

McLeod Health Cheraw 2022 Community Health Needs Assessment



Introduction

Health begins —long before illness—in our homes, schools and jobs. Through meaningful collaboration, we have the opportunity to make choices that can help us all to live a healthy life, regardless of income, education or ethnic background. This *Community Health Needs Assessment and Action Plan* presents an opportunity for improving health status.

People whose circumstances have made them vulnerable to poor health need our help in working towards eliminating barriers that provide everyone with the chance to live a healthy life. This work can't happen without first making use of the facts that serve as the foundation. Health research provides indicators of health status, such as the prevalence of disease or health issue and its effect in both economic and human terms. As health improvement initiatives are introduced, it can reflect the effectiveness of an approach or intervention. By using the *Community Health Needs Assessment*, we can evaluate relevant determinants of health that provides valuable insight in guiding decisions that create a pathway for improving the health of our community. As you read the *Community Health Needs Assessment*, it can change the way you think about health.

After reviewing the report, it is important to begin where health starts. Everyone in our community should have the opportunity to make good healthy choices (e.g., regarding smoking, diet, alcohol use, physical activity) since this has the largest impact on future health outcomes. Wherever possible, through programs, services, public policy or other means, emphasis needs to be placed on addressing health choices and prevention before there is a medical need. Research has shown that the health care system represents only 10 to 20% of determining health status, while our individual health behaviors we choose account for 40% or more.

Through changes in public policy, it is possible that most people, regardless of income, could have the ability to see a doctor. Health insurance does not guarantee good health, but it does provide important access to preventative health services. It can reduce the risk of deferring needed care and the financial risk associated with receiving care. Our efforts should prioritize our resources to address the most pressing needs, disparities, and inequalities where we may be impactful.

Our success should be linked to collaboration where our collective efforts can build a healthy community that nurtures its families and communities. McLeod Health encourages partnerships with volunteers, business, government, civic and religious institutions to join us in this work. Although we will not be able to eradicate every illness, there is much we can accomplish by education, fostering good health and addressing community health gaps. Health begins with healthy relationships, healthy communities, and healthy jobs, which can protect us from the stress of everyday life.

Input was solicited and taken into account from the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs:

- At least one state, local, or regional governmental public health department (or equivalent department or agency), or State Office of Rural Health with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income, and minority populations in the community served by the hospital facility or individuals or organizations serving or representing the interests of these populations
- Solicitation of comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy

One-on-one interviews, questionnaires, and forums were conducted in Spring 2022 as a means to gather input.

Top Health Concerns Reported Among Community Members

- Access to Primary Care
- Cancer
- Drug Abuse
- Heart Disease/Stroke

Source: McLeod Health 2022 Survey

Top Health Concerns Reported Among Health Professionals

- Obesity
- Heart Disease/Stroke
- Diabetes
- Mental Health

Source: McLeod Health 2022 Survey

Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Health Cheraw Emergency Department
October 2020 – September 2021:

- COVID-19
- Pain in Throat and Chest
- Abdominal and Pelvic Pain
- Severe Back Pain
- Other Joint Disorder

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Health Cheraw

October 2020 – September 2021:

- Sepsis
- COVID-19
- Pneumonia
- Acute Kidney Failure

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

McLeod Health Cheraw will collaborate with community partners to provide community health initiatives that are focused on areas listed below and further described within the Implementation Plan. Evidence-based practices will be instituted to address the following key areas by McLeod Health Cheraw:

- Access to Primary Care
- Diabetes
- Heart Disease and Stroke
- Lung Disease

About McLeod Health Cheraw

With a strong history in the Chesterfield community since 1958, McLeod Health Cheraw, formerly Chesterfield General Hospital, serves residents of Chesterfield and Marlboro Counties with excellence in patient care.

As part of McLeod Health, patients receive access to specialized services, improved technology, an outstanding physician network and enhanced facilities. Services available at McLeod Health Cheraw include: cardiac & vascular care, diagnostic imaging (mammography, low-dose lung cancer CT screenings, MRI, etc.), inpatient dialysis, laboratory,

cardiopulmonary & vascular rehabilitation, general surgery, orthopedic, physical therapy, nutritional services & management, respiratory therapy, stress test, hospice and palliative care.

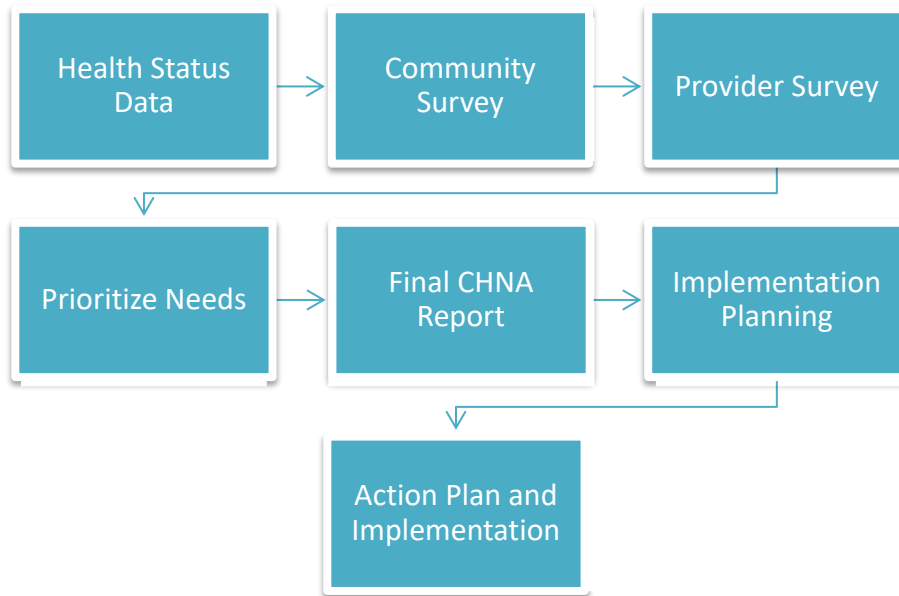
The 59-bed hospital also provides an expanded Emergency Department, an Intensive Care Unit and a Medical Surgical Unit.

OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Chesterfield County. The March 2010 passage of the Patient Protection and Affordable Care Act (ACA) introduced reporting requirements for private, not-for-profit hospitals. To meet these federal requirements, the information gathered in this assessment is used to guide the strategic planning process in addressing health disparities.

A Community Health Needs Assessment gives information to health care providers to make decisions and commit resources to areas of greatest need, making the largest impact on community health status.

This assessment incorporates data from within the community, such as individuals served and health organizations, as well as vital statistics and other existing health-related data to develop a tailored plan which targets the needs of the county. The Community Health Needs Assessment includes:



METHODS

An assessment team comprised of the McLeod Health Community Health and Communications and Public Information staff reviewed literature, data and publications from public sources. Members of the assessment team represented each of the hospital facilities within McLeod Health and were assigned to collect data that represented indicators of community health status or its socioeconomic determinants. Therefore, focus was placed on identifying locally-appropriate indicators, benchmarks, and pertinent health issues.

Pre-existing databases containing local, state and national health and behavior data were used for comparisons when possible. Sources of this data are listed at the end of this document.

Data collection was limited to the most recent publicly available resources and some primary data from qualitative and quantitative investigation. As a result, this document portrays a partial picture of the health status of the community served.

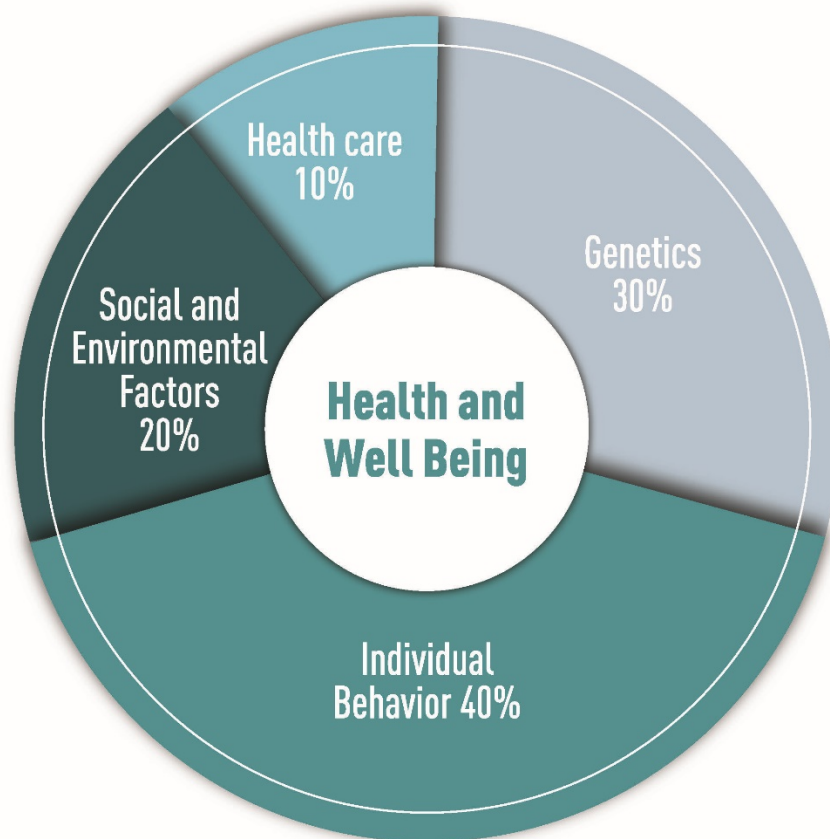
Data analysis included demographic, socioeconomic and health determinant measures. When possible, data also was analyzed according to age, gender and/or race to offer insight into health disparities that may affect specific subgroups in the community.

A summary of county data is reflected as a comparison to state and national data when available to indicate community health concerns.

HEALTH DETERMINANTS AND DISPARITIES

What are the determinants of health?

Health behaviors had the majority overall impact on future health outcomes (i.e., smoking, diet, drug & alcohol use, physical activity, other lifestyle behaviors) and account for 40% of causes for premature death. Genetic predisposition is responsible for 30%, Social and Environmental circumstances 20%, and Health Care for only 10% (i.e., access to physician and other health services) of health risk for premature death.



Source: <https://aligningforhealth.org/social-determinants-of-health/>

Individual Behavioral Determinants (40%)

Examples:

- Diet
- Physical activity
- Alcohol, cigarette, and other drug use
- Hand washing

Genetic Determinants (30%)

Examples:

- Age
- Sex
- HIV status
- Inherited conditions, such as sickle-cell anemia, hemophilia, and cystic fibrosis
- Carrying the BRCA1 or BRCA2 gene, which increases risk for breast and ovarian cancer
- Family history of heart disease, cancer, etc.

Social and Environmental Determinants (20%)

Examples of Social Determinants:

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options

- Public safety

Examples of Environmental Determinants:

- Quality of food, water, and air
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities

Health Care Determinants (10%)

Examples:

- Quality, affordability, and availability of services
- Lack of insurance coverage
- Limited language access

What are health disparities?

“Health disparity” refers to a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group. Health disparities can involve the medical care differences between groups in health insurance coverage, access to care, and quality of care. While disparities are commonly viewed through the lens of race and ethnicity, they occur across many dimensions, including socioeconomic status, age, location, gender, and disability status. Poor health status is often linked with people without health insurance, those who have poor access to care (i.e., limited transportation), lower socioeconomic status, lower education attainment, and those among racial minority groups. Beyond the provision of health care services, eliminating health disparities will necessitate behavioral, environmental, and social-level approaches to address issues such as insufficient

education, inadequate housing, exposure to violence, and limited opportunities to earn a livable wage.

Health disparities have persisted across the nation and have been documented for many decades and, despite overall improvements in population health over time, many disparities have persisted and, in some cases, widened. Moreover, economic downturns contributed to a further widening of disparities.

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher incidence of disease, disability, or at risk of experiencing worse health outcomes. Within these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs take in consideration the existing initiatives, the available resources that we are aware of, and where future improvements can be anticipated to make meaningful impact on improving community health.

What are key initiatives to reduce disparities?

In 2010, the U.S. Department of Health and Human Services (HHS) established a vision of, “a nation free of disparities in health and health care,” and set out a series of priorities, strategies, actions, and goals to achieve this vision. States, local communities, private organizations, and providers also are engaged in efforts to reduce health disparities.

Federal, state, and local agencies and programs work along with local hospitals, often in cooperation, to provide access to needed health care services. Within constraints of limited resources, each of these entities generally target populations with specific services offered within the county. This study attempts to incorporate their input into determining the priorities among health disparities and look for opportunities for collaboration.

Preventative Care

Preventative care includes medical services such as screenings, immunizations, counseling, and preventative medications intended to prevent illness or detect diseases early before symptoms develop. With early detection, diseases can be treated more effectively, reducing potential complications of disease or even death. Regular preventative care can improve individual health and the overall health of a community.

Various preventative care guidelines and recommendations are published by different professional organizations, but most health care professionals refer to the recommendations published by the United States Preventative Services Task Force (USPSTF) as a reliable, widely accepted, and evidence-based guide. The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Their recommendations are based on a rigorous review of existing peer-reviewed data. The USPSTF assigns a letter grade (A, B, C, D, or I) to each recommendation based on the strength of evidence and the balance of benefits and potential harms of the preventative service. Grade A and Grade B preventative services are recommended because the USPSTF has determined a high or moderate certainty that the net benefit is moderate or substantial.¹

USPSTF preventative care recommendations apply to people who have no signs or symptoms of a specific disease or condition. USPSTF recommendations are evidence-based guidelines that help physicians identify appropriate preventative services for certain patient populations, but preventative care should be tailored for each patient depending on individual circumstances. Determining appropriate preventative services for an individual patient requires a one-on-one discussion between the physician and patient.

A complete list of USPSTF preventive care guidelines, including A and B grade recommendations, can be found at www.uspreventiveservicestaskforce.org.

The table below highlights USPSTF Grade A and B preventative care recommendations pertaining to community health priority areas.

USPSTF Grade A and B Preventative Service Recommendations Associated with Identified Key Priority Areas

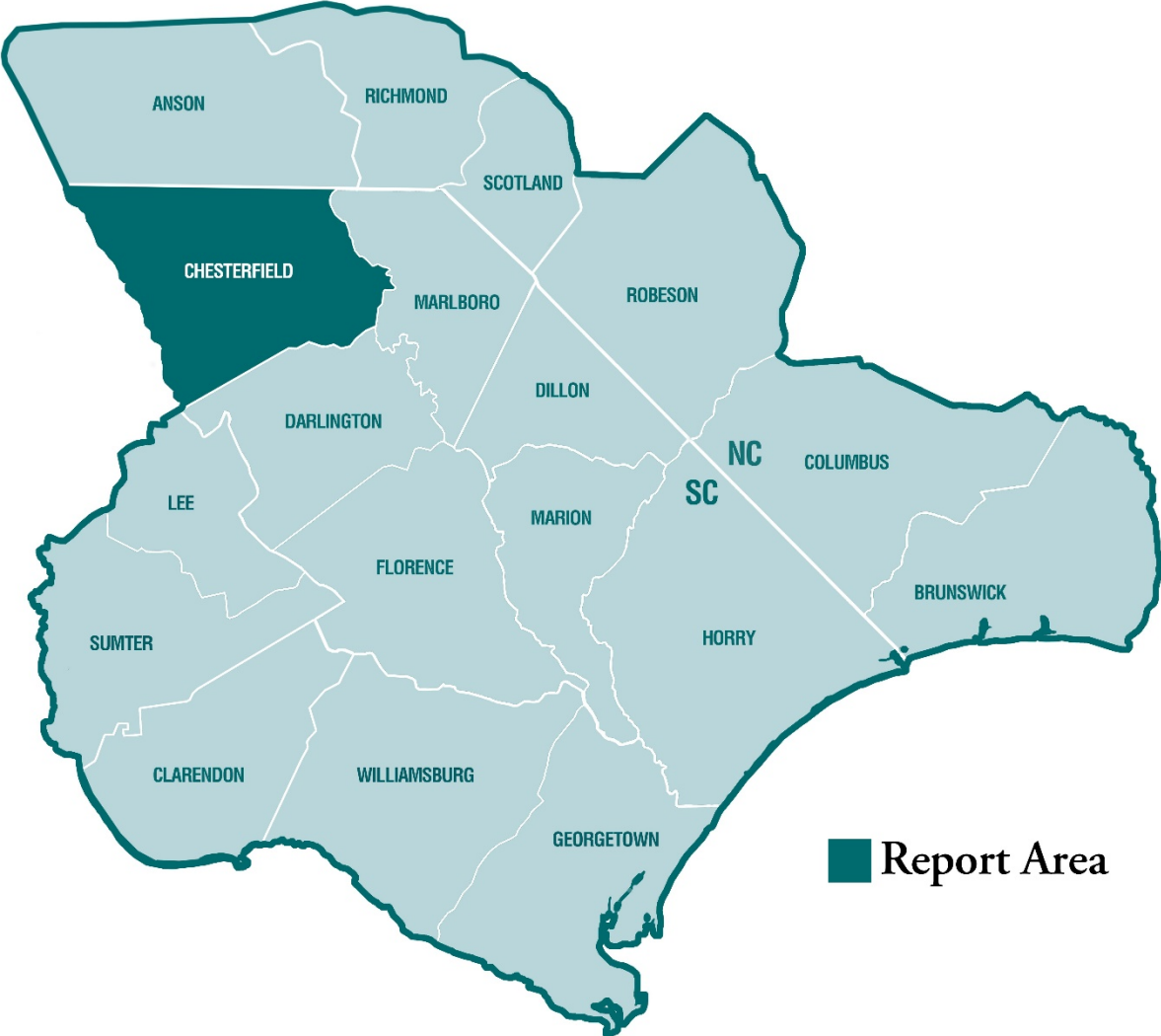
Topic	Recommendation	Grade
Blood Pressure Screening: Adults	The USPSTF recommends screening for high blood pressure in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A
Breast Cancer Screening	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B
Cervical Cancer Screening	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	A
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	A, B
Prevention of Dental Caries in	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6	B

Children Younger than 5 years: Screenings and Interventions.	<p>months for children whose water supply is deficient in fluoride.</p> <p>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children at the age of primary tooth eruption.</p>	
Diabetes Screening	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.	B
Lung Cancer Screening	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.</p> <p>Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	B
Obesity Screening and Counseling: Adults	The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	B
Obesity Screening: Children and Adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or	B

	refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	
Skin Cancer Behavioral Counseling	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.	B
Tobacco Use Counseling and Interventions: Non-Pregnant Adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.	A
Tobacco Use Counseling: Pregnant Women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A
Tobacco Use Interventions: Children and Adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	B

Source: https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

COMMUNITY DEFINED FOR THIS ASSESSMENT



The community was defined based on the geographic origins of McLeod Health Cheraw inpatient and outpatient hospital data. The study area for this assessment is defined as Chesterfield County which represents the majority of patients served, to include the zip codes shown in Table 1.

Table 1. McLeod Cheraw Primary Service Area ZIP Codes

ZIP Code	City	County
29512	Bennettsville	Marlboro
29520	Cheraw	Chesterfield
29570	McColl	Marlboro
29584	Patrick	Chesterfield
29596	Wallace	Marlboro
29709	Chesterfield	Chesterfield
29727	Mount Croghan	Chesterfield
29741	Ruby	Chesterfield

Demographics

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

The following information represents indicators of health status. The gauge displays, where available, compare local data to state and national data. A green needle on the gauge indicates the county is performing above the state and national data. A red needle indicates the county is performing below the state and national data.

Total Population

A total of 45,833 people live in the 798.99 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2016-20 5-year estimates.

