



2006 - 2009



**Together**  
for Beaufort

Our COUNTY. Our FUTURE.



## Introduction

This Interim Report is a special effort to highlight the many and intensive ways the local community has taken action to improve the quality of life in four major areas in Beaufort County. For each of these four major goals, four objectives were developed to address specific issues within each area. This document will present how the objectives are measured, which action group assumes responsibility for working to impact specific objectives, why the focus is important and what the findings are to date. Additional information provided includes whether an objective will likely be achieved by 2012 and what actions are planned for positive movement towards the stated goals.

### Together For Beaufort Goals and Objectives

**Goal One**, Together we will, with our Lowcountry neighbors, build an economy that supports a sustainable quality of life.

*By 2012, housing costs for owners and renters in Beaufort County will not exceed 35% of household income.*

*By 2012, the average wage in Beaufort County will equal, or exceed, South Carolina's average wage.*

*By 2012, the commercial tax base will be doubled.*

*By 2012, the cost of child care will not exceed 25% of a working family's income.*

**Goal Two**, Together we will break the cycle of illiteracy by exceeding national education standards.

*By 2012, 85% of entering first graders will test at grade level as measured by a nationally normed referenced reading test.*

*By 2012, students will exceed state averages on college admissions tests.*

*By 2012, at least 70% of students will meet their individual "stretch goals" as measured by a national norm-referenced test.*

*By 2012, the functional English literacy level of the adult population will exceed the national average and the percentage of adults actively participating in adult education and literacy programs who advance an educational level will increase by one percent annually, compared to a base of 49 percent in 2008.*

**Goal Three**, We will break the cycles of poverty that impact children, elderly and the working poor.

*By 2012, the number of children living in poverty will be reduced to the national average.*

*By 2012, Beaufort County will increase the number of seniors receiving services by 50% as reported by Senior Services of Beaufort County.*

*By 2012, the number of births to teenagers will be reduced to 8% of all births.*

*By 2012, the percent of births reported as having received adequate prenatal care will be increased to more than 85%.*

**Goal Four**, Together we will balance growth in a manner that promotes and protects the health of our residents and our environment.

*By 2012, we will reduce the percentage of overweight/obese residents and therefore the percentage of diabetes, hypertension, heart disease and stroke.*

*By 2012, we will increase access to community mental health services for adults and children.*

*By 2012, we will be good stewards of natural resources and protect and monitor water quality.*

*By 2012, we will reduce the percentage of residents without health insurance to 10% or less.*

# Together For Beaufort

Our **COUNTY**. Our **FUTURE**.

## Table of Contents – Interim Report

---

Letter to the Community	2
Executive Summary	3
Methodology	6
Report Limitations	7
Background	7
<b>Strategic Goal One - Economy</b>	
Housing Costs	9
Average Wage Information & Comparisons	12
Commercial Tax Base Information	12
Child Care Costs	13
<b>Strategic Goal Two - Education</b>	
Kindergarten Readiness Assessments	14
College Admissions Test Scores	16
Academic Progress	20
Functional Adult Literacy	24
<b>Strategic Goal Three - Poverty</b>	
Access to Services for the Elderly	28
Births to Teenagers	32
Prenatal Care	35
Children Living in Poverty	39
<b>Strategic Goal Four – Health and Environment</b>	
Obesity and Chronic Disease	40
Access to Mental Health Services	47
Natural Resources	52
Uninsured Residents	56
<b>Work Group Contacts</b>	57
<b>Funding &amp; Media Partners</b>	57
<b>Beaufort County Alliance for Human Services</b>	58
<b>Leadership Council Organizations</b>	59

This report can be downloaded in PDF format from the following web sites:

Beaufort County:  
[www.bcgov.net](http://www.bcgov.net)

Community Foundation of the Lowcountry:  
[www.cf-lowcountry.org](http://www.cf-lowcountry.org)

United Way of the Lowcountry:  
[www.uwlowcountry.org](http://www.uwlowcountry.org)

University of South Carolina – Beaufort:  
[www.uscb.edu](http://www.uscb.edu)

**Report Version:**  
Work group version

In memory of Dr. Lynn Mulkey for her leadership and dedication to this project.

## Letter to the Community

Dear Beaufort County Resident,

To maintain and improve the quality of life in our community, numerous Beaufort County organizations (now called the Beaufort County Alliance for Human Services) have, for several decades, provided a wide array of services to our citizens. In 2005 Beaufort County joined other model communities world-wide in using “community indicators” in a collaborative organizational process that allows them to monitor significant issues and to plan improvement strategies. We are proud to present the first Interim Report for Together For Beaufort, our community indicators project. It documents our original measures of progress, reports on our advances according to these measures, and accounts for how we enhanced their precision for ongoing assessment.

In the inaugural phase of the project, the Alliance created community Work Groups to develop actions to address each of four goals. While this list is certainly not exhaustive, it is a beginning that we hope will prompt citizens to suggest others.

**Goal One: Together** we will, with our Lowcountry neighbors, build an economy that supports a sustainable quality of life.

**Goal Two: Together** we will break the cycle of illiteracy by exceeding national education standards.

**Goal Three: Together** we will break the cycles of poverty that impact children, the elderly and the working poor.

**Goal Four: Together** we will balance growth in a manner that promotes and protects the health of our residents and our environment.

This Interim Report presents the progress of the community since the launch of the project (See the 2006 report). It is our hope that it will inform citizens and policy makers and stimulate community discussions to drive positive changes in our quality of life. Read the report with an eye for how YOU can get involved, because **together we can make a difference.**

Rev. Manuel Holland, Chairman  
Beaufort County Alliance for Human  
Services

### Definition of Terms

Measuring progress sounds simple but it's not always – especially when what's being measured is so complex. Toward this end, we have selected four **goals** which serve as a vision for the future of Beaufort County. For each goal we have chosen a few **objectives** and **indicators** to help us measure improvement. Finally, we have developed **actions** to enhance our ability to reach our goals and objectives.

**Goal:** A general benchmark concerning an aspect of a quality community. *Example: we will break the cycles of poverty...*

**Objective:** a condition of well-being for children, adults, families or communities. *Examples: children succeeding in school, seniors receiving services, or mothers receiving prenatal care.*

**Indicator:** a statistical measure that helps mark the achievement of an objective. *Examples: student test scores, rate of seniors served, and rates of adequate prenatal care.*

**Action:** a strategy that has a good chance of helping us to reach our goal. *Example: Provide weight monitoring and physical activity equipment to numerous schools.*

For additional information or to get involved:  
call the Human Services Alliance Office: (843) 521-3153

## Executive Summary

For the past forty years, quality of life service agencies in Beaufort County have worked cooperatively to best serve the community. This cooperation started in the 1970's with the formation of the Beaufort Youth Council. The Beaufort Youth Council then expanded to form the Human Services Coordinating Council in the 1990's and finally in 2001 expanded into the Alliance for Human Services. In 2004 a group of community leaders introduced a conceptual framework, Together For Beaufort, a community indicators project that would allow all Alliance members to "hitch their wagon to one train" and pull together in the same direction. Years of coordination has evolved into true collaboration where agencies go beyond understanding each other and begin to modify their practices so that jointly they can be more efficient than if they worked independently.

Given the current economic recession, all areas of everyday living – family, education, economy, health care, government, environment and more, are stretched thin with limited resources. Collaboration is especially important today since, on a daily basis, communities nationwide confront unprecedented challenges to their quality of life. Together for Beaufort is a community-wide collaborative process to identify and address specific issues confronting the citizens of Beaufort County. It further develops a series of indicators that will allow us, together, to monitor progress as we address these issues. Much of the data to support our claims is obtained from the records of various public and private organizations. The data will be the foundation for establishing a long-term repository of information useful for ongoing assessment.

The purpose of this Interim Report is to provide our citizens with a snapshot of progress toward our goals for a better community. The indicators challenge us to discover why trends are moving as they are. Learning more means understanding what may cause conditions to get better or worse, and using science-based practices to affect those conditions. Three years after the project began, twelve of the sixteen Together for Beaufort objectives are being actively addressed by Human Service Alliance Work Groups. Eight of these Work Groups to date anticipate achieving the objectives by 2012. The remaining eight groups may also achieve their objectives however; the data is too preliminary to make a definitive statement.

The table that follows summarizes these results and presents an assessment of performance against our goals and objective indicators. Please note that for some objectives, Work Groups are still being developed and others are yet to be formed.

### Where Do We Go From Here?

- Currently we have many Work Groups but there are still more to form. For example, objectives addressing the county's Commercial Tax Base, Children Living in Poverty and Child Care Costs are awaiting a champion in the community.
- As our project matures we hope to expand our efforts to include additional issues (i.e. public safety, transportation, arts/culture/recreation and responsive government).
- We hope to create a shift in emphasis from Work Groups to Community Action Groups. Right now, the Work Groups come primarily from within the Alliance. We are hoping that community members at large will join us and add their varied insights to expand our understanding of quality of life.
- The development of a survey of community residents and other community leaders to determine their perceptions on our progress with each issue will help us understand what's important to local residents.
- A thorough and strategic dissemination of our findings in such a way that engages the public and encourages participation is needed.

## Progress Summary 2006-2009

	Progress toward Benchmark	Will the Objective be Achieved by 2012?
<b>Goal One – Economy</b>		
Housing Costs	New Work Group	To be determined ?
Average Wage Information	New Work Group	No
Commercial Tax Base Information	To be determined	No
Child Care Costs	To be determined	No
<b>Goal Two – Education</b>		
Kindergarten Readiness Assessment	To be determined	Yes
College Admissions Test Scores	Some progress	Yes
Academic Progress	Some progress	Yes
Functional Adult Literacy	Substantial progress	Yes
<b>Goal Three – Poverty</b>		
Access to Services for the Elderly	Some progress	Yes
Births to Teenagers	Some progress	Yes
Prenatal Care	Some progress	No
Children Living in Poverty	New Work Group	To be determined ?
<b>Goal Four – Health and Environment</b>		
Obesity and Disease Rates	Some progress	To be determined ?
Access to Mental Health Services	Some progress	Yes
Natural Resources	Some progress	Yes
Uninsured Residents	New Work Group	To be determined ?



A target shows that the Goal for 2012 has been met.



A question mark shows that progress can not yet be determined.



A star is an indicator moving in a positive direction.

The table above shows what one might expect for an interim report -- limited conclusions about progress. At this point in time it is too early to demonstrate significant and conclusive achievement of our goals, however progress has been made with respect to several objectives. As indicated in the table, eight of the sixteen objectives are showing a trend toward improvement.

- **Goal 1. Economy.** Four objectives were developed to assess progress toward this goal: Average Wage, Commercial Tax Base, Housing Costs and Cost of Childcare. There is currently limited or no data available to assess progress against any of the objectives. Actions taken to achieve Goal 1 were recently adopted by two Work Groups: The Lowcountry Area Coalition and the Housing Consortium. The remaining two groups have yet to be formed. The Housing Consortium Work Group is focusing on the objective to have housing costs not exceed 35% of household income. Data to confirm this is not yet available; however the trend indicates that there has been some improvement. The remaining two objectives still need the attention of Work Groups to address the improvement of the commercial tax base and reduce the cost of child care for working families.
- **Goal 2. Education.** Four objectives were developed to assess progress toward this goal: Kindergarten Readiness, College Admissions Test scores, Academic Progress and Functional Adult Literacy. Indicators show some to substantial progress toward the achievement of this goal. With only one data point available, it is too early to assess kindergarten readiness (a new indicator of student achievement has replaced our original readiness measure). College Admissions Test Scores and K – 12 Academic Progress show some improvement. Functional Adult Literacy shows substantial progress. Four Work Groups have formed to address these goals (The Beaufort County Early Childhood Coalition; Beaufort County School District [covering two objectives: college entrance exams and academic progress] and the Partnership for Adult Literacy).
- **Goal 3. Poverty.** Four objectives were developed to assess progress toward Goal 3: Children Living in Poverty, Access to Services for the Elderly, Births to Teenagers and Prenatal Care. Three of the four indicators show some progress. Concerning Children Living in Poverty; the availability of census data allows the reporting of some progress. A Work Group is currently forming to further address this objective. Both access to services for the elderly and births to teenagers have shown some progress. Data on prenatal care indicates improvement. Three Work Groups are addressing issues of poverty: the Coalition for Aging in Place, Reducing Adolescent Pregnancy and the Adequacy of Prenatal Care Coalition.
- **Goal 4. Health and Environment.** Four objectives were used to measure progress toward this goal: Obesity and Disease Rates, Health Insurance for Residents, Access to Mental Health Services, and Natural Resources. Data for three of these objectives indicates some progress toward achieving the goal; however a Work Group addressing health insurance for residents is just forming (Access Health South Carolina). Four Work Groups are addressing issues of health and environment: Eat Smart Move More Lowcountry, Access Health Beaufort County, Mental Health Access Coalition and Water Quality Committee.

This Report can serve as a guide for building a better community for ALL of Beaufort County. While there has been much accomplished, there is yet much to be done. Getting involved means identifying which of the Work Groups is most subjectively appealing, finding a place to serve and becoming an advocate for community improvement.

## Methodology

Literature on successful community indicators efforts shows that the best projects are those that mobilize people beyond receiving information to taking action. The method used to create the initial quality of life indicators is outlined in the first report from 2006. Our current efforts build on these foundations. The Together for Beaufort community indicators project represents the organized efforts of twelve of the planned sixteen Work Groups formed to achieve the community's quality of life goals. To document progress to date, since the publication of the first Together for Beaufort Report in 2006, this report relies on data collected and interpreted by many of the twelve Work Groups. Collection methods include surveys, interviews and accessing existing data sources. The data does not establish direct causal relationships between actions and outcomes, but whenever possible, reflects the implementation of science-based practices already demonstrated to be effective in the achievement of our quality of life goals. A variety of descriptive statistical techniques were used to analyze data that included mostly percentages and averages. The following Work Groups were formed to implement actions that would address our objectives:

- The Affordable Housing Consortium. After being inactive for several months, the County's Affordable Housing Consortium is reorganizing and will address the identified objective for housing costs as a *Together For Beaufort* effort.
- Lowcountry Area Coalition. This Work Group formed with the assistance of the Internal Revenue Service to expand the single largest anti-poverty program offered by the federal government – VITA, the Volunteer Income Tax Assistance program. The group, now a part of *Together For Beaufort*, has garnered the support of university students and others to help low-income individuals maximize their tax return.
- Beaufort County Early Childhood Coalition. Founded in 2001, this coalition has decided on the following priority issues: expanding family support services; improving child care quality, affordability and accessibility; improving and expanding pre-literacy resources and services; child health, safety and nutrition; and, expanding child advocacy, volunteerism and community support for young children.
- Beaufort County School District. The District has directed its efforts to tracking and improving standardized test scores of students' from early childhood through college.
- Partnership for Adult Literacy. This work group is focusing on increasing enrollment in adult education/adult literacy programs through partnership, promotion, and provision of greater resources.
- The Coalition for Aging in Place. This Work Group represents the federal government's efforts locally to restructure services to the rapidly growing number of seniors in a manner that preserves their quality of life. It has adopted the Beacon Hill Village model which replaces the traditional practice of placing seniors in assisted living communities with one which gives them the resources to stay in their own homes.
- Reduce Adolescent Pregnancy. Originally known as the Beaufort County Teen Pregnancy Prevention Council, which was founded in the 80's this Work Group continues to implement a variety of science-based strategies for reducing the number of births to teenagers.
- The Adequacy of Prenatal Care Coalition. A number of concerned citizens and health practitioners have joined together to improve the two conditions which seem to dramatically impact adequacy of prenatal care rates: improving data collection methods and education of minority populations.
- Eat Smart Move More Lowcountry. Affiliated with the statewide health initiative, Eat Smart Move More South Carolina, this Work Group has focused on childhood obesity because it is shown to be related to hypertension, stroke, diabetes and heart disease amongst other health issues.
- Mental Health Access Coalition. In an effort to increase the availability and accessibility of mental health resources in our community, this group has defined two priorities: transportation and education.
- Water Quality Committee. This Work Group is a collection of state, county, municipal and privately funded representatives tackling primarily the issue of water quality preservation by building and implementing a network of regulations for all bodies of water in our county.
- Access Health Beaufort County. This newly forming partnership, while not directly impacting the number of residents with insurance, is networking indigent care providers to maximize their resources and streamline treatment services for low-income residents.

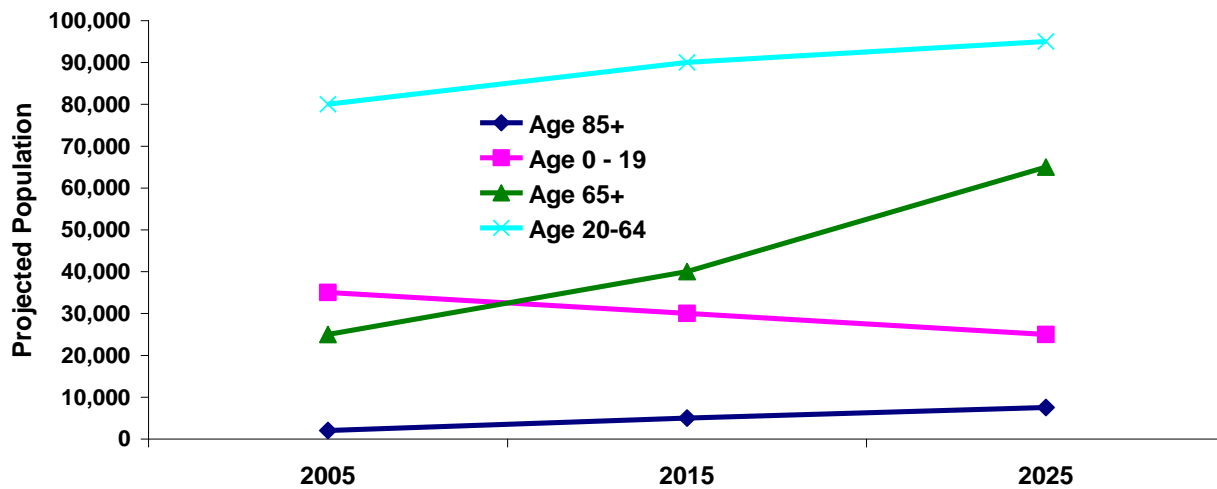
## Report Limitations

- A bit of caution is in order when reading this interim report. First, the scope of any community indicators project is never exhaustive and comprehensive. There will always be new and different indicators which capture what we mean by quality of life.
- Second, the community concerns addressed in the interim report are those deemed important in 2003. Though broad and likely timeless and universal in nature, they may not reflect current perceptions of residents about what quality of life issues have priority.
- Third, data used to report progress sometimes comes from time-sensitive sources. For example, the US Census is only conducted once every ten years – therefore all of the objectives which are measured by census data will be as old as the last census and therefore dated. In some cases interim estimates provided by the US Census were used.
- Fourth, the progress referred to in this report was limited to the input of the Work Group chairs; focus groups could have been held, as in the initial report, with members of the Work Groups to increase the volume of feedback.

## Background

It is important to present the demographic background of Beaufort County so that the reader can have a visual grasp of the realities in our community when reviewing the information presented herein. For example: Knowing that there is an increasing number of adults over age 65 signals the importance of developing quality of life measures to address this population.

