

Horry County Summary of Assessment Findings

Purpose/Overview

Southeastern North Carolina and northeastern South Carolina is a region with large numbers of ethnic minorities, increased poverty and high risk for chronic health conditions that burden the health care system and reduce quality of life. The region is largely rural with diminished access to many services. In order to assess and prioritize the greatest needs of the community, Coastal Carolinas Health Alliance (CCHA) in conjunction with other contributing community organizations conducted a regional needs assessment. Through the use of both quantitative and qualitative data, health disparities within the region can be identified. Once the disparities are recognized, a plan of action to improve the health of the region can be formulated with focus in such areas. The assessment comprises secondary health statistics as well as primary data collected from local residents via surveys and in some areas, focus groups. This compilation of information provides vital information necessary to identify the overwhelming needs of the area's residents and develop programs to address those needs. CCHA also hopes to obtain grant funding, where appropriate, to aid in launching suitable initiatives.

* All data is calculated as the rate of change over a period of time. Data sets are rate per 100,000 of the population, unless otherwise noted. *

Cause of Death/Health Issues

- The Horry County incidence rate for AIDS cases **decreased 23.63% from 1997 to 2005**. From 2003-2005, the Horry County AIDS rate was 17.26% below the SC rate.
- The mortality rate for all malignant cancers in Horry County decreased 5.92% from 2000-2004.
- The breast cancer mortality rate in Horry county decreased slightly by 2.38% from 2000-2004
- From 2000-2004, the prostate cancer mortality rate in Horry County **decreased 48.94%**.
- The Horry County lung and bronchus cancer mortality rate remained stable from 2000-2004, with a slight dip in 2003 to 57.4 per 100,000 population.

Lifestyle Issues

- The percent of persons in poverty in Horry County increased 6.29% from 2001-2005; however **the county rate remained slightly below the SC rate in 2005 by 2.56%**.



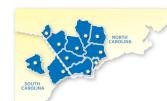
- The unemployment rate in Horry County increased 34.15% from 2001-2005, yet **remained consistently lower than the SC rate** during that time.
- In Horry County the number of household recipients of food stamps **increased 45.45% from 2002-2005.**
- In Horry County the number of public high school dropouts **increased 68.93% from 2001-2005.** From 2001-2005 the number of public high school dropouts in SC increased 6.5%.

Maternal and Infant Health

- The rate of teen pregnancies for girls ages 15-19 in Horry County decreased 5.37% from 2000-2005. The rate of teen pregnancies for girls ages 15-19 in Horry County **exceeded SC rate by 15.89% from 2000-2005.**
- The rate of teen pregnancies for minority girls ages 15-19 in Horry County decreased 19.39% from 2000-2005. The percent of teen pregnancies in the **minority population exceeded the percent in the white population by 40.53% in 2005.**
- The percent of low birth weight births in Horry County increased 12.5% from 2002-2004. The percent of low birth weight births in the **minority population exceeded the percent in the white population by 55.73%.**
- In Horry County the percent of births to mothers who smoke remained fairly consistent at 19.7% in 2002 and 20.8% in 2004.

Horry Community Survey Results

- Based on community survey results, **heart disease/stroke** was strongly felt to be the greatest cause of death, which correlates well with secondary data results discussed above. Cancer was second.
- When asked what the biggest health issue of concern within the community is, the majority reported **drug/alcohol abuse.** Obesity was second.
- **Lack of health insurance and/or unable to pay for doctor's visits** were reported as the major factor which keeps people in the community from seeking medical treatment. No appointments available at the doctor when needed and/or having to wait too long at the doctor's office was second.
- **Income or insurance status** was strongly felt to be the biggest factor affecting the health care of people in the community. Age was second.
- It was felt that people in the community lack funds for **health insurance** with **medicine coming in a close second.**
- Community members would like to see more: **1) job opportunities** 2) **safe places to walk/play,** and 3) **wellness screens** within the community to help improve the health of family, friends and neighbors.



- Community members would like to see more: **1) cholesterol, blood pressure, and diabetes screenings** 2) breast cancer screenings, and 3) family planning classes in the community.
- **60%** of participants in this study support all public places/buildings being tobacco-free. **20%** support tobacco-free facilities, but not in all public places/buildings. **12%** do not support tobacco-free public places/buildings.