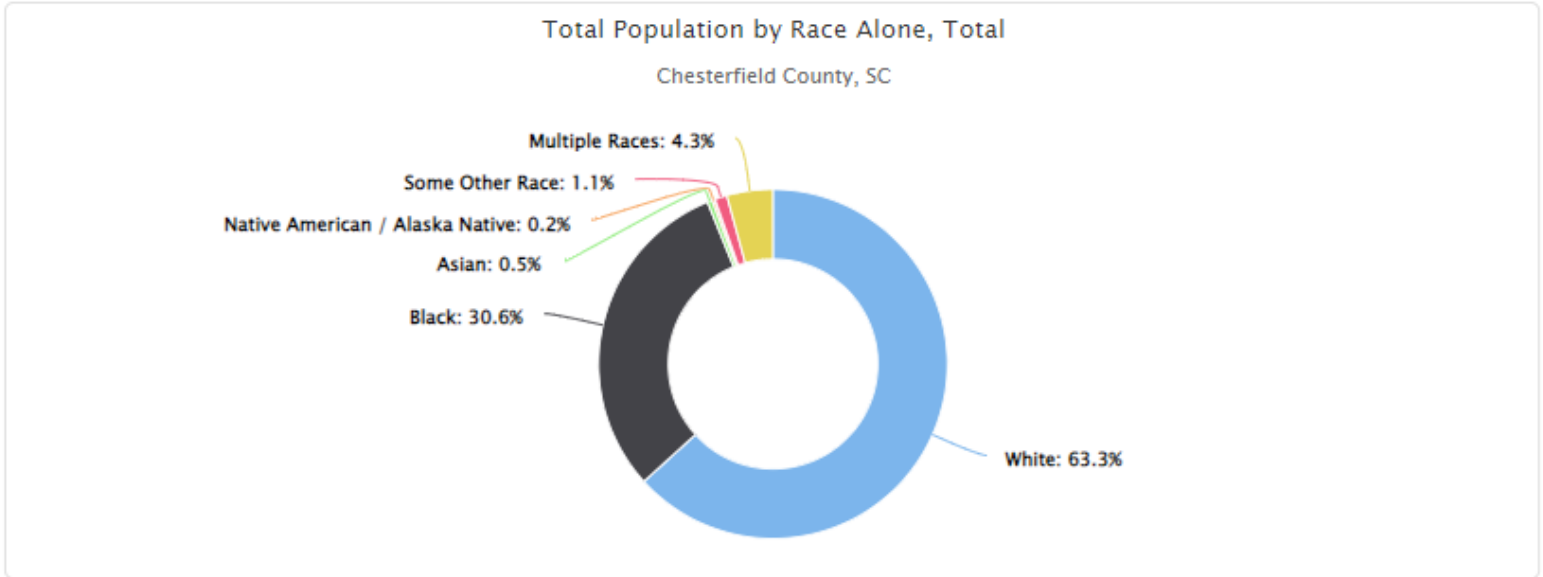
The population density for this area, estimated at 57 persons per square mile, is less than the national average population density of 92 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Chesterfield County, SC	45,833	798.99	57
South Carolina	5,091,517	30,064.28	169
United States	326,569,308	3,533,038.14	92

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract → Show more details

Total Population by Race Alone, Total

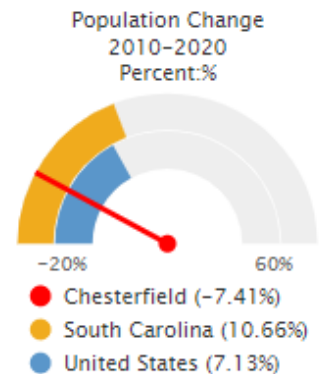
Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Chesterfield County, SC	28,994	14,035	207	107	25	515	1,950
South Carolina	3,386,329	1,346,560	83,573	16,951	3,633	102,760	151,711
United States	229,960,813	41,227,384	18,421,637	2,688,614	611,404	16,783,914	16,875,542



Total Population Change, 2010 - 2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area fell by -3,461 persons, a change of -7.41%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Chesterfield County, SC	46,734	43,273	-3,461	-7.41%
South Carolina	4,625,378	5,118,425	493,047	10.66%
United States	312,471,161	334,735,155	22,263,994	7.13%



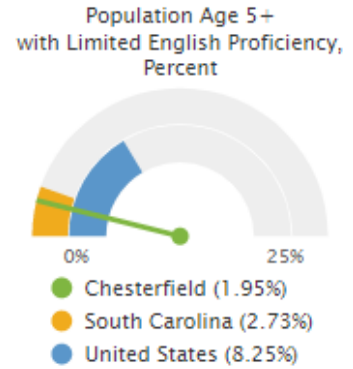
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract → Show more details

Population with Limited English Proficiency

This indicator reports the percentage of the population age 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 43,217 total population age 5 and older in the report area, 841 or 1.95% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Chesterfield County, SC	43,217	841	1.95%
South Carolina	4,799,866	131,097	2.73%
United States	306,919,116	25,312,024	8.25%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

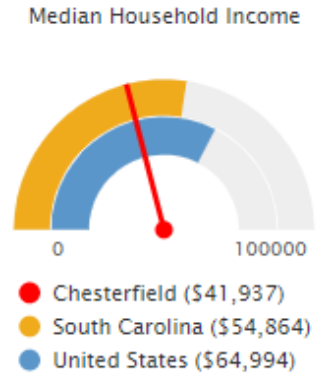
Income & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 18,213 households in the report area, with an average income of \$55,463 and median income of \$41,937.

Report Area	Total Households	Average Household Income	Median Household Income
Chesterfield County, SC	18,213	\$55,463	\$41,937
South Carolina	1,961,481	\$76,390	\$54,864
United States	122,354,219	\$91,547	\$64,994



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

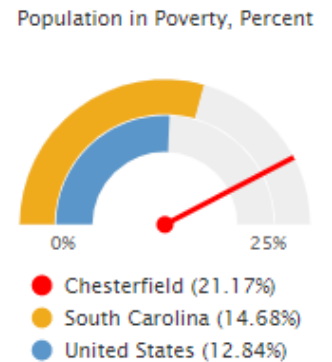
Poverty - Population Below 100% FPL

Poverty is considered a *key driver* of health status.

Within the report area 21.17% or 9,582 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Note: The total population measurements for poverty reports are lower, as poverty data collection does not include people in group quarters. See Methodology for more details.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Chesterfield County, SC	45,267	9,582	21.17%
South Carolina	4,950,181	726,470	14.68%
United States	318,564,128	40,910,326	12.84%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

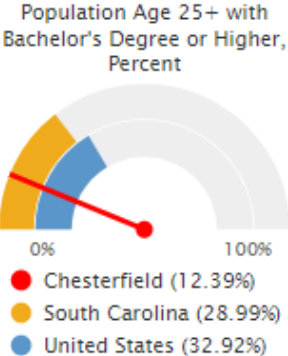
Education

This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

Attainment - Bachelor's Degree or Higher

12.39% of the population aged 25 and older, or 3,953 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Chesterfield County, SC	31,901	3,953	12.39%
South Carolina	3,512,626	1,018,306	28.99%
United States	222,836,834	73,356,319	32.92%



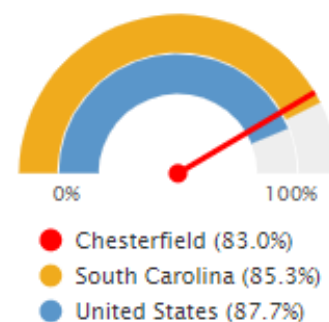
Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year and adjust this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 83.0% during the most recently reported school year. Students in the report area performed worse than the state, which had an ACGR of 85.3%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Chesterfield County, SC	553	459	83.0%
South Carolina	51,752	44,154	85.3%
United States	3,095,240	2,715,610	87.7%

Adjusted Cohort Graduation Rate



Note: This indicator is compared to the state average.

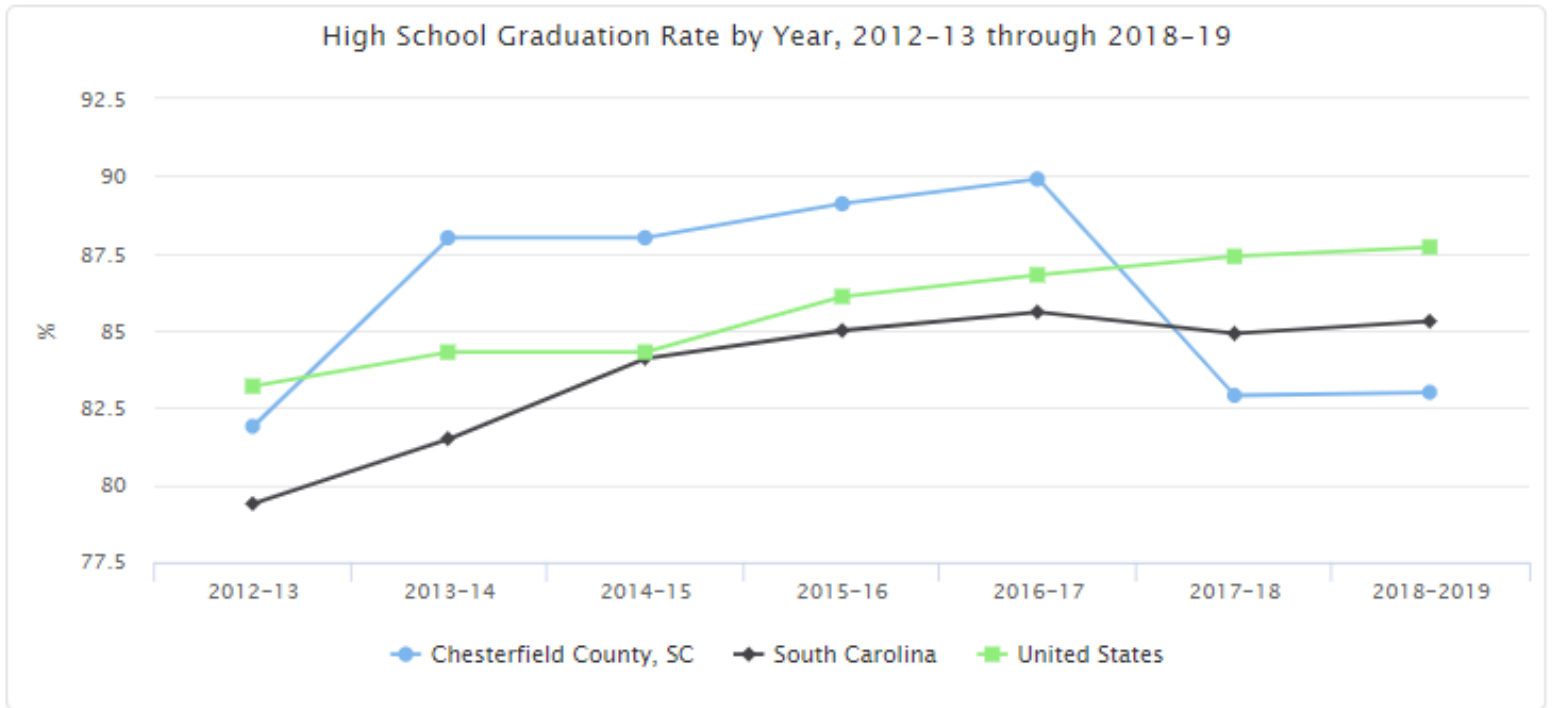
Data Source: US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District → [Show more details](#)

High School Graduation Rate by Year, 2012-13 through 2018-19

The table below shows local, state, and national trends in cohort graduation rates.

Note: Data for some states are omitted each year when they fail to meet federal reporting standards or deadlines. Use caution when comparing national trends as the "universe" population may differ over time.

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-2019
Chesterfield County, SC	81.9%	88.0%	88.0%	89.1%	89.9%	82.9%	83.0%
South Carolina	79.4%	81.5%	84.1%	85.0%	85.6%	84.9%	85.3%
United States	83.2%	84.3%	84.3%	86.1%	86.8%	87.4%	87.7%



Other Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

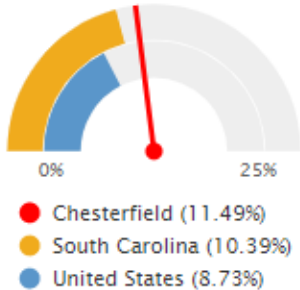
Insurance - Uninsured Population (ACS)

The lack of health insurance is considered a *key driver* of health status.

In the report area 11.49% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 10.39%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Chesterfield County, SC	45,466	5,226	11.49%
South Carolina	4,990,992	518,723	10.39%
United States	321,525,041	28,058,903	8.73%

Uninsured Population, Percent



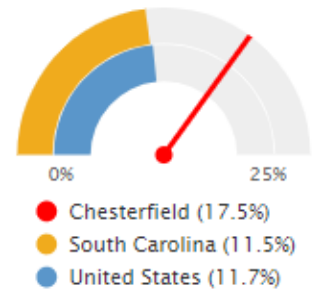
*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details*

SNAP Benefits - Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Chesterfield County, SC	45,650.00	7,988	17.5%
South Carolina	5,148,714.00	589,451	11.5%
United States	328,239,523.00	38,537,386	11.7%

Percentage of Total Population Receiving SNAP Benefits



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2019. Source geography: County → [Show more details](#)

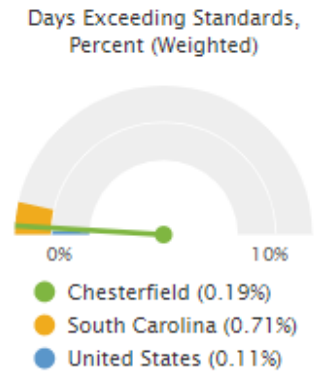
Physical Environment

A community’s health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Air & Water Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population (2020)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Chesterfield County, SC	43,273	8.16	0	0.00	0.19%
South Carolina	5,118,425	8.83	2	0.55	0.71%
United States	329,148,493	8.26	0	0.00	0.11%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network.

2016. Source geography: Tract → Show more details

Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 9,589 living in food deserts and a total of 2 census tracts classified as food deserts by the USDA.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Chesterfield County, SC	46,734	2	8	9,589	28,180
South Carolina	4,625,364	218	873	872,233	1,131,575
United States	308,745,538	9,293	63,238	39,074,974	81,328,997

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography: Tract → Show more details

Food Environment - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 7 grocery establishments in the report area, a rate of 16.18 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry.

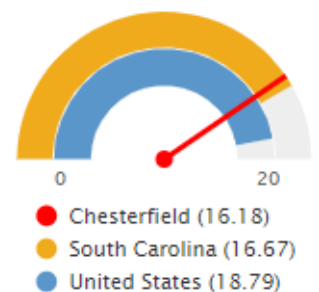
Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Chesterfield County, SC	43,273	7	16.18
South Carolina	5,118,425	853	16.67
United States	331,449,275	62,268	18.79

Note: This indicator is compared to the state average.

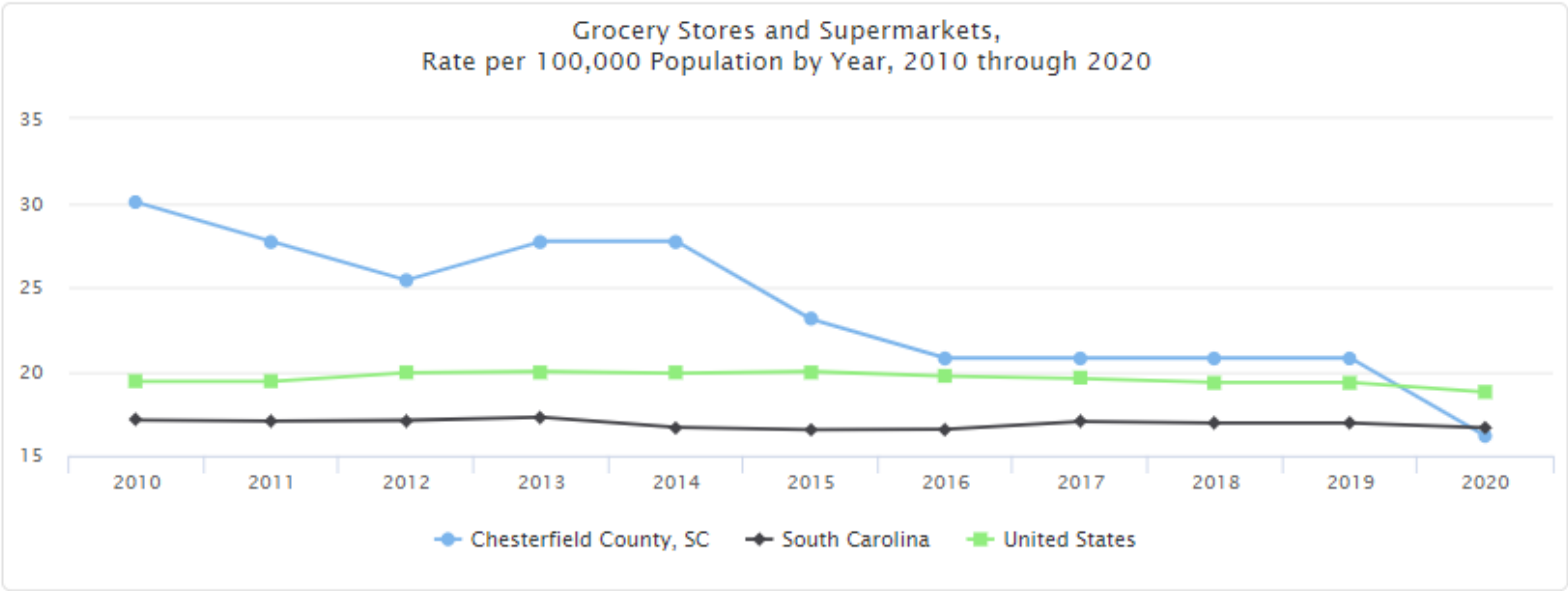
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County → [Show more details](#)

Grocery Stores, Rate per 100,000 Population



Grocery Stores and Supermarkets,
Rate per 100,000 Population by Year, 2010 through 2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Chesterfield County, SC	30.04	27.73	25.42	27.73	27.73	23.11	20.8	20.8	20.8	20.8	16.18
South Carolina	17.13	17.06	17.11	17.29	16.7	16.55	16.57	17.04	16.94	16.94	16.67
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79

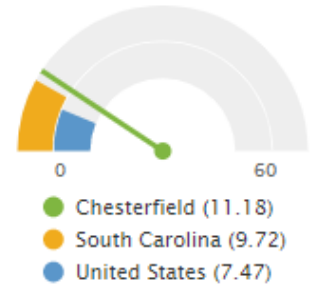


Food Environment - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. The report area contains a total of 51 SNAP-authorized retailers with a rate of 11.18.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Chesterfield County, SC	45,606	51	11.18
South Carolina	5,217,820	5,070	9.72
United States	332,898,996	248,526	7.47

SNAP-Authorized Retailers, Rate (Per 10,000 Population)



Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2021. Source geography: Tract → [Show more details](#)

Clinical Care and Prevention

A lack of access to care presents barriers to good health. Supply of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations.

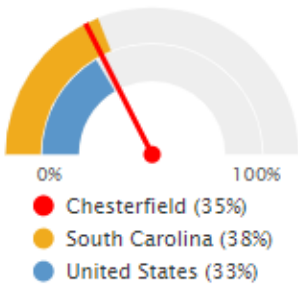
Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Cancer Screening - Mammogram (Medicare)

This indicator reports the percentage of female Medicare beneficiaries age 35 and older who had a mammogram in the most recent reporting year. The American Cancer Society recommends that women age 45 to 54 should get a mammogram every year, and women age 55 and older should get a mammogram every other year. In the latest reporting period there were 9,518 Medicare beneficiaries in the report area, and 35% of female beneficiaries age 35 or older had a mammogram in the past year. The rate in the report area was lower than the state rate of 38% during the same time period.

