

Joint Letter from Live Healthy South Carolina Leadership

Live Healthy South Carolina, a statewide effort between the South Carolina Department of Health and Environmental Control (DHEC) and the Alliance for a Healthier South Carolina (Alliance), is pleased to present South Carolina's 2023 State Health Assessment, a comprehensive resource of the latest public health data, issues and trends affecting all South Carolinians.

Together, Live Healthy South Carolina represents more than 60 state and community leaders and organizations collaborating with the shared goal of improving the health of all South Carolinians at a population level.

In 2023, DHEC executives served as advisers on the Live Healthy South Carolina Executive Advisory Committee providing leadership, support, and oversight for the state health assessment framework.

We believe everyone in the Palmetto State deserves the opportunity to live a healthy, productive life. To achieve healthy outcomes for all South Carolinians requires examining the conditions in the places where people live, learn, work and play. Called social determinants of health, they are the non-medical factors that affect a wide range of health risks and outcomes. This assessment analyzes these conditions to reveal gaps, disparities, and opportunities for improvement in our state and uses that data to inform best practices that can help create a healthier South Carolina for everyone.

South Carolina's 2023 State Health Assessment is a comprehensive evaluation of the health status of South Carolinians designed to inform health improvement plans at the state and community levels. In addition, it serves as a health data resource that organizations, the media and the public can use.

We encourage all South Carolinians to join Live Healthy South Carolina in pursuing optimal health at a personal, community and statewide level.

Sincerely,

Live Healthy South Carolina Leadership



Edward Simmer, MD, MPH, DFAPA
Director, DHEC



Monty Robertson, MHA
Executive Director, Alliance for a Healthier SC



Brannon Traxler, MD, MPH
Director of Public Health, DHEC



Shawn Stinson, MD
Chair, Alliance for a Healthier SC



Karla Buru, DrPH
Chief of Staff, DHEC



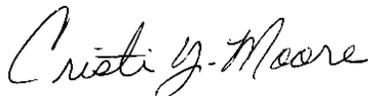
Marisette Hasan
Vice Chair, Alliance for a Healthier SC



Kobra Eghtedary, PhD
State Health Improvement Director, DHEC



Nick Davidson
Senior Deputy for Public Health, DHEC



Cristi Moore
Chief Communications Officer, DHEC



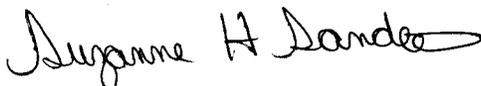
Farren Allen, MPH, LMSW
State Health Improvement Strategist, DHEC



Myra Reece, MPH
Director of Environmental Affairs, DHEC



Cassandra Harris
Chief Strategy and Engagement Officer, DHEC



Suzanne Sanders, MPH, MCHES
Director of Community Engagement, DHEC

Live Healthy South Carolina

While South Carolina (SC) is a small, diverse state of just over 5 million people, the effort to maintain the health and well-being of its people is a complex undertaking requiring statewide cooperation. In June 2017, Live Healthy South Carolina (LHSC), a collaborative effort between the South Carolina Department of Health and Environmental Control (DHEC) and the Alliance for a Healthier South Carolina (Alliance), was created to help lead the effort to assess and advance the health of all South Carolinians.

Under this collaborative, SC's first State Health Assessment (SHA) was published in 2018. This document highlights information presented in SC's second SHA, which was completed in December 2023.



The State Health Assessment

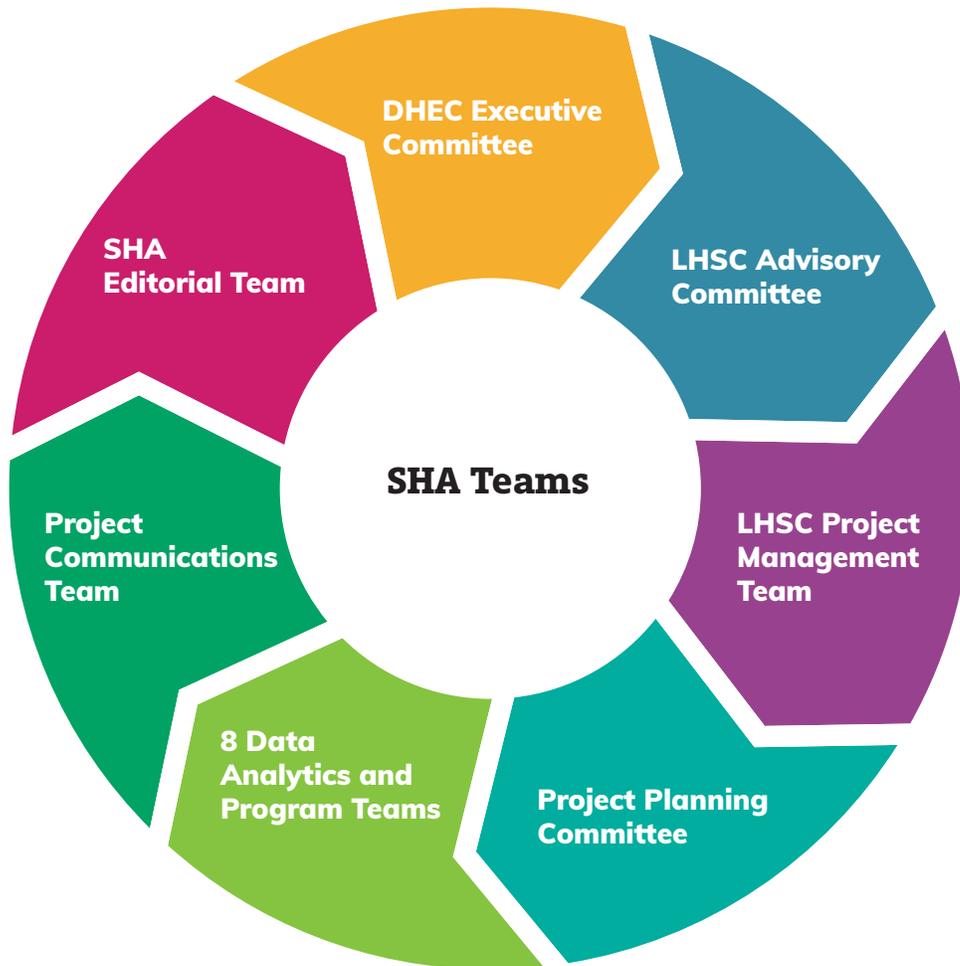
The SHA is a comprehensive compilation of health-related data outlining health across the lifespan in SC, from maternal and infant health to healthy aging. It focuses on SC's population as a whole and the subpopulations that add to the diversity of the state.

The SHA will be used to create SC's second State Health Improvement Plan (SHIP) for health care professionals, government agencies, communities, and others to use as a roadmap to improve health across the state. The SHIP identifies health priorities to be addressed over five years.

Structure of the State Health Assessment

Utilizing a diverse, multilayered approach to ensure inclusivity and expanded partnership, the SHA was completed between May 2022 and December 2023. DHEC's State Health Improvement Office formed multiple interdisciplinary committees and teams, leveraging, and collaborating with more than 100 thought leaders and experts across the state. These partnerships were instrumental in informing the direction of the project, providing input on data sources, indicator selection, and layout.

FIGURE 1

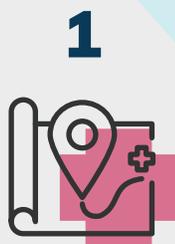


The full SHA follows the life course, with four dedicated chapters: Healthy Mothers and Infants, Healthy Children and Adolescents, Healthy Adults and Healthy Aging. Additional chapters were also created to highlight healthy communities in the state, the demographics of our state, the organizations, agencies, and policies working on improving the health for South Carolinians, and a chapter dedicated to health equity, highlighting health disparities and underserved populations across SC. The SHA combines the voices of various sectors across the state and data from an array of sources to tell the story of SC's health. It identifies disparities among populations, resources available to address issues, and sets a foundation to improve the health of all South Carolinians. The appendices in the full SHA report contain supplementary material to provide a more comprehensive understanding of the information presented.

Community Voices



The most important health issues and priorities identified by SC communities:



Access to Care



Obesity, Nutrition, Physical Activity



Substance Use



Mental Health

Forces of Change Results

Access to mental health education and care

Healthcare costs and the need for affordable care

Structural and systemic inequities

Social determinants of health

Health policy and the need for policy change

Mental Health

Over the past 3-5 years, SC's communities have seen mental health needs **increasing**.

Top 3 Actions SC could take that could lead to health improvement:



More services, including more funding and education



Increasing access to high-quality health care



More interaction between leadership at state and local levels

Community Voices

The SHA incorporates a variety of perspectives, including state and local agencies and governments, nonprofit organizations, scientific experts and community voices. This chapter focuses on the many community voices reflected within the plan. Fifty health leaders were interviewed March-April 2023 in all 46 counties for Stakeholder Interviews. Also, 15 Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) were collected and analyzed. The work was guided by Mobilizing for Action through Planning and Partnerships (MAPP), a strategic planning process focused on health equity. There were 29 Community Listening Sessions held March-April 2023 by DHEC with established coalitions throughout SC using a Forces of Change survey and modified activity.

The top Forces of Change results and the results from the community engagement efforts are included in this chapter. The below tables outline the count by data source (**Table 1**) and what organization types were represented in Stakeholder Interviews (**Table 2**) as well as the key findings from the Forces of Change activity.

TABLE 1

Data Sources

Sources	Count
Community Listening Sessions	29
Stakeholder Interview Questions	50
Community Documents – CHAs	6
Community Documents – CHIPs	9
Forces of Change Survey	157

TABLE 2

Stakeholder Interviews

Organization Types	Count
Non-profit	36
Public	14
Total	50

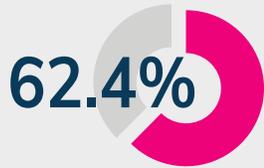


Key Takeaways

- Access to Health Care was the number-one health issue identified, and was the issue most often discussed throughout all data sources and main key themes. Access to affordable health insurance, access to affordable quality health care, and health care infrastructure issues, specifically in rural areas, were also discussed.
- Socioeconomics and poverty were discussed as root causes of health disparities and as impacting the Social Determinants of Health (SDOH) for many South Carolinians. This discussion was interwoven specifically with the Access to Health Care theme.
- Transportation was present as a determinant and as a barrier for many South Carolinians living in both rural and urban areas.
- Mental health and substance use were health issues emerging since the COVID-19 pandemic began.
- COVID-19 was discussed as highlighting many issues and challenges that were present before COVID-19, but the pandemic worsened these issues further and brought more awareness.
- Individual level barriers to health included discussions around improving health literacy levels of South Carolinians.
- Participants discussed the fact that more collaborations between stakeholders were needed, as well as more community engagement, in order to improve the health of South Carolinians. These included partners gaining a better understanding of current resources and services available and working more collaboratively to bridge gaps.
- In addition to raising partner awareness of resources and services, participants said South Carolinians needed more awareness of currently available resources and services.

Demographics and Populations Characteristics

Population



Out of 5.1 million people in SC, 62.4% are **White**.

10th

Fastest-Growing State

Population has grown 12% over a decade.

Most Populous Counties



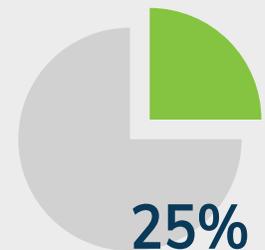
- 1st **Greenville**
- 2nd **Richland**
- 3rd **Charleston**



The Hispanic population is growing and **more than 300,000 residents are Hispanic**.

7.6%

of households speak a language other than English, with Spanish being the most common.



of SC's population is **Black**.

50.2%

of SC Hispanics are from Mexico.



South Carolina's population is aging, with nearly 1 in 5 residents being 65+.

Internet

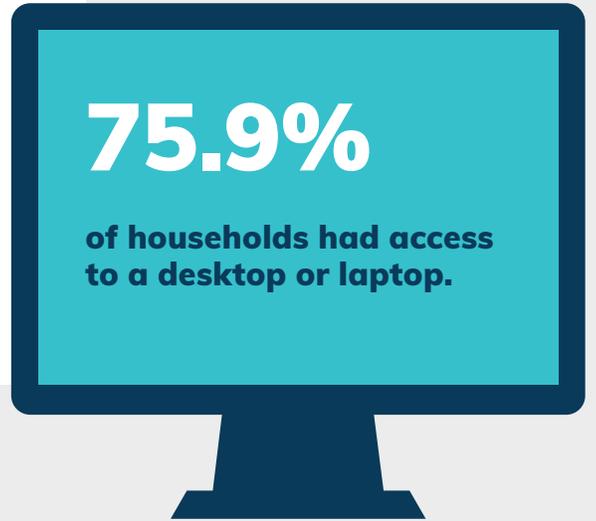
10%



of South Carolina households have **no internet access.**

75.9%

of households had access to a desktop or laptop.



Over **1 in 3 households** in Marlboro County do not have internet access.