### Population Projections by Age Cohort: 2005, 2015, 2025 For Beaufort County

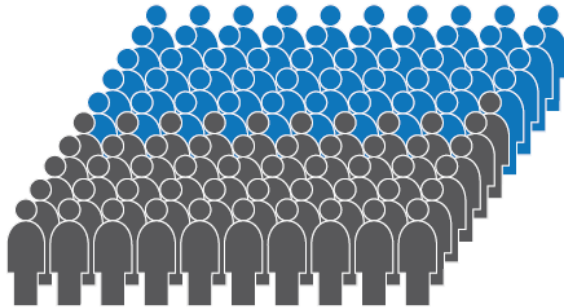


Source: South Carolina Office of Research and Statistics, 2005

## Village of 100

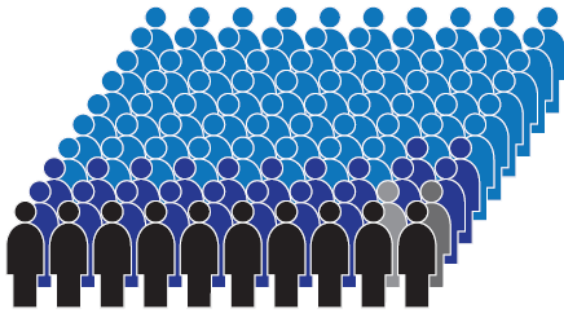
In order to better understand community indicators, it is useful to see the basic demographic characteristics of Beaufort County. If we could shrink Beaufort County's population to a village of precisely 100 people, with all the existing human ratios remaining the same, it would look like the following:

### Male vs. Female (2008)



- 49 Males
- 51 Females

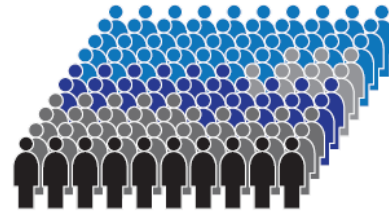
### Ethnicity (2008)



- 68 White
- 20 African American
- 1 Asian
- 1 Other
- 10 Hispanic

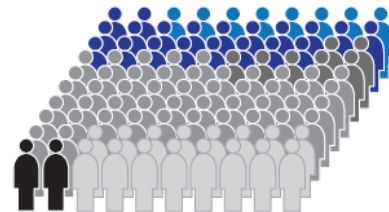
### Education (2008)

- 37 Have A Bachelor's Degree or Higher
- 7 Have An Associates Degree
- 21 Have Some College, No Degree
- 25 Have A High School Diploma
- 10 Have no Diploma



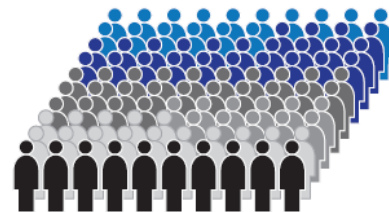
### Age Levels (2007)

- 8 Children Ages 0-4
- 20 Children Ages 5-19
- 7 Young Adults Ages 20-24
- 47 Adults Ages 25-64
- 16 Adults Ages 65-84
- 2 Adults ages 85 and older



### Average Wages Per Hour (2007)

- 16 Have Average Wages of \$8.77
- 24 Have Average Wages of \$11.08
- 24 Have Average Wages of \$15.64
- 11 Have Average Wages of \$19.55
- 15 Have Average Wages of \$28.77
- 10 Have Average Wages of \$32.35



Source: U.S. Census Bureau, S.C. Department of Employment and Workforce

**Strategic Goal One**

**Together** *We will, with our Lowcountry neighbors, build an economy that supports a sustainable quality of life.*

**Objective** *By 2012, housing costs for owners and renters in Beaufort County will not exceed 35% of household income.*

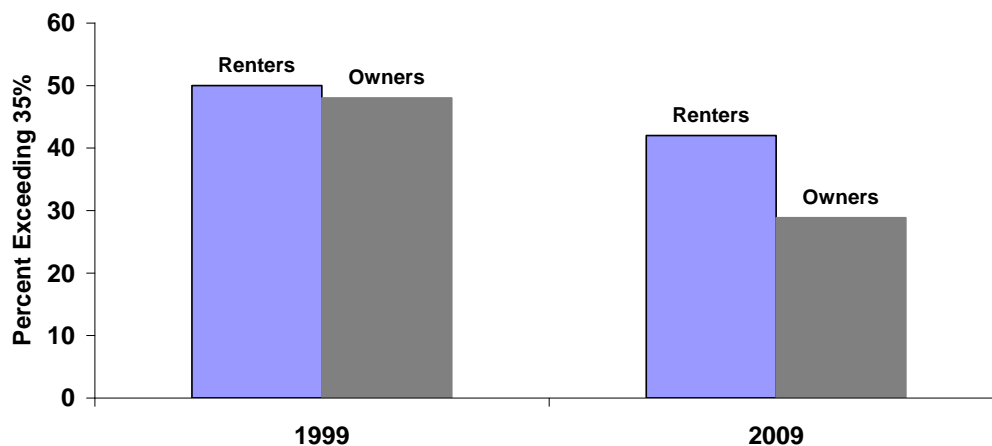
**Work Group** *Affordable Housing Consortium*

**Why is this important?**

Families need affordable housing. This indicator measures the ratio between median family income and the costs of single-family housing. In Beaufort County in 1999, more than half of renters made less than \$35,000. Of these renters, 44% paid more than 35% of their annual income to housing. Nearly a quarter of homeowners made less than \$35,000, 48% of which had housing costs over 35% of their annual income. If the housing costs are too high we will lose a segment of the population that we need in order to sustain quality of life. The absence of affordable housing narrows the pool of diverse talents required for a healthy community.

This objective was assessed using one indicator that measures the ratio between median family income and the cost of single-family living.

**Chart 1: Percent of Renters and Owners with Housing Costs More than 35% of Household Income, 1999 and 2009 for Beaufort County**



Source: U.S. Census Bureau and the American Community Survey Public Use Microdata Sample housing file.

Chart 1 shows there has been a slight decline in the percent of renters and owners with housing costs higher than 35% of their household income. In 1999, 50% of renters and 48% of the owners paid more than 35% of their income to housing costs in Beaufort County. In 2009, 42% of the renters and 29% of the owners paid more than 35% of their income to housing costs.

## Will the objective be achieved?

**According to the Affordable Housing Consortium it is too early to know. Without several years of data, progress against the Consortium's objective cannot yet be determined. The Consortium does not maintain this data and the next update will not be available until the 2010 Census is completed. Since indicator data is critical for progress assessment, the Consortium has recommended that a process be developed and implemented by Beaufort County to obtain this data on an annual basis. As of June 2009, Consortium meetings have been placed on hold until a new governing council is elected. Meetings will resume when Beaufort County appoints an affordable housing liaison to the Consortium.**

## **What obstacles does the Work Group face and how is it responding to these obstacles?**

**While a great deal of progress has been made, the Consortium continues identifying and addressing community housing needs. The current housing market challenge has impeded the Consortium's efforts. Market conditions and inadequate homebuyer funds from the State have severely impacted the homeownership program. The Housing Consortium plans to utilize Neighborhood Stabilization Funds and other initiatives by partnering with the Beaufort Housing Authority to increase low-income rental housing opportunities. Enhancing partnerships with private housing providers and local and regional nonprofits will be critical to meeting the annual housing goals.**

## **What actions has the Work Group taken so far to achieve its objective?**

### **#1 Implemented a homebuyer education and down payment assistance program.**

Success is measured by the number of individuals that purchased homes and the number of homebuyer education graduates. When funding opportunities are made available by the SC State and Federal programs, three hundred families, if credit worthy and still interested in home ownership, will be able to become homeowners.

### **#2 Partnered with Habitat for Humanity.**

Success is measured by the number of individuals that purchased homes. At least 75 homes have been constructed north and south of the Broad River by the two Habitats agencies.

### **#3 Implemented low-income tax credit rental housing partnerships.**

Success is measured by the number of apartment homes constructed and the number of families housed. One hundred fifty (150) families were housed in new low-income tax credit rental apartments between 2005 and 2008.

### **#4 Implemented a housing preservation partnership program.**

Success is measured by the reduction in the number of substandard homes as identified in the Housing Needs Assessment commissioned by the County in 2004. Seventy-seven (77) owner occupied homes were rehabilitated in the past three years (2006 to 2008). There are well over 5,000 homes in need of repair as of 2008.

### **#5 Implemented an elderly transportable cottages program.**

Success will be measured by the number of at-risk elderly/disabled persons afforded decent housing. The goal is to house three (3) families during 2009. The Coalition plans on reassessing the effectiveness and utilization of this program at a future date.

## What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>

### **#1 Implement an impact fee assistance program (County Program).**

This is an accepted practice used in Florida and other states where low-income persons are in need of grant assistance to place a home (mobile or modular) on owner-occupied land. Success will be measured by the number of families that apply for and obtain impact fee assistance.

Timetable: March 2010

### **#2 Establish a regional housing trust.**

Success will be measured by the funding stream created and the implementation of new housing strategies to increase affordable housing units throughout the County.

Timetable: Timelines are dependent upon the election of a new Consortium governing council currently targeted for completion in early 2010.

### **#3 Attract additional housing related preservation nonprofit organizations to the County and continue partnering with Beaufort Jasper EOC's Housing Preservation Program.**

Success measures will include quality of home repair work, number of homes repaired and reductions in the number of substandard units in the County.

Timetable: By end of 2010.

### **#4 Continue to partner with both the Lowcountry Habitat for Humanity and the Hilton Head Regional Habitat for Humanity to increase affordable homeownership.**

Success will be measured by the number of families that become homeowners. Thirteen single-family houses will be constructed over the next 12 months (by October 2010). An additional twenty single-family houses may be constructed as well.

Timetable: Timelines are dependent upon the election of a new Consortium governing council currently targeted for completion in early 2010.

### **#5 Continue to implement the Neighborhood Stabilization Program.**

Success will be measured by the number of families that are affordably housed through rental and homeownership initiatives.

Timetable: Timelines are dependent upon the election of a new Consortium governing council currently targeted for completion in early 2010.

### **#6 Conduct a meeting with the Human Services Alliance Leadership and other relevant stakeholders to develop a plan of action (what, who, when and funding requirements) to evaluate the feasibility of developing and implementing an indicator (owner and renter housing costs) data collection and reporting program that can be updated on an annual basis.**

Without an ongoing reporting program, the Consortium will find it difficult to evaluate whether it is achieving the goal "By 2012, housing costs for owners and renters in Beaufort County will not exceed 35% of household income."

Timetable: early 2010.

### **#7 Evaluate the feasibility of compiling and reporting data for indicators outlined above, e.g., number of Habitat homes constructed, number of families housed in low-income tax credit rental apartments, number of owner-occupied "rehabbed" homes, number of families housed under the Elderly Transportable Cottage Program, etc.**

Timetable: early 2010.

---

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**Objective** *By 2012, the average wage in Beaufort County will equal, or exceed, South Carolina's average wage.*

**Work Group** *The Lowcountry Area Coalition (VITA Project)*

***Why is this important?***

Beaufort County's average wage (\$28,671) is 5.3% lower than the state (\$30,280) and 29.5% lower than the nation (\$37,130). Policy makers often rely on per capita or median income levels as indicators rather than average wage in determining a community's need for local, state or federal assistance for services and initiatives. This leaves Beaufort County at a disadvantage because the per capita income is higher than that of the state and the nation.

**Will the objective be achieved?** **No**

*A Work Group has recently formed to address this objective, the Lowcountry Area Coalition. Its' primary effort, the Volunteer Income Tax Assistance program (VITA), works to help low-income individuals obtain the greatest tax refund possible. Last year, before it officially joined Together for Beaufort, this coalition's efforts resulted in an increase to the local economy of \$3.3 million dollars.*

**Objective** *By 2012, the commercial tax base will be doubled.*

**Work Group** *Needs to be Formed.*

***Why is this important?***

It is critical that Beaufort County increase its commercial tax base as a means of diversification of the overall tax bases. The growth of a commercial tax base will develop infrastructure that will spur residential development while growing the sales tax base. An increased commercial base will spread the tax loads and therefore aid residential taxpayers in addition to providing employment opportunities that build a greater tax base.

**Will the objective be achieved?** **No**

*TO BE DETERMINED. To be achieved, this objective will require the partnership of a number of governmental entities and the business community to make changes at the policy-level. To date, no Work Group has been formed to address this objective.*

**Objective**      *By 2012, the cost of childcare will not exceed 25% of a working family's income.*

**Work Group**    *Needs to be Formed.*

**Will the objective be achieved?**    **No**

*In order to achieve this objective, a number of actions could be developed. For example, large employers could absorb childcare costs for their employees by housing a childcare center on their premises. To date no Work Group has been formed to address this concern.*

***Why is this important?***

*In order for families to support themselves, both parents often have to work, making increasing demands on households for childcare. Childcare costs add to the financial burden, especially for a single working parent and they can often tip the balance of wages and living expenses. One reason that we have difficulty attracting young professional families to our area is the high cost of childcare.*

## Strategic Goal Two

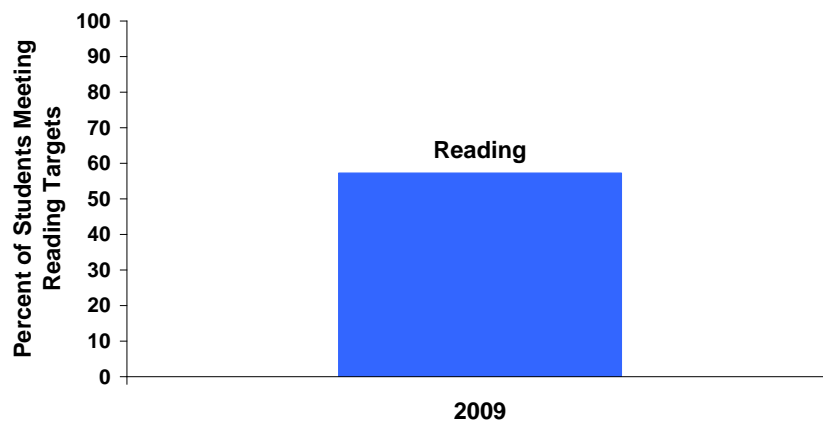
**Together** *We will break the cycle of illiteracy by exceeding national educational standards.*

**Objective** *By 2012, 85% of entering 1st graders will test at grade level as measured by a nationally normed test.*

**Work Group** *Beaufort County Early Childhood Coalition*

This objective was assessed using one indicator that measures the percent of first graders testing at grade level: the Primary Measuring Academic Progress (MAP) test. With this new indicator the Coalition will track changes in performance between a kindergarten student's spring achievement and then track the same student's performance during his spring term as a first grader. The Coalition researched existing literature for measures of readiness and found national best practice research which shows that readiness must focus on three dimensions of a child's performance and characteristics: cognitive (i.e., understanding), socio-emotional and physical health. The new indicator, Primary MAP test (see side bar), is a cognitive measure only. Although the results of this research show that a better indicator should be adopted, the Coalition realized that financial factors would impede the short-term development and implementation of a new indicator.

**Chart 2: Percent of Kindergarten Students Meeting Reading Targets (Primary MAP) - Spring 2009 for Beaufort County**



Source: Beaufort County School District

As Chart 2 shows in 2009 approximately 57 percent of kindergarten students met "targets." Meeting "targets" refers to kindergarten students who have tested "ready" to learn as measured by performance on a national norm-referenced test: the Primary MAP. The Primary MAP uses reading and math since they are the most widely accepted and foundational measures of cognitive growth. Since this indicator first came into use in 2009 data for prior years is not available. Progress against the Consortium's objective cannot yet be determined since there is insufficient data (only one year) to support progress assessment.

**Measuring Academic Progress (MAP):**

MAP is a computerized assessment test developed by the Northwest Evaluation Association administered to Beaufort County students since 2004. It is a nationally normed test - this means that the norming sample is representative of a national cross-section of students. Norm-referenced tests compare a person's score against the scores of a group of people who have already taken the same test, called the "norming group." Approximately 75% of South Carolina school districts use this test. MAP tests currently cover reading, language usage, and indicate grade level performance, and may help educators identify the skills and concepts student know and what they need to learn next in order to keep growing, irrespective of grade.

**Will the objective be achieved?**



*According to the Work Group, the objective will be achieved, however the Coalition identified a new indicator and additional data for this indicator will not be available until late 2010. In addition, the Coalition developed a new objective (above) to replace the old objective: "By 2012, 85% of entering first graders will test at grade level". As can be seen, the new objective is a refinement of the old objective.*

**Why is this important?**

Success in school begins before a child enters a classroom. In fact, it has been shown that very early performance is predictive of future academic achievement through high school and beyond.

**What obstacles does the Work Group face and how is it responding to these obstacles?**

The primary obstacle is that policy lags behind the research. The Work Group hopes to address this obstacle by continuing to engage Beaufort County School District policy makers in the ongoing activities of the Coalition.

**What actions has the Work Group taken so far to achieve its objective?**

**#1 Adopted the Together for Beaufort School Readiness objective which consolidates the two efforts to improve early childhood educational performance.**

With the Early Childhood Coalition Leadership Council's unanimous approval of the motion to accept responsibility for this objective, the group formally became the Together for Beaufort Coalition addressing this objective.

**#2 Conducted a Summit for local stakeholders**

Success was measured by the attendance of various community stakeholders. The objective was to engage various sectors of the business community in understanding the importance of school readiness.

**#3 Employed a facilitator to lead the Beaufort County Early Childhood Coalition (BCECC) Work Group.**

Hiring was completed and a Work Group of front-line staff were assigned to a subcommittee tasked with exploring different kinds of best practice interventions.

**#4 Prepared and received two grants to implement the "Play and Learn Together" educational instrument and to conduct a Community Forum.**

The "Play and Learn Together" program (a written parenting education guide) was implemented.

**#5 Researched best practices and began gathering demographic and readiness data on the target population.**

This body of research will contribute to greater precision and effectiveness of future Coalition interventions.

**#6 Employed a consultant to develop a training component to facilitate the distribution of the “Play and Learn Together” materials.**

**#7 Conducted Train-the-Trainer sessions to instruct local human service professionals in the delivery of the “Play and Learn Together” model.**

### **What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

**#1 Arrange dialogue between leadership and experts.**

The purpose of these dialogues will be to inform decision and policy makers of the latest findings in the area of school readiness to allow for more valid measurement instruments in the future.

Timetable: These dialogues will take place during the monthly BCECC Leadership Council meetings and thereby recorded in the minutes. These conversations will be focused on increasing communication across all Coalition stakeholders.

**#2 Fully explore the science-based interventions at the contextual (i.e., includes all of the factors that have an impact on the child’s development including family, schools, neighborhoods, environment, etc.) level.**

Actions will be identified and adapted for the local community.

Timetable: This also will be an effort incorporated into the regular coalition meetings and reported on in the minutes of those meetings.

**#3 The Coalition will continue to monitor and report its indicator data as it becomes available.**

Timetable: Begin in July 2010 and continue on an annual basis.