Report Area	Medicare Beneficiaries	Female Beneficiaries with Recent Mammogram, Percent
Chesterfield County, SC	9,518	35%
South Carolina	1,036,396	38%
United States	57,235,207	33%

Percentage of Female Medicare Beneficiaries Age 35+ with Recent Mammogram

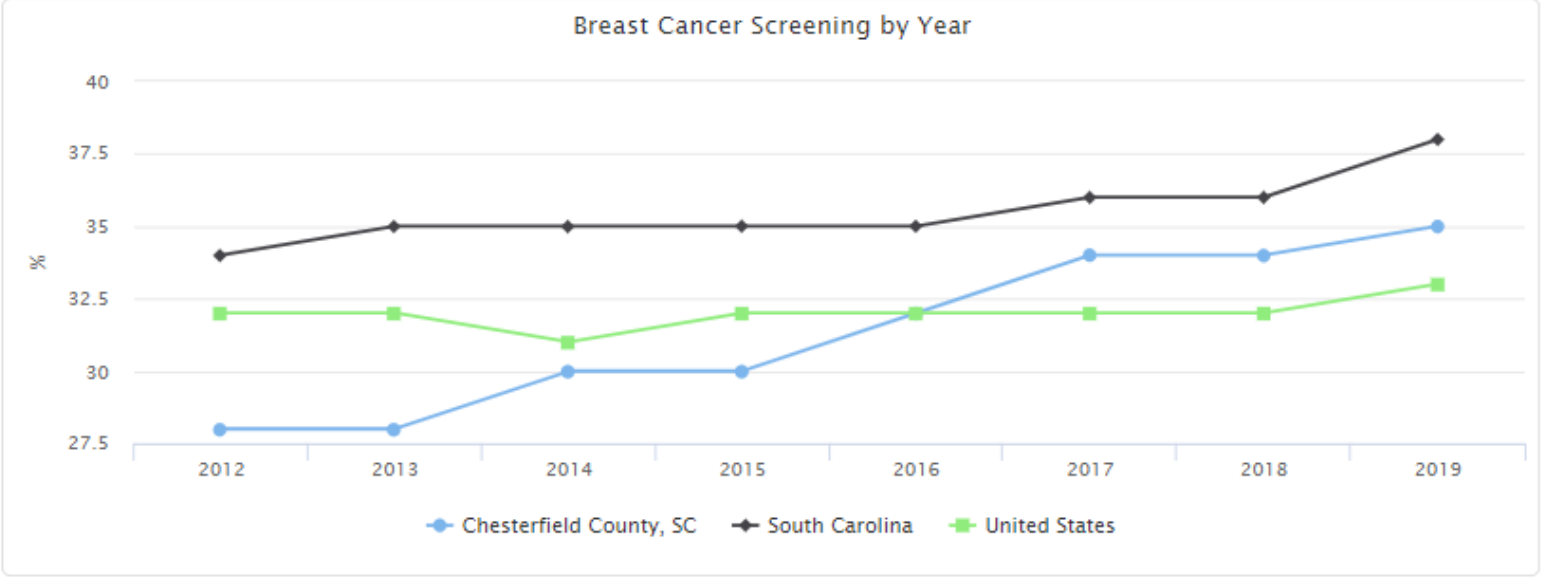


Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County → Show more details

Breast Cancer Screening by Year

The table and chart below display local, state, and national trends in annual breast exam rates among female Medicare beneficiaries age 35 and older.

Report Area	2012	2013	2014	2015	2016	2017	2018	2019
Chesterfield County, SC	28%	28%	30%	30%	32%	34%	34%	35%
South Carolina	34%	35%	35%	35%	35%	36%	36%	38%
United States	32%	32%	31%	32%	32%	32%	32%	33%

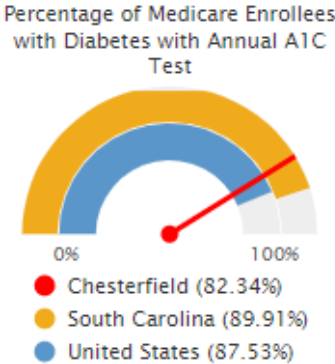


Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

As of year 2019, 732 or 82.34% Medicare enrollees with diabetes have had an annual exam out of 889 Medicare enrollees with diabetes in the report area.

Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Chesterfield County, SC	889	732	82.34%
South Carolina	81,784	73,529	89.91%
United States	6,792,740	5,945,988	87.53%



Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.

Source geography: County → Show more details

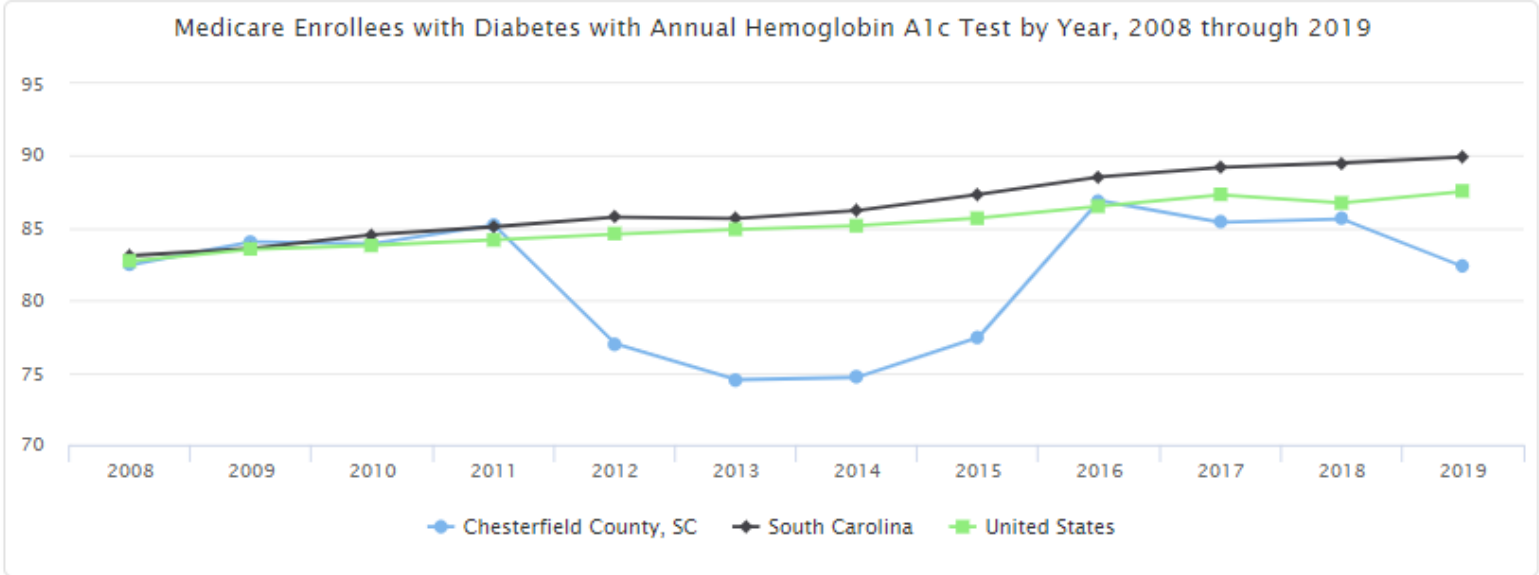
Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019

This indicator reports the percentage of Medicare enrollees with diabetes who have annual Hemoglobin A1c Test from 2008 to 2019.

Note: The Dartmouth Atlas Data team has noted substantial decreases in hemoglobin A1c

testing in several HRRs in Montana and North Dakota between 2017 and 2018. A conclusive explanation cannot be established thus far for these changes, especially in smaller rural areas; caution should be used in interpreting longitudinal data for the measure.

Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chesterfield County, SC	82.45	84.07	83.93	85.21	77.01	74.51	74.67	77.45	86.92	85.41	85.64	82.34
South Carolina	83.09	83.61	84.54	85.09	85.75	85.67	86.23	87.32	88.55	89.19	89.51	89.91
United States	82.71	83.52	83.81	84.18	84.57	84.92	85.16	85.69	86.51	87.31	86.73	87.53



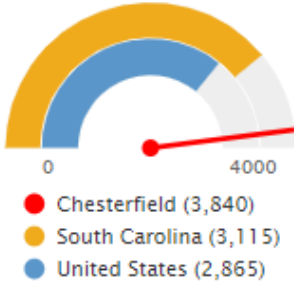
Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000

beneficiaries. In the latest reporting period, there were 9,518 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,840. The rate in the report area was higher than the state rate of 3,115 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Chesterfield County, SC	9,518	3,840
South Carolina	1,036,396	3,115
United States	57,235,207	2,865

Preventable Hospital Events, Rate per 100,000 Beneficiaries

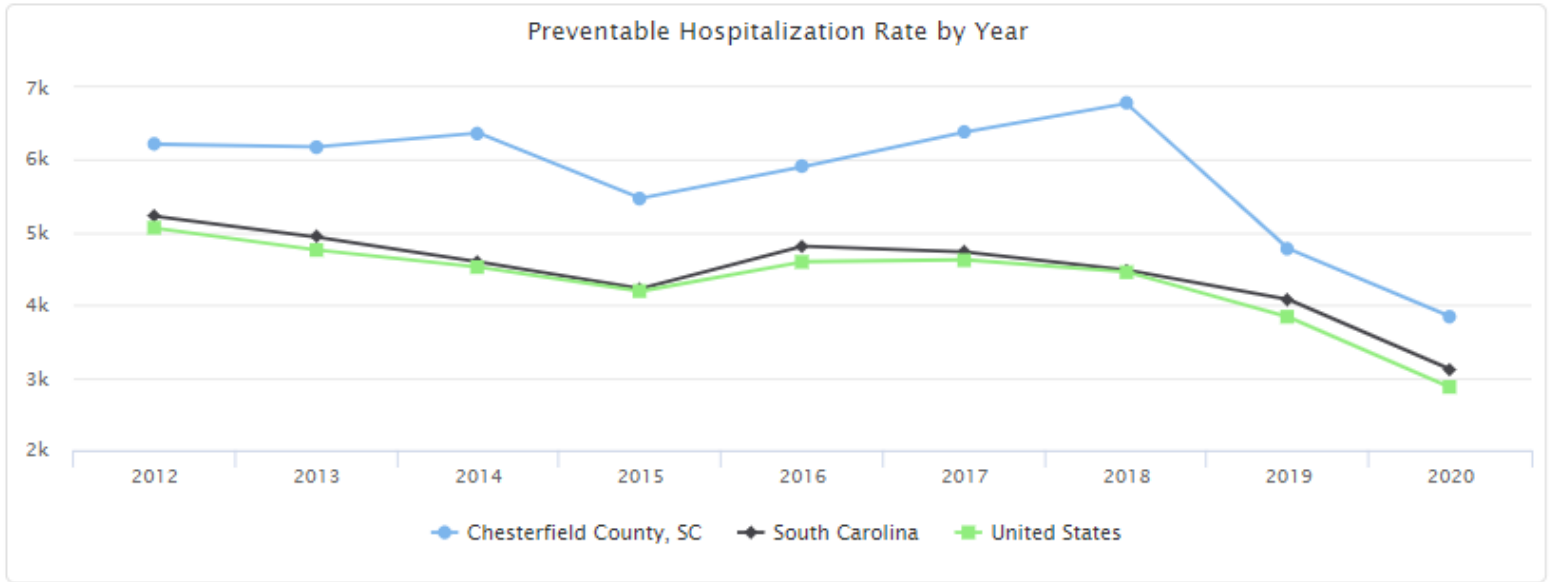


Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County → Show more details

Preventable Hospitalization Rate by Year

The table and chart below display local, state, and national trends in preventable hospitalization rates among Medicare beneficiaries.

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Chesterfield County, SC	6,217	6,183	6,369	5,475	5,908	6,383	6,776	4,776	3,840
South Carolina	5,224	4,938	4,595	4,226	4,813	4,731	4,484	4,079	3,115
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,836	2,865



Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol - Heavy Alcohol Consumption

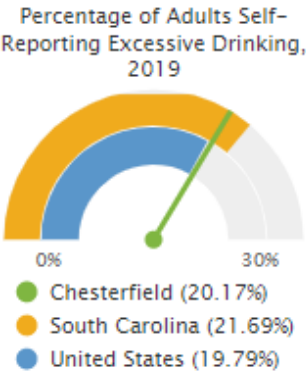
In the report area, 7,181, or 20.17% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 21.69%. Data for this indicator were based on survey responses to the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2022 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.

Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide.

There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Chesterfield County, SC	35,607	7,181	20.17%
South Carolina	4,067,484	882,135	21.69%
United States	255,778,123	50,612,058	19.79%



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2019. Source geography: County → Show more details

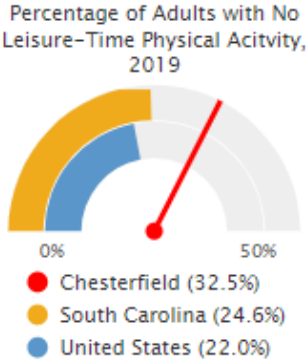
Physical Inactivity

Within the report area, 11,779 or 32.5% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf,

gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Chesterfield County, SC	34,644	11,779	32.5%
South Carolina	3,900,219	989,777	24.6%
United States	239,878,217	54,200,862	22.0%

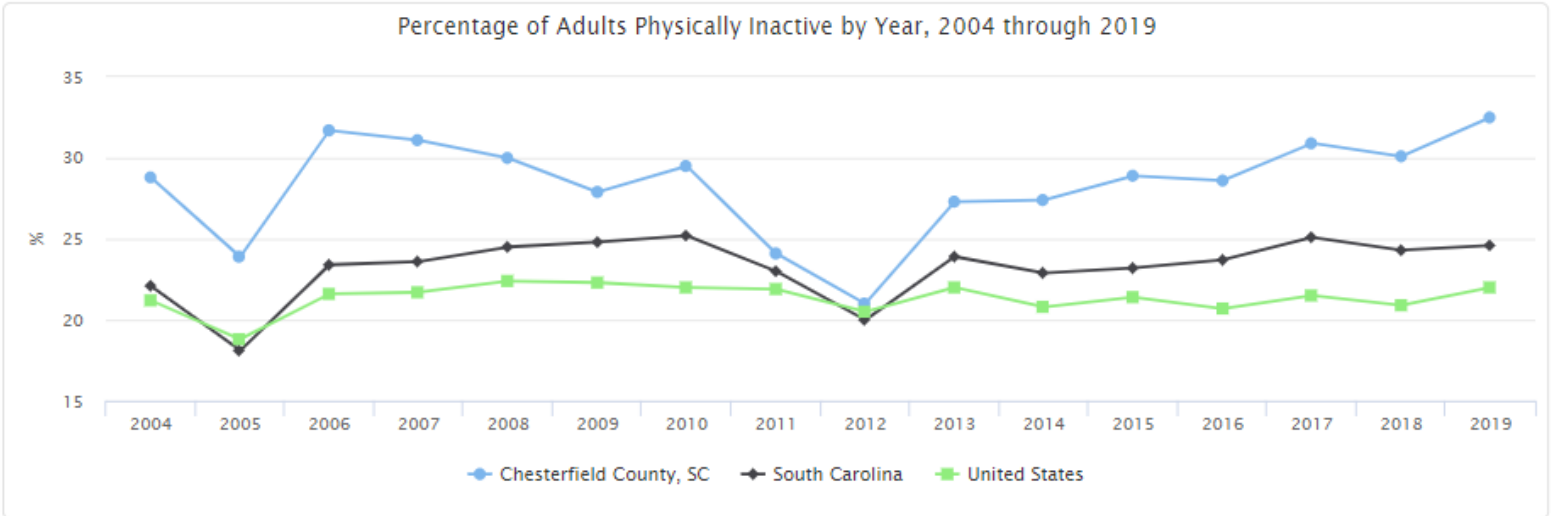


*Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County → Show more details*

Percentage of Adults Physically Inactive by Year, 2004 through 2019

The table below displays trends in the percentage of adults reporting no leisure-time physical activity for years 2004 through 2019.

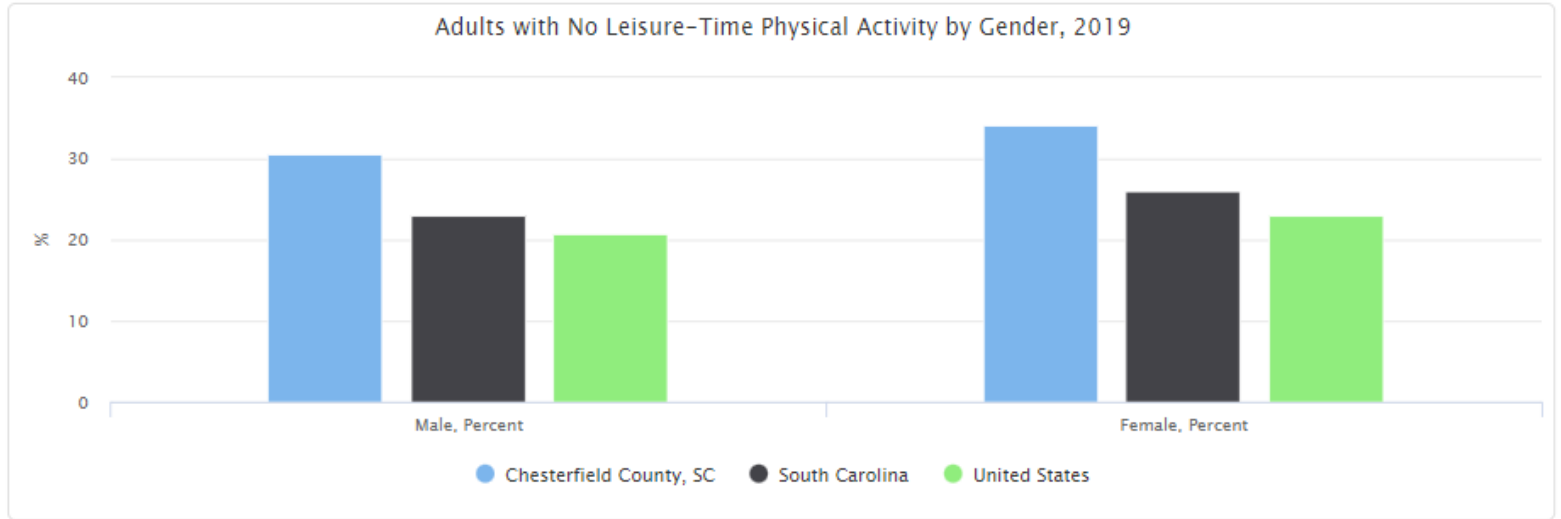
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chesterfield County, SC	28.8%	23.9%	31.7%	31.1%	30.0%	27.9%	29.5%	24.1%	21.0%	27.3%	27.4%	28.9%	28.6%	30.9%	30.1%	32.5%
South Carolina	22.1%	18.1%	23.4%	23.6%	24.5%	24.8%	25.2%	23.0%	20.0%	23.9%	22.9%	23.2%	23.7%	25.1%	24.3%	24.6%
United States	21.2%	18.8%	21.6%	21.7%	22.4%	22.3%	22.0%	21.9%	20.5%	22.0%	20.8%	21.4%	20.7%	21.5%	20.9%	22.0%



Adults with No Leisure-Time Physical Activity by Gender, 2019

The table below displays national, state, and local variation in the percentage of adults reporting no leisure-time physical activity by gender.

