McLeod Health Cheraw

2025 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

Surveys were conducted in Spring 2024 and 2025 as a means to gather input.

Top Health Concerns Reported Among Community Members and Professionals

- Access to Specialty Care
- Care for the Elderly
- Overweight/Obesity
- Heart Disease/Stroke
- Women's Health

Source: McLeod Health Survey

Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Health Cheraw Emergency Department October 2023 – September 2024:

- Chest Pain
- Fall
- Nausea/Vomiting
- Upper Respiratory Tract Infection
- COVID-19

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Health Cheraw October 2023 – September 2024:

- Acute Kidney Failure
- Sepsis
- Hypertensive Heart and Chronic Kidney Disease with Heart Failure
- Hypertensive Heart Disease with Heart Failure
- COVID-19

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

McLeod Health Cheraw has developed an action plan that collaborates with community partners to provide community health initiatives that are focused on areas listed below and further described within the Implementation Plan that utilizes evidence-based practices for addressing:

- 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 Care, Diagnostic Imaging (including 3D mammography), Laboratory, Surgery, Orthopedics, Rehabilitation, Hospice and Home Health. The hospital also works with Nurse-Family Partnership and AccessHealth McLeod.

McLeod Health recently announced plans to build a new state-of-the-art hospital designed to expand the delivery of high-quality health care in Chesterfield and Marlboro Counties. The new facility will be constructed on the current McLeod Health Cheraw property and replace the current building, which was built in 1980. The hospital will grow around the existing Emergency Department, which opened in 2018, and the Intensive Care Unit that opened in 2021.

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.

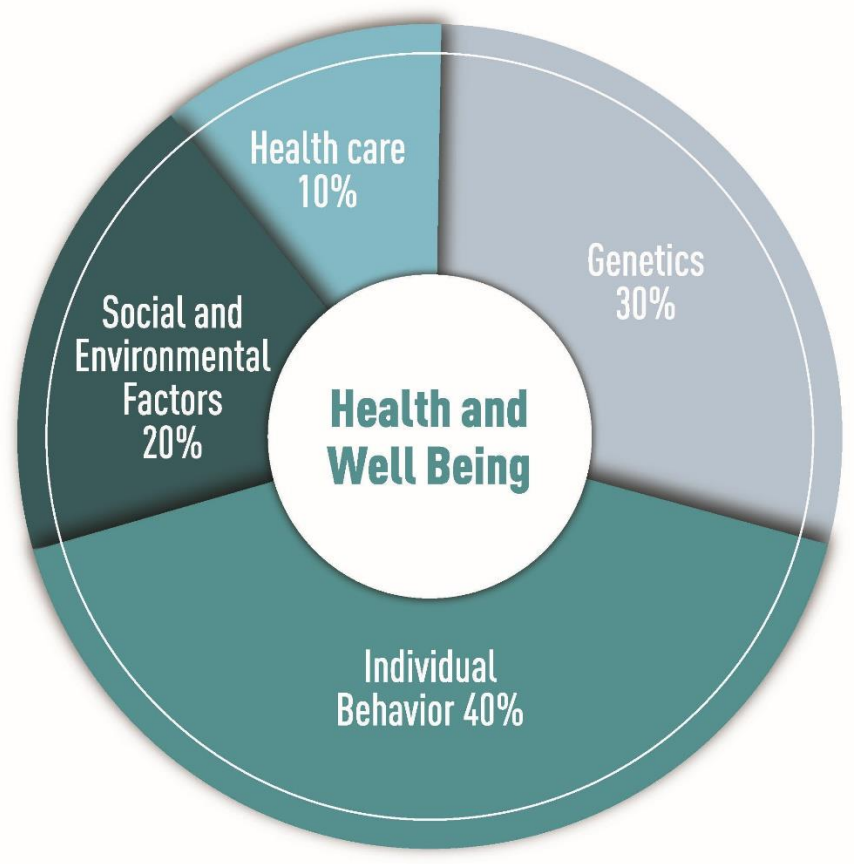
Data analysis included demographic, socioeconomic and health determinant measures. When possible, data also was analyzed according to age, gender and/or race to offer insight into health disparities that may affect specific subgroups in the community.

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 obtainment, 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 in 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 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.

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

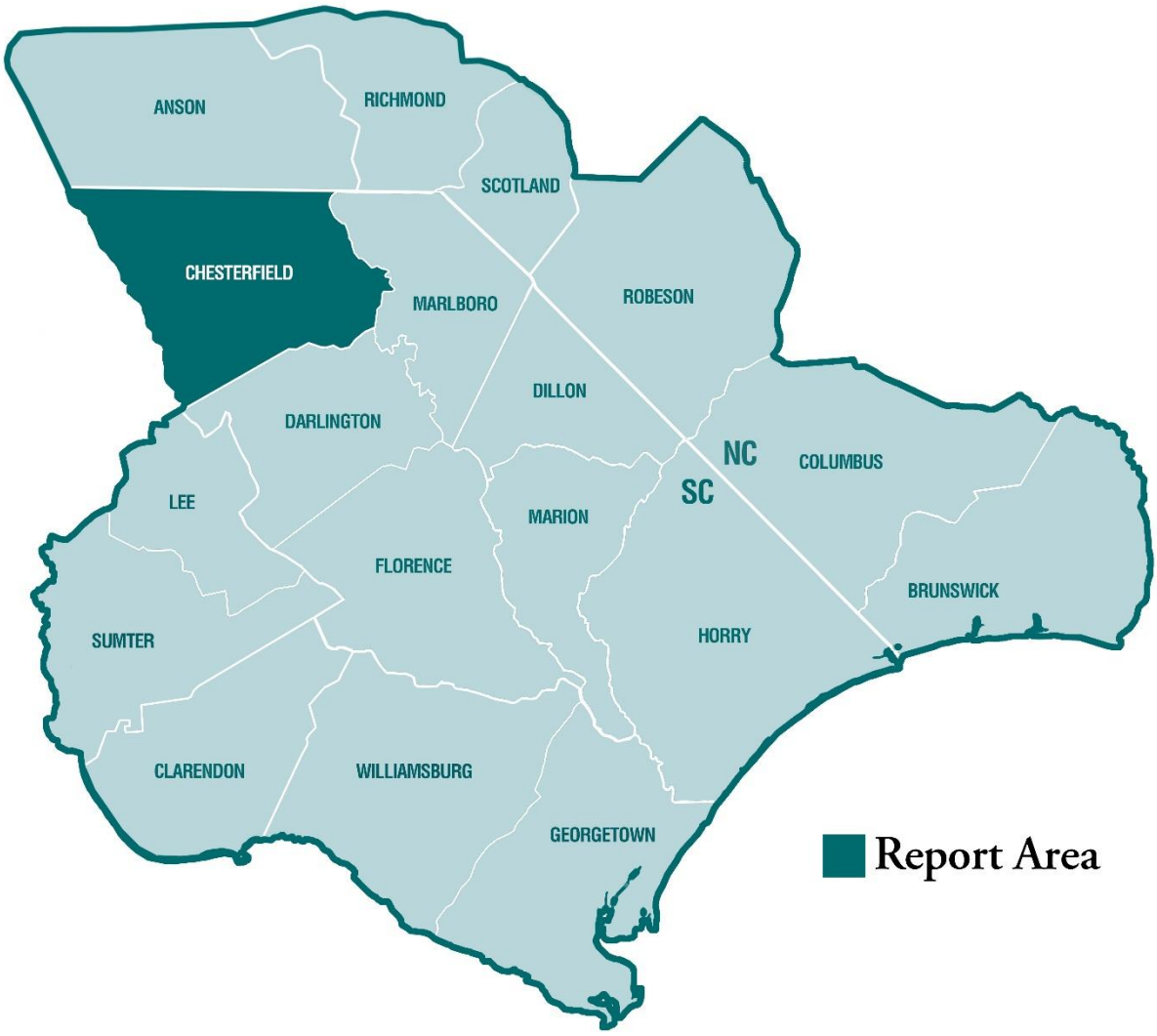
Topic	Recommendation	Grade
Hypertension in Adults: Screening	The USPSTF recommends screening for high blood pressure in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A
Breast Cancer Screening	The USPSTF recommends biennial screening mammography for women aged 40 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.	months for children whose water supply is deficient in fluoride. 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.	
Diabetes & Type 2 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	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. 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.	B
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions	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
High Body Mass Index in Children	The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body	B

and Adolescents: Interventions	mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.	
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 Health 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 45,575 people live in the 798.99 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2019-23 5-year estimates. The population density for this area, estimated at 55 persons per square mile, is less than the national average population density of 94 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Chesterfield County, SC	43,575	798.99	55
South Carolina	5,212,774	30,064.23	173
United States	332,387,540	3,533,298.58	94

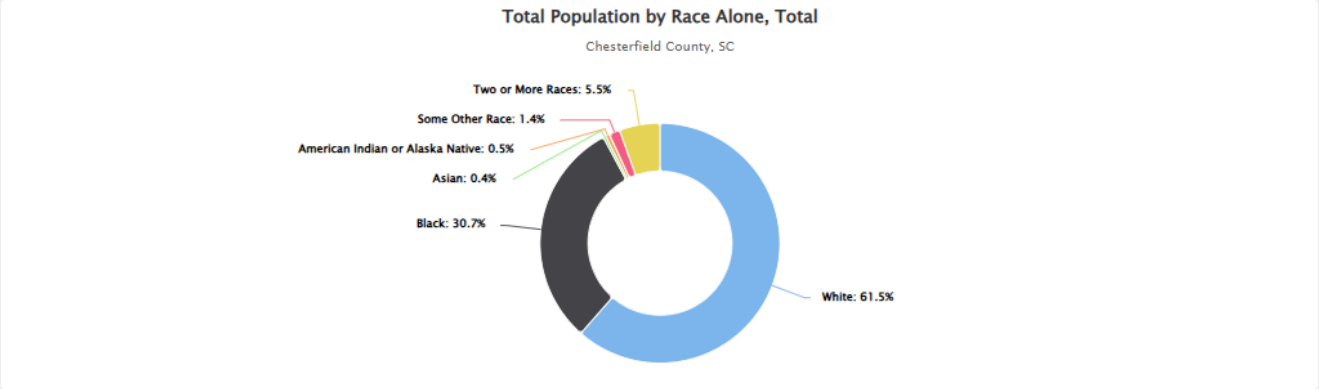
Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*

Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone, without considering respondents' ethnicity. An ACS survey respondent may identify as a single race or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races.”

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Chesterfield County, SC	26,791	13,374	165	235	0	626	2,384
South Carolina	3,339,447	1,318,630	89,723	16,823	3,642	142,798	301,711
United States	210,875,446	41,070,890	19,352,659	2,924,996	629,292	21,940,536	35,593,721

Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*

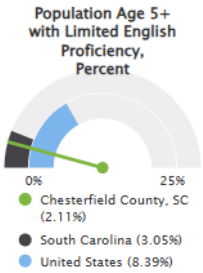


Population with Limited English Proficiency

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 41,162 total population aged 5 and older in the report area, 869 or 2.11% 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	41,162	869	2.11%
South Carolina	4,924,906	150,169	3.05%
United States	313,447,641	26,299,012	8.39%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. → *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.

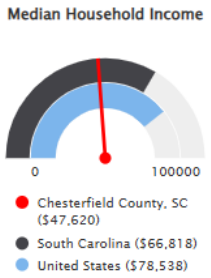
Income - Median Household Income

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 17,381 households in the report area, with an average income of $68,311.56 and a median income of $47,620.

Report Area	Total Households	Average Household Income	Median Household Income
Chesterfield County, SC	17,381	$68,311.56	**$47,620**
South Carolina	2,070,390	$92,833.29	$66,818
United States	127,482,865	$110,490.58	$78,538

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*



Poverty - Population Below 100% FPL

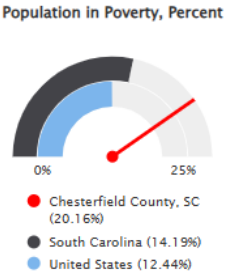
Poverty is considered a *key driver* of health status.