**Objective** *By 2012, students will exceed South Carolina averages on college admissions tests.*

**Work Group** *Beaufort County School District*

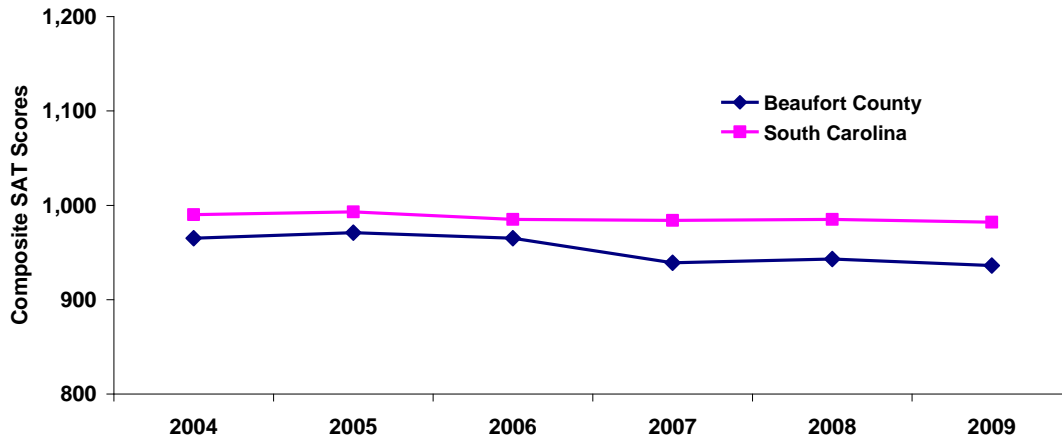
### ***Why is this important?***

**This objective is important because it allows the Work Group to compare our students’ performance with those of their peers throughout the state and nation. These tests are one of the key variables used by almost all colleges and universities in determining acceptance. This objective (comparing Beaufort County student scores to state averages) was chosen because the chance of attaining national standards within our first year was deemed highly improbable. It is our hope that once the community reaches state averages, the Work Group can then begin working toward an objective of increasing test scores to exceed the national average.**

This objective was assessed using two indicators. They measure the performance of students completing the SAT Reasoning Test (SAT) and the American College Test (ACT), both college admissions tests. This objective focuses on older children as opposed to the earlier objective related to kindergarten school readiness.

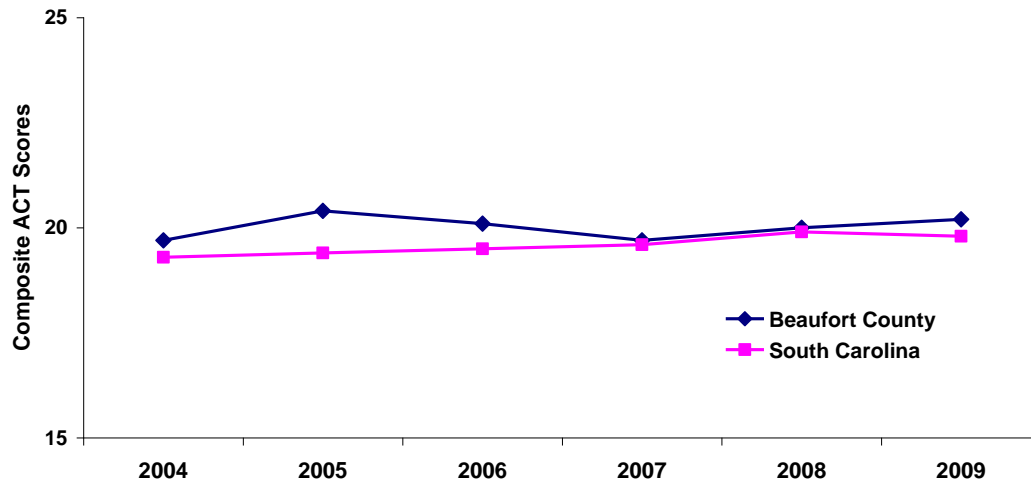
<sup>1</sup> *Actions listed in this report were developed in 2006-2008 and may not be current in status*

**Chart 3: Composite SAT Scores: 2004 - 2009  
for Beaufort County and South Carolina**



Source: Beaufort County School District

**Chart 4: Composite ACT Scores: 2004 - 2009  
for Beaufort County and South Carolina**



Source: Beaufort County School District

Charts 3 and 4 represent college admission test results for Beaufort County and South Carolina between 2004 and 2009. On the ACT Beaufort County exceeded South Carolina slightly while on the SAT the South Carolina averages exceeded Beaufort County's performance. The composite SAT scores for Beaufort County students were approximately 950 while the state scores exceeded 980. For the same time period, as shown on Chart 4 the composite ACT score for Beaufort County students was approximately 20 while the state scores were approximately 20 as well. Although SAT scores for Beaufort County students have not exceeded South Carolina averages between 2004 and 2008, some high schools have posted significant improvement in SAT scores (as reported by the Beaufort County School District). Specific actions to improve Beaufort County student performance on these college admissions tests are underway by the school district through a Task Force on College and Career Readiness and Access.

### SAT Reasoning Test (SAT) and American College Test (ACT)

The SAT Reasoning Test (formerly the Scholastic Aptitude Test and Scholastic Assessment Test), administered by The College Board, measures verbal, mathematical reasoning and writing skills. This indicator compares SAT scores in the Beaufort County School District as well as the state. The test is scored on a range from 400 to 1600. In Beaufort County in 2004, 61% of graduating seniors took the SAT, the statewide figure was 48%. In 2005, in Beaufort County scores were reported for 64% of graduating seniors, compared to 50% in all of SC. Data is reported on both SAT and ACT since these college admissions tests are used interchangeably by almost all colleges and universities. Students in Beaufort County take practice tests (PSAT and PLAN) for both tests, to determine which test better showcases their skills and abilities.

## Will the objective be achieved?



***According to Beaufort County School District the objective will be achieved. The District developed a new objective (above) to replace the old objective: “By 2012, students will exceed South Carolina averages in PACT and SAT scores.” As can be seen the new objective excludes the use of the Palmetto Achievement Challenge Tests (PACT) since the District feels the new indicator (ACT) provides a better indicator related to college admissions performance.***

## ***What obstacles does the Work Group face and how is it responding to these obstacles?***

The greatest obstacle is the instability of adequate funding to ensure sufficient and qualified educators. Changes in the way the state funds public education in recent years coupled with economic downturn has made drastic cuts necessary. Over seventy positions were cut from the school district in Fiscal Year 2010 and more are expected in Fiscal Year 2011. Additionally, since early childhood academic performance is predictive of achievement all the way through high school, another obstacle is the availability of high quality child-care for pre-kindergarten children.

## **What actions has the Work Group taken so far to achieve its objective?**

**Note:** The District conducts extensive research on best practices prior to implementation. Ongoing comparative data is collected from the following similarly profiled districts: Horry County, Richland Two, Lexington Five, Lexington One and York III (Rock Hill) School Districts.

### **#1 Aligning the written, taught, and tested curriculum is underway to engage each student in rigorous and relevant learning.**

Extensive training has been completed in curriculum mapping and supporting software is in place. Instructional technology coaches support mapping work in each school. Curriculum Mapping has been completed in Math K-8 and Algebra I with consensus maps under development. Diary curriculum maps are under development in all other subject areas to build a viable, high quality, guaranteed curriculum.

A standardized high quality math program, Everyday Math, is in the second year of adoption at all elementary and middle schools, providing consistency and continuity.

Student engagement has been increased through technology integration. Instructional technology that includes interactive whiteboards, classroom sound systems and LCD projectors has been added to almost all classrooms.

Science kits aligned with the state standards have been added to the elementary program. Science equipment appropriate for middle school students has been provided to each middle school.

**#2 Established high student achievement targets to foster incremental progress.**

Academic targets have been established for each school. Measures of Academic Progress (MAP) results are monitored and routinely updated. Schools have a goal of 70% of students achieving one year of growth on MAP, a rate of growth consistent with high performing schools and other Districts.

An Accelerated Learning School model has been created at Whale Branch Elementary/Davis Early Learning Center, Whale Branch Middle School and St. Helena Elementary School. These schools have over 90% of students qualifying for free and reduced priced lunch underscoring the challenging relationship between high poverty and achievement.

An Early College High School has been developed to address low achievement in the northern part of the county. Whale Branch Early College High School, a partnership with the Technical College of the Lowcountry, will open in 2010. This school will provide an opportunity for students to earn a high school credential and a college associate's degree in four years in one of five majors which are in high demand for jobs.

**#3 Narrowed achievement gaps (ethnic, gender, socioeconomic, special populations and special needs).**

Overall narrowing of the achievement gap has occurred. The PACT scores gap between State and District was reduced by 21%. The High School Assessment Program (HSAP) has shown a 69% rate of improvement above the State's average rate of improvement.

**#4 Provided instructional programs that set high expectations for students.**

A magnet program for gifted/talented elementary students, (AMES) Academy, is in its second year of operation. All elementary and middle schools have moved to a "special class model" of gifted and talented instruction to increase rigor. This model replaces a pull out program. Gifted and talented curriculum has been updated and increased in rigor to include "Mentoring Mathematical Minds" (M<sup>3</sup>), Junior Great Books, The Center for Gifted Education Language Arts units, and Greek/Latin stem series "Word Within a Word."

Advanced Placement (AP) Scholar programs are operational at Beaufort High School and Bluffton High School. International Baccalaureate programs at Battery Creek and at Hilton Head have been focused and strengthened. A Middle Years Program (MYP) program has been applied for at Hilton Head Middle School. The International Baccalaureate programs at Hilton Head Island Elementary and Broad River Elementary Schools are fully accredited.

The Accelerated Learning School model is in place at Whale Branch Elementary/Davis Early Learning Center, Whale Branch Middle School and St. Helena Elementary School, which provides twenty extra days of extended learning time in the highest (over 90%) poverty schools.

**What actions will the Coalition take in the future to continue to achieve its objective?<sup>1</sup>**

**#1 Implement a balanced literacy plan throughout the District.**

The success of this action will be confirmed by an increase in achievement test scores.  
Timetable: 2009 to 2010.

**#2 Align K-8 curriculums to PASS (Palmetto Assessment of State Standards) after standards set by the State.**

The success of this action will be confirmed by an increase in achievement test scores.  
Timetable: 2009 to 2010.

**#3 Develop essential curriculum maps district wide with guaranteed instructional and assessment experiences for all students at all schools.**

The success of this action will be confirmed by an increase in achievement test scores.  
Timetable: 2009 to 2010.

**#4 Continue to provide professional development for all instructional staff throughout the year and during an intense Summer Institute annually.**

The success of this action will be confirmed by an increase in achievement test scores. In addition this best practice will be observable in the classroom.  
Timetable: 2009 to 2010.

**#5 Accelerate achievements in low achieving schools. For targeted schools learning time has been extended to 200 days from 180 days to provide more services for at risk students.**

The success of this action will be confirmed by an increase in achievement test scores. In addition this best practice will be observable in the classroom.  
Timetable: 2009 to 2010

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**Objective** *By 2012 at least 70% of students will meet their individual “stretch goals” as measured by a national, norm-referenced achievement test.*

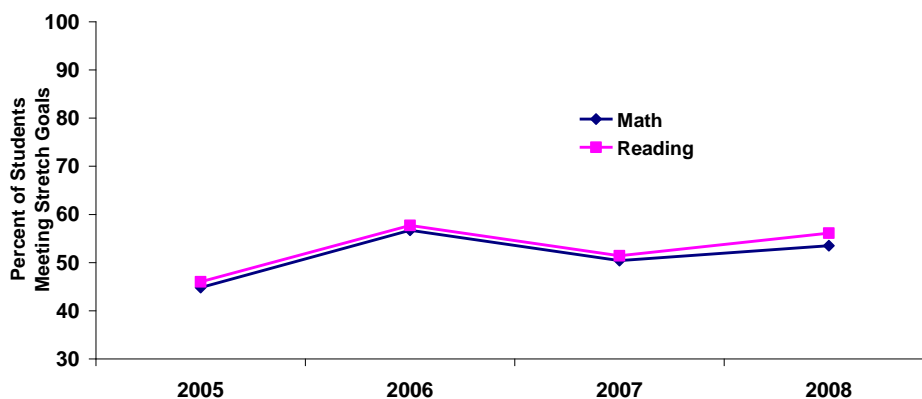
**Work Group** *Beaufort County School District*

**Why is this important?**

MAP results are nationally norm-referenced, and can be used to compare Beaufort County students to other students in South Carolina or the nation. Via these comparisons, the District can identify best practices from other school districts for potential implementation in our District. High school graduation rates are another indicator of eventual success in a competitive environment. Effective preparation for higher education and/or employment is an important measure of student success. Communities with a better educated adult population tend to have stronger economies and a higher standard of living. In dollars and cents, research from the U.S. Department of Commerce indicates that the average lifetime earnings for a dropout without a high school diploma are typically around \$600,000. When the dropout earns a high school credential, the lifetime earnings increase by \$200,000 to \$800,000.

This objective was assessed using two indicators. The first measures the percentage of students meeting their individual “stretch goals” in Math and Reading as measured by the Measuring Academic Progress (MAP) test and the second measures the percentage of students graduating from high school.

**Chart 5: Percentage of Students Meeting Stretch Goals (MAP) for Beaufort County**



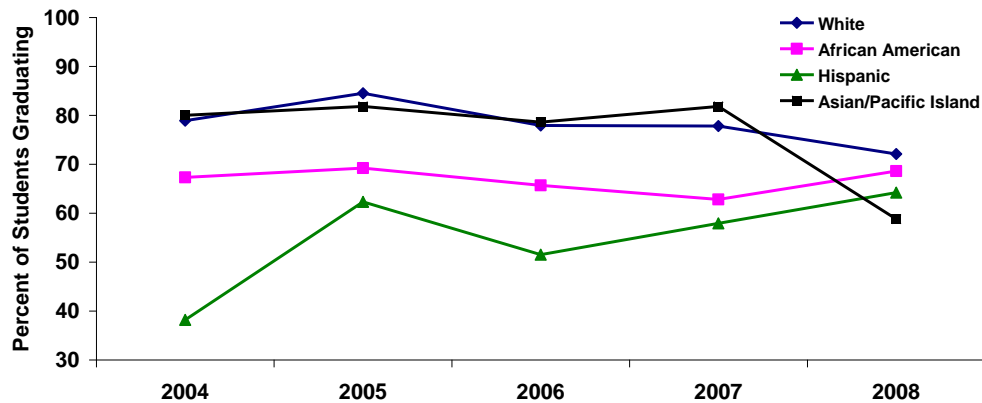
Source: Beaufort County School District

As shown on Chart 5 (above), between 2005 and 2008 the percentage of Beaufort County students meeting their stretch goals as measured by the MAP test was between 44 percent and 58 percent. Results for Math and Reading are very similar. These results show that the achievement of the 70 percent goal will require continued effort and improvements by the District. The District has reported that there is a critical focus on student achievement as evidenced by data supporting improvement in several academic areas.

Chart 6 (below) shows the percent of students graduating from high school between 2004 and 2008 by race and ethnicity. Although the current indicator was not originally included as a measure, graduation rates are

ultimately a reflection of students' success such as that reported in the previous chart. In 2008, 58 to 72 percent of the students from all backgrounds graduated. By presenting these categorized rates we are able to detect places for educational improvement and thereby enhancing the probability of achieving our goal. Hispanic students showed the best improvement over this time period, increasing from 38 percent to 64 percent, further suggesting that by 2012 the proportion of students graduating will improve for this group. The significant drop between 2007 and 2008 in the graduation rate for students classified as Asian/Pacific Island is under review by the District.

**Chart 6: Graduation Rates by Race and Ethnicity: 2004 - 2008 for Beaufort County**



Source: Beaufort County School District

**Measuring Academic Progress (MAP) and Graduation Rates**

Measuring Academic Progress (MAP) is a computerized assessment test developed by the Northwest Evaluation Association administered to Beaufort County students since 2004. Approximately 75% of South Carolina school districts use this test. MAP Tests currently cover reading, language usage, and indicate grade level performance, and may help educators identify the skills and concepts a student knows and what they need to learn next in order to keep growing, irrespective of grade level. Each year as part of the annual strategic planning process the District establishes “stretch goals” for student achievement. The four-year graduation rate indicator shown on the chart on the following page reflects the percent of students who entered ninth grade for the first time four years earlier who received State diplomas. This percentage is calculated using a formula provided by the U.S. Department of Education, however, it does not reflect for migration, transfers, or students who graduate early.

**Will the objective be achieved?**



**According to the Beaufort County School District the objective will be achieved. The District developed a new objective to replace the old objective: “By 2012, at least 85% of students will meet their individual Measuring Academic Progress (MAP) target.” As can be seen, the new objective is a refinement of the former objective and reflects a change from 85% to 70%.**

## ***What obstacles does the Work Group face and how is it responding to these obstacles?***

As with the previous objective, the greatest obstacle is the instability of adequate funding. Changes in the way the state funds public education in recent years coupled with the national economic downturn has made drastic cuts necessary. Over seventy positions were cut from the school district in school year 2009-10 and more are expected in school year 2010-2011. Responding to this obstacle will challenge continuance of services, programs, and practices where gaps have been identified.

## **What actions has the Work Group taken so far to achieve its objective?**

### **#1 Established partnerships between local schools and higher education institutes including University of South Carolina-Beaufort and Technical College of the Lowcountry.**

The District's five-year plan includes these partnerships and to measure success, the District confirms evidence of formal agreements and the rise in students participating in dual enrollment. Research and data supports this effort as a best practice.

### **#2 Provided technological exposure to equip students with a 21st century global perspective**

The District's five-year plan includes the provision of extensive technology integration. To measure success, the District's Technology staff (support is in place at each school) teaches ISTE (International Society of Technology in Education) student standards from a clearly defined curriculum. The district has a goal of all teachers' demonstrating technology proficiency by May 2011.

### **#3 Developed and implemented district curriculum mapping in each content area from Pre Kindergarten – grade 12.**

The District's five-year plan includes the following measurement targets: 25% by 2008-2009, 50% by 2009-2010, 75% by 2010-2011, and 100% by 2011-2012. This is a best practice supported by the nations' leaders in educational curriculum and assessment alignment.

### **#4 Ensured fidelity between district practices and state standards.**

Under the comprehensive five-year strategic plan developed by a community-based task force which was asked to *Envision Educational Excellence* and adopted by the Board of Education, the District will measure success for this action by determining the number of curriculum mapping areas completed in English/Language Arts, Mathematics, Science, and Social Studies for students in grades 3,4,5,6,7,8. End of course tests in algebra I, English I, Physical Science, and US History will also be used. The district will achieve national accreditation to demonstrate its alignment with national and state standards.

### **#5 Taught literacy (reading and writing) in all subject areas across the curriculum.**

Success will be determined by completing an assessment of State data for reading, mathematics, science, and social studies for students in grades 3,4,5,6,7,8. End of course tests in Algebra I, English I, Physical Science, and US History will also be used. These data and test results will be disaggregated by gender, ethnicity, and socio-economic status to identify areas for improvement. This best practice is supported by leading experts on reading and language arts.

## What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>

**#1 Continue to support the efforts of the School District's implementation of its long range strategic plan.**

Timetable: 2009 to 2014

**#2 Align K-8 curriculum to PASS (Palmetto Assessment of State Standards) after standards have been set by the State.**

Success will be measured by increases in achievement test scores. This model is based on best practices based on current research.

Timetable: 2009 to 2012

**#3 Develop essential curriculum maps, district wide, with guaranteed instructional experiences at all schools.**

Success will be measured by increases in achievement test scores.

Timetable: 2009 to 2013

**#4 Continue to provide professional development for all instructional staff during summer institute.**

Success will be measured by increases in achievement test scores and by observing the application of best practices in the classroom.