Report Area	Male	Male, Percent	Female	Female, Percent
Chesterfield County, SC	5,299	30.6%	6,480	34.2%
South Carolina	436,175	23.0%	553,598	26.1%
United States	24,675,186	20.8%	29,525,666	23.1%

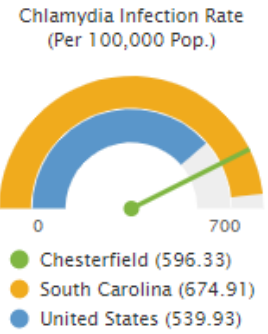


STI - Chlamydia Incidence

This indicator reports the number of chlamydia cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. This data is delivered to and analyzed by the CDC as part of the nationally notifiable STD surveillance system.

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
Chesterfield County, SC	45,948	274	596.33
South Carolina	5,024,369	33,910	674.91
United States	325,719,178	1,758,668	539.93



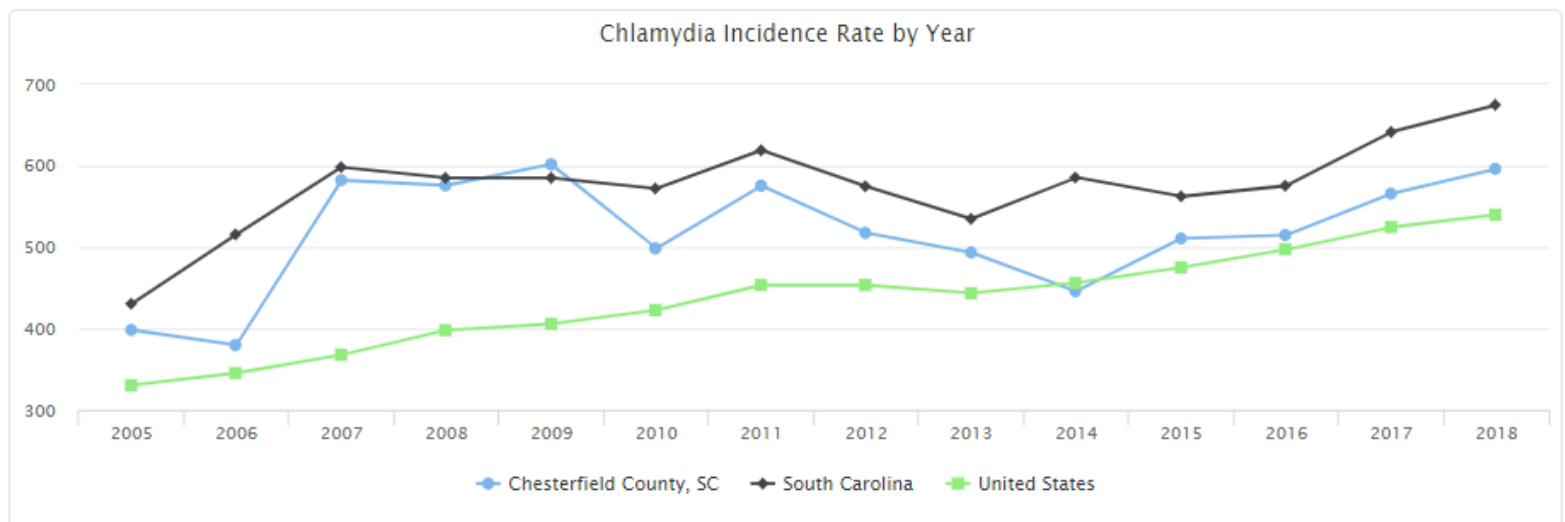
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County → Show more details

Chlamydia Incidence Rate by Year

The table below displays trends in the rate of diagnosed chlamydia cases for years 2005 through 2018. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Chesterfield County, SC	398.3	379.7	582.3	576.0	601.8	498.6	575.6	517.6	493.5	445.9	510.7	515.0	565.9	596.3
South Carolina	430.4	515.7	598.4	585.2	585.3	572.1	619.1	574.8	534.8	585.5	562.4	575.5	641.6	674.9
United States	330.3	345.4	367.7	398.0	405.7	422.8	453.4	453.4	443.5	456.1	475.0	497.3	524.6	539.9



STI - Gonorrhea Incidence

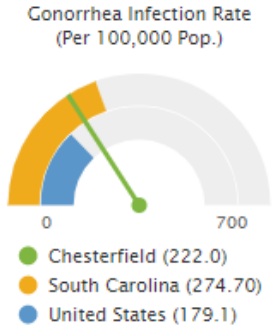
This indicator reports the number of gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. This data is delivered to and analyzed by the CDC as part of the nationally notifiable STD surveillance system.

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections, Rate per 100,000 Pop.
Chesterfield County, SC	45,948	102	222.0
South Carolina	5,024,369	13,801	274.70
United States	325,719,178	583,405	179.1

Note: This indicator is compared to the state average.

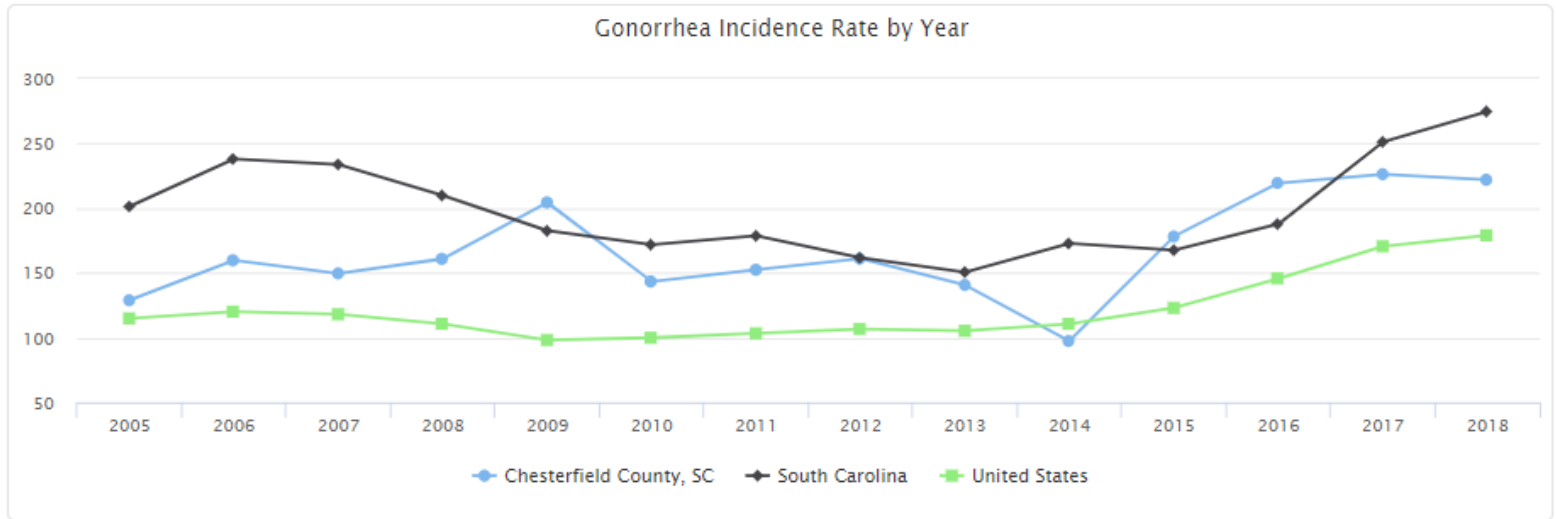
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County → Show more details



Gonorrhea Incidence Rate by Year

The table below displays trends in the rate of diagnosed gonorrhea cases for years 2005 through 2018. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Chesterfield County, SC	128.9	159.8	149.7	160.9	204.5	143.4	152.5	161.1	140.7	97.4	178.2	219.5	226.3	222.0
South Carolina	201.4	238.1	233.8	209.9	182.6	171.9	178.7	161.7	150.7	172.8	167.6	187.8	251.2	274.7
United States	114.9	120.1	118.1	110.7	98.2	100.0	103.3	106.7	105.3	110.7	123.0	145.8	170.6	179.1

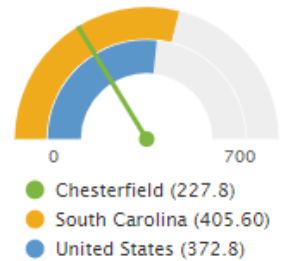


STI - HIV Prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Pop.
Chesterfield County, SC	38,638	88	227.8
South Carolina	4,291,438	17,405	405.60
United States	274,605,948	1,023,832	372.8

Population with HIV / AIDS, Rate per 100,000 Pop.



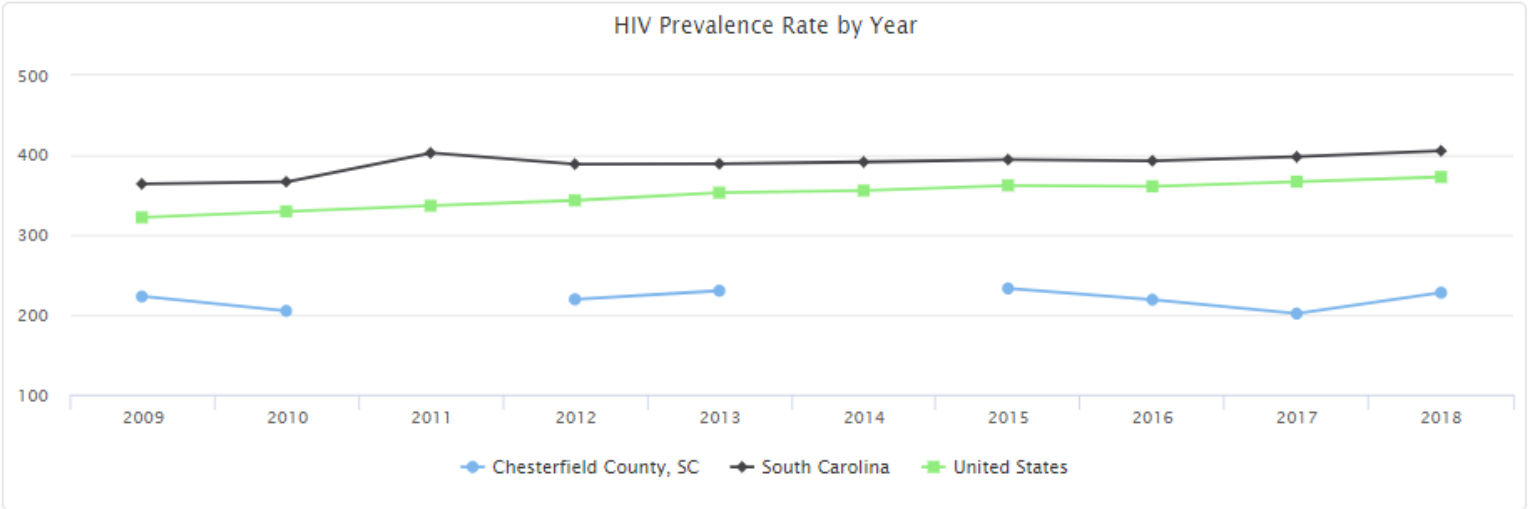
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County → Show more details

HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2018. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Chesterfield County, SC	223.0	205.0	No data	219.5	230.3	No data	233.1	219.1	201.6	227.8
South Carolina	364.2	366.8	402.9	389.0	389.3	391.7	394.6	393.1	398.1	405.6
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8



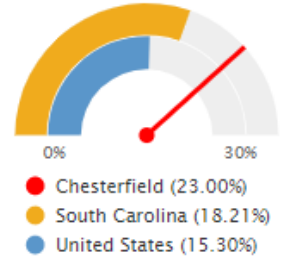
Tobacco Usage - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 23.00% of adults who have smoked or currently smoke out of the total population.

Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Chesterfield County, SC	45,650	23.00%	23.80%
South Carolina	5,148,714	18.21%	18.87%
United States	328,239,523	15.30%	15.70%

Percentage of Adults who are Current Smokers



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.

2019. Source geography: Tract → Show more details

Health Outcomes

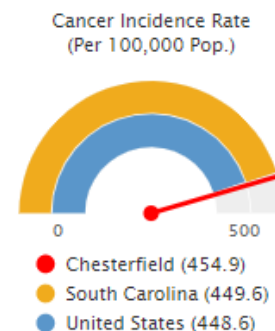
Measuring morbidity and mortality rates allows linkages to be assessed between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 275 new cases of cancer reported. This means there is a rate of 454.9 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chesterfield County, SC	60,452	275	454.9
South Carolina	6,193,505	27,846	449.6
United States	379,681,007	1,703,249	448.6



Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles. 2014-18. Source geography: County → Show more details

Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chesterfield County, South Carolina	1 - Lung & Bronchus (All Stages^), 2014-2018	48	74.5
Chesterfield County, South Carolina	2 - Breast (All Stages^), 2014-2018	39	129.1
Chesterfield County, South Carolina	3 - Prostate (All Stages^), 2014-2018	34	113.1
Chesterfield County, South Carolina	4 - Colon & Rectum (All Stages^), 2014-2018	26	42.5
Chesterfield County, South Carolina	5 - Kidney & Renal Pelvis (All Stages^), 2014-2018	11	18.1
South Carolina	1 - Breast (All Stages^), 2014-2018	4,180	129.9
South Carolina	2 - Lung & Bronchus (All Stages^), 2014-2018	4,066	62.8
South Carolina	3 - Prostate (All Stages^), 2014-2018	3,532	113
South Carolina	4 - Colon & Rectum (All Stages^), 2014-2018	2,275	37.6
South Carolina	5 - Melanoma of the Skin (All Stages^), 2014-2018	1,405	23.6

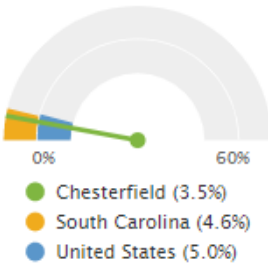
Chronic Conditions - Asthma (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with asthma. Data is based upon Medicare administrative enrollment and claims data for

Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 247 beneficiaries with asthma based on administrative claims data in the latest report year. This represents 3.5% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Chesterfield County, SC	7,003	247	3.5%
South Carolina	697,121	32,233	4.6%
United States	33,499,472	1,665,694	5.0%

Percentage of Medicare Beneficiaries with Asthma



Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

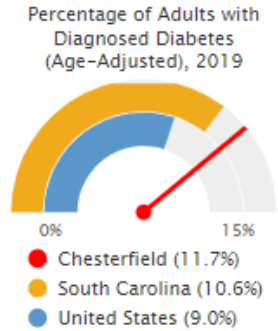
Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, 4,946 of adults age 20 and older have diabetes. This represents 11.7% of the total survey population.

Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Chesterfield County, SC	34,587	4,946	11.7%
South Carolina	3,902,982	482,787	10.6%
United States	239,919,249	24,189,620	9.0%



Note: This indicator is compared to the state average.

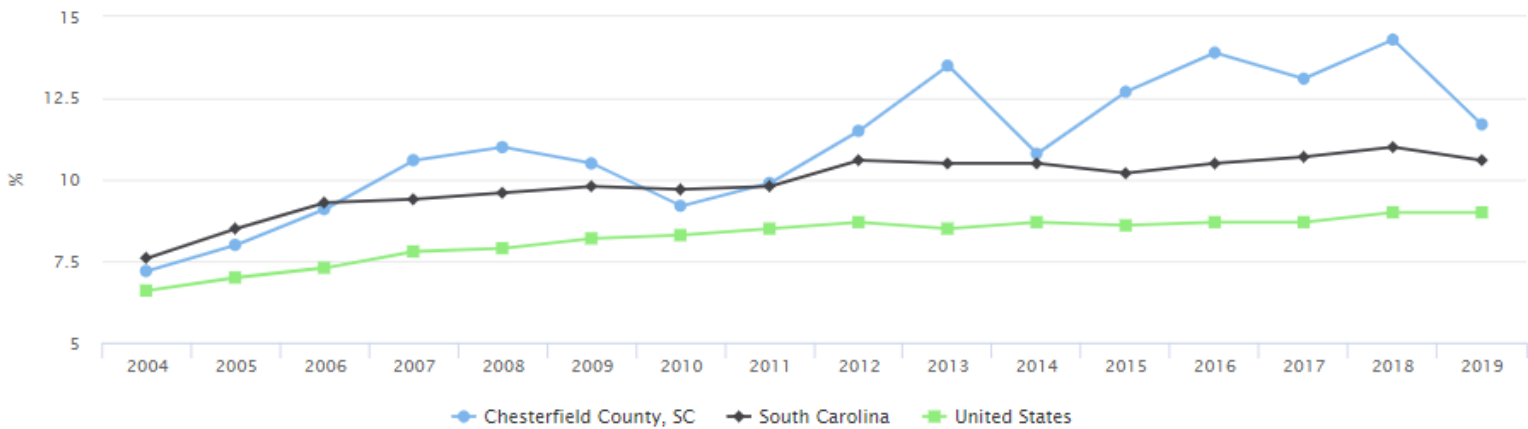
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County → Show more details

Adults with Diagnosed Diabetes by Year, 2004 through 2019

The table below displays the percentage of adults with diabetes over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chesterfield County, SC	7.2%	8.0%	9.1%	10.6%	11.0%	10.5%	9.2%	9.9%	11.5%	13.5%	10.8%	12.7%	13.9%	13.1%	14.3%	11.7%
South Carolina	7.6%	8.5%	9.3%	9.4%	9.6%	9.8%	9.7%	9.8%	10.6%	10.5%	10.5%	10.2%	10.5%	10.7%	11.0%	10.6%
United States	6.6%	7.0%	7.3%	7.8%	7.9%	8.2%	8.3%	8.5%	8.7%	8.5%	8.7%	8.6%	8.7%	8.7%	9.0%	9.0%

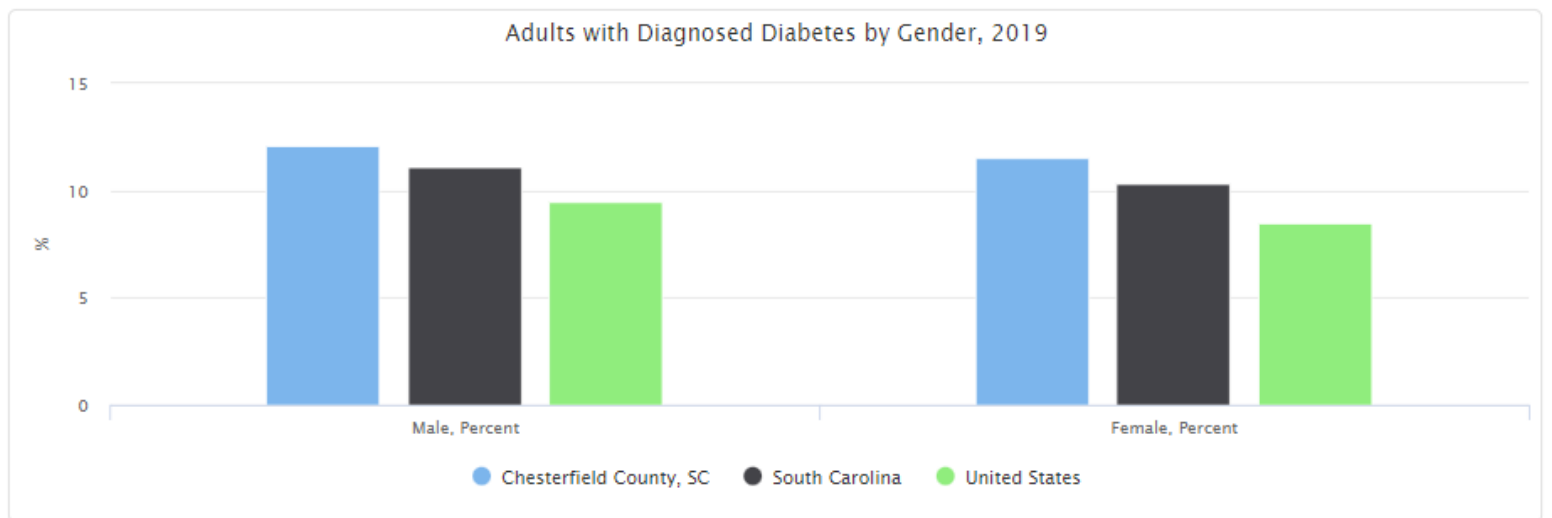
Adults with Diagnosed Diabetes by Year, 2004 through 2019



Adults with Diagnosed Diabetes by Gender, 2019

The table below displays national, state, and local variation in the prevalence of diabetes among the adult population by gender.

