SOUTH CAROLINA

State Health Improvement Plan

LIVE HEALTHY SOUTH CAROLINA

Acknowledgments

The State Health Improvement Plan (SHIP) represents the collective work of numerous dedicated partners and cross-sector stakeholders working together to improve health outcomes across South Carolina. The South Carolina Department of Public Health (DPH) and its State Health Improvement Office extend our heartfelt gratitude to the epidemiologists, program experts, and multisector collaborators who generously shared their invaluable insights and expertise throughout this process.

A special thank you to the Steering Committee for their guidance, oversight, and strategic leadership, which ensured the plan's direction is aligned with our shared goals. We are also grateful to the DPH SHIP Executive Committee for their unwavering support and vital leadership in advancing this initiative, and to the DPH Process Planning Team and the Live Healthy South Carolina Project Management Team for their exceptional coordination and management in developing this comprehensive plan.

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We are also grateful to the Alliance for a Healthier South Carolina and their members for being a vital partner, providing diverse perspectives and essential collaboration throughout the process.

We recognize and express our appreciation to all individuals, communities, organizations, and public health entities who have contributed to this substantial work. Your commitment helps keep this plan focused on thoughtful decisions and meaningful collaboration as we work to improve health and well-being across the state.

Together, we are making significant strides toward becoming a healthier and happier state.

This report is available at:

https://dph.sc.gov and https://livehealthy.sc.gov/
Scan the QR code to view the online report.

For additional copies of this plan, please contact:

South Carolina Department of Public Health
State Health Improvement Office
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Joint Letter from Live Healthy South Carolina Leadership

On behalf of Live Healthy South Carolina and the South Carolina Department of Public Health, we are pleased to express our collective commitment to the development and implementation of the State Health Improvement Plan. This strategic initiative represents a comprehensive effort to address the most pressing health challenges across our state, strengthen public health infrastructure, and improve the well-being of all South Carolinians.

The State Health Improvement Plan is the result of intentional and strong collaboration among public health agencies, healthcare providers, state agencies, community-based organizations, and key stakeholders, all focused on promoting sustainable, data-informed solutions. The State Health Improvement Plan provides a framework for identifying and addressing key health factors, improving access to care, and enhancing the overall health of our communities.

We recognize the importance of multi-sector partnerships to turn this plan into meaningful action. The State Health Improvement Plan emphasizes innovative, evidence-informed strategies and a results-based approach, with a focus on the following key priority areas:

- Chronic Health Conditions
- Behavioral Health
- Maternal and Infant Health
- Affordable and Nutritious Foods
- Safe and Affordable Places to be Physically Active
- Access to High-Quality Care
- Income and Poverty
- Education
- Neighborhood and Community Development

The successful implementation of the State Health Improvement Plan will depend on ongoing collaboration, multisector stakeholder engagement, and a shared commitment to accountability and measurable progress. We invite all partners to actively participate in the implementation process, contribute expertise, and support data-informed decision-making that drives long-term health improvements across our communities.

We appreciate your dedication and full commitment to this critical effort and look forward to working together to build a healthier future for all people in South Carolina.

Sincerely,

Live Healthy South Carolina Leadership

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Introduction

The South Carolina State Health Improvement Plan (SHIP) is a five-year roadmap to address the state's most pressing health challenges and enhance the well-being of all South Carolinians. From chronic conditions to barriers to access in rural areas, the SHIP outlines coordinated, data-informed strategies to improve population health, reduce incidence of preventable conditions, and close gaps in health outcomes.

Where we live, work, and spend our time plays a big role in shaping our health and well-being. In South Carolina, we can see how different community conditions lead to different outcomes. Beaufort County is doing better than most counties in the state and across the country, while Dillon County is facing more challenges (**Table 1**). These differences may reflect varying access to good jobs, quality education, safe housing, reliable transportation, and nutritious food. This comparison is a helpful reminder that health and well-being are about more than individual choices. They are deeply connected to the opportunities and resources available in our communities.

TABLE 1

Comparison of Key Indicators Influencing Health

Themes	United States	South Carolina	Beaufort	Dillon
Premature death (per 100,000 people)	8,400	10,800	7,400	19,600
Life expectancy	77.1	74.7	80.6	67.2
Low birthweight	8%	10%	8%	13%
Infant mortality (per 1,000 live births)	6	7	5	9
Food insecurity	14%	13%	11%	18%
Diabetes prevalence	10%	11%	9%	17%
Preventable hospital stays (per 100,000 people enrolled in Medicare)	2,666	2,526	2,097	4,179
School funding adequacy	$1,411	$-2,135	$329	$-11,217
Median household income	$77,700	$68,000	$82,200	$45,300
Child poverty	16%	19%	14%	35%
Disability (functional limitation)	9.3%	30%	24%	43%
Broadband access	90%	87%	91%	65%

Source: County Health Rankings & Roadmaps, 2025; CDC, 2024

The SHIP builds on this understanding by identifying the key factors that influence health and using them to shape statewide priorities. By examining differences in health outcomes and health factors across regions and populations, the SHIP guides the development of targeted strategies that aim to improve conditions in every community. It offers a roadmap to ensure all people in South Carolina live healthy, full lives.

The SHIP is designed to be flexible and responsive, using data to track progress, guide improvements, and refine strategies over time. This approach applies across all SHIP priorities and indicators, reflecting a shared commitment to improving health for all people in South Carolina and narrowing gaps in population health outcomes. By focusing on health optimization and supporting the conditions that help individuals and communities thrive, it offers a clear roadmap toward healthy people living in healthy communities. Without continued attention to these factors, it becomes more difficult to achieve lasting progress across the state.

Developed through the Live Healthy South Carolina (LHSC) initiative, a partnership between the South Carolina Department of Public Health (DPH) and the Alliance for a Healthier South Carolina (Alliance), the 2025–2030 SHIP reflects the input of state agencies, healthcare providers, policymakers, community organizations, and other cross-sector partners. This collaborative effort is rooted in a commitment to collective impact and statewide health improvement.

Priority areas were informed by the State Health Assessment (SHA) and shaped through engagement with partners and subject-matter experts across the state. The SHIP presents actionable strategies to align resources, guide decision-making, foster collaboration, and track measurable progress in population health.

Established in 2018, LHSC drives the SHIP process by:

- Conducting statewide health assessments every five years
- Identifying health priorities and best-practice strategies
- Developing a five-year plan to align efforts and resources
- Tracking progress on priority metrics annually

In addition to guiding population health efforts, the SHIP fulfills a core requirement for accreditation by the Public Health Accreditation Board (PHAB). Accreditation reinforces DPH's commitment to continuous quality improvement and ensures South Carolina meets national performance standards in public health services. The SHIP is not just a plan; it is a call to action for all individuals and organizations working to create a healthier South Carolina.

Strategic Framework and Process Summary

The 2025–2030 State Health Improvement Plan (SHIP) integrates two key frameworks to guide South Carolina's health improvement efforts: the Population Health Model and Results-Based Accountability™ (RBA). These frameworks support a structured, data-informed approach to achieving collective impact in population health.

Population Health Model

The Population Health Model offers a broad perspective on factors that influence health. This model looks at the full picture of health and how it is shaped by the conditions in which people are born, live, learn, work, and age.

The Population Health Model was used to guide the development of the priority areas, organizing them into two main categories: health outcomes and health factors. Health outcomes are the results we aim to improve and health factors are the conditions that influence those outcomes.

Results-Based Accountability™ (RBA)

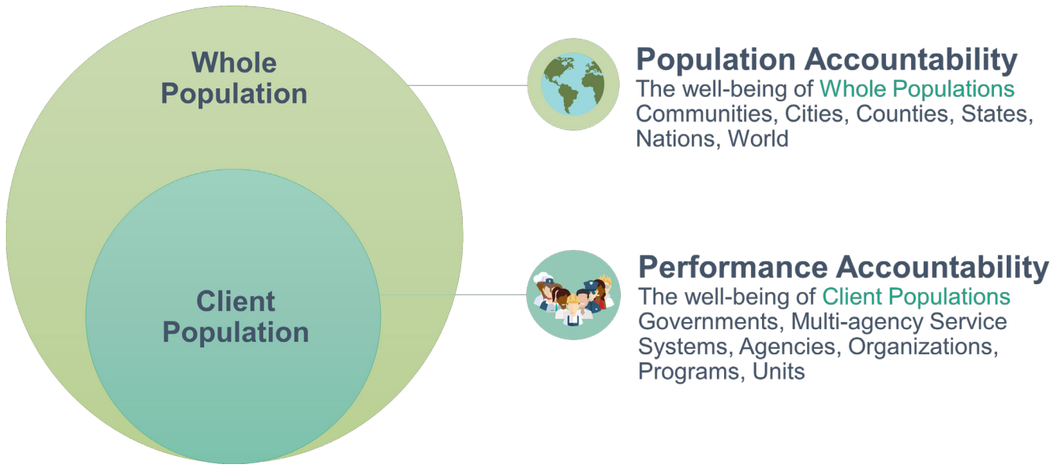
RBA is a data-informed methodology that ensures health interventions are measurable, results-driven, and continuously improved. Used properly, RBA provides reliable accountability for achieving meaningful results. It centers on three guiding questions:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

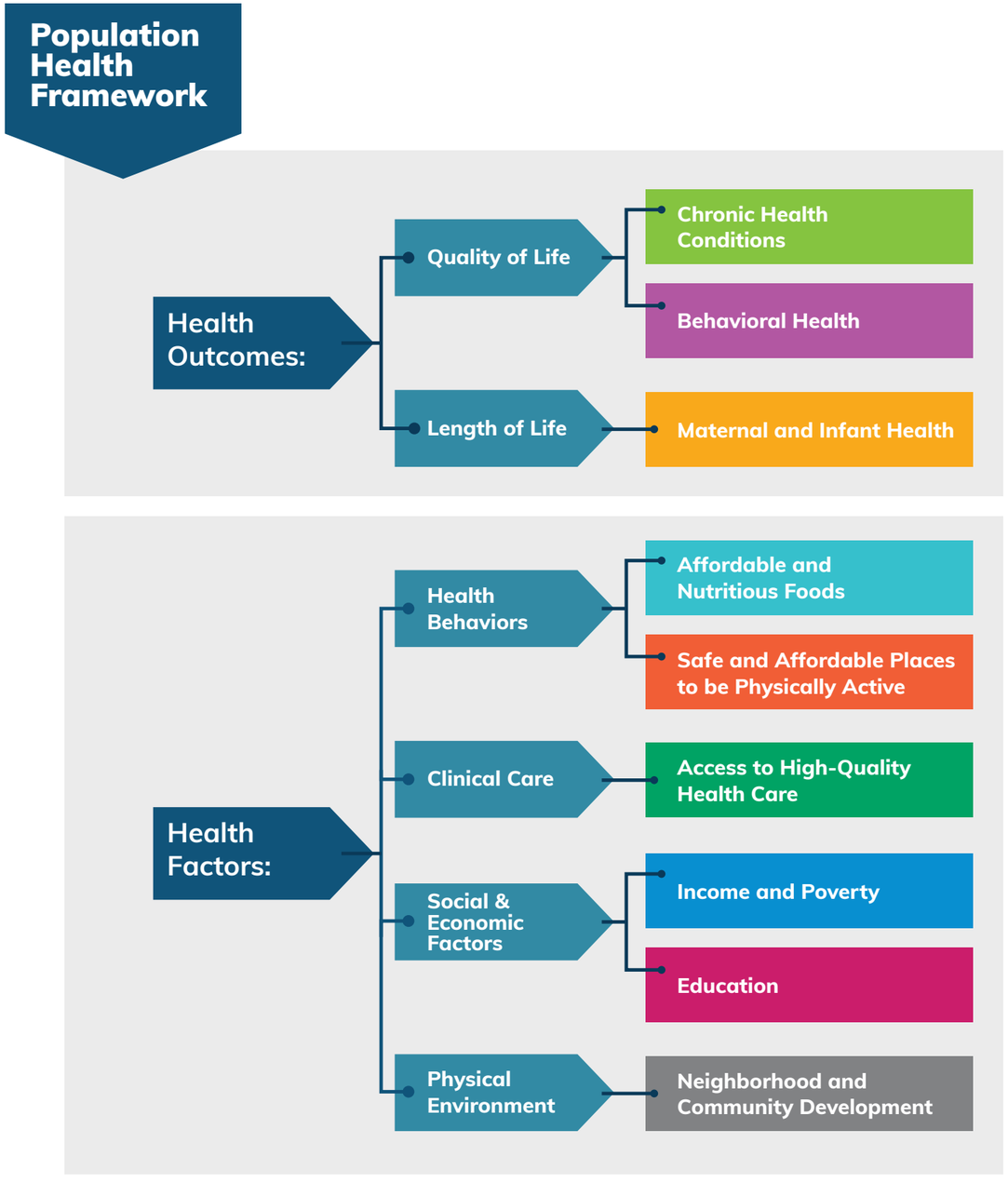
Population vs. Performance Accountability

- **Population Accountability** focuses on the well-being of the whole population and is bigger than any one program, agency, or level of government. It is a collective responsibility requiring broad community engagement.
- **Performance Accountability** focuses on the effectiveness and efficiency of specific programs, agencies, or service systems. It answers the question: "Is our program/agency/service system achieving its intended outcomes for the specific client population it serves?"

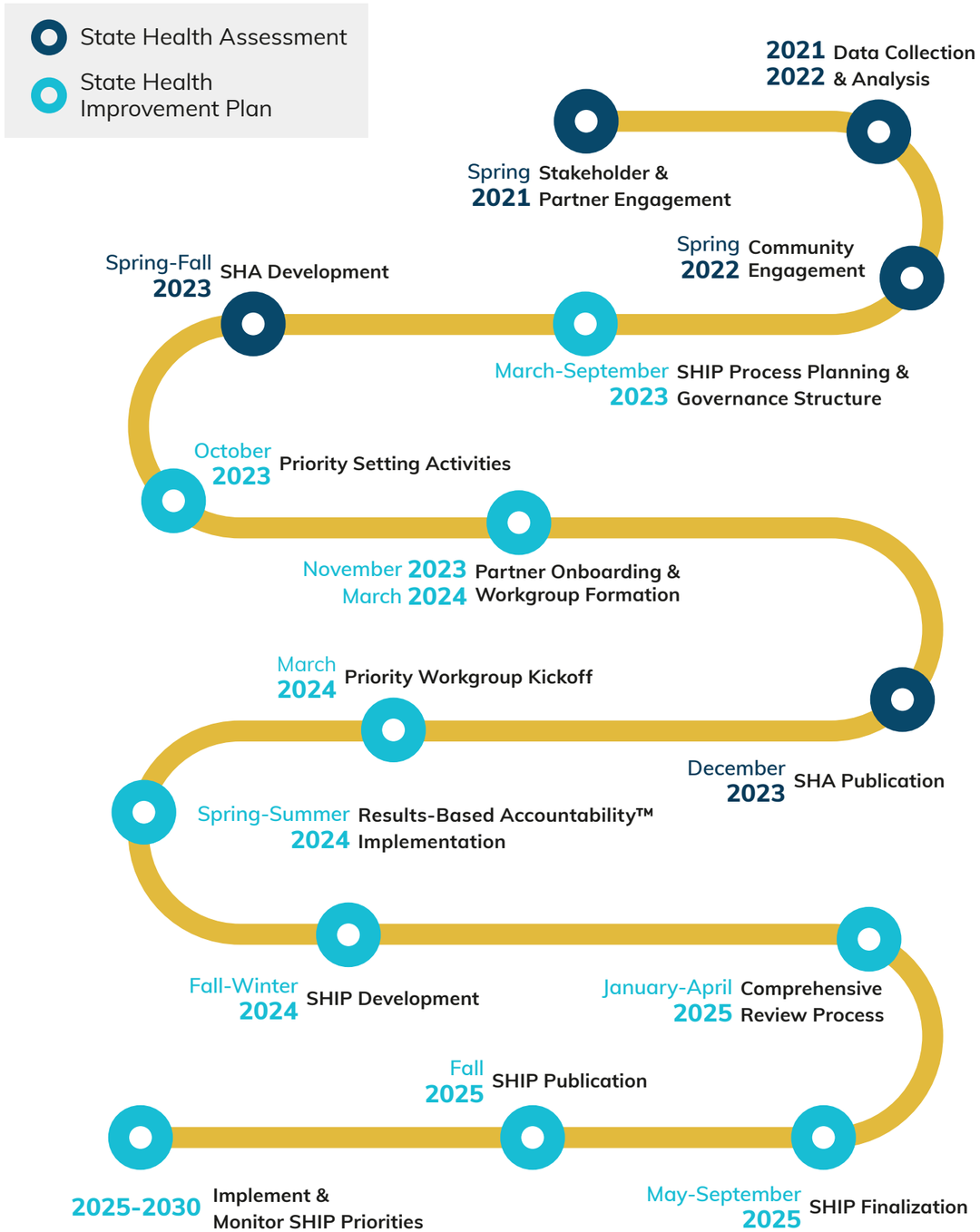
By combining these frameworks, the SHIP ensures clear, results-driven strategies at both system and program levels.



Source: Clear Impact - Results Based Accountability.



Development Timeline



State Health Improvement Plan Teams

The SC SHIP was developed through a multi-layered organizational structure, engaging cross-sector partners across the state. This approach brought together diverse expertise and perspectives, ensuring the plan reflects the needs and priorities of stakeholders and communities statewide.

Health Outcomes

Priority Area 1:
Chronic Health Conditions

Intended Result

All people in South Carolina achieve optimal health by preventing and managing chronic health conditions through systems that provide accessible opportunities and resources.

Why is This Important?

Chronic health conditions are a major driver of poor health outcomes in South Carolina, especially in communities where access to care and essential resources is limited. Achieving optimal health means building systems that support prevention and management of chronic health conditions through consistent access to care, healthy environments, and the resources people need in their daily lives.