Within the report area 20.16% or 8,685 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 than population totals for some other indicators, as poverty data collection does not include people in group quarters.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Chesterfield County, SC	43,075	8,685	**20.16%**
South Carolina	5,072,217	719,720	14.19%
United States	324,567,147	40,390,045	12.44%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*



Education

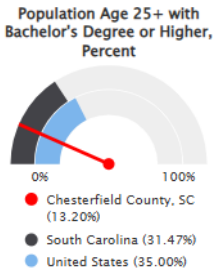
This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through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

Attainment - Bachelor's Degree or Higher

13.20% of the population aged 25 and older, or 4,033 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	30,551	4,033	13.20%
South Carolina	3,610,374	1,136,208	31.47%
United States	228,434,661	79,954,302	35.00%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. ➞ *Show more details*

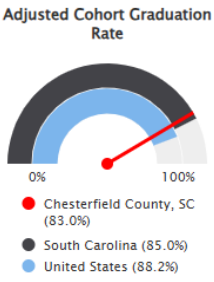


Attainment - High School Graduation Rate

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 adjusts 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 better than the state, which had an ACGR of 85.0%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Chesterfield County, SC	519	431	83.0%
South Carolina	53,032	45,077	85.0%
United States	3,479,541	3,067,953	88.2%

Note: This indicator is compared to the state average.
Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23. ➞ *Show more details*



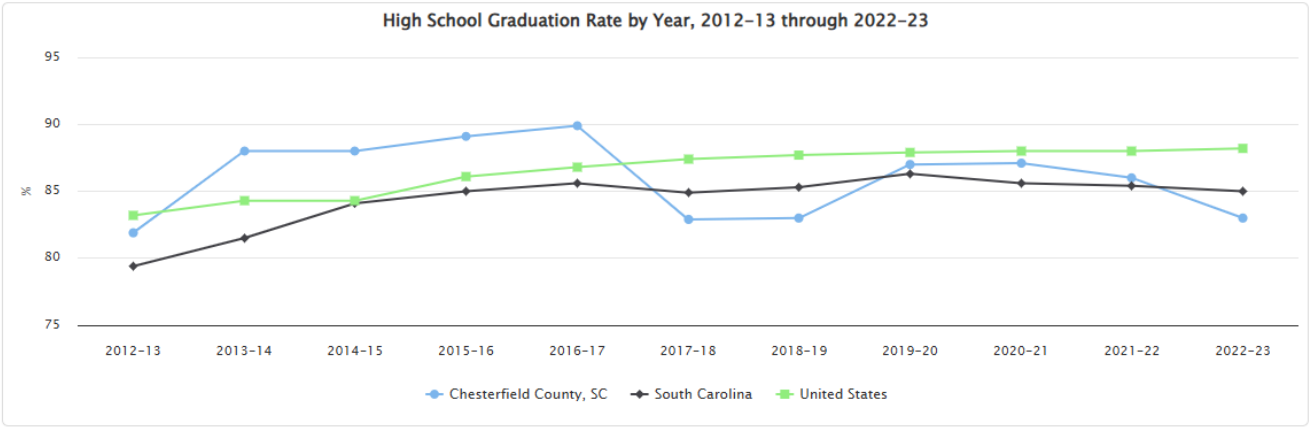
High School Graduation Rate by Year, 2012-13 through 2022-23

The table below shows county, 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	2018-19	2019-20	2020-21	2021-22	2022-23
Chesterfield County, SC	81.9%	88.0%	88.0%	89.1%	89.9%	82.9%	83.0%	87.0%	87.1%	86.0%	83.0%
South Carolina	79.4%	81.5%	84.1%	85.0%	85.6%	84.9%	85.3%	86.3%	85.6%	85.4%	85.0%
United States	83.2%	84.3%	84.3%	86.1%	86.8%	87.4%	87.7%	87.9%	88.0%	88.0%	88.2%

Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23. → *Show more details*



Other Social & Economic Factors

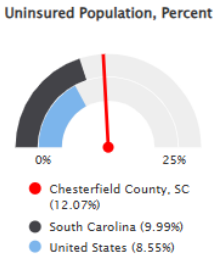
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to 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 12.07% 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 9.99%. 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	43,131	5,205	12.07%
South Carolina	5,113,158	510,757	9.99%
United States	327,425,278	28,000,876	8.55%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*

Physical Environment

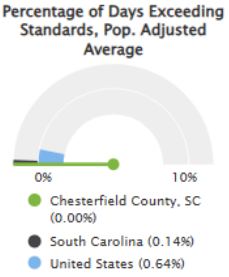
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

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	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding NAAQS Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Chesterfield County, SC	43,273	7.10	0.00	0.00%	0.00%
South Carolina	5,110,386	7.72	1.00	0.14%	0.14%
United States	330,251,614	9.19	2.00	0.59%	0.64%

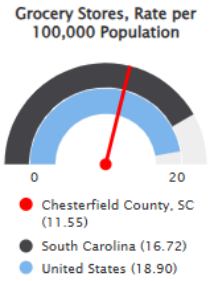


Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020. → *Show more details*

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 5 grocery establishments in the report area, a rate of 11.55 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	5	11.55
South Carolina	5,118,425	856	16.72
United States	331,449,275	62,647	18.90

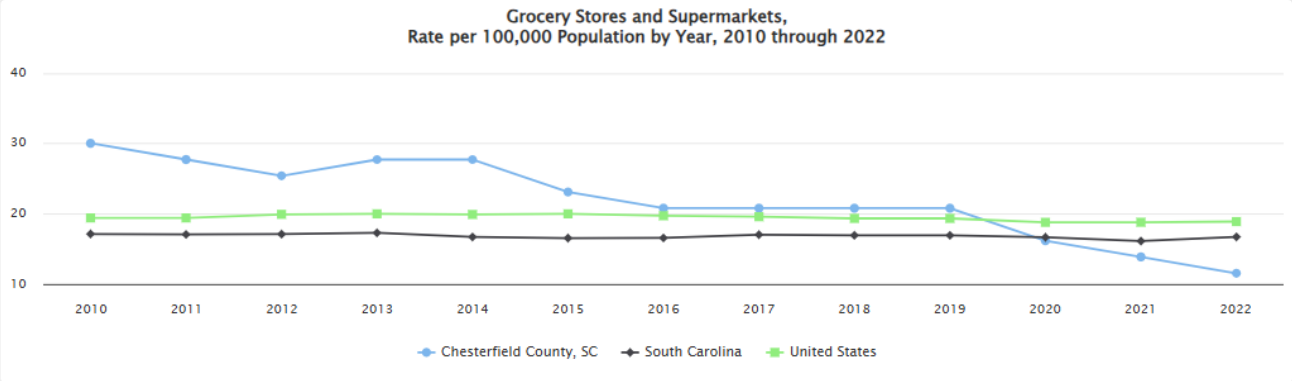


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → *Show more details*

Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2022

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	13.87	11.55
South Carolina	17.13	17.06	17.11	17.29	16.7	16.55	16.57	17.04	16.94	16.94	16.67	16.12	16.72
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79	18.8	18.9

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → *Show more details*

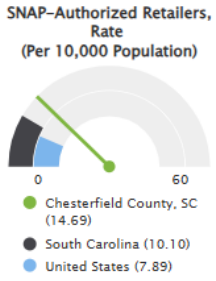


Food Environment - SNAP-Authorized Food Stores

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 64 SNAP-authorized retailers with a rate of 14.69.

Report Area	Total Population (2023)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Chesterfield County, SC	43,575	64	14.69
South Carolina	5,212,774	5,265	10.10
United States	335,409,240	264,826	7.89

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. 2025. → *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)

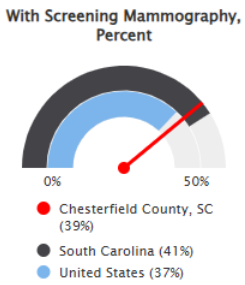
This indicator reports the unsmoothed, age-adjusted rate screening mammography for female among the Medicare Fee-For-Service (FFS) population for the year 2023. Data were sourced from the CMS Mapping Medicare Disparities (MMD) tool.

Note:

- *Data are suppressed when the total population is fewer than 11.*
- *Data are also suppressed when the number of annual wellness visits is fewer than 3 (rate is shown as zero in these cases).*

Report Area	Female FFS Beneficiaries	With Screening Mammography, Total	With Screening Mammography, Percent
Chesterfield County, SC	3,148	1,228	39%
South Carolina	356,194	146,040	41%
United States	16,853,060	6,235,632	37%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023. ➞ *Show more details*



Health Care - FQHC Area Served

This indicator provides details about the area served by Federally Qualified Health Centers (FQHC) and/or FQHC Look-alikes that operate within the report area. An FQHC is a federally funded nonprofit health center or clinic that serves a medically underserved area or populations Federally qualified health centers provide primary care services regardless of ability to pay. Services are provided on a sliding scale fee based on ability to pay.

An FQHC may operate one or more service delivery sites and provide services to individual in multiple cities and/or counties. The list below displays the service-area (county based) of the FQHCs who operate any service-delivery sites within the report area.

Provider Name	Number of Service-Delivery Sites	Area Served (Counties)
CARESOUTH CAROLINA, INC.	21	Chesterfield, SC; Darlington, SC; Dillon, SC; Lee, SC; Marlboro, SC
SANDHILLS MEDICAL FOUNDATION, INC.	10	Chesterfield, SC; Kershaw, SC; Lancaster, SC; Sumter, SC

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023. → *Show more details*

Health Care - FQHC Patient Profile

This indicator provides a demographic profile of patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area.

Note: Data are based on the location of the health center and may include patients who reside outside of the report area.

Report Area	Total Patients	Under Age 18	Age 18 - 64	Age 65 and Older
Chesterfield County, SC	49,863.00	22.70%	60.32%	16.98%
South Carolina	442,073.00	25.37%	57.89%	16.74%
United States	29,685,584.67	29.30%	58.95%	11.93%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023. → *Show more details*

Health Behaviors

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

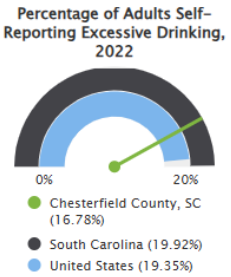
Alcohol - Heavy Alcohol Consumption

In the report area, 5,646, or 16.78%, of adults self-report excessive drinking in the last 30 days, which is less than the state rate of 19.92%. Data for this indicator were based on survey responses to the 2022 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2025 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 use disorder (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	33,646	5,646	16.78%
South Carolina	4,085,439	813,803	19.92%
United States	259,718,875	50,260,536	19.35%

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. 2022. → *Show more details*

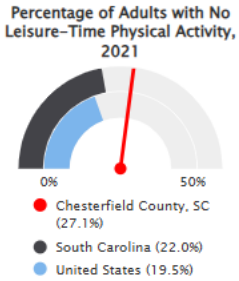


Physical Inactivity

Within the report area, 9,403 or 27.1% 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 Age 20+ with No Leisure Time Physical Activity	Adults Age 20+ with No Leisure Time Physical Activity, Percent
Chesterfield County, SC	32,878	9,403	27.1%
South Carolina	3,940,408	908,384	22.0%
United States	232,759,569	47,072,403	19.5%



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. 2021. → *Show more details*

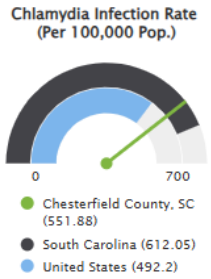
STI - Chlamydia Incidence

This indicator reports the number 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. These data are 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	44,031	243	551.88
South Carolina	5,373,555	32,889	612.05
United States	334,914,895	1,648,568	492.2

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. 2023. → *Show more details*

