McLeod Health Clarendon

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

- Overweight/Obesity
- Heart Disease/Stroke
- Diabetes
- Cancer

Source: McLeod Health Survey

Primary Diagnosis Admitted to Emergency Department

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

- Chest Pain
- Fall
- Upper Respiratory Tract Infection
- Nausea/Vomiting
- Chest Wall Pain

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

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

- Hypertensive Heart Disease with Heart Failure
- Post-term Pregnancy
- Hypertensive Heart and Chronic Kidney Disease with Heart Failure
- Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation
- Sepsis

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

McLeod Health Clarendon 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:

- Heart Disease and Stroke
- Diabetes
- Ling Disease

About McLeod Health Clarendon

Since 1951, McLeod Health Clarendon, formerly known as Clarendon Health System, continues to be the community's choice for health and wellness needs. The highly skilled physicians and medical staff provide a wide range of medical services designed to meet the unique health care needs of patients.

Services include an Emergency Department, Intensive Care Unit, Labor and Delivery, Medical Surgical Unit, Surgery, Infusion, Sleep Lab, Radiology, Laboratory, Wound Care and a Swing Bed Unit. Cardiac, Speech, Physical and Occupational Rehabilitation Services are located in McLeod Health and Fitness Center Clarendon. Cardiology, General Surgery, Orthopedics and Urology specialty services are also available.

The continuum of care for patients outside the hospital setting is provided by McLeod Health services of Home Health, Hospice, Nurse-Family Partnership, AccessHealth McLeod, Sports Medicine and Occupational Health. Investments in state-of-the-art technology to improve patient care have included MRI, 3D mammography, 4D ultrasounds, CT Scans, and nuclear/vascular studies.

OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Clarendon 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's 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.

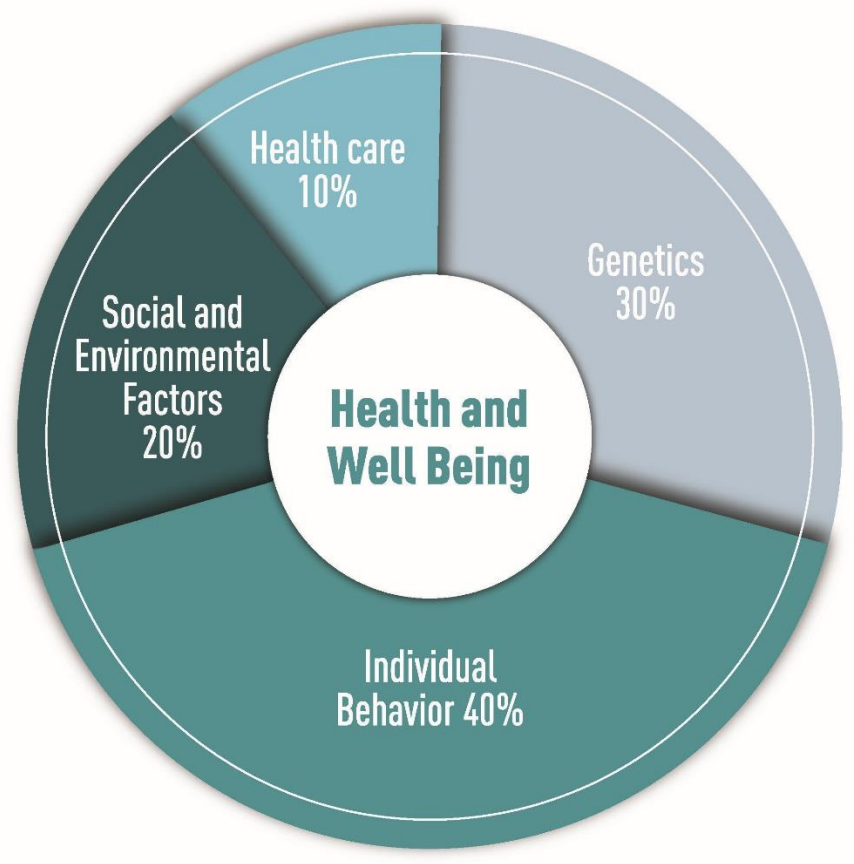
Data analysis included demographic, socioeconomic and health determinant measures. When possible, data also was analyzed according to age, gender and/or race to offer insight into health disparities that may affect specific subgroups in the community.

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	A

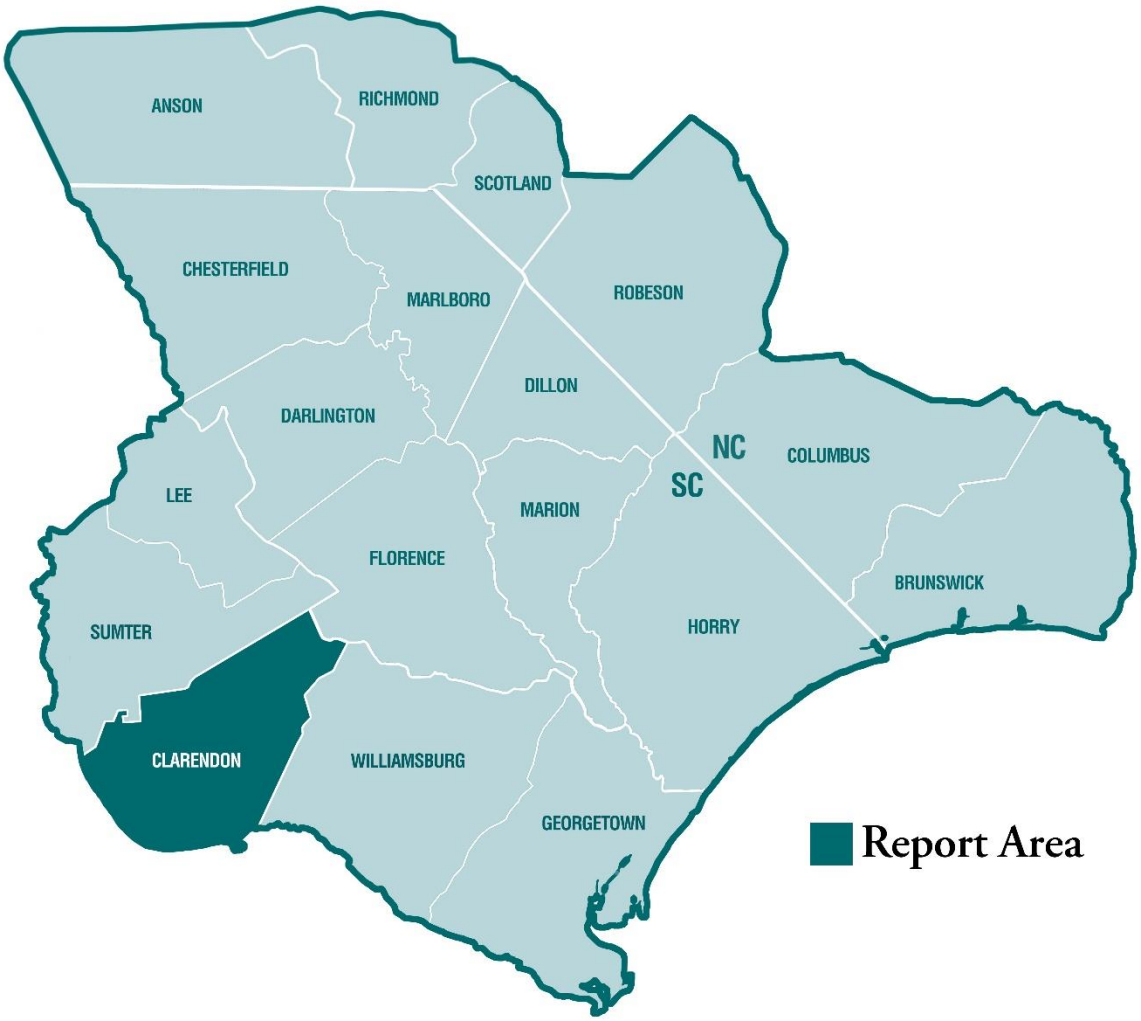
	alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	A, B
Prevention of Dental Caries in Children Younger than 5 years: Screenings and Interventions.	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 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.	B
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	B

	substantially limits life expectancy or the ability or willingness to have curative lung surgery.	
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 and Adolescents: Interventions	The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.	B
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 Clarendon inpatient and outpatient hospital data. The study area for this assessment is defined as Clarendon County which represents the majority of patients served, to include the zip codes shown in Table 1.