Headline Indicators

Multiple Chronic Conditions

Percentage of adults living with two or more chronic health conditions.

Diabetes

Percentage of adults living with diabetes.

Social Vulnerability

Percentage of the population living in areas with medium-high to high social vulnerability.

Strategies

Strategy 1.1

Allocate resources and services to underserved communities living with or at greater risk of developing multiple chronic conditions.

Strategy 1.2

Invest efforts in reducing the lifelong risk of diabetes and closing gaps in health outcomes.

Strategy 1.3

Allocate funds and resources to counties experiencing high social vulnerability.

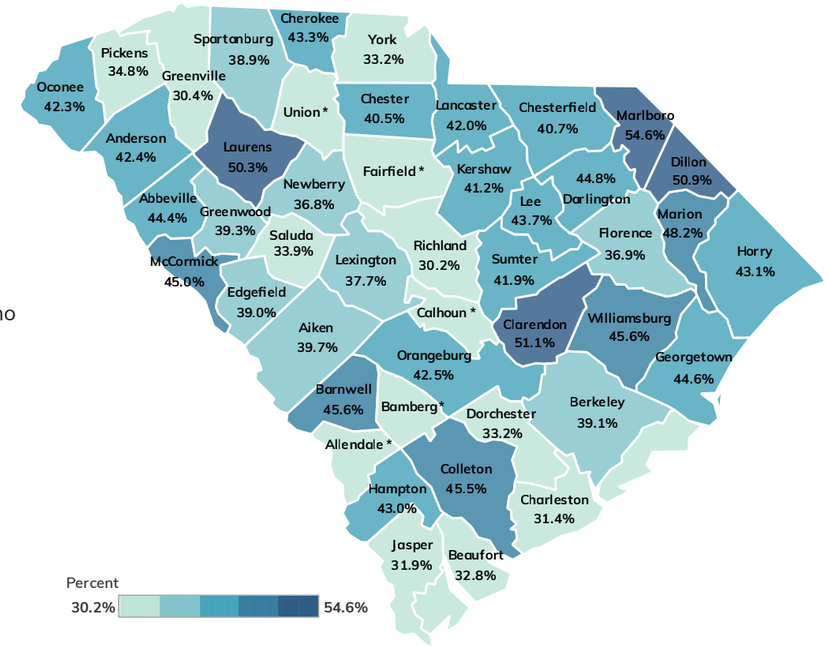
Multiple Chronic Conditions

A third of adults in South Carolina have multiple chronic conditions (MCCs), defined as the diagnosis of two or more chronic health conditions (e.g., hypertension, diabetes, depression, etc.) in an individual.[1] This indicator underscores the growing burden of chronic disease in the state. While MCCs affect adults across South Carolina, rural areas face a higher burden (**Figure 1**), as do non-Hispanic Black individuals, who have a higher prevalence (43.7%) compared to non-Hispanic White individuals (38.0%).[2]

FIGURE 1

Map of Five-year Prevalence of MCCs, by County

Percent



Source: SC Behavioral Risk Factor Surveillance System (BRFSS),2017-2019, 2021 and 2023.

Note: Five year data 2017-2023 includes 2017-2019, 2021 and 2023. Starting in 2019, MCCs are reported every two years.

*Data is suppressed for these counties due to less than 200 observations when combining 2 or more years of data.

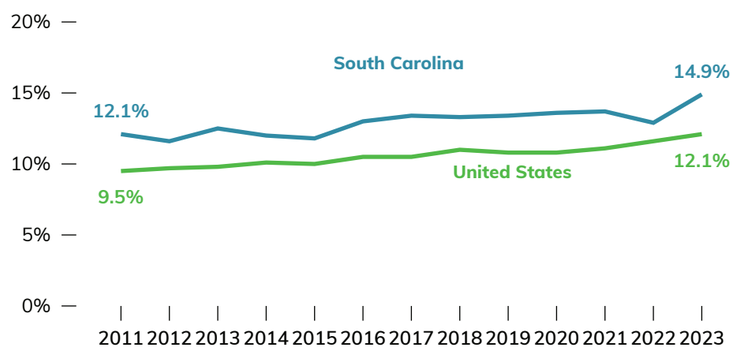
Diabetes

Diabetes was the 8th leading cause of death in South Carolina in 2022, and diabetes prevalence rates have consistently exceeded the national average for over a decade (**Figure 2**).[2,3] Diabetes is more prevalent in South Carolina's rural and low-income communities, and both non-Hispanic Black individuals and men experience higher rates of the disease and related mortality. This reflects persistent differences in access, outcomes, and social conditions as they relate to risk factors for diabetes.[1,4,5]

FIGURE 2

Prevalence of Diabetes

Percent



Source: SC BRFSS; Centers for Disease Control and Prevention (CDC) BRFSS.

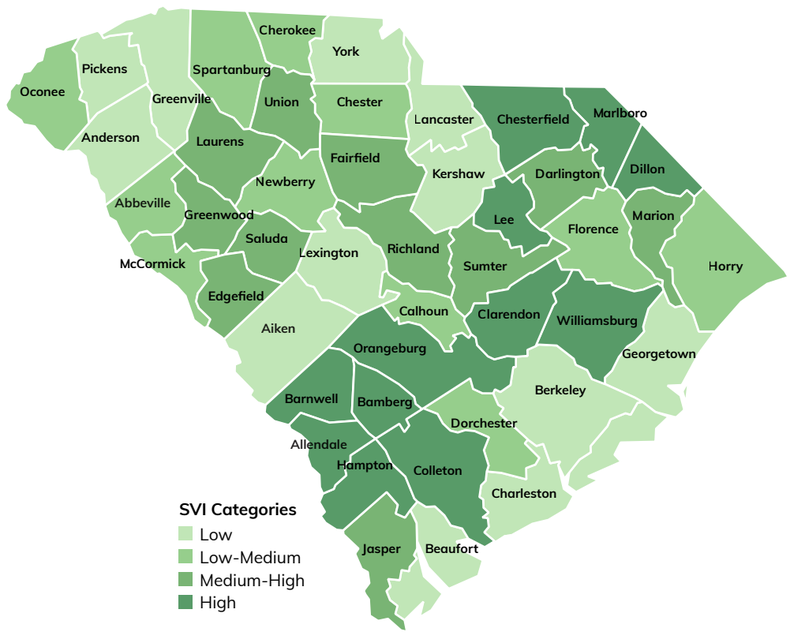
Notes: Adults 18 +.

Social Vulnerability

The Social Vulnerability Index (SVI) assesses community vulnerability based on factors like income and education level, household composition, minority status, and housing/transportation.[6] As of 2022, almost one-fourth of South Carolina's population resides in counties classified as having either high or medium-high social vulnerability (**Figure 3**).[6] Addressing these underlying social and environmental factors is a critical prevention strategy, helping reduce the risk and impact of chronic conditions before they begin or worsen.

FIGURE 3

SVI Categories for South Carolina Counties



Source: CDC, 2022.

Strategies and Opportunities for Collaborative Action

Strategy 1.1

Allocate resources and services to underserved communities living with or at greater risk of developing MCCs.

Action Items

- **Incorporate multiple levels of intervention for chronic condition management:** A multi-tiered, team-based approach addresses both medical and social needs, improving chronic condition outcomes.
- **Increase access to preventive screenings for chronic conditions:** Expanding preventive screenings through mobile clinics and community partnerships enables early detection in underserved populations.
- **Expand use of team-based care and evidence-supported intervention models:** Team-based care using evidence-supported models delivers comprehensive, effective treatment.

Strategy 1.2

Invest efforts in reducing the lifelong risk of diabetes and closing gaps in health outcomes.

Action Items

- **Expand team-based diabetes prevention and management programs for pregnant women and mothers:** Multidisciplinary care for pregnant women improves maternal and infant outcomes through lifestyle support, technology use, and timely gestational diabetes management.
- **Increase school-based efforts for children to educate on diabetes prevention:** Embedding diabetes education in schools fosters lifelong healthy habits and reduces future risk of type 2 diabetes.
- **Enhance numbers of health care professionals with skills needed to address diabetes:** Growing a diverse, skilled diabetes care workforce improves access to culturally competent care in high-need areas.
- **Promote effective use of new treatments and technologies:** Ensuring equitable access to advanced diabetes tools lowers health disparities and long-term healthcare costs.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 1.3

Allocate funds and resources to counties experiencing high social vulnerability.

Action Items

- **Increase utilization of Community Health Workers (CHWs):** Expanding CHWs in vulnerable counties improves healthcare access through culturally relevant education, disease prevention, and trust-building.
- **Implement culturally sensitive programs and services:** Culturally tailored programs developed with local input address language, traditions, and local issues to boost effectiveness and engagement.
- **Align state resources with federal funding opportunities:** Coordinating state and federal resources maximizes funding impact in vulnerable counties across health, housing, and education.
- **Expand collaborative networks with local nonprofits:** Strengthening partnerships with nonprofits enhances community-based responses to social vulnerability through local expertise and trust.

Priority Area 2:
Behavioral Health

Intended Result

All people in South Carolina experience mental wellness and reduce substance misuse.

Why is This Important?

Behavioral health encompasses both mental health disorders and substance use disorders (SUD), including alcohol, tobacco, and other drugs. These conditions affect emotional, psychological, and social well-being across all life stages.[7] Behavioral health challenges in South Carolina reflect broader national patterns, with differences in access to care and outcomes across different groups, highlighting the need for culturally responsive, early, and comprehensive support for all South Carolinians.

Headline Indicators

Alcohol Misuse
Percentage of adults reporting binge drinking.

Drug Overdose
Rate of South Carolinians who died by overdose per 100,000 population.

Suicide
Rate of South Carolinians who died by suicide per 100,000 population.

Behavioral Health-Related Emergency Department (ED) Visits & Hospitalizations
Rate of ED visits and hospitalizations related to behavioral health per 100,000 population.

Strategies

Strategy 2.1
Integrate alcohol misuse prevention, intervention, treatment, and recovery services into the public health and healthcare systems.

Strategy 2.2
Promote overdose education, risk reduction efforts, and evidence-based treatment and prevention services.

Strategy 2.3
Improve suicide prevention and postvention initiatives.

Strategy 2.4
Integrate behavioral health care into primary and specialty medical care.

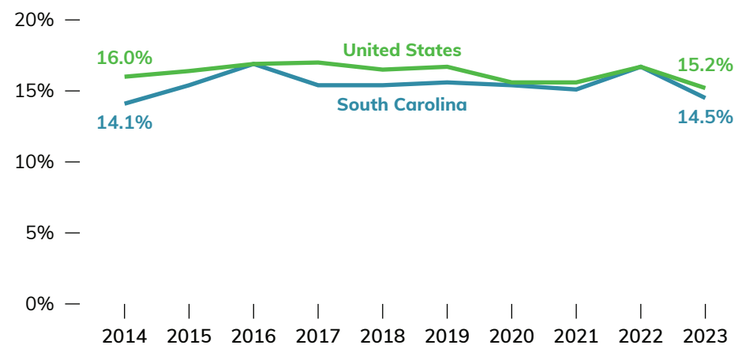
Alcohol Misuse

Alcohol misuse, particularly binge drinking, is a significant public health concern in South Carolina. Binge drinking is defined as consuming five or more drinks for men or four or more drinks for women on a single occasion. It has increased among South Carolina adults (21+) from 14.1% in 2014 to 14.5% in 2023 (**Figure 4**).[2] Binge drinking contributes to preventable injuries, chronic diseases, and deaths. Adult men report binge drinking at almost twice the rate of adult women.[2]

FIGURE 4

Binge Drinking Among Adults Aged 21+

Percent



Sources: SC BRFSS.

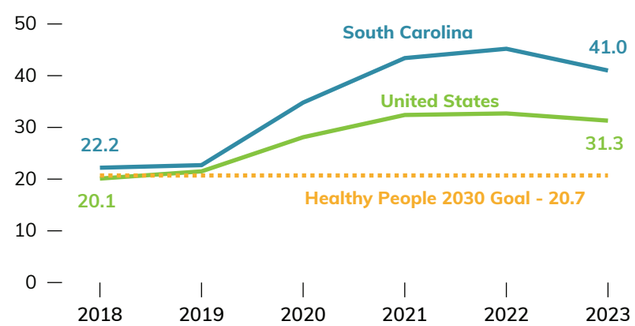
Drug Overdose

Drug overdose, defined as consuming too much of a substance, regardless of prescription or legal status, is a growing public health crisis. South Carolina's fatal overdose rate more than doubled from 22.2 per 100,000 in 2018 to 45.2 in 2022, though a decrease was observed in 2023 with a rate of 41.0 per 100,000 (**Figure 5**).[3] Opioids contributed to 79% of these deaths in 2023.[3] Non-fatal overdose-related ED visits and hospitalizations also increased from 2018-2022 with opioid-related overdose visits rising from 0.8 to 1.1 per 1,000 population.[9]

FIGURE 5

Fatal Drug Overdose

Rate per 100,000 population



Source: SC DPH Vital Statistics, CDC Wonder, HP 2030.

Note: Age-adjusted.

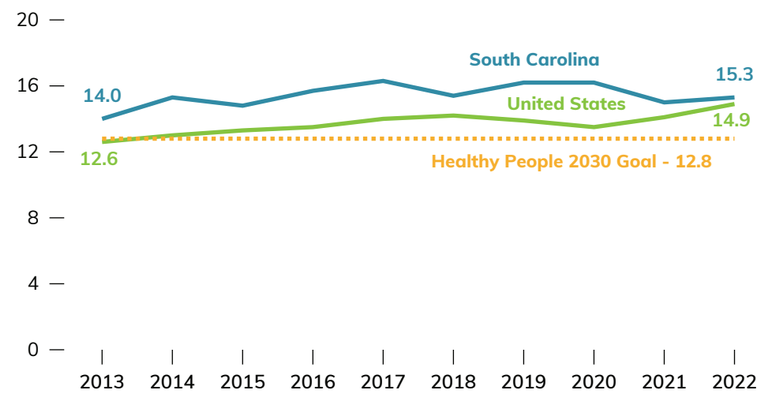
Suicide

Suicide, defined as a death caused by intentional self-harm with the intent to end one's life, is a serious public health concern that affects individuals, families, and communities. Between 2013 and 2022, South Carolina's suicide rate was consistently above the national rate and the Healthy People 2030 goal of 12.8 (**Figure 6**).[3,8] There were 849 suicide deaths in the state in 2022 alone, which resulted in nearly 16,000 years of potential life lost before age 65, and costs of $8.7 billion.[8]

FIGURE 6

Suicide Deaths

Rate per 100,000 population



Source: SC DPH Vital Statistics, CDC Web-based Injury Statistics Query and Reporting System (WISQARS). HP 2030.

Note: Age-adjusted.

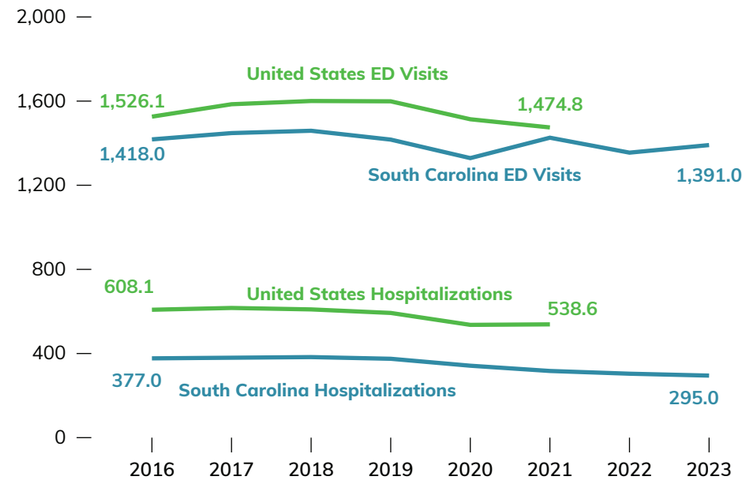
Behavioral Health-Related ED Visits and Hospitalizations

Behavioral health-related ED visits and hospitalizations in South Carolina reveal ongoing challenges in addressing behavioral health and SUDs. They also highlight gaps in care and the growing need for crisis services. In 2023, there were 74,728 ED visits and 15,861 hospitalizations for behavioral health conditions, including anxiety, depression, alcohol-related disorders, and schizophrenia.[9] While rates in the United States and South Carolina have decreased (**Figure 7**) there remain differences by age and sex, emphasizing the need for expanded and improved access to preventive and crisis care across populations.[9]

FIGURE 7

Behavioral Health-Related ED Visits and Hospitalizations

Rate per 100,000 population



Source: SC Revenue and Fiscal Affairs (RFA); Healthcare Cost and Utilization Project (HCUP).

Notes: The most recent year available for US ED Visits from HCUP is 2021.

Strategies and Opportunities for Collaborative Action

Strategy 2.1

Integrate alcohol misuse prevention, intervention, treatment, and recovery services into the public health and healthcare systems.

Action Items

- **Increase implementation of evidence-based and innovative alcohol interventions:** Expanding proven and innovative strategies reduces the health, social, and economic impacts of alcohol misuse, promoting healthier communities.
- **Improve public understanding of the health risks and harms associated with alcohol misuse:** Raising awareness empowers informed choices, encourages help-seeking, and reduces stigma around treatment.
- **Increase utilization of brief alcohol screening and intervention in primary care:** Integrating screening and brief interventions in primary care, such as SBIRT (Screening, Brief Intervention, and Referral to Treatment), identifies risky drinking early and connects people to resources.
- **Increase the use of alternative payment models for treatment:** Using alternative payment models improves access to affordable, comprehensive treatment for alcohol use disorder.

Strategy 2.2

Promote overdose education, risk reduction efforts, and evidence-based treatment and prevention services.