Transportation



On Average

5.2%

of households have no vehicle available to them.



3 in 4 South Carolinians **commute alone to work.**



Only 0.3% use

public transit to go to work.

Demographics and Populations Characteristics

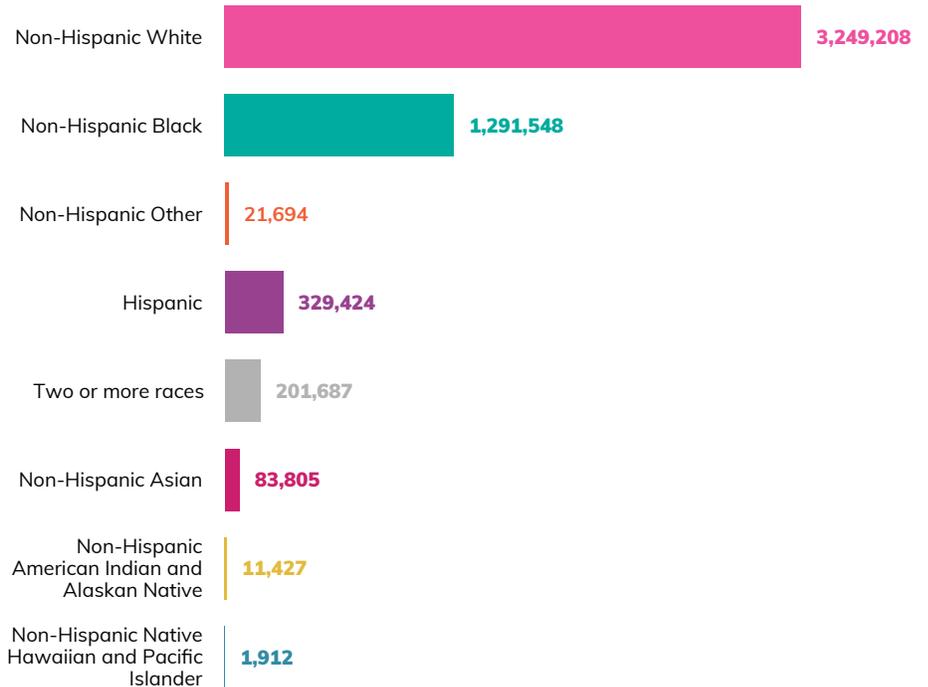
SC's population is growing as more children are born and more people move to the state. This chapter highlights population trends, including race and ethnicity.

SC is growing. The state's population increased from 4.6 million persons in 2010 to over 5.1 million in 2021, an increase of 12.0% compared to a 7.3% overall increase for the United States (US). In 2021, 5,190,705 people lived in SC. The five most-populated counties were Greenville (519,178), Richland (414,719), Charleston (404,946), Horry (344,865) and Spartanburg (322,864). Allendale County was the smallest (8,304). The proportion of residents over age 65 increased from 13.7% in 2010 to 18.6% in 2021. In 2021, males made up 48.6% of the population of SC, while females made up 51.4%.

The three largest racial and ethnic groups in 2021 were non-Hispanic Whites (3.2 million, 62.6%), non-Hispanic Blacks (1.3 million, 24.9%) and Hispanics (329,424, 6.4%).

FIGURE 2

Racial/Ethnic Breakdown of South Carolina Population Number



Source: US Census Bureau ACS, 2021.

Note: 1-year estimates.



Key Takeaways

- Access to the internet and access to transportation are two factors that affect one's ability to access health care. Both disproportionately affect disadvantaged communities.
- The internet can provide access to reliable health information so that people can make informed health decisions, manage their health, and prevent diseases.
- In 2021, SC had 1,852,241 (90.4%) households with internet access; 197,731 (9.6%) had none.
- A lack of transportation options impacts economic and health care costs. It is a barrier to accessing health care, especially for disadvantaged people and those living in rural areas.
- In 2021, 38.6% of SC households had two vehicles, 32.7% had one vehicle, and 23.5% had three or more vehicles. In comparison, 5.2% of households had no available vehicle.

Vulnerable Communities

50%

of counties in SC are rated as **medium-high or high for social vulnerability.**

Diabetes



in SC with **diabetes** are **overweight or obese.**



Diabetes affects 1 in 5 non-Hispanic Black adults compared to **1 in 8 non-Hispanic White** adults in SC.



Non-Hispanic Black people **die from diabetes 2.5 times more** often than **non-Hispanic White** people.

Maternal Mortality



Death Rate 1.7 x higher

From 2018 to 2019, the **pregnancy-related death rate** in SC was **1.7 times higher** for **Black women** than for **White women.**

82%

of **pregnancy-related deaths** were determined to be **preventable.**

Infant Mortality



Infant Mortality Rate in SC was 2.4 times higher among births to **Black women** compared to births among **White women** and **Hispanic women.**



Drug Overdose

25%+

increase in **drug overdose deaths** in SC from 2020 to 2021.

drug overdose deaths
1.2x
higher in urban counties

Homelessness

Persons experiencing homelessness

- 1** 60% were **male**
- 2** 53% were **Black**
- 3** 20% were **children**
- 4** 16% were **Veterans**
- 5** 12% were **victims of domestic violence**

Rural & Urban Populations

Rural areas had a **higher overall death rate** than urban areas.



Among the **Hispanic** population, those in **urban areas** reported **poor physical health 2.6x more** than those in rural areas.

Low Socioeconomic Status Populations



Attaining some college education is **18-26% lower** among **Black, Hispanic, and American Indian/Alaska Native** populations when compared to White populations.

Median household income was **1.7 times lower** and **1.4 times lower** among **Black and Hispanic** people than White people, respectively.

Only 7% of **White** households **live below the poverty line**, compared to **21% of Hispanic** households and **20% of Black** households.

Individuals with Disabilities



People living with a **disability** report fair or **poor general health** more often than those without a disability.



1 in 3 people in SC live with one or more **disabilities**.

Health Equity

Health equity is the fair and just opportunity to attain the highest level of health for all people, regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Equity is not the same as equality. Health equality is the treatment of all individuals in the same manner without accounting for systemic, historical, and current inequities. In contrast, the goal of health equity is to adjust treatment, care, and resources based on circumstances and needs to ensure quality health care and good health for all.

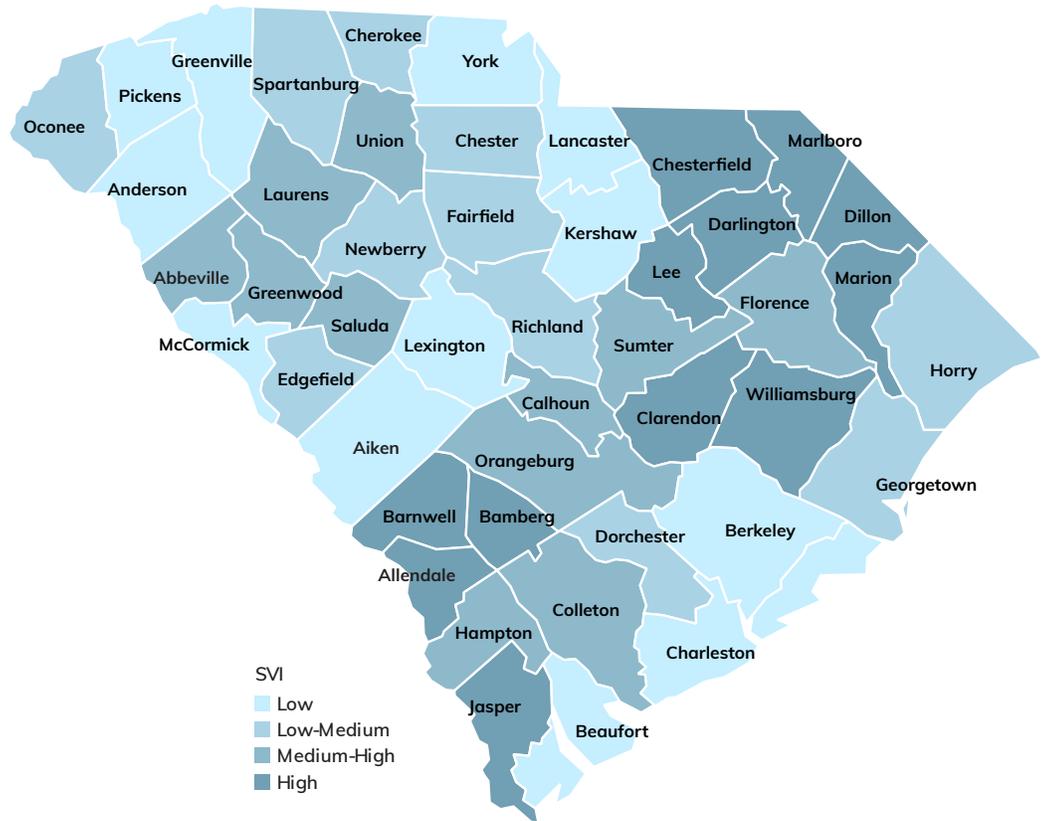
Equity, Justice, and the Environment

Equity and justice also refer to the fair and just opportunity to live, learn, work, and play in a healthy environment. An unhealthy environment due to higher levels of pollution, flooding, or other hazards can lead to poorer health outcomes such as increased asthma or infection. Environmental equity ensures that individuals or communities receive the assistance they need to deal with environmental hazards, natural disasters like hurricanes and disease outbreaks, or human-made events such as pollution regardless of race, color, national origin, or income. Environmental justice is the removal of systemic barriers of environmental inequities by addressing the root cause(s).

Factors such as poverty, lack of access to transportation, and crowded housing weaken a community's ability to prevent human suffering and financial loss during hazardous events. These factors describe a community's social vulnerability. The Social Vulnerability Index (SVI) is a scale that ranks 16 factors related to the socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation of each census tract in the United States. Areas with higher SVI scores are considered more socially vulnerable and may require additional support and resources during public health emergencies to ensure equitable access to health care and other services. In 2020, the highest areas of vulnerability in SC spanned the length of the I-95 interstate from Jasper County to Dillon County and the North Carolina border, commonly called the "Corridor of Shame." Reducing social vulnerability can decrease both human suffering and economic loss.

FIGURE 3

South Carolina Social Vulnerability Index, by County, 2020



Source: CDC, 2022.

Highlighting Health Disparities and Health Inequities

Health disparities refer to differences that impact one’s ability to achieve optimal health, such as race, gender, education, income, sexual orientation, community and physical environment, mental illness, physical or cognitive abilities, and health care access. These differences result in disproportionately higher rates among some population groups in SC of illness and death. Conditions with some of the greatest health disparities are diabetes, maternal mortality, infant mortality, and drug overdoses.

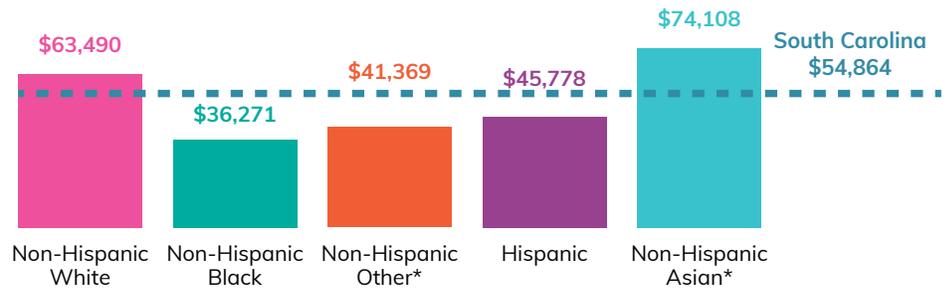
FIGURE 4

Median Household Income, by Race and Ethnicity

Dollars

Source: US Census ACS, 2016-2020.

Note: 5 year estimates. Median income is for past month. *Estimated with high margin of error.



Health disparities lead to health inequities. Common themes of health inequity relate to under-representation of many minority groups during data collection and reporting, variation in life expectancy based on race, ethnicity or geography, and poor mental health or delayed medical care among subgroups of the population. Populations facing health inequities include both rural and urban populations specifically low socioeconomic status populations, people experiencing homelessness, individuals with disabilities, Indigenous people, Veterans, and LGBTQIA+ communities.

FIGURE 5

Delayed Medical Care due to Cost, by Subpopulation

Percent

Source: SC BRFSS, 2017-2022.

Note: Sexual orientation and gender identity questions only asked 2018-2020. Delayed medical care is "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?" Sexual minority refers to LGBTQIA+ individuals in SC.

