

Together for Beaufort County 2012 Report

To the Community

In 2004 a group of Beaufort County leaders introduced a community indicators project called "Together for Beaufort County." Together for Beaufort County (T4BC), sponsored by the Beaufort County Human Services Alliance, was intended to be a community indicators project that would allow all Beaufort County residents to work together to the improve quality-of-life. The Alliance engaged a consultant group to develop a series of indicators that allowed the monitoring of progress as these issues were addressed. Four strategic goals and four objectives for each goal were developed. Human Services Alliance Work Groups were formed to coordinate action and monitor progress for most objectives.

A 2006 Initial Report further explained the intention behind the Together for Beaufort County initiative and the methodology to be employed to assess quality-of-life. It also described initial and ongoing community input in Together for Beaufort County. Operational definitions of the 16 objectives were also provided, along with baseline data for the objectives. A 2009 Interim Report highlighted the ways the local community had taken action to improve the quality-of-life in Beaufort County. To document progress since the publication of the first Together for Beaufort County Report, the 2009 Interim Report relied on information provided by the twelve Work Groups that existed at that time. In 2011, the Alliance sought expertise to develop the 2012 database and report of progress toward T4BC guality-of-life objectives. USC Beaufort was selected for this project. The current report can be best appreciated along side those earlier reports, especially the original 2006 report.

A database of indicator measures upon which the current report is based is available from the Beaufort County Human Services Alliance. In addition to indicators that were included in the two previous reports, recommended alternative indicators with data are included in the database.

By sharing this information we hope to continue to provide a common ground for public, private, and nonprofit leaders to engage the public in a dialogue about how we can work together to address these and other related issues.

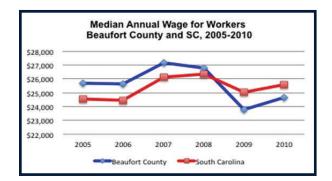
Trish Heichel

T4BC Progress Summary	
5	Did Beaufort County Achieve
	Objective as of 2012?
Strategic Goal One—Economy	
Average Wage	Yes until 2009
	No as of 2010
Commercial Tax Base	No as of 2010
Housing Cost	No as of 2010
Child Care Costs	Yes
Strategic Goal Two—Education	
Kindergarten Readiness	No
College Admissions Tests	No
Academic Progress	No as of 2011
Adult Literacy	Yes as of 2003
Strategic Goal Three—Poverty	
Children Living in Poverty	Yes as of 2009
Aging in Place	Yes
Births to Teenagers	No as of 2010
Prenatal Care	No as of 2010
Strategic Goal Four—Health	
Obesity	No as of 2010
Uninsured Residents	No
Access to Mental Health Services	No as of 2011
Water Quality	Unknown



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

Economy--Objective 1: By 2012, the average wage in Beaufort County will equal, or exceed, South Carolina's average wage.





Why is this Important?

An average wage indicator shows how much working people earn and is an indicator of individual economic well-being. As earlier T4BC reports have noted, per capita income is another common metric often used by government policy makers and by that measure Beaufort County scores higher than the state and national averages.

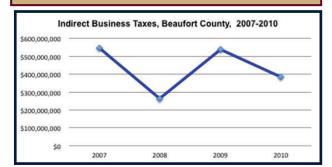
What do the data show?

Beaufort County workers earned 4% to 5% above the South Carolina average from 2005 to 2009, after which average wages fell to 5% below the South Carolina average. In contrast to other indicators of economic quality-of-life, by this measure Beaufort County is not as well off. Like all economic objectives, the local economy is heavily influenced by the broader national and global economies.

Did Beaufort County achieve this objective?

Yes until 2009, **No as of 2010**. For most of the years in the 2005-2010 interval, Beaufort County did achieve the objective, but the trend over the last two years was in the wrong direction. For more about this metric, see Note E1 at end of report.

Economy--Objective 2: By 2012, the commercial tax base will be doubled.



Why is this Important?

Beaufort County must increase its commercial tax base as a means of diversifying the overall tax bases. 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.

What do the data show?