Action Items

- **Increase funding, reimbursement, and training for health care and behavioral health workforces:** Strengthening the workforce improves access to quality care and evidence-based treatments for substance use disorders.
- **Improve public understanding of the consequences of illicit drug use and addiction:** Raising awareness reduces stigma, supports prevention, and encourages earlier intervention.
- **Implement substance use harm and risk reduction efforts statewide:** Expanding harm reduction strategies like naloxone distribution and drug testing prevents overdoses and saves lives.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 2.3

Improve suicide prevention and postvention initiatives.

Action Items

- **Integrate suicide prevention efforts into schools, workplaces, and other community-based settings:** Embedding prevention in everyday settings promotes early intervention, reduces stigma, and ensures support reaches people where they live, learn, and work.
- **Implement comprehensive suicide prevention efforts for populations disproportionately affected by suicide:** Targeted strategies address unique risks and barriers in high-risk groups, improving equity and reducing suicide disparities.
- **Expand access to postvention services:** Providing support for suicide loss survivors mitigates grief-related challenges, lowers risk of further suicides, and strengthens community resilience.
- **Increase awareness and utilization of the 988 Suicide and Crisis Lifeline:** Promoting 988 ensures immediate crisis support, connects individuals to life-saving resources, and reduces emergency service reliance.

Strategy 2.4

Integrate behavioral health care into primary and specialty medical care.

Action Items

- **Increase the utilization of Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) and mobile crisis units:** Expanding these services delivers immediate, specialized crisis care, easing ED burdens and improving behavioral health outcomes.
- **Increase Mental Health First Aid trainings statewide:** Widespread training equips communities to identify, support, and de-escalate behavioral health crises, promoting early intervention.
- **Improve wraparound behavioral health programs:** Comprehensive programs meet housing, employment, and behavioral health needs, supporting long-term recovery and reducing crisis reliance.
- **Prioritize evidence-based prevention, treatment, and recovery services for detection, diagnosis, and management:** Access to proven methods improves care quality, enhances condition management, and prevents crises.

Priority Area 3:

Maternal and Infant Health

Intended Result

All mothers and babies in South Carolina experience positive health outcomes during pregnancy, delivery, and the first year of life after birth.

Why is This Important?

Maternal and infant health reflects the overall well-being of a community and can serve as measures of a state's health care effectiveness and social conditions. In South Carolina, maternal and infant health refers to the outcomes, care practices, and overall well-being of mothers and their infants. Maternal and infant health influences long-term physical, mental, and social health outcomes in populations, shaping the future well-being of individuals and communities.

Headline Indicators

Maternal Mortality

Number of maternal deaths per 100,000 live births.

Infant Mortality

Number of babies who die within the first year of life per 1,000 live births.

Maternal Morbidity

Percentage of all pregnant women who experienced at least one complication related to pregnancy or childbirth.

Infant Morbidity

Percentage of live-born infants that were low birthweight or preterm.

Strategies

Strategy 3.1

Develop the healthcare workforce through enhanced training and partnerships.

Strategy 3.2

Increase mobile health care maternity services in rural areas.

Strategy 3.3

Address social determinants of health through culturally competent service delivery.

Strategy 3.4

Improve reimbursement for maternal and pediatric health care with emphasis on preventive care.

Strategy 3.5

Improve awareness and education about safe sleep practices.

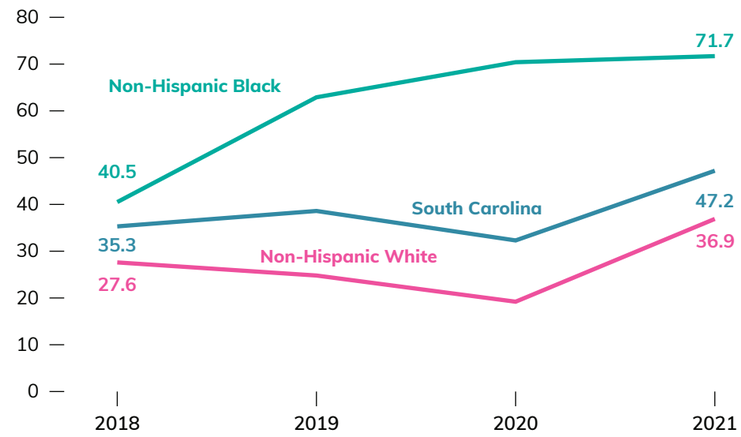
Maternal Mortality

Maternal death is considered pregnancy-related if it occurs during or within one year after pregnancy due to complications linked to pregnancy.[10] In South Carolina, the 2021 pregnancy-related maternal mortality rate was 47.2 deaths per 100,000 live births, which is nearly double the national average of 24.9.[10] Non-Hispanic Black women face a 1.9 times higher risk than non-Hispanic White women (**Figure 8**), with many deaths resulting from preventable conditions such as hypertension, cardiovascular disease, mental health and substance use disorders, and infections.[10]

FIGURE 8

Pregnancy Related Mortality Rate, by Race/Ethnicity

Rate per 100,000 Live Births



Source: SC Maternal Morbidity and Mortality Review Committee (SCMMMRC) Legislative Brief, 2025.

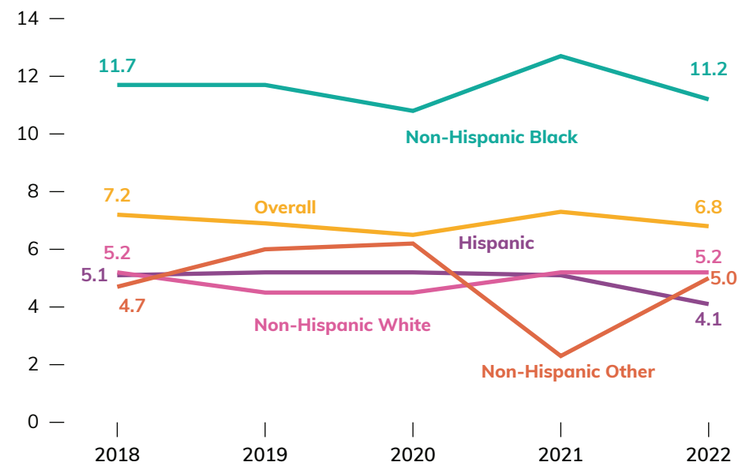
Infant Mortality

The infant mortality rate (IMR) is the number of infant deaths before their first birthday per 1,000 live births.[11] It is an important measure of overall community health and reducing the infant mortality rate is a key health goal of Healthy People 2030.[11] In 2022, South Carolina's IMR was 6.8 per 1,000 live births, higher than the national average of 5.6 per 1,000 live births.[3,12] The IMR for non-Hispanic Black infants was 11.2, more than twice that of non-Hispanic White infants at 5.2 (**Figure 9**).[12] In addition, rural counties have IMRs over 30% higher than urban areas.[3,12]

FIGURE 9

Infant Mortality Rate, by Race and Hispanic Origin of Mother

Rate per 1,000 Live Births



Source: SC DPH Vital Statistics.

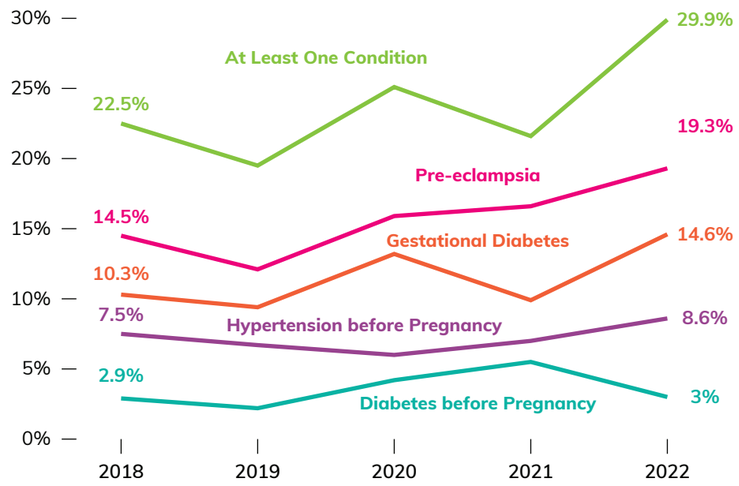
Maternal Morbidity

Maternal morbidity refers to health complications a woman may experience during pregnancy, childbirth, or postpartum that affect her well-being without causing death. These complications include both physical and mental health issues such as infections, postpartum depression, blood pressure disorders, and diabetes. In South Carolina, nearly 30% of pregnant women were diagnosed with either gestational diabetes or pre-eclampsia in 2022 (**Figure 10**).[13]

FIGURE 10

Prevalence of Select Conditions Before and During Pregnancy

Percent



Source: SC Pregnancy Risk Assessment Monitoring System (PRAMS).

Note: "At Least One Condition" includes only pre-eclampsia and gestational diabetes (GDM), as it represents the proportion of new mothers who developed one or both of these pregnancy-related complications.

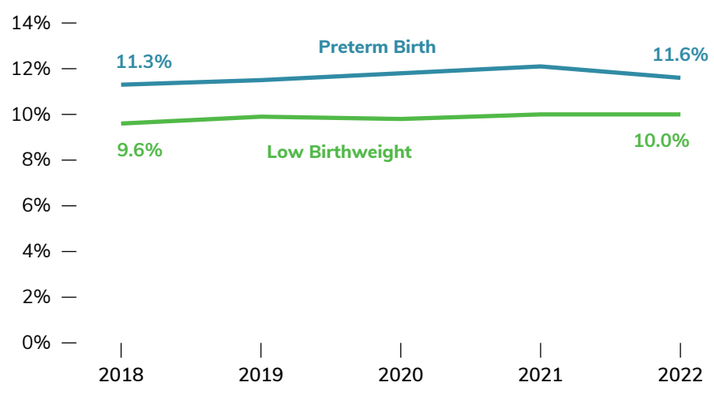
Infant Morbidity

Infant morbidity includes health conditions affecting a baby during the first year that can impact their development and well-being. In South Carolina in 2022, 11.6% of infants were born preterm (before 37 weeks of gestation) and 10% had low birthweight (under 5.5 pounds; **Figure 11**).[3] Preterm infants and low birthweight infants may experience long-term health risks and increased health care costs, making early medical care and monitoring during pregnancy essential to reduce their impacts.[10]

FIGURE 11

Infants Born Low Birthweight and Preterm

Percent



Source: SC DPH Vital Statistics.

The full list of recommendations, strategies, and action items will be available in October 2025 and can be viewed in the links below. These will be in alignment with the SHIP framework and ongoing statewide initiatives, including:

- Title V Maternal and Child Health Needs Assessment.
- South Carolina Maternal Health Innovation Collaborative.
- IMPH Improving Maternal and Infant Health: Increasing Access to Care in Rural SC Taskforce

Health Factors

Priority Area 4:
Affordable and Nutritious Foods

Intended Result

All people in South Carolina consume affordable and nutritious foods.

Why is This Important?

Affordable and nutritious foods play a vital role in supporting health and preventing poor outcomes across the state. Food insecurity, meaning not having enough food to eat consistently, has been linked to a higher risk of chronic conditions such as diabetes, heart disease, obesity, and certain cancers. It also negatively affects quality of life, as well as physical and mental well-being.[14]

Headline Indicators

Food Insecurity

Percentage of residents experiencing food insecurity.

Limited Access to Healthy Foods

Percentage of low-income residents living in low-access census tracts.

Fruit & Vegetable Consumption

Percentage of adults eating less than one serving of fruits and vegetables per day.

Strategies

Strategy 4.1

Increase the reach of nutrition supports.

Strategy 4.2

Expand access to Food is Medicine interventions.

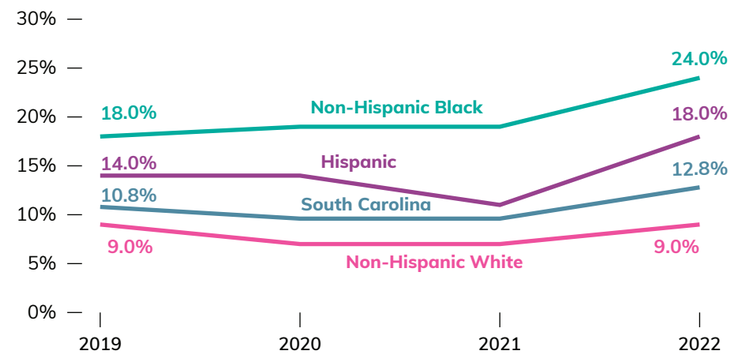
Food Insecurity

Food insecurity is the lack of consistent access to enough nutritious food due to financial or logistical challenges. It affects health, well-being, and economic stability, increasing risks of malnutrition, chronic illness, and developmental issues, especially among low-income and socially vulnerable groups.[15] Across South Carolina, Black and Hispanic residents (**Figure 12**), rural communities, children, and older adults experience the highest rates of food insecurity.[16] In 2022, 12.8% of the overall population in South Carolina faced food insecurity, including 17.7% of children and 14.7% of older adults.[16]

FIGURE 12

Residents Experiencing Food Insecurity, by Race/Ethnicity

Percent



Source: Feeding America.

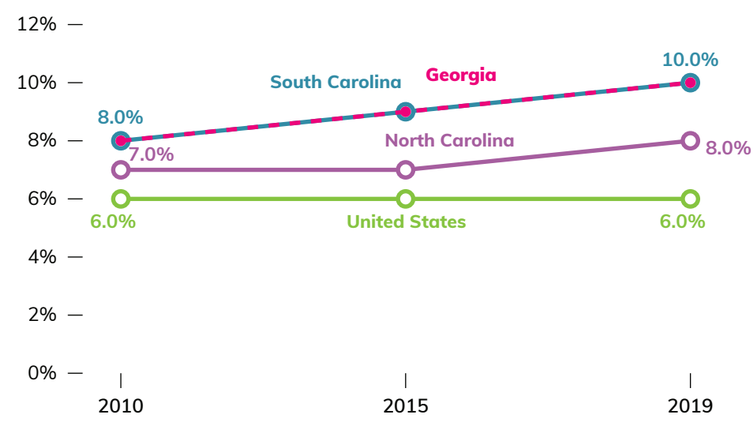
Limited Access to Healthy Foods

Limited access to healthy foods contributes to poor diet quality, chronic conditions, and food insecurity, particularly in low-income and rural communities.[17] This measure accounts for the 10% of South Carolina residents who are both low-income and live more than 10 miles from a grocery store in rural areas or over one mile from a grocery store in non-rural areas (**Figure 13**).[17] In addition, 105 grocery stores (12.9%) closed in South Carolina between 2016 and 2020, mostly affecting low-income areas and limiting access to healthy foods for these residents.[18] This also adds challenges related to food costs, transportation, and time, which can ultimately affect health.

FIGURE 13

Low Income Residents Living in Low-Access Census Tracts

Percent



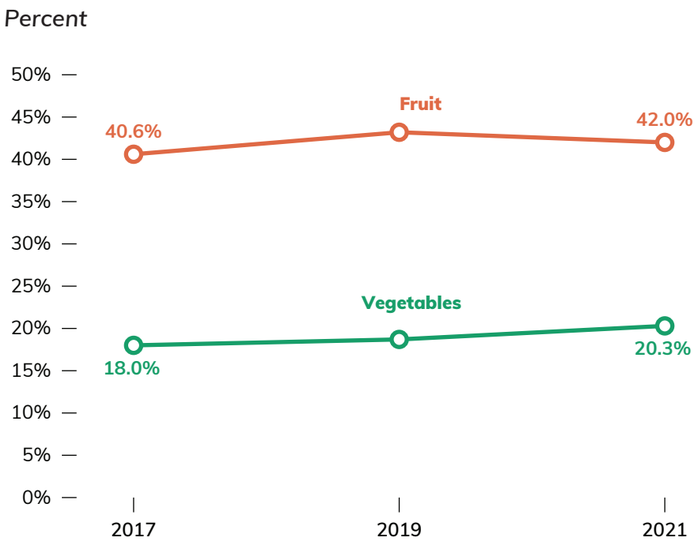
Sources: United States Department of Agriculture (USDA), 2020.

Fruit and Vegetable Consumption

Fruit and vegetable consumption is crucial for overall health, as it lowers the risk of chronic diseases like heart disease, obesity, and diabetes.[19] However, many individuals, particularly in low-income and food-insecure communities, struggle to meet recommended dietary guidelines due to factors like cost, accessibility, and dietary habits. In 2021, 42.0% of South Carolina adults consumed less than one serving of fruit per day, and 20.3% ate fewer than one serving of vegetables daily, falling short of the recommended 4-5 servings per day (**Figure 14**).[2]

FIGURE 14

Adults Eating Less than One Serving of Fruit and Vegetables per Day



Sources: SC BRFSS.

Notes: Adults 18 +.

Strategies and Opportunities for Collaborative Action

Strategy 4.1

Increase the reach of nutrition supports.

Action Items

- **Expand Women Infant and Children (WIC) participation among eligible pregnant women and young children:** Expanding WIC supports healthier pregnancies, improves birth outcomes, and promotes proper growth and long-term health.
- **Address senior nutrition:** Expanding the GetCareSC database and using the Nourish to Flourish social media toolkit improves access to nutrition programs and raises awareness about senior malnutrition.
- **Enhance summer meals:** Strengthening collaboration and promoting shared messaging enhances the quality, reach, and participation in summer meal programs, reducing childhood hunger during school breaks.

Strategy 4.2

Expand access to Food is Medicine (FiM) interventions.

Action Items

- **Increase the implementation, reach, and sustainability of FiM interventions across the state:** Expanding FiM interventions improves access to nutritious foods for individuals with diet-related health conditions, supporting better health outcomes.
- **Support collaborative statewide FiM capacity-building efforts:** Building statewide collaboration enhances FiM's reach and impact on community nutrition and health.
- **Promote FiM through professional development for healthcare and food-based organizations:** Training professionals equips them to effectively implement and advocate for FiM initiatives, improving patient and community health.