Table 1. McLeod Health Clarendon Primary Service Area ZIP Codes

ZIP Code	City	County
29001	Alcolu	Clarendon
29051	Gable	Clarendon
29056	Greeleyville	Williamsburg
29102	Manning	Clarendon
29111	New Zion	Clarendon
29125	Pinewood	Sumter
29148	Summerton	Clarendon
29556	Kingstree	Williamsburg
29590	Salters	Williamsburg
29150	Sumter	Sumter
29154	Sumter	Sumter

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.

Total Population

A total of 31,037 people live in the 607.21 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 51 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)
Clarendon County, SC	31,037	607.21	51
South Carolina	5,212,774	30,064.23	173
United States	332,387,540	3,533,298.58	94

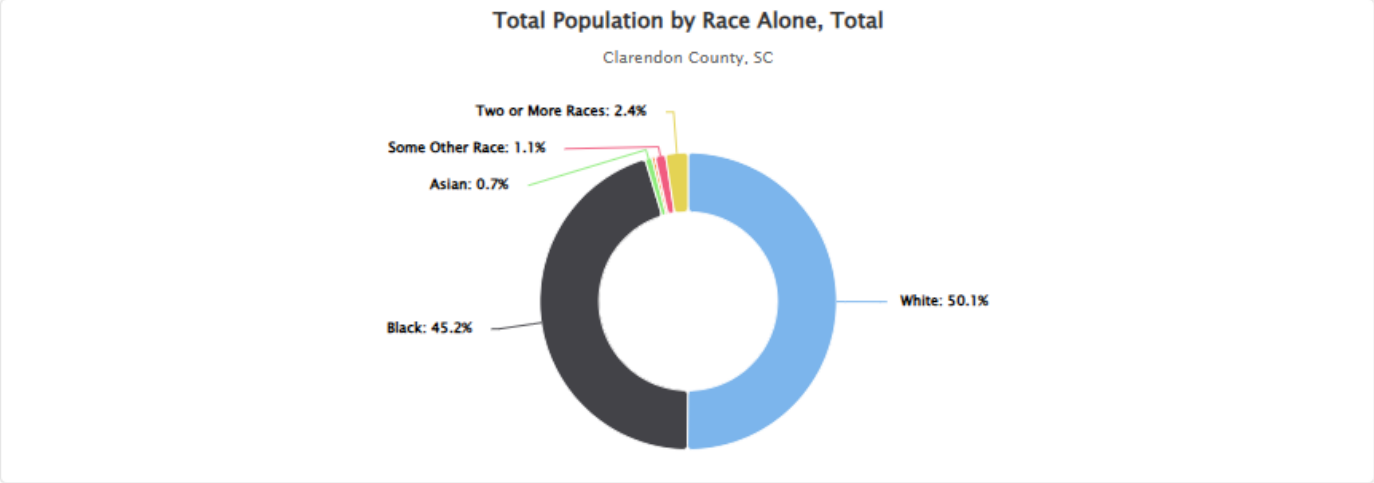
Data Source: US Census Bureau, American Community Survey. 2019-23. → *Show more details*

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
Clarendon County, SC	15,544	14,035	232	111	0	356	759
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*

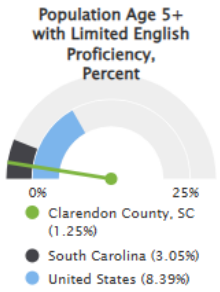


Population with Limited English Proficiency

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 29,649 total population age 5 and older in the report area, 370 or 1.25% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Clarendon County, SC	29,649	370	1.25%
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 and Economics

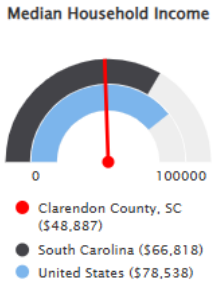
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to 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 11,949 households in the report area, with an average income of $68,565.42 and median income of $48,887.

Report Area	Total Households	Average Household Income	Median Household Income
Clarendon County, SC	11,949	$68,565.42	$48,887
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

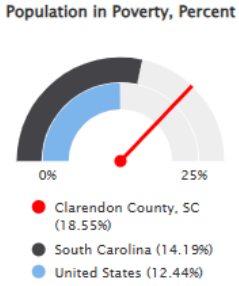
Poverty is considered a *key driver* of health status.

Within the report area 18.55% or 5,501 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
Clarendon County, SC	29,659	5,501	18.55%
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

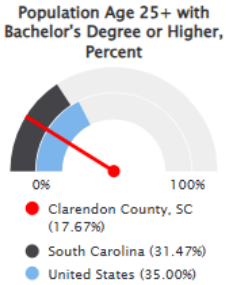
This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through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

Attainment - Bachelor's Degree or Higher

17.67% of the population aged 25 and older, or 3,997 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
Clarendon County, SC	22,623	3,997	17.67%
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*

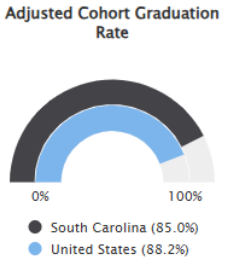


Attainment - High School Graduation Rate

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. This indicator reports the adjusted cohort graduation rate for the report area compared to state and national rates for the most recently reported school year.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Clarendon County, SC	No data	No data	No data
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*



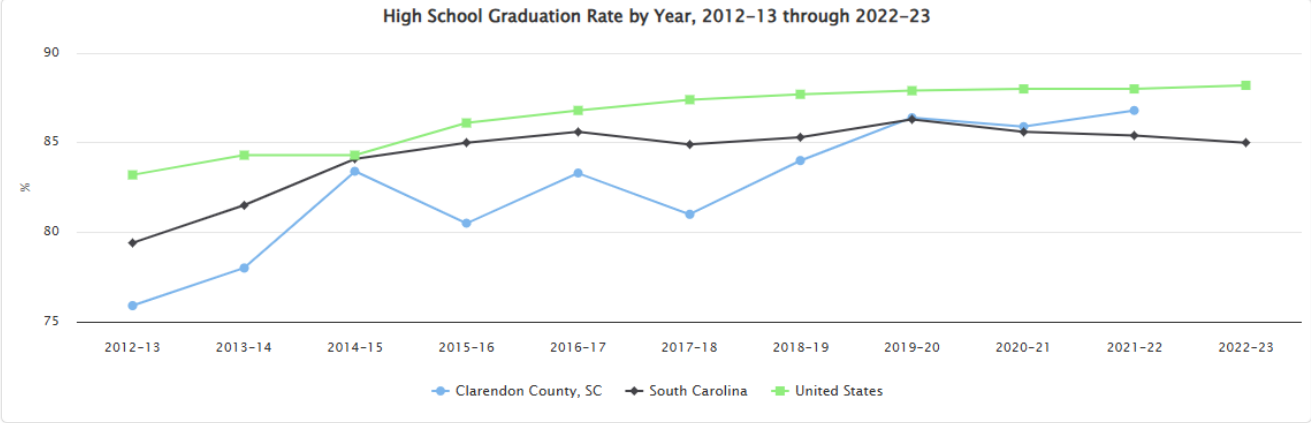
High School Graduation Rate by Year, 2012-13 through 2022-23

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
Clarendon County, SC	75.9%	78.0%	83.4%	80.5%	83.3%	81.0%	84.0%	86.4%	85.9%	86.8%	No data
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

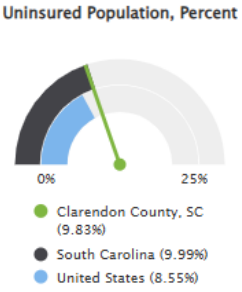
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to 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 9.83% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less 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
Clarendon County, SC	29,717	2,921	9.83%
South Carolina	5,113,158	510,757	9.99%
United States	327,425,278	28,000,876	8.55%