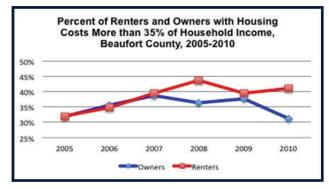
Over the four-year period shown in the graph, the commercial tax base fluctuated rather widely. Local economic development efforts in principle could have a significant impact on the size of the commercial tax base. However, a local economy is probably driven in much larger measure by changes in the broader economy, which also fluctuated.

Did Beaufort County achieve this objective?

No as of 2010. Beaufort County had not doubled the commercial tax base as of 2010. Between 2007 and 2010, the size shrank by 30%.

For more about this metric, see Note E2 at end of report.

Economy--Objective 3: By 2012, housing costs for owners and renters in Beaufort County will not exceed 35% of household income.



Source: DP04 American Community Survey 1-year estimates

Why is this Important?

Families need affordable housing. This indicator measures the ratio between median family income and the costs of single-family housing. If the housing costs are too high we will lose a segment of the population that we need in order to sustain a high quality-of -life. The absence of affordable housing narrows the pool of diverse talents required for a healthy community.

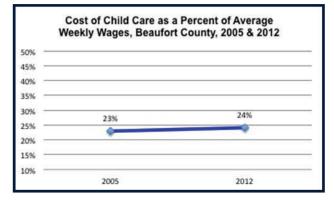
What do the data show?

We see fluctuation in the proportion of the population that pay more than 35% of the income for housing. For owners, the percentage rose from 32% in 2005 to 38% in 2009 and then fell back to 31% in 2010. For renters, the percentage rose from 32% in 2005 to 44% in 2008, then fell to 39% in 2009 and rose again to 41% in 2010.

Did Beaufort County achieve this objective?

No as of 2010. For a substantial proportion of both the owner and renter populations, the objective had not been achieved as of 2010.

Economy--Objective 4: By 2012, the cost of childcare will not exceed 25% of a working family's income.



Sources: Bureau of Labor Statistics, SC Dept of Employment & Workforce; Trident United Way CCR&R

Why is this important?

In order for families to support themselves, both parents often have to work, making increasing demands on households for child care. Child care 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 and new industries to our area is the high cost of child care.

What do the data show?

The cost of child care increased from 2005 to 2012 but so did the average weekly wage. Overall, the cost of child care as a percent of weekly wages increased by 1%.

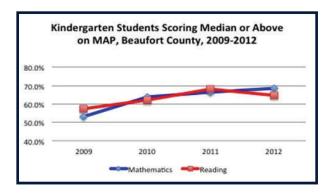
Did Beaufort County achieve this objective?

Yes, Beaufort County achieved this objective.

Source: IMPLAN 2007-2010

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

Education--Objective 1: By 2012, 85% of entering first graders will test at grade level as measured by a nationally normed test.



Source: Beaufort County School District

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.

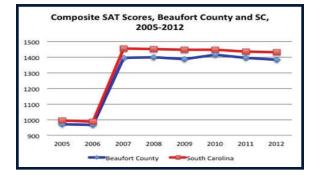
What do the data show?

A clear upward trend can be seen in both math and reading from 2009 through 2012, although reading did dip about 4% from 2011 to 2012.

Did Beaufort County achieve this objective?

No, since fewer than 85% of entering first graders tested at grade level, Beaufort County did not achieve the objective.

Education--Objective 2: By 2012, students will exceed South Carolina averages on college admissions tests.



Why is this important?

The Scholastic Aptitude Test (SAT) objective is important because it provides a comparison of student performance at the county, state, and national levels. 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 was deemed highly improbable.

What do the data show?

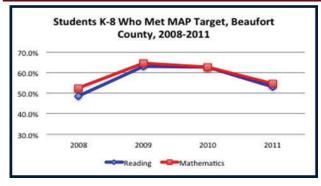
The 2007 and 2011 SAT scores of Beaufort County students were the same but over that same period, South Carolina scores declined a total of 20 points. Beaufort County came closest to the SC average in 2010. The gap between SC and Beaufort County widened in 2012.

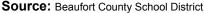
Did Beaufort County achieve this objective?

No, Beaufort County students did not exceed SC averages on the SAT, so this objective was not achieved.

For more about this metric, see Note Ed2 at end of report.

Education--Objective 3: By 2012 at least 70% of students will meet their individual "stretch goals" as measured by a national, normreferenced achievement test.





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. Using these comparisons, the District can identify best practices from other school districts for potential implementation in our District.