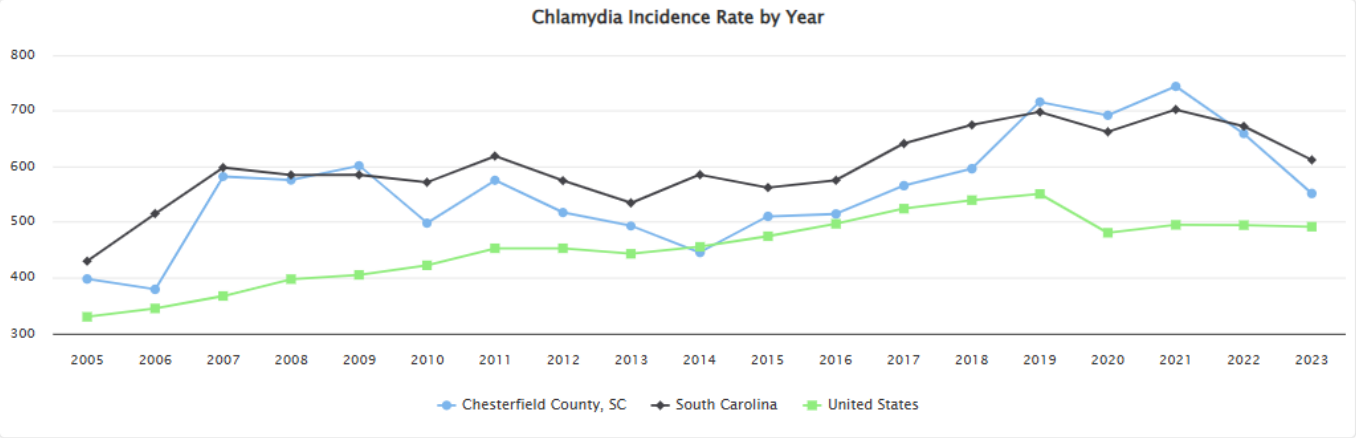


Chlamydia Incidence Rate by Year

The table below displays trends in the rate of diagnosed chlamydia cases for years 2005 through 2023. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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	716.3	692.2	744.2	659.3	551.9
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	698.2	662.7	702.7	672.5	612.1
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	551.0	481.3	495.5	495.0	492.2

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → *Show more details*



STI - Gonorrhea Incidence

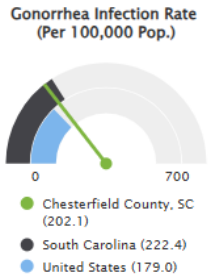
This indicator reports the number of gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

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	44,031	89	202.1
South Carolina	5,373,555	11,950	222.4
United States	334,914,895	599,604	179.0

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. 2023. → *Show more details*

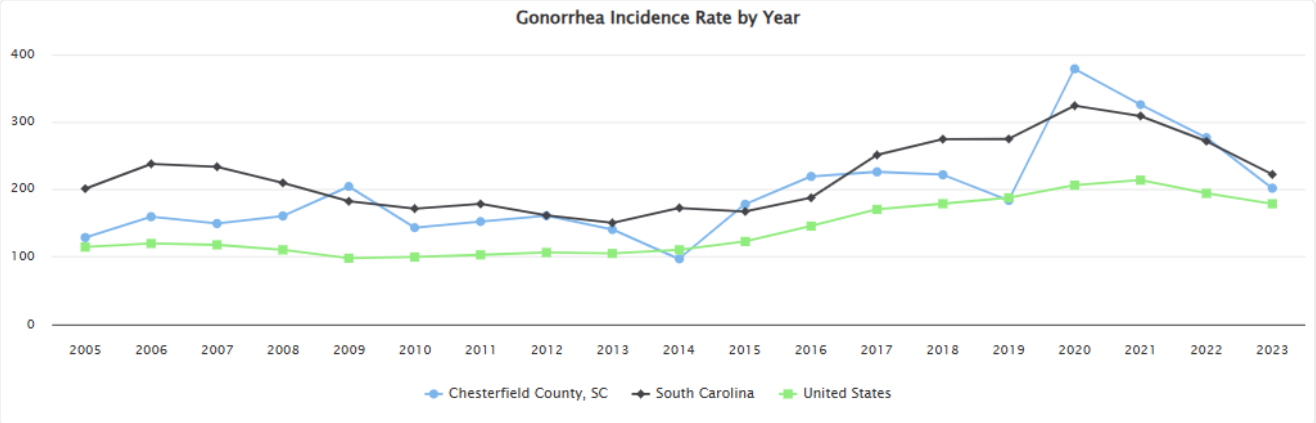


Gonorrhea Incidence Rate by Year

The table below displays trends in the rate of diagnosed gonorrhea cases for years 2005 through 2023. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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	184.0	379.0	325.9	277.0	202.1
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	275.0	324.4	309.2	271.7	222.4
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	187.8	206.5	214.0	194.4	179.0

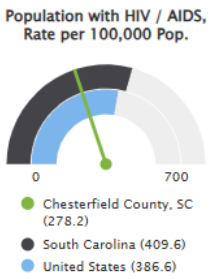
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → *Show more details*



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	37,027	103	278.2
South Carolina	4,502,738	18,442	409.6
South Carolina	4,502,738	18,442	409.6
United States	282,494,087	1,092,023	386.6



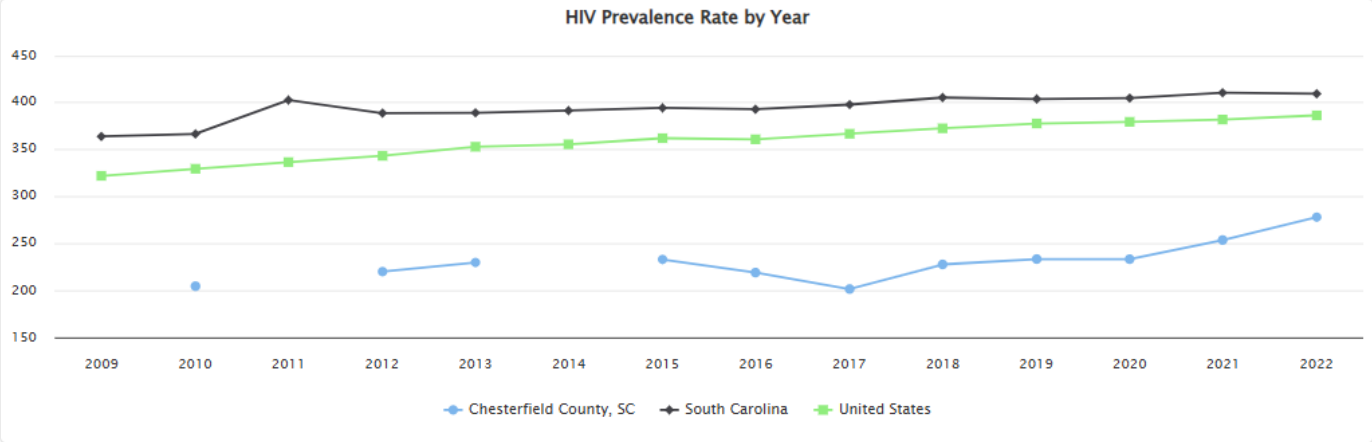
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022. → *Show more details*

HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2022. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chesterfield County, SC	No data	204.6	No data	220.2	229.9	No data	233.1	219.1	201.6	227.8	233.5	233.4	253.8	278.2
South Carolina	364.2	366.8	402.9	389.0	389.3	391.7	394.6	393.1	398.1	405.6	404.0	405.0	410.7	409.6
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8	378.0	379.7	382.2	386.6

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022. → *Show more details*



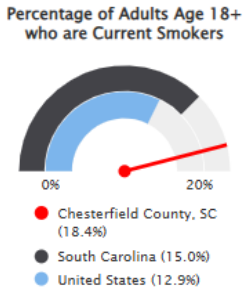
Tobacco Usage - Current Smokers

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 18.4% adults age 18+ who have smoked and currently smoke of the total population age 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Chesterfield County, SC	43,683	18.4%	19.2%
South Carolina	5,282,634	15.0%	15.6%
United States	333,287,557	12.9%	13.2%

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. 2022 . → *Show more details*



Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages 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 relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

Birth Outcomes - Low Birth Weight (CDC)

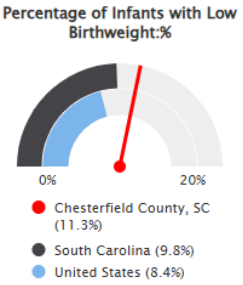
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2017-2023) and are used for the 2025 County Health Rankings.

Within the report area, there were 390 infants born with low birth weight. This represents 11.3% of the total live births.

Note: Data are 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	3,437	390	11.3%
South Carolina	399,031	39,257	9.8%
United States	25,914,651	2,176,957	8.4%

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023. ➞ *Show more details*



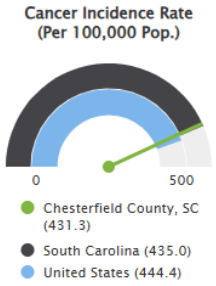
Cancer Incidence - All Sites

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 254 new cases of cancer reported. This means there is a rate of 431.3 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	58,891	254	431.3
South Carolina	6,580,689	28,626	435.0
United States	392,542,529	1,744,459	444.4

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2017-21. ➞ *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 2017-2021.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Chesterfield County, South Carolina	1 - All Cancer Sites (All Stages^), 2017-2021	254	431.3
Chesterfield County, South Carolina	2 - Lung & Bronchus (All Stages^), 2017-2021	47	73.3
Chesterfield County, South Carolina	3 - Breast (All Stages^), 2017-2021	40	136.6
Chesterfield County, South Carolina	4 - Prostate (All Stages^), 2017-2021	31	101.1
Chesterfield County, South Carolina	5 - Colon & Rectum (All Stages^), 2017-2021	24	41.9
South Carolina	1 - Breast (All Stages^), 2017-2021	4,476	133.7
South Carolina	2 - Lung & Bronchus (All Stages^), 2017-2021	4,066	58.4
South Carolina	3 - Prostate (All Stages^), 2017-2021	3,760	111.7
South Carolina	4 - Colon & Rectum (All Stages^), 2017-2021	2,268	35.6
South Carolina	5 - Melanoma of the Skin (All Stages^), 2017-2021	1,433	22.7
US	1 - Breast (All Stages^), 2017-2021	258,398	129.8
US	2 - Prostate (All Stages^), 2017-2021	224,883	113.2
US	3 - Lung & Bronchus (All Stages^), 2017-2021	216,523	53.1
US	4 - Colon & Rectum (All Stages^), 2017-2021	140,088	36.4
US	5 - Melanoma of the Skin (All Stages^), 2017-2021	86,630	22.7

Data Source: State Cancer Profiles. 2017-21. ➞ *Show more details*

Chronic Conditions - Diabetes Prevalence (Adult - Trends)

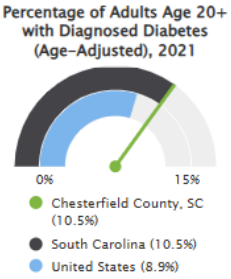
This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health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

Within the report area, 4,193 of adults age 20 and older have diabetes. This represents 10.5% of all the adults age 20+.