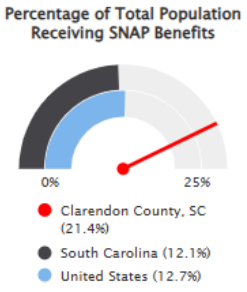


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23. ➞ *Show more details*

SNAP Benefits - Population Receiving SNAP (SAIPE)

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

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Clarendon County, SC	31,144	6,659	21.4%
South Carolina	5,118,425	619,109	12.1%
United States	331,449,281	41,975,381	12.7%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022. ➞ *Show more details*

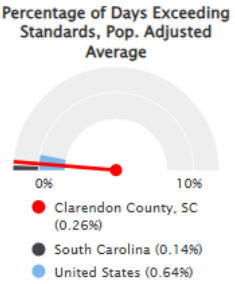
Physical Environment

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
Clarendon County, SC	31,144	7.50	1.00	0.25%	**0.26%**
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*

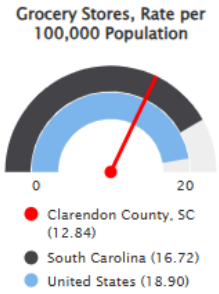
Food Environment - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 4 grocery establishments in the report area, a rate of 12.84 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
Clarendon County, SC	31,144	4	12.84
South Carolina	5,118,425	856	16.72
United States	331,449,275	62,647	18.90

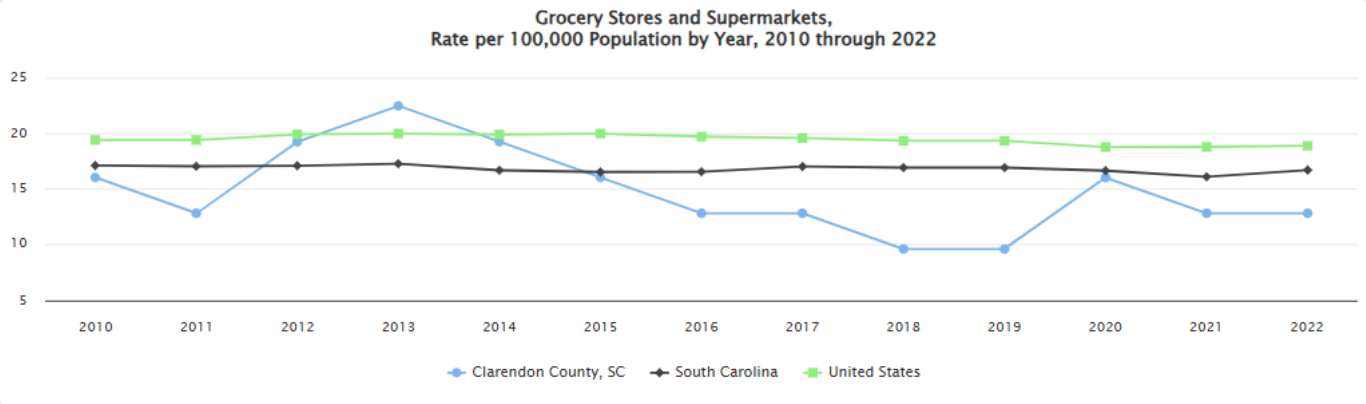
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → *Show more details*



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
Clarendon County, SC	16.05	12.84	19.27	22.48	19.27	16.05	12.84	12.84	9.63	9.63	16.05	12.84	12.84
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*



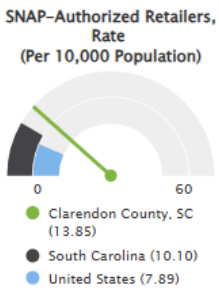
Food Environment - SNAP-Authorized Food Stores

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 43 SNAP-authorized retailers with a rate of 13.85.

Report Area	Total Population (2023)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Clarendon County, SC	31,037	43	13.85
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 uninsurance, 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.

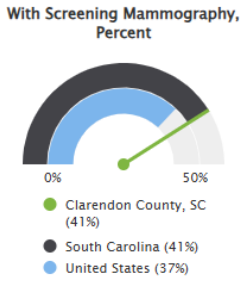
Cancer Screening – Mammogram (Medicare)

This indicator reports the unsmoothed age-adjusted rate of screening mammography for female Medicare FFS population in 2023. Data were obtained 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
Clarendon County, SC	2,649	1,086	41%
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)
HOPEHEALTH, INC.	21	Clarendon, SC; Darlington, SC; Florence, SC; Orangeburg, SC; Williamsburg, 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
Clarendon County, SC	59,913.00	14.82%	62.75%	22.43%
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.

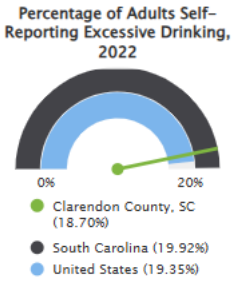
Alcohol – Heavy Alcohol Consumption

In the report area, 4,772, or 18.70% 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
Clarendon County, SC	25,518	4,772	18.70%
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*



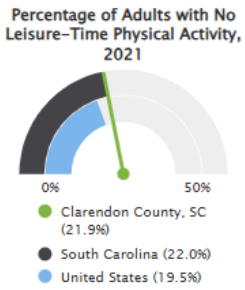
Physical Inactivity

Within the report area, 5,784 or 21.9% 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
Clarendon County, SC	24,613	5,784	21.9%
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*



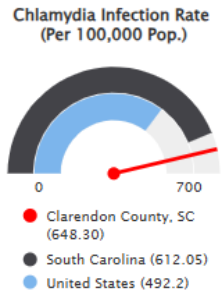
STI - Chlamydia Incidence

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

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

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
Clarendon County, SC	31,004	201	648.30
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*

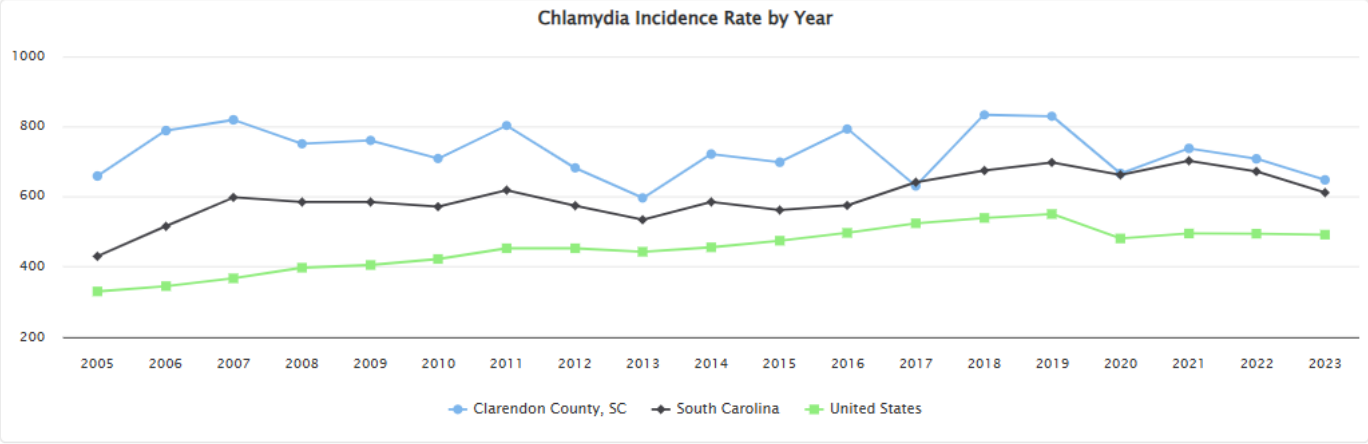


Chlamydia Incidence Rate by Year

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
Clarendon County, SC	659.4	788.9	819.6	751.2	760.9	709.2	803.4	682.5	596.7	721.9	698.7	793.5	631.3	833.9	829.8	666.8	738.1	708.4	648.3
South Carolina	430.4	515.7	598.4	585.2	585.3	572.1	619.1	574.8	534.8	585.5	562.4	575.5	641.6	674.9	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*



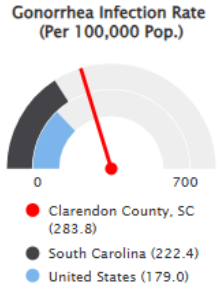
STI - Gonorrhea Incidence

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.
Clarendon County, SC	31,004	88	283.8
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*