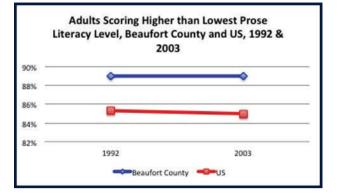
What do the data show?

The percentage of students who met both reading and math targets increased significantly from 2008 to 2009, declined slightly from 2009 to 2010, then fell nearly 10% from 2010 to 2011.

Did Beaufort County achieve this objective?

No as of 2011. Overall, students meeting MAP targets increased less than 5% over the entire period to just over 50%, which is below the 70% objective. Beaufort County had not achieved this objective as of 2011.

Education--Objective 4: By 2012, the functional English literacy level of the adult population will exceed the national average.



Sources: U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics, 1992 National Adult Literacy Survey; 2003 National Assessment of Adult Literacy

Why is this Important?

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.

What do the data show?

No new data became available since the 2006-2009 Interim Report. Literacy at both the county and national levels were largely unchanged over the period covered by the two available surveys. Beaufort County literacy levels were well above the national levels.

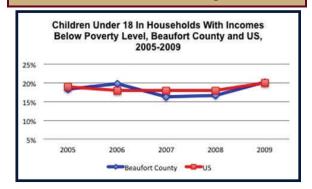
Did Beaufort County achieve this objective?

Yes as of 2003. Beaufort County had achieved this objective as of the Interim Report. Technically the absence of comparable literacy assessment since 2003 means that it is not possible to say that Beaufort County has achieved this objective as of 2012.

Source: Beaufort County School District

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

Poverty--Objective 1: By 2012, the number of children living in poverty will be reduced to the national average.





Why is this Important?

Taking care of the most vulnerable members of the community is important to quality-of-life. 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.

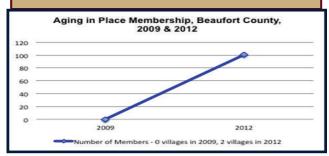
What do the data show?

The percentage of children living in poverty, while fluctuating slightly over the 2005-2009 time frame, remained nearly unchanged at both the county and national levels. In 2009, the most recent year data was available; the county and national poverty rates were equal at 20%

Did Beaufort County achieve this objective?

Yes as of 2009, although, until 2012 data are available, we can't say definitively whether Beaufort County achieved this objective.

Poverty--Objective 2: By 2012, Beaufort County will increase the number of "Aging in Place villages" and the membership within them.



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.

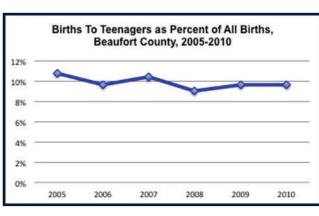
What do the data show?

Beaufort County had no villages in early 2009 and as of mid-2012 has two villages with a total of 101 members.

Did Beaufort County achieve this objective?

Yes, given that the objective sets no numerical target, we can say that Beaufort County did increase the number of villages and their membership, so the county did achieve the objective. For more about this metric, see Note P2 at end of report.

Poverty--Objective 3: By 2012, the number of births to teenagers will be reduced to 8% of all births.



Source: DHEC, South Carolina Community Assessment Network (SCAN)

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.

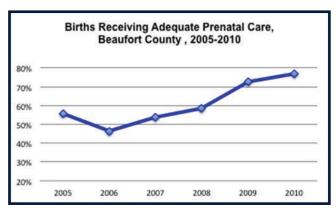
What do the data show?

The number of births to teenagers declined from 243 in 2005 to 195 in 2010 an decrease of about 20%. Over this same period, births to women of all ages also declined. Therefore, as a percentage of all births, births to teenagers fell only 1% from 11% to 10%.

Did Beaufort County achieve this objective?

No as of 2010. Even though the trend was in the right direction, Beaufort County had not achieved this objective as of 2010.

Poverty--Objective 4: By 2012, the percent of births reported as having received adequate prenatal care will be increased to more than 85%.



Source: DHEC, South Carolina Community Assessment Network (SCAN)

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.

What do the data show?

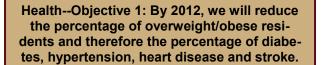
The percentage of births receiving adequate prenatal care increase by 21% from 2005 to 2010. In 2010, 77% of births had adequate prenatal care. In comparison, of 58,325 births in South Carolina in 2010, 14,532 or 75% were reported as having adequate prenatal care.