Priority Area 5:
Safe and Affordable Places to be Physically Active

Intended Result

All people in South Carolina are physically active in safe and accessible places.

Why is This Important?

Safe spaces for physical activity support mobility and overall health throughout life.[20] In South Carolina, where chronic conditions like obesity, diabetes, and heart disease are common, having accessible parks, trails, sidewalks, and bike lanes is important. These spaces not only improve physical and mental well-being but also strengthen community connections, enhance local economies, increase safety, and benefit the environment.[21]

Headline Indicators

Adult Physical Inactivity

Percentage of adults reporting no physical activity outside of work.

Cardiorespiratory Fitness in Children

Percentage of students in the FitnessGram Healthy Fitness Zone for cardiorespiratory fitness.

Access to Opportunities for Physical Activity

Percentage of residents living close to a park or recreation facility.

Strategies

Strategy 5.1

Promote community mobility and opportunities for active transportation.

Strategy 5.2

Improve early care and education environments.

Strategy 5.3

Prioritize physical activity in schools.

Strategy 5.4

Increase access to outdoor opportunities for physical activity.

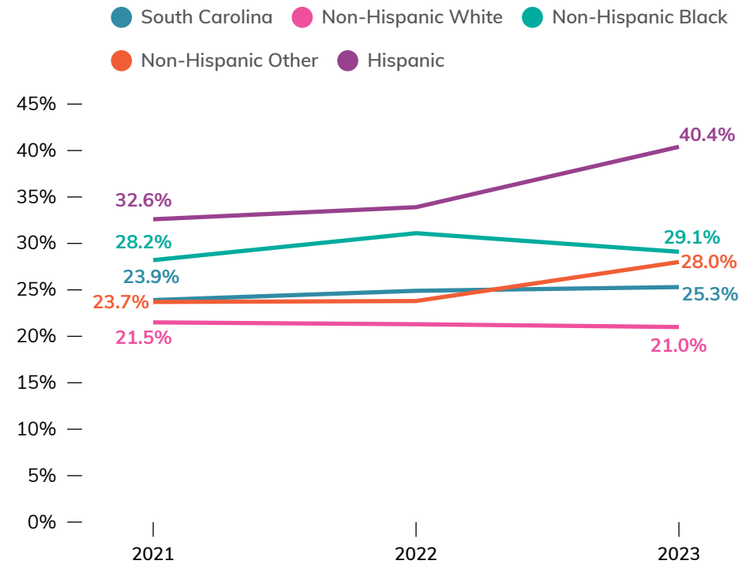
Adult Physical Inactivity

Adults who are not physically active outside of work may experience increased health risks and a lower quality of life. In South Carolina, overall inactivity rates have remained steady, though differences exist among groups, including by race/ethnicity (**Figure 15**).[2] Nearly half of adults earning less than $25,000 report little to no physical activity outside of work, compared to about 10% of those earning $200,000 or more.[2] Limited physical activity can contribute to conditions like obesity, diabetes, high blood pressure, injury, and heart disease.

FIGURE 15

Adults Reporting No Physical Activity Outside of Work, By Race/Ethnicity

Percent



Source: SC BRFSS.

Notes: Adults 18 +, Age Adjusted. Data is suppressed for some races for previous years because denominator <50 or 95% CI >20%.

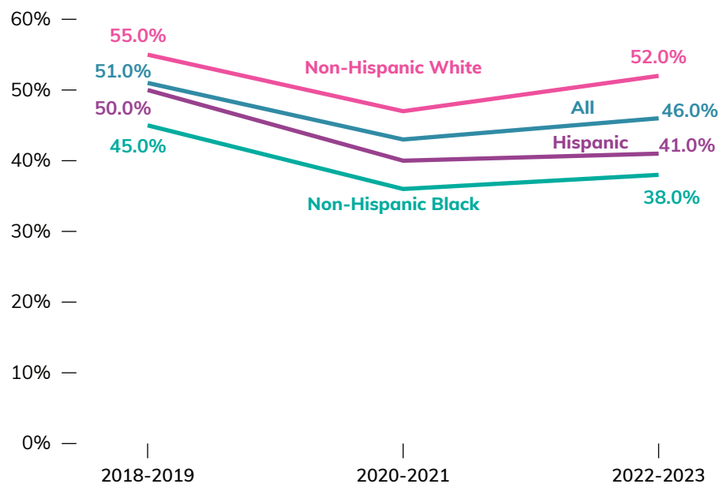
Cardiorespiratory Fitness in Children

South Carolina FitnessGram is a statewide initiative aimed at evaluating and improving fitness levels among public school students. The program assesses students in 5th grade, 8th grade, and in high school, with 2nd graders also participating in height and weight measurements. Data from the 2022-2023 school year reveal that 46% of students are not meeting minimum standards for cardiorespiratory health, a key measure of both current fitness and future risk for chronic diseases and poor health outcomes (**Figure 16**).[22,23,24]

FIGURE 16

Students in the FitnessGram Healthy Fitness Zone for Cardiorespiratory Fitness, by Race/Ethnicity

Percent



Source: South Carolina FitnessGram.

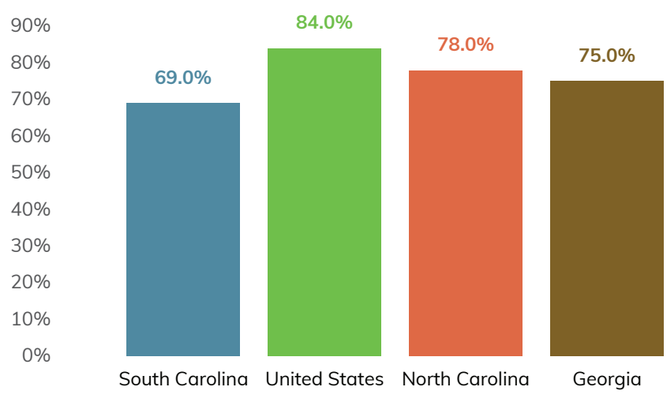
Access to Opportunities for Physical Activity

About 69% of South Carolina residents live within half a mile of a park or 1-3 miles of a recreational facility, slightly below rates in other Southeastern states (**Figure 17**).[25] In addition to these spaces, sidewalks, bike lanes, school facilities open to the community, and informal areas like churchyards, parking lots, fields, and private yards also offer important opportunities for physical activity and community connection.

FIGURE 17

Residents Living Close to a Park or Recreation Facility

Percent



Source: County Health Rankings and Roadmaps, 2025.

Strategies and Opportunities for Collaborative Action

Strategy 5.1

Promote community mobility and opportunities for active transportation.

Action Items

- **Increase the capacity of local communities to assess and promote community mobility and active transportation:** Empowering communities with tools and knowledge improves walkability, bikeability, and access to safe transportation.
- **Align technical assistance and training processes and resources across state partners:** Streamlining resources enhances consistency, efficiency, and collaboration in promoting active transportation statewide.
- **Improve understanding and coordination among multi-sector state and local partners:** Strengthening collaboration across sectors leads to more effective, holistic mobility solutions.
- **Create and promote messaging that emphasizes the importance of community mobility and accessibility:** Clear messaging raises awareness and support for improving community mobility and access.

Strategy 5.2

Improve early care and education environments.

Action Items

- **Support increased participation in the Grow Outdoors South Carolina initiative:** Expanding engagement promotes outdoor activity and early nature connections, fostering lifelong healthy habits in children.
- **Foster relationships with partners to build awareness and shared buy-in:** Strong partnerships boost collaboration, resources, and commitment to improving outdoor access and healthy environments for children.
- **Create and promote messaging highlighting the importance of these efforts:** Strategic messaging raises awareness of outdoor activity benefits, early wellness, and the role community support plays in sustaining these efforts.
- **Explore potential opportunities for coordinated support related to nutrition and healthy eating in early-care and education environments:** Enhancing nutrition initiatives in early care settings helps young children develop healthy eating habits for long-term well-being.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 5.3

Prioritize physical activity in schools.

Action Items

- **Maintain and grow statewide participation in SC FitnessGram:** Expanding participation tracks and improves student fitness, supporting healthier lifestyles and school physical activity programs.
- **Leverage data and success stories to inform action through collaborative messaging:** Using data and success stories strengthens promotion, informs policy, and increases investment in student health.
- **Increase participation in programs supporting comprehensive school physical activity:** Encouraging well-rounded school physical activity programs gives students more chances to be active, boosting health and academics.
- **Collaboratively advance opportunities for professional development for school partners:** Training educators equips them to effectively promote physical activity and foster lasting health benefits for students.

Strategy 5.4

Increase access to outdoor opportunities for physical activity.

Action Items

- **Align strategic opportunities for planning and shared learning across state and local partners:** Strengthening collaboration fosters innovative solutions, shared resources, and more effective strategies to improve outdoor access.
- **Promote connectivity and accessibility to trails, parks, and open spaces across the state:** Expanding access to recreational areas supports active living, mental well-being, and community health.
- **Promote the value of trails, parks, and open spaces through shared messaging:** Raising awareness highlights the role of these spaces in healthier communities and drives public support and informs policy.
- **Support the statewide implementation of Kids in Parks TRACK Trails through messaging and partner coordination:** Coordinated messaging and partnerships expand engagement, encouraging families to explore nature and lead active lives.

Priority Area 6: Access to High-Quality Health Care

Intended Result

All people in South Carolina receive patient-centered, timely, and high-quality health care.

Why is This Important?

Access to high-quality health care is fundamental to individual and community well-being.[26] High-quality health care is effective, efficient, patient-centered, safe, and timely, all of which are critical for preventing disease, managing chronic conditions, and reducing avoidable disability and premature death.[27] However, gaps in access, particularly for low-income, rural, and underserved populations, drive gaps in health outcomes, lead to delayed diagnoses, and increase preventable hospitalizations, disease complications, and health care costs.

Headline Indicators

Delayed Medical Care

Percentage of adults reporting delaying medical care due to cost.

Avoidable Emergency Department Utilization

Rate of avoidable emergency department visits per 100,000 population.

Health Insurance Coverage

Percentage of adults with health insurance coverage.

Medically Underserved Areas

Rate of primary care providers per 100,000 population.

Strategies

Strategy 6.1

Reduce structural and economic barriers within the healthcare system.

Strategy 6.2

Strengthen access to and navigation of the healthcare system.

Strategy 6.3

Advance healthcare policies to close coverage gaps across populations.

Strategy 6.4

Adopt and expand programs that improve geographical access to care.

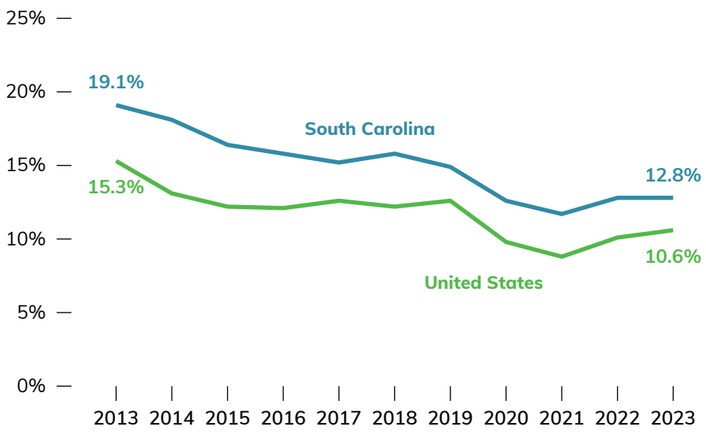
Delayed Medical Care

Delayed medical care, often driven by cost, access challenges, or personal barriers, can lead to more serious health issues and higher long-term health care costs.[28,29,30] In South Carolina, delays due to cost declined from 19.1% in 2013 to 11.7% in 2021, with a slight increase to 12.8% in 2022 and 2023 (**Figure 18**).[2] Adults ages 25 to 44 report the highest rates of delay, and Hispanic residents experience the highest rate at 29.1%, compared to 22% for non-Hispanic Black residents and 10.2% for non-Hispanic White residents.[2]

FIGURE 18

Delayed Medical Care due to Cost

Percent



Sources: SC BRFSS.

Notes: Adults 18 +.

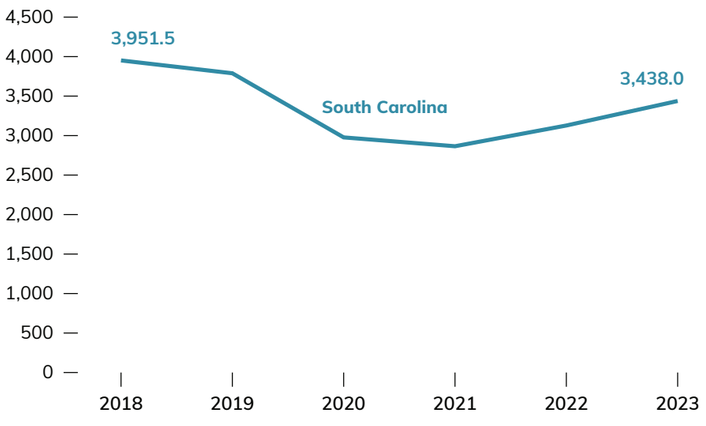
Avoidable Emergency Department Utilization

Avoidable Emergency Department (ED) use can be a sign of limited access to timely or appropriate care.[31] In South Carolina, avoidable ED visits declined from 3,951.5 per 100,000 in 2018 to 2,865.0 in 2021, but increases in 2022 and 2023 suggest ongoing challenges remain (**Figure 19**).[9] Higher rates are seen in rural areas and among certain population groups, reflecting broader gaps in access to consistent, community-based care.

FIGURE 19

Avoidable Emergency Department Visits

Rate per 100,000 population



Source: SC RFA.

Note: Avoidable conditions include convulsions, chronic obstructive pulmonary disease (COPD), pneumonia, asthma, heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary tract infections, and dehydration.

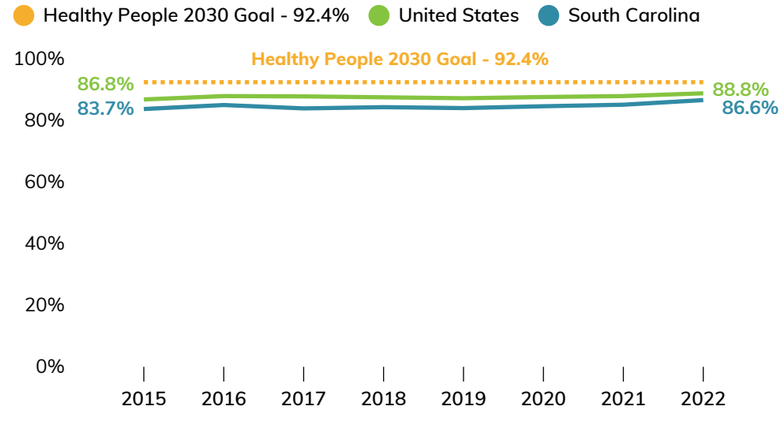
Health Insurance Coverage

Health insurance coverage supports access to preventive care, early treatment, and chronic disease management. In South Carolina, 86.6% of adults had health insurance in 2022, slightly below the national average (88.8%) and the Healthy People goal (92.4%) (**Figure 20**).[32] Coverage rates were highest among non-Hispanic White individuals (89.3%) and lowest among Hispanic individuals (65.9%).[32] Rural counties reported lower insurance coverage rates than urban areas, and women were more likely to be insured than men.[32] While coverage has improved since 2015, gaps remain across population groups and regions.

FIGURE 20

Health Insurance Rates for Adults

Percent



Sources: Small Area Health Insurance Estimates (SAHIE).

Notes: Adults 18 - 64.

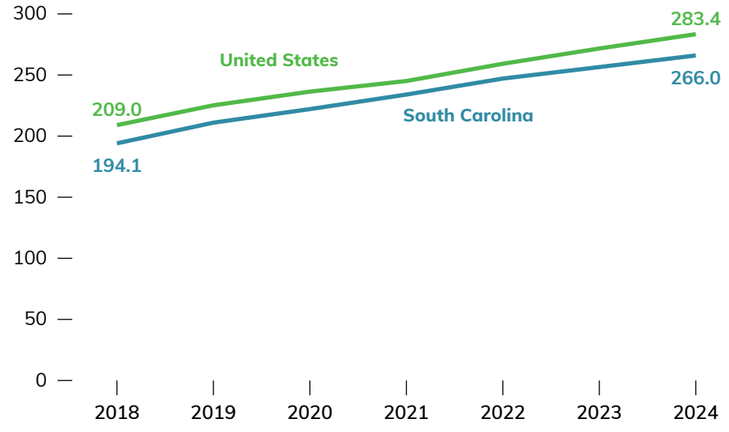
Medically Underserved Areas

Medically Underserved Areas (MUAs), designated by the Health Resources and Services Administration (HRSA), reflect communities with limited access to primary care services based on factors like provider shortages, high poverty rates, elevated infant mortality, and a larger aging population.[33] In South Carolina, most MUAs are rural.[33] Primary care provider availability has improved over the last six years from 194.1 in 2018 to 266.0 per 100,000 people in 2024 (**Figure 21**). However, over 90% of providers are located in urban areas. Rural counties such as Lee and Jasper face critical shortages, and regional differences persist, with the SC DPH Midlands Public Health Region having some of the lowest provider rates in South Carolina.[33]

FIGURE 21

Primary Care Providers

Rate per 100,000 population



Source: America's Health Rankings.

Note: Data was collected in September. Number of active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine physicians, as well as physician assistants and nurse practitioners).

Strategies and Opportunities for Collaborative Action

Strategy 6.1

Reduce structural and economic barriers within the healthcare system.

Action Items

- **Invest in and expand innovative treatment sites and services:** Mobile clinics, telehealth, and transportation programs overcome geographic barriers, improving health care access in underserved and rural areas.
- **Expand and support the utilization of navigators and support persons:** Community health workers and educators bridge health literacy gaps, helping patients navigate the healthcare system and access timely, culturally sensitive care.
- **Reduce out-of-pocket costs and improve reimbursement rates:** Lowering financial barriers and improving reimbursement encourages timely care, reduces delays, and enhances health outcomes.