Timetable: 2008 to 2010

**#5 Accelerate achievements in low achieving schools. For targeted schools, set the school year calendar at 200 days in order to provide more services to at risk students.**

Success will be measured by increases in achievement test scores and by observing the application of best practices in the classroom.

Timetable: 2009 to 2010

---

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**Objective**      ***By 2012, the functional English literacy level of the adult population will exceed the national average, and the percentage of adults actively participating in adult education and adult literacy programs who advance an educational level will increase by one percent annually, compared to a base of 49 percent in 2008.***

**Work Group**    *Partnership for Adult Literacy*

With adult literacy data only available every ten years the Work Group selected two indicators in order to allow them to assess progress on a more frequent basis: the number of adults enrolled in adult education/literacy programs and the percentage completing requirements to progress to the next education level. The Work Group also selected a corresponding objective to increase educational level attainment rates by one percent annually so that 53 percent of adults actively participating in programs will advance an educational level in 2012, compared to 49 percent in 2008.

The percentage of adults in Beaufort County exceeding the lowest literacy level has changed little relative to the national average since 1993 but exceeds the 2003 national average. Given this performance, the Partnership for Adult Literacy's goal to be equal to or better than the national performance (Beaufort was 89% compared to national at 86% in 2003) has been achieved. Although the goal has been achieved, the Partnership surmises that an equal percentage of adults function at only the most basic level, far short of what is required to be literate in the 21st century. It is also likely that a large number of non-English-speaking adults in our area are not fully reflected in the population base or the estimated number of adults functioning at the lowest literacy level.

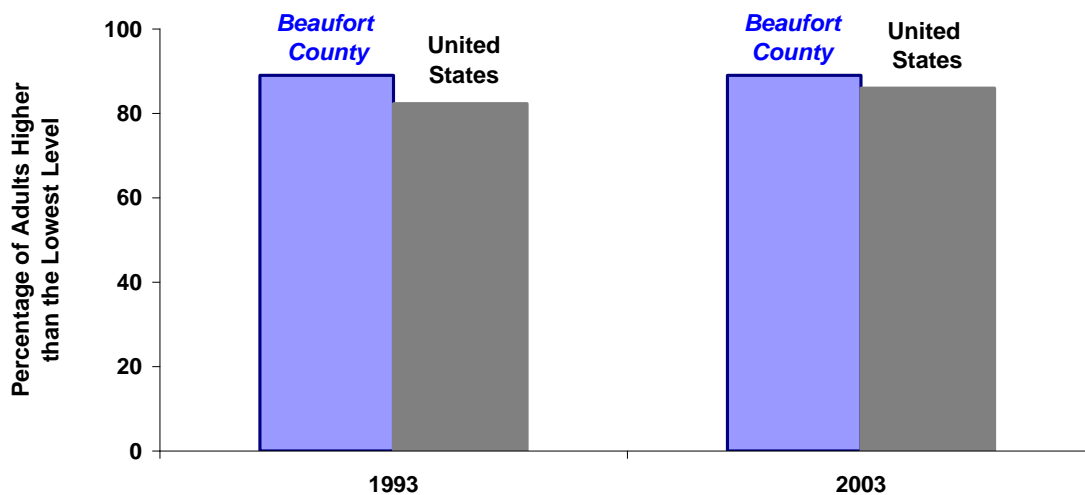
### ***Why is this important?***

**According to the National Institute for Adult Literacy, literacy is defined as an individual's ability to read, write, and speak English, compute and solve problems in order to be self-sufficient and successful in one's life roles. Adult literacy is essential to workforce and economic development; the physical, social, and civic "health" of a community; and the educational success of future generations.**

This objective was assessed using three indicators. The first indicator measures the percentage of adults functioning above the lowest literacy level. The second indicator measures the number of adults enrolled in adult education/literacy programs and the third indicator measures the percentage of adults advancing one or more educational levels. The Work Group also selected a corresponding objective to increase enrollment in adult education/literacy programs by 4% by 2012 when compared to 2008's results.

Chart 7 (below) shows the percentage of adults in Beaufort County exceeding the lowest literacy level has improved relative to the national average and exceeded the national averages between 1993 and 2003. Given this performance, the Partnership for Adult Literacy's goal to be equal to or greater than the national performance (Beaufort was 89% compared to national at 86% in 2003) has been achieved. Although the goal has been achieved, the Partnership continues to take actions to improve the County's performance on this critical objective. While 11% illiteracy is better than the national average, the pace of society in the 21st Century requires that all adults be proficient in their literacy skills. Another reason for this apparent "success" is due to the changing demographics of the Beaufort County population. The estimates made here are derived from national "estimates" from which local literacy is extrapolated. For example, there is nothing in these calculations that takes into account the changing demographics of our local community, such as the rapid influx of Latinos into our area.

**Chart 7: Percentage of Adults Higher than the Lowest Literacy Level: 1993 and 2003 for Beaufort County and United States**



Source: National Center for Education Statistics, U.S. Department of Education

Note: At the current time this data is updated every 10 years.

**Literacy Levels:**

The National Assessment of Adult Literacy (NAAL) measures how adults use printed and written information to adequately function at home, in the workplace and in the community. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be tested due to language barriers are included in these figures. The definitions of levels for prose (news, brochures, and instructional materials) literacy are as follows: Below Basic – no more than the most simple and concrete literacy skills; Basic – can perform simple and everyday literacy activities; Intermediate – can perform moderately challenging literacy activities; Proficient – can perform complex and challenging literacy activities.

Charts 8 and 9 show 1,368 to 1,507 adults were enrolled annually in these programs. Between 39 and 52 percent of these adults completed the requirements to advance to the next educational level between 2006 and 2009.

Source: Literacy Volunteers of the Lowcountry  
 Chart 8: Number of Adults Active in Education/Literacy Programs: 2006 – 2009 for Beaufort County

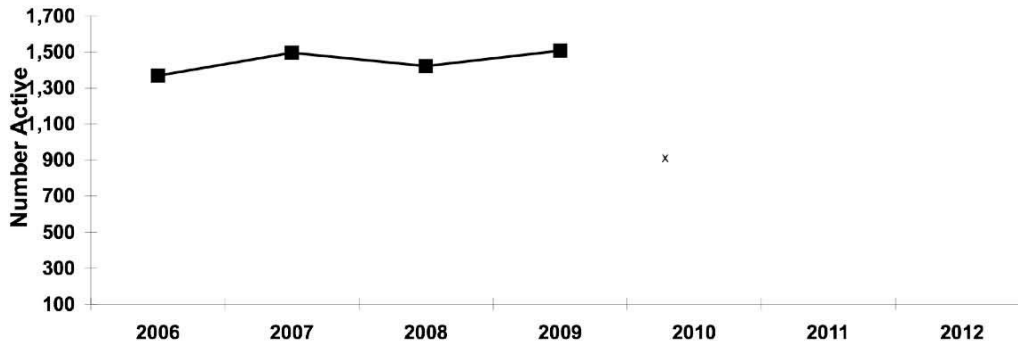
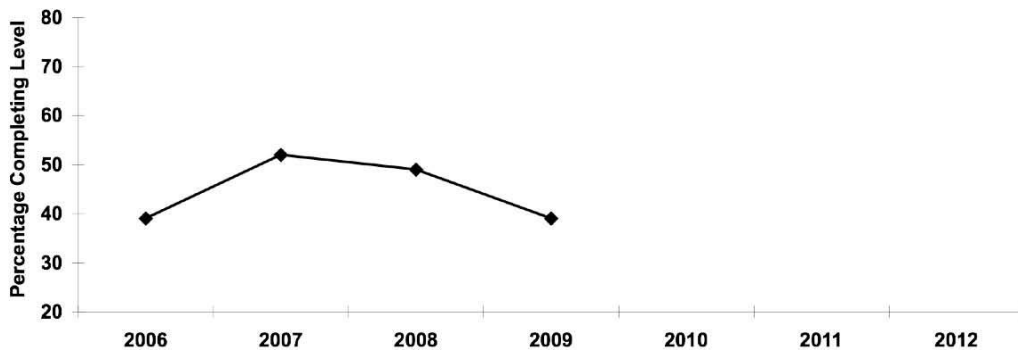


Chart 9: Percentage Completing Educational Level: 2006 – 2009

Source: Literacy Volunteers of the



Lowcountry

**Will the objective be achieved?**

***According to the Work Group the objective has been achieved. As reported in January 2009 by the U.S. Department of Education’s National Center for Education Statistics, 89% of adults in Beaufort County exceed the lowest literacy skill level compared to 85.5% nationally. The Work Group will continue to take actions that will serve to maintain this achievement against the goal.***

## ***What obstacles does the Work Group face and how is it responding to these obstacles?***

One of the biggest obstacles confronting the Work Group is a lack of public understanding of what constitutes acceptable literacy in the 21<sup>st</sup> century, the urgency of increasing literacy among adults, and the consequences of inaction. Although much attention is focused on the education of children, the education of lower literacy adults is not a public policy priority.

## **What actions has the Work Group taken so far to achieve its objective?**

- #1 Defined Partnership mission; created goals and work plan; assigned responsibilities.**
- #2 Published editorial piece in local newspapers regarding adult literacy issues.**  
This piece increased awareness of the literacy challenge in Beaufort County.
- #3 Formalized Partnership for Adult Literacy.**  
Memorandum of Understanding created to be signed by education providers obliging them to meet quarterly and work collaboratively with rotating leadership.
- #4 Planned and executed adult Education/Literacy/English for Speakers of Other Languages (ESOL) Open House in January 2008 at the Bluffton Library. This open house was attended by 40 people.**
- #5 Prepared and submitted two grants: \$180,000 grant to the Sisters of Charity and a \$15,000 grant to Beaufort County.**  
Made first round cut for the Sisters of Charity grant, invited to submit full proposal but not selected for funding. Not selected for funding for the Beaufort County grant.
- #6 Prepared and published Adult Literacy/Literacy/ESOL provider directory for prospective students on Beaufort County Library website.**  
This directory has increased awareness of and enrollment in existing programs.
- #7 Revised the provider directory.**  
Updated directory available at Beaufort County Library website

## **What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

- #1 Prepare and conduct presentations to area civic and business groups.**  
Timetable: Started in September 2009 and continuing to 2012
- #2 Develop relationships with Beaufort County legislative delegation.**  
Timetable: Started in July 2009 and continuing to 2010 and the 2012 elections.
- #3 Implement adult literacy actions under the Beaufort County School District strategic plan.**  
Timetable: By June 2012.
- #4 Consider re-tasking this Work Group (Partnership for Adult Literacy, whose mission is almost identical to that of Literacy Volunteers of the Lowcountry) (LVL) and absorbing community representatives from the Partnership into LVL's Board of Directors. Continue Partnership for Adult Literacy with provider representatives to ensure collaboration and to report collective progress toward objective.**  
Timetable: October 2010
- #5 Develop a 2012 goal for "Percentage Completing Educational Level" indicator and incorporate that goal in the Work Group's Objective statement.**  
Timetable: April 2010
- #6 Conduct a meeting with relevant stakeholders to develop a plan of action (what, who and when) to obtain additional funding.**  
Timetable: Ongoing.

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

## **Strategic Goal Three**

**Together** *We will break the cycles of poverty that impact children, the elderly and the working poor.*

**Objective** *By 2012, Beaufort County will increase the number of “aging in place villages” and the membership within them.*

**Work Group** *Coalition for Aging in Place*

### ***Why is this important?***

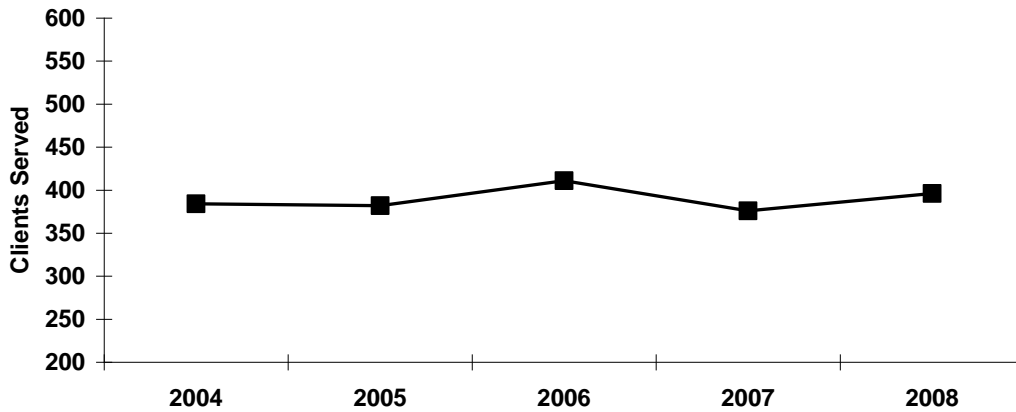
The rapid growth in persons over 65 years of age in this country has made it impossible for the government to serve this population with traditional methods of care such as assisted living, continuum of care communities, etc. Therefore the “aging in place” concept allowing seniors to remain in their homes by bringing services to them, rather than making them leave, is a more cost-effective solution. The aging in place arrangement has become a nationally recognized imperative which Beaufort County is now poised to adopt. It follows that the elderly, without these types of provisions, will be left to their own devices and are potentially vulnerable to poverty.

The original objective was worded to refer to the number of individuals living in poverty, but on careful scrutiny of this concept the Coalition realized living in poverty does not reflect whether or not an individual has access to services. Therefore the frequency of individuals living in poverty is a poor indicator and is not well-aligned with the Coalition’s purpose. For this reason, the Coalition has chosen a national model, Beacon Hill Village (BHV), a privately financed non-profit organization located in the Boston area as an exemplary “aging in place” strategy. The key features of this model are 1) a grassroots effort that begins with a “visionary” 2) it operates with a “village” structure where people relate to each other similar to an extended family 3) it is an inclusionary model that enjoins people of different socio-economic backgrounds to work together in maintaining their quality of life. Based on its commitment to this national model of aging in place, the Coalition adopted the following three measures to monitor progress: 1) the number of “Aging in Place Villages” in Beaufort County 2) the number of residents who are members of “villages and 3) that the profile of the membership of the “villages” be representative of the economic, racial and ethnic makeup of their targeted populations.

The Coalition, in keeping with national trends, is promoting access of services to seniors through an innovative strategy called “aging in place” – hence the name of the Coalition. Although it is difficult to measure the number of elderly poor served by this strategy, this model is designed for the delivery of services to elder citizens from all socio-economic strata. In larger geographic areas, this model allows for the formation of smaller neighborhoods which enable intimate and personal connections between members, where people are comfortable asking for help. Beaufort County Senior Services reports the number of elders accessing assistance as follows - from 2004 to 2008 1,984 persons accessed services (it should be noted that this indicator count can include the same clients with repeat visits). Because of the nature of this strategy, elders with access to the village model will receive an increase in services which can then be captured by Beaufort County Senior Services and reported back through the Coalition. Specific mechanisms for gathering data have been developed and will include the number of individuals accessing services as well as the extent and type of service rendered. The Coalition is actively promoting this innovative strategy and as a first major step helped to start the “Safe Harbour Village” (an aging in place initiative) in June 2009. A Bluffton area village is also in its formative stages where a significant number of seniors have expressed interest to begin “their village.”

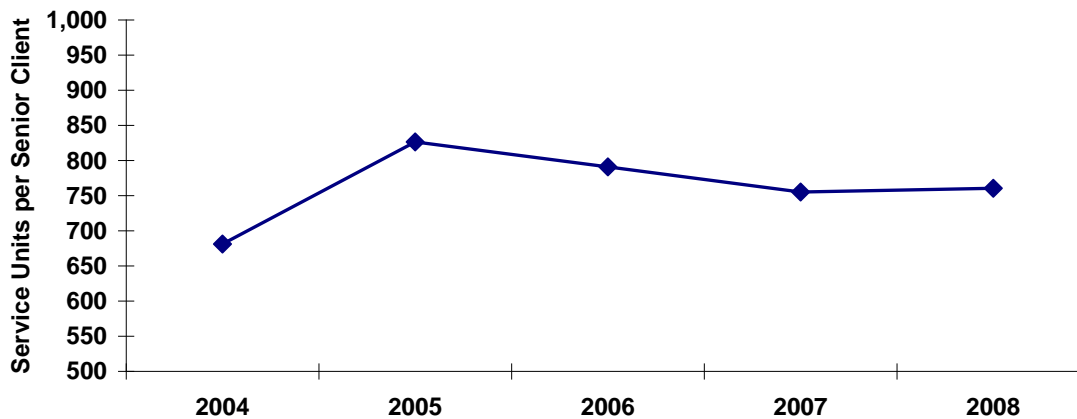
Charts 10 and 11 (below) show that there has been only a modest improvement in service provision over the past five years. Given this pattern it is likely that the objective will not be achieved without some creative intervention, such as the one being proposed by the Coalition. Chart 10 shows approximately 350 to 425 clients were served between 2004 and 2008. This translates into about 650 to 850 service units as shown on Chart 11.

**Chart 10: Senior Clients Served: 2004 - 2008 for Beaufort County**



Source: Senior Services of Beaufort County

**Chart 11: Service Units per Senior Client: 2004 - 2008 for Beaufort County**



Source: Senior Services of Beaufort County

**Client Services and Service Units:**

Client services include home care, transportation, congregate meals and home delivered meals. Service units provided reflect the amount of effort (service support time) supporting each of these services.

## Will the objective be achieved?

**According to the Work Group the current objective will be achieved. The coalition has adopted a new objective to replace the former objective: “By 2012, Beaufort County will provide access to expanded services to its elderly citizens to help alleviate issues surrounding those in poverty.” The new objective incorporates an improved indicator to enable ongoing progress measurement.**

## **What obstacles does the coalition face and how is it responding to these obstacles?**

The single greatest obstacle faced by this coalition is to identify the individuals within a community who have the passion and the vision to organize their neighbors in developing a village. The coalition has addressed this challenge by procuring funds to hire a “Village Developer” that will recruit such dedicated citizens and train them on how to start a village.

## **What actions has the Work Group taken so far to achieve its objective?**

- #1 Formed the *Coalition for Aging in Place* from two independent interest groups (Senior Services and the Faith Community).**
- #2 Researched the demographics pertaining to elder populations in our community and adopted the “Beacon Hill Village” model for an aging in place initiative.**  
Obtained data regarding where and how many elders are residing in our community. In addition, some consideration was given to the geographical and cultural characteristics of each area in defining the “village.” This is important for implementing the model that ideally serves persons across socio-economic lines.
- #3 Attended the “Beacon Hill Village” Conference and presented the “Beacon Hill Village” model for endorsement by the Human Services Alliance Leadership.**  
Leadership endorsed the model.
- #4 Conducted a “Village” sample survey in several populations: Two senior centers, three churches, and a group in Sun City.**  
The response rate was too low and the survey was re-designed for a subsequent application.
- #5 Focused on establishing the Coalition infrastructure and fine-tuning its presentation for informing community groups as potential village members.**
- #6 After preliminary discussions with a few Sea Pines community leaders, conducted a presentation for Hilton Head residents interested in forming a village - Formed Safe Harbour Village as a non-profit entity.**  
Over 85 citizens attended the standing-room-only session including news media. Eight individuals agreed to form a Board of Directors and began the 501(c)3 process.
- #7 Attended the “Village-to-Village” conference to network around the nation.**
- #8 Conducted presentations to additional community groups that request assistance with implementing the model.**  
Participation at these presentations has been promising. Formation of a new village requires the support of community members with “fire in their belly” for aging in place.
- #9 Identified an individual dedicated to “beat the bushes” and find local residents with a passion for organizing an aging in place village in other parts of the County.**  
Toward that end the Coalition received a grant for \$15,000 from Beaufort County.

