

# Charleston, SC

Ranking Summary (of 306 Local Areas)	2016 Scorecard		2012 Scorecard (Rev.) <sup>a</sup>	
	Quintile	Rank	Quintile	Rank
<b>OVERALL</b>	<b>3</b>	<b>178</b>	<b>4</b>	<b>206</b>
Access & Affordability	4	245	5	261
Prevention & Treatment	3	126	3	151
Avoidable Hospital Use & Cost	3	138	3	142
Healthy Lives	3	171	4	196

Change in Performance <sup>c</sup>	2016 Scorecard	
	count	percent
Indicators with trends	32	100%
Area rate improved	12	38%
Area rate worsened	2	6%
Little or no change in area rate	18	56%

Percentage of Indicators This Area Ranked in the:	2016 Scorecard	
	count	percent
Total indicators	35	100%
Top 10th percentile	2	6%
Top quintile	5	14%
2nd quintile	8	23%
3rd quintile	16	46%
4th quintile	5	14%
Bottom quintile	1	3%
Bottom 10th percentile	1	3%

Demographic Characteristics <sup>b</sup>	Charleston, SC	U.S. Average
<b>Total Population</b>	<b>1,128,352</b>	<b>313,922,028</b>
Median Household Income	\$45,879	\$58,489
Below 200% of Federal Poverty Level (FPL)	36%	34%
200% to 399% of FPL	32%	30%
400% of FPL or higher	32%	36%
% White Race, Non-Hispanic	65%	62%
% Black Race, Non-Hispanic	26%	12%
% Other Race, Non-Hispanic	4%	8%
% Hispanic Ethnicity	5%	17%

Estimated Impact of Local Improvement <sup>d</sup>	
If Charleston, SC improved its performance to the level of the best-performing local area for this indicator, then:	
96,282	more adults (ages 19–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed
103,973	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
48,119	more adults would receive age and gender appropriate recommended preventive care, such as colon cancer screenings, mammograms, and pap smears
4,285	fewer Medicare beneficiaries would receive an unsafe medication
407	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
525	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
5,695	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries
56,226	fewer adults (ages 18–64) would have lost six or more teeth because of tooth decay, infection, or gum disease

## Notes

(a) Ranks from the 2012 edition of the Local Scorecard have been revised to match methodology and measure definitions used in the 2016 edition.

(b) The Local Scorecard reports at the level of the Hospital Referral Region (HRR), an area representing the local market for health care services, defined by health care utilization patterns. HRR boundaries may differ from other commonly used region definitions (e.g., county or Metropolitan Statistical Areas).

(c) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all Hospital Referral Regions (HRRs) over the two time points. Little or No change denotes no change in rate or a change of less than one-half of a standard deviation.

(d) The table shows the estimated impact if this HRR's performance improved to the rate of the best-performing HRR for eight Scorecard indicators. Benchmark HRRs, those with the best rate, have an estimated impact of zero (0).

[See the interactive 2016 Local Scorecard report and link to Scorecard methodology at www.CMWF.org.](#)