Strategy 6.2

Strengthen access to and navigation of the healthcare system.

Action Items

- **Enhance care coordination and infrastructure:** Seamless communication among providers improves patient outcomes, reduces fragmentation, and optimizes resource use.
- **Maximize full utilization of healthcare professionals within the scope of their education and licensure:** Using providers to their full capacity addresses workforce shortages, reduces burnout, and ensures timely, appropriate care.
- **Establish and strengthen conventional and non-traditional partnerships to boost healthcare education and service delivery:** Partnerships improve patient education, reduce avoidable ED visits, and expand outreach to underserved populations.
- **Strengthen quality improvement strategies and initiatives within EDs:** Quality improvement efforts optimize data, streamline care, and ensure efficient ED resource use.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 6.3

Advance healthcare policies to close coverage gaps across populations.

Action Items

- **Expand access to care through private, public, and insurance marketplaces:** Closing coverage gaps and strengthening marketplaces improves affordability and access to essential health care for low-income and uninsured individuals.
- **Expand prevention services across all insurance platforms:** Ensuring coverage of preventive services across all insurance types promotes early detection, cost-effective care, and long-term health savings.
- **Incentivize employers to provide insurance options and subsidize lower premiums:** Offering tax incentives and subsidies helps small and medium businesses provide affordable insurance, increasing coverage for low-wage workers.

Strategy 6.4

Adopt and expand programs that improve geographical access to care.

Action Items

- **Develop payment models for community health workers, community paramedicine, doulas, and peer support specialists:** Formal payment structures improve access, lower costs, and promote equity by supporting prevention and vulnerable populations.
- **Invest in rural health centers, federally qualified health centers (FQHCs), and free clinics:** Strengthening community health centers enhances comprehensive care access, addresses behavioral health needs, and stimulates local economies.
- **Explore innovative healthcare models with enhanced reimbursement for rural and underserved areas:** Improved reimbursement attracts providers, supports telemedicine, and ensures sustainability for rural healthcare facilities.
- **Recruit and retain residents of underserved, rural areas through workforce development and training:** Building a local, culturally competent workforce improves access and creates a sustainable provider pipeline to address gaps in care.

Priority Area 7:
Income and Poverty

Intended Result

All people in South Carolina achieve and sustain generational economic prosperity and well-being.

Why is This Important?

Economic stability is essential for the well-being of many South Carolinians, as it influences access to vital resources like housing, health care, education, and employment. While some groups face greater economic challenges, including single-parent households and rural communities, the state's recent growth in population and jobs offers opportunities for broader health improvements. Supporting economic prosperity is therefore a key part of South Carolina's strategy to enhance overall population health and improve quality of life for residents.

Headline Indicators

Median Household Income

Median household income in dollars.

Unsheltered Homelessness

Number of unsheltered homeless.

Unemployment

Percentage of individuals unemployed.

Strategies

Strategy 7.1

Advance policies that promote upward economic mobility.

Strategy 7.2

Expand collaborative and preventive approaches to address housing insecurity and homelessness.

Strategy 7.3

Foster and build a resilient workforce.

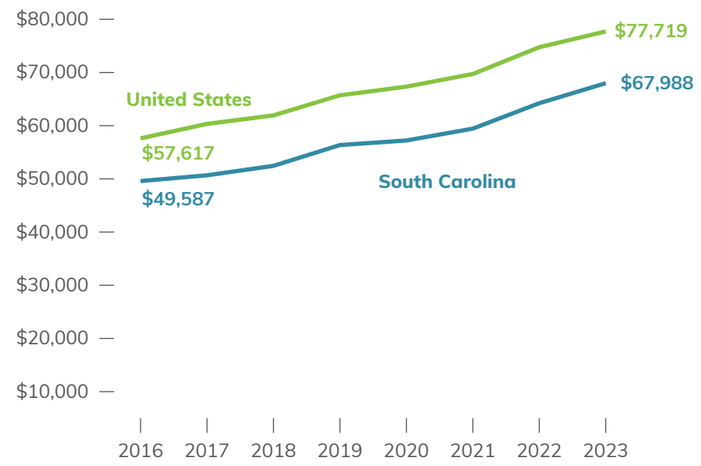
Median Household Income

Median household income is a key measure of economic health, representing the midpoint of a population's income; half of households earn more, half less.[34] It reflects financial stability and quality of life. In 2023, the state's median household income was $67,988, or about $32.44 per hour for one full-time worker (**Figure 22**).[35] However, income varies widely by occupation and region. In that year, the average wage across all occupations was $54,250 ($26.08 per hour).[35] Regional income gaps reflect broader economic and social patterns, with median household incomes ranging from $88,111 in Charleston County to only $35,477 in Allendale County.[36]

FIGURE 22

Median Household Income

Dollars



Source: Small Area Income and Poverty Estimates (SAIPE).

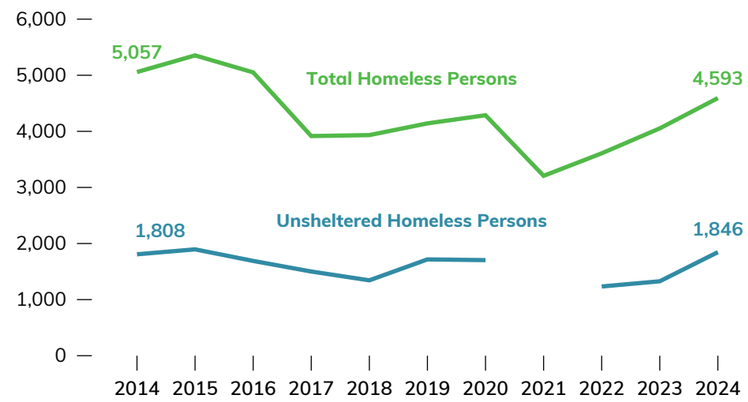
Unsheltered Homelessness

Unsheltered homelessness involves living in places not meant for habitation, such as streets or vehicles.[37] It is linked to higher rates of chronic illness, mental health issues, substance use, and limited health care access.[38,39] According to the 2023 Point-in-Time (PIT) count, approximately 582,500 people experienced homelessness in the United States, with nearly 40% living unsheltered.[40] In South Carolina, an estimated 4,593 individuals were identified as homeless in 2024, including a portion living without shelter (**Figure 23**).[41]

FIGURE 23

Number of Total Unsheltered Homeless

Count



Sources: Housing and Urban Development (HUD): Continuum of Care Homeless Populations and Subpopulations, SC.

Note: In 2021, HUD allowed communities to cancel or modify the unsheltered survey portion of their homelessness counts due to COVID-19 transmission risks. As a result, the reported total homeless counts are missing unsheltered data.

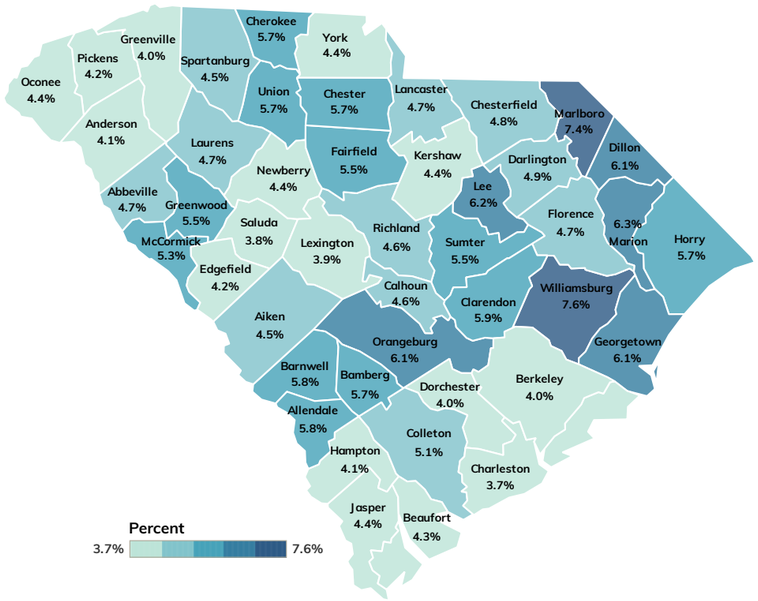
Unemployment

The unemployment rate, or share of the labor force without jobs but actively seeking work, is a key measure of economic health, reflecting job availability, financial security, and access to health care though employer coverage.[35,39] As of February 2025, South Carolina's unemployment rate was approximately 4.2%, remaining relatively low compared to other states.[35] However, this average masks regional differences, with the Pee Dee public health region experiencing the highest unemployment rate and the Upstate public health region the lowest (**Figure 24**).[35]

FIGURE 24

Unemployment Rate by County

Percent



Source: Local Area Unemployment Statistics, SC Department of Employment and Workforce (DEW), February 2025.

Note: Seasonally Unadjusted.

Strategies and Opportunities for Collaborative Action

Strategy 7.1

Advance policies that promote upward economic mobility.

Action Items

- **Explore and encourage opportunities for increasing household income:** Supports financial stability and community strength by helping South Carolinians meet basic needs.
- **Expand innovative strategies to increase eligibility for programs that benefit individuals and families:** Addresses gaps for underserved populations by broadening access to essential financial and resource support.
- **Explore opportunities for incorporating additional factors beyond income when considering the federal poverty level:** Enables more accurate, tailored interventions by including cost-of-living and other relevant factors.
- **Support acquiring job skills through education, certification programs, and on-the-job training:** Builds a skilled workforce for higher-paying jobs, promoting economic stability and growth.

Strategy 7.2

Expand collaborative and preventive approaches to address housing insecurity and homelessness.

Action Items

- **Educate and encourage a housing-first model to highlight the connection between housing and health:** Providing immediate housing without preconditions supports individuals in addressing other challenges and reduces long-term homelessness costs.
- **Improve information sharing and collaboration at all government levels and across sectors working with persons at risk of or experiencing homelessness:** Enhancing communication and data sharing ensures efficient, coordinated support among agencies and partners.
- **Examine and address state policies and practices that may have contributed to homelessness:** Reviewing and reforming policies helps identify and correct structural inequities, fostering equitable solutions to reduce homelessness.
- **Improve collaboration between affordable and fair housing programs at the state, regional, and local levels:** Strengthening partnerships expands access to affordable housing and fair practices, benefiting vulnerable populations with more resources and protections.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 7.3

Foster and build a resilient workforce.

Action Items

- **Encourage employers to offer competitive wages and subsidize affordable childcare, transportation, and healthcare benefits:** Supporting these benefits helps attract and retain workers, reduces turnover, and removes barriers to workforce participation.
- **Increase the availability of transitional jobs with training and support services:** Transitional jobs offer short-term work and training that help individuals gain experience and move toward stable employment.
- **Support opportunities for the employability of individuals with criminal convictions:** Expanding fair hiring and training reduces recidivism and promotes economic inclusion and community reintegration.

Priority Area 8: Education

Intended Result

All people in South Carolina receive fair and supportive education and training through pathways that support their highest potential.

Why is This Important?

Education plays a vital role in health by improving health literacy, economic stability, and preventive behaviors. Higher education levels are linked to better health outcomes, as they help individuals make informed choices, access care, and maintain healthier lifestyles. Education also supports economic opportunities and contributes to healthier communities and a stronger workforce, ultimately enhancing quality of life and reducing health care costs.[42]

Headline Indicators

Teacher Retention
Percentage of teachers returning to work (1- and 3-year).

Kindergarten Readiness
Percentage of students demonstrating readiness.

High School Completion
Percentage of students who have graduated from high school (adjusted cohort graduation rate).

Post-Secondary Enrollment
Percentage of students enrolled in college or graduate school (ages 18-24).

Strategies

Strategy 8.1
Cultivate a culture of appreciation and collective efficacy with improved educator compensation.

Strategy 8.2
Support early childhood education programs and professionals.

Strategy 8.3
Ensure all students have clear and achievable pathways to graduation.

Strategy 8.4
Improve access to post-secondary educational opportunities.

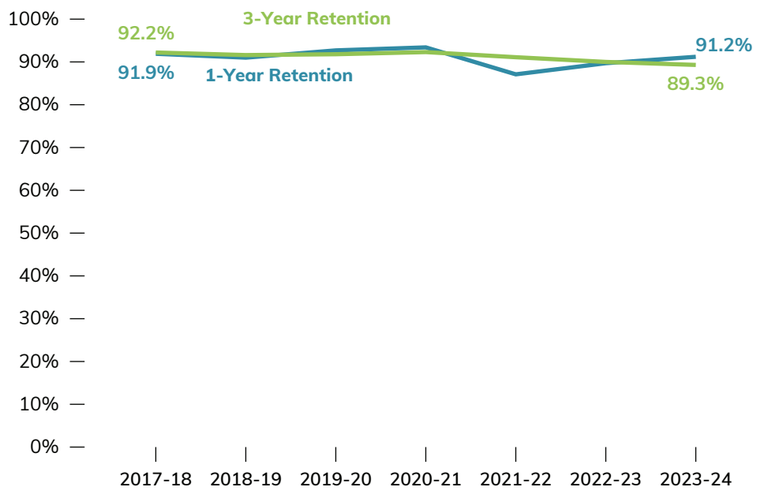
Teacher Retention

Teacher retention is key to maintaining education quality and, in turn, supporting population health in South Carolina. It measures the percentage of educators who stay in their positions over time and indicates workforce stability and education system strength. South Carolina has faced ongoing teacher shortages, especially in lower-income areas, where high turnover worsens educational disparities. One-year retention rates declined from 93.4% after the 2020-21 school year to 87.1% in 2021-22 (**Figure 25**).[43,44] While rates have improved to 91.2% in 2023-24, they have not yet returned to pre-pandemic levels (**Figure 25**).[43,44]

FIGURE 25

One-Year and Three-Year Teacher Retention

Percent



Source: SC School Report Cards, SC Department of Education.

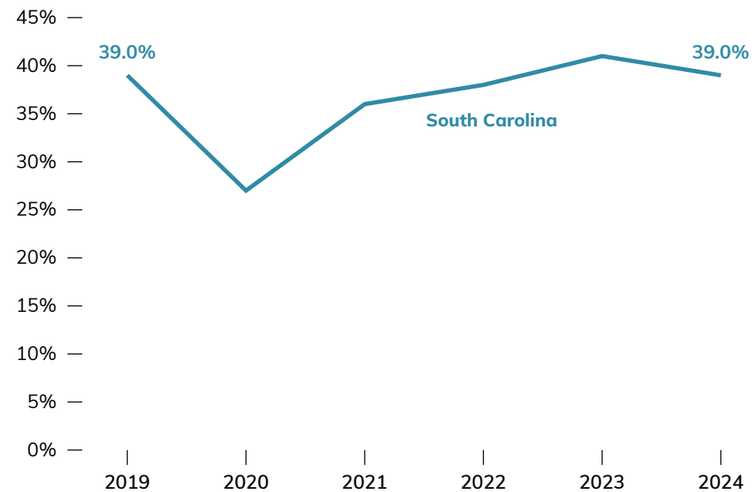
Kindergarten Readiness

Kindergarten readiness is a key indicator of long-term academic success and overall well-being, measuring children's preparedness in areas like physical health, motor skills, social-emotional development, language, and cognition. In South Carolina, the Kindergarten Readiness Assessment (KRA) evaluates students in language and literacy, mathematics, physical well-being, and social foundations.[45,46] In 2024, 39% of kindergarteners were considered fully ready, matching 2019 pre-pandemic levels following a decline in 2020 (**Figure 26**).[45,46] Of the 53,354 students assessed, 64% lived in poverty.[45,46] Readiness levels vary based on an array of factors, including economic background and race/ethnicity, underscoring the need for stronger early learning supports to ensure all children enter school prepared to succeed.[45,46]

FIGURE 26

Students Demonstrating Readiness

Percent



Source: SC Department of Education.

Note: Kindergarten readiness is defined as "demonstrating readiness" on the SC Kindergarten Readiness Assessment. For the year 2020 - modified KRA was used due to COVID-19 pandemic.

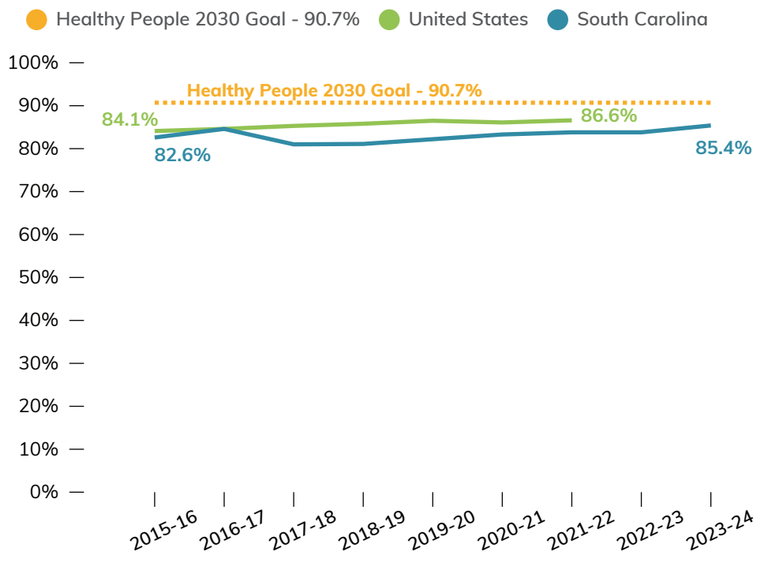
High School Completion

In South Carolina, the graduation rate has increased from 81% in 2017–2018 to 85.4% in 2023–2024, though it remains just below the national average (**Figure 27**).[47] Graduation rates differ by gender, with 81.7% of males and 89.2% of females finishing high school.[47] Economic circumstances also influence graduation rates, with 94% of students without economic challenges graduating compared to 78.9% of those with greater financial needs.[47] Additionally, students with disabilities had a graduation rate in the 2023-2024 school year of just 60.1%, highlighting additional challenges for this population.[47]

FIGURE 27

High School Graduation Rate

Percent



Source: SC School Report Cards; SC Department of Education; US National Center for Education Statistics (NCES); HP 2030.