**#10 Initiated the collection and reporting of the number of “new” clients as a new Coalition indicator and report out on new indicators on an annual basis.**

Although it is important for the Coalition to continue to serve existing clients, it is also important to know whether they are providing services to new clients.

**What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

**#1 Stabilize the Safe Harbour Village to increase access to services for elders**

The Coalition will submit a funding grant. Grant funding will ensure that this and all future aging in place villages incorporate both affluent and less-affluent neighborhoods in their structure.

Timetable: Early 2010.

**#2 Increase *Safe Harbor Village*’s membership to a sustainable capacity.**

Membership numbers will increase sufficiently to allow the hiring of a Coordinator.

Timetable: January 2011

**#3 Establish additional Villages.**

Timetable: January 2011 to June 2013

---

<sup>1</sup> *Actions listed in this report were developed in 2006-2008 and may not be current in status*

**Objective** *By 2012, the number of births to teenagers will be reduced to 8% of all births.*

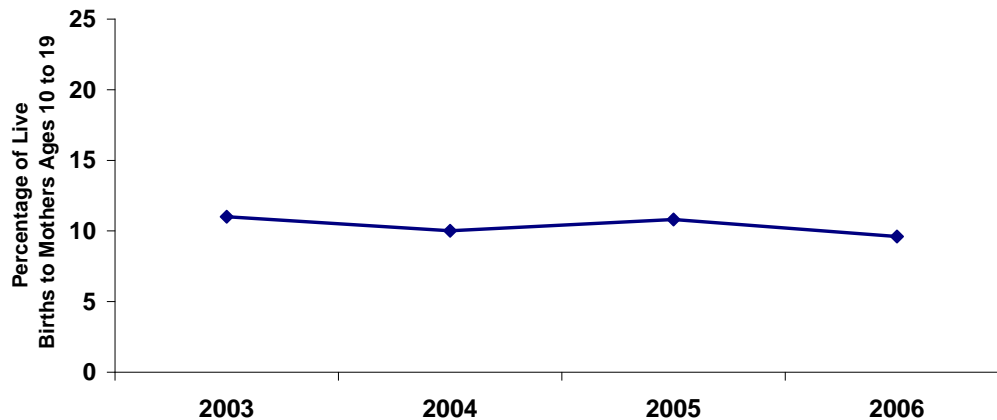
**Work Group** *Reducing Adolescent Pregnancy Alliance (RAP)*

**Why is this important?**

Teen pregnancy is closely linked to a host of other critical social issues (e.g., overall child well-being, school failure, welfare dependency and workforce development). Simply put, when children are born to parents who are ready and able to care for them as opposed to parents who are still children themselves, we notice significant reductions in social problems afflicting children, families and society as a whole. This objective demonstrates that while teen pregnancy is a serious, expensive, multigenerational issue, it is clearly not a hopeless one. When proven effective approaches are applied, progress occurs.

This objective was assessed using one indicator that measures the percentage of live births to teenagers living in Beaufort County. The term “teenager” is not used here in an absolute sense, but to indicate the mother’s level of maturity and includes mothers between the ages of 10 to 19.

**Chart 12: Percentage of All Live Births to Mothers between the Ages of 10 to 19: 2003 - 2006 for Beaufort County**



Source: South Carolina Campaign to Prevent Teen Pregnancy and South Carolina Department of Health and Environmental Control, SCAN, 2006

Chart 12 shows the percentage of live births to teenagers living in Beaufort County was approximately 9 to 11 percent between 2003 and 2006. This performance indicates that the 2012 goal of 8 percent should be achievable if current strategies and actions continue to be effective.

**Percent of Live Births:**

This indicator shows the percent of all live births from 2003 to 2006 to mothers between the ages of 10 to 19, in Beaufort County.

## Will the objective be achieved?

*According to the Work Group, the current objective will be achieved.*

### **What obstacles does the Coalition face and how is it responding to these obstacles?**

The obstacle for this Coalition is the politically charged nature of this topic. Specifically, in Beaufort County, while a number of “best practice” curricula are available for implementation, specific curriculum choices are left to the local school district. While these curricula vary on a continuum from an “abstinence model” to a “comprehensive health education model” the local decision was to focus on the abstinence approach and this does not include pregnancy prevention. The S. C. Department of Education mandates a set of standards and procedures for a locally appointed Comprehensive Health Education Advisory Committee to review and approve local materials used for comprehensive health education instruction.

The Coalition’s efforts to deal with this obstacle will be assisted by the recent approval of two teen pregnancy prevention curricula (“Safer Choices” and “Making Proud Choices”) by the SC State Department of Education. Currently, the Teen Prevention program - “Safer Choices” - is being implemented in middle and high schools in the following surrounding counties: Jasper, Hampton, Colleton, Charleston, and Allendale, as approved by each of these counties Comprehensive Health Education/CHE Advisory Boards.

Gaining more access to youth is critical in order to provide them comprehensive sexual health education. There are a number of age appropriate pregnancy prevention programs whose content’s main focus promotes abstinence by addressing both risk and protective factors that influence teen sexual behavior and whose curricula is designed to markedly affect teens’ decision making abilities. Implementing science-based proven effective pregnancy prevention programs shows a delay in sexual initiation, a reduction in frequency, including a return to abstinence, and an increase of contraceptive use among participants of these programs as compared to teens not in these programs. Participants also demonstrate a greater sense of self-efficacy that empowered them to make better choices and reduce risky behaviors after receiving a comprehensive program than they did prior to one. Research also indicates a strong correlation with students receiving prevention programs contribute to improving schools’ academic achievements and graduation rates. There are several resources within our community comprised of highly qualified staff that are trained and deliver adolescent pregnancy prevention programs that could be better utilized to help serve our youths and meet this Coalition’s objective.

### **What actions has the Work Group taken so far to achieve its objective?**

#### **#1 Formed the Alliance Committee and elected its officers.**

An invested group of diverse community stakeholders committed to reducing teen pregnancy rates through education and advocacy efforts. This includes raising awareness about the impact of teen pregnancy on our youth’s health and future successes in addition to the financial burdens placed on the County. Activities include informing teens and parents on how to lessen risky behaviors.

#### **#2 Established two subcommittees to develop an Alliance Strategic Plan.**

The Coalition formed two subcommittees, Intervention and Advocacy, with each to follow a given set of criteria consisting of goal oriented tasks to narrow the Coalition’s focus to generate and promote specific strategies and actions.

#### **#3 Conducted a survey of Alliance’s members’ ongoing efforts and collected state and county statistical data.**



Members shared information about their current interventions and prioritized future efforts on the basis of those using evidence-based models that target high-risk populations.

- #4 Invited a presentation by a leading teen pregnancy expert on the topic “Determinants of Teen Pregnancy.”**  
RAP (Reducing Adolescent Pregnancy) solicited the expertise of the S.C. Campaign to Prevent Teen Pregnancy, state advocacy group which presented ways in which the Alliance can use logic models as a tool for selecting the most feasible and effective approach to impact teen pregnancy/birth rates in our community and ways to target the improvement of peer perceptions.

**What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

- #1 Establish relationships with agencies, organizations, and community groups that strengthen and support our community outreach efforts.**

Provide speakers, informational forums and other resources to raise awareness and provide the community with effective interventions and means that build communication skills and promote healthy relationships regarding sexuality issues. For example, the Alliance will offer “Are You An Askable Parent?” training for parents of teens sponsored by Tell Them No, Friends of Planned Parenthood, Beaufort County Youth Conference, KidFest, CAVE (Citizens Against Violence Everywhere) and Health and Career Fairs.  
Timetable: Complete and report out progress assessments every 3 months beginning March 2010.

- #2 Create website for public access and use.**

Features of this website will include the ability to measure the number of hits the site receives and links to assist parents with informational searches. The Coalition will also consider including detailed accounts of the Alliance’s actions and responsibilities in order to report on progress.  
Timetable: June 2010.

- #3 Create Billboard for Public Service Announcements.**

This venue will be used to provide targeted messages for teens, parents of teens and all community members that realistically portray the consequences of teen pregnancy and the economic impact for all citizens.  
Timetable: March 2010.

- #4 Complete Social Norms Marketing Campaign Training.**

This training will be delivered to RAP’s Intervention Subcommittee and will enable them to effectively implement a “peer perception” campaign at one county high school upon approval from Beaufort County School District.  
Timetable: Early 2010.

- #5 Advocate and Support Effective Programs for At-Risk Teens.**

Our Alliance continually encourages local groups and organizations to work together to find effective methods for empowering at-risk teens.

One such method focuses on providing recognition and hands-on experiences to teach trades and skills that provide a foundation for these teens to achieve a successful future. Examples include Paper Route Productions, Living Out Ur Dreams (L.O.U.D.) and Marshview Farms Organic Farming. CAPA, Citizens Opposed to Domestic Abuse (CODA), and Hope Haven of the Lowcountry (a rape crisis and victim’s advocacy center for women and children) will also collaboratively pilot a prevention project in conjunction with Men Can Stop Rape (MCSR) and Men of Strength (MOST) at Lady’s Island Middle and Beaufort High Schools.

In addition, two teen pregnancy prevention programs, Making Proud Choices! and Wise Guys: A Male Responsibility Program, will begin September 2009 at the Beaufort Boys and Girls Club Teen Center. DAPP (Domestic Abuse Prevention Program), CAPA, CODA, and Hope Haven will present prevention programs that promote healthy relationships in conjunction with the solicitor’s office and sheriff’s department.

Timetable: Complete and report out progress assessments every 6 months beginning in March 2010

- #6 Update and report on the coalition’s indicators (percent of live births) on an annual basis beginning with the release of the 2007 data by the SC Department of Health and Environmental Control.**

Timetable: by March 2010 (or when available).

- #7 Conduct a meeting with the Beaufort County School District and other relevant stakeholders to develop a plan of action (what, who and when) to respond to the obstacles outlined above.**

Timetable: by March 2010.

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**Objective** *By 2012, the percent of births reported as having received adequate prenatal care will be increased to more than 85%.*

**Work Group** *Adequacy of Prenatal Care Coalition*

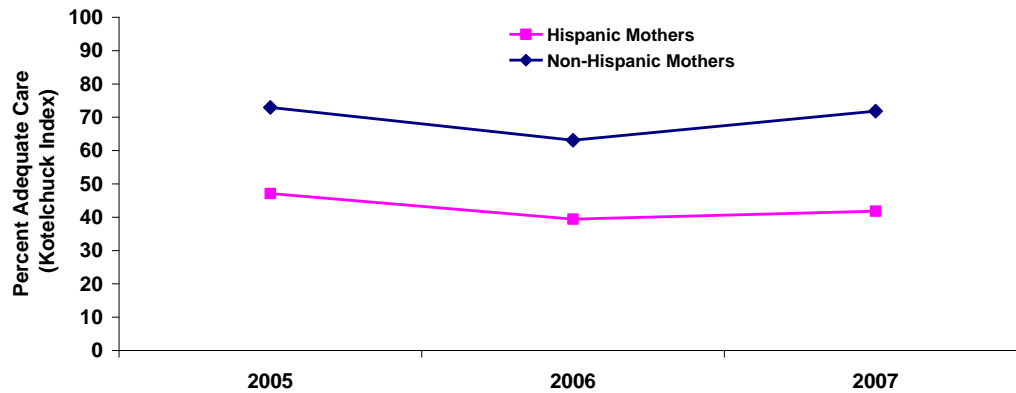
### ***Why is this important?***

**Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely and are less likely to have other serious problems related to pregnancy. Moreover, healthy children become healthy adults who then bolster the economy by efficiently fulfilling their role in society and costing the community less in health care.**

This objective was assessed using one indicator that measures the percentage of pregnant women in Beaufort County receiving adequate prenatal care. The coalition decided to focus some programmatic efforts on Latina women since statistics revealed this population accounts for the lower rates of adequate prenatal care. For this reason the coalition compares adequacy of prenatal care for Latina mothers and all other mothers. Inadequate prenatal care includes those births characterized as inadequate according to the Kotelchuck index. The Kotelchuck index is based on when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services) in accordance with recommendations of the American College of Obstetrics and Gynecology. This index replaces the Kessner Index that was used in the original Together for Beaufort Report – the Coalition found that the Kotelchuck Index is a best practice. It is now used by the South Carolina Division of Biostatistics, Office of Public Health Statistics and Information Services and Bureau of Maternal and Child Health, SC Department of Health and Environmental Control for all prenatal documentation.

Chart 12 displays the percentage of Latina mothers receiving adequate prenatal care versus non-Latina mothers giving birth in Beaufort County for the years 2005 to 2007. The numbers show that the percent of women receiving adequate care are higher for non-Latina mothers. The disparity between these two groups is approximately 25%.

**Chart 12: Percentage of Adequate Prenatal Care for Non-Hispanic and Hispanic Mothers: 2005 - 2007 for Beaufort County**



Source: South Carolina Department of Health and Environmental Control (DHEC), SCAN reports  
 Note: Hispanic is a language classification while Latino refers to someone's country of origin - Latino includes people from Central and South America.

**Adequate Prenatal Care, Kotelchuck Index:**

Chart 12 displaying percent adequate care, shows the percent of all births to non-Hispanic mothers in Beaufort County that were reported as having adequate prenatal care for the years 2005 to 2007, and the percent of all births to Hispanic mothers that were reported as having adequate prenatal care.

Inadequate prenatal care includes those births characterized as inadequate according to the Kotelchuck\* index. The Kotelchuck\* index is based on when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services) in accordance with recommendations of the American College of Obstetrics and Gynecology. This index replaces the Kessner index that was used in the original Together for Beaufort Report – the work group found that the Kotelchuck index is a best practice.

**Will the objective be achieved? No**

*According to the Work Group, the objective will not be achieved. Continued effort must be expended in order to reach the 2012 objective of more than 85%. However, considering the original criterion for choosing an objective was its “achievability” and given the current South Carolina adequacy rate of 70.0 to 71.5 percent, the Coalition feels it unlikely that the current target of 85% is achievable by 2012. The Coalition has therefore recently been discussing the need to revise the objective. They report that increased rates of adequate care and a revised but lower 2012 goal, are attainable. The Coalition proposes that the goal reflect the potential to achieve the South Carolina adequacy rate of 70 to 71.5% by 2012.*

## ***What obstacles does the Coalition face and how is it responding to these obstacles?***

Current obstacles include educating a culturally diverse community and refining the data gathering process. This also means that the actual adequacy of prenatal care is only part of the problem; what further complicates the issue is how we record the care we provide. For example, the Kotelchuck Index requires a prenatal visit within the first trimester in order for care to be considered “adequate,” however, the pregnancy test and subsequent Women & Infant Children (WIC) visit are often not captured, misrepresenting our adequacy rates.

## **What actions has the Work Group taken so far to achieve its objective?**

The Coalition suspected that the rates of adequacy of prenatal care were skewed because of the inadequate care rates for Latina women that confound the data. Therefore, to account for this the Work Group reasoned that data collected on Latina women are under-reported or inaccurate. To address this speculation the Work Group undertook the following actions.

### **#1 Conducted telephone survey of all prenatal care medical providers in Beaufort County.**

The Work Group reached 100% of current obstetrical practices in 2007. Survey was used to determine access to first prenatal care appointments (length of time to achieve first appointment), what types of insurances accepted, availability of interpreters, if transportation is provided and whether a sliding scale fee for services is provided.

### **#2 Conducted a Strength, Weaknesses, Opportunities and Threats (SWOT) analyses with Work Group members.**

This analyses was conducted to determine status of prenatal care resources in Beaufort County

### **#3 Conducted post partum surveys of a special population of women to determine possible barriers to prenatal care – surveys conducted with SC Department of Health and Environmental Control (DHEC), Beaufort Jasper Hampton Comprehensive Health Services (BJHCH) Newborn Home Visit nurses and Women, Infants and Children (WIC) staff.**

Results concluded that the majority of respondents did not have difficulty finding prenatal care but they did not realize the importance of first trimester prenatal care. This indicates that accurate documentation of all types of prenatal care is essential and integral to increasing the adequacy of prenatal care rates.

### **#4 Presented prenatal care data for country, region and state to OB physicians at both hospitals (included Naval Hospital physicians).**

This data showed the need for additional data collection by prenatal providers specifically to enhance documentation of first trimester prenatal care encounters. Also discovered simultaneously through Work Group discussions that one Hilton Head Island free clinic provider offers 16 weeks of free prenatal care, which was not well-known among providers and thus not documented.

### **#5 Submitted a Proposal and received a grant for community assessments from the March of Dimes.**

To complement grant’s needs assessments, set up a new Zeta Phi Beta/March of Dimes Storks Nest site in Chelsea Clinic (Ruth Field Medical Center of Beaufort Jasper Hampton Comprehensive Health Services, Inc.) to encourage pregnant women to earn incentive points by receiving prenatal care. Many of the patients at the Chelsea Clinic are Latina and the Storks Nest program encourages them to seek early prenatal care.

Conducted two out of three focus groups with Latina women to identify potential barriers to prenatal care. Set up an additional site for March of Dimes Storks Nest program at BJH Comprehensive Health Center in Ridgeland to encourage pregnant clients (primarily Latina) to seek early prenatal care

### **#6 Based on the finding shown in the chart above, the Group consulted with the Prenatal Awareness for Successful Outcomes (PASOS) Program Director of the SC Public Health Institute, University of SC, about Latina outreach to improve adequacy of prenatal care for this and other special populations.**

The PASOS Program Director conducted asset mapping for outreach to Latina population at March 2008 Work Group meeting. Communication with PASO’s Coordinator led to submission of grant to the March of Dimes to replicate the PASOS program in the Lowcountry.

### **#7 Created a uniform data collection tool “The Prenatal Care Provider Intake Form” with nurse managers of Obstetrics departments at Beaufort Memorial and Hilton Head Hospital to present to prenatal providers and their office staffs.**

Encouraged adoption and use of this form to increase accuracy in reporting of prenatal care data. To-date, Ob/Gyn

physicians have been reluctant to use this additional form. However, the hospitals have been educating these physicians as to what constitutes a pre-natal visit and the importance of good documentation for the purposes of accurate measurement.

**#8 Submitted a proposal and received a grant from the March of Dimes to replicate the Perinatal Awareness for Successful Outcomes (PASOs) Program in Beaufort County.**

A coordinator was hired to provide “Comenzando bien” (“beginning well”) prenatal classes, provide prevention education in hospitals, communities and schools and individual interventions for the most at-risk expectant Latina population.

**What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

**#1 Continue to develop the March of Dimes funded PASO’s Program.**

Timetable: Early 2010

**#2 Continue assessment of use/results related to Prenatal Care Provider Intake Form at both hospitals - Beaufort Memorial Hospital (BMH) and Hilton Head Hospital.**

Beaufort Memorial Hospital delivers the majority of the babies in Beaufort County (1,902 in 2008 which includes military births vs. 705 at Hilton Head Hospital) and will continue to monitor the use of the form by providers as an internal medical records operation. Hilton Head Hospital medical records staff is calling all their area providers regularly to obtain prenatal care visit information.