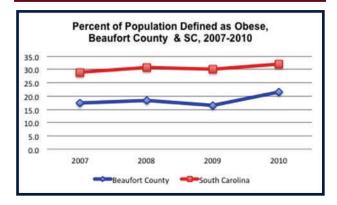
Did Beaufort County achieve this objective?

No as of 2010. Beaufort County remained well below the target. However, no other measure of Beaufort County quality-of-life increased by this magnitude as of 2010.

Source: Beaufort County Coalition for Aging in Place

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





Source: Behavioral Risk Factor Surveillance System (BRFSS), Office of Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

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 is 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.

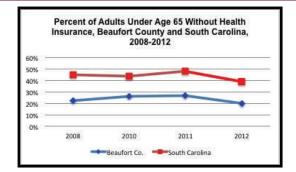
What do the data show?

Obesity increased in Beaufort County each year from 2007 to 2010, except for a small decline in 2009. In South Carolina, the trend was for little change from 2007 to 2009, then an uptick in 2010. In the US, the pattern was very similar to that in South Carolina.

Did Beaufort County achieve this objective?

No as of 2010. Nationwide, obesity has proven to be stubbornly resistant to public health efforts and unfortunately, as of 2010, Beaufort County had not yet achieved this objective.

Health--Objective 2: By 2012, we will reduce the percentage of residents without health insurance to 10% of the population.



Sources: Source unless otherwise specified: County Ranking and Roadmaps program, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute; Source of all 2008 data is Data Brief: Update on Sources of Data on the Univ-

Why is this Important?

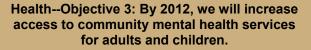
People without health insurance receive less preventive care and are diagnosed at more advanced disease stages. Most often once diagnosed, they tend to receive less therapeutic care (drugs and surgical interventions). Sick or hurt people have trouble performing daily functions; so sick children don't learn, sick adults don't work and without treatment it is more difficult for them to recover.

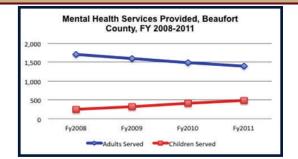
What do the data show?

The percentage of uninsured adults in Beaufort County actually increased each year from 2008 to 2011 and then declined in 2012. In South Carolina, the trend showed a small decline from 2008 to 2009, a small increase from 2010 to 2011, and then another small decline from 2011 to 2012. So Beaufort County followed the statewide trend.

Did Beaufort County achieve this objective?

No. In spite of the positive movement from 2011 to 2012, Beaufort County has not achieved this objective.





Source: Dr. Jan Holt, Coastal Community Mental Health Center

Why is this Important?

Mental health is fundamentally important to the overall health and well-being of a community. If individuals suffer from untreated mental illness, the community suffers as well.

What do the data show?

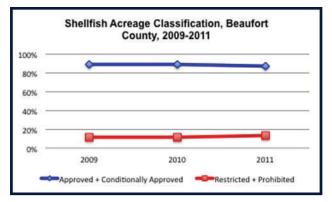
The number of adults served by Beaufort County community mental health services declined by about 100 adults each year from 2008 to 2011. However, the number of children served increased by almost the same amount each year from 2008 to 2011.

Overall, the total number of adults and children served declined by about 3% over the time period. From 2009 to 2011, the SC Department of Mental Health cut \$74 million from its budget, or 39% of State funds. The decline in the number of clients served was reported by the agency to be a reflection of these budget cuts. In fact, the Coastal Empire Community Mental Health Center has seven clinical positions (therapists) on hold as of July 2012.

Did Beaufort County achieve this objective?

No as of 2011. Access to community mental health services had not increased as of 2011.

Health--Objective 4: We will be good stewards of our natural resources by protecting and monitoring water quality.



Source: Michael W. Monday, Regional Shellfish Program Manager EQC Region 8-Beaufort, SC Dept. of Health & Environmental Control

Why is this Important?

Water quality standards are used to compare concentrations of potentially toxic pollutants and bacteria that affect aquatic life and recreational usage. Coastal water guality 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 coastal 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 potentially unsafe. 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. Other areas however, are closed after rainfall events of lesser severity (e.g., 1.5 or 2 inches).