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 Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Chesterfield County, SC	32,758	4,193	10.5%
South Carolina	3,936,478	482,805	10.5%
United States	232,706,003	23,263,962	8.9%



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. 2021. → *Show more details*

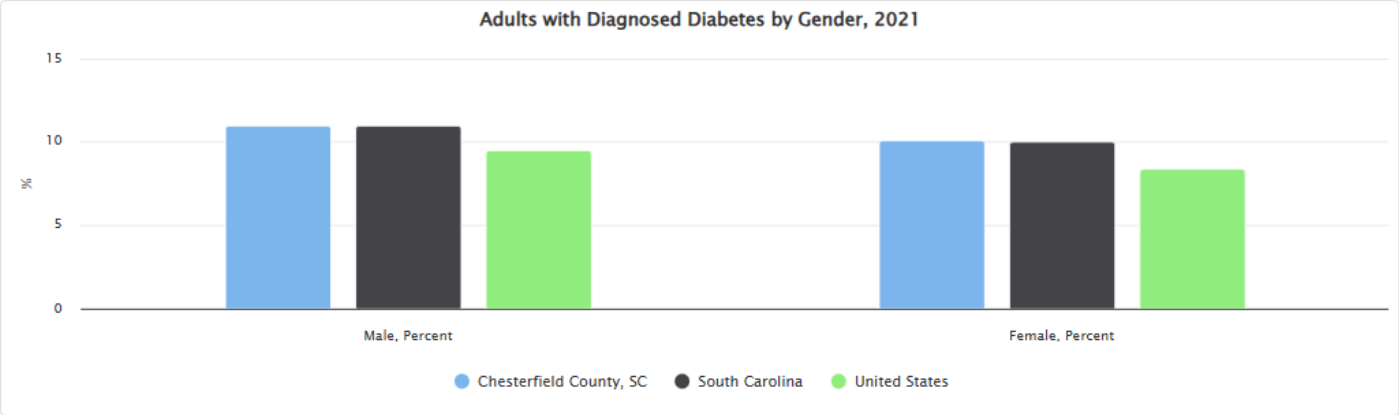
Adults with Diagnosed Diabetes by Gender, 2021

The table below displays national, state, and local variation in the prevalence of diabetes among adults age 20+ by gender.

The percentage values could be interpreted as, for example, *"Of all the adult females age 20+ within the report area, the proportion that have ever been told by a doctor that they have diabetes is (value)."*

Report Area	Male	Male, Percent	Female	Female, Percent
Chesterfield County, SC	2,086	11.0%	2,107	10.1%
South Carolina	239,425	11.0%	243,377	10.0%
United States	11,866,746	9.5%	11,397,164	8.4%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → *Show more details*



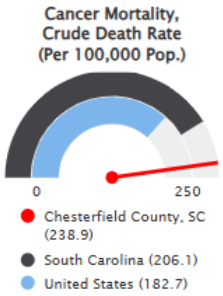
Mortality - Cancer

This indicator reports the 2019-2023 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. 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 are a total of 531 deaths due to cancer. This represents a crude death rate of 238.9 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Chesterfield County, SC	44,448	531	238.9
South Carolina	5,242,730	54,039	206.1
United States	331,563,969	3,028,887	182.7

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. 2019-2023. → *Show more details*

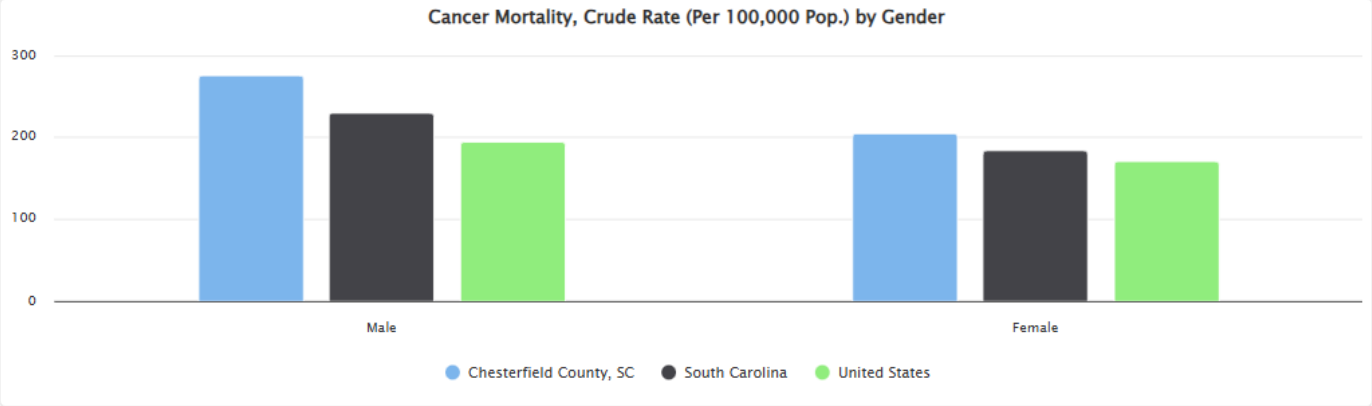


Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to cancer for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Chesterfield County, SC	275.5	204.0
South Carolina	229.3	184.3
United States	194.5	171.2

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*



Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to cancer for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Chesterfield County, SC	285.4	206.4	No data	No data	No data	No data	No data
South Carolina	239.1	192.2	68.8	95.8	No data	17.4	42.1
United States	235.5	168.9	96.2	127.8	131.3	35.1	72.7

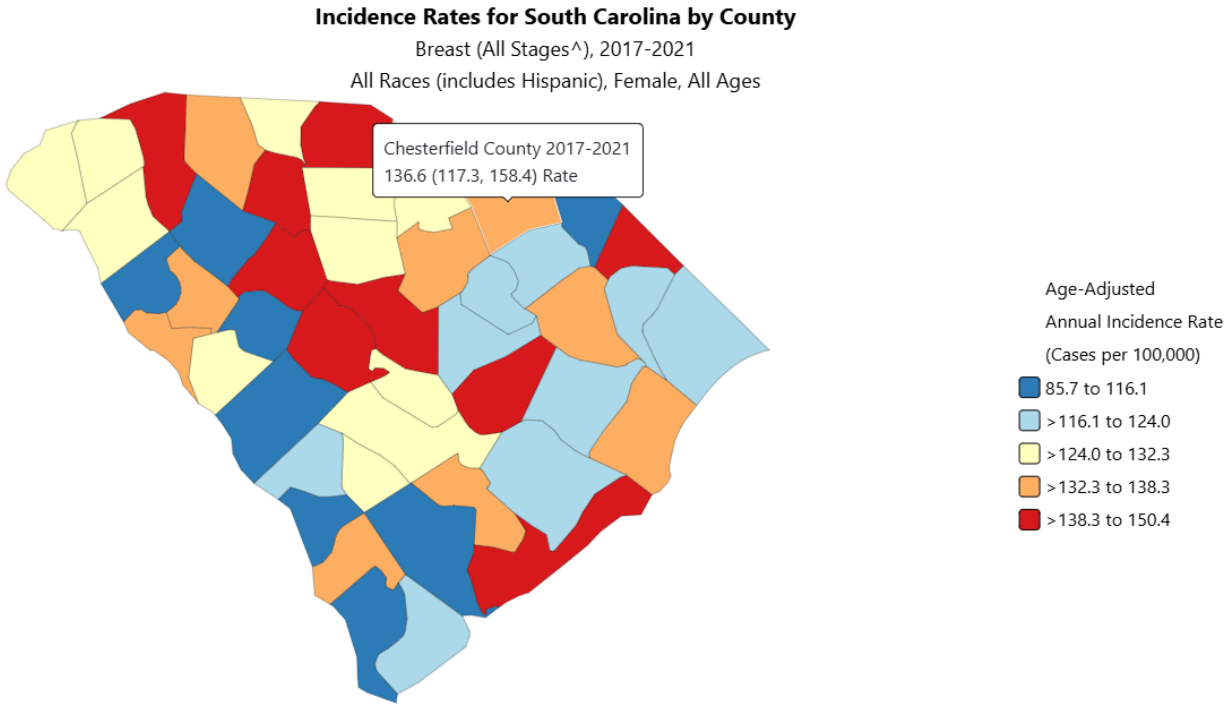
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

Key Findings from South Carolina Alliance: South Carolina Cancer Facts

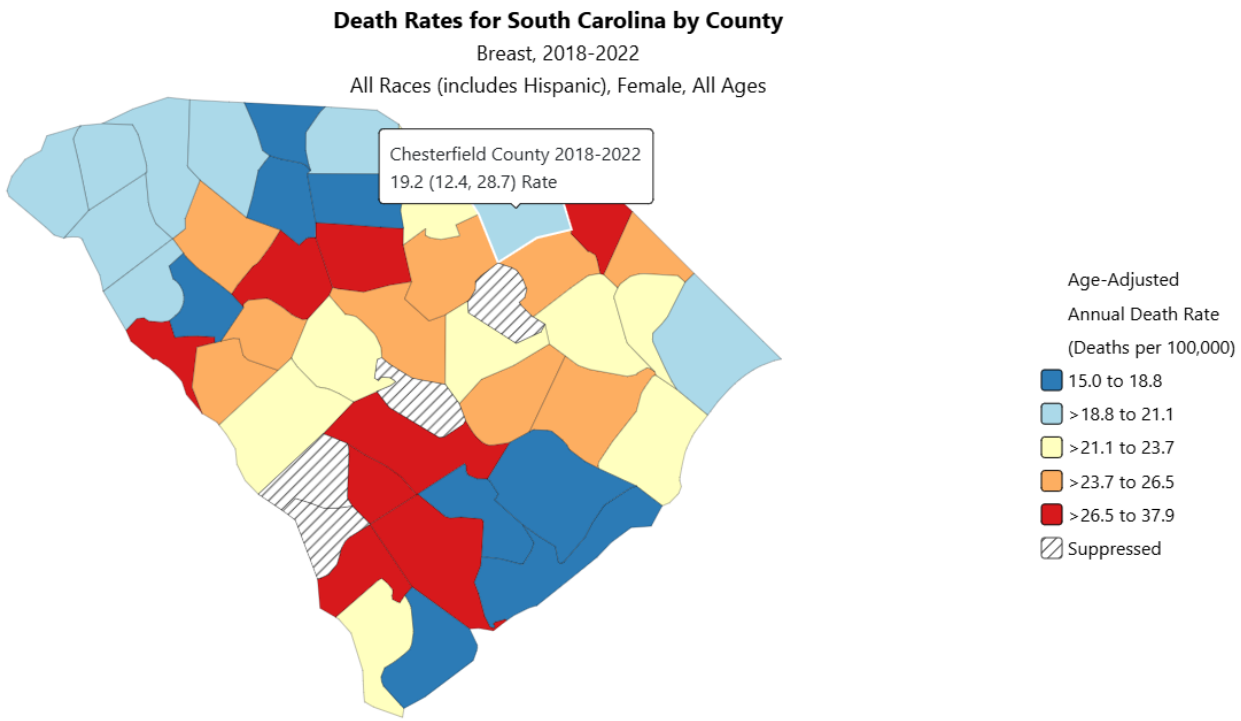
Breast Cancer:

- In South Carolina, approximately 3,845 women are diagnosed with breast cancer and 678 die from the disease each year.
- The most commonly diagnosed cancer among women.
- Death rate for black women is 40% higher than for white women.
- Greatest influence of survivability is early detection.