Early monitoring under this program shows that the physicians are not using the Intake Form. In response the Work Group is tracking the collection of data through communication with both SC and Region 8 DHEC and the OB Department at the Naval Hospital Beaufort. These sources are sharing information with the Work Group on the pregnancy tests and the signing up of women into the WIC program. The BMH medical records department is calling the OB offices or accessing some of their data via hospital based systems to obtain the necessary documentation.

Timetable: Evaluate and report progress every six months commencing in March 2010.

**#3 Continue monitoring enrollment in Storks Nest Program at the Chelsea Clinic of BJH Comprehensive Health Services, Inc to verify participation by pregnant Hispanic patients and others.**

Participants must provide documentation at each Storks Nest visit to prove prenatal care visits and prenatal education class attendance.

Timetable: Evaluate and report progress every six months commencing in March 2010.

**#4 Continue to request provisional data relating to Beaufort County’s adequacy of prenatal care rates from the Division of Biostatistics of SC DHEC.**

Success to be measured by the regular availability of provisional data from the Division of Biostatistics to allow ongoing fine-tuning of our efforts.

Timetable: Ongoing – request data quarterly and update related tracking charts.

**#5 Evaluate whether the 2012 goal (85%) needs to be revised to a lower goal.**

The results of this evaluation should be provided to the Alliance. The Work Group feels that this goal is too aggressive and not achievable. A preliminary proposal is to change the Goal to the South Carolina 2008 average of 70 or 71.5% by 2012.

Timetable: by March 2010.

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**Objective**      *By 2012, the number of children living in poverty will be reduced to the national average.*

**Work Group**    *Children in Poverty Coalition*

**Why is this important?**

Single mothers with dependent children have the highest rate of poverty across all demographic groups. Children growing up with only one parent are more likely to drop out of school, bear children out of wedlock and have trouble keeping jobs as young adults. Parental involvement in the lives of their children is often compromised by economic necessity. Other consequences include risks to psychological development and social behavior. Children living in poverty are more likely to die in infancy, have low birth weight, lack health care, housing and adequate food and score lower in math and reading. Poverty creates for them an unfair disadvantage for future opportunities. Knowing where these families are may help focus services geographically.

**Will the objective be achieved?**



**TO BE DETERMINED.** *A Work Group is forming in support of this objective; however, there are several other initiatives with a focus on children living in poverty. Family Promise (an asset development program providing temporary housing for homeless families), the Community Services Organization and the Basic Needs Action Team (both organizations representing faith and other basic needs programs), Beaufort Jasper Economic Opportunity Commission, Neighborhood Outreach Connection and the Sheldon Township Community Support Partnership, all address aspects of children in poverty.*

*A review of the last U.S. Census report showed that in Beaufort County in 1999, 15.7% of children under 18 lived below the poverty level, compared with 18.8% of children in South Carolina and 16.6% of children in the U.S. Based on this single year (1999), the objective has been achieved, but efforts will need to continue in order to maintain this achievement until 2012.*

## **Strategic Goal Four**

**Together** *We will balance growth in a manner that promotes and protects the health of our residents and our environment.*

**Objective** *By 2012, we will reduce the percentage of overweight/obese residents and therefore the percentage of diabetes, hypertension, heart disease and stroke.*

**Work Group** *Eat Smart Move More Lowcountry*

### ***Why is this important?***

The effects of obesity in terms of death, disability and morbidity are devastating. The impact of type 2 diabetes, heart disease, arthritis, stroke and other conditions caused by obesity are rising. Despite these alarming facts, obesity and its related illnesses do not receive the attention they deserve from government, the health care profession or the insurance industry. Additional data about this indicator is needed for all age groups. Halting and reversing the upward trend of the obesity epidemic will require effective collaboration among government, voluntary and private sectors as well as a commitment to action by individuals and communities across the nation.

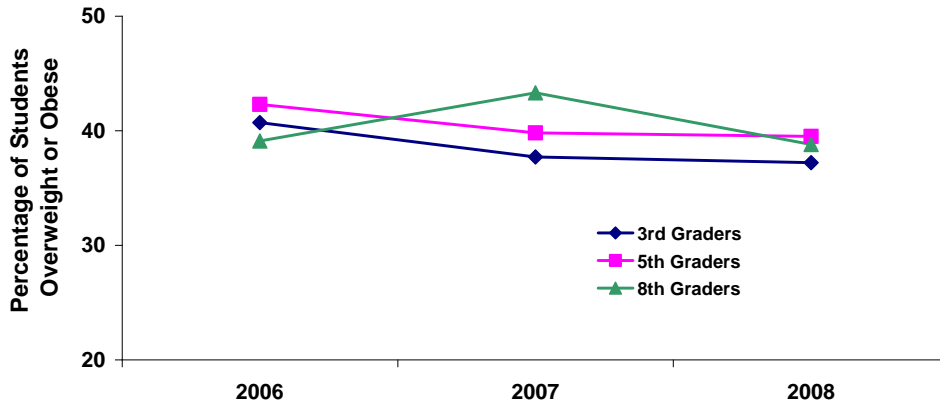
These obesity-related illnesses are among the most frequent causes of hospitalization. Obesity also affects our economic well-being. Hospital costs in Beaufort County averaged \$16,261 for strokes; \$26,040 for heart disease; \$12,025 for hypertension and \$14,806 for diabetes.

This objective was assessed using two indicators. The first indicator measures the percentage of school students that are overweight or obese. The second indicator measures the inpatient discharge rates for diseases that are correlated with people who are overweight or obese. While this indicator does not establish a direct correlation between levels of obesity and the incidents of related disease, it does however suggest that declines in obesity may reduce the incidents of hypertension, diabetes, heart disease and stroke. After conducting best practice research the Work Group determined that it is more effective to focus on reducing the incidence rate of overweight/obese children rather than “residents” as included in the original Together for Beaufort Report. Children are an extremely influential part of the family unit. By introducing children to an environmental change with regard to choosing healthy foods, better cooking practices, and accessibility to safe and fun physical activity, the Work Group is striving to see a cultural change within the family dynamic throughout the community. Although improving results in adults is still an important objective, best practice research shows that it is extremely difficult to change adult behavior concerning obesity.

In February 2007 the Work Group changed its focus to children and began to work with the Beaufort County School District on its collection of Body Mass Index (BMI) data gathered annually on students in grades 3, 5 and 8 as mandated by the State for public schools. A comprehensive report of BMI data has been done annually and the Work Group presents an annual BMI report on students in these grades so that public health trends relating to children’s health may be evaluated and improved.

Chart 13 shows there's been a slight decline in the percentage of students who were overweight or obese for 3<sup>rd</sup> and 5<sup>th</sup> graders from 2006 and 2008. While the percentage increased for 8<sup>th</sup> graders between 2006 and 2007, the percentage dropped in 2008 comparable with the results observed in 2006.

**Chart 13: Percentage of Students Overweight or Obese: 2006 - 2008 for Beaufort County**



Source: Eat Smart Move More Low Country, Beaufort School District reports and additional custom reports provided by USC Beaufort

**BMI:**

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen weight categories that may lead to health problems. BMI is calculated by multiplying a common conversion factor of 703 by weight in pounds (lbs) divided by height in inches (in) squared. In other words,

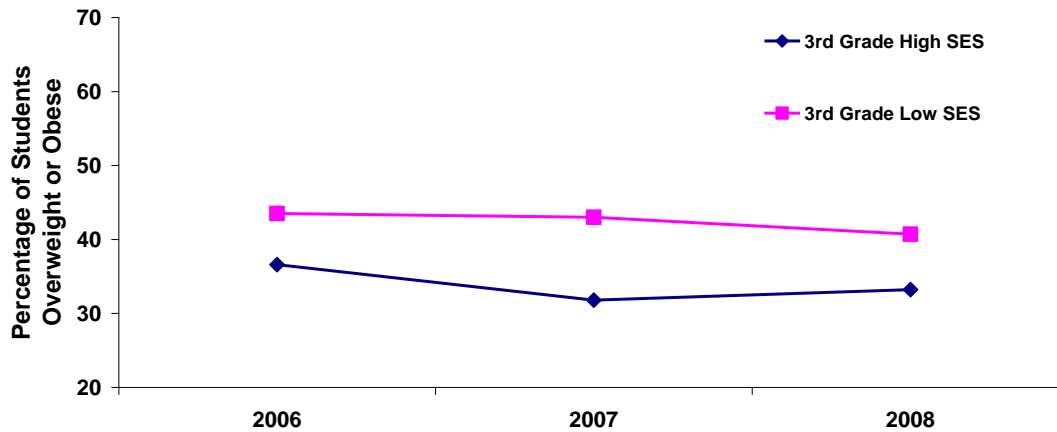
$$BMI = 703 \times \frac{\text{weight (lb)}}{\text{height}^2 (\text{in}^2)}$$

The weight status of children was determined by using growth charts developed by the Centers for Disease Control and Prevention. Children were classified as obese if their BMI-for-age was in the 95<sup>th</sup> percentile or above. Children were classified as overweight if their BMI-for-age was between the 85<sup>th</sup> and 94<sup>th</sup> percentile.

It is estimated that 51% of Beaufort County residents are overweight. According to the Behavioral Risk Factor Surveillance System survey from 2003, 60.3% of the population of South Carolina is overweight or obese in the United States. Obesity has risen at an epidemic rate during the past 20 years. Research indicates that the situation is worsening rather than improving. The terms "overweight" and "obese" differ.

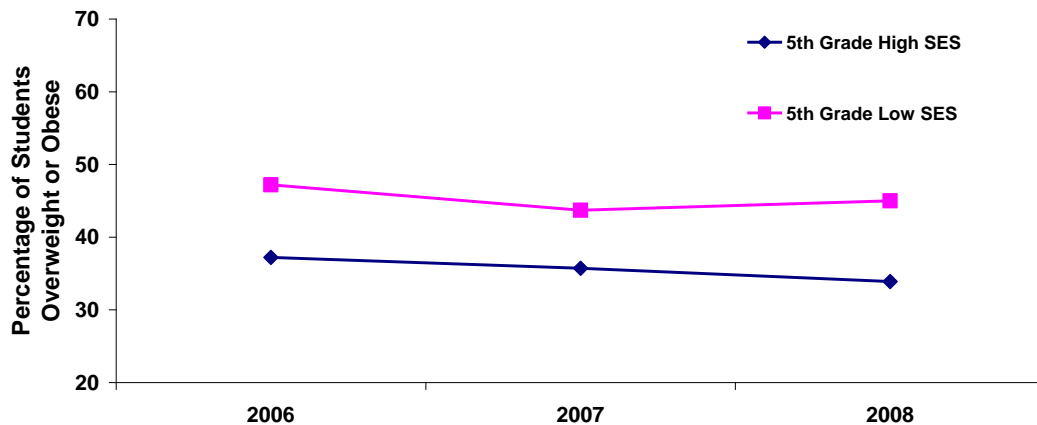
- Overweight refers to increased body weight in relation to height, when compared to some standard of acceptable or desirable weight. Being overweight may or may not be due to increase in body fat. It may also be due to an increase in lean muscle.
- Obesity (or being obese) is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass. The amount of body fat (or adiposity) includes concern for both the distribution of fat throughout the body and the size of the adipose tissue deposits.

**Chart 14: Percentage of Students with Highest and Lowest Rates of Overweight or Obesity by Socioeconomic Status (SES) - 3rd Grade: 2006 - 2008 for Beaufort County**



Source: Eat Smart Move More Low Country, Beaufort School District reports and additional custom reports provided by USC Beaufort.

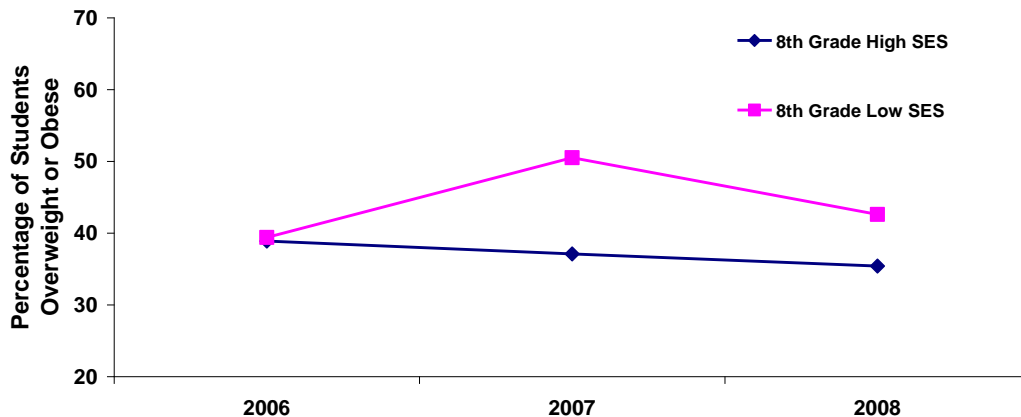
**Chart 15: Percentage of Students with Highest and Lowest Rates of Overweight or Obesity by Socioeconomic Status (SES) - 5th Grade: 2006 - 2008 for Beaufort County**



Source: Eat Smart Move More Low Country, Beaufort School District reports and additional custom reports provided by USC Beaufort.

Charts 14, 15 and 16 show that an estimated 40 percent of the Beaufort County students (3rd, 5th and 8th graders) are obese with an overall 10 percent better rate for “high” socioeconomic status students. High SES is defined as a student that receives “no free lunch”, low SES is defined as a student receiving a “Free” or “Reduced” lunch. As shown, students with a high SES were less overweight or obese than those with a low SES. This analysis helps the Work Group identify populations that may need special interventions relating to good nutrition and increased physical activity.

Chart 16: Percentage of Students with Highest and Lowest Rates of Overweight or Obesity by Socioeconomic Status (SES) - 8th Grade: 2006 - 2008 for Beaufort County



Source: Eat Smart Move More Low Country, Beaufort School District reports and additional custom reports provided by USC Beaufort

## Will the objective be achieved?



***According to the Work Group it is too early to know if the objective will be achieved. It is premature to assess progress against the specific objective of reducing chronic disease through reducing obesity. This objective requires multiple interventions, behavior changes by all ages of the county's population and several years to determine progress. The Work Group is confident in the success of these individual initiatives and especially the impact they are making and will continue to make when considered together.***

## ***What obstacles does the Work Group face and how is it responding to these obstacles?***

The Eat Smart Move More Low Country Work Group's primary obstacle is a lack of sufficient funds to support current initiatives and also to add new initiatives. In response to this obstacle the Work Group's members representing 17 Beaufort and Jasper County human service agencies, along with our other members, are constantly searching for new funding opportunities including grants so that our efforts may continue in both counties.

Another challenge is an inability to broadcast Eat Smart Move More public service announcements (PSAs) which are currently broadcast on Charleston and Columbia ETV stations. The Beaufort/Jasper county communications area primarily receives broadcasts from Savannah so residents in Beaufort and Jasper counties do not have access to these televised information announcements. The Work Group has considered allocating scarce funds to delivering other forms of targeted communications to the general public but it is felt that these funds are more effectively spent on other Work Group projects. In response to this obstacle members will approach a news affiliate on Hilton Head Island and others to determine the ability to broadcast the PSA's in our two counties.

## What actions has the Work Group taken so far to achieve its objective?

Note: Since the Work Group's formation in May 2006, it first operated under the name of the ROCC (Reducing Obesity and Chronic disease in our Community) Work Group. In January 2009 the Work Group aligned with the Eat Smart Move More SC Work Group in Columbia, SC to become an affiliate now known as Eat Smart Move More Low Country (ESMMLC).

### #1 Assisted in the development of a Wellness Policy in both Beaufort and Jasper County School Districts.

Assisted in supporting the implementation of state mandated wellness policies for the Beaufort County School District, the Jasper County School District as well as private schools located in the County (Hilton Head Christian Academy and Sea Pines Montessori Academy). These policies have provided the structure for leadership to implement healthy lifestyle behavior through curriculum, physical activity and nutrition within the school system. This will directly impact the health of the students as well as influence the family and community at large.

This policy is a state mandate for all public schools resulting from the SC Department of Education Student Health and Fitness Act of 2005 (Act102, R129,H3499). Beaufort County School District has been featured nationally by the American Association of School Administrators (AASA) and is one of thirteen southeastern school districts collaborating on child obesity prevention. Implementation in private schools as evidenced in Hilton Head Christian Academy and Sea Pines Montessori Academy is a best practice. Hilton Head Christian Academy received an award on a state level for being an innovator in wellness for private schools. Until implementation by these two schools, this type of policy had not yet been implemented in South Carolina.

### #2 Implemented a community education program, "Shrinkdown –America on the Move".

Partnered with the Beaufort County YMCA Shrinkdown program organizers to educate the community about the importance of physical activity by hosting an In Step Program through America on the Move, an online physical activity program. Pedometers, literature and education regarding healthy living were offered to the more than 1,000 attendees at USCB. Nutrition, physical activity, and behavior modification education was also offered through seminars to promote healthy lifestyles in relation to weight management. The Work Group participated in additional community events at this time to distribute a total of 3,000 pedometers and educational information through schools, businesses and community meetings. This program increased the communities' awareness of the importance of exercise in maintaining a healthy lifestyle.

### #3 Implemented numerous education programs to various community groups.

Eat Smart Move More Low Country (ESMMLC) provided ongoing wellness education to different community groups as requested. i.e. Latino Health Fair at Ebenezer Church, Back to School Expo at Battery Creek High School, annual YMCA Shrinkdown and Activate Beaufort events plus many health fairs in both Beaufort and Jasper Counties.

### #4 Sponsored a Women's Heart Health Conference.

This annual conference that began in 2005 serves 500+ women each year with screenings and education specifically geared toward women and heart disease. It promotes awareness, education, and lifestyle change to reduce risk of heart disease by modifying controllable risk factors. For the 2008 Annual Conference the Lowcountry ESMM SC sponsored a nationally recognized speaker to present at the conference. This speaker was an expert in behavior modification with particular focus on healthy lifestyles and weight management practices. This conference has been identified by the American Heart Association as a best practice.

### #5 Implemented a Body Mass Index (BMI) monitoring program in the Beaufort and Jasper School districts.

For the past 3 years, ESMMLC has worked closely with school nurses and instructional technology personnel in both Beaufort and Jasper school districts to collect and interpret Body Mass Index data gathered annually by the school nurses on students in grades 3, 5 and 8. ESMMLC members also assist the school nurses in Jasper County with the BMI measurements. Reports have been presented to school board and school administration staff members in 2007 -2009 in both counties. The BMI reports provide objective data that can be used to determine whether the Work Group is addressing the Together for Beaufort goal. School Boards have welcomed the information and have used it to implement policies and actions that provide children with healthier environments and behaviors. These steps contribute to reducing childhood obesity and encourage healthy lifestyles within the school and community.

Body Mass Index measurement is the clinical and industry standard for evaluating health as related to weight in both pediatrics and adults. During the first year the program measured, analyzed and used results to focus intervention. Beaufort County School District and our Work Group was the first in the State to implement such a program for the study of the BMI data that was collected along with a comprehensive statistical analysis. Since then, other SC counties have contacted us for guidance on how to provide similar services. Beaufort and Jasper School Districts have implemented programs such as: Walking Clubs, Back-pack Buddies and both districts have received grants for receiving fresh fruits and vegetables from local farms.