What do the data show?

We created "Approved" and "Not Approved" categories by combining Approved with Conditionally Approved and Restricted with Prohibited classifications. This allows us to summarize a somewhat overwhelming amount of original data. The percentage of shellfish harvesting acreage in each category changes very little from 2009 to 2011.

Did Beaufort County achieve this objective?

Unknown. The objective is stated in qualitative rather than quantitative terms, so we cannot say whether Beaufort County achieved this objective.

For more about this metric, see Note H4 at end of report.

Education--Objective 4: By 2012, the functional English literacy level of the adult population will exceed the national average.

Alternative Indicator: Educational Attainment

In comparison with an infrequently assessed measure of adult literacy, this metric better differentiates the level of education of Beaufort County adults and shows them to be substantially better educated than the population of the US.

Poverty—Original 2006 Objective 2: By 2012, Beaufort County will provide access to expanded services to its elderly citizens, to help alleviate issues surrounding those in poverty.

Alternative Indicator: Size of Elderly Poor Population

The purpose of this alternative indicator is to estimate the size of the Beaufort County 65 and over population that is in poverty. No entity that we are aware of provides annual county-level poverty data for persons over age 65. The most recent state-supplied data is for 1999.

While the methodology we have used can only provide a rough estimate of the size of the over 65 population that is in poverty, it does indicate the growth of this segment and the need for services to address it. The size of the Beaufort County population of people over aged 65 living in poverty grew 111% between 2000 and 2010.

Calculation of the number of persons over 65 in poverty assumes that the poverty rate of this age group is equal to the poverty rate of the population as a whole. The poverty rate for the age group is probably greater, but the actual rate is not known.

Health--Objective 3: By 2012, we will increase access to community mental health services for adults and children.

Inadequate Social and Emotional Support-less is better.

Responding to the mental health needs of the community is certainly important and this objective was defined in terms of access to community mental health services. Perhaps, a community quality-of-life indicator might more usefully provide data on the mental health status of the population and therefore serve as guidance for where to target community resources. Therefore, prevalence or incidence data might be a better measure than access to services.

The social and emotional support measure is based on responses to the question: "How often do you get the social and emotional support you need?" The County Health Rankings reports the percent of the adult population that responds that they "never," "rarely," or "sometimes" get the support they need. This measure was calculated by the National Center for Health Statistics using data obtained from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total noninstitutionalized U.S. population over 18 years-of-age living in households with a landline telephone.

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices.

Source

Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute

Health-Objective 4: Additional Alternative Indicator: We believe that acres of land conserved over time would be a good metric (and one that directly impacts water quality, as water quality tends to decline as the percentage of impervious surface increases).

Economy—1--The metric used here, "Median Annual Wage for Workers" differs slightly from that used in the 2005-2006 Original Report, "Average Wage per Job." According to the US Bureau of Economic Analysis, the employment estimates used to compute the average wage are a job count, not person count. By the original metric, Beaufort County wages were lower than those of South Carolina for each year from 2005-2010. The current metric is for individuals, not jobs, and seems more in keeping with the quality-of-life philosophy embedded in Together for Beaufort County. Another weakness of the original metric, looking at the increases each year from 2005 to 2010, economic downturns and their effect on individual income is not apparent.

Economy—2--The metric used in this database is slightly different from that used in the original report. As operationalized in 2005-2006, the commercial tax base measured the assessed value of commercial property as a percent of the total assessed property in the county. The Indirect Business Taxes are all the business taxes and fees actually paid to governments including sales and excise taxes.

The 2007-2010 IMPLAN program was used as the source for tax information because it is a consistent measure year to year and also can be used to compare employment, commodity production, and other characteristics. Unfortunately, 2007 is the earliest year for which data is available. The 2011 data will become available in November 2012.

Education—2--American College Test (ACT) scores for Beaufort County did increase steadily from 2007 to 2010, then they declined. Meanwhile, SC average ACT scores declined over the same period and in 2011, Beaufort County and SC scores were equal.