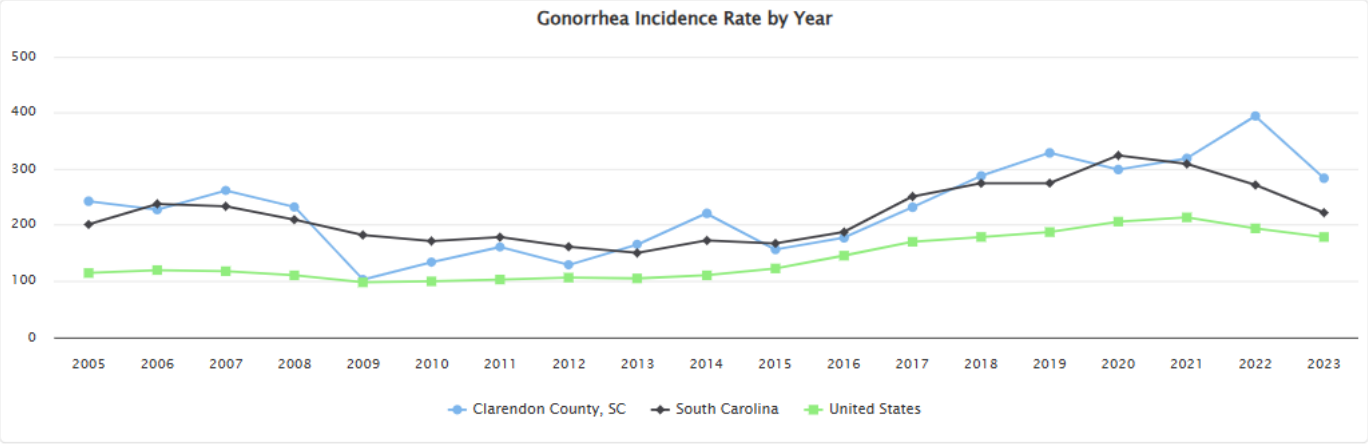


Gonorrhea Incidence Rate by Year

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
Clarendon County, SC	242.8	228.0	262.0	232.3	103.1	134.4	161.3	129.6	165.9	221.2	156.9	177.6	232.0	287.8	328.9	299.3	319.1	394.7	283.8
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

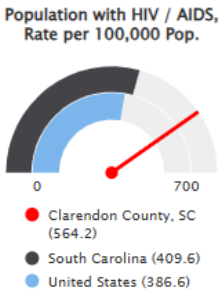
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023. → *Show more details*



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.
Clarendon County, SC	27,116	153	564.2
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



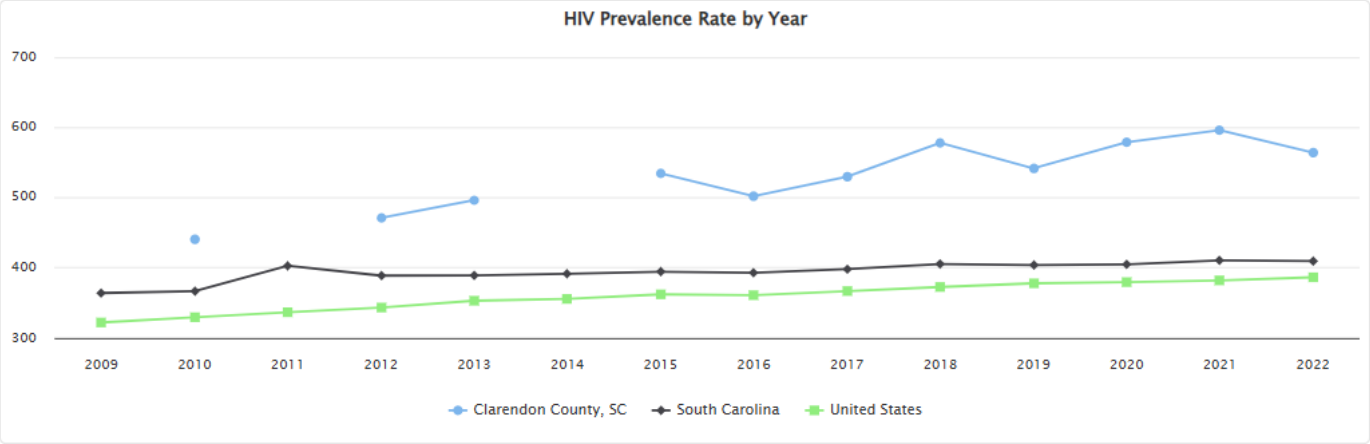
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022. → *Show more details*

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
Clarendon County, SC	No data	440.7	No data	471.1	496.3	No data	534.5	502.1	529.9	577.9	541.7	579.0	596.2	564.2
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*



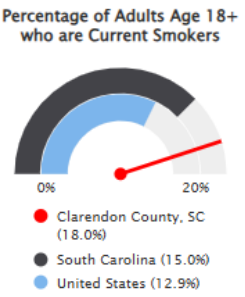
Tobacco Usage - Current Smokers

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 18.0% of adults age 18+ who have smoked or currently smoke out of the total population.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Clarendon County, SC	30,913	18.0%	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)

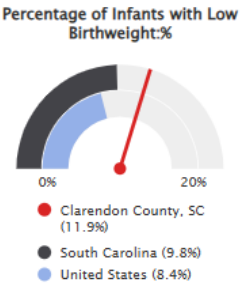
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2017-202) and are used for the 2025 County Health Rankings.

Within the report area, there were 251 infants born with low birth weight. This represents 11.9% 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
Clarendon County, SC	2,112	251	11.9%
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*



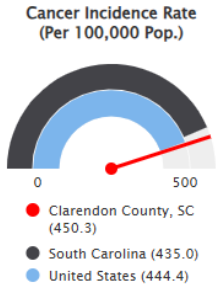
Cancer Incidence – All Sites

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 225 new cases of cancer reported. This means there is a rate of 450.3 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Clarendon County, SC	49,966	225	450.3
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)
Clarendon County, South Carolina	1 - All Cancer Sites (All Stages^), 2017-2021	225	450.3
Clarendon County, South Carolina	2 - Breast (All Stages^), 2017-2021	38	150.4
Clarendon County, South Carolina	3 - Lung & Bronchus (All Stages^), 2017-2021	34	62.2
Clarendon County, South Carolina	4 - Prostate (All Stages^), 2017-2021	32	120.4
Clarendon County, South Carolina	5 - Colon & Rectum (All Stages^), 2017-2021	20	44.5
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*

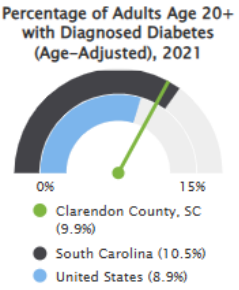
Chronic Conditions - Diabetes Prevalence (Adult - Trends)

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, 3,142 of adults age 20 and older have diabetes. This represents 9.9% 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
Clarendon County, SC	24,547	3,142	9.9%
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*

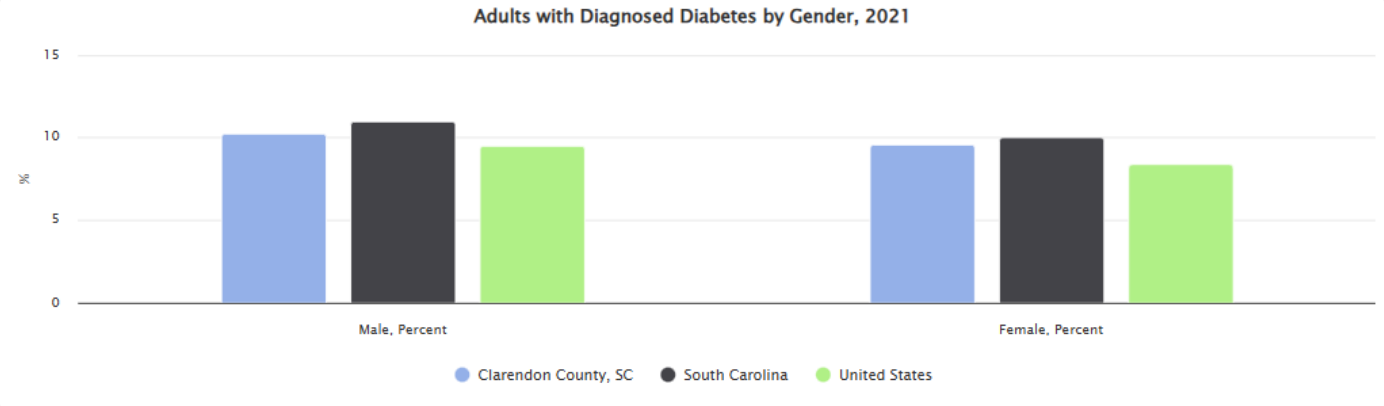
Adults with Diagnosed Diabetes by Gender, 2021

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
Clarendon County, SC	1,517	10.2%	1,625	9.6%
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.