**#6 Sponsored an annual School Wellness Conference.**

ESMMLC funds and coordinates an annual all day Wellness Conference targeting educators in Beaufort and Jasper Counties. Successful conferences have been held in January 2008 and February 2009. The educational sessions and literature provided at the conference supports educators in promoting and developing healthy lifestyles for their students and their families as well as themselves. This conference has been identified as a model by the state level ESMM SC, by the State Department of Education and by the American Association of School Administrators for facilitating the application of healthy practices. One of the goals of the first conference was to provide awareness and training to the school personnel directly involved with implementing Wellness programs in the schools. Wellness Champions were established in Beaufort County School District as a result of the District's implementation of the Wellness policy. Wellness Champions promote healthy behaviors and a healthy environment for students.

**#7 Served on the Coordinated School Health Advisory Councils (CSHAC) for Beaufort & Jasper County School Districts.**

In the 2007-2009 school year members of the ESMMLC Work Group served on the Coordinated School Health Advisory Councils (CSHAC) for Beaufort and Jasper County School Districts to assist with components of the SC School Health and Nutrition Act of 2005. Four ESMMLC members serve on the 2009-2010 CSHAC. This Council provides a forum to provide continued support and resources for promoting healthy lifestyles in the schools.

ESMMLC representatives have provided guidance in implementing the CDC School Health Index within the Jasper County school system and are now assisting the Beaufort County School District. Wellness Champions from the Beaufort County schools are now participating in the CSHAC monthly meetings. These cross county efforts and the relationship established through the facilitation of ESMMLC is being highlighted in an American Association of School Administrators national publication this fall/winter as a best practice.

**#8 Provided weight monitoring and physical activity equipment to numerous schools.**

Since 2006 the Eat Smart Move More Low Country Work Group has provided balance scales to 14 public and non-public schools in Beaufort and Jasper Counties to be utilized in the annual BMI project and to facilitate BMI data collection. Physical activity equipment consisting of Frisbee golf disc kits and jump ropes were also provided to all elementary and middle public schools in both counties and to four non-public schools who participated in the BMI data collection process. Two training sessions in the use of the Health Office software program have been provided to the school nurses of the Jasper County public schools to assist them in the process of collecting the BMI data on students in grades 3, 5 and 8.

**What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

**#1 Continue to implement the Body Mass Index (BMI) monitoring program in non-public schools.**

In the 2008-2009 school years, ESMMLC received BMI data from five non-public schools. A BMI report was prepared for the first time for these schools. Success will be measured by how the school administrations of each non-public school take specific actions to promote healthy lifestyles for the students based on the findings of the BMI report.

Timetable: Report findings in early 2010 and continue annually.

**#2 Conduct the third annual School Wellness Conference on January 22, 2010.**

The results of this Conference will be reported out to the ESMMLC in March 2010. The non-public schools are also invited to participate in this Conference.

Timetable: March 2010

**#3 Continue to serve on the Coordinated School Health Advisory Councils (CSHAC) for Beaufort & Jasper County School Districts.**

ESMMLC representatives are assisting the Jasper School District to further develop their newly formed Coordinated School Health Advisory Council (CSHAC) and continue to work with the Beaufort County School Districts CSHAC to address components of the SC School Health and Nutrition Act of 2005. This will provide a forum to evaluate and determine actions in response to school BMI reports.

Timetable: In 2009, Jasper County CSHAC has completed the School Health Index (SHI) and is using the results to spearhead change. The Beaufort County School District will be reporting the SHI in the 2009/2010 school year and will also use the results to drive change. Reporting will continue on an annual basis.

**#4 Conduct an Inspiring Wellness program.**

This community initiative began in January 2009 and included a kickoff and eight weekly education series on nutrition, physical activity and behavior modification.

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

In 2010 the program will conduct a half- day intensive workshop on Healthy Lifestyles in the Prevention and Disease Management of Diabetes, Heart Disease and Cancer followed by monthly sessions with focused topics.  
Timetable: Evaluate on an annual basis commencing in early 2010.

**#5 Implement a Jasper Pathways program.**

This program that began in April 2009 focuses on making physical activity more accessible and enticing communities, businesses and schools surrounding Sgt. Jasper Park to participate in the program. Impact will be seen in phases with the initial focus areas being on connecting the Park to the Hardeeville School Complex, Coastal Carolina Hospital and Tradition residence community.  
Timetable: Evaluate progress in April 2010

**#6 Support the publishing of an article in the American Association of School Administrators (AASA) “Healthy Kids” newsletter.**

Representatives of this educational publication visited both Beaufort and Jasper County school districts in August 2009 because they were impressed with their wellness efforts and their affiliation with ESMMLC in both school districts. They will publish an article in their “Healthy Kids” newsletter on the activities of both school districts and their affiliation with the Work Group.  
Timetable: Publication targeted for winter 2010.

**#7 Support the City of Beaufort Healthy Communities Initiative.**

The ESMMLC Work Group will receive technical assistance from SC DHEC for five years (2009 forward) to assess the possibility of improving the city’s infrastructure and promote a sustainable environment for increased physical activity by the city’s residents. A new Work Group has been formed to assess funding possibilities and review the comprehensive plan of the city as well as Beaufort County plans.  
Timetable: Evaluate progress in June 2010.

**#8 Assist school districts in reporting the BMI data with updated trend line charts on an annual basis.**

Timetable: July 2010 and annually.

**#9 Update and report the Standard Rates of Hospitalization for Hypertension, Diabetes, Heart Disease and Stroke including updated trend line charts as contained in this Report on an annual basis.**

Timetable: July 2010 and annually thereafter (assumes the SC state source for this data is updated in June of each year).

**#10 Update the Objective statement to reflect the use of the Work Group’s additional indicator (BMI data) and to establish and include a 2012 goal for this indicator.**

Although it is realized that the BMI project is just one effort to address the achievement of the Work Group’s objective, it is important to develop a goal for this indicator.  
Timetable: Early 2010.

**Objective** *By 2012, we will increase access to community mental health services for adults and children.*

**Work Group** *Mental Health Access Coalition*

**Why is this important?**

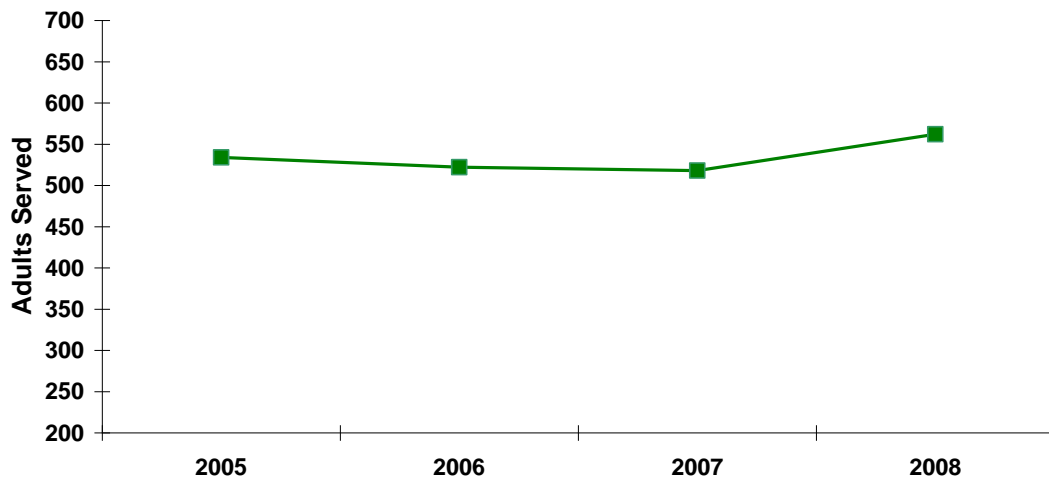
Mental health is fundamentally important to the overall health and well-being of a community because if individuals do not have the resources to deal with the demands of every-day living as related to both family and work, the community suffers as much as the individual.

The indicator used to determine access to mental health services is the frequency of adult or children clients treated at the Coastal Empire Community Mental Health Center (CECMHC). In addition, a second indicator presents the percentage of clients with serious mental illness actually being served is used, comparing the estimated number of persons with serious mental illnesses in Beaufort County, based on U.S. Census population estimates and estimates from the National Institute of Mental Health. As better indicators are developed, these new indicators will be utilized to track progress.

As shown in chart 17 (below), the number of adults served increased from 518 to 562 between 2007 and 2008. The number of children served decreased from 138 to 132 between 2007 and 2008 but increased significantly between 2005 and 2007 from 119 to 138 as show on chart 18 (below).

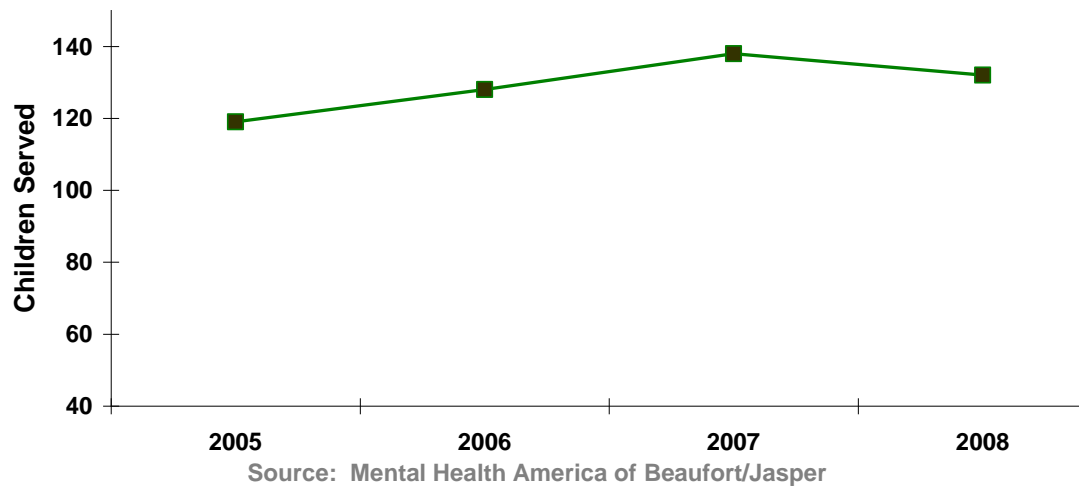
Chart 19 (below) indicates that the number of adults served as a percentage of expected increased from 9.3 to 9.8 percent between 2005 and 2008. Chart 20 (below) shows that the children served as a percentage of expected averaged around 7.5 percent between 2005 and 2008. For example, in 2008 5,764 adults were expected to require mental health services while only 562 actually received services. In 2008 1,733 children were expected to require mental health services while only 132 actually received services. These results show that many adults and children are not receiving needed mental health services.

**Chart 17: Number of Adults Served - Mental Health Services: 2005 - 2008 for Beaufort County**



Source: Mental Health America of Beaufort/Jasper

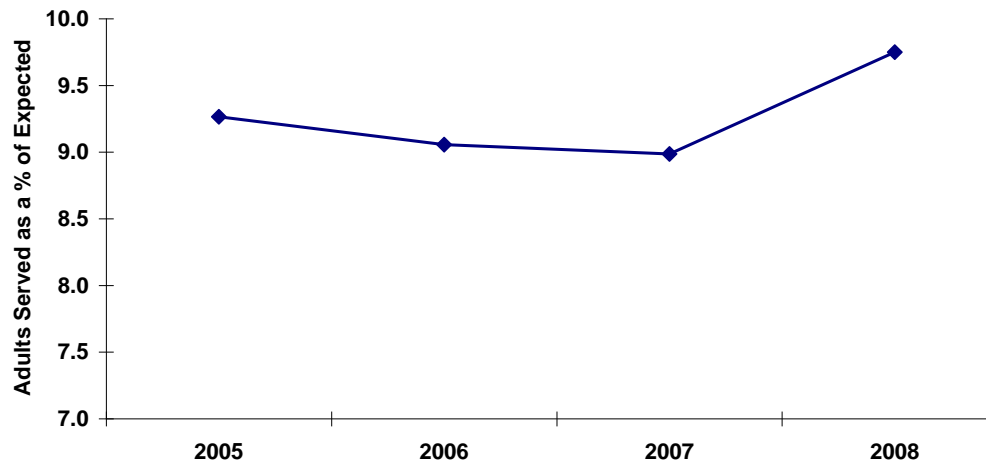
**Chart 18: Number of Children Ages 9 to 17 Served - Mental Health Services:  
2005 - 2008  
for Beaufort County**



**Adults and Children Served**

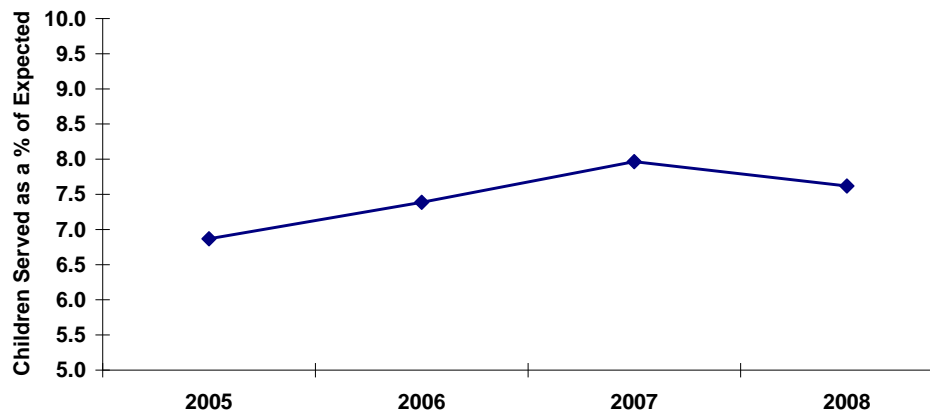
The above charts show the adult and children client access to mental health services in Beaufort County between 2005 and 2008 as served by the CECMHC service.

**Chart 19: Percentage of Adults Served - Mental Health Services: 2005 - 2008 for Beaufort County**



Source: Mental Health America of Beaufort/Jasper

**Chart 20: Percentage of Children Ages 9 to 17 Served - Mental Health Services: 2005 - 2008 for Beaufort County**



Source: Mental Health America of Beaufort/Jasper

**Will the objective be achieved?**



***YES, according to the Work Group, the objective of increasing access to mental health services will be achieved.***

## ***What obstacles does the Work Group face and how is it responding to these obstacles?***

A major obstacle in assessing our community's provision of services is the counts reflect only one service provider, Coastal Empire Community Mental Health (CECM), which treats only serious and chronic illnesses. A valid indicator would include a wider variety of mental health service providers. A second obstacle is the absence of regular aggregate data on clients served by private providers. A third obstacle is while the CECMHC provides outreach and awareness within the community; many families don't seek treatment due to social stigma and lack of awareness. Another obstacle for which there is no clear response is the lack of insurance for private practitioners and budgeting constraints. This issue impacts the accessibility to mental health services and limits Coastal Empire Community Mental Health Center's ability to reach and serve the population in need.

The Work Group is responding to these obstacles by creating a network while at the same time reaching out to private providers. This effort includes the creation of focus groups that will incorporate as many stakeholders as possible: stakeholders who provide various levels of mental health service. Providers would need to be "on board" with reporting information. A standard "information set" is needed to ensure accuracy and uniformity for comparison purposes.

## **What actions has the Work Group taken so far to achieve its objective?**

### **#1 Began implementation of a provider access database/web application.**

Success will be measured by the addition of every mental health provider into the database. This will be monitored by Mental Health America of Beaufort/Jasper (BHABJ) in addition to other Together for Beaufort partners. The initial measure of Coastal Empire Community Mental Health Center (CECMHC) Severe and Persistent Mental Illness (SPMI) clients treated will be used along with any new indicator data developed during the process.

### **#2 Began implementation of a client transportation assistance program.**

Success will be monitored and measured by CECMHC using treatment compliance statistics (such as reduction in missed appointments). Lack of treatment compliance in the form of "no-shows" for appointments was identified as a factor adversely impacting community mental health. As lack of transportation was consistently cited as a factor in that statistic, an attempt was made with the Work Group's grant funding to positively impact this measure.

## **What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>**

### **#1 Identify more effective indicators to track the Work Group's progress against its goal.**

This will be done through focus group meetings with stakeholders, providers and the public. One of the criteria is to identify an indicator (or indicators) that can be effectively and efficiently updated and reported on an annual basis. Accurate public health indicators are considered a best practice. Once again, for this project to succeed on a local level, an indicator that best fits this community must be developed.  
Timetable: January 2011

### **#2 Continue to identify additional Work Group projects in response to community needs.**

The Work Group will continue to work on present projects and is in the process of implementing a series of community focus groups designed to pinpoint community needs from a consumer perspective. The Work Group feels that it is critical that they include the voice of the stakeholders in the development of community-based solutions. The Work Group is also actively engaged in ongoing discussions with professional stakeholders in an effort to determine feasible action steps towards development of improved metrics. This process will also continue through 2009 with the goal of dovetailing this information with stakeholder response to form enhanced metrics for late 2010.  
Timetable: Begin in 2009 and end in late 2010.

---

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**#3 Update and report on the current indicators (adults and children served and percentage of expected served) on an annual basis.**

Timetable: July 2010 and annually thereafter.

**#4 Update the Objective statement to incorporate a 2010 goal for the current indicators (adults and children served and percentage of expected served).**

Timetable: Early 2010.

**#5 Develop an action plan (what, who, when and funding requirements) that, when implemented, will significantly increase the percentage of adults and children served.**

In 2008, 90% of the adults and 92% of the children were not served assuming the expected number to be served is reliable for this determination (source for "Expected" was the US Census population estimates and the National Institute of Mental Health's prevalence numbers).

Timetable: Early 2010.

**#6 Develop an action plan (what, who, when and funding requirements) to address the development and reporting of mental health services outcome indicators.**

Without an outcome indicator(s) that is routinely reported and evaluated the Work Group will not be able to determine the efficacy of the services being provided.

Timetable: March 2010.

**Objective**      **We will be good stewards of our natural resources by protecting and monitoring water quality.**

**Work Group**    *Water Quality Committee*

### **Why is this important?**

Water quality standards are used to compare concentrations of potentially toxic pollutants and bacteria that effect aquatic life and recreational usage. Bacteria levels are an indicator of the possible presence of fecal coliform and of pathogens found in runoff or in inadequately treated sewage, which can lead to a variety of human illnesses. Decreasing levels of dissolved oxygen can impair the growth of necessary bacteria, plant and animal life. Coastal water quality is considered by many to be one of the most important attributes of the Lowcountry and is a strategically important factor for our county's economy. Beaufort County residents and visitors who rely on good water quality for health, recreation and even livelihood, can see the closing of shellfish beds as a "signal" that the quality may be suspect or impaired.

The Department of Health and Environmental Control (DHEC) tests the waters for bacteria to ensure the collected oysters, clams, and mussels meet health standards and are safe to eat. DHEC will close a shellfish bed if the health standards are not met or if conditions have changed to make the shellfish unsafe. A closed shellfish bed means it is not only unsafe to eat what you might find, but it is also illegal to gather shellfish in that area. It should be noted that rainfall can increase bacterial levels. All shellfish harvesting areas are closed in areas where a four-inch rain occurs due to the potential for elevated bacteria levels. Sampling is conducted to reopen these areas.