Poverty—2--This indicator does not provide a true measure of quality-of-life but reflects a focus more toward a measure of human service program activity. The original formulation of this objective was: "By 2012, Beaufort County will provide access to expanded services to its elderly citizens, to help alleviate issues surrounding those in poverty." This is a direct measure of human service program activity. Therefore neither formulation of the indicator seems to meet the full criteria as a viable indicator going forward. The thinking behind the new formulation as explained in more detail in the 2006-2009 Interim Report does seem sound and represented a slightly better approach, so that is the one that was adopted for 2012.

Health-3--The question of how access to mental health services in Beaufort County is measured is still vexing. There are so many providers (e.g., faith-based, private, military, schools, prisons, Beaufort Jasper Hampton Comprehensive Health Services) that the data here can only be partial. The number of adults served by Beaufort County community mental health services declined by about 100 adults each year from 2008 to 2011. However, the number of children served increased by almost the same amount each year from 2008 to 2011. Overall, the total number of adults and children served declined by about 3% over the time period. From 2009 to 2011, the SC Department of Mental Health cut \$74 million from its budget, or 39% of State funds. The decline since Fy2008 in the number of clients is a reflection of these budget cuts, owing to less staff/capacity. In fact, the Coastal Empire Community Mental Health Center has 7 clinical positions (therapists) currently on hold (July 2012).

Health—4--We created "Approved" and "Not Approved" categories by aggregating Approved with Conditionally Approved and Restricted with Prohibited classifications. This allows us to summarize a somewhat overwhelming amount of original data. The percentage of shellfish harvesting acreage in each category changes very little from 2009 to 2011. Water quality is measured by testing for a variety of nutrients, bacteria and chemicals. Shellfish bed closure rates are sometimes criticized because rainfall is an important variable in their closure. In terms of defending the use of shellfish bed closures as an indicator of water quality, it is important to understand that dissolved oxygen, pH and turbidity are all affected by rainfall, as is bacterial loading to various water bodies. Given the role of rainfall in all measures of water quality, shellfish bed closures are a reasonable metric to use.

The purpose of the 2012 report is to provide a kind of "dashboard" of the quality-of-life of Beaufort County. So, the approach taken in the current report has been to graphically present specific data to show how much the quality-of-life of Beaufort County has changed in terms of each of the sixteen objectives. In a few instances we have summarized and simplified the large data sets shown in the Indicator Database. Perhaps the best example is Goal 4--Objective 4: where we have 90 rows of water quality data.

Whenever possible the statistic or metric used in this report for each indicator is the same as that used in earlier reports. In a few cases, a different statistic has been used when the earlier one is no longer in standard use or when better ones are available. A brief explanation is provided for each of these cases.

The use of publicly available data was one of the criteria set in the original report. We have provided data for 2005 and each year thereafter to 2012, if available. In many cases a complete set of data was not available. In all cases we have provided what was publicly available. As explained in the Introduction to the Indicator Database, one of the challenges in the 2012 report was deciding on the wording of some of the sixteen objectives. Validating the changes made in the 2006-2009 Report by the Work Groups/Coalitions seemed important when those changes reflected an on-going evolution of thinking of the Work Groups about the objectives. Only those changes that veered away from measures of quality-oflife and moved toward measures of human service program activity seemed problematic. Changes made in the 2006-2009 Interim Report that moved away from measures of quality-of-life and toward measures of human service program activity were not incorporated in the current report. In those cases, we reverted to the wording used in the 2005-2006 Original Report.

Human Services Alliance Work Groups

ECONOMY

Lowcountry Area VITA Coalition Affordable Child Care Cost Coalition Lowcountry Affordable Housing Coalition

EDUCATION

Early Childhood Coalition Business-Education Partnership Partners for Adult Literacy

POVERTY

Community Services Organization Coalition for Aging in Place Reducing Adolescent Pregnancy Alliance Adequacy of Prenatal Care Coalition

HEALTH

Eat Smart Move More Lowcountry ACCESS Health Lowcountry Mental Health Access Coalition Water Quality Coalition

Providing Financial Support

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This report has been prepared by the University of South Carolina Beaufort under contract to the Human Services Alliance. The report task force was chaired by Dr. Randy Lamkin and was performed under the auspices of the Office of the Chancellor.

The subject matter experts working on this task force included Dr. John Salazar who was responsible for the economic objectives, Dr. Charles Spirrison who covered education, and Dr. Alan Warren who was responsible for the health objectives.