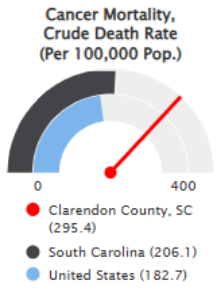
Within the report area, there are a total of 473 deaths due to cancer. This represents a crude death rate of 295.4 per every 100,000 total population.

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)
Clarendon County, SC	32,020	473	295.4
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*

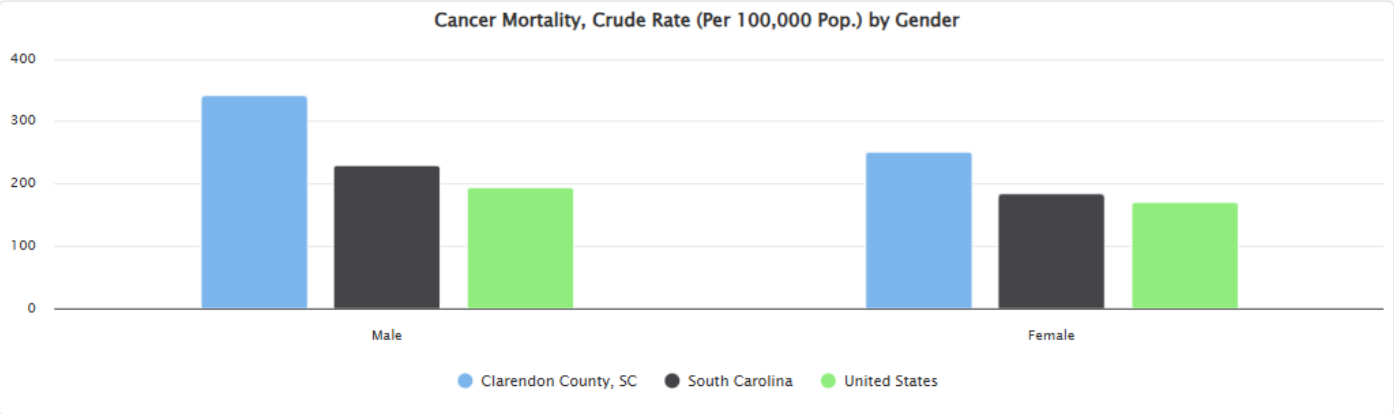


Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Clarendon County, SC	341.6	251.1
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 displays 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
Clarendon County, SC	334.4	283.4	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

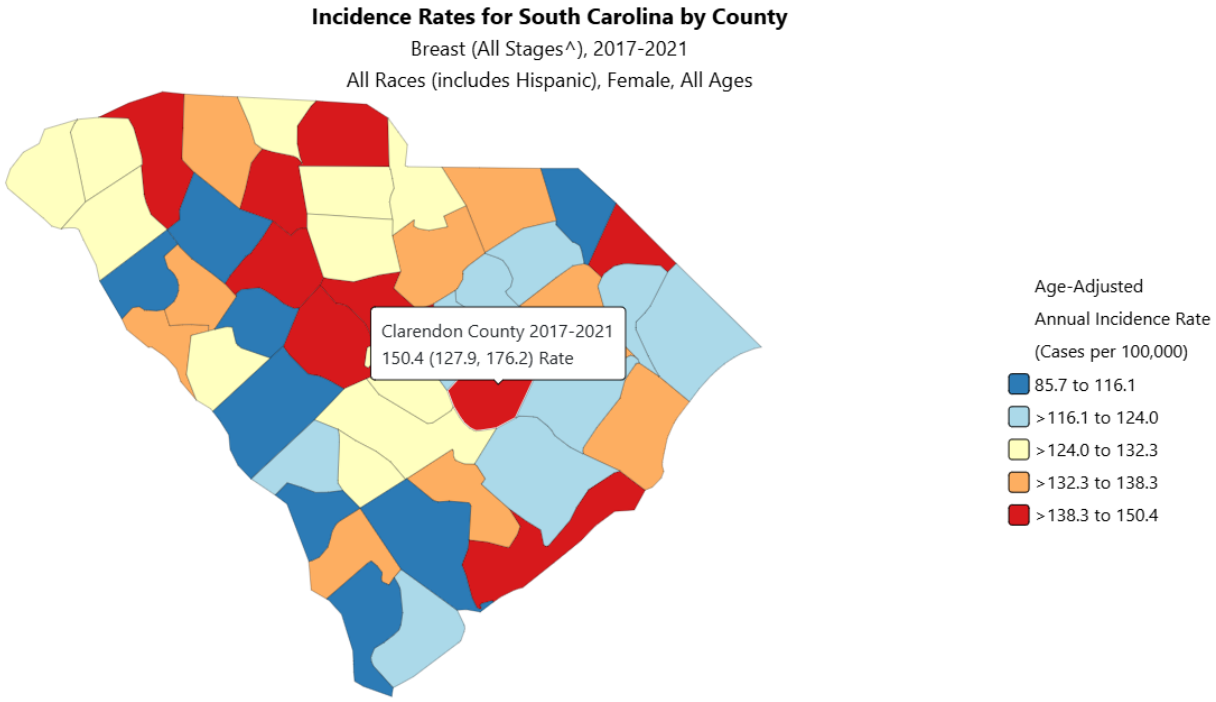
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → *Show more details*

Key Findings from South Carolina Alliance: South Carolina Cancer Facts

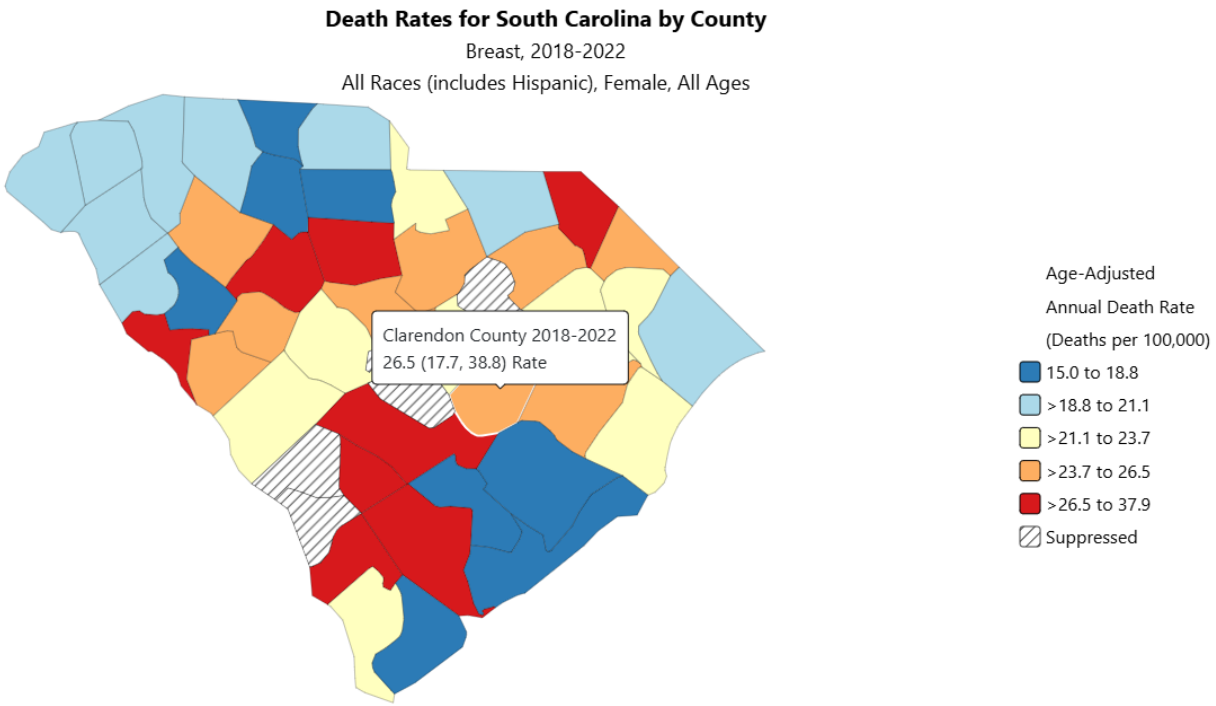
Breast Cancer:

- 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:

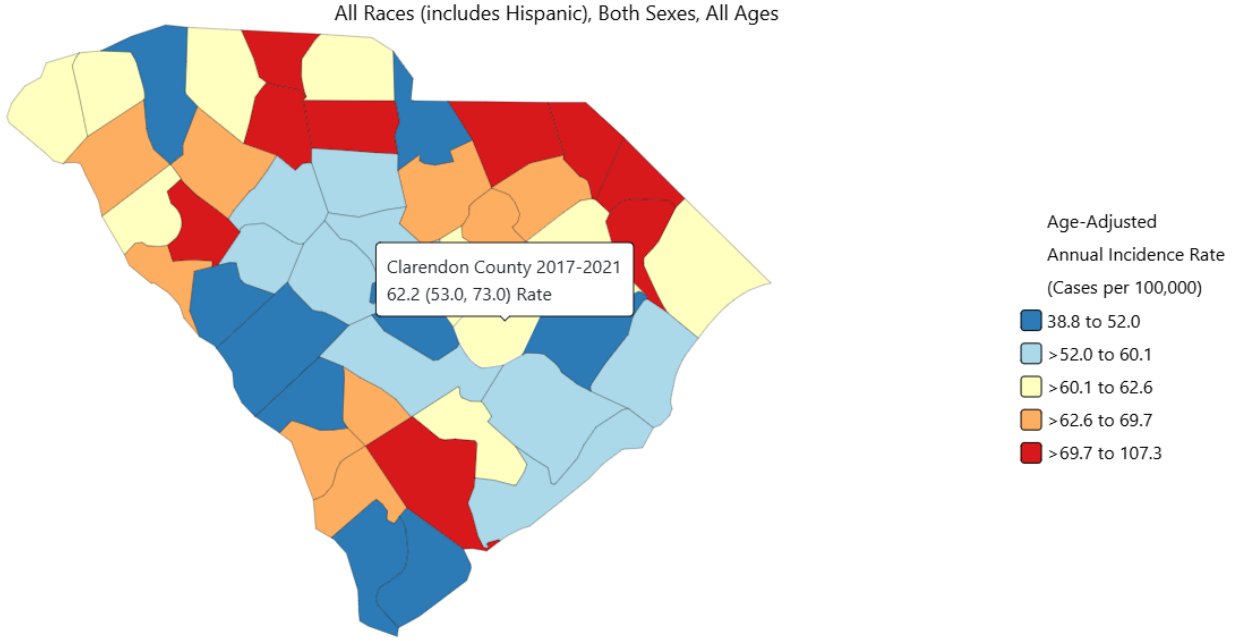
- South Carolina ranks 21st in the nation for lung cancer incidence rate and 15th in the nation for lung cancer death rate.
- South Carolina's male lung cancer mortality rate is the 13th highest in the nation.
- Cigarette smoking is the leading cause of lung cancer.