Progress toward achieving this objective was measured in the original Together For Beaufort Report by documenting the percentage of approved/not approved shellfish beds. While measuring shellfish contamination is not a direct measure of water quality, it indirectly tells us the condition of the water based on established, S.C. DHEC standards. The current indicator used to evaluate progress against the Work Group's objective is "*shellfish harvest classifications.*" Those classifications, as outlined in the S.C. Department of Health and Environmental Control's Shellfish Sanitation Program, include:

"Approved" – a growing area where the water quality has been classified by the SC DHEC for harvesting shellfish for human consumption.

"Conditionally Approved" – a growing area where conditions, as determined by SC DHEC, allow for direct harvesting of shellfish for human consumption. Areas may be classified in this category because of temporary conditions of actual or potential pollution that are predictable (example: rainfall runoff, river discharges.)

"Restricted" – a growing area that has been classified by SC DHEC as not meeting water quality standards for direct marketing for human consumption but some harvesting may be allowed by special permit.

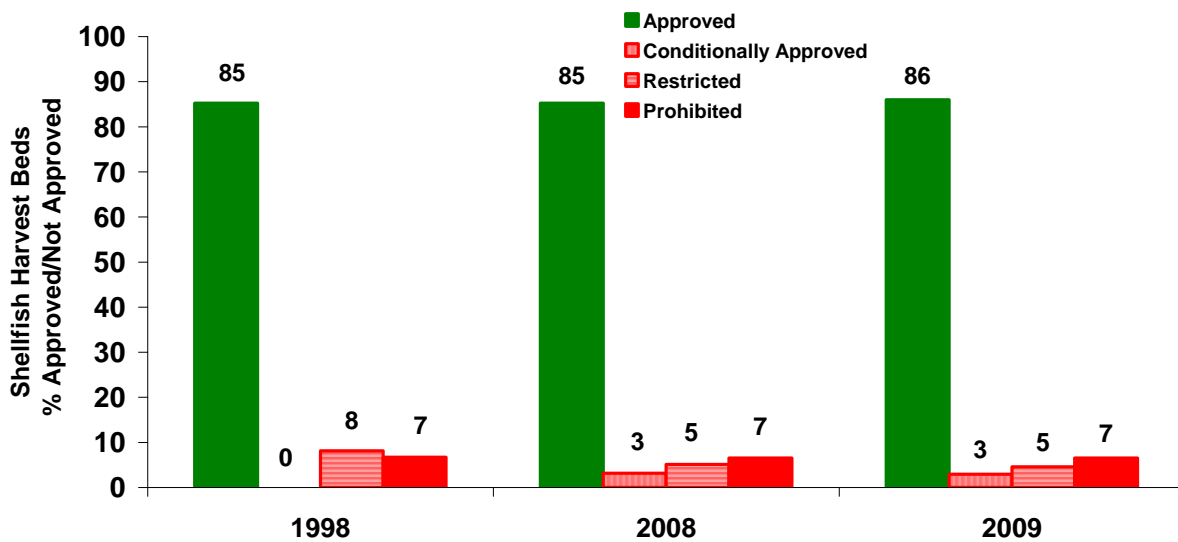
"Prohibited" – a growing area that has been closed by SC DHEC for harvesting of shellfish for any purpose related to human consumption.

This indicator does not fully measure water quality but was used in the original Together for Beaufort report. As a future action item, the Work Group will identify additional indicators that can be used to track performance against its objective. The S.C. Department of Health and Environmental Control will continue to report shellfish classification indicator data on an annual basis and submit this data to this Work Group for review and evaluation.

Chart 21 includes data from these shellfish areas: Coosaw, Combahee and Ashepoo Rivers and St. Helena South (area 14 on the SC DHEC shellfish maps); Battery Creek, Beaufort River, and Cowen Creek (area 15); Morgan River, St. Helena Sound; Trenchards and Fripp Inlets (area 16B); Broad River, Chechessee, and Port Royal Sound (area 17); Colleton and Okatie Rivers (area 18); May, New and Savannah Rivers (area 19); Hilton Head Island (area 20). Further information regarding the DHEC's shellfish sanitation classification program can be found at: <http://www.scdhec.gov/environment/water/sfclas.htm>

The District reports Beaufort County ranks high in regard to percentage of shellfish beds approved for harvesting. In fact, as shown in Chart 21 the percentage of "approved" shellfish classifications for Beaufort County was 85 percent in 1998 and 2008 increasing to 86 percent in 2009. The percentage of "Restricted" classifications has also improved, decreasing from 8 to 5 percent during these same years.

**Chart 21: Shellfish Harvest Beds - Percentage Approved/Not Approved: 1998 and 2008 for Beaufort County**



Source: SC Department of Department of Health and Environmental Control

### Will the objective be achieved?



**YES, according to the Work Group, the objective will be achieved by using the current indicator. The Coalition notes, however, there are other measures that might be more encompassing in regard to water quality. The Coalition is planning to add such indicators in 2010.**

## ***What obstacles does the Work Group face and how is it responding to these obstacles?***

The obstacles include educating the general public, government leaders, agency representatives and developers that actions taken to maintain high water quality are necessary. The Work Group believes there are ten crucial interventions (referred to as “the Next Steps”) that need to be addressed to ensure a positive outcome for the protection of water quality. The agencies involved have already committed to a proactive role in each of their areas to begin to implement these “Next 10 Steps,” as identified through the ten year review of the 1997 *Blueprint for Clean Water: Strategies to Protect and Restore Beaufort County’s Waterways*. The Work Group presented these recommendations to the Storm Water Utility Board and the Natural Resources Committee of Beaufort County Council in October 2008.

## **What actions has the Work Group taken so far to achieve its objective?**

As part of the pursuit of its Objective, the Work Group adopted the fifty-three (53) recommendations contained in the “1997 *A Blueprint for Clean Water*.” As of May 2008 the Work Group classified the status of each recommendation as follows: thirty (30) were classified as ongoing, ten (10) were completed, eight (8) were initiated and five (5) were classified as not addressed for specific reasons. The original 1997 report is available at <http://www.bcgov.net/Stormwater/documents/ABlueprintforCleanWater.pdf> This report includes suggestions which deal with educating the public, coming up with an improved measure for water quality and policy changes that may be required.

- #1 Beaufort County and Municipalities should establish consistent progressive land use policies with documented water quality benefits, especially for our Outstanding Resource and Shellfish Harvesting Waters.
- #2 Beaufort County and Municipalities should include water quality controls in improvements to existing drainage systems.
- #3 Beaufort County and Municipalities should consider higher stormwater retention levels in “dead end” creeks to prevent high freshwater inputs. Some examples of significant “dead end” creeks would be the upper reaches of the Okatie River and Battery Creek. Nearly all tidal creeks have dead end zones in their upper reaches. Coordinated effort by all jurisdictions should be made in development of the Okatie Total Maximum Daily Load (TMDL) to address this issue.
- #4 State and Federal Agencies should endeavor to follow more rigid county and municipal stormwater requirements.
- #5 Beaufort County and Municipalities should adopt the Septic Tank Operation and Maintenance Ordinance recommended by DHEC.
- #6 Beaufort County and Municipalities should continually improve their stormwater standards for new development.
- #7 Beaufort County, Municipalities, DHEC, and DNR should jointly develop, implement, and coordinate a stormwater monitoring strategy, to addresses water quality trends and performance of water quality control systems.
- #8 Beaufort County and Municipalities should, in cooperation with our education partners, develop a single comprehensive outreach program directed at staff, elected and appointed officials, the public and the development community. The outreach program should include benefits of vegetative buffers, native landscaping, reducing use of lawn chemicals, utilization of natural systems, and low impact development (LID).
- #9 Beaufort County, Municipalities and BJW&S Authority should capitalize on opportunities for conservation and reuse of water.
- #10 Beaufort County in cooperation with Municipalities should establish managed household hazardous waste drop-off/reuse sites to prevent wastes from impacting waters.

The Water Quality Coalition Members represent the following government and non- government agencies:

Beaufort Soil & Water Conservation District	Clemson Extension
Beaufort Jasper Water and Sewer Authority	SC DHEC
Beaufort County Stormwater Utility	Town of Bluffton
Beaufort County Solid Waste Department	Town of Hilton Head Island
Friends of the Rivers/Lowcountry Institute	Clean Water Task Force

## What actions will the Work Group take in the future to continue to achieve its objective?<sup>1</sup>

### #1 Pursue the following nine actions while the County officials take action on the “Next 10 Steps” mentioned earlier. These actions include:

1. Provide water quality education for municipal officials annually for all elected officials and planning/engineering/Stormwater Utility staffs of each Beaufort County government.
2. Review the mapping of all existing septic tanks and water wells through GIS across Beaufort County.
3. Addition of webpage connecting links to all monitoring programs including SCDHEC, BJWSA, Municipalities, Sea Grant, etc.
4. Support the establishment of the Water Quality Testing Laboratory at the University of South Carolina Beaufort South Campus as identified in the draft Beaufort County 2007 Comprehensive Plan.
5. Support incorporation of educational component on the Conservation of Groundwater Resources into current water education efforts.
6. Support recycling efforts in Beaufort County communities by 2012.
7. Oversee county-wide Storm Drain Marking Project
8. Develop a new resident’s educational package (print and electronic versions) including information on living in the Lowcountry, its natural resources, do’s and don’ts of home maintenance and landscaping, basic water quality facts, phone numbers/websites of government agencies and organizations providing additional information, etc.
9. Produce an Annual Water Quality Report to the community.

Timetable: Provide a status report against these actions in July 2010 and annually thereafter until completion.

### #2 Identify more effective indicators to track the Work Group’s progress against its goal.

This will be addressed through focus group meetings with Work Group stakeholders, partners, collaborating organizations and the public. For example, Work Group partners have developed a “*Water Quality Monitoring within Beaufort County*” report that details the water quality parameters being monitored by responsible organizations, e.g., Town of Bluffton, DHEC, etc. Next steps could include the development of an indicator report based on some or all of these parameters. These new indicators should be incorporated into the Work Group’s objective and corresponding goals as may be appropriate.

The Work Group believes that the current objective, “*We will be good stewards of our natural resources,*” is a goal and that the current indicator, “*shellfish harvest classifications,*” is too limited in scope in view of this Goal. The Work Group will propose the addition of another indicator: “*Begin implementation of at least 30% of the Next 10 Steps or nine actions by 2012.*”

Timetable: Obtain agreement on additional indicators by December 2010.

### #3 Obtain approvals from required stakeholders in order to implement “The Next 10 Steps for the Blueprint for Clean Water.”

Identify additional indicators as may be required to track the Work Group’s progress against these steps.

Timetable: Obtain approval of the “Next 10 Steps” and begin implementation in January 2010

### #4 Update the objective to incorporate a 2012 goal for the current indicator, the percentage of shellfish bed quality classifications.

Timetable: Fall 2010

### #5 Invite more stakeholders “to the table”.

Timeline: July 2010

\* Actions listed in the report were developed in 2006-2008 and may not reflect current status

<sup>1</sup> Actions listed in this report were developed in 2006-2008 and may not be current in status

**Objective** *By 2012, we will reduce the percentage of residents without health insurance to 10% of the population.*

**Work Group** *Access Health Beaufort County is currently forming in support of this objective*

**Will the objective be achieved?**



***TO BE DETERMINED.*** *This newly formed Work Group is addressing the needs of uninsured residents by developing a network of health care providers who serve low-income, uninsured patients. This statewide initiative is designed to improve access to health care for the uninsured and reduce duplication of services. Indigent residents often do not have a permanent physician or a “medical home” where they regularly receive their care. Instead they often access services wherever and whenever they are available to them. Without a network to allow the sharing of this information, health care providers are often duplicating (and paying for) the same procedure that another provider has already completed. While this effort will not directly impact the stated objective (reducing the number of uninsured residents), establishing a Beaufort County component of the Access Health SC network will allow us to more wisely use our limited resources to serve these residents more effectively and efficiently.*

*The Work Group that has formed to address the healthcare issues of the uninsured is also striving to promote and provide linkages to medical services that are currently available in the county’s free clinics so that more residents will have a medical home. Beaufort County is also fortunate to have medication assistance programs for the uninsured so they have access to medications to manage chronic disease.*

### **Why is this important?**

People without health insurance receive less preventive care and are diagnosed at more advanced disease stages. Most often once diagnosed, they tend to receive less therapeutic care (drugs and surgical interventions). Sick or hurt people have trouble performing daily functions; so sick children don’t learn, sick adults don’t work and without treatment it is more difficult for them to recover. The average costs of inpatient discharges from Beaufort County were \$15,804 and the average costs of emergency room discharges from Beaufort County were \$1,447.

## Work Group Contacts

Affordable Housing Consortium: Gene Rugala  
 Beaufort County Early Childhood Coalition: Leroy Gilliard  
 Beaufort County School District: Dr. Valerie Truesdale  
 Partnership for Adult Literacy: Nancy Williams  
 Coalition for Aging in Place: Jim Glasson and Sharon Morris  
 Reduce Adolescent Pregnancy (RAP) Alliance: April Fletcher-Clark  
 Adequacy of Prenatal Care: Cindy Coburn-Smith  
 Eat Smart Move More Low Country: Jennifer Wright  
 Mental Health Access Coalition: Mike Walsh  
 Water Quality Committee: Denise Parsick

## Funding Partners

Beaufort County Council  
 Beaufort County Department of Social Services  
 Beaufort County School District  
 Beaufort Gazette  
 Beaufort Jasper Hampton Comprehensive Health Services, Inc.  
 Beaufort Jasper Water and Sewer Authority  
 Beaufort Memorial Hospital  
 Beaufort Regional Chamber of Commerce  
 City of Beaufort  
 Coastal Community Foundation of the SC  
 Community Foundation of the Lowcountry  
 Hilton Head Hospital  
 Hilton Head Island/Bluffton Chamber of Commerce  
 Island Packet  
 Literacy Volunteers of the Lowcountry  
 Love House Ministries  
 Palmetto Electric Cooperative  
 RBC Centura  
 SC Department of Health and Environmental Control, Region 8  
 Town of Bluffton  
 Town of Hilton Head Island  
 Town of Port Royal  
 United Way of the Lowcountry  
 Volunteers in Medicine  
 Larry and Trish Heichel  
 John and Ruth Phillips  
 Dr. Howard Radest

## Media Partners

Beaufort Gazette and Island Packet

Bluffton Today



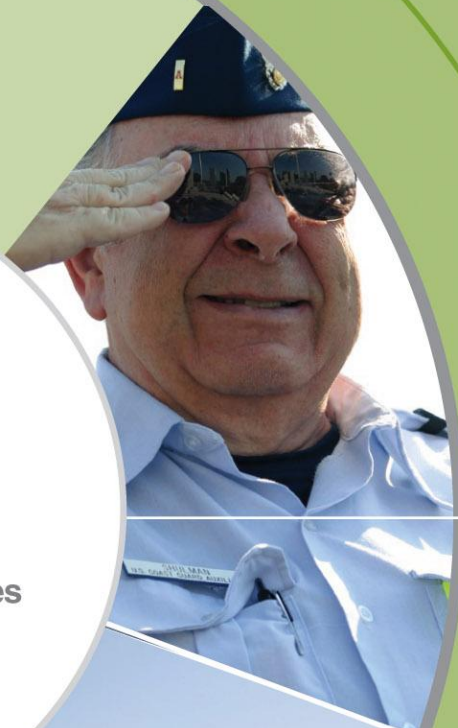
## Beaufort County Alliance for Human Services

ACCESS Network  
All Saints Episcopal  
Alzheimers Family Services of Greater Beaufort  
AMI Kids Beaufort  
American Red Cross, Palmetto Chapter  
Angel Food program  
Beaufort County Alcohol and Drug Abuse  
Beaufort County Disabilities and Special Needs  
Beaufort County Dept. of Social Services  
Beaufort County Council  
Beaufort County Library  
Beaufort County School District  
Beaufort County Senior Services  
Beaufort County Veterans Affairs  
Beaufort Housing Authority  
Beaufort-Jasper Economic Opportunity Commission  
Beaufort-Jasper Mental Health Association  
Beaufort-Jasper-Hampton Comprehensive Health  
Beaufort Memorial Hospital  
Beaufort Regional Chamber of Commerce  
Beaufort Soil and Water Conservation District  
Beaufort Women's Center  
Bluffton Self Help  
Born to Read  
Boys and Girls Club of the Lowcountry  
Child Abuse Prevention Association  
Citizens Opposed to Domestic Abuse  
Clemson University Extension  
Coastal Empire Community Mental Health  
Collaborative Organization of Services for Youth  
Comfort Keepers  
Community Foundation of the Lowcountry  
Deep Well Foundation  
Family Promise  
First Steps  
Franciscan Center  
Friends of Caroline Hospice  
Girl Scouts of the Carolina Lowcountry  
Goodwill Industries of Lower South Carolina  
Grace Coastal Church  
Growing Homes SE  
Head Start  
HELP of Beaufort  
Hilton Head Island-Bluffton Chamber of Commerce  
Hilton Head Regional Habitat for Humanity  
Hilton Head Regional Medical Center  
Hope Haven of the Lowcountry  
Hospice Care of the Lowcountry  
Literacy Volunteers of the Lowcountry  
Lord of Life Lutheran  
Love House Ministries  
Lowcountry Council of Governments  
Lowcountry Economic Network  
Lowcountry Habitat for Humanity  
Lowcountry Legal Aid  
Lowcountry Presbyterian  
Meals on Wheels Hilton Head/Bluffton  
Memory Matters (formerly Alzheimers Respite and Resources)  
Mt. Carmel Baptist  
National Alliance for the Mentally Ill  
Native Island Business and Community Affairs Association  
Neighborhood Outreach Connection  
Operation Good Neighbor  
Osprey Village  
Palmetto Breeze  
Paper Route Productions  
Penn Center  
Pregnancy Center & Clinic of the Lowcountry  
Room at the Inn  
Salvation Army  
Sand Box  
S.C. Dept. of Health and Environmental Control  
S.C. Employment Securities Commission  
S.C. Vocational Rehabilitation  
Second Helpings  
Senior Services of Beaufort County  
Sheldon Township Community Support Partnership  
St. Francis Catholic  
St. John's Lutheran  
St. Luke's United Methodist  
St. Mark's Chapel  
St. Gregory the Great Catholic  
St. Peter Catholic  
Storks Nest  
Technical College of the Lowcountry  
TCL/PILAU  
Thumbs Up, Inc.  
U.S. Naval Hospital  
United Way of the Lowcountry  
University of South Carolina Beaufort  
Unitarian Fellowship of Hilton Head  
Under One Roof  
Volunteers in Medicine  
YMCA of the Lowcountry  
Youth Outreach Ministries

## Leadership Council Organizations

- Beaufort County
- Beaufort County DSS
- Beaufort County Schools
- Beaufort Regional Chamber of Commerce
- Beaufort-Jasper-Hampton Comprehensive Health Services
- Beaufort Memorial Hospital
- City of Beaufort
- Coastal Community Foundation
- Community Foundation of the Lowcountry
- Faith Community
- Hilton Head Hospital
- Hilton Head Island/Bluffton Chamber of Commerce
- SC DHEC Public Health Region 8
- Technical College of the Lowcountry
- Town of Bluffton
- Town of Hilton Head Island
- Town of Port Royal
- United Way of the Lowcountry
- USC-Beaufort
- US Naval Hospital
- Volunteers in Medicine

**Report Version:** Work Group version.



**Together**  
*for Beaufort*

*Our COUNTY. Our FUTURE.*

**Alliance for Human Services**  
P.O. Box 1228  
Beaufort, SC 29901  
843.470.2819