Note: Adjusted Cohort Graduation Rates.

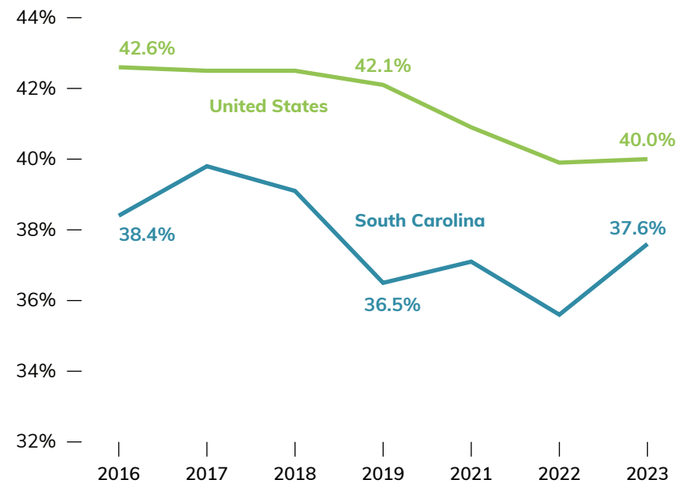
Post-Secondary Enrollment

Post-secondary enrollment, including college, technical, and vocational education, is a key driver of career advancement, higher earning potential, and personal growth.[48] Readiness extends beyond traditional college pathways to include career and military preparation. Post-secondary enrollment is closely linked to economic and health outcomes, as higher education levels correlate with better job opportunities, higher wages, and improved health care access.[49] In South Carolina, there has been a gradual decline in college or graduate school enrollment percentages among the population aged 18-24.[49] In 2017, the post-secondary enrollment rate was 39.8%, gradually declining to a low of 35.6% in 2022. While increasing in 2023, SC post-secondary enrollment is persistently lower than the national average (**Figure 28**).[49]

FIGURE 28

Students Enrolled in College or Graduate School (Age 18-24)

Percent



Source: US Census Bureau: American Community Survey (ACS).

Note: 1-year estimates. 2020 1-Year ACS data is not available due to the COVID-19 pandemic.

Strategies and Opportunities for Collaborative Action

Strategy 8.1

Cultivate a culture of appreciation and collective efficacy with improved educator compensation.

Action Items

- **Create avenues for educators to participate in decision-making processes:** Giving teachers a voice in school decisions increases their job satisfaction, professional respect, and retention.
- **Increase community and familial engagement:** Strong school-family-community partnerships improve student outcomes and create supportive environments that boost teacher retention.
- **Explore opportunities for enhancing compensation models for educators:** Competitive and equitable pay is essential to attracting and keeping quality educators and reducing turnover.
- **Continue to research and monitor the teacher and administrator workforce profile:** Regular workforce data collection informs policies and interventions to support recruitment, retention, and development.

Strategy 8.2

Support early childhood education programs and professionals.

Action Items

- **Increase engagement of families as partners in children's learning and development:** Active family involvement strengthens children's foundational skills and supports long-term academic and developmental success.
- **Explore innovative solutions to increase compensation for early childhood educators and professionals:** Competitive salaries help attract and retain skilled early childhood educators, reducing turnover and improving program quality.
- **Improve career pathways and professional development for early childhood professionals:** Ongoing professional development enhances teaching quality and child outcomes, raising overall early education standards.
- **Increase access to early care and education:** Expanding high-quality early learning, especially in underserved areas, helps close achievement gaps and supports families and state economic growth.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 8.3

Ensure all students have clear and achievable pathways to graduation.

Action Items

- **Train educators to use a whole student approach throughout a child's education:** Equipping educators to support academic, social-emotional, and physical needs fosters a supportive environment that boosts student engagement and retention.
- **Provide clear, accessible, and individualized opportunities for high school completion:** Expanding alternative education, credit recovery, and career-readiness options ensures all students can complete high school despite challenges.
- **Continue to monitor and refine academic standards and assessments:** Ongoing evaluation keeps standards rigorous, equitable, and relevant, preparing students for success after graduation.

Strategy 8.4

Improve access to post-secondary educational opportunities.

Action Items

- **Increase the availability and accessibility of post-secondary opportunities for students prior to high school:** Early exposure to post-secondary pathways through dual enrollment, career exploration, and technical education helps students make informed decisions and improves readiness for college or career training.
- **Expand support for students facing financial or social challenges to improve education and placement:** Providing targeted support like financial aid guidance and mentorship helps students overcome barriers and access post-secondary opportunities.
- **Explore opportunities to enhance the counselor-to-student ratio to better meet student and family needs:** Lowering counselor-to-student ratios allows for more personalized academic and career guidance, increasing awareness of options and improving long-term success.
- **Foster partnerships with employers to provide internships, apprenticeships, job shadowing, and other work-based learning experiences:** Collaborating with employers to offer hands-on career experiences helps students become more career-ready and informed about their post-secondary choices.

Priority Area 9:
Neighborhood and Community Development

Intended Result

All people in South Carolina live in neighborhoods and communities with safe, accessible, and sustainable environments.

Why is This Important?

Neighborhood and community development plays a powerful role in shaping the social and physical environments where people live, work, and connect. These environments directly affect the health, safety, and overall quality of life for South Carolinians. Thoughtfully designed and maintained communities provide affordable housing, reliable transportation, clean surroundings, and safe spaces for activity and social connection. Addressing these factors encourages healthier lifestyles, strengthens economic stability, and improves access to healthcare and other essential services.[21]

Headline Indicators

Walkability
Percentage of South Carolinians with access to opportunities for physical activity.

Violent Crime
Rate of violent crime per 10,000 inhabitants.

Housing Cost Burden
Percentage of South Carolinians with housing cost burden.

Transportation
Percentage of households in South Carolina with no motor vehicle.

Strategies

Strategy 9.1
Improve and sustain a pedestrian-centered infrastructure.

Strategy 9.2
Implement and enhance coordination between evidence-informed violence reduction initiatives.

Strategy 9.3
Support the creation of affordable and sustainable housing in South Carolina.

Strategy 9.4
Increase access to safe and accessible multimodal transportation.

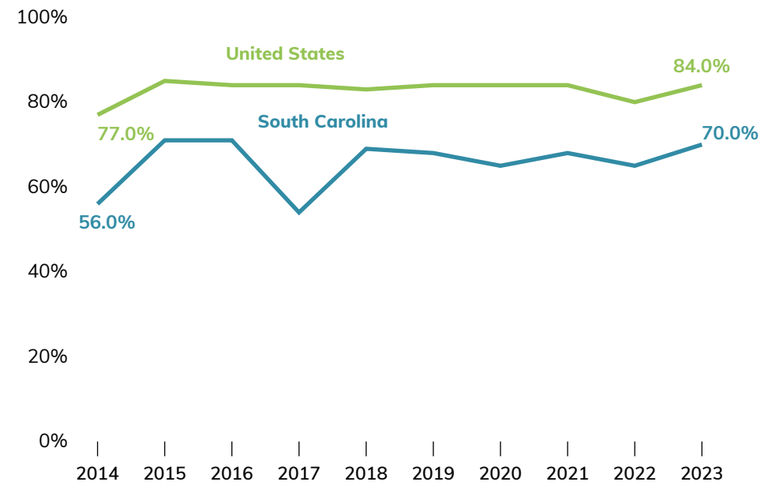
Walkability

Walkability refers to how easily and safely people can walk in a community, considering factors like pedestrian-friendly streets, sidewalks, nearby parks, and safe routes. The National Walkability Index helps measure this across the country, with low walkability often linked to limited community development and economic challenges.[50] In South Carolina, the share of residents with safe access to physical activity opportunities rose from 56% in 2014 to 70% in 2023 (**Figure 29**).[50] However, progress has slowed since 2018, with noticeable differences between urban and rural areas, where smaller and more rural counties tend to be less walkable.[50]

FIGURE 29

Residents with Access to Opportunities for Physical Activity

Percent



Source: County Health Rankings and Roadmaps.

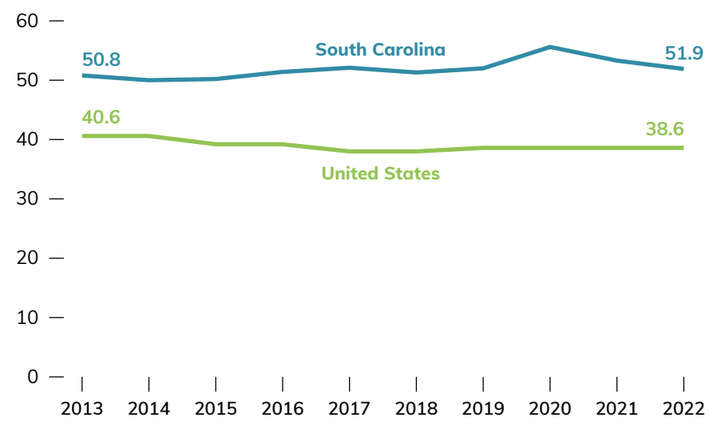
Violent Crime

South Carolina has consistently had higher violent crime rates than the national average. Between 2013 and 2022, the violent crime rate increased slightly from 50.8 to 51.9 per 10,000 population, peaking at 55.6 per 10,000 population in 2020 (**Figure 30**).[51] The homicide rate also rose during this time, from 0.79 in 2013 to 1.23 per 10,000 in 2021.[3] Rates of aggravated assault tend to be higher among males, while sexual battery rates are higher among females.[51] Certain areas, especially along the I-95 corridor, experience higher homicide rates, with Allendale County reporting the highest rate at 3.38 per 10,000 despite its small population.[3,52]

FIGURE 30

Violent Crime

Rate per 10,000 Population



Source: SC State Law Enforcement Division (SLED): Crime in SC Annual Report 2022.

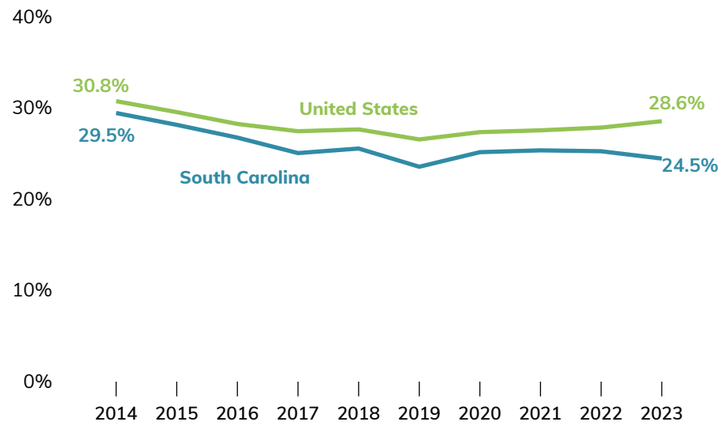
Housing Cost Burden

Housing Cost Burden (HCB), defined as spending more than 30% of household income on housing expenses, has shifted in South Carolina over the past decade.[53] From 2014 to 2023, the overall share of households facing HCB dropped from 29.5% to 24.5%, hitting a low of 23.6% in 2019 before rising again in 2020 (**Figure 31**).[53] Renters are more likely to experience HCB than homeowners with mortgages, with 52.2% of renters cost burdened in 2022 compared to 25.2% of mortgage holders.[53] Lower-income households face the greatest challenges, as nearly all earning under $20,000 annually experience HCB.[53] Geographically, the Pee Dee public health region has the highest rates of HCB, while Charleston County reports the largest share of severe HCB at 16.0%, defined as households spending more than 50% of their income on housing costs. While this issue affects both urban and rural areas across the state, some rural communities located near metro areas and highways are reporting an increase in HCB. [53]

FIGURE 31

Housing Cost Burden

Percent



Source: US Census Bureau: ACS.

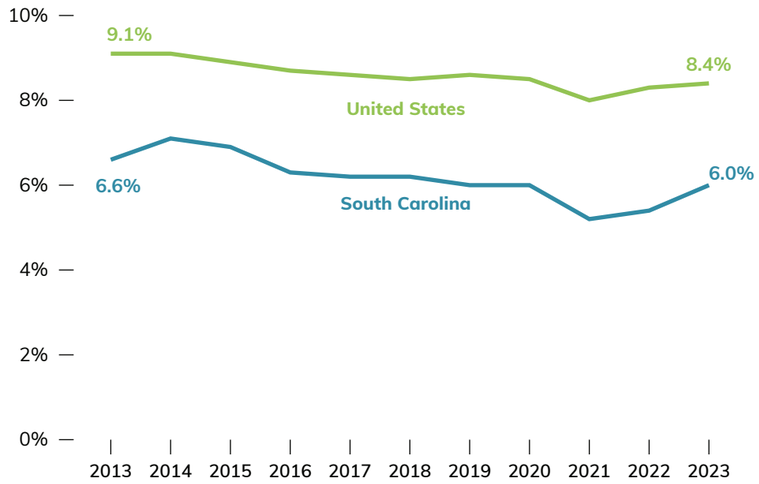
Transportation

Transportation is an important factor in health, as reliable and affordable access helps people reach health care visits, jobs, education, and other essentials.[54] In South Carolina, transportation challenges are especially common in rural and underserved areas, limiting access to needed services and affecting health outcomes. Most residents rely on personal vehicles, with nearly 95% of households owning at least one car, but public transit use is very low (**Figure 32**).[55] Over 40% of people have commutes longer than 30 minutes, which can increase traffic, pollution, and stress.[56] These challenges, particularly in rural communities, contribute to missed medical appointments, lower rates of preventive care, and decreased local social interaction and investment.

FIGURE 32

Households with No Motor Vehicle

Percent



Source: US Census Bureau: ACS.

Strategies and Opportunities for Collaborative Action

Strategy 9.1

Improve and sustain a pedestrian-centered infrastructure.

Action Items

- **Build and strengthen partnerships between private and public agencies to assess policies and practices impacting walkability:** Collaborative efforts address infrastructure and funding gaps by combining resources and expertise.
- **Educate and raise awareness about the benefits of improving pedestrian safety:** Awareness campaigns encourage community support for safer street designs and policy changes.
- **Identify and share recommendations for multimodal traffic calming strategies:** Using various transportation methods in traffic calming improves safety and accessibility for all users.

Strategy 9.2

Implement and enhance coordination between evidence-informed violence reduction initiatives.

Action Items

- **Improve trust and cooperation between communities and law enforcement:** Accountability and fairness foster safer, more collaborative communities with increased crime reporting and cooperation.
- **Explore opportunities to increase funding for violence reduction activities:** More funding supports evidence-based interventions like youth mentorship and mental health services to reduce crime.
- **Strengthen violence prevention programs and increase cross-agency coordination:** Cross-sector collaboration addresses complex causes of violence for more effective prevention.
- **Identify key drivers and geographic locations with high crime rates to target interventions:** Focusing resources on high-crime areas improves safety and reduces violence.

Strategies and Opportunities for Collaborative Action (continued)

Strategy 9.3

Support the creation of affordable and sustainable housing in South Carolina.

Action Items

- **Enhance and strengthen the statewide network of organizations working on housing:** Collaboration among stakeholders improves resource sharing, policy informing, and comprehensive efforts to address housing shortages.
- **Increase public awareness of available housing programs:** Raising awareness ensures individuals and families can access needed housing resources and support.
- **Strengthen partnerships with developers and communities to enhance housing opportunities in the state:** Working with developers and communities promotes affordable, sustainable housing and mixed-income neighborhoods.
- **Collaborate with diverse stakeholders to explore the opportunities for inclusion of affordable housing:** Partnering with multisector partners and investors can help identify new funding streams to complete new, inclusive projects for residents with varying circumstances.

Strategy 9.4

Increase access to safe and accessible multimodal transportation.

Action Items

- **Collaborate and promote statewide planning efforts related to multimodal transportation planning, such as Momentum 2050, highlighting the connection between transportation and health outcomes:** Focusing on mobility improvements and partnerships supports safer roads and intuitive routes allowing residents to attend medical appointments and access other resources that enhance their health.
- **Support multimodal partnerships in urban and rural areas, highlighting the connection between transportation and local economic vitality:** Multimodal partnerships that enhance connectivity, reduce traffic congestion, and promote economic growth and sustainability.
- **Encourage the inclusion of health promotion professionals in transportation policy and planning:** Including health experts ensures transportation plans prioritize safety, active transportation, and community health.

SHIP Implementation and Monitoring

Turning Strategy into Action

The implementation and monitoring plan outlines the process for executing the SHIP and tracking its impact on public health across South Carolina. This plan focuses on ensuring that strategies are implemented effectively, progress is measured, and outcomes are continuously improved. By fostering collaboration among diverse stakeholders, utilizing data-driven approaches, and maintaining flexibility, the plan supports a responsive framework that adapts to changing health challenges. The goal is to drive sustainable improvements in population health, with clear oversight, ongoing evaluation, and a commitment to measurable results.

Key Implementation Focus Areas

1. **Governance and Oversight:** Ensure clear roles and accountability among SHIP leadership, workgroups, and community partners.
2. **Partnership Engagement:** Mobilize stakeholders to drive progress toward population health results.
3. **Evidence-Informed Interventions:** Implement data-informed, evidence-based strategies.
4. **Monitoring and Evaluation:** Continuously track progress and refine strategies based on real-time data.
5. **Workforce Capacity:** Provide ongoing training and resources for effective implementation.

