 to 2016 and, but surprisingly, has seen the total charges fall from 2012 with the average charge per payor source falling for all 4 categories<sup>24</sup>.

<sup>23</sup> South Carolina Department of Health and Environmental Control

<sup>24</sup> South Carolina Revenue and Fiscal Affairs Office, Health Utilization Online Query Systems

ED Visits for Behavioral Health Greenwood County 2012 & 2016						
Payor Source	# of Visits		Total Charges		Average Charge	
	2012	2016	2012	2016	2012	2016
Commercial/HMO	176	273	\$ 486,669	\$ 676,015	\$ 2,277	\$ 2,193
Medicaid	172	390	\$ 499,356	\$ 63,947	\$ 2,339	\$ 1,927
Medicare	385	311	\$ 1,518,254	\$ 889,423	\$ 3,150	\$ 2,538
Self/Indigent	443	496	\$ 1,218,589	\$ 1,249,649	\$ 2,363	\$ 2,200
<b>Total</b>	<b>1,176</b>	<b>1,470</b>	<b>\$ 3,722,868</b>	<b>\$ 3,679,034</b>		

Inpatient discharges for behavioral health diagnoses have fallen for all the payer sources between 2012 and 2016 except Medicaid payors. Total charges and average charges have increased for all payer sources except Medicare<sup>25</sup>.

Inpatient Discharges for Behavioral Health Greenwood County 2012 & 2016						
Payor Source	# of Discharges		Total Charges		Average Charge	
	2012	2016	2012	2016	2012	2016
Commercial/HMO	1,852	1,622	\$ 66,656,620	\$ 68,063,834	\$ 30,108	\$ 34,855
Medicaid	831	1,232	\$ 28,345,130	\$ 43,492,614	\$ 24,351	\$ 26,436
Medicare	4,169	3,704	\$ 168,696,335	\$ 159,815,092	\$ 33,606	\$ 34,367
Self/Indigent	649	565	\$ 21,334,030	\$ 20,863,223	\$ 26,827	\$ 28,861
<b>Total</b>	<b>7,501</b>	<b>7,123</b>	<b>\$ 285,032,115</b>	<b>\$ 292,234,763</b>		

<sup>25</sup> South Carolina Revenue and Fiscal Affairs Office, Health Utilization Online Query System