Source: https://www.sccancer.org/cancer-plan/early-detection/breast-cancer/; sccancer.org, SC 25-Year Trends for Incidence, Mortality, and Survival Report, September 2023; South Carolina State Health Assessment 2023 https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf



Source: https://statecancerprofiles.cancer.gov/



Source: https://statecancerprofiles.cancer.gov/

Lung Cancer:

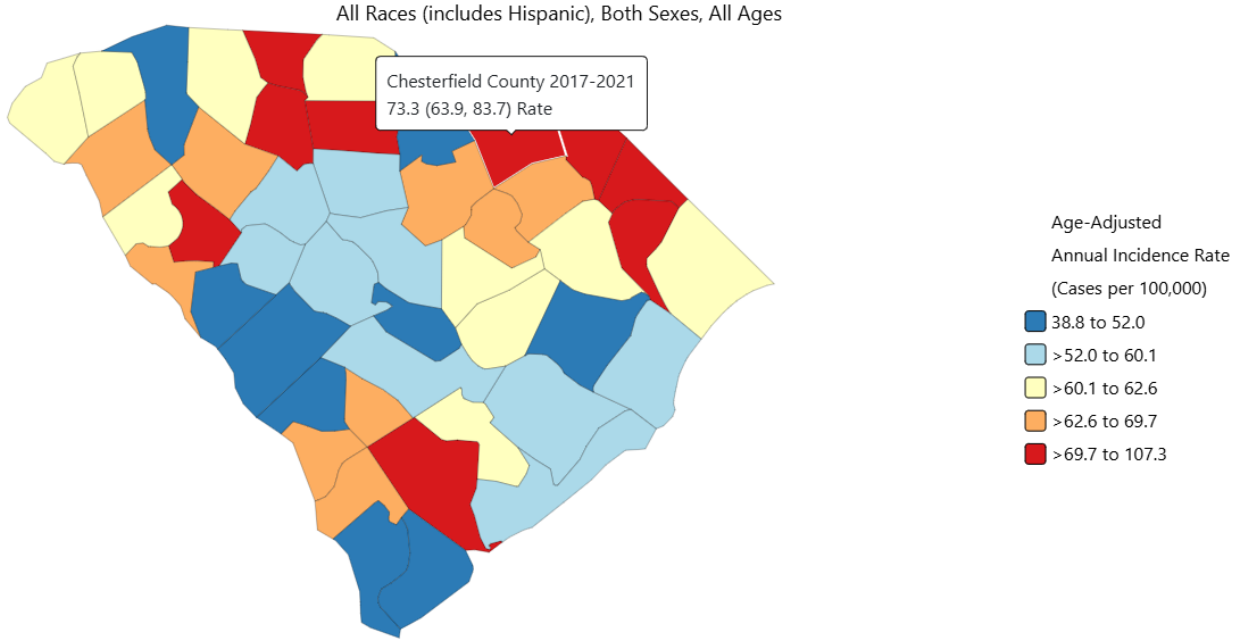
- South Carolina ranks 21st in the nation for lung cancer incidence rate and 15th in the nation for lung cancer death rate.
- South Carolina's male lung cancer mortality rate is the 13th highest in the nation.
- Cigarette smoking is the leading cause of lung cancer.

Source: https://www.sccancer.org/cancer-plan/early-detection/lung-cancer/; South Carolina State Health Assessment 2023 https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf

Incidence Rates for South Carolina by County

Lung & Bronchus (All Stages^), 2017-2021

All Races (includes Hispanic), Both Sexes, All Ages

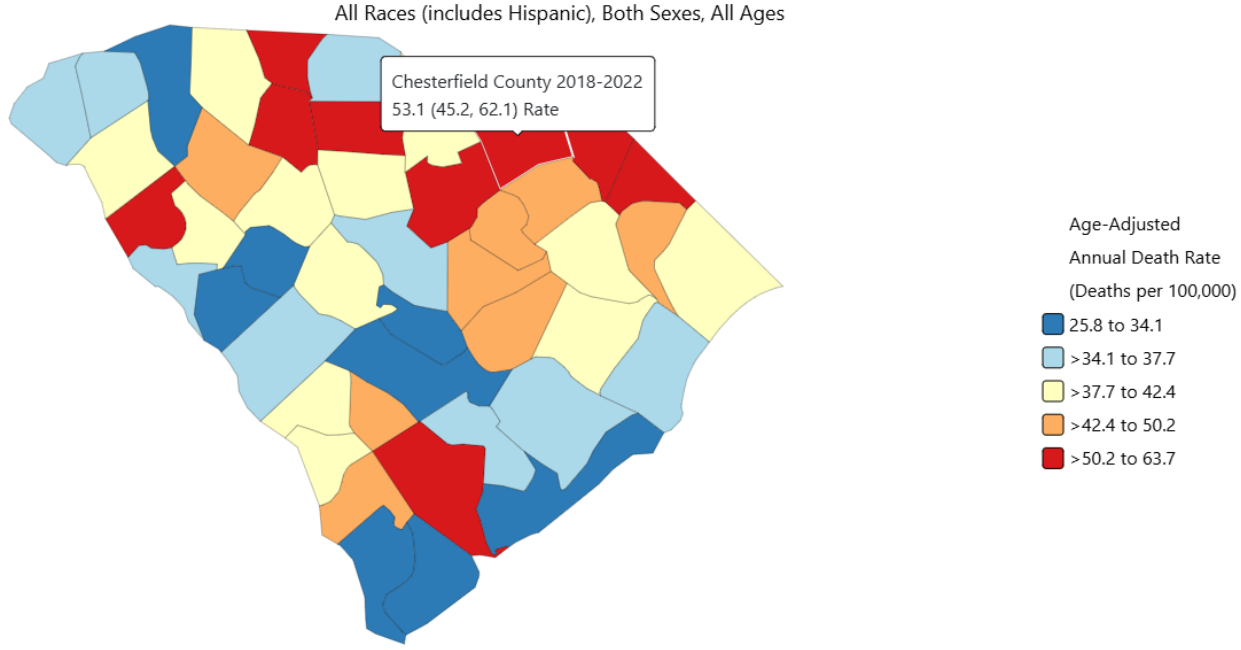


Source: https://statecancerprofiles.cancer.gov/

Death Rates for South Carolina by County

Lung & Bronchus, 2018-2022

All Races (includes Hispanic), Both Sexes, All Ages

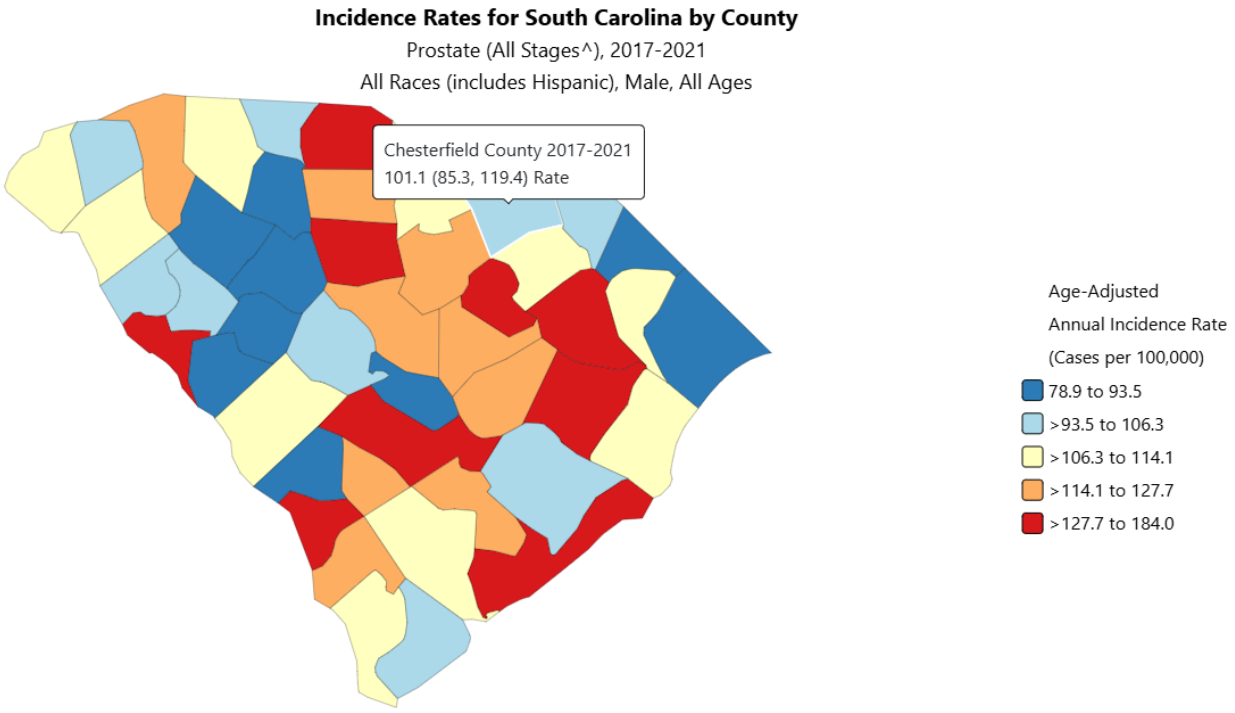


Source: https://statecancerprofiles.cancer.gov/

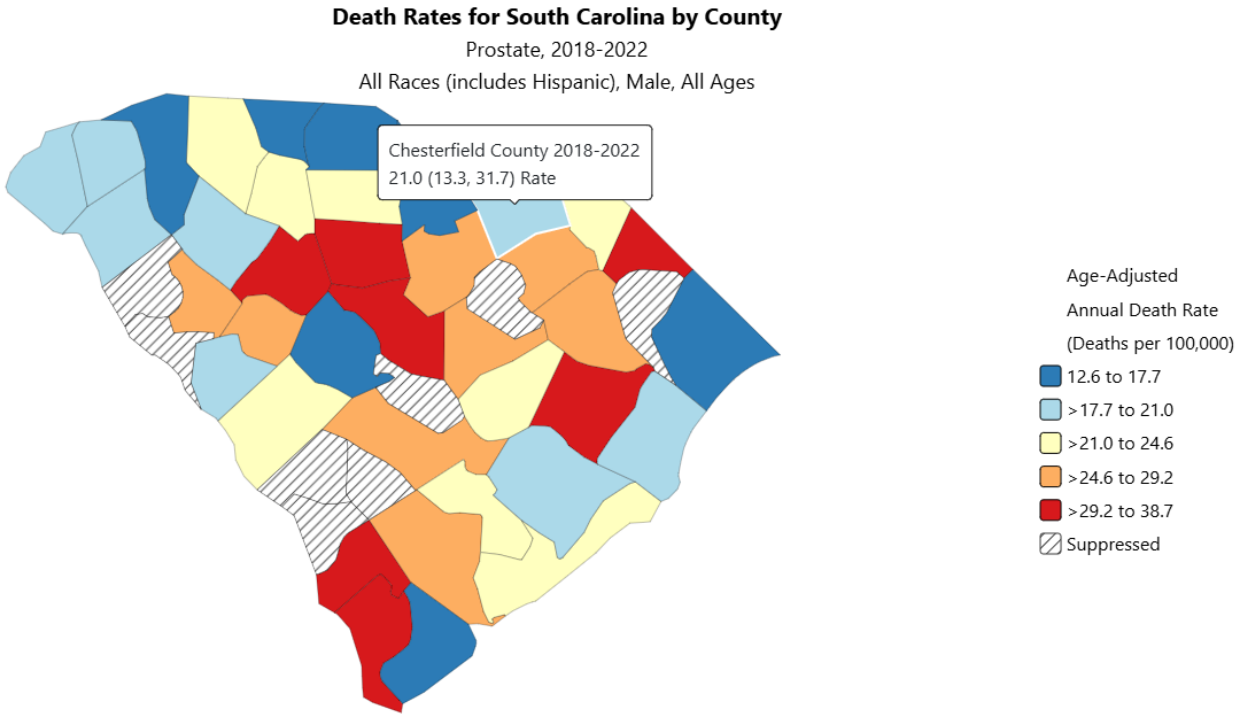
Prostate Cancer:

- Most commonly diagnosed cancer in men in South Carolina and the United States.
- South Carolina ranks 26th in the nation for prostate cancer incidence rate and 9th in the nation for prostate cancer mortality rate.
- Non-Hispanic Black men are 73% more likely to be diagnosed with prostate cancer and are 128% more likely to die from prostate cancer as compared to their non-Hispanic White male counterparts.