Report Area	Male	Male, Percent	Female	Female, Percent
Chesterfield County, SC	2,409	12.1%	2,537	11.5%
South Carolina	235,610	11.1%	247,172	10.3%
United States	12,120,715	9.5%	12,068,861	8.5%



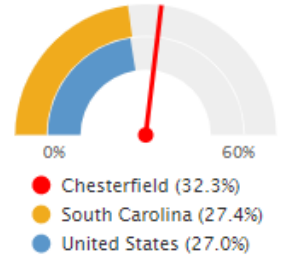
Chronic Conditions - Diabetes (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with diabetes. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 2,264 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 32.3% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Chesterfield County, SC	7,003	2,264	32.3%
South Carolina	697,121	190,823	27.4%
United States	33,499,472	9,029,582	27.0%

Percentage of Medicare Beneficiaries with Diabetes



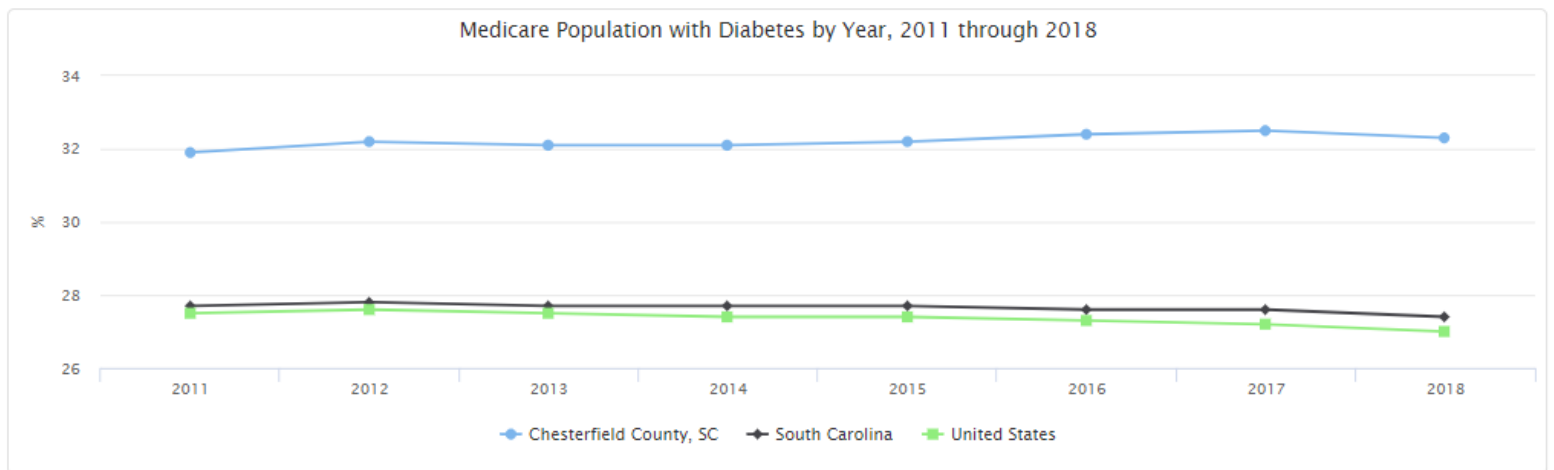
Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

Medicare Population with Diabetes by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with diabetes over time.

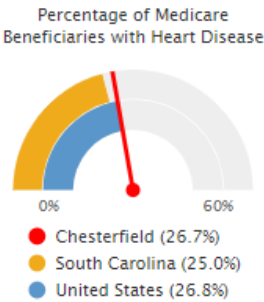
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chesterfield County, SC	31.9%	32.2%	32.1%	32.1%	32.2%	32.4%	32.5%	32.3%
South Carolina	27.7%	27.8%	27.7%	27.7%	27.7%	27.6%	27.6%	27.4%
United States	27.5%	27.6%	27.5%	27.4%	27.4%	27.3%	27.2%	27.0%



Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 1,871 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 26.7% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Chesterfield County, SC	7,003	1,871	26.7%
South Carolina	697,121	173,995	25.0%
United States	33,499,472	8,979,902	26.8%

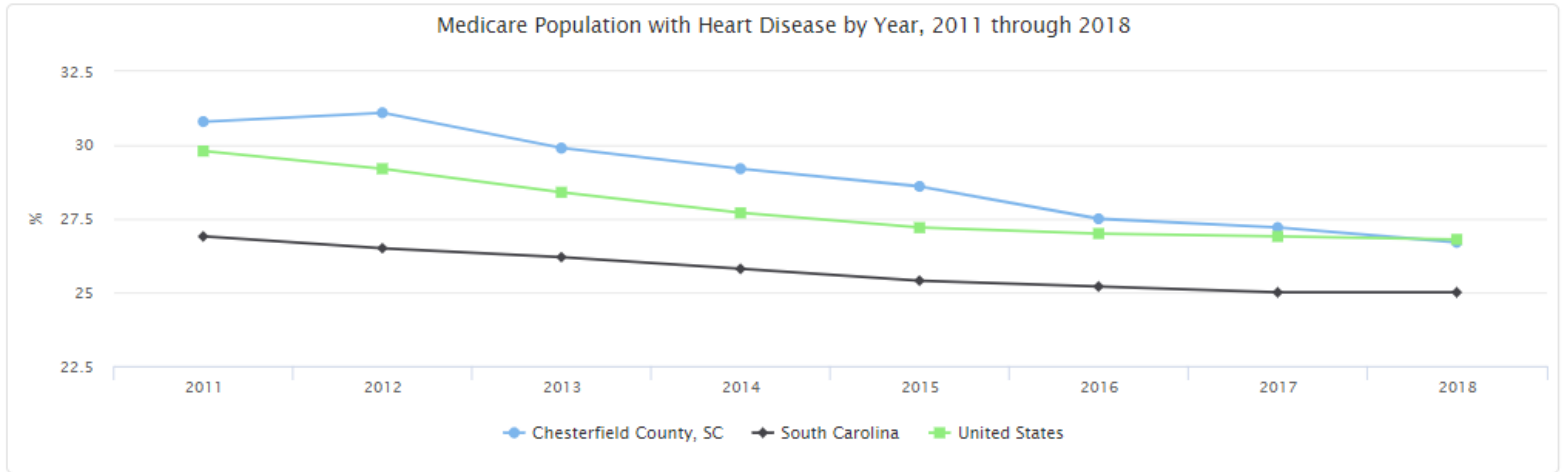


Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

Medicare Population with Heart Disease by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with heart disease over time.

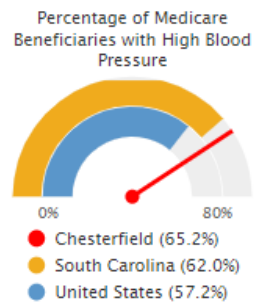
Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chesterfield County, SC	30.8%	31.1%	29.9%	29.2%	28.6%	27.5%	27.2%	26.7%
South Carolina	26.9%	26.5%	26.2%	25.8%	25.4%	25.2%	25.0%	25.0%
United States	29.8%	29.2%	28.4%	27.7%	27.2%	27.0%	26.9%	26.8%



Chronic Conditions - High Blood Pressure (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 4,564 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 65.2% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
Chesterfield County, SC	7,003	4,564	65.2%
South Carolina	697,121	431,939	62.0%
United States	33,499,472	19,162,770	57.2%



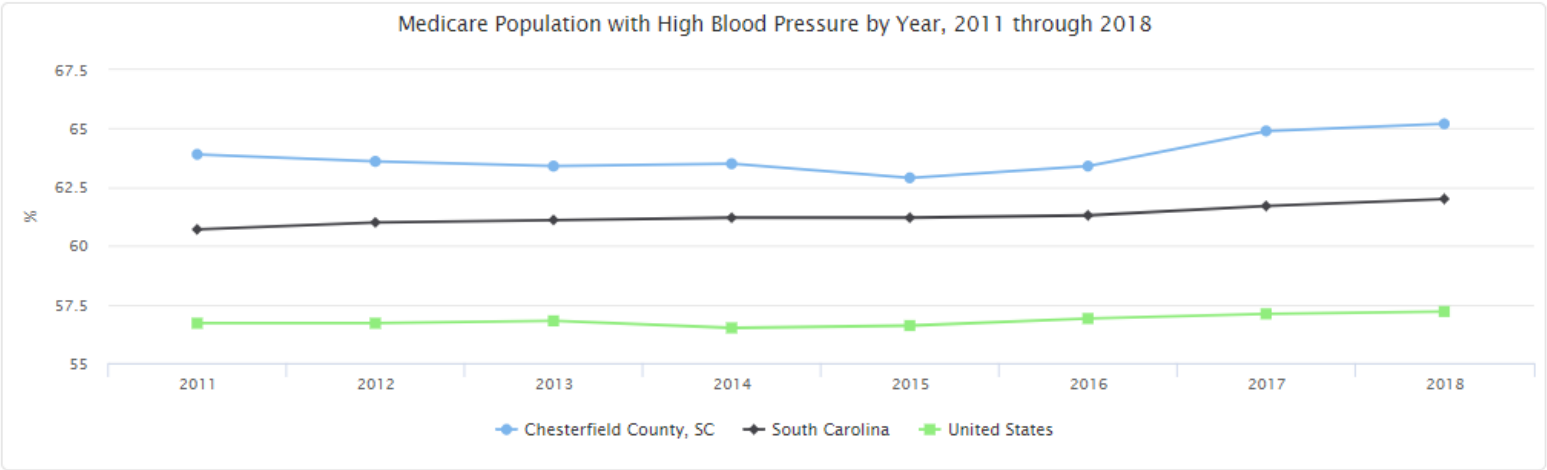
Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County → Show more details

Medicare Population with High Blood Pressure by Year, 2011 through 2018

This indicator reports the percentage of the Medicare fee-for-service population with high blood pressure over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Chesterfield County, SC	63.9%	63.6%	63.4%	63.5%	62.9%	63.4%	64.9%	65.2%
South Carolina	60.7%	61.0%	61.1%	61.2%	61.2%	61.3%	61.7%	62.0%
United States	56.7%	56.7%	56.8%	56.5%	56.6%	56.9%	57.1%	57.2%



Low Birth Weight (CDC)

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). This data is reported for a 7-year aggregated time period. Data was from the National Center for Health Statistics - Natality Files (2014-2020) and are used for the 2022 County Health Rankings.

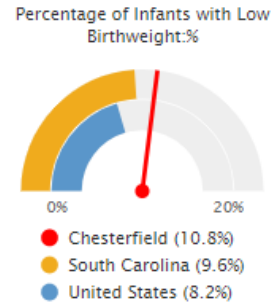
Within the report area, there were 376 infants born with low birth weight. This represents 10.8% of the total live births.

Note: Data is suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Chesterfield County, SC	3,474	376	10.8%
South Carolina	798,810	76,934	9.6%
United States	53,782,998	4,405,516	8.2%

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County → Show more details



Mortality - Cancer

This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

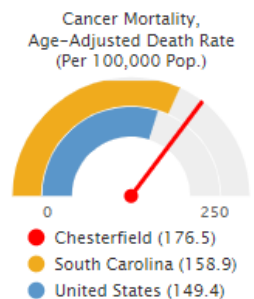
Within the report area, there is a total of 550 deaths due to cancer. This represents an age-adjusted death rate of 176.5 per every 100,000 total population.

Note: Data is suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chesterfield County, SC	45,794	550	240.2	176.5
South Carolina	5,087,274	52,350	205.8	158.9
United States	326,747,554	2,998,371	183.5	149.4

Note: This indicator is compared to the state average.

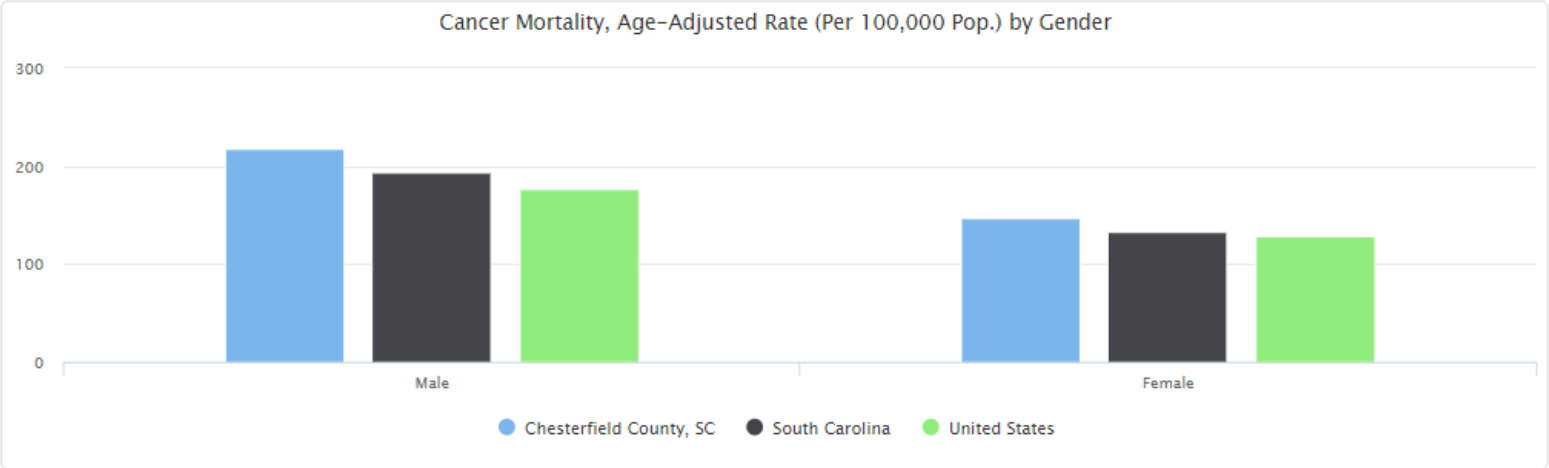
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details



Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to cancer per 100,000 people by gender.

Report Area	Male	Female
Chesterfield County, SC	217.5	146.7
South Carolina	193.9	132.7
United States	177.1	128.9



Mortality - Coronary Heart Disease

This indicator reports the 2016-2020 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

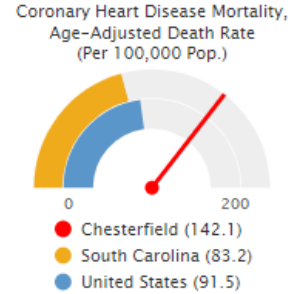
Within the report area, there is a total of 432 deaths due to coronary heart disease. This represents an age-adjusted death rate of 142.1 per every 100,000 total population.

Note: Data is suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chesterfield County, SC	45,794	432	188.7	142.1
South Carolina	5,087,274	26,503	104.2	83.2
United States	326,747,554	1,838,830	112.5	91.5

Note: This indicator is compared to the state average.

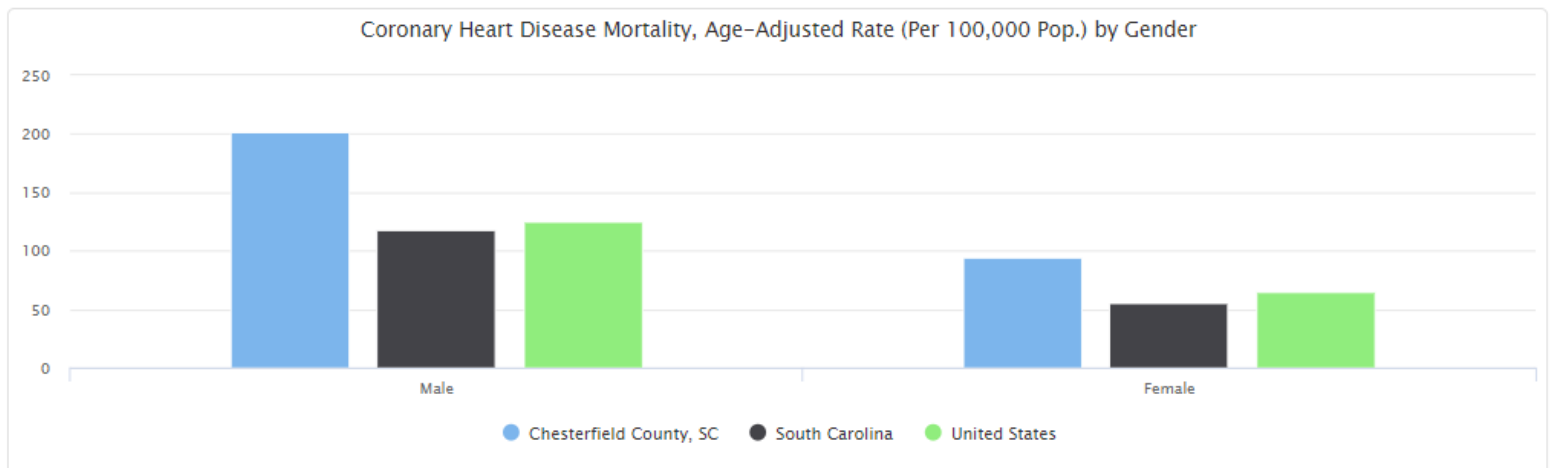
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details



Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to coronary heart disease per 100,000 people by gender.

Report Area	Male	Female
Chesterfield County, SC	201.1	94.3
South Carolina	118.3	55.4
United States	125.3	64.6



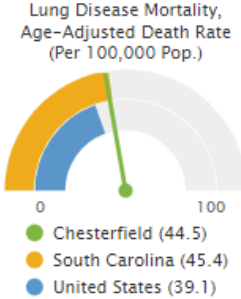
Mortality - Lung Disease

This indicator reports the 2016-2020 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Within the report area, there is a total of 135 deaths due to lung disease. This represents an age-adjusted death rate of 44.5 per every 100,000 total population.

Note: Data is suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chesterfield County, SC	45,794	135	59.0	44.5
South Carolina	5,087,274	14,773	58.1	45.4
United States	326,747,554	783,919	48.0	39.1

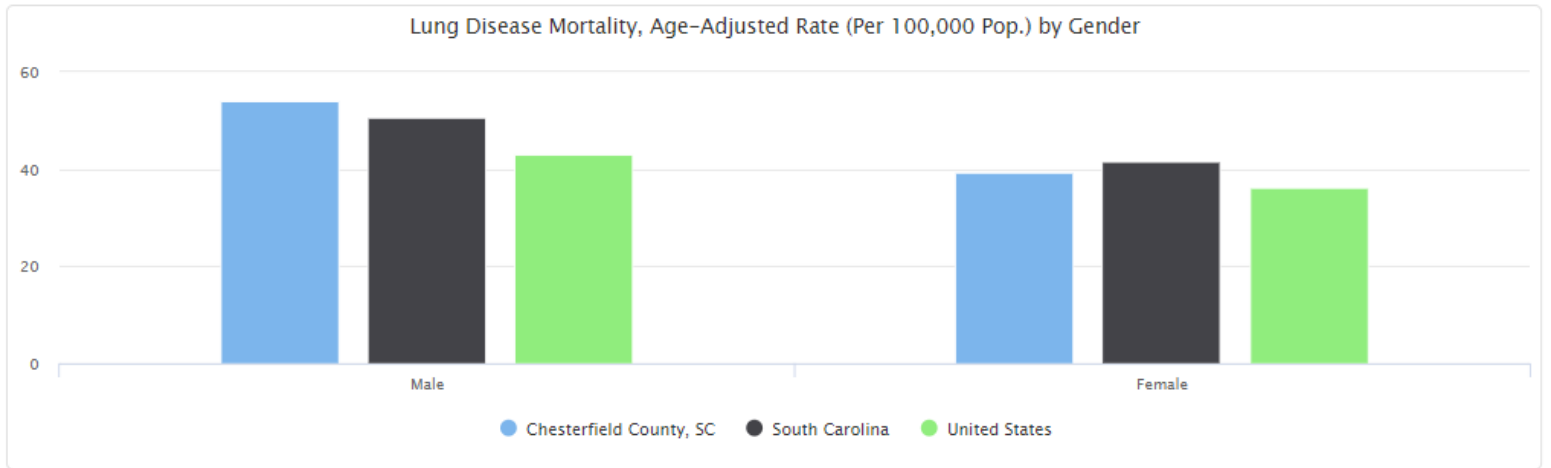


Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2016-2020. Source geography: County → Show more details

Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to lung disease per 100,000 people by gender.