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

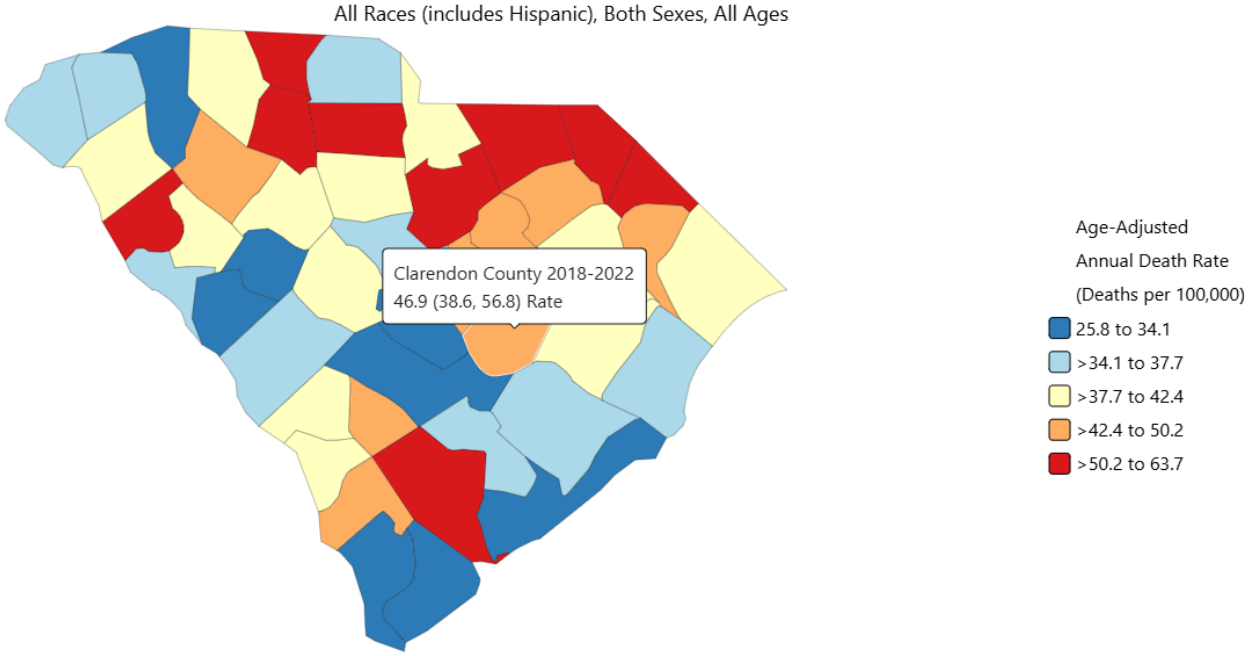


Source: https://statecancerprofiles.cancer.gov/

Death Rates for South Carolina by County

Lung & Bronchus, 2018-2022

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

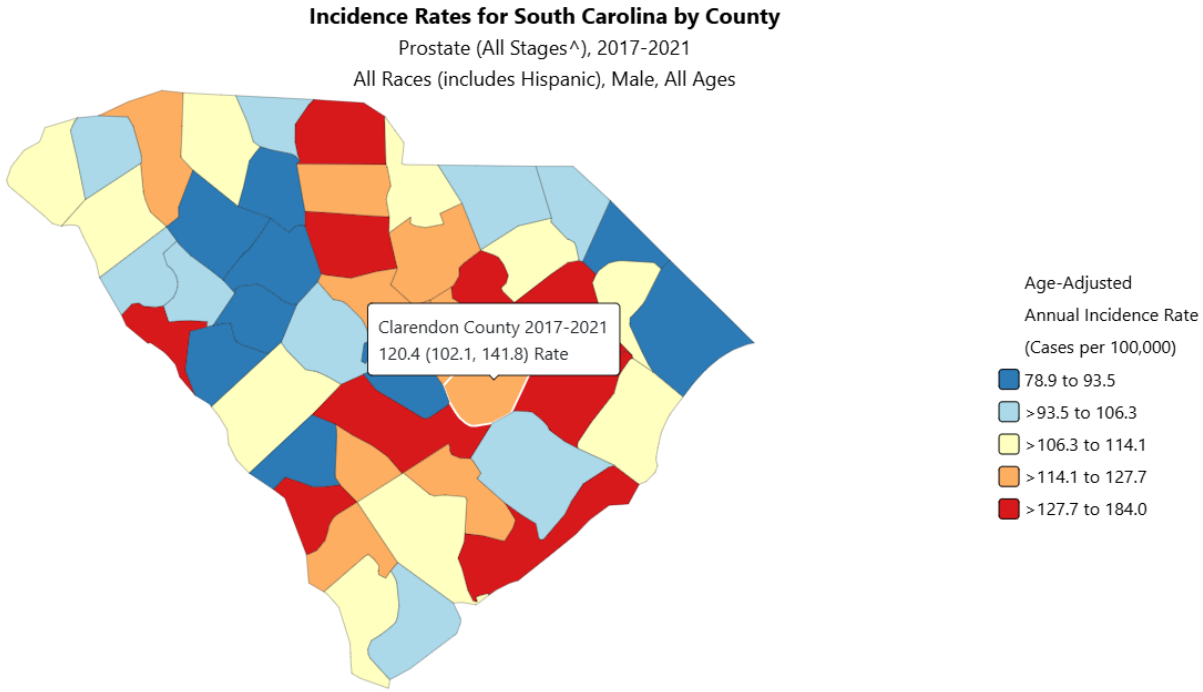


Source: https://statecancerprofiles.cancer.gov/

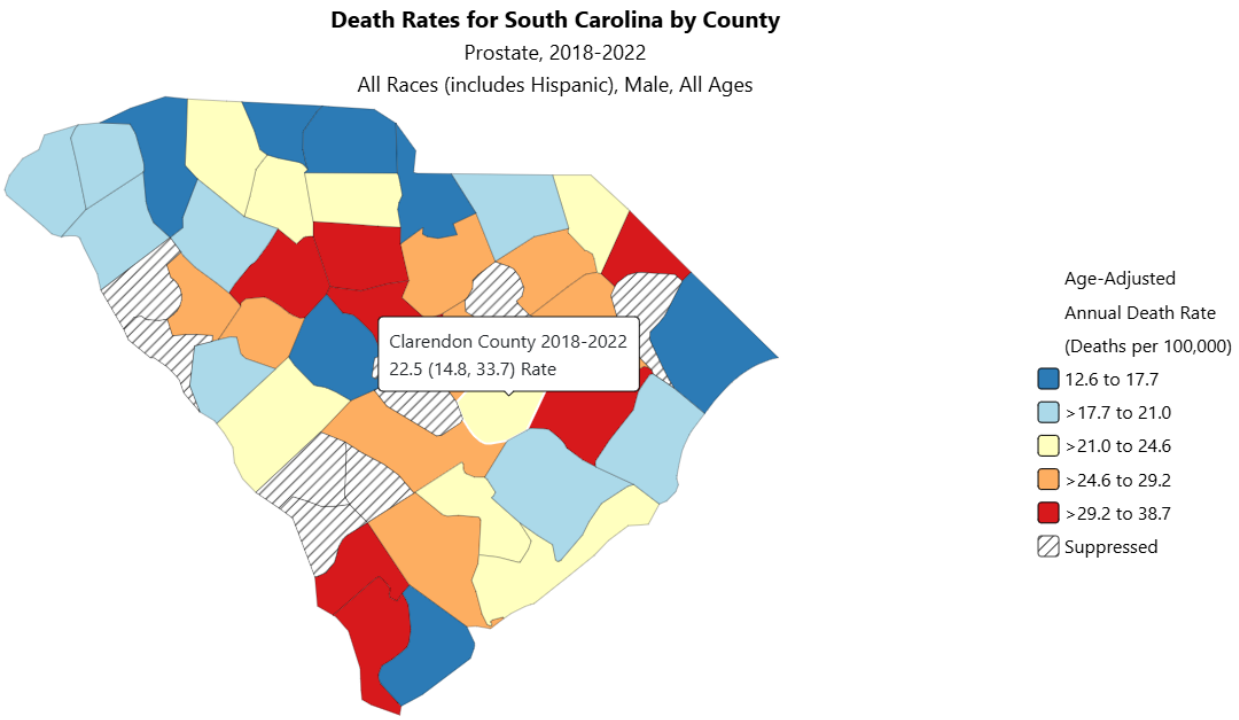
Prostate Cancer:

- 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:

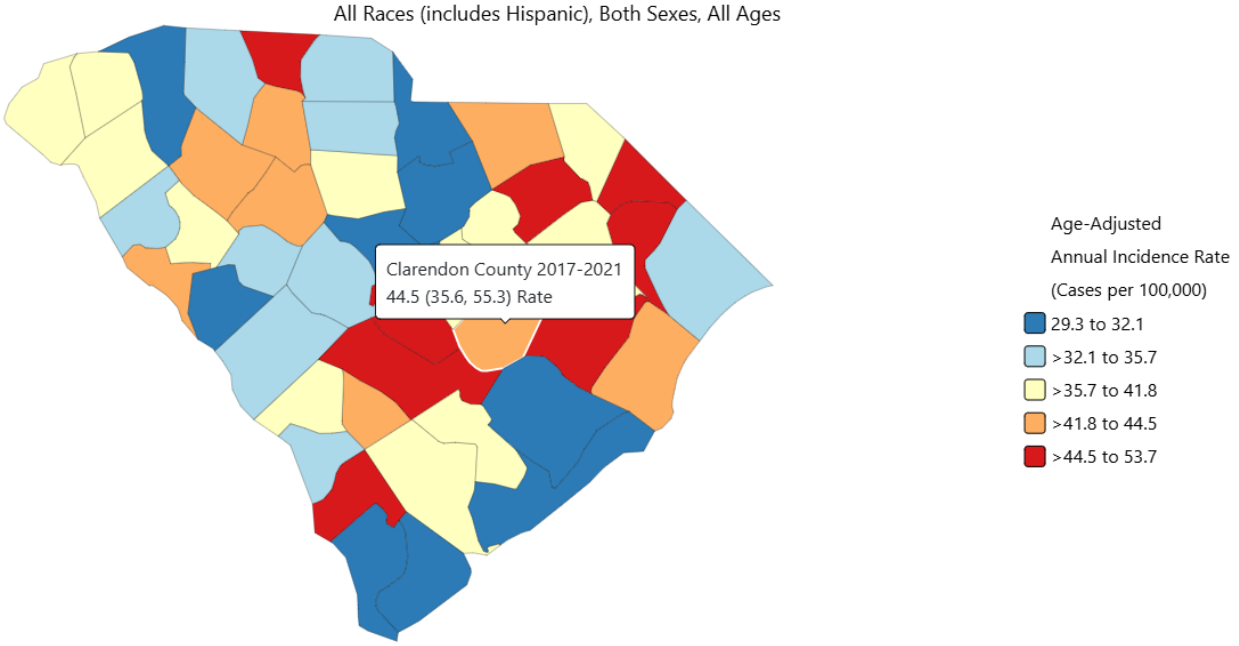
- Colorectal cancer is the second-leading cause of cancer death and the third most commonly occurring cancer in both men and women.
- South Carolina ranks 25th in the nation for colorectal cancer incidence rate and 23rd in the nation for colorectal cancer mortality rate.
- Non-Hispanic Blacks are diagnosed 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