During the transition from planning to execution, the SHIP's governance structure and leadership within priority workgroups will be maintained to ensure momentum and strategic direction across priority health areas. The State Health Improvement Office within DPH will continue to work closely with the Alliance to lead and execute this statewide initiative under LHSC.

Implementation Overview

Continuous Partner Onboarding and Stakeholder Engagement

- Onboard key stakeholders and define roles to align with SHIP priorities.
- Establish collaborative agreements to set clear expectations.
- Coordinate strategies with milestones and timelines across local, regional, and state levels.
- Provide capacity-building workshops to equip partners with tools for effective implementation.
- Maintain ongoing engagement through consistent communication and technical support.

Ongoing Development of Strategies & Action Plans

- Ensure the SHIP remains a living framework, adaptable to data trends and community feedback.
- Utilize the Results-Based Accountability™ (RBA) model to guide ongoing monitoring and strategy refinement.
- Regularly review and update strategies based on new insights and pilot initiatives.
- Continuously scale successful interventions based on lessons learned.
- Engage stakeholders in regular reviews and improvements to strategies.

Data Monitoring and Accountability

- Use the SHIP Scorecard to monitor population-level indicators across South Carolina.
- Develop data-informed targets and track progress through ongoing monitoring.
- Develop a public facing data dashboard to track progress.
- Ensure consistent data collection and standardization across counties.
- Improve real-time health surveillance to provide timely insights.
- Enhance cross-sector data sharing for collaboration and better decision making.
- Strengthen community-level data collection to support targeted interventions and improve outcomes.

Commitment and Call to Action

Success of the SHIP relies on the collaboration of multisector organizations, communities, and individuals. SHIP invites stakeholders to commit to aligning efforts, actively participating in initiatives, and engaging their networks to support population accountability and health improvements. Joining the call to action encourages organizations to:

- Align resources with SHIP priorities.
- Participate in the SHIP's priority workgroups and implementation strategies.
- Champion programs and policies that support the SHIP's goals.
- Track and report contributions to measure progress.

By committing, stakeholders demonstrate their dedication to improving the health of all South Carolinians.

Collective Impact

As the SHIP moves from planning and development to implementation and monitoring, strong and continued collaboration across all sectors is essential for collective impact. With strengthening partnerships, clear goals, and a shared vision, South Carolina can achieve sustainable improvements in population health. The SHIP's success depends on collective action, alignment of strategies, and leveraging resources to drive meaningful change. Through ongoing commitment, the SHIP will help transform population health in South Carolina, creating healthier communities and improved systems for all people in South Carolina.

Appendices

Appendix A: References

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Appendix B: Team Member Listing

DPH State Health Improvement Office

Member	Role
Kobra Eghtedary	Director
Farren Allen	Project Manager
Ermiyas Woldeamanuel	Epidemiologist

Live Healthy South Carolina Steering Committee

Name	Role	Agency/Organization
Graham Adams	Chief Executive Officer	Office of Rural Health
Farren Allen	State Health Improvement Project Manager	Department of Public Health
Deborah Blalock	Deputy Director, Community Mental Health Services	Department of Behavioral Health and Developmental Disabilities
Karla Buru	Deputy Director of Health Strategy and External Affairs & Chief of Staff	Department of Public Health
Harley Davis	Adjunct Instructor	Clemson University
Kobra Eghtedary	State Health Improvement Director	Department of Public Health
Melanie Gambrell	Assistant Deputy Director, Community Mental Health Services	Department of Behavioral Health and Developmental Disabilities
Sara Goldsby	Director, Office of Substance Use Services	Department of Behavioral Health and Developmental Disabilities
Marisette Hasan	Chair Program Coordinator	Alliance for a Healthier South Carolina, Health Sciences South Carolina
Melanie Matney	System Chief Operating Officer President	South Carolina Hospital Association South Carolina Hospital Association Foundation
Maya Pack	Executive Director	Institute of Medicine and Public Health
Lee Pearson	Executive Director of Operations and Accreditation	University of South Carolina, Arnold School of Public Health
Brenda Rankin	Assistance Bureau Chief Policy	Department of Health and Human Services
Monty Robertson	Executive Director	Alliance for a Healthier South Carolina
Shawn Stinson	Senior Vice President for Healthcare Innovation and Improvement	BlueCross BlueShield of South Carolina
Richele Taylor	Chief Executive Officer & Chief Legal Officer	South Carolina Medical Association
Brannon Traxler	Deputy Director for Health Promotion and Services & Chief Medical Officer	Department of Public Health

DPH Executive Advisory Committee

Member	Role
Farren Allen	State Health Improvement Project Manager
Karla Buru	Deputy Director of Health Strategy and External Affairs & Chief of Staff
Nick Davidson	Director of Region Operations and Community Engagement
Kobra Eghtedary	State Health Improvement Director
Cassandra Harris	Assistant Director, Health Programs Branch
Cristi Moore	Chief Communications Officer
Brannon Traxler	Deputy Director for Health Promotion and Services & Chief Medical Officer

Live Healthy South Carolina Process Management Team

Name	Role	Agency/Organization
Farren Allen	State Health Improvement Project Manager	Department of Public Health
Landon Campbell	Program Manager	Alliance for a Healthier South Carolina
Nick Davidson	Director of Region Operations and Community Engagement	Department of Public Health
Kobra Eghtedary	State Health Improvement Director	Department of Public Health
Monty Robertson	Executive Director	Alliance for a Healthier South Carolina
Ermiyas Woldeamanuel	State Health Improvement Epidemiologist	Department of Public Health

DPH SHIP Process Planning Committee

Farren Allen
Jennifer Almeda-Garrett
Susan Collier
Emma Durant
Kobra Eghtedary
Karen Gambrell
Lillie Hall
Suzette McClellan

Lori Phillips
Suzanne Sanders
Joshua Sellner
Kristen Shealy
Jillian Catoe
Rebecca William-Agee

All Lead Planning Committee

Member	Role
Farren Allen	Department of Public Health
Janet Bell	Department of Behavioral Health and Developmental Disabilities
Tamara Bourda	Medical University of South Carolina
Chantelle Broughton	Association for Community and Economic Development
Nikki Brown	Department of Public Health
Jillian Catoe	Department of Public Health
Anni Crook	Department of Public Health
Elizabeth DeMeo	Department of Public Health
Kobra Eghtedary	Department of Public Health
Paola Gutierrez	South Carolina Office of Rural Health
Steven Martin	Constellation Quality Health
Shenicka McCray	Department of Public Health
Ben Miedema	Department of Education
Kendra Neely	Department of Public Health
Lori Phillips	Department of Public Health
Chelsea Richard	South Carolina First Steps
Meg Stanley	Wholespire
Danielle Wingo	Department of Public Health

Epidemiology and Data Insights Team

Emily Ash
Carlos Avalos
Harley Davis
Abraham Marsh
Nicholas Resciniti

Joshua Sellner
Kristen Shealy
Slone Taylor
Ermiyas Woldeamanuel

Priority Workgroups

Chronic Health Conditions

Name	Agency/Organization
Tamara Bourda (Lead)	Medical University of South Carolina
Anni Crook (Lead)	Department of Public Health
Harley Davis (Epidemiologist)	Clemson University
Ermiyas Woldeamanuel (Epidemiologist)	Department of Public Health
Farren Allen	Department of Public Health
Jennifer Almeda-Garrett	Department of Public Health
Jennifer Bailey	Medical University of South Carolina
Nikki Brown	Department of Public Health
Landon Campbell	Alliance for a Healthier South Carolina
Kobra Eghtedary	Department of Public Health
Jervelle Fort	Department of Public Health
Arthur Fu	BlueCross BlueShield of South Carolina
Kristian G. Myers	Department of Public Health
Kate Gerweck	Department of Public Health
Ashley Hamm	South Carolina Office of Rural Health
Marisette Hasan	Health Sciences Health Innovation Group SC
Courtney Hicks	Department of Public Health
Karina Howell	Newberry Hospital
Angela Johnson	United Way
Terri Jowers	South Carolina Community Health Workers Association
Stephen Kemp	Atrium Health
Allen Lawson	Empowerment Centre
Renee Linyard-Gary	Roper St. Francis Healthcare
Timothy Lyons	BlueCross BlueShield of South Carolina
Maria Martin	University of South Carolina
Terrence Middleton	Department of Public Health
Michelle Mitchum	Pine Hill Health Network
Aunyika Moonan	South Carolina Hospital Association
Richard Moses	South Carolina Thrive
Noreen O'Donnell	BlueCross BlueShield of South Carolina
Daishanna Pearson	Department of Public Health
Alanti Price	University of South Carolina School of Medicine
Ragan Richardson	South Carolina Telehealth

Chronic Health Conditions (continued)

Name	Agency/Organization
Monty Robertson	Alliance for a Healthier South Carolina
Dallaslee Ruquet-Emrich	ECCO Charleston
Kate Satterfield	New Morning
Selena Smith	United Way Piedmont
Shawn Stinson	BlueCross BlueShield of South Carolina
Mary Trunk	Able South Carolina
Brittany Wearing	Fact Forward
LaShonda Williams	Department of Public Health

Behavioral Health

Name	Agency/Organization
Janet Bell (Lead)	Department of Behavioral Health and Developmental Disabilities
Jillian Catoe (Lead)	Department of Public Health
Emily Ash (Epidemiologist)	Department of Public Health
Slone Taylor (Epidemiologist)	Department of Public Health
Farren Allen	Department of Public Health
Lynn Bulloch	Department of Public Health
Jennifer Butler	Department of Behavioral Health and Developmental Disabilities
Casey Childers	Deep Roots Research
Harley Davis	Clemson University
Melanie E. Gambrell	Department of Behavioral Health and Developmental Disabilities
Kobra Eghtedary	Department of Public Health
Margaret Garrett	Department of Behavioral Health and Developmental Disabilities
Patricia Handley	Department of Behavioral Health and Developmental Disabilities
Mary Jane Hicks	Department of Behavioral Health and Developmental Disabilities
Melvina Johnson	Centene
Allen Lawson	Empowerment Centre
Jodi Manz	Department of Behavioral Health and Developmental Disabilities
Michelle Mitchum	Pine Hill Health Network
Denise Morgan	Department of Behavioral Health and Developmental Disabilities
Michelle Nienhius	Department of Behavioral Health and Developmental Disabilities
Monty Robertson	Alliance for a Healthier South Carolina
Shelley Sasser	Department of Public Health
Jessica Seel	South Carolina Office of Rural Health
Ermiyas Woldeamanuel	Department of Public Health
Diana Zona	South Carolina Hospital Association

Maternal and Infant Health

Name	Agency/Organization
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Carlos Avalos (Epidemiologist)	Department of Public Health
Nicholas Resciniti (Epidemiologist)	Department of Public Health
Kristen Shealy	Department of Public Health
Maya Pack	Institute of Medicine and Public Health
Title V Needs Assessment Advisory Council	
South Carolina Maternal Health Innovation Collaborative Taskforce	
IMPH Improving Maternal and Infant Health: Increasing Access to Care in Rural Areas in SC Taskforce	

Nutrition & Physical Activity / Healthy Palmetto

Name	Agency/Organization
Lori Phillips (Lead)	Department of Public Health
Meg Stanley (Lead)	Wholespire
Farren Allen	Department of Public Health
Erica Ayers	Department of Public Health/SC FitnessGram Advisory Council
Cacyi Banks	1000 Feathers
Leslie Beckstrom	Department of Social Services - ABC Quality/Grow Outdoors SC
Elizabeth Biddle	Department of Public Health/Child Well-Being Coalition
Angel Bourdon	South Carolina Hospital Association
Lakisha Bowman	Benefits Data Trust
Brooke Brittain	Clemson Rural Health
Beverly Brockington	Department of Public Health/SC WIC
Dara Brown	Brookland-Lakeview Empowerment Center
Joanne Burkett	Palmetto Cycling Coalition
Landon Campbell	Alliance for a Healthier South Carolina
Robin Cooper	Alliance for a Healthier Generation
Anni Crook	Department of Public Health
Spencer Dickey	Department on Aging
Merrette Dowdell	Medical University of South Carolina Health
Carrie Draper	University of South Carolina SNAP-Ed
Kobra Eghtedary	Department of Public Health
Amy Johnson Ely	Palmetto Cycling Coalition
Jervelle Fort	Department of Public Health
Teddi Garrick	Kids in Parks
Kaylin Garst	South Carolina Alliance of YMCAs
Kate Gerweck	Department of Public Health

Nutrition & Physical Activity / Healthy Palmetto (continued)

Name	Agency/Organization
Sarah Given	Clemson University Learning Institute/SNAP-Ed
Rowan Goodrich	South Carolina Department on Aging (Senior Nutrition)
Dana Grant	HPHC Anderson
Sarah Griffin	Clemson University School of Public Health
Maclain Gutkin	Medical University of South Carolina, Boeing Center for Children's Wellness
Jim Headley	South Carolina Recreation and Parks Association
Taylor Herlich	Alliance for a Healthier Generation
Lizbet Herranz	PASOs
Madison James	Healthy Tri-County
Andrew Kaczynski	University of South Carolina Built Environment and Community Health Lab
Berry Kelly	Department of Public Health/SC WIC
Emma Kennedy	Department of Public Health
Mary King	DellaRe Consulting
Zack King	DellaRe Consulting
Crystal Kirkland	American Heart Association
Darlene Lynch	South Carolina Office of Rural Health
Kelly McCombs	University of South Carolina Beaufort
Breonna Mealing	Department of Public Health/SC FitnessGram Advisory Council
Andrea Mitchell	DellaRe Consulting
Noreen O'Donnell	Diabetes Free South Carolina
Russ Pate	University of South Carolina Children's Physical Activity Research Group
Misty Pearson	Department of Public Health/Grow Outdoors SC
Sarah Piwinski	Medical University of South Carolina, Boeing Center for Children's Wellness
Leah Price	Department of Public Health
Omme-Salma Rahemtullah	FoodShare South Carolina
Laura Ringo	PAL: Play. Advocate. Live Well.
Monty Robertson	Alliance for a Healthier South Carolina
Kelsey Sanders	Wholespire
Kerry Sease	Furman University Institute for the Advancement of Community Health
Gregory Sprouse	Central Midlands Council of Governments/ Health and Planning Committee of South Carolina
Jason Urroz	Kids in Parks
Donna Waited	Sisters of Charity Foundation
Courtney Watson	SC Office of Rural Health
Amy Weaver	University of South Carolina SNAP-Ed/Food is Medicine SC
Penny Whiteman	Department of Public Health
Jaci Williams	Wholespire

Access to High-Quality Health Care

Name	Agency/Organization
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Ermiyas Woldeamanuel Epidemiologist)	Department of Public Health
Toshyanna Aiken	Humana
Farren Allen	Department of Public Health
Angel Bourdon	South Carolina Hospital Association
Michael Crowley	Department of Public Health (Midlands Region)
Dana Daniel	Department on Aging
Harley Davis	Clemson University
Ebony Deloach	Able South Carolina
Alyson Dumont	Pfizer
Melanie E. Gambrell	Department of Behavioral Health and Developmental Disabilities
Kobra Eghtedary	Department of Public Health
Morgana Evans	Astra Zeneca
Beth Franklin	South Carolina Thrive
David Hatch	Clemson University
Abigail Hubbard	Institute of Medicine and Public Health
Tiffinni Landrum	Humana
Ann Lefebvre	Medical University of South Carolina
Renee Linyard-Gary	Roper St. Francis Healthcare
Rich Lomax	Novo Nordisk
Tedra McGillan	American Heart Association
Michelle Mitchum	Pine Hill Health Network
Melanie Morgan	Department of Public Health (Upstate Region)
Laurel Pulling	South Carolina Hospital Association
Monty Robertson	Alliance for a Healthier South Carolina
Dallaslee Ruquet-Emrich	ECCO Charleston
Shelley Sasser	Department of Public Health
Kate Satterfield	New Morning
Megan Schellinger	Prisma Health
Audra Scott	Department of Public Health (Midlands Region)
Stacy Seipel	Medical University of South Carolina
Richele Taylor	South Carolina Medical Association
McKenzie Watson	Able South Carolina
Kevin Wessinger	Department of Health and Human Services

Income and Poverty

Name	Agency/Organization
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Nikki Brown (Lead)	Department of Public Health
Ermiyas Woldeamanuel (Epidemiologist)	Department of Public Health
Nick Resciniti (Epidemiologist)	Department of Public Health
Breanne Alexander	Department of Public Health
Farren Allen	Department of Public Health
Dayna Arnett	Department of Social Services
Warren Bolton	Department of Public Health
Allie Boykin	South Carolina Thrive
Shea Bradberry	AmeriCorps Upstate
Landon Campbell	Alliance for a Healthier South Carolina
SK Catalano	Sisters of Charity
Andre Chishom	South Carolina Thrive
Harley Davis	Clemson University
Lakrisha Dowdy	City of Clinton, South Carolina
Kobra Eghtedary	Department of Public Health
Steven Ferrufino	Department of Social Services
Bruce Forbes	Share South Carolina
Ana Garcia	South Carolina Housing
DaAsia Hamilton	Department of Public Health
Tommy Harris	First Citizens
Hannah Hogue	South Carolina Office of Rural Health
Angela Jenkins	Prisma Health
Nicholas Julian	Salvation Army
Terre K. Marshall	Department of Corrections
Stephen Kemp	Atrium Health
Will Kirkland	Department of Public Health
Assata Kirkley	Department of Public Health
Joe Kyle	Self Employed
Allen Lawson	Empowerment Centre
Renaye Long	South Carolina Housing
Maria Martin	University of South Carolina
Michelle Mitchum	Pine Hill Health Network
Kirby Rhinehart	Department of Public Health
Ragan Richardson	South Carolina Telehealth
Monty Robertson	Alliance for a Healthier South Carolina
Lauren Stephens	Salvation Army