Source: https://www.sccancer.org/cancer-plan/early-detection/prostate-cancer/; South Carolina State Health Assessment 2023 https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf



Source: https://statecancerprofiles.cancer.gov/



Source: https://statecancerprofiles.cancer.gov/

Colorectal Cancer:

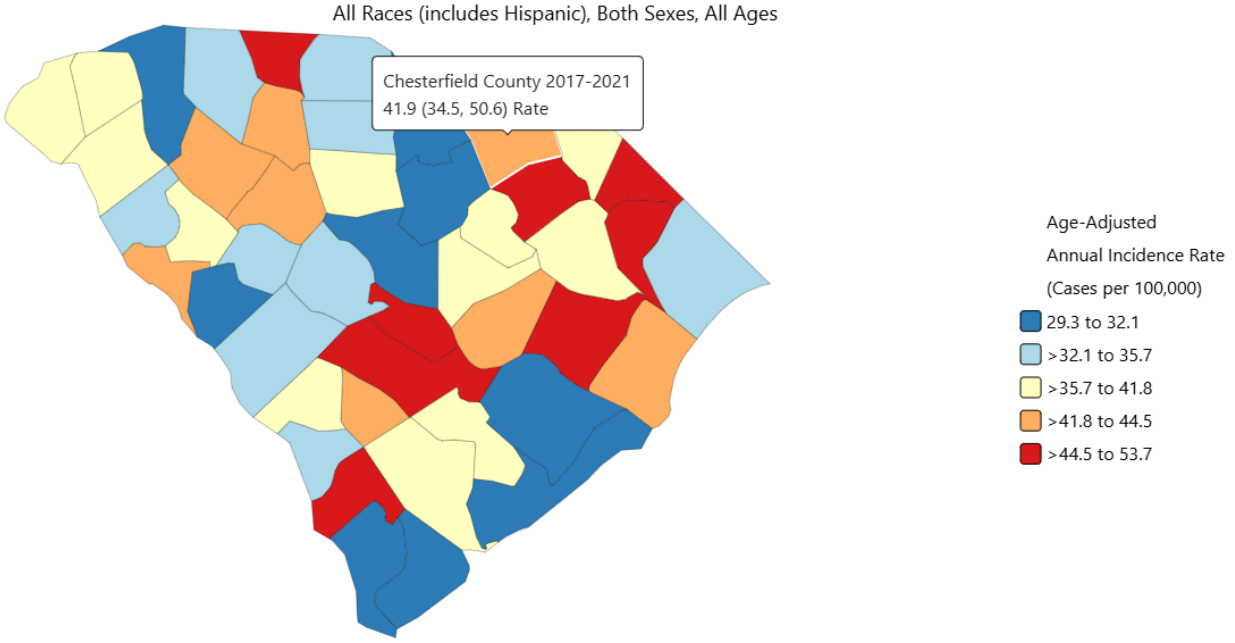
- Colorectal cancer is the second-leading cause of cancer death and the third most commonly occurring cancer in both men and women.
- South Carolina ranks 25th in the nation for colorectal cancer incidence rate and 23rd in the nation for colorectal cancer mortality rate.
- Non-Hispanic Blacks are diagnosed with colorectal cancer at a 17% higher rate and die from colorectal cancer at a 45% higher rate than non-Hispanic Whites.

Source: South Carolina State Health Assessment 2023
https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf

Incidence Rates for South Carolina by County

Colon & Rectum (All Stages^), 2017-2021

All Races (includes Hispanic), Both Sexes, All Ages

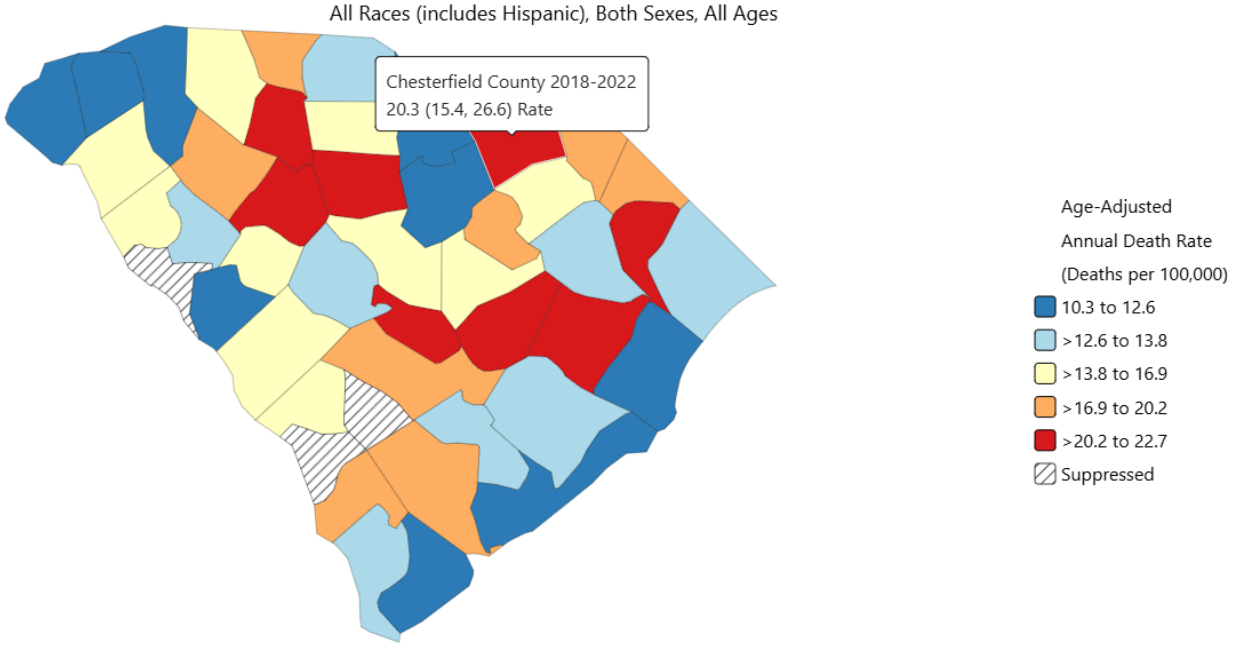


Source: https://statecancerprofiles.cancer.gov/

Death Rates for South Carolina by County

Colon & Rectum, 2018-2022

All Races (includes Hispanic), Both Sexes, All Ages

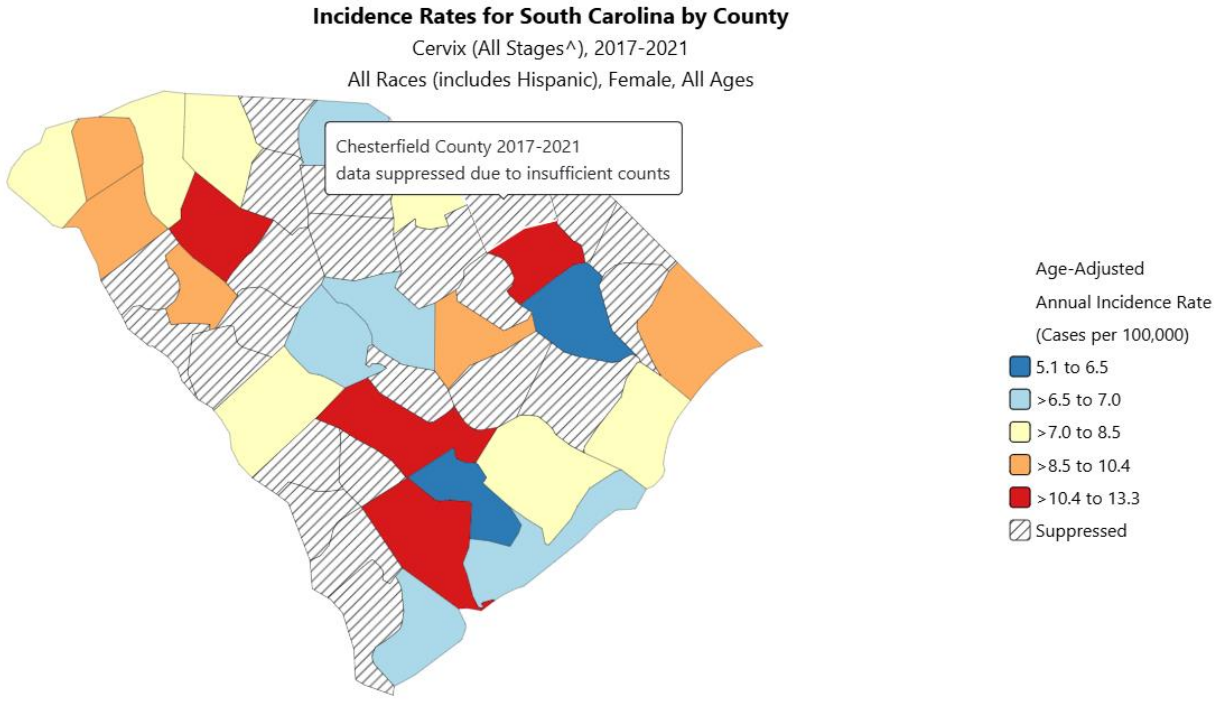


Source: https://statecancerprofiles.cancer.gov/

Cervical Cancer:

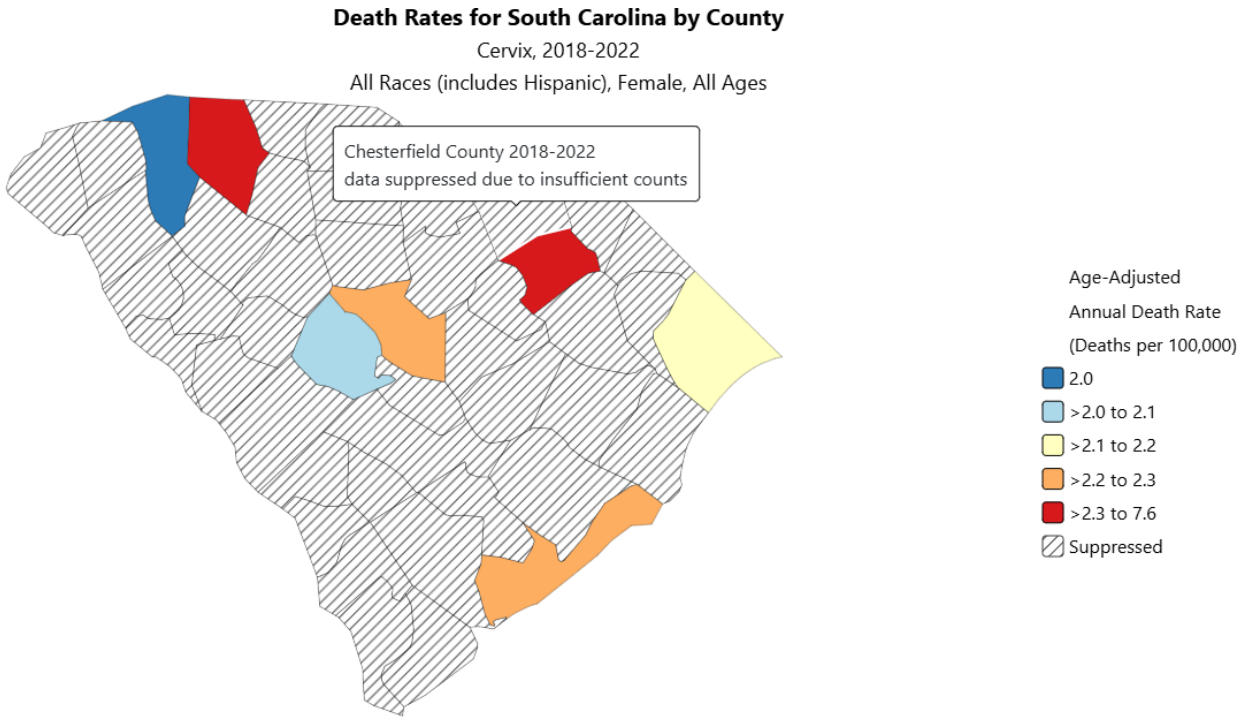
- In South Carolina, approximately 195 women are diagnosed with cervical cancer and 68 die from the disease each year.
- South Carolina ranks 19th in the nation for cervical cancer incidence and 16th in the nation for cervical cancer mortality rate.
- Black women are diagnosed with cervical cancer at a 10% higher rate and die at a 62% higher rate than their white counterparts.

Source: https://www.sccancer.org/cancer-plan/early-detection/cervical-cancer/; South Carolina State Health Assessment 2023 https://dph.sc.gov/sites/scdph/files/media/document/New%20PDFs/SHA-Report-20240521.pdf



** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

Source: https://statecancerprofiles.cancer.gov/



** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

Source: https://statecancerprofiles.cancer.gov/

Other Information:

- The American Cancer Society estimates that 1,053,250 new cancer cases for males and 988,660 new cancer cases for females will be diagnosed in the United States in 2025. Prostate cancer is the most common cancer among males (30%), followed by lung (11%) and colorectal (8%) cancers. Among females, breast (32%), lung (12%), and colorectal (7%) cancers are the most common.
- Furthermore, 618,120 new cancer deaths are expected in the United States in 2025. Lung cancer is the leading cause of cancer death among males (20%), followed by prostate (11%) and colorectal (9%) cancers. Among females, lung (21%), breast (14%), and pancreatic (8%) cancers are the leading causes of cancer death.