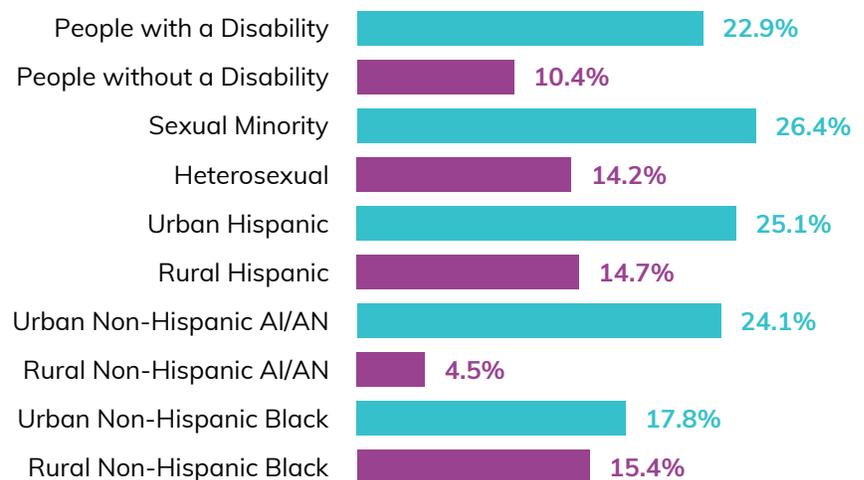


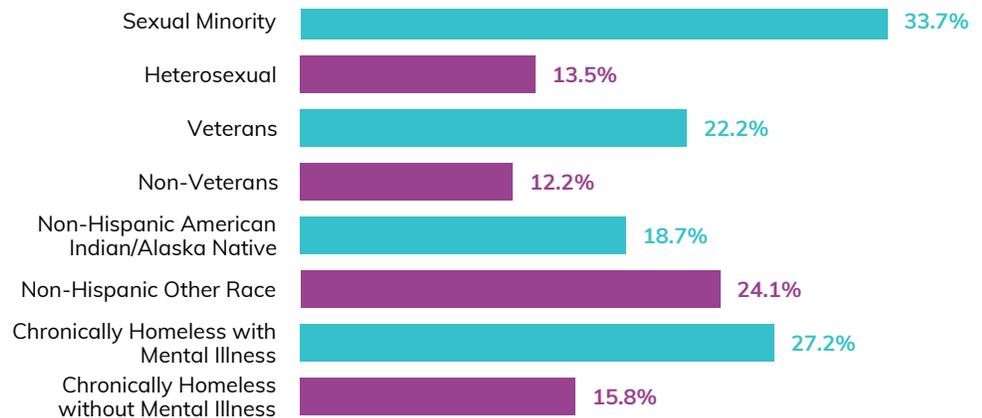
FIGURE 6

Poor Mental Health, by Subpopulation

Percent

Source: SC BRFSS, 2017-2022 & SC ICH, 2022.

Note: Sexual orientation and gender identity questions only asked 2018-2020. Mental health indicator for all groups except the homeless is 14 or more days in the past 30 days when mental health was not good. Sexual minority refers to LGBTQIA+ individuals in SC.



Key Takeaways

- Addressing health disparities is important, not just from an equity standpoint but for improving the state's overall health.
- Diabetes, maternal mortality, infant mortality, and drug overdoses are current crises in public health that disproportionately affect racial and ethnic minorities and socially marginalized people in SC.
- The growth of SC's minority populations, whether racial, ethnic or by gender identity and sexual orientation, requires efforts to collect and report data inclusively to better understand the diversity of communities so that effective interventions can achieve equitable health care and health outcomes.
- Poor mental health or mental illness and delayed medical care due to cost adversely affect diverse populations with diverse needs, including racial and ethnic minorities, LGBTQIA+ people, Veterans, people experiencing chronic homelessness, and people with disabilities.
- By highlighting the specific challenges faced by specific populations, a variety of approaches is needed to achieve equitable health care and health outcomes, including understanding structural and systemic inequities, targeted interventions, stakeholder and community engagement, legislative and policy changes, investment in funding, and training in cultural humility.

Healthy Communities

Neighborhood, Housing, & Employment

20.1% 

of renters suffer from severe cost burden.

This means 50% or more of income is spent on housing and utility costs.

4%

of South Carolina adults were **unemployed as of 2021, lower than national estimates.**



More than 20.0% of adults did not engage in physical activity in 2021.

Environmental

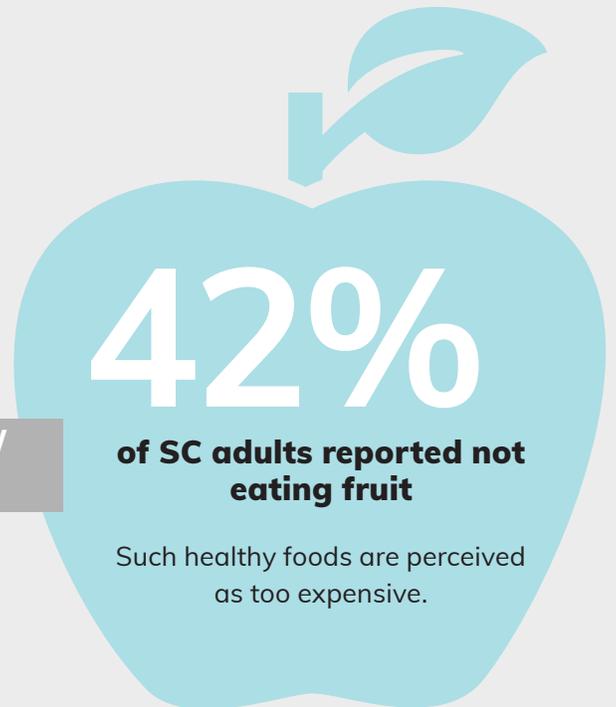


85% of South Carolinians depend on public water systems.

91% of consumers are provided water that meets all water quality standards.

South Carolina's **air is clean**, with most significant pollutants well below national standards.

Healthy Eating / Active Living



42%

of SC adults reported not eating fruit

Such healthy foods are perceived as too expensive.



20.3% didn't eat vegetables



Nearly 1 in 5 Blacks experience **food insecurity**.

Access to Health Care

6th

Highest rate of adults delaying medical care due to cost in the nation

Increases in nurse practitioners since 2009

↑

215%
Urban counties

103%
Rural counties

Hispanics and Blacks see the highest rates of delayed care in SC.



Urban counties have more than **twice as many** primary care physicians per capita than rural counties.

Blacks saw 2.1 times higher rates of avoidable emergency department visits than Whites.



9th

Lowest percent of adults aged 18-64 insured in the nation.

Hispanics see a 25.6% lower rate of being insured.

COVID-19

40%

of South Carolinians are fully vaccinated for COVID-19 as of 2022.

Healthy Communities

A healthy community is one where all residents have equitable access to safe and affordable housing, stable employment, nutritious food, physical activity resources, clean natural resources, and quality health care services. This chapter looks at several areas typically used to measure a community’s “health” and how those areas support positive lifestyles.

Housing costs, job stability, and crime

High rent costs and severe cost burden create a concern that vulnerable populations will sacrifice or delay seeking health care and other important needs in order to pay rent. In 2021, nearly 1 in 3 housing units in South Carolina comprised of renters, and 20.1% of renters suffered from severe renter cost burden, which is defined as households having to spend at least 50% of their income on rent and utilities or not having any income at all.

Job stability provides better financial opportunities for accessing health care, obtaining nutritious food, and addressing mental health needs. Rural populations have seen harsh outcomes from unemployment during the COVID-19 pandemic; however, since 2021, unemployment rates have decreased to 4.0% in South Carolina, which is lower than the national estimates of 5.3%.

People exposed to violent crime experience negative health effects, and neighborhoods with higher crime rates have fewer large grocers, pharmacies and fitness resources, and lower health care utilization rates. While property and violent crime rates have decreased over the past 10 years in South Carolina, certain populations see disproportionately higher rates of crime.

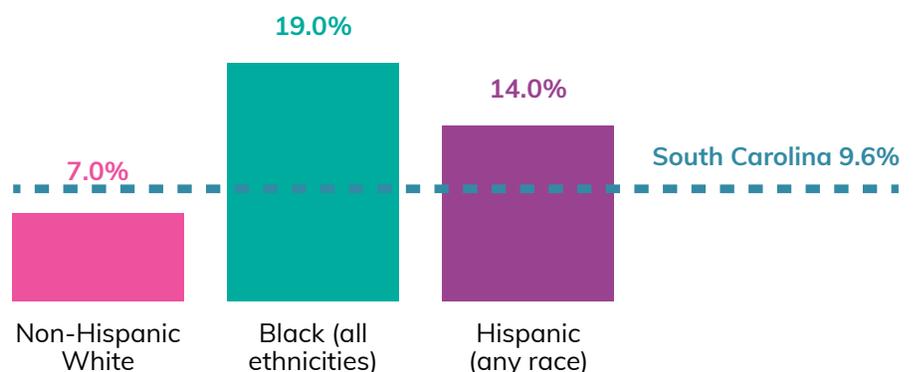
Nutritious food and physical activity

People with low income and rural and vulnerable populations often face barriers to accessing nutritious foods. While South Carolina’s food insecurity rate has decreased in the past 10 years, people who are Black and Hispanic experience higher food insecurity rates than their non-Hispanic White counterparts, and 39 out of 46 counties in the state contain a food desert. Additionally, an estimated 1 in 10 people and 1 in 7 children face hunger in South Carolina.

The Community Health Survey Assessment shows that more than 20% of adults did not engage in any physical activity in 2021. The importance of physical activity can’t be understated, and all South Carolinians, regardless of their race, income, and address, should have access to nutritious food and community resources that support a physically active life.

FIGURE 7

Food Insecurity Rate,
by Race/Ethnicity
Percent



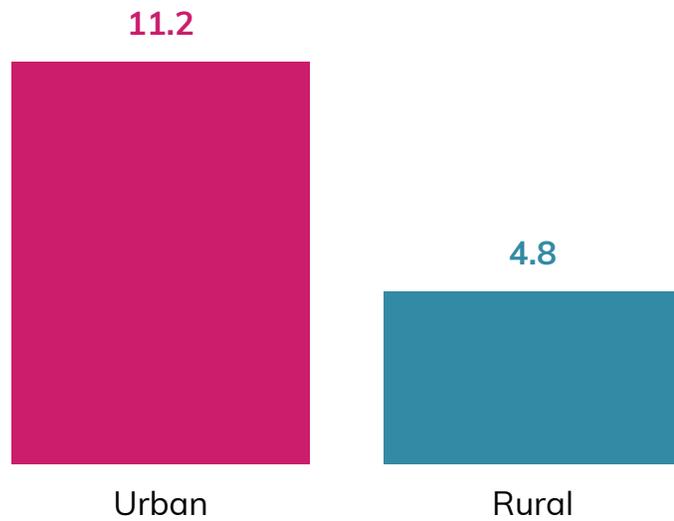
Source: Feeding America Mapping the Meal Gap.

Health care services and costs

In 2020, SC saw the 9th lowest percent of adults aged 18-64 insured in the nation. Having access to health insurance is critical as those who are uninsured or underinsured receive less medical care, less timely care, have worse health outcomes, and are more likely to report problems with paying medical bills. In fact, 11.7% of South Carolinians reported delaying medical care due to cost, with Hispanics seeing the highest rates at 23.1%. Unfortunately, not all South Carolinians have the same equitable access to medical care. There is a large disparity between rates of primary care physicians, nurse practitioners, physician associates and dentists in rural counties and urban counties throughout the state. A shortage of health care workers also creates some limits to accessing care.

FIGURE 8

Primary Care Physicians,
by Rurality
Rate per 10,000 population



Source: SC Office of Health care Workforce Health Professionals Data Book, 2021.

Key Takeaways

- In 2021, nearly 1 in 3 housing units in SC comprised of renters, and 20.1% of renters suffered from severe renter cost burden. Severe renter cost burden creates a concern for vulnerable populations, those at greater risk for poor health status and health care access, having to sacrifice and/or delay health care due to cost.
- While property and violent crime rates have decreased over the past 10 years in SC, certain populations see disproportionately higher rates of crime, including non-Hispanic Black residents and those living in rural areas.
- With an increasing workforce, it's important that SC workers have employment stability, including health care coverage, parental leave, and paid days off.
- The top three reasons that prevent people from eating healthy foods were price, not knowing how to eat healthy foods, and eating fast food regularly.
- The top three reasons that prevent their community from being physically active were personal choice, not enough sidewalks or bike lanes, and safety.
- The percent of adults ages 18-64 who are insured in SC has increased from 76.5% in 2011 to 84.6% in 2020.
- South Carolina has the 6th-highest rate of delayed medical care due to cost.
- In regard to mental health, more than 25% of SC counties are lacking licensed general psychiatrists or psychologists, with rural counties seeing largest gaps.
- South Carolina has met national Healthy People 2030 goals for low transmission levels of certain infectious diseases in hospitals.

Healthy Mothers and Infants

Infant Mortality



In 2021, the infant mortality rate for SC was 7.3 deaths per 1,000 live births, which exceeds the Healthy People 2030 target of 5.0.

Preconception Health

35.6%

of women were at a healthy weight prior to pregnancy.

Fewer women in SC were at a healthy weight compared to other states, and the rate got worse between 2017 and 2021.



Per 1,000 live births, Black infants die at a rate nearly 2.5 times that of White infants.