Education

Name	Agency/Organization
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Chelsea Richard (Lead)	South Carolina First Steps
Kendra Neely (Lead)	Department of Public Health
Ermiyas Woldeamanuel (Epidemiologist)	Department of Public Health
Farren Allen	Department of Public Health
Jennifer Almeda Garrett	Department of Public Health
Sally Baker	Family Connection of South Carolina
Jaiden Branch	South Carolina First Steps
Landon Campbell	Alliance for a Healthier South Carolina
Aimee Carter	South Carolina Technical System
Kerry Cordan	South Carolina First Steps
Sarah Crawford	RFA
Meredith Dantzler	Center for Educator Recruitment, Retention, and Advancement
Harley Davis	Clemson University
Hunter Deas	Florence School District 1 (Pee Dee)
Emmanuelle Durant	Department of Public Health
Kobra Eghtedary	Department of Public Health
Sarah Gams	University of South Carolina
Kate Gerweck	Department of Public Health
Heather Googe	University of South Carolina
Cynthia Haigler	Department of Education
Ashley Hamm	South Carolina Office of Rural Health
Amy Holbert	Family Connection of South Carolina
Ereka Jamison	Department of Social Services
Victoria Ladd	Department of Public Health
Allen Lawson	South Carolina Empowerment Centre
Jenny May	Education Oversight Committee
Kelly McCombs	University of South Carolina Beaufort
Michelle Mitchum	Pine Hill Health Network
Colleen Potts	South Carolina Thrive
Katherine Richardson	Department of Public Health (Lowcountry Region)
Monty Robertson	Alliance for a Healthier South Carolina
Dakia Scott	Department of Social Services
Preston Trippe	Beginnings South Carolina
Rebecca Williams-Agee	University of South Carolina School of Medicine Center for Disability Resources

Neighborhood and Community Development

Name	Agency/Organization
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Elizabeth DeMeo (Lead)	Department of Public Health
Abraham Marsh (Epidemiologist)	Department of Public Health
Nick Resciniti (Epidemiologist)	Department of Public Health
Farren Allen	Department of Public Health
Jennifer Brewton	Department of Aging
Dara Brown	Brookland Lakeview Empowerment Center
Mayor Charlie Fulton	Mayor, Town of Lane
Kobra Eghtedary	Department of Public Health
Guillermo Espinoza	South Carolina Department of Transportation
John Gaber	Clemson University
Mandy Halloran	Able South Carolina
Courtney Hicks	Department of Public Health (Upstate Region)
Curtis Hill	Open Broadband
Constance Lake	Department of Public Health
Allen Lawson	Empowerment Centre
Awanda Livingston	South Carolina Department of Transportation
Kelly McCombs	University of South Carolina Beaufort
Michelle Mitchum	Pine Hill Health Network
Jennifer Necker	South Carolina Department of Transportation
Noreen O'Donnell	BlueCross BlueShield of South Carolina
Beth Overton	Southeastern Housing
Daishanna Pearson	Department of Public Health
Anthony Poole	Medical University of South Carolina
Andrew Porio-Tax	Tax Credit Marketplace
Monty Robertson	Alliance for a Healthier South Carolina
Ali Ruegamer	Able South Carolina
Shelley Sasser	Department of Public Health
Ann Skinner	AnMed
Meg Stanley	Wholespire
Don Strickland	Pee Dee Rural Transportation Authority
Megan Szakwimski	Department on Aging
Richard Thomas	Bamberg Housing
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Editorial Team

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Lee Pearson	University of South Carolina, Arnold School of Public Health
Martha Phillips	Department of Public Health
Monty Robertson	Alliance for a Healthier South Carolina
Michael Seemuller	AnMed
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Laura Caskey	Public Outreach Director
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Cristi Moore	Chief Communications Officer

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ADCO Report design and artwork by ADCO.

Appendix C: Partner Mapping

This appendix provides a partner mapping and asset inventory of organizations identified through workgroup discussions as potential SHIP collaborators. Selected for their relevant experience, aligned missions, and community presence, these partners offer opportunities to strengthen collaboration and enhance impact through coordinated efforts.

Priority Area 1: Chronic Health Conditions

Agency/Organization
Absolute Total Care
Access Health Networks
African Methodist Episcopal Church
AME Health Council
Anmed
Beginnings South Carolina
Benedict College
Bible Way Church on Atlas Rd.
Big Brothers, Big Sisters
Big Homie Lil Homie
Blue Choice
BOI—Birth Equity Group
Brookland Lakeview Empowerment Center
Center for Community Health Alignment
Chesterfield Coordinating Council
Churches
Claflin University
Clemson Rural Health
Clemson University
Clubhouse SC
Commission on Aging
Constellation Health Quality
Council on Aging
Department of Social Services
Diabetes Initiative of South Carolina
Dickerson Children's Advocacy Center
Division of Diabetes & Heart Disease
DSMES Providers
EMBRACE ALL LATINO VOICES
Emergency Community Help Organization

Agency/Organization
Faith-Based Community
Family Connections
Federally Qualified Health Centers
First Choice
Furman Institute for the Advancement of Community Health
Genentech
Golden Harvest Food Bank
Good Samaritan Clinic
Harvest Hope Food Bank
Healthy Me, Healthy SC
Historically Black Colleges and Universities
Homeless No More
Housing and Urban Development/Public Housing Authorities
Humana
Institute for Partnership to Eliminate Health Disparities
Irmo Chapin Recreation Commission
Legislators
Lexington Medical Outreach Team
LiveWell Greenville & Hispanic Alliance
Lowcountry Food Bank
Managed Care Organizations
March of Dimes
Mayors of Major Cities
McKinney Vento Counselors
Medical University of South Carolina
Medicare/Medicaid
Molina
Oliver Gospel Mission

Priority Area 1: Chronic Health Conditions (continued)

Agency/Organization
Palmetto Association
Palmetto Place
Primary Health Care Association
Prisma Health
Richland County Recreation Commission
SC Thrive
SC Workforce
Schools
Select Health
Sister Care
Sisters of Charity
South Carolina Business Community
South Carolina Cancer Alliance
South Carolina Center for Fathers & Families
South Carolina Center for Rural & Primary Healthcare
South Carolina Chamber of Commerce
South Carolina Children's Trust
South Carolina Commission for Minority Affairs
South Carolina Department of Aging
South Carolina Department of Education
South Carolina Department of Behavioral Health and Developmental Disabilities
South Carolina Department on Aging
South Carolina Diabetes Council

Agency/Organization
South Carolina Homelessness Council
South Carolina Hospital Association
South Carolina Indigenous Population
South Carolina Interfaith Council
South Carolina Medical Association
South Carolina Office of Rural Health
Southeast Diabetes Faith Initiative
Spanglish Consulting
St Lawrence Place
Tapestry Wellness Institute
The South Carolina Coalition for the Care of the Seriously Ill
Transitions
Unite Us
United Way
University of South Carolina
Upper Midlands Rural Health Network
Waccamaw Economic Opportunity Council
YMCA Charleston

Priority Area 2: Behavioral Health

Agency/Organization
Challenges, Inc./South Carolina Harm Reduction Coalition
Clubhouse SC
Crossroads Treatment Center
EMBRACE ALL LATINO VOICES
FAVOR Upstate
Health Plans in South Carolina
Irmo Chapin Recreation Commission
Lexington-Richland Alcohol and Drug Abuse Council
Mental Health America—South Carolina
Medical University of South Carolina
Prisma Health
Roper St Francis Healthcare
South Carolina Department of Behavioral Health and Developmental Disabilities

Agency/Organization
South Carolina Department of Children's Advocacy
South Carolina Department of Corrections
South Carolina Department of Health and Environmental Control
South Carolina Department of Health and Human Services
South Carolina Department of Social Services
South Carolina Hospital Association
South Carolina Law Enforcement Division
South Carolina Office of Rural Health
South Carolina Thrive
Sozo Chaya Inc
Suicide Prevention 988
University of South Carolina

Priority Area 3: Maternal and Infant Health

Agency/Organization
After Birth, LLC
Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
BirthMatters
BlueCross BlueShield of South Carolina
BlueCross BlueShield of South Carolina Foundation
Centene Corporation
Children's Hospital Collaborative
Children's Trust of South Carolina
Clemson University, School of Nursing
Department of Health and Human Services
Department of Public Health
Department of Social Services
Family Connection of South Carolina
Family Medicine Physician
Furman University, Institute for the Advancement of Community Health

Agency/Organization
Health Evolve
Institute for Child Success
March of Dimes South Carolina
Medical University of South Carolina
Medical University of South Carolina, Department of Family Medicine
Medical University of South Carolina, Women's Reproductive Behavioral Health Division
New Creation Wellness, LLC
PASOs
Pee Dee Healthy Start
Pee Dee Regional Transportation Authority
Postpartum Support International – South Carolina
Preeclampsia Foundation Program
Prisma Health
Prisma Health – Upstate

Priority Area 3: Maternal and Infant Health (continued)

Agency/Organization
RIZE Prevention
Scrub Life Cares
Self Regional Healthcare
Sonoco
South Carolina Area Health Education Consortium
South Carolina Center for Rural and Primary Healthcare
South Carolina Christian Action Council
South Carolina Commission on Minority Affairs
South Carolina Community Health Worker Association
South Carolina Department of Behavioral Health and Developmental Disabilities
South Carolina ETV
South Carolina Fathers and Families
South Carolina First Steps
South Carolina Hospital Association
South Carolina Infant Mental Health Association
South Carolina Institute of Medicine and Public Health
South Carolina Nurses Association
South Carolina Office of Rural Health
South Carolina Office of Rural Health - Family Solutions
South Carolina State University, Health Equity Research & Training Center

Agency/Organization
The Beloved Early Education & Care (BEE) Collective
The Duke Endowment
Trending Joy Counseling and Therapy, PLLC
Trident United Way
University of South Carolina Center for Applied Research & Evaluation, Arnold School of Public Health
University of South Carolina School of Medicine
University of South Carolina School of Medicine Columbia
University of South Carolina School of Medicine Greenville
University of South Carolina, Arnold School of Public Health
University of South Carolina, College of Nursing
University of South Carolina, College of Social Work
University of South Carolina, Darla Moore School of Business
University of South Carolina, Institute for Families in Society
Winthrop University, Department of Human Nutrition
Women's Reproductive Behavioral Health Division, Medical University of South Carolina

Priority Areas 4 & 5: Affordable and Nutritious Foods & Safe and Affordable Places to be Physically Active

Agency/Organization
1000 Feathers
AARP South Carolina
Able SC
Alliance for a Healthier Generation
Alliance for a Healthier SC
American Heart Association
Benefits Data Trust
BlueCross BlueShield of South Carolina Foundation
Brookland-Lakeview Empowerment Center
Child Well-Being Coalition
Clemson SNAP-Ed
Clemson University Cooperative Extension Service
Clemson University School of Public Health
Constellation Quality Health
DellaRe Consulting
Diabetes Free South Carolina
First Steps
FoodShare Laurens
Furman University, Institute for the Advancement of Community Health
Healthy Tri-County
HPHC-Anderson
Kids in Parks
Laurens County SAFE Home
LiveWell Greenville & Hispanic Alliance
Medical University of South Carolina Health, Boeing Center for Children's Wellness
Novo Nordisk
PAL: Play. Advocate. Live Well.
Prisma Health
Public Employee Benefit Authority
SC Empowerment Centre
Sisters of Charity Foundation
South Carolina Alliance of YMCAs

Agency/Organization
South Carolina Association of Nutrition and Dietetics
South Carolina Department of Behavioral Health and Developmental Disabilities - Office of Substance Use Services
South Carolina Department of Education Office of Health and Nutrition
South Carolina Department of Health and Human Services - Medicaid
South Carolina Department of Public Health - Nutrition, Physical Activity, and Obesity Section
South Carolina Department of Public Health - Cancer Programs
South Carolina Department of Public Health - Injury and Substance Abuse Section
South Carolina Department of Public Health - Midlands Public Health Region
South Carolina Department of Public Health - SHIP
South Carolina Department of Public Health - SNAP-Ed
South Carolina Department of Public Health - Upstate Public Health Region
South Carolina Department of Social Services - ABC Quality
South Carolina Department of Transportation
South Carolina Department on Aging
South Carolina Hospital Association
South Carolina Institute of Medicine and Public Health
South Carolina Office of Rural Health
University of South Carolina BEACH Lab
University of South Carolina Beaufort
University of South Carolina CPARG
University of South Carolina Prevention Research Center
University of South Carolina SNAP-Ed
Wholespire, Inc.

Priority Area 6: Access to High-Quality Health Care

Agency/Organization
Access Kershaw
American Diabetes Association
American Heart Association
Anmed
Area Health Education Consortiums
AstraZeneca
Carolina Health Centers
Centene
Clubhouse South Carolina
Community Coalitions
Constellation Quality Health
Free Clinics
Furman Institute for the Advancement of Community Health
Genentech
Good Samaritan Clinic
Grand Strand Health
Healthy Blue South Carolina
Home Health
Humana
Long Term Care
March of Dimes
McLeod Health
Medical University of South Carolina
Mill Village Farms/Food Share
Medical University of South Carolina
Medical University of South Carolina Alzheimer's Association
Novo Nordisk
Other Pharmaceutical Companies
PASOs
Pfizer
Prisma Health
Prisma Health Midlands
Roper St Francis Healthcare

Agency/Organization
Self Regional Healthcare
South Carolina Association of Family Physicians- Paquita
South Carolina Birth Outcomes Initiative
South Carolina Board of Insurance
South Carolina Broadband Coalition
South Carolina Cancer Alliance
South Carolina Chapter of the American Case Management Association
South Carolina Community Health Alliance
South Carolina Department of Behavioral Health and Developmental Disabilities
South Carolina Department of Health and Human Services
South Carolina Health Information Management Association
South Carolina Hospital Association
South Carolina Medical Association
South Carolina Office of Rural Health
South Carolina Primary Health Care Association
South Carolina Public Health and Social Services Coalition
Southern Alliance for Public Health Leadership
Sozo Chaya Inc
Spartanburg Regional
Tapestry Wellness Institute
University of South Carolina
University of South Carolina - Brain Health
University of South Carolina School of Medicine - Root Cause
Vocational Rehabilitation

Priority Area 7: Education

Agency/Organization
Behavior Alliance of South Carolina
Center for Educator Recruitment, Retention, and Advancement
Clemson University
Constellation Quality Health
National Clearinghouse Data — Educational Opportunity Centers
Prisma Health
South Carolina Department of Public Health
South Carolina Commission on Higher Education
South Carolina Department of Education
South Carolina Department of Education Academic Affairs & Licensing
South Carolina Department of Education Adult Education
South Carolina Department of Education Research and Data Analysis
South Carolina Department of Employment and Workforce Employability Data Project
South Carolina Department of Health and Human Services BabyNet Part C
South Carolina Department of Juvenile Justice Special Education
South Carolina Department of Social Services Early Childhood Education
South Carolina Department of Vocational Rehabilitation - Project Search
South Carolina Department of Social Services Employment & Training
South Carolina Department of Social Services Head Start Collaboration
South Carolina Early Childhood Education
South Carolina Educational Television
South Carolina Employability Credential
South Carolina Inclusion Post-Secondary Education Consortium
South Carolina Infant and Early Childhood Association

Agency/Organization
South Carolina Internship Coalition
State Report Cards
Tapestry Wellness Institute
Transition Alliance of South Carolina
University of South Carolina
University of South Carolina Academic Alliance of South Carolina
University of South Carolina Teacher Training & Retention
Vocational Rehabilitation - Career and Technical Education

Priority Area 8: Income and Poverty

Agency/Organization
Berkley-Charleston-Dorchester Council of Governments
Charleston Area Justice Ministry
Clubhouse South Carolina
EMBRACE ALL LATINO VOICES
Greenville Organized for Accountable Leadership
Good Samaritan Clinic
Midlands Organized Response for Equity and Justice
Medical University of South Carolina
One80 Place
Palmetto Place
Palmetto Project
PASOs
Poor People's Campaign — South Carolina Chapter
Richland Memorial Hospital Board of Trustees
South Carolina Appleseed Legal Justice Center
South Carolina Broadband Office
South Carolina Commission for Minority Affairs

Agency/Organization
South Carolina Community Health Worker Association
South Carolina Council on Workforce Development
South Carolina Department of Behavioral Health and Developmental Disabilities
South Carolina Department of Education
South Carolina Department of Employment and Workforce
South Carolina Department of Veterans Affairs
South Carolina Department on Aging
South Carolina Emergency Management Division Recovery Task Force
South Carolina Interagency Council on Homelessness
South Carolina Legal Services
South Carolina Legislative Mandates
University of South Carolina

Priority Area 9: Neighborhood and Community Development

Agency/Organization
American Planning Association – South Carolina Chapter
Columbia Police Department
COMET and City Bus Systems
Council of Governments
Genentech
Homeless No More
Lowcountry Council of Governments
Medical University of South Carolina
Metropolitan Planning Organizations
Municipal Association of South Carolina
Open Broadband
Palmetto Cycling Coalition
Regional Transit Authority Directors
South Carolina Department of Parks, Recreation & Tourism
South Carolina Metropolitan Planning Organization
Senior Resources (Meals on Wheels)
Sheriff's Association
Sisters of Charity Foundation
Solicitor's Office
South Carolina Association for Community Development
South Carolina Commission for Minority Affairs
South Carolina Department of Commerce

Agency/Organization
South Carolina Department of Employment & Workforce
South Carolina Department of Public Safety
South Carolina Department of Social Services
South Carolina Department of Transportation
South Carolina Department on Aging
South Carolina Hospital Association
South Carolina Law Enforcement Association
South Carolina Realtors Association
South Carolina State Housing & Finance Authority
South Carolina Trails Coalition
Southeastern Housing & Community Development
Tapestry Wellness Institute
Transportation Association of South Carolina
United Way of South Carolina
University of South Carolina
Urban League
Wholespire

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LIVE HEALTHY SOUTH CAROLINA