Report Area	Male	Female
Chesterfield County, SC	54.0	39.2
South Carolina	50.8	41.5
United States	43.0	36.3



Mortality - Motor Vehicle Crash

This indicator reports the 2016-2020 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Within the report area, there is a total of 76 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 34.3 per every 100,000 total population.

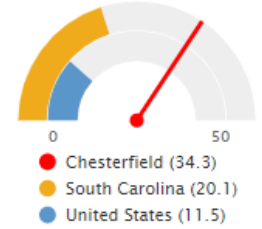
Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chesterfield County, SC	45,794	76	33.2	34.3
South Carolina	5,087,274	5,161	20.3	20.1
United States	326,747,554	193,691	11.9	11.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details

Motor Vehicle Crash Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. Data was from the National Center for Health Statistics - Mortality Files (2018-2020) and is used for the 2022 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there is a total of 1,028 premature deaths from 2018 to 2020. This represents an age-adjusted rate of 12,191 years potential life lost before age 75 per every 100,000 total population.

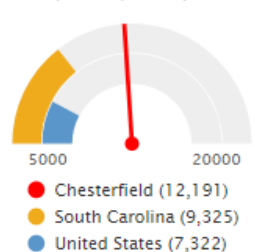
Note: Data is suppressed for counties with fewer than 20 deaths in the three-year time frame.

Report Area	Premature Deaths, 2018-2020	Years of Potential Life Lost, 2018-2020	Years of Potential Life Lost, Rate per 100,000 Population
Chesterfield County, SC	1,028	15,486	12,191
South Carolina	164,030	2,676,613	9,325
United States	8,239,682	134,173,064	7,322

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County → Show more details

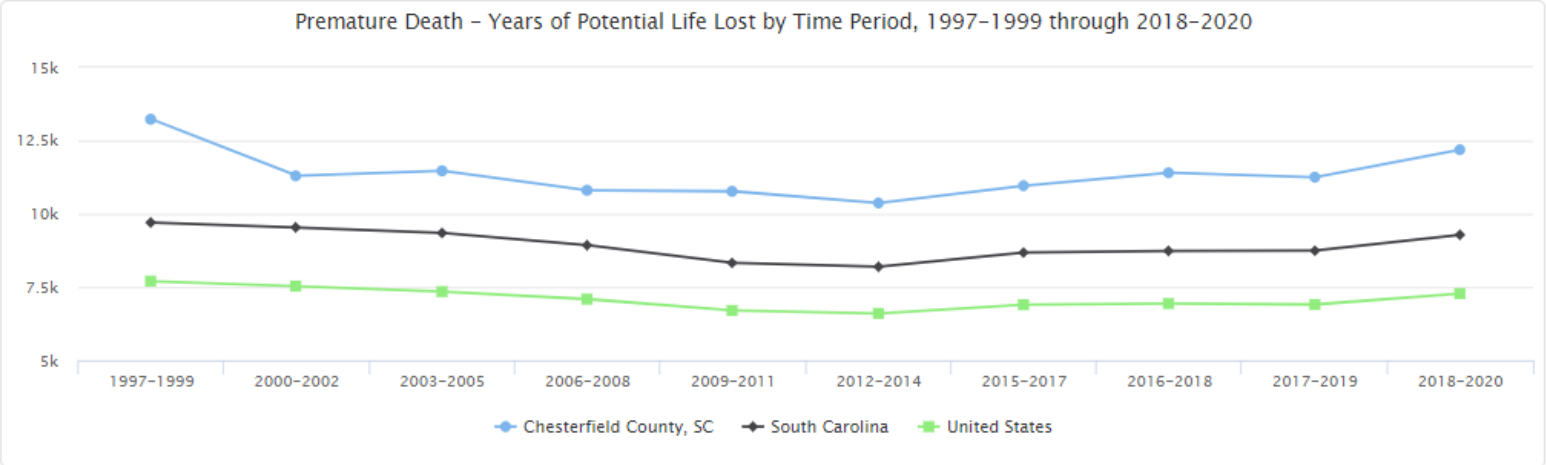
Years of Potential Life Lost, Rate per 100,000 Population



Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2018-2020

The table below shows age-adjusted death rates due to Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019	2018-2020
Chesterfield County, SC	13,235.2	11,299.1	11,471.5	10,808.7	10,774.0	10,373.4	10,964.3	11,404.8	11,253.7	12,191.0
South Carolina	9,707.6	9,538.1	9,347.9	8,932.0	8,328.0	8,197.4	8,678.1	8,737.6	8,743.5	9,286.8
United States	7,705.2	7,535.0	7,345.0	7,090.5	6,703.7	6,601.2	6,900.6	6,940.1	6,906.6	7,281.9



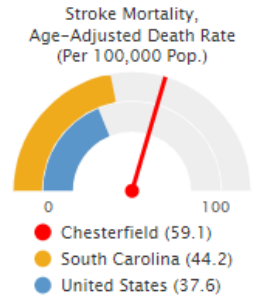
Mortality - Stroke

This indicator reports the 2016-2020 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Within the report area, there is a total of 164 deaths due to stroke. This represents an age-adjusted death rate of 59.1 per every 100,000 total population.

Note: Data is suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chesterfield County, SC	45,794	164	71.6	59.1
South Carolina	5,087,274	13,716	53.9	44.2
United States	326,747,554	746,604	45.7	37.6



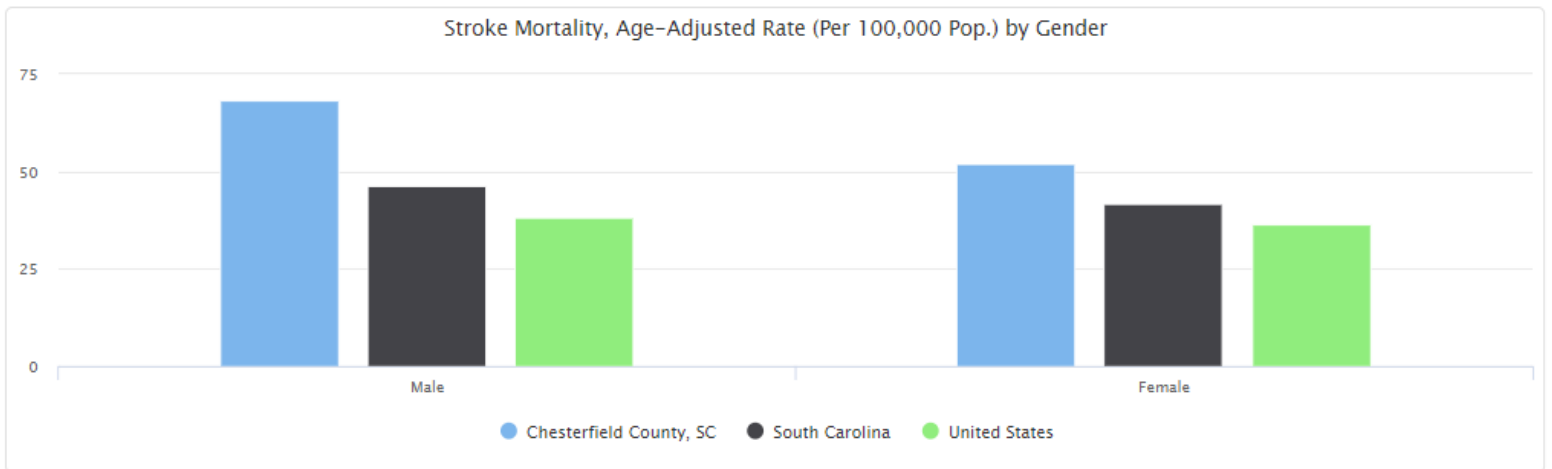
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details

Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to stroke per 100,000 people by gender.

Report Area	Male	Female
Chesterfield County, SC	68.3	51.9
South Carolina	46.5	41.8
United States	38.1	36.5



Mortality - Unintentional Injury (Accident)

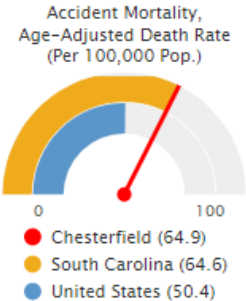
This indicator reports the 2016-2020 five-year average rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county

level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the United States.

Within the report area, there is a total of 150 deaths due to unintentional injury. This represents an age-adjusted death rate of 64.9 per every 100,000 total population.

Note: Data is suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Chesterfield County, SC	45,794	150	65.5	64.9
South Carolina	5,087,274	17,048	67.0	64.6
United States	326,747,554	872,432	53.4	50.4

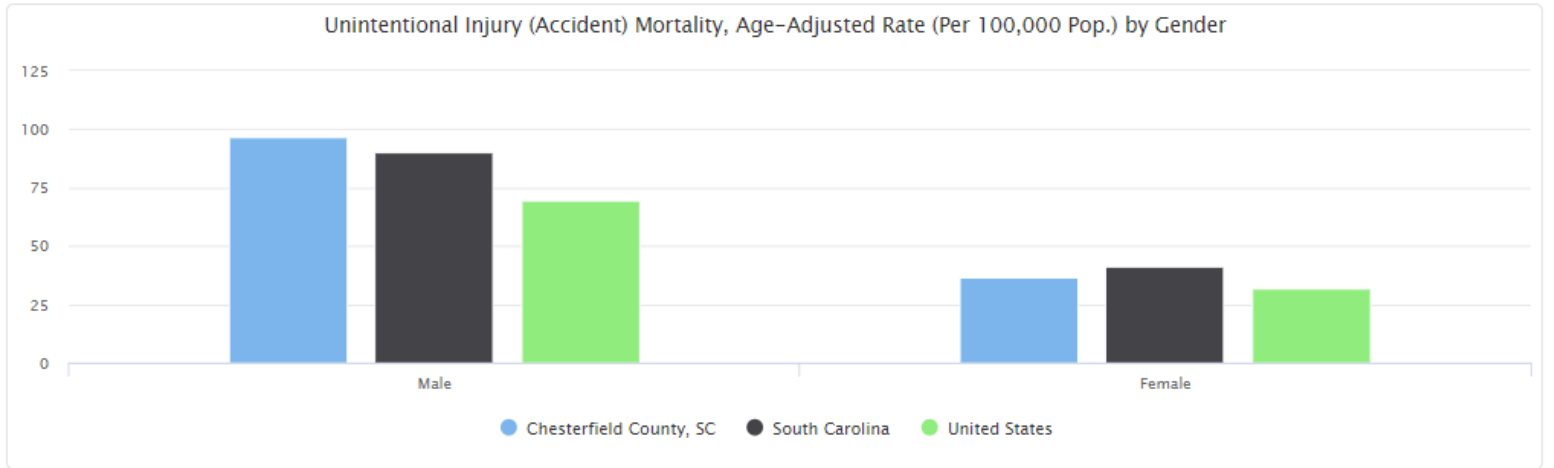


Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County → Show more details

Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to unintentional injury (accident) per 100,000 people by gender.

Report Area	Male	Female
Chesterfield County, SC	96.9	36.6
South Carolina	90.0	41.2
United States	69.5	32.1



Obesity

This indicator reports the number and percentage of adults aged 20 and older who self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from a self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

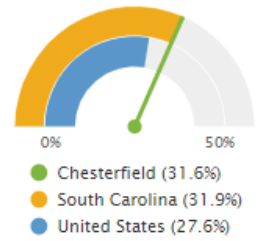
Within the report area, there is a total of 11,052 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 31.6% of the survey population.

Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator.

Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Chesterfield County, SC	34,646	11,052	31.6%
South Carolina	3,899,893	1,246,753	31.9%
United States	243,082,729	67,624,774	27.6%

Percentage of Adults Obese (BMI > 30.0), 2019



Note: This indicator is compared to the state average.

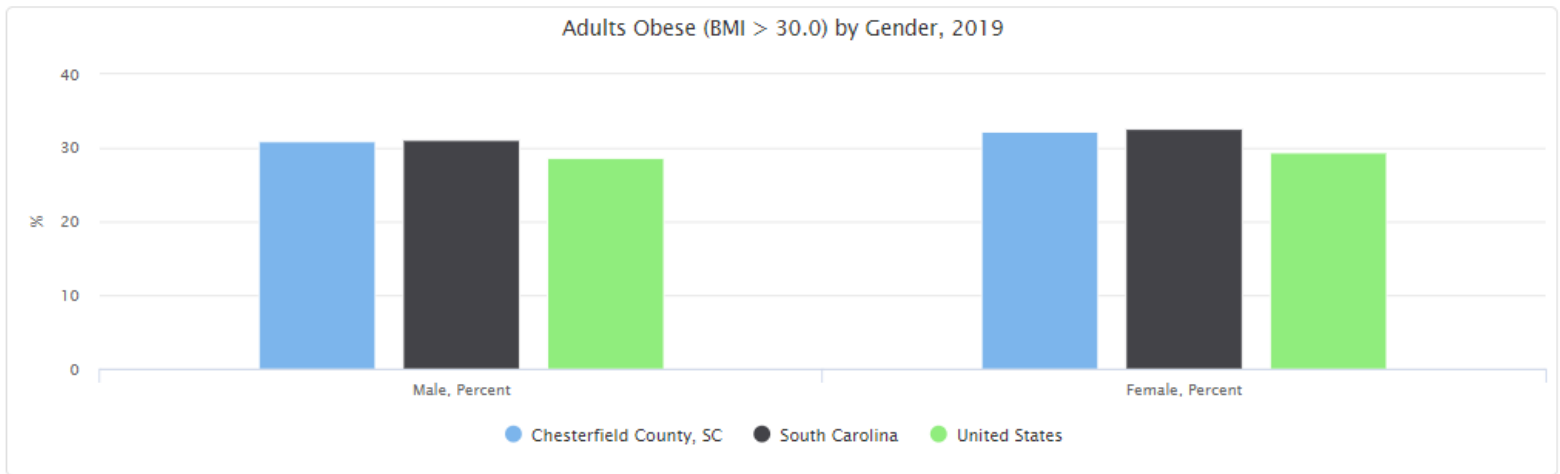
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

→ Show more details

Adults Obese (BMI > 30.0) by Gender, 2019

The table below displays national, state, and local variation in the prevalence of obesity among the adult population by gender.

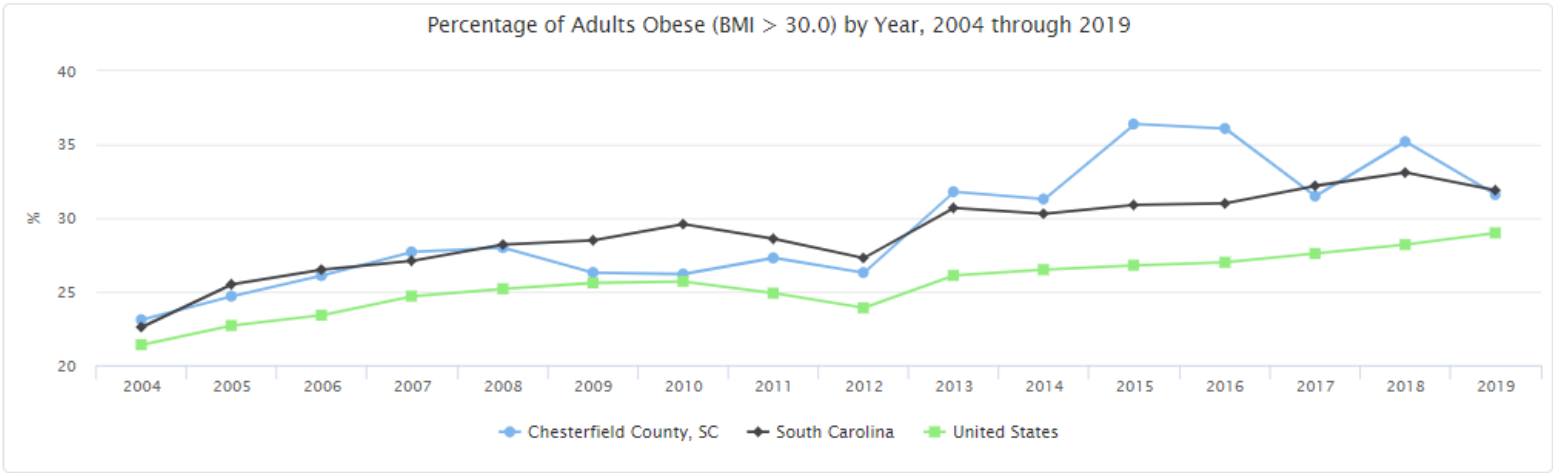
Report Area	Male	Male, Percent	Female	Female, Percent
Chesterfield County, SC	5,247	31.0%	5,805	32.2%
South Carolina	583,279	31.2%	663,470	32.7%
United States	33,675,337	28.6%	36,285,952	29.5%



Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2019

The table below displays trends in the percentage of adults that are obese over time.

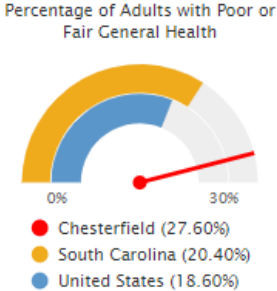
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chesterfield County, SC	23.1%	24.7%	26.1%	27.7%	28.0%	26.3%	26.2%	27.3%	26.3%	31.8%	31.3%	36.4%	36.1%	31.5%	35.2%	31.6%
South Carolina	22.6%	25.5%	26.5%	27.1%	28.2%	28.5%	29.6%	28.6%	27.3%	30.7%	30.3%	30.9%	31.0%	32.2%	33.1%	31.9%
United States	21.4%	22.7%	23.4%	24.7%	25.2%	25.6%	25.7%	24.9%	23.9%	26.1%	26.5%	26.8%	27.0%	27.6%	28.2%	29.0%



Poor or Fair Health

In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 27.60%. This value is based on the crude number of adults who self-report their general health status as “fair” or “poor.”

Report Area	Total Population (2019)	Adults with Poor or Fair General Health (Crude)	Adults with Poor or Fair General Health (Age-Adjusted)
Chesterfield County, SC	45,650	27.60%	25.90%
South Carolina	5,148,714	20.40%	19.46%
United States	328,239,523	18.60%	17.80%



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract → Show more details

Special Topics - COVID-19

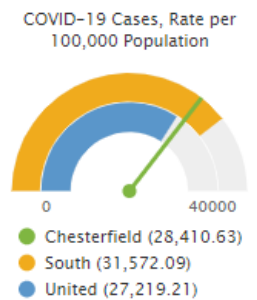
Indicators in this section are part of a series of rotating special topics. These indicators are publicly available to all users to help inform response to current events.

COVID-19 - Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator is updated daily and derived from the Johns Hopkins University data feed.