Non-Hispanic Black and **non-Hispanic Other** mothers reported the highest rate of **hypertension** before pregnancy.



Pregnancy Intention

non-Hispanic Black women

Women less than 20 years of age



Preterm Births



Black mothers have the highest prevalence of preterm birth.

Behavioral Health



Prevalence of depression during pregnancy increased.



6.5% of SC women surveyed from 2019-2021 reported **prescription opioid use during pregnancy**.

Maternal Mortality

1,205 women died

in US from pregnancy complications in 2021.

36.9
Pregnancy-related mortality rate in SC was 36.9 deaths per 100,000 live births from 2018-2019.

Top five underlying causes of pregnancy-related mortality in SC:

- 1** Cardiomyopathy
- 2** Mental and behavioral health conditions, such as depression and substance use
- 3** Hemorrhage
- 4** Cardiovascular conditions
- 5** Infections

Low Birthweight



Babies of **non-Hispanic Black** mothers have the highest prevalence of low birthweight births, at 15.4%.

Pregnancy Health

81.4%
White



63.1%
Hispanic

The percentage of mothers receiving **adequate prenatal care** was highest among non-Hispanic Whites (**81.4%**) and lowest among Hispanics (**63.1%**).



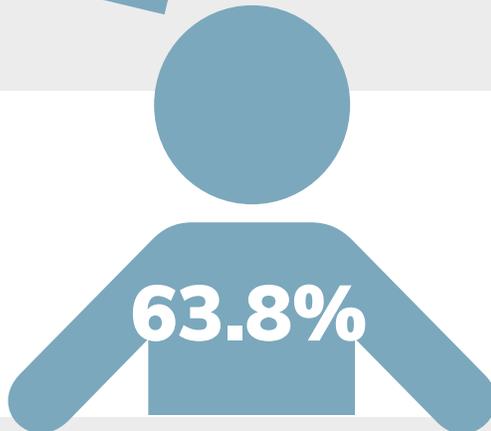
Non-Hispanic Black Women 67% Higher

The rate of pregnancy-related mortality among **non-Hispanic Black women** in SC was 67% higher than White women.



Safe Sleep

Non-Hispanic Black mothers report the lowest rate of placing their infants to sleep on their back (63.8%).



Healthy Mothers and Infants

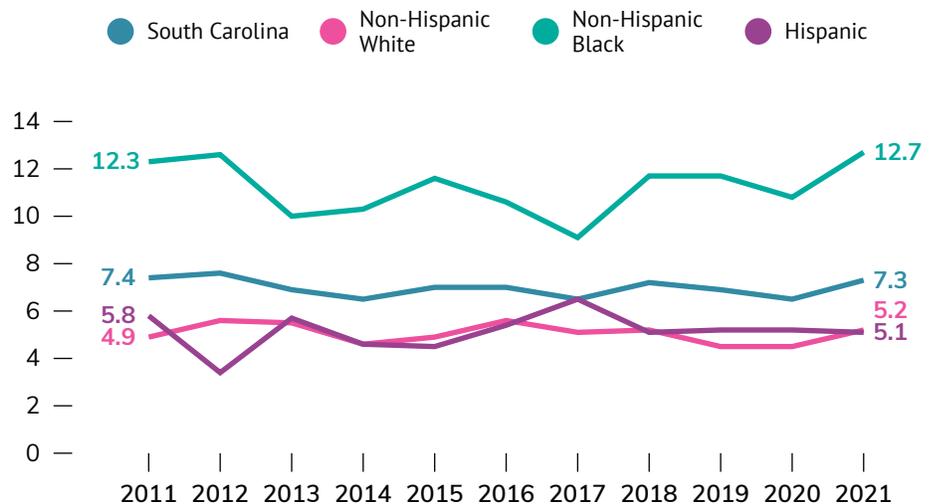
Improving the health and well-being of SC mothers and infants is an important public health goal as many deaths among this population can be prevented through access to quality health care, education, and nutrition before, during, and after pregnancy. Importantly, large racial and ethnic disparities exist in the rates of maternal and infant mortality. Minority populations in SC are experiencing worse preconception, pregnancy, and infant health compared to their non-Hispanic White counterparts, highlighting the need to reduce these disparities and ensure all mothers and infants in our state are healthy.

Infant Mortality

Multiple factors contribute to infant mortality, including birth defects, preterm birth and low birthweight, sudden infant death syndrome (SIDS), injuries, and maternal complications during pregnancy. In 2021, the infant mortality rate for SC was 7.3 deaths per 1,000 live births, higher than the national Healthy People 2030 target of 5.0 deaths per 1,000 live births. Notably, there exists a significant disparity in infant mortality in SC, with non-Hispanic Black women experiencing 2.4 times the rate of infant mortality compared to non-Hispanic White women in 2021.

FIGURE 9

Infant Mortality, by
Maternal Race/Ethnicity
Rate per 1,000 live births



Source: SC DHEC Vital Statistics.

Maternal Mortality

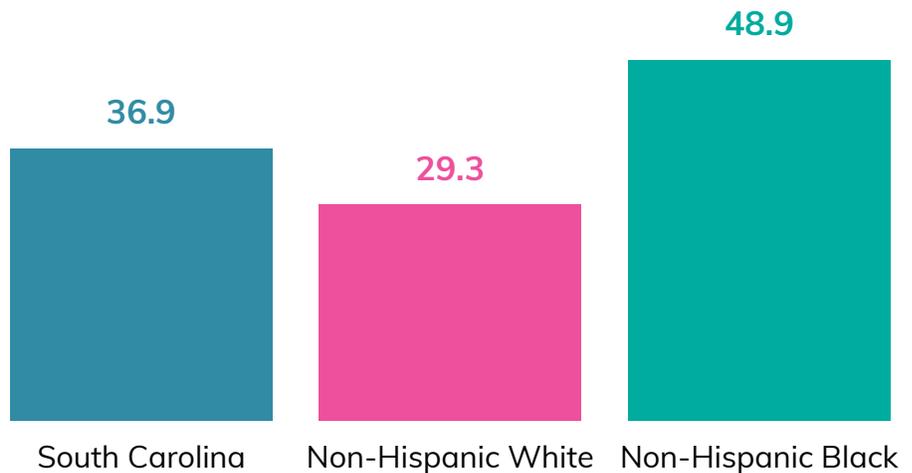
The pregnancy-related mortality rate in SC between 2018 and 2019 was 36.9 deaths per 100,000 live births. Additionally, important racial and ethnic disparities exist in SC; non-Hispanic Black women had a pregnancy-related mortality rate of 48.9 deaths per 100,000 live births, which was 67% higher than their non-Hispanic White counterparts who experienced a rate of 29.3 deaths per 100,000 live births.

FIGURE 10

Pregnancy-Related Mortality, by Race/Ethnicity Rate per 100,000 live births

Source: SC Maternal Morbidity and Mortality Review Committee Legislative Brief, 2023. 2018 and 2019 Pregnancy-Related deaths.

Note: A pregnancy-related death is defined as the death of a woman while pregnant or within one year of the end of pregnancy from any cause related to or aggravated by the pregnancy. Excludes cases under review.



Efforts must be made to fix the underlying factors contributing to pregnancy-related mortality, especially among minorities. This can include ensuring minorities have access to quality prenatal care and communicating to minority populations how critical it is for pregnant people and newborns to receive routine medical checkups.

Maternal Health

Maintaining good physical and mental health before, during, and after pregnancy is crucial in preventing maternal and infant mortality. An important aspect of preconception health is maintaining a healthy weight before pregnancy. Unhealthy weight prior to pregnancy is linked to poor pregnancy outcomes, including high blood pressure and gestational diabetes in mothers, as well as stillbirths and preterm births in infants. In SC, less women have a healthy weight prior to pregnancy compared to their US counterparts and non-Hispanic Black women in SC had the lowest rate of having a healthy pre-pregnancy weight. Additionally, making sure medical conditions such as hypertension (high blood pressure) are being treated and under control is a highly important aspect of preconception health. In SC, minorities and older women report the highest rates of pre-pregnancy hypertension.

Preconception health is important for all women, whether they are planning for a pregnancy or not. Preparing for pregnancy is an important step towards the healthiest pregnancy possible as women who have unintended pregnancies are more likely to delay getting health care during pregnancy. In SC, the rate of unintended pregnancies has decreased, but non-Hispanic Black and younger women still report high rates of unintended pregnancies. Additionally, the birth rate per 1,000 women 15-44 has gradually decreased and these decreases can be attributed to lifestyle and economic factors such as postponement of marriage and childbearing to older age, lower economic prosperity, and affordability of childcare.

During pregnancy, receiving early and regular prenatal care is critical to monitoring and maintaining maternal and fetal health. In SC in 2021, the percentage of mothers who received adequate prenatal care was 74.3%, about 6% below the national Healthy People 2030 goal, and this was lowest among Hispanic mothers in SC. Barriers to receiving adequate prenatal care include financial factors, social attitudes, and lack of knowledge. Receiving adequate care during pregnancy is important to monitor conditions such as gestational diabetes as this can have long-term impacts on both the mother and the baby. In 2021, 7.1% of mothers reported having gestational diabetes and this was highest among minority populations. Oral health is also important during pregnancy as pregnant women are more prone to dental issues that can lead to poor pregnancy outcomes. However, the prevalence of getting their teeth cleaned during pregnancy was lowest among Hispanic mothers.

Mental health conditions, including substance use, are one of the leading causes of pregnancy-related deaths in the country and in SC. Being mentally healthy is an important part of planning for pregnancy; however, mental health conditions such as depression are common among women of reproductive age before, during and after pregnancy. Women of all ages, whether they are planning on being pregnant or not, should talk to their health care provider about counseling or other treatments if they think they may suffer from depression or other mental health conditions. The prevalence of depression and substance use problems was highest among non-Hispanic White women of childbearing age in SC, while the prevalence of prescription opioid use during pregnancy was highest among non-Hispanic Black mothers.

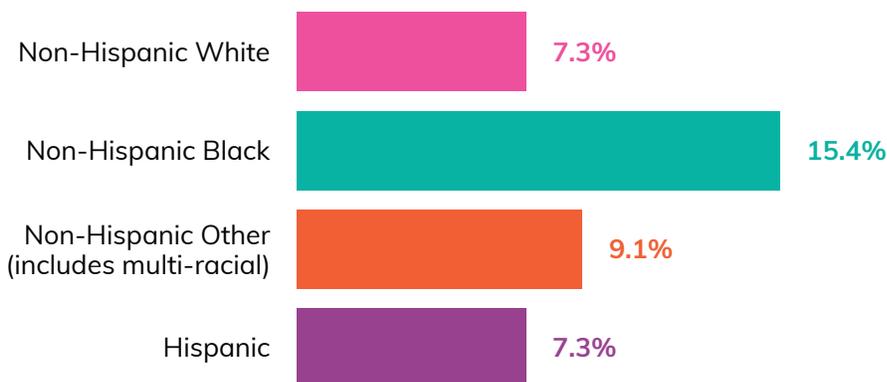
Infant Health

Many factors can negatively affect infant health and increase the risk of infant mortality. One of these factors is being born too early. Preterm births, or a live birth before 37 weeks of pregnancy, can increase the risk of infection, breathing or feeding challenges, and disability such as hearing and vision problems. In SC, the rate of preterm births was higher than in the US and important disparities exist with higher rates among older and non-Hispanic Black mothers.

In addition to preterm births, being born of low birth weight (less than 2,500 grams), also increases the risk of infant mortality, developmental delays in childhood, and disease in adulthood. Being born low birthweight can severely impact infant health by causing conditions such as breathing problems at birth, decreased ability to maintain an appropriate body temperature, infection, difficulty feeding and weight gain, digestive and nervous system issues, and increased risk of SIDS. SC has higher rates of low birthweight births compared to the US and this is highest among non-Hispanic Black and older mothers.

FIGURE 11

Low Birthweight, by
Maternal Race/Ethnicity
Percent



Source: SC DHEC Vital Statistics, 2017-2021.

Note: population for year 2021 based on single-race estimates and for years prior based on bridge-race estimates.

In addition to preterm births and babies born with a low birthweight, birth defects, and SIDS can also increase the risk of infant mortality. In SC, the greatest burden of birth defects is from malformations of the cardiovascular system. Effective ways to reduce the risk for development of birth defects are to take folic acid before and during pregnancy, maintaining a healthy lifestyle, and avoiding behaviors and substances that could potentially be harmful to the baby. Adequate prenatal care can also help with early detection and diagnosis to improve outcomes for infants with birth defects. Safe sleep is the practice of putting infants to sleep in a protective way to avoid adverse events such as infant mortality from choking, suffocation, and SIDS. In SC, the proportion of infants who are put to sleep exclusively on their backs is lower than in the US and important disparities exist with non-Hispanic Black and younger mothers having the lowest rates in SC.

