

Accelerating Progress: Identifying Counties with Greatest Burden Associated with Teen Births

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Introduction

South Carolina has made extraordinary progress reducing teen birth rates since 1991. There has been a remarkable 67% decline from 1991-2016 among 15-19 year olds. Despite this success, there remain substantial health disparities among the 46 counties. In an effort to better direct funding and resources to effective teen pregnancy prevention programming and strategies, the SC Campaign to Prevent Teen Pregnancy has developed an index to determine where prevention efforts could have the biggest impact by identifying counties with the greatest “need” for teen pregnancy prevention initiatives. The poster presentation will give an overview of the variables selected, the methodology for assigning points, and a visual presentation of how the counties are currently ranked. In addition, implications of these rankings and their use for determining distribution of resources will be discussed.

Methodology

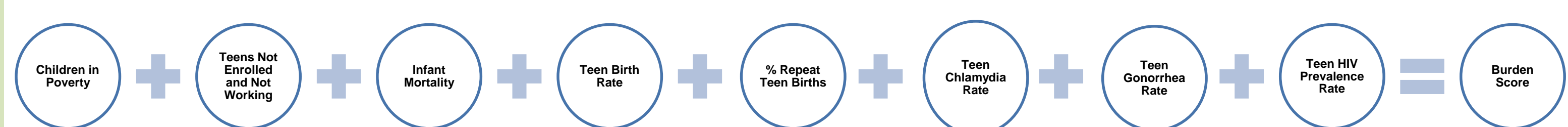
The index includes 8 variables for each county in South Carolina: Points were assigned to each county based on quartile calculations within each of the variables and then combined across each county to produce an index score (out of 10).

For children in poverty, teens not enrolled and not working, infant mortality, chlamydia, gonorrhea, and HIV, points were assigned as follows:

- 1 point was assigned to those counties scoring at or above the top 25%
- .75 points were assigned to those scoring below the top 25% but above or equal to the median
- .5 points were assigned to those below the median but above the bottom 25%
- .25 points were given to those at or below the bottom 25%.

Teen birth rate and percentage of repeat pregnancies were assigned as follows:

- 2 points were assigned to those counties scoring at or above the top 25%
- 1.5 points were assigned to those scoring below the top 25% but above or equal to the median.
- 1 point was assigned to those below the median but above the bottom 25%
- .5 points were given to those at or below the bottom 25%.



Results

County	Burden Score	Rank
Allendale	9.75	1
Marlboro	9.5	2
Dillon	9	3
Lee	9	4
Marion	9	5
Cherokee	8.25	6
Hampton	8.25	7
Union	8.25	8
Williamsburg	8.25	9
Colleton	8	10
McCormick	8	11
Barnwell	7.75	12
Chesterfield	7.75	13
Orangeburg	7.75	14
Chester	7.5	15
Darlington	7.5	16
Greenwood	7.5	17
Bamberg	7.25	18
Fairfield	7	19
Florence	7	20
Jasper	7	21
Kershaw	6.75	22
Saluda	6.75	23
Abbeville	6.5	24
Anderson	6.5	25
Clarendon	6.5	26
Edgefield	6.5	27
Georgetown	6.5	28
Sumter	6.5	29
Newberry	6.25	30
Calhoun	6	31
Lancaster	5.75	32
Laurens	5.75	33
Horry	5.5	34
Oconee	5.5	35
Richland	5.5	36
Aiken	5.25	37
Lexington	4.75	38
Spartanburg	4.25	39
York	4.25	40
Berkeley	4	41
Charleston	3.75	42
Greenville	3.75	43
Pickens	3.5	44
Beaufort	2.75	45
Dorchester	2.75	46

Top 25%

Middle 50%

Bottom 25%

Implications

- The burden index allows for a visual representation of which counties have the highest need.
- The index considers not just teen birth rate but other socio-economic and health indicators that affect health outcomes.
- While the index provides a concrete starting point for funding strategies, community-level readiness and infrastructure also plays an important role in decision-making.

Discussion

This index was designed to help target resources for preventing teen pregnancy in the areas with the greatest need. We would like to invite feedback from symposium participants about:

- What could make this index more useful in addressing health disparities related to teen pregnancy?
- Are there any additional variables we should consider including?
- Would you recommend changing the way variables are weighted?
- The index indicates higher burden in rural areas with smaller populations—what are the implications working in communities with high birth rates but low numbers of teens and limited community resources?

Contact

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Acknowledgements

We would like to thank Nell Fuller for the key role she played in development of the index and this poster.