Table 1. Local Area Health System Performance Indicator Data by Dimension

Dimension and Indicator	Data Year	Charleston, SC			Benchmarks			Data Year	Area Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>	
		Performance Quintile	Rank (of 306 )	Area Rate	South Carolina Rate	U.S. Average	Best Area Rate					
ACCESS & AFFORDABILITY								2016 Scorecard			Baseline	
Adults ages 19–64 uninsured	2014	4	230	21%	20%	16%	4%	2012	25%	21%	Improved	
Children ages 0–18 uninsured	2014	3	91	6%	6%	6%	2%	2012	9%	7%	Improved	
Adults who went without care because of cost in past year	2013/14	4	222	18%	17%	15%	6%	2011/12	21%	15%	Improved	
At-risk adults without a routine doctor visit in past two years	2013/14	4	217	16%	16%	14%	6%	2011/12	18%	14%	Improved	
Adults without a dental visit in past year	2012 & 2014	5	248	19%	17%	15%	9%	--	--	--	--	
PREVENTION & TREATMENT								2016 Scorecard			Baseline	
Adults with a usual source of care	2013/14	3	157	78%	80%	79%	90%	2011/12	76%	79%	No Change	
Adults with age and gender appropriate cancer screenings	2012 & 2014	2	99	69%	70%	70%	79%	--	--	--	--	
Adults with age appropriate vaccines	2013/14	1	45	41%	35%	35%	49%	2011/12	35%	35%	Improved	
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2013	3	175	17%	18%	17%	9%	2011	22%	20%	Improved	
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2013	3	180	19%	20%	20%	9%	2011	21%	23%	No Change	
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, pneumonia, or stroke	07/2011 - 06/2014	2	121	12.7%	13%	12.8%	11.3%	07/2010 - 06/2013	13.3%	13.2%	Improved	
Hospital safety composite score <sup>2</sup>	07/2012 - 06/2014	1	14	0.7	0.8	0.8	0.6	07/2011 - 06/2013	0.8	0.9	Improved	
Hospitalized patients given information about what to do during their recovery at home	2014	3	171	86%	86%	86%	91%	2013	86%	86%	No Change	
Hospitalized patients who reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2014	2	101	69%	69%	68%	76%	2013	69%	68%	No Change	
Home health patients who get better at walking or moving around	2014	1	61	64%	65%	63%	70%	2012	60%	59%	Improved	
Home health patients whose wounds improved or healed after an operation	2014	3	151	90%	91%	89%	96%	2012	92%	89%	Worsened	
High-risk nursing home residents with pressure sores	1/2015 - 9/2015	4	204	7%	7%	6%	1%	1/2013 - 9/2013	7%	6%	No Change	
Long-stay nursing home residents with an antipsychotic medication	1/2015 - 9/2015	2	99	16%	15%	18%	7%	1/2013 - 9/2013	18%	21%	No Change	

Table 1. Local Area Health System Performance Indicator Data by Dimension (continued)

Dimension and Indicator	Data Year	Charleston, SC			Benchmarks			Data Year	Area Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>
		Performance Quintile	Rank (of 306 )	Area Rate	South Carolina Rate	U.S. Average	Best Area Rate				
2016 Scorecard								Baseline			
AVOIDABLE HOSPITAL USE & COST											
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, ages 65–74, per 1,000 beneficiaries	2014	2	84	22	26	27	9	2012	25	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, age 75 and older, per 1,000 beneficiaries	2014	2	99	59	61	66	33	2012	62	70	No Change
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2014	3	155	29	28	27	10	2012	34	34	No Change
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2012	3	159	21%	20%	20%	12%	2010	23%	22%	Improved
Long-stay nursing home residents hospitalized within a six-month period	2012	3	161	19%	20%	17%	5%	2010	19%	19%	No Change
Home health patients also enrolled in Medicare with a hospital admission	2014	1	50	15%	16%	16%	12%	2012	15%	17%	No Change
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2013	2	96	172	169	181	122	2011	178	185	No Change
Total reimbursements per enrollee (age 18-64) with employer-sponsored insurance	2014	*	*	*	*	\$4,569	\$2,720	2013	*	\$4,489	--
Total Medicare (Parts A & B) reimbursements per enrollee	2014	3	138	\$8,479	\$8,457	\$8,819	\$5,593	2012	\$8,583	\$8,854	No Change
2016 Scorecard								Baseline			
HEALTHY LIVES											
Mortality amenable to health care, deaths per 100,000 population	2012-13	3	169	88	99	84	47	2010-11	93	85	No Change
Breast cancer deaths per 100,000 female population	2012-13	2	101	21.6	23.7	22.8	12.3	2010-11	24.5	23.7	Improved
Colorectal cancer deaths per 100,000 population	2012-13	1	58	14.2	16.4	15.9	9.6	2010-11	17.6	16.7	Improved
Suicide deaths per 100,000 population	2012-13	3	143	13.7	14.2	12.9	6.0	2010-11	14.2	12.5	No Change
Infant mortality, deaths per 1,000 live births	2012-13	3	161	6.4	7.2	6.0	2.5	2010-11	6.8	6.1	No Change
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2013/14	4	199	29%	26%	25%	13%	2011/12	26%	25%	Worsened
Adults who smoke	2013/14	3	155	20%	22%	19%	7%	2011/12	22%	19%	No Change
Adults ages 18–64 who are obese (BMI >= 30)	2013/14	3	179	33%	32%	28%	14%	2011/12	31%	28%	No Change
Adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2012 & 2014	3	156	12%	14%	10%	2%	--	--	--	--

Table 1 Notes:

\* Data for this area not available for this indicator.

-- Historical data not available or not comparable over time.

(1) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all Hospital Referral Regions (HRRs) over the two time points. No change denotes no change in rate or a change of less than one-half of a standard deviation.

(2) Values are the unweighted average of the region's hospitals' safety composite (PSI 90) score.