Lastly, breastfeeding and practicing safe sleep are two important steps new parents can take to support their baby's health. The benefits of breastfeeding include increased intellectual and motor development, and reduced risk of infection, SIDS, and chronic diseases. However, important disparities exist, with non-Hispanic Black and younger mothers having the lowest rates of breastfeeding initiation in SC.



Key Takeaways

- South Carolina's infant mortality rate of 7.3 deaths per 1,000 live births exceeds the national Healthy People 2030 target of 5.0 deaths per 1,000 live births, and there is a significant disparity in infant mortality between non-Hispanic White infants and non-Hispanic Black infants.
- Non-Hispanic Black women had a pregnancy-related mortality rate of 48.9 deaths per 100,000 live births, which was 67% higher than their non-Hispanic White counterparts.
- Maintaining good physical and mental health before, during, and after pregnancy is crucial in preventing maternal and infant mortality.
- Many factors can negatively affect infant health and increase the risk of infant mortality, including preterm and low birthweight births, birth defects, not following safe sleep practices, and not initiating breastfeeding.

Injuries

78%



In 2021, SC's pediatric firearm-related death rate was 78% higher than the national rate.

Drowning

A leading cause of injury related death for SC children 1-14

35.3%



of unintentional **firearm deaths**, the shooter was playing with the gun when it discharged.

Motor Vehicle Crashes (MVC)

Among SC children, those aged 15 to 17 died from a MVC more than 5 times the rate of children ages 1 to 14.



From 2017-2021, the rate of suicide was highest among non-Hispanic White males 10-17 (11.5 per 100,000).



From 2017-2021, SC male children ages 15 to 17 had the highest rate of Traumatic Brain Injury (TBI) deaths.

Nutrition, Physical Activity and Obesity

Chronic Disease

From 2016 through 2020, **Black males** had the highest mortality rate from all pediatric cancers, despite having a lower incidence rate than both **White males** and **White females**.

Immunizations



In the last decade, the number of students whose parents claim religious exemptions to vaccinations has increased significantly.

Spartanburg and **Greenville** counties have the highest rates of religious exemptions.

12%



of SC high school students **didn't eat fruits and vegetables**, and

only 1 in 5 was physically active in 2019.

Obesity is rising among SC children 10-17.

Leading Causes of Death and Hospitalizations

Leading causes of hospitalizations



Ages 1-4 years
Acute bronchiolitis



Ages 5-14 years
Encounter for other aftercare



Ages 15-17 years
Major depressive disorder

Unintentional injuries were the leading cause of death for children and adolescents. This surpasses the combined occurrence of the subsequent three leading causes.

34% – Unintentional Injuries

33.6% – Homicide/Suicide/Cancer

Behavioral Health

Youth aged 12-17 reporting a major depressive episode in the last year increased to 13.2% in 2016-2019 from 8.6% in 2004-2007 .



23.1%

9th-12th graders reported drinking alcohol in the last month in 2019 (which was lower than the national rate).



The **Hispanic** population has the highest rate of teen births (36.4 per 1,000 females) followed by the **non-Hispanic Black** population (27.5 per 1,000).

Healthy Schools

COVID Impact

K-5 readiness declined in two of the school years affected by the pandemic.

Graduation Rates

Asian/Pacific Islander students have the highest rates of graduation, followed by **White, Hispanic,** and **Black** students.



Pregnancy

A leading reason why adolescent girls leave school.

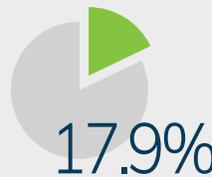


Use of e-cigarettes/vapes has increased among SC youth, while cigarette smoking has declined.



Overall cigarette smoking rates among SC youth have declined.

17.9% of students in grades 9 through 12 reported using marijuana in the past month in 2019. This is lower than the national prevalence rate of 21.7%



Healthy Children and Adolescents

Childhood and adolescence are important times for promoting health and preventing disease. These periods encompass important physical, social, emotional, and intellectual changes. It is important to understand the risks and protective factors affecting these populations to promote their health and wellbeing across all domains such as injuries and injury-related deaths, nutrition and physical activity, behavioral health, chronic disease, and school health.

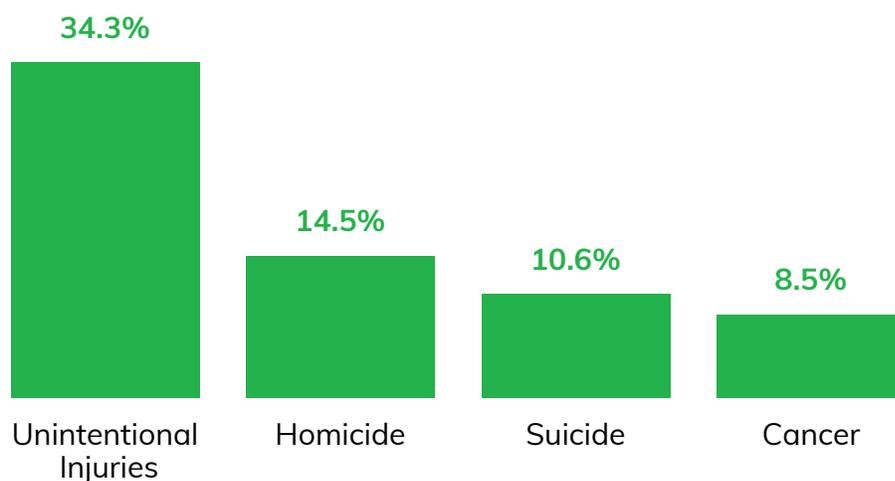
Leading Causes of Hospitalizations and Deaths

The leading cause of hospitalizations in SC varies by age, with those aged 1-4 years being hospitalized due to acute bronchiolitis, those 5-9 and 10-14 years due to encounter for other aftercare, and those 15-17 years due to major depressive disorder. Among individuals aged 1-17 years, unintentional injuries were the leading cause of death with a rate of 34.3 per 100,000 population.

FIGURE 12

Leading Causes of Death in Children, Aged 1-17

Percent



Source: SC Vital Statistics, 2017-2021.

Note: population for year 2021 based on single-race estimates and for years prior based on bridge-race estimates.

Injuries and Injury Related Deaths

From 2017-2021, SC children ages 1 to 4 had the highest rate of unintentional drowning mortality among children 1-17. Unlike drownings, which are more common among younger children, motor vehicle crash (MVC) deaths are most common among older children. Children in SC ages 15 to 17 died from a MVC more than 5 times the rate of children ages 1 to 14. Non-Hispanic Black and male adolescents 15-17 had higher rates of MVC mortality.

In SC, homicide rates among children 1-17 in 2021 were almost double the national rate. Homicides among young children 1-4 with known circumstances were directly related to or precipitated by caretaker abuse or neglect. From 2017-2021, SC non-Hispanic Black males had the highest homicide rate among children ages 1 to 17. From 2017-2021, the majority of homicides among SC children ages 10 to 14 (92.9%) and ages 15 to 17 (97.2%) were by firearms.

Suicides among young people continue to be a serious problem. In SC, from 2017-2021, non-Hispanic White male children 10-17 had the highest suicide rates.

Injuries and Injury Related Deaths

SC's pediatric firearm-related death rate was 78% higher than the national rate. Additionally, from 2017-2021, 61% of firearm-related deaths in SC children ages 1 to 17 were homicides, 30% were suicides, and 9% were unintentional injury deaths. Male children are disproportionately affected by firearms. In more than one-third (35.3%) of these unintentional firearm deaths, the shooter was playing with the gun when it discharged.

Traumatic brain injuries (TBI) can have serious implications on children's developing brain, creating lifetime challenges. From 2017-2021, SC male children ages 15 to 17 had the highest rate of TBI deaths. In SC, falls are the leading cause of nonfatal TBI ED visits among children 1 to 9, and among children 10 to 17, the leading cause are events where the person is struck by or against someone/something.

Healthy Children

Children today face the prospect of growing up less healthy and living shorter lives than their parents. Establishing healthy trajectories during childhood has the greatest overall return on investment. According to SC FitnessGram data, 2 in 5 (42%) SC public school students ages 5 to 18 are overweight or obese and over half (57%) are not meeting minimum standards for heart and lung health. Black females and students living in poverty have the lowest rates of meeting fitness standards. Access to nutritious foods and physical activity have a major impact on the health, well-being, and quality of life of those living in SC. However, 12% of SC high school students are not eating fruits and vegetables and only 1 of 5 are physically active as of 2019.

Exposure to lead can seriously harm a child's health, including damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. In SC, the rate of children tested with confirmed elevated blood lead levels decreased from 6.8 in 2017 to 5.3 in 2020.

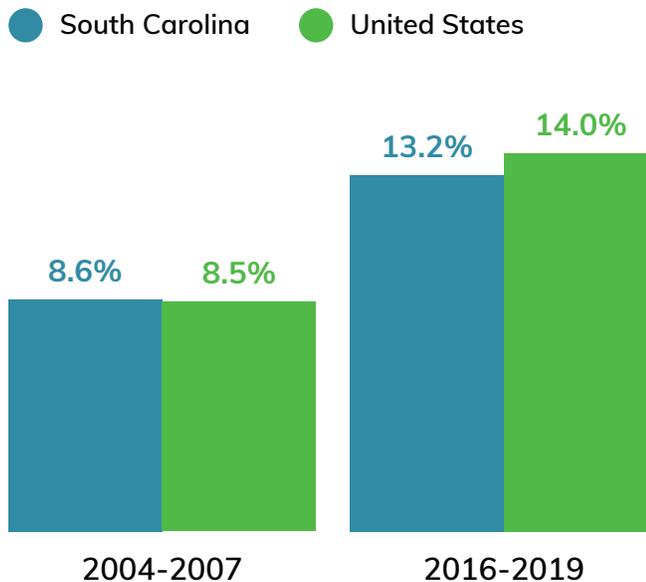
Important disparities exist in oral health among children; according to SC Medicaid billing data, the percentage of children and adolescents aged 5 to 19 years with untreated tooth decay is twice as high for those from low income families (25%) compared with children from higher-income households (11%). The prevalence of tooth decay is higher among racial and ethnic minorities, primarily among Hispanic children (54%)

Behavioral Health in Children

Over 1 in 10 youth in the US experience depression that severely impairs their ability to function at school or work, at home, with family, or in their social life. In SC, similar to the US, the percentage of youth aged 12-17 who reported a major depressive episode in the past year increased from 8.6% between 2004-2007 to 13.2% between 2016-2019.

FIGURE 13

Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in South Carolina
Percent



Source: Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2004–2007 and 2016–2019.

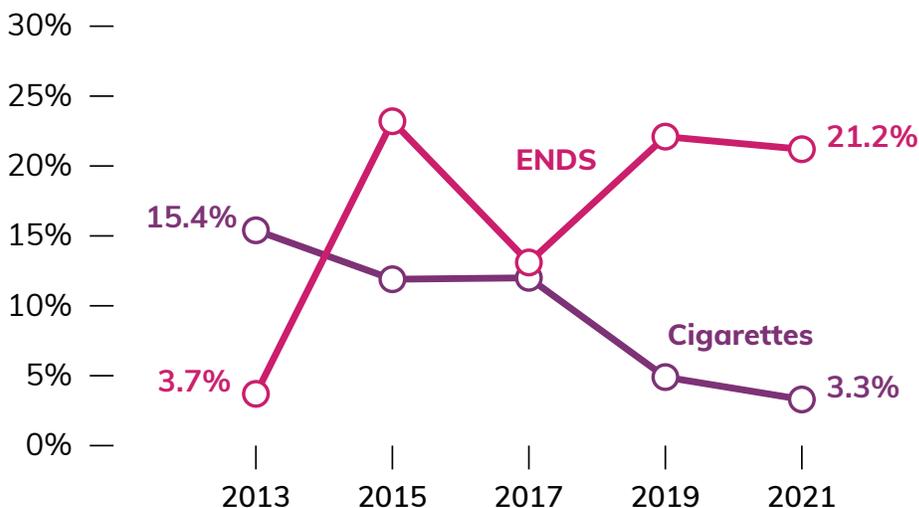
As the most commonly used substance among youth in the US, addressing adolescent alcohol use is a major public health concern. The use of alcohol could affect adolescents’ growth and brain development, including life-long effects such as memory problems and alcohol use disorder. In SC, 23.1% of students grades 9 through 12 reported alcohol use in the last month in 2019, and this was highest among male and non-Hispanic White students.

Adolescent use of marijuana is at an all-time high. This poses serious risks to youth as marijuana can harm a developing brain and has the potential for addiction. Adolescent use is also associated with increased risk of mental health issues—including risk for later depression and neurodevelopmental decline—and school performance, including increased school drop-out rates. In SC, 17.9% of students grades 9 through 12 reported using marijuana in the past month in 2019, and this was highest among racial and ethnic minorities and older students.

The use of commercial tobacco products starts and is primarily established during adolescence. According to the SC Adult Tobacco Survey, the majority of adult smokers in SC smoked their first cigarette before the age of 18. Trend data show a decline in overall cigarette smoking rates among SC youth; however, use of Electronic Nicotine Delivery System devices (ENDS) like e-cigarettes/vapes has increased.