Source: American Cancer Society. Cancer Facts & Figures 2025. Atlanta: American Cancer Society; 2025.

Mortality - Coronary Heart Disease

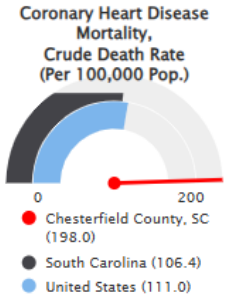
This indicator reports the 2019-2023 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there are a total of 440 deaths due to coronary heart disease. This represents a crude death rate of 198.0 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Chesterfield County, SC	44,448	440	198.0
South Carolina	5,242,730	27,885	106.4
United States	331,563,969	1,840,172	111.0

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. 2019-2023. → *Show more details*

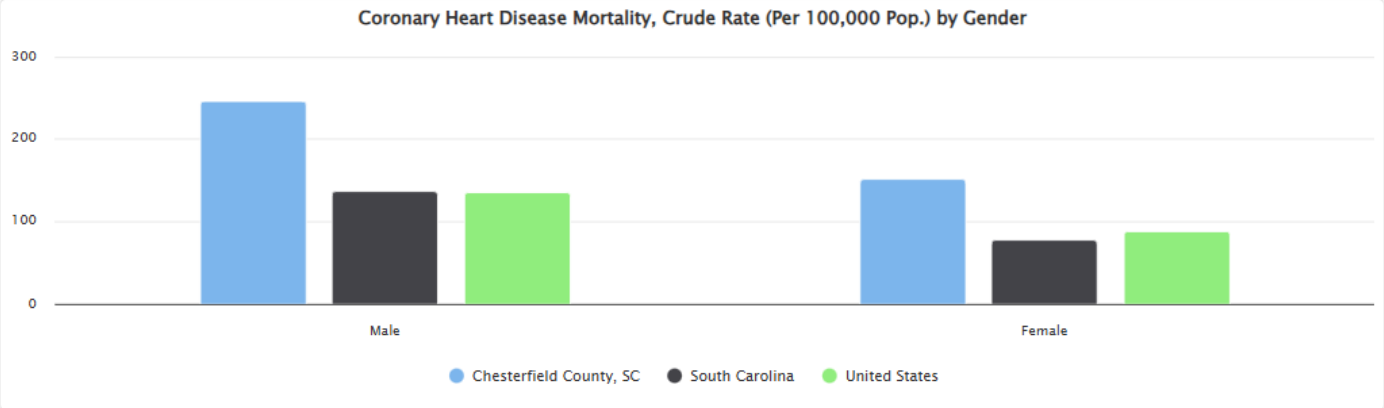


Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to coronary heart disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Chesterfield County, SC	246.0	152.2
South Carolina	137.1	77.4
United States	134.7	87.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*



Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to coronary heart disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Chesterfield County, SC	233.7	177.1	No data	No data	No data	No data	No data
South Carolina	125.4	95.6	31.3	61.4	No data	5.5	18.2
United States	143.5	103.0	52.5	79.6	85.0	19.3	43.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

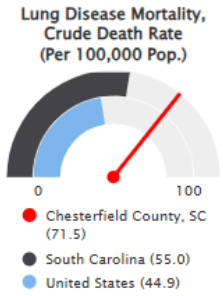
Mortality - Lung Disease

This indicator reports the 2019-2023 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. 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 are a total of 159 deaths due to lung disease. This represents a crude death rate of 71.5 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Chesterfield County, SC	44,448	159	71.5
South Carolina	5,242,730	14,418	55.0
United States	331,563,969	744,717	44.9

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. 2019-2023. → *Show more details*

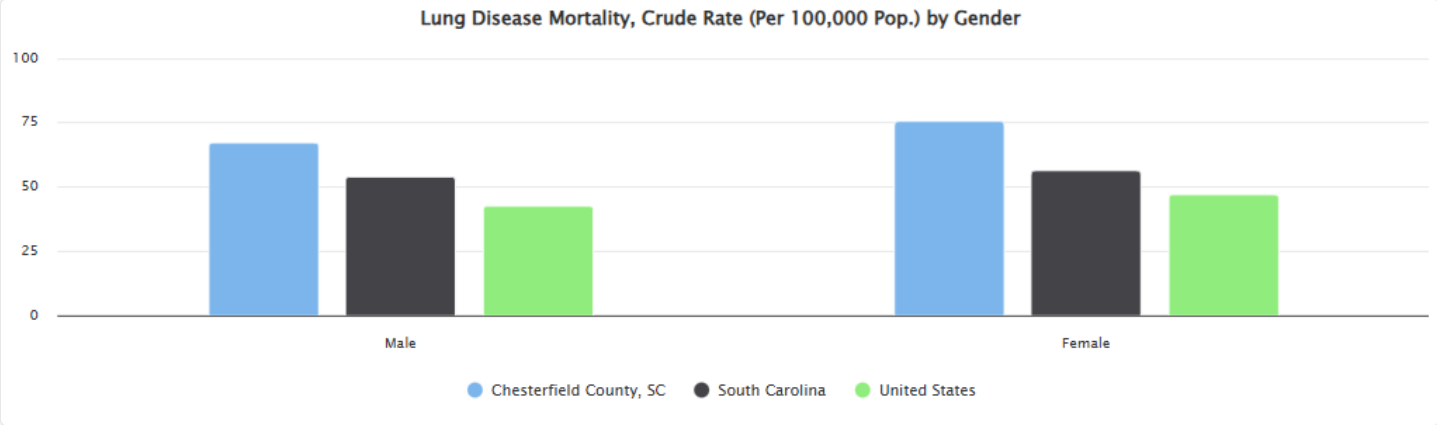


Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to lung disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Chesterfield County, SC	67.3	75.6
South Carolina	53.8	56.2
United States	42.8	47.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*



Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to lung disease for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Chesterfield County, SC	103.2	30.7	No data	No data	No data	No data	No data
South Carolina	73.8	29.6	5.9	31.2	No data	4.5	4.1
United States	65.2	27.3	9.3	31.7	15.7	7.8	9.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

Mortality - Motor Vehicle Crash

This indicator reports the 2019-2023 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates. This indicator is relevant because motor vehicle crash

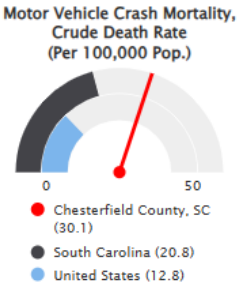
deaths are preventable and they are a cause of premature death.

Within the report area, there are a total of 67 deaths due to motor vehicle crash. This represents a crude death rate of 30.1 per every 100,000 total population. Fatality counts are based on the decedent's residence and not the location of the crash.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Chesterfield County, SC	44,448	67	30.1
South Carolina	5,242,730	5,457	20.8
United States	331,563,969	211,504	12.8

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. 2019-2023. → *Show more details*



Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to motor vehicle crash for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Chesterfield County, SC	28.1	39.0	No data	No data	No data	No data	No data
South Carolina	19.0	28.3	5.7	No data	No data	5.9	18.5
United States	12.8	17.9	4.5	29.4	12.4	5.9	11.9

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

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 were from the National Center for Health Statistics - Mortality Files (2020-2022) and are used for the 2025 County Health

Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

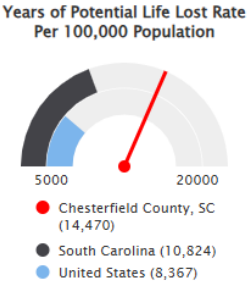
Within the report area, there are a total of 1,163 premature deaths from 2020 to 2022. This represents an age-adjusted rate of 14,470 years potential life lost before age 75 per every 100,000 total population.

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

The table below shows the Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

Report Area	Premature Deaths, 2020-2022	Years of Potential Life Lost, Total	Years of Potential Life Lost, Rate per 100,000 Population
Chesterfield County, SC	1,163	17,733	14,470
South Carolina	96,385	1,573,721	10,824
United States	4,763,989	77,421,586	8,367

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. 2020-2022. → *Show more details*



Mortality - Stroke

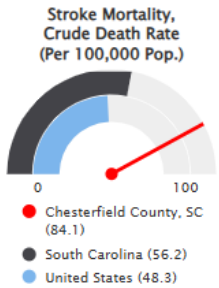
This indicator reports the 2019-2023 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Within the report area, there are a total of 187 deaths due to stroke. This represents a crude death rate of 84.1 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Chesterfield County, SC	44,448	187	84.1
South Carolina	5,242,730	14,723	56.2
United States	331,563,969	801,191	48.3

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. 2019-2023. → *Show more details*

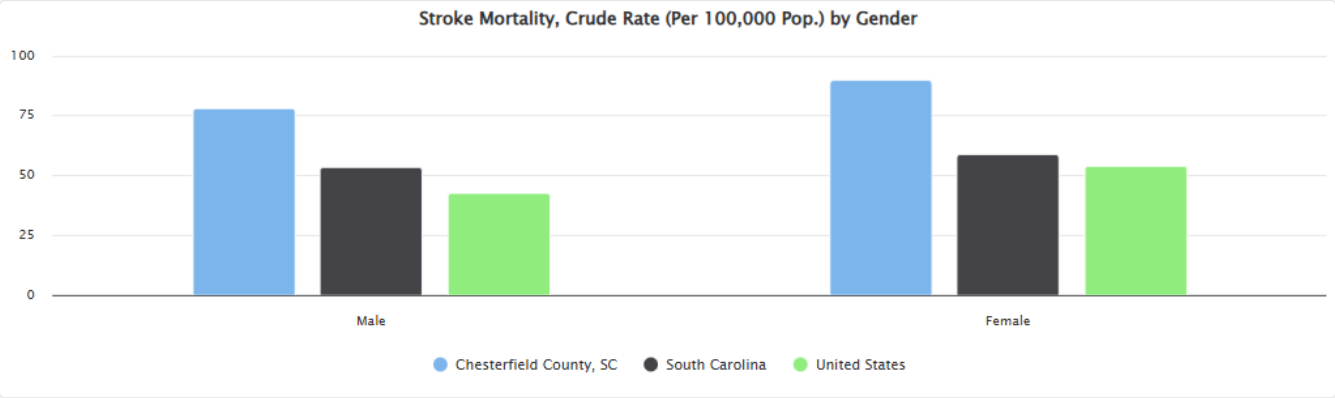


Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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	78.3	89.7
South Carolina	53.5	58.7
United States	42.4	54.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*



Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to stroke for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Chesterfield County, SC	96.4	82.3	No data	No data	No data	No data	No data
South Carolina	61.0	62.1	23.6	31.2	No data	5.3	11.0
United States	59.3	52.8	31.2	30.4	41.0	8.8	21.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

Mortality - Unintentional Injury (Accident)

This indicator reports the 2019-2023 five-year average rate of death due to unintentional injury per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because unintentional injuries are a leading cause of death in the United States.

Within the report area, there are a total of 186 deaths due to unintentional injury. This represents a crude death rate of 83.7 per every 100,000 total population.