In the report area, there have been 12,999 total confirmed cases of COVID-19. The rate of confirmed cases is 28,410.63 per 100,000 population, which is less than the state average of 31,572.09. Data is current as of 07/27/2022.

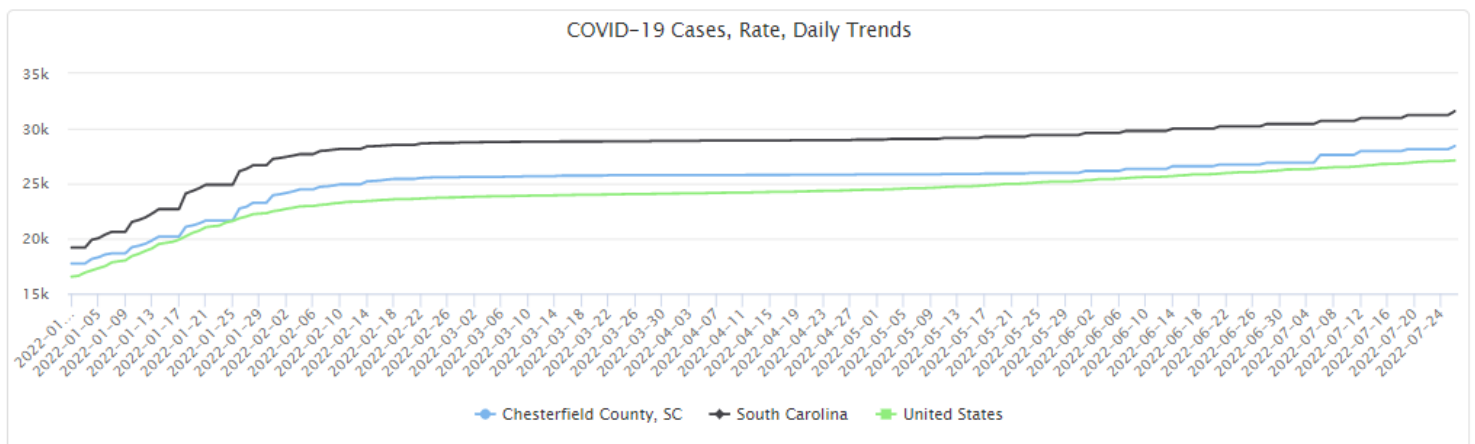
Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Chesterfield County, SC	45,754	12,999	28,410.63	07/27/2022
South Carolina	5,084,127	1,605,165	31,572.09	07/27/2022
United States	326,262,499	88,806,085	27,219.21	07/27/2022



Note: This indicator is compared to the state average.

Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County → Show more details

The chart below displays local, state, and national trends in the cumulative rate of laboratory confirmed COVID-19 cases per 100,000 total population.

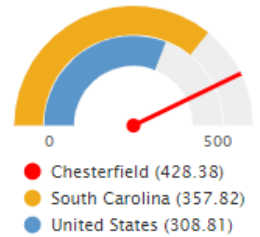


COVID-19 - Mortality

In the report area, there have been 196 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 428.38 per 100,000 population, which is greater than the state average of 357.82. Data is current as of 07/27/2022.

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Chesterfield County, SC	45,754	196	428.38	07/27/2022
South Carolina	5,084,127	18,192	357.82	07/27/2022
United States	326,262,499	1,007,544	308.81	07/27/2022

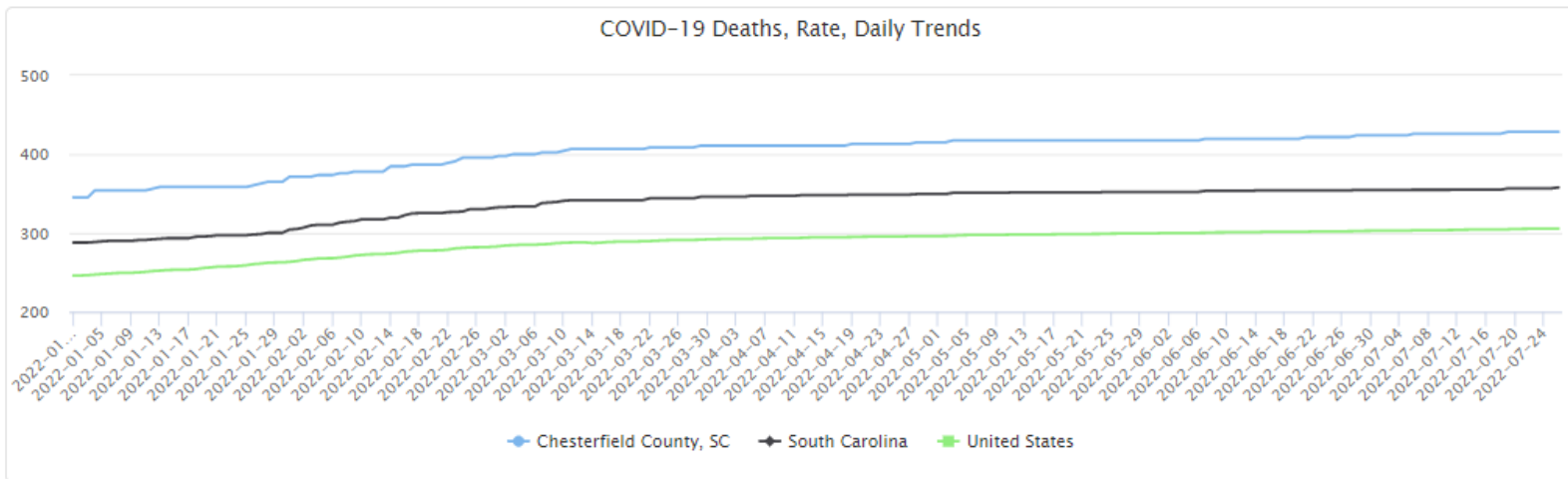
COVID-19 Deaths, Crude Rate per 100,000 Population



Note: This indicator is compared to the state average.

Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County → Show more details

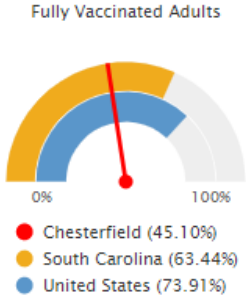
The chart below displays local, state, and national trends in the cumulative rate of COVID-19 deaths per 100,000 total population.



COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Chesterfield County, SC	45.10%	15.02%	0.93	07/20/2022
South Carolina	63.44%	13.93%	0.49	07/20/2022
United States	73.91%	10.29%	0.44	07/20/2022



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022. Source geography: County → Show more details

Chesterfield County Health Rankings 2019 vs. 2022

To evaluate the impact of any actions that were taken to address the significant health needs identified in the 2019 CHNA the following is a comparison of health outcomes and behaviors in 2019 and in 2022.

	Chesterfield 2019 Ranking	Progress	Chesterfield 2022 Ranking
Length of Life			
Premature Death	11,000	Getting Worse	12,200
Quality of Life			
Poor or Fair Health	25%		26%
Poor Physical Health Days	4.6		5.1
Poor Mental Health Days	4.9		5.3
Low Birthweight	10%		11%
Health Behaviors			

Adult Smoking	23%		24%
Adult Obesity	38%		40%
Food Environment Index	7.1		8.0
Physical Inactivity	31%	Getting Worse	37%
Access to Exercise Opportunities	58%		53%
Excessive Drinking	16%		20%
Alcohol-Impaired Driving Deaths	37%	Improving	31%
Sexually Transmitted Infections	515		716.3
Teen Births	40	Improving	36
Clinical Care			
Uninsured	14%		15%
Primary Care Physicians	2,880:1	Getting Worse	3,260:1
Dentists	3,280:1		3,510:1
Mental Health Providers	980:1		810:1
Preventable Hospital Stays	5,734		4,769
Mammography Screening	40%		43%
Flu Vaccinations	41%		47%
Social & Economic Factors			
High School Graduation	90%		78%
Some College	42%		45%
Unemployment	4.4%		6.1%
Children in Poverty	33%		25%
Income Inequality	4.9		4.5
Children in Single-Parent Households	43%		33%
Social Associations	12.6		12.0
Violent Crime	440		440
Injury Deaths	81		100
Physical Environment			
Air Pollution – Particulate Matter	10		6.7
Drinking Water Violations	No		No
Severe Housing Problems	16%		14%
Driving Alone to Work	85%		86%
Long Commute – Driving Alone	33%		36%

Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health and the South Carolina State Health Improvement Plan to guide health promotion and disease prevention efforts. The South Carolina State Health Improvement Plan (SHIP) lays out the foundation for giving everyone a chance to live a healthy life. It is a call to action for South Carolinians to take data-driven, evidence-based steps to advance the health and well-being of all South Carolinians. The plan highlights goals and strategies on which communities can focus so the state can make measurable health improvements by 2023. Attention is focused on determinants that affect the public's health that contribute to health disparities by addressing identified needs through education, prevention, targeted initiatives validated through research, and the delivery of health services. Cross-sector collaboration is now widely considered as essential for having meaningful impacts on building healthier communities. Through collaboration with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in the community, McLeod Health can better serve its mission.

In prioritization of needs, consideration was given to the following:

- Based on importance to community
- Capacity to address change
- Alignment to McLeod Health Mission, Vision and Values
- Collaboration with existing organizations
- Magnitude/Severity of problem
- Need among vulnerable populations
- Willingness to act on issue
- Ability to have meaningful impact
- Availability of hospital resources

Plan Priorities

McLeod Health Cheraw has selected the following areas to collaborate with community partners for improving community health in Chesterfield County.

- Access to Primary Care
- Diabetes
- Heart Disease and Stroke
- Lung Disease

Implementation Plan

Priority issues were determined from the community input gathered for the CHNA. The priority issues, or “goal,” are listed as Strategies, Metrics on how to measure those strategies, Community Partners, and Timeframe.

Through successful partnerships and collaborations with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in our community, McLeod Health can more effectively satisfy its long-standing mission dedicated to improving the health and well-being in our region through excellence in health care.

McLeod Health Cheraw CHNA Need #1: Access to Primary Care

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<p>Goal #1: Improve access to Primary Care</p>	<p>Strategy 1: Support local agencies and coordinating councils in both Chesterfield and Marlboro counties to provide current information about new services and Primary Care physicians available to local communities. Use the updated Community Resource Guide, informational flyers, physician bio sheets and updated Cheraw Services Brochure as tangible tools for use by community members and referring physicians.</p>	<ul style="list-style-type: none"> • Number of materials given • Number of referrals and new patient visits that can be contributed to informational materials distributed 	<ul style="list-style-type: none"> • McLeod Physician Associates • Physicians in the McLeod CIN • Chesterfield County Coordinating Council • Marlboro County Coordinating Council • Local Library Partners • Northeastern Rural Health Network • Northeastern Technical College • Local Rotary Clubs • Local Churches • Local Chambers • McLeod Health Cheraw Community Board 	<p>Ongoing</p>
	<p>Strategy 2: Preventative cancer screenings available at no cost to those being screened, though limited in quantity at this time. The effort does support the overall reduction in cancer related deaths in the region, especially breast cancer and colon cancer.</p>	<ul style="list-style-type: none"> • Number of mammogram screenings conducted at McLeod Health Cheraw • Number of mammogram screenings conducted on the Mobile Mammography 	<ul style="list-style-type: none"> • McLeod Health Foundation • McLeod Cancer Center 	<p>Ongoing</p>

	Note: To assist cancer patients with financial barriers to accessing care through the McLeod Hope Fund.	Unit that comes to different locations in Chesterfield and Marlboro counties <ul style="list-style-type: none"> • Number of colorectal screenings redeemed 		
	Strategy 3: Work with and inform new Primary Care providers in the Pageland community on services provided by McLeod Health Cheraw that are outside of PCP scope	<ul style="list-style-type: none"> • New patient visits 	<ul style="list-style-type: none"> • Physician Liaison and Department Director visits to Primary Care offices in the Pageland community 	Ongoing
	Strategy 4: Continue McLeod Nurse Family Partnership services to meet the needs of our clients in Chesterfield and Marlboro counties	<ul style="list-style-type: none"> • Maintain at least 25 participants per nurse in the McLeod Nurse Partnership Program 	<ul style="list-style-type: none"> • Nurse Family Partnership 	Ongoing
	Strategy 5: Grow the number of patients with the McLeod Family Medicine Residency program in Cheraw by improving access and awareness. Program is overseen by a McLeod Physician and will generate new classes of providers to serve the rural communities surrounding the hospital.	<ul style="list-style-type: none"> • Increase in the volume of new patients seen within the program 	<ul style="list-style-type: none"> • McLeod Physician Associates • McLeod Family Medicine Program • Dr. Susan Robins is Faculty Physician for this program in Cheraw 	Ongoing
	Strategy 6: Continued partnership with CareSouth FQHC in Cheraw, Chesterfield, McColl and Bennettsville to provide access to care coordination that will help uninsured patients find a medical home. (Access Health)	<ul style="list-style-type: none"> • Number of enrolled patients with Access Health • Reduced number of ED visits for non-emergent conditions among target population 	<ul style="list-style-type: none"> • CareSouth Carolina FQHC • Northeastern Rural Health Network • Access Health • Local Churches 	Ongoing

<p>Goal #2: Reduce barriers to healthcare</p>	<p>Strategy 1: Maintain partnership and provide access to Language and American Sign Language Lines</p>	<ul style="list-style-type: none"> • Number of patients utilizing translation services 	<ul style="list-style-type: none"> • Language Line Translator Group 	<p>Ongoing</p>
<p>Goal #2: Improve access to specialty care</p>	<p>Strategy 1: Maintain partnerships that allow current services to be offered locally via telemedicine capabilities</p>	<ul style="list-style-type: none"> • Telestroke • Televascular • Teleneurology • Telepulmonology 	<ul style="list-style-type: none"> • State of South Carolina • TeleSpecialist Neurology Services • McLeod Physician Associates 	<p>Ongoing</p>
	<p>Strategy 2: Explore the possibility of establishing an independent Primary Care practice in Pageland.</p>		<ul style="list-style-type: none"> • Local State Representatives for Chesterfield County 	<p>Ongoing</p>
	<p>Strategy 3: Supporting the Schaeffler Group USA Occupational Health and Primary Care Clinic with information about providers and services available along with conducting biometric screenings and lab services. It will be crucial to continue building this relationship with Schaeffler Group USA since it is the largest employer in the region with five plants located in Cheraw.</p>	<ul style="list-style-type: none"> • Clinic Nurse Practitioner • Counsel INA employees who frequent the clinic • New Patient Visits 	<ul style="list-style-type: none"> • Schaeffler/INA Bearing • McLeod Health Cheraw Laboratory Department 	<p>Ongoing</p>

McLeod Health Cheraw CHNA Need #2: Diabetes

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<p>Goal #1: Improve diabetes management and education</p>	<p>Strategy 1: Provide public information regarding the signs and symptoms of diabetes through media sources</p>	<ul style="list-style-type: none"> • Blogs • Articles • News Releases • Social Media Posts • Health Information Sliders • Medical Minutes • Participation in or materials provided at established events within the community • Nutritional counseling and healthy recipes 	<ul style="list-style-type: none"> • Local media outlets • Local libraries • Local churches • Community Partners • Civic Organizations 	<p>Ongoing</p>
	<p>Strategy 2: Place emphasis on managing diabetes and managing weight through “Healthier You” – an Employee Health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan</p>	<ul style="list-style-type: none"> • Number of participants in Healthier You program for weight loss and the correlation with Diabetes Management 	<ul style="list-style-type: none"> • McLeod Employee Health • McLeod Healthier You • South Carolina Hospital Association Working Well Program 	<p>Ongoing</p>

McLeod Health Cheraw CHNA Need #3: Heart Disease and Stroke

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<p>Goal #1: Prevention and management of Heart Disease and Stroke</p>	<p>Strategy 1: Ongoing support recovery from heart attacks by providing a cardiac rehabilitation program at McLeod Health Cheraw.</p> <p>Scholarships are offered for underinsured patients who need to continue the cardiac rehabilitation program. Successful outcomes are directly correlated with the completion of the program.</p> <p>Participants receive heart-related education while exercising in the program</p> <p>Participants are given health counseling and nutritional tips and healthy recipes in FoodShare produce boxes to promote a healthier lifestyle</p>	<ul style="list-style-type: none"> • Number of participants in the program • Number of heart related readmissions of participants verses non-participants • Biometric screening improvements while in the program (pre-enrollment and post-graduation) 	<ul style="list-style-type: none"> • McLeod Health Foundation 	<p>Ongoing</p>

	<p>Strategy 2: Encourage participation in the McLeod Healthier You Program – an employee health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan, to help promote healthier lifestyles.</p> <p>Educational information from this program is widely available to all McLeod employees through various distribution methods.</p>	<ul style="list-style-type: none"> • Improved biometric numbers of those participants including weight loss, reduced BMI, lower cholesterol and glucose levels and reduced blood pressure 	<ul style="list-style-type: none"> • McLeod Employee Health • South Carolina Hospital Association Working Well Program 	<p>Annually</p>
	<p>Strategy 3: Partner with local community fitness centers to encourage physical activity and healthy lifestyles.</p> <p>McLeod Health Cheraw employees receive an employee discount for membership at the Chesterfield Family YMCA. Membership includes access to Darlington, Hartsville and Chesterfield Facilities because they are all part of the YMCA of the Upper Pee Dee.</p>	<ul style="list-style-type: none"> • Number of employees with memberships at local fitness centers • Nutrition information and nutrition health sliders given to members • Healthy recipes given to members 	<ul style="list-style-type: none"> • Chesterfield Family YMCA • YMCA of the Upper Pee Dee • McLeod Employee Health • Fitness World Bennettsville 	<p>Ongoing</p>

	<p>Strategy 4: Provide information about hospital services, physicians, risk factors, Stroke Coordinator and Cardiac Rehabilitation Director or have a representative at events providing health information.</p> <p>Provide educational health sliders about cholesterol, heart disease, stroke, healthy eating, etc. to already established community events and church events when appropriate.</p>	<ul style="list-style-type: none"> • Surveys at events to gather demographic information • Pre-education tests and post-education tests to measure the effectiveness of information offered 	<ul style="list-style-type: none"> • Chesterfield County Coordinating Council • Marlboro County Coordinating Council • Council on Aging • Community and Civic Groups • Local Church Networks • Local State Representatives 	Ongoing
	<p>Strategy 5: Provide healthy meal options in the hospital’s cafeteria and explore the possibility of supporting our community partners with their distribution efforts of produce and healthy recipes for residents found to be at risk for these conditions.</p>	<ul style="list-style-type: none"> • Continue offering of healthy options • Provide healthy recipe cards for community FoodShare boxes 	<ul style="list-style-type: none"> • Council on Aging • McLeod Primary Care Chesterfield County Coordinating Council 	Ongoing