FIGURE 14

Current Smoking and Vaping among SC Youth
Percent



Source: SC Youth Tobacco Survey.

Note: ENDS = Electronic Nicotine Delivery System devices.

Bullying can result in physical injury, social and emotional distress, self-harm, and even death. In SC, the proportion of students reporting being in a physical fight in the last 12 months decreased from 25.8% in 2015 to 21.9% in 2019, but this is still higher than the Healthy People 2030 goal of 20.9%. Additionally, in 2019, the prevalence of being in a physical fight in the last year was highest among non-Hispanic Black (30.2%) and Hispanic (29%) high school students.

Teen pregnancy can have short- and long-term negative consequences for teen parents and their children. In SC, the teen birth rate has decreased from 21.7 births per 1,000 females in 2017 to 18.3 births per 1,000 females in 2021. Additionally, important racial and ethnic disparities exist in SC's teen birth rate, with the Hispanic population having the largest rate of teen births followed by the non-Hispanic Black population.

Adverse childhood experiences (ACEs) are traumatic events that occur before a child reaches the age of 18. The more ACEs a child experiences, the more likely they are to suffer from chronic diseases such as heart disease and diabetes later in life. In SC, 40.8% of children have experienced at least one ACE and 19.4% have experienced two or more ACEs, with the prevalence of experiencing at least one or two or more ACEs increasing with age.

The top 5 occurring pediatric cancers for both the US and SC are leukemias, central nervous system cancers, lymphomas, melanomas, and soft tissue cancers, respectively. Pediatric cancer incidence rates of each of these 5 cancers are lower in SC as compared to the US incidence rates. In SC there are roughly 207 pediatric cancer cases and 32 pediatric cancer deaths per year.

In SC, the prevalence of lifetime childhood asthma in 2020 was 11.2%, and this was highest among non-Hispanic Black children (15.2%) and Hispanic children (15.8%). Poor sleep and asthma places a significant economic burden on the US, with a total cost of asthma, including costs incurred by absenteeism and mortality, of \$81.9 billion in 2013

Immunizations

The rise in parental refusal of immunizations over the last several years is a worrying trend because vaccine-preventable diseases (VPD) can still pose a threat, especially among under-immunized populations. The last 10 school years have seen a significant increase of 12,000 students whose parents completed religious exemptions rather than having their child vaccinated against VPDs.

Healthy Schools

In SC, data shows a decline in K-5 readiness between the 2018-2019 and 2020-2021 school years; however, two of these were school years impacted by the COVID-19 pandemic. The overall readiness for SC children for the 2018-2019 school year was 37.2% and this declined to 26.8% for the 2020-2021 school year.

Education is one of the greatest predictors of health. Understanding the complex and vast reasons why young students drop out of high school can inform policy and advocacy and target its use. In SC the overall dropout rate, or the rate of students who drop out from school during a calendar year while enrolled in grades 9-12, was 2.4% in 2020-2021, and this was highest among male students.

Many of the reasons why achieving a high school graduation can contribute to good health are obvious. Higher levels of education can lead to better jobs, higher income, further education, health insurance and funds to pay for healthcare, ability to live in safer neighborhoods with green spaces for play and exercise and access to healthy foods. In SC, students without a disability and Asian/Pacific Islander students have higher rates of graduation.



Key Takeaways

- Unintentional injuries were the leading cause of death among individuals aged 1-17 years.
- South Carolina's homicide rate among children 1-17 was almost double the national rate in 2021 and non-Hispanic black male children in are disproportionately affected by homicides.
- From 2017-2021, non-Hispanic White males had the highest suicide rates (11.5 suicides per 100,000 population)
- South Carolina's pediatric firearm-related death rate is 78% higher than the national rate in 2021.
- South Carolina male children ages 15 to 19 have the highest rate of traumatic brain injury deaths.
- According to SC FitnessGram data, 2 in 5 (42%) SC public school students ages 5 to 18 are overweight or obese and over half (57%) are not meeting minimum standards for heart and lung health.
- In SC, the percentage of youth aged 12-17 who reported a major depressive episode in the past year increased from 8.6% between 2004-2007 to 13.2% between 2016-2019.
- Trend data show a decline in overall cigarette smoking rates among SC youth but increase in use of Electronic Nicotine Delivery System devices (ENDS) like e-cigarettes/vapes.
- The teen birth rate in SC was 31% higher than the national rate in 2021.
- The last 10 school years have seen a significant increase in parents completing religious exemptions rather than having their child vaccinated against vaccine-preventable diseases, especially in the Upstate Region.
- In SC, the data demonstrates a decline in K-5 readiness over the three school years examined, two of which were school years impacted by the COVID-19 pandemic.
- The percent of children and youth with special health care needs has been increasing in SC over the past five years, from 20.4% in 2016-2017 to 23.7% in 2020-2021, with the most notable increases seen among Hispanic children (12.1% in 2016-2017 to 21.7% in 2020-2021).

Healthy Adults

Chronic Conditions



One-third of adults in SC have **high blood pressure**.



Non-Hispanic Black men die from diabetes 2 times more often than **non-Hispanic White men**.

#1

cause of death was heart disease for all ages in SC.



One-third of adults in South Carolina had at least two chronic conditions.



COVID-19 was the **leading cause of hospitalization** and **2nd-leading cause of death** for adults aged 18-64 in 2021.

13th

SC had the **13th-highest prevalence of obesity** among adults in the US

Cancer

Non-Hispanic Black women get screened for breast cancer at a higher rate, but have a higher mortality rate than **non-Hispanic White women**.



Prostate Cancer Mortality

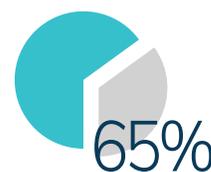
More than two times higher among **non-Hispanic Black men** than **non-Hispanic White men**.

Infectious Diseases

Sexually Transmitted Infections continue to rise



Blacks make up 27% of SC population...



...but 65% of the HIV-positive population.

Mental Health

Adults with a disability were **nearly 3 times** as likely to report 14 or more poor mental health days, compared to adults without a disability.



Depressive disorders were more prevalent among those with lower incomes.

Smoking

Adult cigarette smoking decreased in 2021



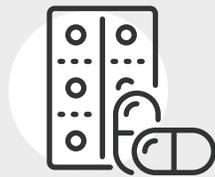
Adult cigarette smoking decreased from 2012 to 2021. It was highest among **American Indian** or **Alaskan Native** adults compared to other racial and ethnic groups.

Behavioral Health

Opioid overdoses account for

80%
of all overdose deaths in SC.

The number of **deaths** involving **synthetic opioids** in the last three years has **tripled**.



Injury

↑
68%

Increase in the rate of injury deaths in SC since 2012.

Death by firearms increased **nearly 50%** from 2012 to 2021.



Oral Health



Regular dental visits are especially important to adults with a chronic disease.

Healthy Adults

In gauging the health of a population, it is critical to know how people fare as they age. This chapter explores the health of adults in SC, including leading causes of death and hospitalizations, chronic conditions, and risk factors. Capturing trends related to adult health status and understanding the health risks that population faces can help identify the challenges across the population and build an effective plan to improve health for all.

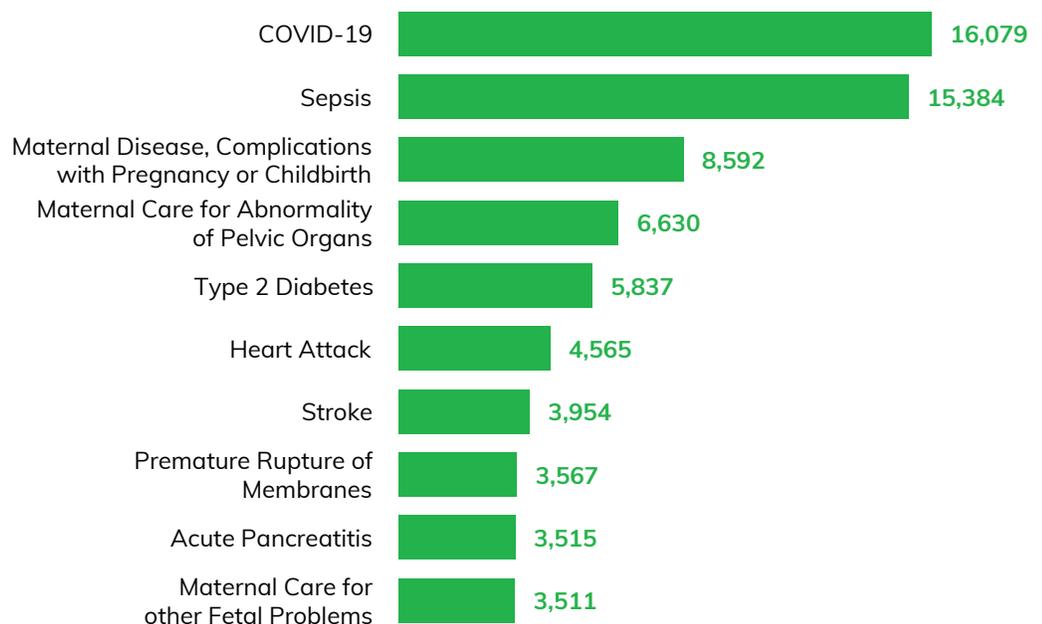
Leading Causes of Hospitalizations and Deaths

Identifying the most frequent conditions that require patients to be admitted to the hospital can help improve health care. Knowing the leading causes of death can reveal the need to address epidemics and lead to understanding how preventive measures may help people live longer, healthier lives. In 2021, COVID-19 was the leading cause of hospitalization and 2nd-leading cause of death among adults 18-64.

FIGURE 15

Leading Causes of Hospitalizations, Aged 18-64 Years

Number



Source: SC RFA, 2021.

Note: Federal fiscal year.

TABLE 3

Leading Causes of Death, by Age Group

Ages 18-24

Cause of Death	Number
Unintentional Injuries	333
Homicide	145
Suicide	102
COVID-19	28
Cancer	15
Heart Disease	11
Congenital Malformation	5
Diabetes	5
All Deaths	723

Ages 25-34

Cause of Death	Number
Unintentional Injuries	818
Homicide	195
Suicide	134
COVID-19	119
Heart Disease	87
Cancer	55
Chronic Liver Disease And Cirrhosis	30
Diabetes	28
Pregnancy , Childbirth And The Puerperium	20
HIV	19
All Deaths	1,706

Ages 35-44

Cause of Death	Number
Unintentional Injuries	746
COVID-19	353
Heart Disease	288
Cancer	199
Suicide	122
Chronic Liver Disease And Cirrhosis	109
Homicide	103
Stroke	59
Diabetes	58
Kidney Disease	33
All Deaths	2,509

Ages 45-54

Cause of Death	Number
COVID-19	858
Heart Disease	729
Unintentional Injuries	704
Cancer	606
Chronic Liver Disease And Cirrhosis	203
Suicide	136
Diabetes	131
Stroke	125
Chronic Lower Respiratory Disease	72
Kidney Disease	62
All Deaths	4,532

TABLE 3 CONTINUED

Leading Causes of Death, by Age Group

Ages 55-64

Cause of Death	Number
Heart Disease	2,018
Disease Of Heart	1,830
COVID-19	1,628
Unintentional Injuries	658
Chronic Lower Respiratory Disease	423
Diabetes	347
Chronic Liver Disease And Cirrhosis	341
Stroke	298
Septicemia	141
Kidney Disease	127
All Deaths	9,651

Ages 18-64

Cause of Death	Number
Unintentional Injuries	3,259
COVID-19	2,986
Heart Disease	2,945
Cancer	2,893
Chronic Liver Disease And Cirrhosis	683
Suicide	597
Diabetes	569
Homicide	552
Chronic Lower Respiratory Disease	525
Stroke	495
All Deaths	19,121

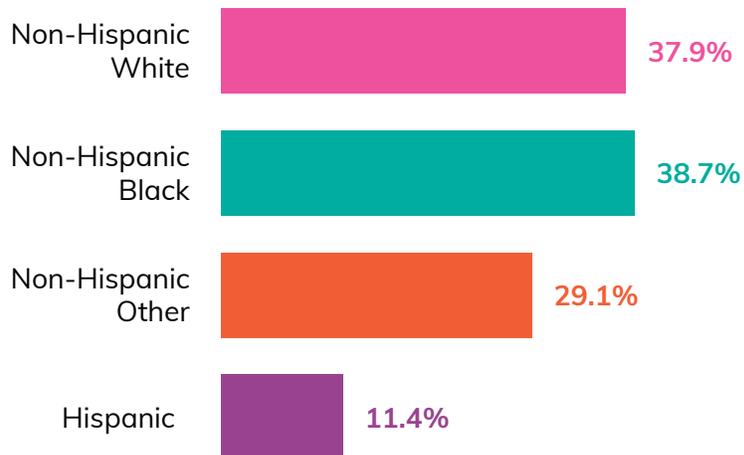
Source: SC DHEC Vital Statistics, 2021.