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

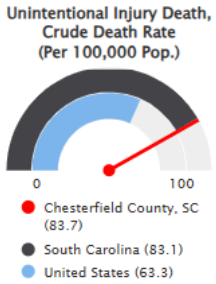
Within the report area, there is a total of 150 deaths due to unintentional injury. This represents an age-adjusted death rate of 64.9 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Chesterfield County, SC	44,448	186	83.7
South Carolina	5,242,730	21,774	83.1
United States	331,563,969	1,048,667	63.3

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. 2019-2023. → *Show more details*

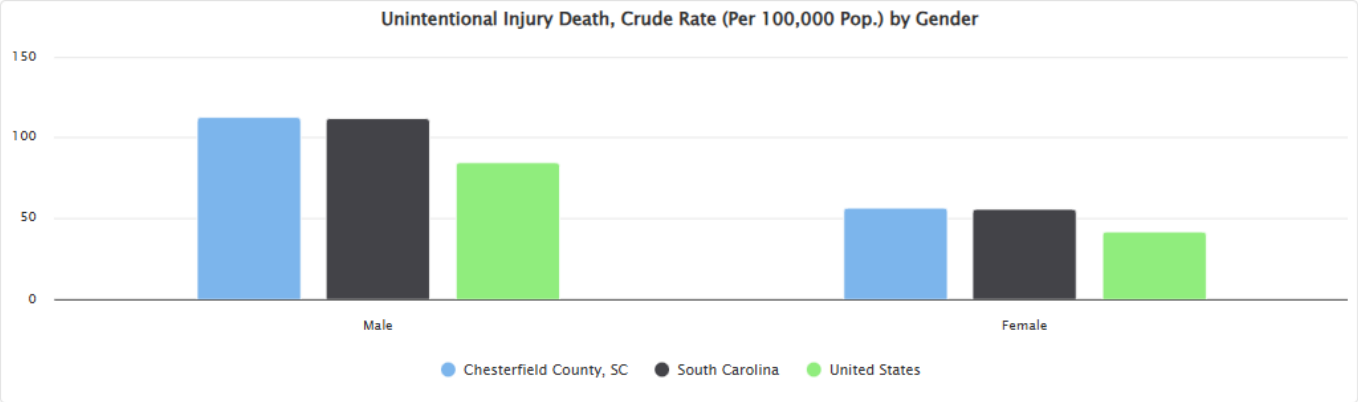


Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to unintentional injury (accidents) for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Chesterfield County, SC	112.4	56.3
South Carolina	112.2	55.5
United States	84.9	42.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*



Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to unintentional injury (accidents) for the 5-year period 2019-2023. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Chesterfield County, SC	101.7	66.9	No data	No data	No data	No data	No data
South Carolina	94.4	75.2	18.9	91.6	No data	16.4	42.1
United States	73.2	73.6	18.7	112.5	44.9	26.1	40.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

Obesity (Adult – Trends)

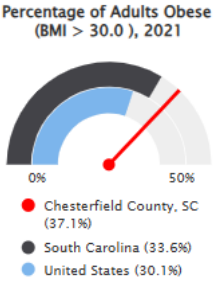
This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report 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 are a total of 12,216 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 37.1% 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	32,839	12,216	37.1%
South Carolina	3,937,098	1,323,929	33.6%
United States	232,757,930	70,168,831	30.1%

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. 2021. → *Show more details*

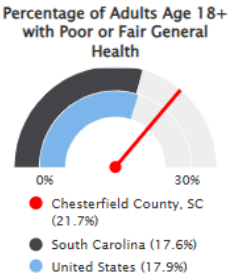


Poor or Fair Health

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor.” In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 21.7%.

Report Area	Total Population	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Chesterfield County, SC	43,683	21.7%	20.5%
South Carolina	5,282,634	17.6%	16.6%
United States	333,287,557	17.9%	17.0%

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. 2022 . → *Show more details*



Chesterfield County Health Rankings 2022 vs. 2025

To evaluate the impact of any actions that were taken to address the significant health needs identified in the 2022 CHNA the following is a comparison of health outcomes and behaviors in 2022 and in 2025.

	Chesterfield 2022 Ranking	Progress	Chesterfield 2025 Ranking
Length of Life			
Premature Death	12,200	Getting Worse	14,500
Quality of Life			
Poor or Fair Health	26%		21%
Poor Physical Health Days	5.1		4.8
Poor Mental Health Days	5.3		5.9
Low Birthweight	11%		11%
Health Behaviors			
Adult Smoking	24%		19%
Adult Obesity	40%		40%
Food Environment Index	8.0		7.7
Physical Inactivity	37%	Improving	28%
Access to Exercise Opportunities	53%		55%
Excessive Drinking	20%		17%
Alcohol-Impaired Driving Deaths	31%		30%
Sexually Transmitted Infections	716.3	Improving	659.3
Teen Births	36		30

Clinical Care			
Uninsured	15%		12%
Primary Care Physicians	3,260:1	Getting Worse	3,330:1
Dentists	3,510:1		3,360:1
Mental Health Providers	810:1		720:1
Preventable Hospital Stays	4,769	Improving	3,644
Mammography Screening	43%		45%
Flu Vaccinations	47%		47%
Social & Economic Factors			
High School Graduation	78%		82%
Some College	45%		48%
Unemployment	6.1%	Improving	3.2%
Children in Poverty	25%		30%
Income Inequality	4.5		4.9
Injury Deaths	100		114
Physical Environment			
Air Pollution – Particulate Matter	6.7		7.1
Drinking Water Violations	No		Yes
Severe Housing Problems	14%		14%
Driving Alone to Work	86%		85%
Long Commute – Driving Alone	36%		38%

Data Source: https://www.countyhealthrankings.org/health-data/south-carolina/chesterfield?year=2025

Priority Issues and Implementation Plan

McLeod Health utilizes resources such as U.S. Department of Health to guide health promotion and disease prevention efforts. 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**
Goal #1: Improve access to Primary Care	**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.	• Number of materials given • Number of referrals and new patient visits that can be contributed to informational materials distributed	• 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 • AccessHealth McLeod	Ongoing
	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	• Number of mammogram screenings conducted at McLeod Health Cheraw • Number of mammogram screenings conducted on the	• McLeod Health Foundation • McLeod Cancer Center	Ongoing

	breast cancer and colon cancer. Note: To assist cancer patients with financial barriers to accessing care through the McLeod Hope Fund.	Mobile Mammography Unit that comes to different locations in Chesterfield and Marlboro counties • 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	• New patient visits	• Physician Liaison and Department Director visits 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	• Maintain at least 25 participants per nurse in the McLeod Nurse Partnership Program	• 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. The program is overseen by a McLeod Physician and will generate new classes of providers to serve the rural communities surrounding the hospital.	• Increase in the volume of new patients seen within the program	• McLeod Physician Associates • McLeod Family Medicine Program	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. (AccessHealth McLeod)	• Number of enrolled patients with AccessHealth McLeod • Reduced number of ED visits for non-emergent conditions among target population	• CareSouth Carolina FQHC • Northeastern Rural Health Network • AccessHealth McLeod • Local Churches • PDRTA	Ongoing
Goal #2: Reduce barriers to healthcare	**Strategy 1:** Maintain partnership and provide access to Language and American Sign Language Lines	• Number of patients utilizing translation services	• Language Line Translator Group	Ongoing
Goal #2: Improve access to specialty care	**Strategy 1:** Maintain partnerships that allow current services to be offered locally via telemedicine capabilities	• Telestroke • Televascular • Teleneurology • Telepulmonology	• State of South Carolina • TeleSpecialist Neurology Services • McLeod Physician Associates	Ongoing
	Strategy 2: Expand and retain specialty care providers	• Number of providers and specialties	• McLeod Health • MPA	Ongoing
	Strategy 3: Expansion of outpatient services to surrounding areas	• Number of new services • Number of patients seen	• McLeod Health	Ongoing

McLeod Health Cheraw CHNA Need #2: Diabetes				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Improve diabetes management and education	**Strategy 1:** Provide public information regarding the signs and symptoms of diabetes through media sources	• 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	• Local media outlets • Local libraries • Local churches • Community Partners • Civic Organizations	Ongoing
	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	• Number of participants in Healthier You program for weight loss and the correlation with Diabetes Management	• McLeod Employee Health • McLeod Healthier You • South Carolina Hospital Association Working Well Program	Ongoing

McLeod Health Cheraw CHNA Need #3: Heart Disease and Stroke				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Prevention and management of heart disease and Stroke	**Strategy 1:** Ongoing support recovery from heart attacks by providing a cardiac rehabilitation program at McLeod Health Cheraw. 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. Participants receive heart-related education while exercising in the program Participants are given health counseling and nutritional tips and healthy recipes in FoodShare produce boxes to promote a healthier lifestyle	• 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)	• McLeod Health Foundation	Ongoing

	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. Educational information from this program is widely available to all McLeod employees through various distribution methods.	• Improved biometric numbers of those participants including weight loss, reduced BMI. lower cholesterol and glucose levels and reduced blood pressure	• McLeod Employee Health • South Carolina Hospital Association Working Well Program	Annually
	Strategy 3: Partner with local community fitness centers to encourage physical activity and healthy lifestyles. 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.	• Number of employees with memberships at local fitness centers • Nutrition information and nutrition health sliders given to members • Healthy recipes given to members	• Chesterfield Family YMCA • YMCA of the Upper Pee Dee • McLeod Employee Health • Fitness World Gym	Ongoing

	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. Provide educational health sliders about cholesterol, heart disease, stroke, healthy eating, etc. to already established community events and church events when appropriate.	• Surveys at events to gather demographic information • Pre-education tests and post-education tests to measure the effectiveness of information offered	• Chesterfield County Coordinating Council • Marlboro County Coordinating Council • Council on Aging • Community and Civic Groups • Local Church Networks • Local State Representatives	Ongoing
	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.	• Continuing of healthy options • Provide healthy recipe cards for community FoodShare boxes	• Council on Aging • USC School of Medicine • McLeod Primary Care • Chesterfield County Coordinating Council • Local FoodShare Programs	Ongoing
Goal #2: Provide health education through various mediums to promote healthy lifestyles through disease management	**Strategy 1:** Health Fairs and other community events to provide cardiovascular disease prevention and management.	• Support and/or participation in events	• American Heart Association	Ongoing

	Strategy 2: Provide health education and screenings through health fairs and community events.	• Support and/or participation in events	• Area Churches • Civic Organizations • EMS	Ongoing
	Strategy 3: Provide public health information through articles and speaker series events that focus on educating the community on chronic diseases and prevention.	• Blogs • Articles • News Releases • Social Media Posts • Health Information Sliders • Medical Minutes	• 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.	• Number of patients presenting to McLeod Health Cheraw ED with Myocardial Infarction	• 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**
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	**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.	• Number of employees enrolled in the program	• McLeod Employee Health • South Carolina Hospital Association Working Well Program	Ongoing
	Strategy 2: Provide public information through media sources	• Media outlets and speaker activity	• American Cancer Society	Ongoing
	Strategy 3: Continue providing inpatient telepulmonology consults	• Number of telehealth visits	• McLeod Physicians Associates • McLeod Telehealth	Ongoing
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	**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	• 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

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Attainment – High School Graduation Rate, Data Source: *US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.*

High School Graduation Rate by Year, 2012-13 through 2022-23, Data Source: *US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.*

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SNAP Benefits – Population Receiving SNAP (SAIPE), Data Source: *US Census Bureau, Small Area Income and Poverty Estimates. 2022.*

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STI – Chlamydia Incidence, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023*

Chlamydia Incidence Rate by Year, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.*

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Gonorrhea Incidence Rate by Year, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.*

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Tobacco Usage – Current Smokers, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.*

Birth Outcomes – Low Birth Weight (CDC), Data Source: *University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023*

Cancer Incidence – All Sites, Data Source: *State Cancer Profiles. 2017-21.*

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Mortality – Lung Disease, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

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Mortality – Stroke, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

Storke Mortality, Crude Rate (Per 100,000 Pop.) by Gender, Data Source: *Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-23.*

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Appendix A

McLeod Health administered a comprehensive survey to residents within the defined service area of McLeod Health Cheraw.

The data collected through this survey informed the identification of key health priorities and the development of targeted strategies to address the unique needs of the community.

Appendix B

McLeod Health provides patients with a list of community resources available within the service area through the online care coordination platform Unite Us. Through this platform, our patients are connected to a variety of social care needs including medical care, medication assistance, transportation assistance, housing assistance, access to food, and other resources. Unite Us provides a closed loop referral system through cross sector collaboration connecting communities and improving the health and well-being of the people we serve.

The 2025 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.