	<p>Strategy 6: Stroke Certification Designation</p> <p>Stroke Coordinator educates clinical staff internally on stroke and best practices for Stroke patients presenting to the ED.</p> <p>The Stroke Coordinator educates the community by attending already established health-related events at churches, civic centers, libraries, schools and local industries in coordination with McLeod Occupational Health</p>	<ul style="list-style-type: none"> • Maintain Designation 	<ul style="list-style-type: none"> • American Heart Association • Local Churches • Local Library Systems (2) • Local Coordination Councils • Community Groups • Local Industries • Civic Organizations 	Ongoing
	<p>Strategy 7: Continue partnerships that offer current telemedicine service - Telestroke</p>	<ul style="list-style-type: none"> • Number of telehealth visits 	<ul style="list-style-type: none"> • State of South Carolina • TeleSpecialist Providers • Palmetto Care Connections 	Annually
<p>Goal #2: Provide health education through various mediums to promote healthy lifestyles</p>	<p>Strategy 1: Health Fairs and other community events to provide cardiovascular disease</p>	<ul style="list-style-type: none"> • Support of or participation in events 	<ul style="list-style-type: none"> • American Heart Association 	Ongoing

through disease management	prevention and management.			
	Strategy 2: Provide health education and screenings through health fairs and community events.	<ul style="list-style-type: none"> • Support of or participation in events 	<ul style="list-style-type: none"> • Area Churches • Civic Organizations 	Ongoing
	Strategy 3: Provide public health information through articles and speaker series events that focus on educating the community on chronic diseases and prevention.	<ul style="list-style-type: none"> • Blogs • Articles • News Releases • Social Media Posts • Health Information Sliders • Medical Minutes 	<ul style="list-style-type: none"> • Local media outlets • Local libraries • Community Partners • Local churches 	Ongoing
	Strategy 4: Participate in the American Heart Association STEMI National Initiative. This includes collaborating with first responders and hospitals to implement best practice guidelines to expedite care to the Cath Lab.	<ul style="list-style-type: none"> • Number of patients presenting to McLeod Health Cheraw ED with Myocardial Infarction 	<ul style="list-style-type: none"> • American Heart Association • County EMS • McLeod Regional Medical Center 	Ongoing

McLeod Health Cheraw CHNA Need #4: Lung Disease (COPD, Lung Cancer, Pulmonary Fibrosis, Asthma)

Goal	Strategies	What we are measuring	Community Partners	Timeframe
<p>Goal #1: Promote health education through various mediums to promote healthy lifestyles through disease management, diet and nutrition, physical activity, smoking cessation and disease prevention topics</p>	<p>Strategy 1: Encourage participation in the McLeod Healthier You Program – an employee health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan, to help promote healthier lifestyles.</p>	<ul style="list-style-type: none"> • Number of employees enrolled in the program 	<ul style="list-style-type: none"> • McLeod Employee Health • South Carolina Hospital Association Working Well Program 	Ongoing
	<p>Strategy 2: Provide public information through media sources</p>	<ul style="list-style-type: none"> • Media outlets and speaker activity 	<ul style="list-style-type: none"> • American Cancer Society 	Ongoing
	<p>Strategy 3: Continue providing inpatient telepulmonology consults</p>	<ul style="list-style-type: none"> • Number of telehealth visits 	<ul style="list-style-type: none"> • McLeod Physicians Associates • McLeod Telehealth 	Ongoing
<p>Goal #2: Pulmonary Rehabilitation Program at McLeod Health Cheraw provides education, support and an exercise program tailored to pulmonary patients who are living with pulmonary disease</p>	<p>Strategy 1: Increase awareness about the program and requirements to community when applicable. Increase awareness among referring physicians about the availability of the program for their patients</p>	<ul style="list-style-type: none"> • Number of patients enrolled in the program 		Ongoing

Health Needs Not Addressed

There were some areas of the health needs that are important to improving the community but not addressed in this assessment. These areas were deemed to have lower priority and less immediate impact, services already being provided by other initiatives, services outside the scope of resources, or will be addressed in a future plan or when the opportunity arises.

Sources

Total Population, Data Source: *US Census Bureau, American Community Survey. 2016-20.*

Source geography: Tract

Total Population Change, 2010-2020, Data Source: *US Census Bureau, Decennial Census, 2020.*

Source geography: Tract

Population with Limited English Proficiency, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Income – Median Household Income, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Poverty – Population Below 100% FPL, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Attainment – Bachelor’s Degree or Higher, Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

Attainment – High School Graduation Rate, Data Source: *US Department of Education, ED Facts. Additional data analysis by CARES. 2018-19. Source geography: School District*

Insurance – Uninsured Population (ACS), Data Source: *US Census Bureau, American Community Survey. 2016-20. Source geography: Tract*

SNAP Benefits – Population Receiving SNAP (SAIPE), Data Source: *US Census Bureau, Small Area Income and Poverty Estimates. 2019. Source geography: County*

Air & Water Quality – Particulate Matter 2.5, Data Source: *Centers for Disease and Prevention, CDC – National Environmental Public Health Tracking Network. 2016. Source geography: Tract*

Food Environment – Food Desert Census Tracts, Data Source: *US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2019. Source geography: Tract*

Food Environment – Grocery Stores, Data Source: *US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County*

Food Environment – SNAP-Authorized Food Stores, Data Source: *US Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Locator. Additional data analysis by CARES. 2021. Source geography: Tract*

Cancer Screening – Mammogram (Medicare), Data Source: *Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County*

Diabetes Management – Hemoglobin A1c Test, Data Source: *Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019. Source geography: County*

Hospitalizations – Preventable Conditions, Data Source: *Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County*

Alcohol – Heavy Alcohol Consumption, Data Source: *Centers for disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2019. Source geography: County*

Physical Inactivity, Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

STI – Chlamydia Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County*

STI – Gonorrhea Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County*

STI – HIV Prevalence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County*

Tobacco Usage – Current Smokers, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract*

Cancer Incidence – All Sites, Data Source: *State Cancer Profiles. 2014-18. Source geography: County*

Chronic Conditions – Asthma (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Chronic Conditions – Diabetes (Adult), Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

Chronic Conditions – Diabetes (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Chronic Conditions – Heart Disease (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Chronic Conditions – High Blood Pressure (Medicare Population), Data Source: *Centers for Medicare and Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County*

Low Birth Weight (CDC), Data Source: *University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County*

Mortality – Cancer, Data Source: *Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Coronary Heart Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Lung Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Motor Vehicle Crash, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Premature Death, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County*

Mortality – Stroke, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Mortality – Unintentional Injury (Accident), Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*

Obesity, Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County*

Poor or Fair Health, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract*

COVID-19 – Confirmed Cases, Data Source: *Johns Hopkins University*. Accessed via ESRI.
Additional data analysis by CARES. 2022. Source geography: County

COVID-19 – Mortality, Data Source: *Johns Hopkins University*. Accessed via ESRI. *Additional data analysis by CARES. 2022. Source geography: County*

COVID-19 - Fully Vaccinated Adults, Data Source: *Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC – GRASP. 2022. Source geography: County*

Chesterfield County Health Rankings, Data Source:

<https://www.countyhealthrankings.org/app/southcarolina/2022/rankings/chesterfield/county/outcomes/overall/snapshot>

USPSTF Grade A and B Preventative Service Recommendations Associated with Identified Key Priority Areas, Data Source: *USPSTF A and B Recommendations by Date*. U.S. Preventive Services Task Force. June 2022.

https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

Chesterfield County Health Profile, Data Source:

https://gis.dhec.sc.gov/chp/county_pdf_2018/Chesterfield_2016-2018.pdf

Appendix A

List of civic groups, providers, and organizations surveyed include but not limited to:

- Pee Dee Coalition Against Domestic and Sexual Assault
- Sword of Truth Church
- Cheraw First Baptist Church
- Chesterfield County Coordination Council
- Northeastern Office of Rural Health
- Atlee Counseling, LLC
- Marian Wright Edelman Public Library
- Matheson Public Library
- Cheraw Rotary Club
- Bennettsville Rotary Club
- State Farm Insurance
- United Way
- Chesterfield County Sheriff's Office
- Marlboro County School District
- Chesterfield County School District
- Palmetto Brick
- First Citizens
- McLeod Health Cheraw Emergency Department Providers
- McLeod Health Cheraw Physicians/Nurse Practitioners
- CareSouth Carolina Physicians/Nurse Practitioners
- McLeod Health Cheraw Department Directors
- Mercy in Me Free Medical Clinic (Cheraw)

Appendix B

Below is supplemental information to the Health Outcomes data found in this report.



Chesterfield County Health Profile⁶

INDICATOR	MEASURE	COUNT	VALUE	RANK ¹	STATE
Births²	Births with expected payor Medicaid (percent of all live births; 2016-2018)	1012	67.6	NA	49.4
	Breastfeeding initiation (percent of all live births; 2016-2018)	854	57.0	40	77.5
	Low birthweight births (<2,500 grams; percent of all live births; 2016-2018)	165	11.0	26	9.7
	Mothers receiving adequate prenatal care (percent of all live births; 2016-2018)	1179	78.8	9	76.2
	Mothers who smoked during pregnancy (percent of all live births; 2016-2018)	247	16.5	41	8.6
	Preterm births (<37 weeks gestation; percent of all live births; 2016-2018)	165	11.0	14	11.2
	Teen live births (rate per 1,000 female population aged 15-19; 2016-2018)	153	36.8	37	22.5
Infant Mortality²	Infant mortality (rate per 1,000 live births; 2016-2018)	18	12.0	41	6.9
Chronic Diseases, Risk Factors, and Health Behaviors³	Coronary heart disease (percent; 2016-2018)	NA	6.0	28	4.8
	Stroke (percent; 2016-2018)	NA	6.7	41	3.9
	Heart attack (percent; 2016-2018)	NA	8.2	39	5.1
	Hypertension (percent; 2016-2018)	NA	42.9	21	38.9
	Diabetes (percent; 2016-2018)	NA	19.1	39	13.3
	Current asthma (percent; 2016-2018)	NA	9.3	25	9.0
	Current smoking (percent; 2016-2018)	NA	30.4	46	18.9
	Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2016-2018)	NA	35.1	17	34.1
	Reported leisure time physical activity in the past 30 days (percent; 2016-2018)	NA	67.4	30	72.7
	Received a flu vaccine in the last year, aged 65+ (percent; 2016-2018)	NA	64.1	10	60.9
Received a pneumococcal vaccine ever, aged 65+ (percent; 2016-2018)	NA	67.3	36	73.8	
Mortality²	Accidental drug overdose (age-adjusted rate per 100,000 population; 2016-2018)	17	13.0	19	18.8
	Alzheimer's disease (age-adjusted rate per 100,000 population; 2016-2018)	41	25.6	5	44.8
	Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2016-2018)	329	179.6	34	162.3
	Cerebrovascular disease (age-adjusted rate per 100,000 population; 2016-2018)	92	56.5	33	45.3
	Chronic lower respiratory disease (age-adjusted rate per 100,000 population; 2016-2018)	82	46.0	18	47.0
	Diabetes (age-adjusted rate per 100,000 population; 2016-2018)	36	20.6	14	23.9
	Diseases of the heart (age-adjusted rate per 100,000 population; 2016-2018)	419	238.5	37	170.7
	Motor vehicle accident (age-adjusted rate per 100,000 population; 2016-2018)	47	34.8	40	20.6
	Suicide (age-adjusted rate per 100,000 population; 2016-2018)	25	16.8	27	15.8
	All causes (age-adjusted rate per 1,000 population; 2016-2018)	1624	9.6	29	8.3
	NA	NA	NA	NA	NA
Population Demographics⁴	Families below the poverty level (percent; 2014-2018)	NA	17.4	NA	11.7
	Population Non-Hispanic white (percent; 2018)	NA	61.1	NA	64.5
	Population Non-Hispanic black (percent; 2018)	NA	33.4	NA	27.3
	Population Non-Hispanic other (percent; 2018)	NA	1.2	NA	2.3
	Population Hispanic/Latino (percent; 2018)	NA	4.3	NA	5.8
Health Care Access	Delayed seeing a doctor in the last year due to cost (percent; 2016-2018) ³	NA	16.3	27	15.6
	Has at least one person considered a personal doctor or health care provider (percent; 2016-2018) ³	NA	86.0	5	77.3
	Population insured by Medicaid (percent; 2014-2018) ⁴	NA	56.9	NA	65.9
	Population insured by private health insurance (percent; 2014-2018) ⁴	NA	5.6	NA	5.2
	Population without health insurance (percent; 2014-2018) ⁴	NA	12.4	NA	11.0
Home and Environmental Hazards	Elevated (≥5 mcg/dL) blood lead tests in children <6 years of age (percent of all tests; 2018) ⁵	NA	7.8	46	1.8
	Homes built prior to 1980 (percent; 2014-2018) ⁴	NA	46.5	NA	38.0

1 - Ranking based on VALUE column. Regardless of the INDICATOR a ranking of 1 is always better, NA - Not Applicable.
2 - Source: Division of Biostatistics, DHEC
3 - Source: Behavioral Risk Factor Surveillance System, DHEC
4 - Source: 2014-2018 American Community Survey 5-Year Estimates, US Census Bureau, US Department of Commerce
5 - Source: Lead Surveillance, DHEC
6 - Estimates for counties with low populations contain more error.
* - Data suppressed due to insufficient sample size

Created: 01-2020

Source: https://gis.dhec.sc.gov/chp/county_pdf_2018/Chesterfield_2016-2018.pdf

Appendix C

McLeod Health Cheraw completed an inventory of community resources available within the service area. These resources include but are not limited to organizations, facilities, and programs in the community that are potentially available to address health needs.

Organizations are listed below in the Community Resource Guide:



About this Guide:

McLeod Health Cheraw is concerned about your health and well-being after you leave our hospital.

The purpose of this guide is to provide you with a variety of resources that may offer additional care options to you.

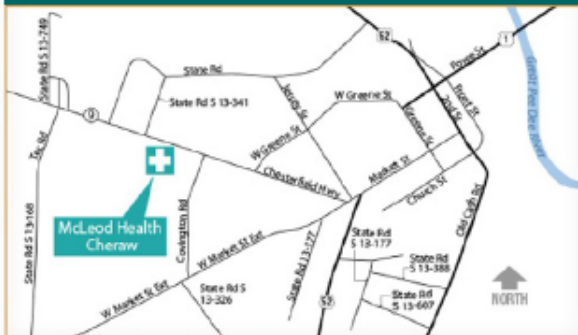
The guide is not all-inclusive of the services and providers available in the region but it does get you started on your road to better health.

For the complete physician listing, please visit: www.McLeodHealth.org.

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Community Resources

A Guide to Help You After You Leave the Hospital



Thank you for choosing
McLeod Health Cheraw

Community Health Resources *(Chesterfield & Marlboro counties)*

AGENCY NAME	PHONE
American Red Cross	(803) 329-8575
Art of Daily Living, Inc.	(843) 253-5034
Cheraw Housing Authority	(843) 537-7222
Florence Housing Authority <i>(Chesterfield & Marlboro counties)</i>	(843) 689-4163
Marlboro County Dept. of Social Services	(843) 479-7181
Chesterfield County Dept. of Social Services	(843) 623-2147
SNAP/Family Independence	(843) 623-5229
SC Department of Health and Environmental Control <i>(SC DHEC)</i>	(803) 898-3432
CDC of Marlboro County	(843) 454-2188
Pee Dee Coalition New Beginnings Shelter	(843) 689-4894 (800) 273-1820
SC Thrive	(800) 726-8774
Three Rivers Behavioral Health	(866) 796-9911
Trinity Behavioral Care: <i>Bennettsville</i>	(843) 479-5683
Tri-County Community Behavioral Health Center: <i>Marlboro Clinic</i>	(843) 454-0442
Tri-County Community Behavioral Health Center: <i>Chesterfield Clinic</i>	(843) 623-2229
United Way of Chesterfield County	(843) 623-5274
Alpha Behavioral Health Center: <i>(Chesterfield)</i>	(843) 623-7062
Ace Recovery for Men - ARM <i>(Chesterfield)</i>	(843) 623-3077
Good Samaritan Colony - <i>(Substance Abuse)</i>	(843) 634-8848
Marlboro County Council on Aging	(843) 479-9951
Chesterfield County Council on Aging	(843) 623-2280

MEDICAL CLINICS

(free or sliding scale cost)

AGENCY NAME	PHONE
Mercy in Me Free Medical Clinic <i>(Cheraw)</i>	(843) 537-5288
CareSouth Carolina: Chesterfield Center	(843) 623-5080
CareSouth Carolina: Cheraw Center	(843) 537-0961
CareSouth Carolina: Bennettsville Center	(843) 479-1200
CareSouth Carolina: McColl Center	(843) 523-5751
CareSouth Carolina: Hartsville Center	(843) 332-3422
CareSouth Carolina: Society Hill Center	(843) 378-4501
Sandhills Medical Foundation: McBee	(843) 335-8291
Sandhills Medical Foundation: Jefferson	(843) 658-3005
Sandhills Medical Foundation: Ruby	(843) 634-8044

Community Health Resources *(continued)*

McLEOD RESOURCES	
NAME	PHONE
McLeod Health Cheraw	(843) 537-7881
McLeod Hospice in Cheraw	(843) 320-5510
McLeod Outpatient Rehabilitation Services Cheraw	(843) 537-5563
McLeod Cardiopulmonary Rehabilitation	(843) 537-3378
McLeod Vascular Rehabilitation	(843) 537-3378
McLeod Home Health	(843) 777-3050
McLeod Nurse-Family Partnership	(843) 777-8479
Lung Cancer Screenings	(843) 320-3328
McLeod 3D Mobile Mammography Unit	(843) 777-2095
Bone Density Screenings	(843) 537-0010
McLeod Resource Center	(843) 777-2890
McLeod Safe Kids	(843) 777-2590
McLeod Diabetes Center/Education	(843) 777-8000
McLeod Safe Sitter Classes	(843) 777-2590
Multiple Myeloma Support Group <i>(Florence)</i>	(843) 777-5695
Shelby's Group: Breast Cancer Support Group <i>(Florence)</i>	(843) 777-5695
Prostate Cancer Support Group <i>(Florence)</i>	(843) 777-6339
Artful Expressions Support Group <i>(Florence)</i>	(843) 777-2042
Brain Tumor Support Group <i>(Florence)</i>	(843) 873-0122

ONLINE RESOURCES	
TOPIC	WEBSITE ADDRESS
Public Housing	https://www.hafsc.org/locations/map
SC DHEC & CDC	https://www.sodhec.gov/health/health-public-health-clinics/
STD Awareness	https://npin.cdc.gov/stdawareness/
TB Resources	https://findtbresources.cdc.gov/
Department of Social Services	https://dss.sc.gov/contact/marlboro/ https://dss.sc.gov/contact/chesterfield/
Assistance for Single Mothers	http://www.singlemomassistance.org/details/chesterfield_county_dss_29709
Office of Vital Records	https://sodhec.gov/vital-records/office-locations
Mental Health Resources	http://tricitymhc.org/adult-programs/ http://tricitymhc.org/child-adolescent/
Free Clinics	https://www.scfreeclinics.org/ https://www.freeclinics.com/sta/north_carolina

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General Surgery | Emergency Medicine & More

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Garrett Barton, MD
Jackie Stafford, DNP
710 Chesterfield Highway
Cheraw, SC 29520 • (843) 537-2171

McLeod Pediatrics and Primary Care Bennettsville

Francis V. Acaylar, MD
Janice Miller, MD
1076 Marlboro Way, Suite 3
Bennettsville, SC 29512 • (843) 479-0432

McLeod Pediatrics Cheraw

Jude Thomas, MD
Meredith Arkinson, PNP
723 South Doctors Drive
Cheraw, SC 29520 • (843) 537-9360

Orthopedics

McLeod Orthopaedics Cheraw

Thomas V. DiStefano, MD
Eric Willoughby, DNP
710 Chesterfield Highway
Cheraw, SC 29520 • (843) 537-0010

General Surgery

McLeod Surgery Cheraw

Jason Dameron, MD
Patrick Sizemore, MD
721 South Doctors Drive
Cheraw, SC 29520 • (843) 320-9086

Heart & Vascular

McLeod Cardiology Associates

John Patton, MD
710 Chesterfield Highway
Cheraw, SC 29520 • 1(800)-229-5689

McLeod Vascular Associates

Eva Ruzicido, MD
710 Chesterfield Highway
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McLeod Vascular Associates

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McLeod Health Cheraw Community Health Needs Assessment is located on the website of

McLeod Health at www.McLeodHealth.org.

A copy can also be obtained by contacting the hospital administration office.