Chronic Conditions

Access to nutritious foods and physical activity have a major impact on overall health, well-being, and quality of life. Developing policies and creating environments that make healthy choices easier and less expensive supports South Carolinians in preventing costly chronic health conditions, such as obesity, diabetes, and high blood pressure. Chronic diseases include such conditions as asthma, coronary heart disease, diabetes, hypertension, stroke and others. One-third of adults in South Carolina (SC) had at least two chronic conditions in 2021.

FIGURE 16

Multiple Chronic Conditions, by Race/Ethnicity Percent



Source: SC BRFSS, 2021.

Notes: Adults 18+, diagnosed with two or more chronic conditions (asthma, coronary heart disease, diabetes, arthritis, COPD, depression, stroke, heart attack, hypertension).

In 2021, SC had the 13th-highest prevalence of obesity among adults in the US. Over half of non-Hispanic Black females were obese and this prevalence was 57.1% higher than that of non-Hispanic White females in 2021. Hypertension is also known as the “silent killer” because it typically has no symptoms. In 2021, one-third (33.7%) of adults in SC and the US had hypertension (high blood pressure). In SC, American Indian or Alaskan Native, non-Hispanic Black, and non-Hispanic White populations are more likely to have high blood pressure than Hispanic and non-Hispanic Other populations. Heart Disease is the leading cause of death for all ages in SC. Males are more likely to die from heart disease compared to females. SC faces a mounting health challenge with prediabetes, as it is estimated more than 1 million people in SC are affected. The prevalence of adults in SC diagnosed with prediabetes increased by 55% in the last decade, from 6.7% in 2011 to 10.4% in 2021. Diabetes was the 8th-leading cause of death in 2021 with 1,757 deaths in SC. Compared with other racial and ethnic groups, non-Hispanic Blacks are disproportionately burdened with high rates of deaths due to diabetes.

Tobacco Uses

Adult cigarette smoking decreased from 23.1% in 2012 to 15.9% in 2021, with the prevalence being highest among American Indian or Alaskan Native adults (24.3%) compared to other racial and ethnic groups. The counties that struggle most with poverty, unemployment, low educational attainment, and high rates of chronic diseases like lung cancer and diabetes are often the same counties experiencing high rates of tobacco-related deaths.

Oral Health

Tobacco use and diabetes are two risk factors for gum disease. Regular dental visits as an adult, specifically an adult with a chronic disease, is important.

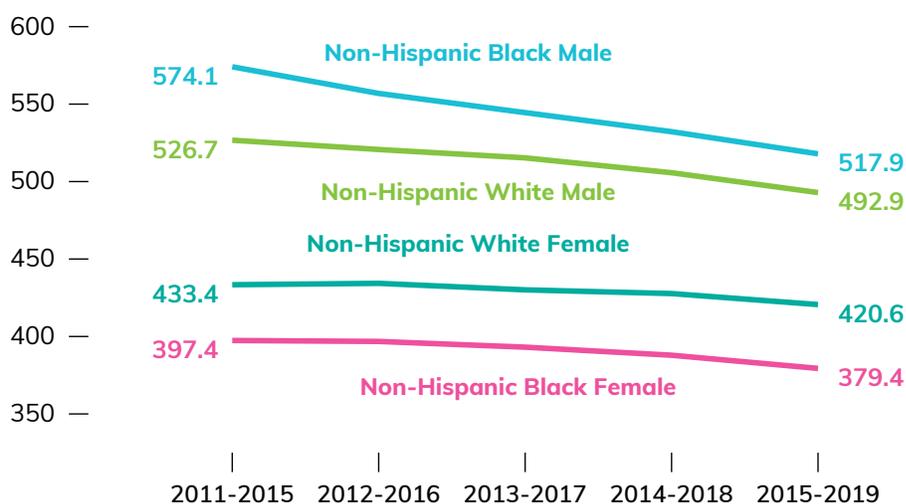
All Cancers

Cancer is the 2nd-leading cause of death among all ages in SC and the US and non-Hispanic Black males assume the highest burden for cancer cases and deaths. Breast cancer is the most common cancer diagnosis for women and SC ranks 7th in the nation for female breast cancer death rate. Non-Hispanic Black women get screened for breast cancer at a higher rate than non-Hispanic White women, yet non-Hispanic Black women die at higher rates. Additionally, non-Hispanic Black women in SC get screened for cervical cancer at a higher rate than non-Hispanic White women, yet non-Hispanic Black women die at higher rates than non-Hispanic White women (+62%).

SC's male lung cancer mortality rate is the 13th highest in the nation and the prostate cancer mortality rate for non-Hispanic Black men is more than twice the prostate cancer mortality rate for non-Hispanic White men. Colorectal cancer is the second leading cause of cancer death and the third most commonly occurring cancer for both men and women.

FIGURE 17

All Cancer Incidence, by Race/Ethnicity and Sex
Rate per 100,000 population



Source: SC DHEC CCR.

Note: Age-adjusted.

Behavioral and Mental Health

Adults with a disability were nearly three times as likely to report 14 or more poor mental health days as compared to adults with a disability. Young, lower-income adults with disability who experience poor mental health in SC would benefit from increased opportunities for community and social engagement and interventions that address trauma and other adverse life events, provide tangible financial and other support and mitigate barriers to care.

Additionally, the use of alcohol and other drugs in adults has increased, particularly during the COVID-19 pandemic. Opioid overdoses account for 80% of all drug overdose deaths in SC and the number of deaths involving synthetic opioids in the last three years has tripled.

Overall Injuries

Injuries, unintentional and intentional, are among the top 10 leading causes of death in the US. The rate of injury deaths in SC has increased by 68% since 2012. For all age groups, SC has higher homicide rates when compared to national averages and non-Hispanic Black males are disproportionately affected by homicide in SC. Males in SC are also more likely to die by suicide than females. Additionally, death by firearms has been on the rise in SC, with a nearly 50% increase from 2012 to 2021.

Unintentional injury deaths have increased sharply for all ages in SC. In 2021, SC ranked sixth in the country for

the highest rate of unintentional injury deaths among adults 18-64. Motor vehicle crashes are the leading cause of injury death for SC adults 20 to 24, and the 2nd-leading cause of injury death for adults 25 and older.

Infectious Diseases

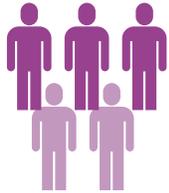
Sexually transmitted infections (STIs) continue to rise in SC. Reported cases of chlamydia have increased annually in SC. From 2012 to 2020 in SC the number of gonorrhea cases increased steadily. The number of syphilis cases diagnosed each year in SC has increased over the past 10 years. In 2020, newly reported chronic hepatitis C infections were most common in the 20-39 and 55-70 age groups. Most people with hepatitis C do not know they are infected.

With the human immunodeficiency virus (HIV), 87% of new HIV cases in SC are linked to people who are not in care or do not know their status. Blacks comprise 27% of SC's population yet make up to 65% of the HIV burden.

Key Takeaways

- In 2021, COVID-19 was the leading cause of hospitalization and 2nd-leading cause of death among adults 18-64.
- One-third of adults in SC had at least two chronic conditions.
- SC had the 13th-highest prevalence of obesity among adults in the US.
- One-third of adults in SC had high blood pressure.
- Heart Disease is the #1 cause of death for all ages in SC.
- Diabetes disparities exist – Non-Hispanic Black adults have a 2.5 times higher death rate than non-Hispanic White adults.
- Regular dental visits as an adult, specifically an adult with a chronic disease, is important.
- Adult cigarette smoking decreased from 23.1% in 2012 to 15.9% in 2021, and the prevalence was highest among American Indian or Alaskan Native adults (24.3%) compared to other racial and ethnic groups in 2021.
- Non-Hispanic Black women get screened for breast cancer at a higher rate than non-Hispanic White women, yet non-Hispanic Black women die at higher rates.
- The prostate cancer mortality rate for non-Hispanic Black men is more than twice the prostate cancer mortality rate for non-Hispanic White men.
- Adults with a disability were nearly three times as likely to report 14 or more poor mental health days as compared to adults without a disability.
- Depressive disorders were more prevalent among residents with lower incomes.
- Opioid overdoses account for 80% of all drug overdose deaths in SC.
- The number of deaths involving synthetic opioids in the last three years has tripled.
- The rate of injury deaths in SC has increased by 68% since 2012.
- Death by firearms has been on the rise in SC, with a nearly 50% increase from 2012 to 2021.
- Sexually transmitted infections continue to rise in SC.
- Blacks comprise 27% of SC's population yet make up to 65% of the HIV burden.

Chronic Conditions



Over 3 in 5 adults 65+ have been diagnosed with two or more **chronic conditions**.

10th

highest rate of **arthritis** in the nation, with more than **1 in 4 adults** being diagnosed.

South Carolina had the

7th Highest

stroke mortality rate in the nation.



Non-Hispanic White women are **26%** more likely to die from Alzheimer's than **non-Hispanic Black women**.

Leading Causes of Death and Hospitalizations



Over **1/2** of deaths among those 65+ were from **heart disease, cancer, and COVID-19**.

Stroke deaths

are almost twice as likely among **non-Hispanic Black men**, compared to **non-Hispanic White men**.

COPD is more deadly for older adults, with those 85+ dying **5.2 times** the rate of those 65-74.



\$15 Billion

More than \$15 billion dollars in medical spending was charged due to hospitalizations among those over 65 in SC.

Injury



1/4 of **unintentional-injury deaths** were among adults 65+. Falls and motor vehicle crashes were leading causes.

81.5% of suicides in adults 65+ were due to firearms.

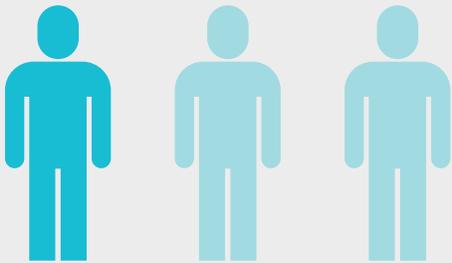
81.5%



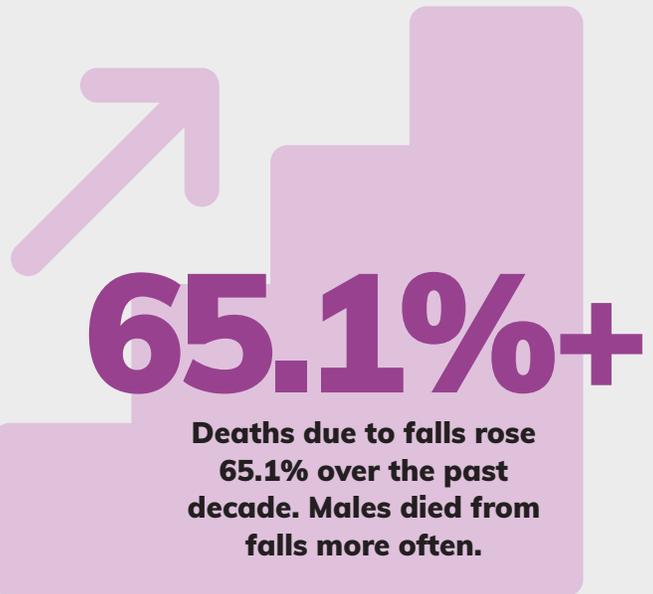
South Carolina sees higher rates of **motor vehicle crash deaths** when compared to the nation.



Elder Abuse



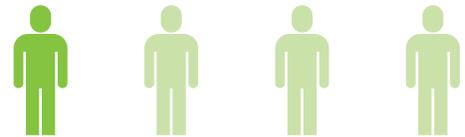
1 in 3 adult protective service investigations were due to actual **self-neglect**.



Deaths due to falls rose 65.1% over the past decade. Males died from falls more often.

Caregiver and Caregiver Health

1 in 4 adults report providing regular care to a family member or friend, with household tasks being the primary type of care.



Immunizations



Non-Hispanic Whites report getting **regular vaccines** more often than **non-Hispanic Black** individuals.

Healthy Aging

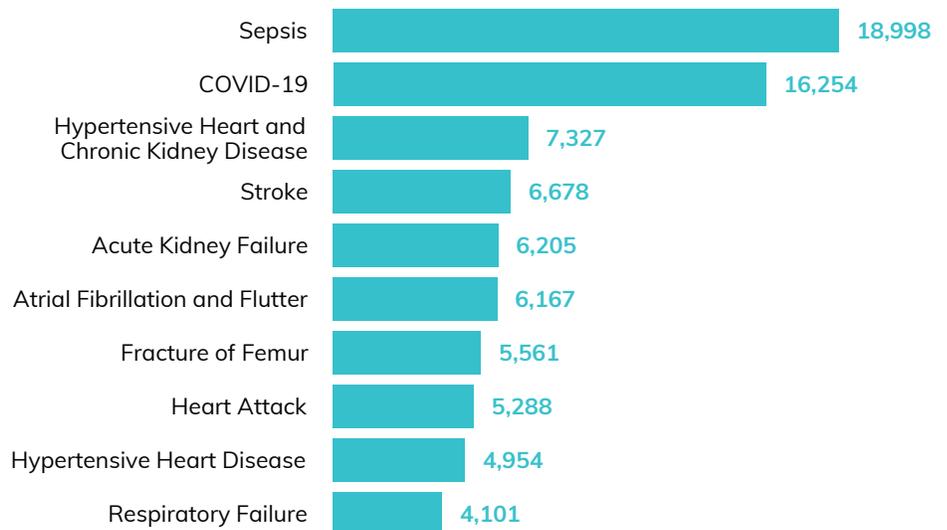
By 2060, nearly one quarter of Americans will be 65 or older. Aging increases the risk for a variety of chronic diseases, including dementias, heart disease, stroke, type 2 diabetes, arthritis, cancer, injuries, such as falls, and infectious diseases, such as pneumonia. Several factors can help influence healthy aging, such as frequent physical activity, a healthy diet, and regular doctor checkups. Efforts to support these factors among South Carolina's aging population can help individuals maintain their independence and a good quality of life.

Leading Causes of Death and Hospitalization

Chronic diseases, such as heart disease, cancer, and stroke, are common causes of hospitalization and death among adults 65 and older. In SC in 2021, there were more than 200,000 hospitalizations for people aged 65 and older. The leading cause of hospitalization among South Carolinians 65 and older was sepsis, followed by COVID-19. In the same year, 45,470 South Carolinians aged 65 and older died with heart disease as the leading cause of death. Regardless of age group, heart disease, cancer and COVID-19 were the three leading causes of death for people 65 and older.

FIGURE 18

Leading Causes of Hospitalizations Among Those 65+
Number



Source: SC RFA, 2021.

Note: Federal fiscal year.

Chronic diseases and injuries

More than 90% of the nation’s health care costs relate to chronic diseases and most of these costs are preventable. Older adults living with multiple chronic conditions (MCC) can be especially challenging and costly, and the prevalence of MCC is expected to grow with the nation’s aging population. More than 3 out of 4 adults 65 and older living with a disability report being diagnosed with MCC. In SC in 2021, nearly 7 out of 10 non-Hispanic Black adults 65 and older were diagnosed with MCC, higher than their non-Hispanic White counterparts’ rate of 6 out of 10 being diagnosed with MCC.

FIGURE 19

Adults 65+ Diagnosed with Multiple Chronic Conditions, by Disability Status

Percent

Source: SC BRFSS, 2021.

Notes: Adults 65+ diagnosed with two or more chronic conditions (asthma, coronary heart disease, diabetes, arthritis, COPD, depression, stroke, heart attack, hypertension).

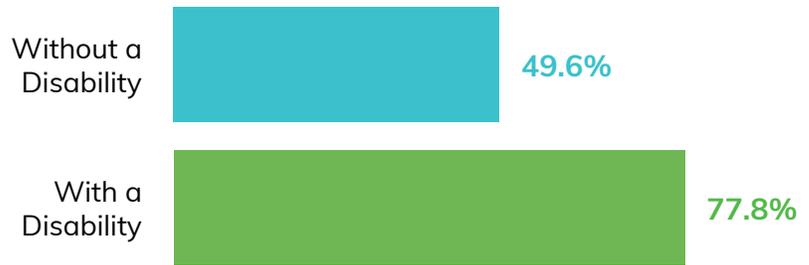


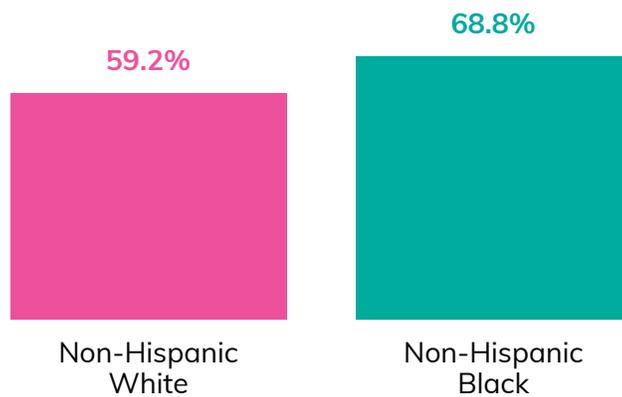
FIGURE 20

Adults 65+ Diagnosed with Multiple Chronic Conditions, by Race/Ethnicity

Percent

Source: SC BRFSS, 2021.

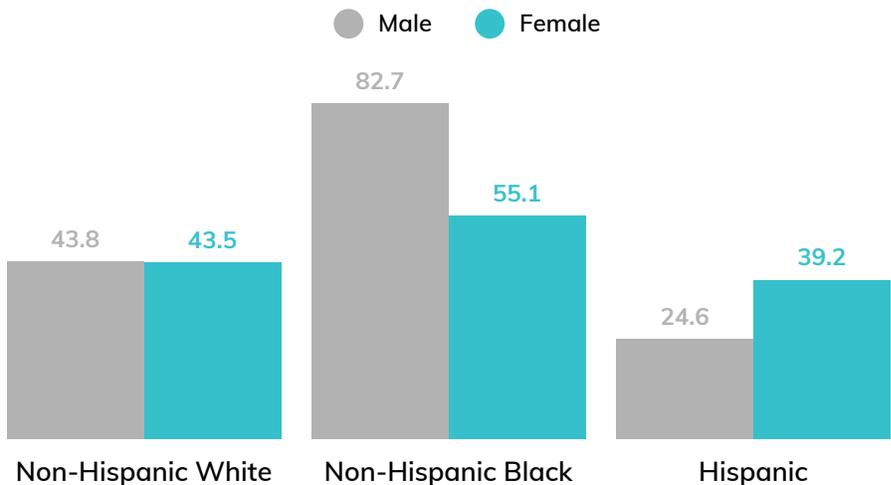
Notes: Adults 65+ diagnosed with two or more chronic conditions (asthma, coronary heart disease, diabetes, arthritis, COPD, depression, stroke, heart attack, hypertension).



Stroke, chronic lower respiratory diseases, Alzheimer's disease, arthritis, and unintentional injuries (such as falls, motor vehicle crashes, and overdoses) are major health concerns among our state's aging population. Adults 65 and older comprised over 83% of all stroke deaths in the state. Stroke deaths have been increasing in the state, with non-Hispanic Blacks seeing the highest rate of death when compared to their non-Hispanic White and Hispanic counterparts. Falls threaten the ability of older adults to remain independent and are a leading cause of injury among adults 65 and older. One out of five falls cause serious injury such as broken bones and head injuries. Fall deaths have been steadily increasing with non-Hispanic Whites seeing fall death rates three times higher their non-Hispanic Black counterparts.

FIGURE 21

Stroke Deaths, by Race/ Ethnicity and Sex Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2021.

Notes: Age-adjusted, population for year 2021 based on single-race estimates.

Elder abuse

Adult Protective Services (APS) investigates when an alleged victim is a vulnerable adult to determine whether abuse, neglect, self-neglect or exploitation has occurred or has the potential to occur. From 2019-2021, 30.3% of substantiated APS investigation cases were among adults 65 and over with actual self-neglect. In 2020, there were 127.9 APS investigations per 100,000 males and 140.7 per 100,000 females. Elder abuse is considered a serious problem for older adults, and it is often underreported.

Caregiver and Caregiver Health

Due to chronic illnesses, disabilities, and injuries many people rely on a caregiver to help with daily tasks. Although caregiving can be rewarding and fulfilling, it can also be stressful and overwhelming with increased risks of serious health problems. In 2021, 1/4 of SC adults reported providing regular care in the past 30 days to a friend or family member with a health problem or disability. The most common care provided was helping with household tasks such as cleaning, managing money, and preparing meals. With the aging population it is important that the health and wellbeing of both the caregivers and their recipients are prioritized and promoted.

Mental and emotional health

Older adults are at an increased risk for experiencing social isolation due to a variety of factors, including living alone, disability, retirement, death of a spouse, lack of friends and/or family, low income, and language barriers. One recent study found that nearly 20% of adults aged 62-91 suffered from frequent loneliness, with those having low income seeing the highest rates.

Positively, South Carolina has a higher rate of membership organizations compared to the national average. As of 2020, the state had 5,855 membership organizations, including civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations and more. Having available resources for older adults and seniors could help decrease social isolation rates while increasing one's quality of life.

Key Takeaways

- Several factors can help influence healthy aging, such as frequent physical activity, a healthy diet, and regular doctor checkups.
- More than 90% of the nation's health care costs relate to chronic diseases, and many of these costs are preventable.
- SC has the 7th-highest stroke death rate in the nation, with non-Hispanic Blacks seeing disproportionately higher rates.
- Elder abuse is considered a serious problem for older adults, and it is often underreported.
- 1 in 4 adults provide regular care to family or friends with a health problem or disability, many of whom have been providing care for years.
- Older adults are at an increased risk for experiencing social isolation due to a variety of factors, including living alone, disability, retirement, death of a spouse, lack of friends and/or family, low income, and language barriers.
- Having available resources for older adults and seniors could help decrease social isolation rates while increasing one's quality of life.

Capacity to Address Public Health Issues

In public health, capacity is the ability to adequately assess, mitigate, and evaluate needs. To effectively do this, we must work, systemically, at three levels to build and continually assess capacity: individual, organization, and community. SC is building and enhancing public health capacity through meaningful and innovative community engagement and sustainable partnerships. In broad terms, capacity building activities encompass anything that enables public health systems to improve on their mission work.

Each agency, organization, and partner of Live Healthy South Carolina (LHSC) invests in their members by providing comprehensive and timely training, mentorship opportunities and resources. By focusing on the areas of health disparities, health equity, funding, workforce, access to care, partnerships, and other community engagement efforts, this chapter will describe and demonstrate the state's current capacity to meet its public health needs at the organizational and community levels.

Public Health Capacity to Address Health Disparities and Health Equity

Social determinants of health (SDOHs) cause disparities that impact individual and community health outcomes. Health equity is achieved when everyone can attain their highest level of health. Addressing health disparities and health equity requires strong partnerships and strategic approaches. Our state's capacity to address health disparities and health equity is dependent on collaboration among multiple agencies, organizations, and individuals to ensure that every South Carolinian has the same opportunity for quality health care and access to resources.

State Programs/Agencies

A diverse variety of agencies and organizations work across the state to ensure access to conditions that improve health. To address health disparities and health equity, the agencies and organizations should view public health through a health equity lens to reach the communities with the greatest need. In the full SHA report, a listing of organizations that are building capacity to address health disparities and health equity can be found.

Primary Care in South Carolina

To understand the health needs of South Carolinians and guide future activities and investments, the SC Office of Primary Care engaged the SC Office of Healthcare Workforce (SCOHW) within the SC Area Health Education Consortium (AHEC) to assist in developing statewide primary care, oral health, and mental health needs assessments.

The findings suggest that continued work is needed to sustain state, public and private partnerships; train, recruit and retain medical and dental providers for rural and underserved practice; and support payment and policy to improve overall physical and oral health outcomes.

A statewide assessment of behavioral health needs also was conducted. The assessment captured feedback from multiple stakeholders on the methods and measures used during the needs assessment, barriers related to access to care, and the distribution of results with both state and federal partners. Key findings were there were no active psychiatrists reporting a primary practice location in 16 counties, half of those were nonmetropolitan, and three-quarters (74%) of active psychiatrists were in three metropolitan counties (Charleston, Richland, and Greenville) where one-quarter (26%) of the state's population lives.

Key Takeaways

- As of 2023, DHEC has 56 health departments across SC's 46 counties. These health departments are foundational to the agency's efforts to promote public health, allowing it to deliver a variety of services to populations across the state. Services include Preventive Health (PH), Maternal & Child Health (MCH), Woman, Infants, and Children (WIC), and Immunizations.
- Investing in our state's public health workforce and infrastructure is critical to successfully addressing health priorities and the social determinants of health.
- Continued work is needed to sustain state, public and private partnerships; train, recruit and retain medical and dental providers for rural and underserved practice; and support payment and policy to improve overall physical and oral health outcomes.
- While access to mental health care appears to be a complex issue, SC does have rich partnerships and multiple stakeholders examining ways to increase access to mental and behavioral health services in the state. However, our biggest barrier continues to be our workforce availability statewide.
- These efforts and partners will enhance public health systems to address issues timely, identify upstream causes, and provide lasting solutions that support healthy, sustainable behaviors and environments.



Scan the QR code for an electronic version of the full SHA report. It can also be found on the [DHEC Website](#), the [Alliance for a Healthier South Carolina Website](#), or by visiting <https://livehealthy.sc.gov/>

If a printed copy is desired, please contact the South Carolina Department of Health and Environmental Control, State Health Improvement Office, 2100 Bull Street, Columbia, SC 29201 or call 803-898-3432.