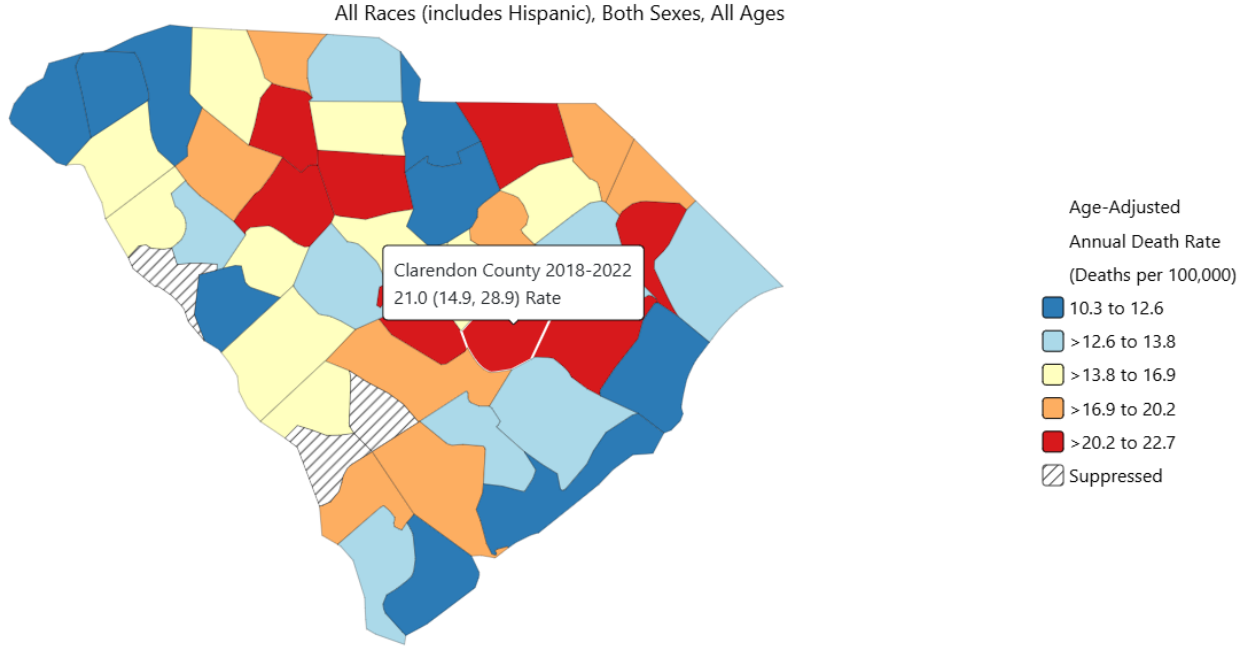


Source: https://statecancerprofiles.cancer.gov/

Death Rates for South Carolina by County

Colon & Rectum, 2018-2022

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

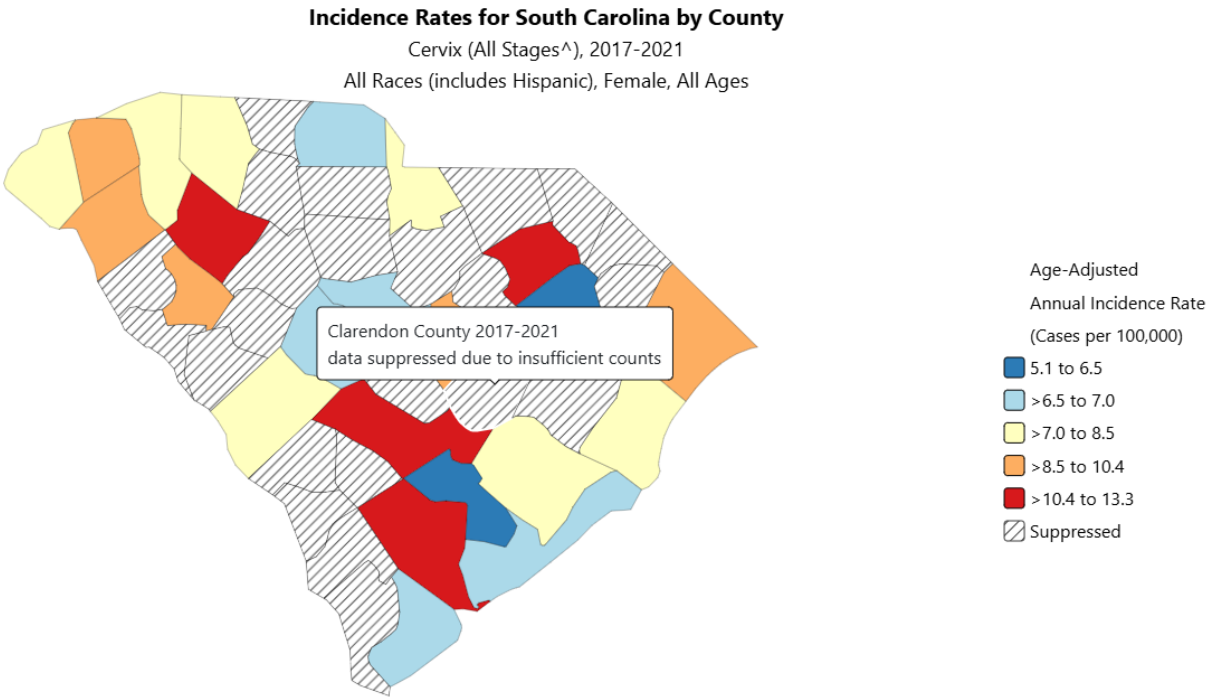


Source: https://statecancerprofiles.cancer.gov/

Cervical Cancer:

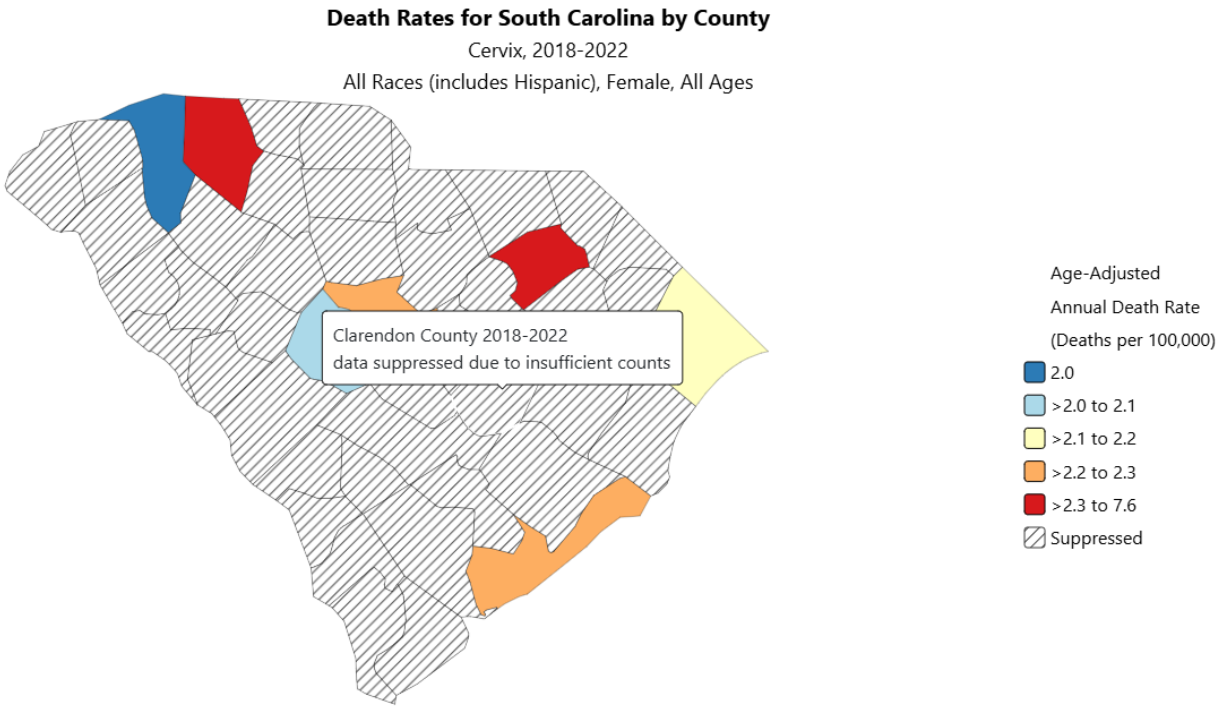
- In South Carolina, approximately 195 women are diagnosed with cervical cancer and 68 die from the disease each year.
- South Carolina ranks 19th in the nation for cervical cancer incidence and 16th in the nation for cervical cancer mortality rate.
- Black women are diagnosed with cervical cancer at 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

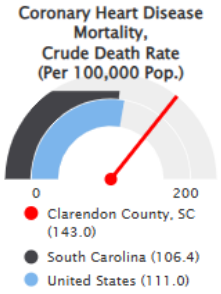
This indicator reports the 2019-2023 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant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

Within the report area, there are a total of 229 deaths due to coronary heart disease. This represents a crude death rate of 143.0 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)
Clarendon County, SC	32,020	229	143.0
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*

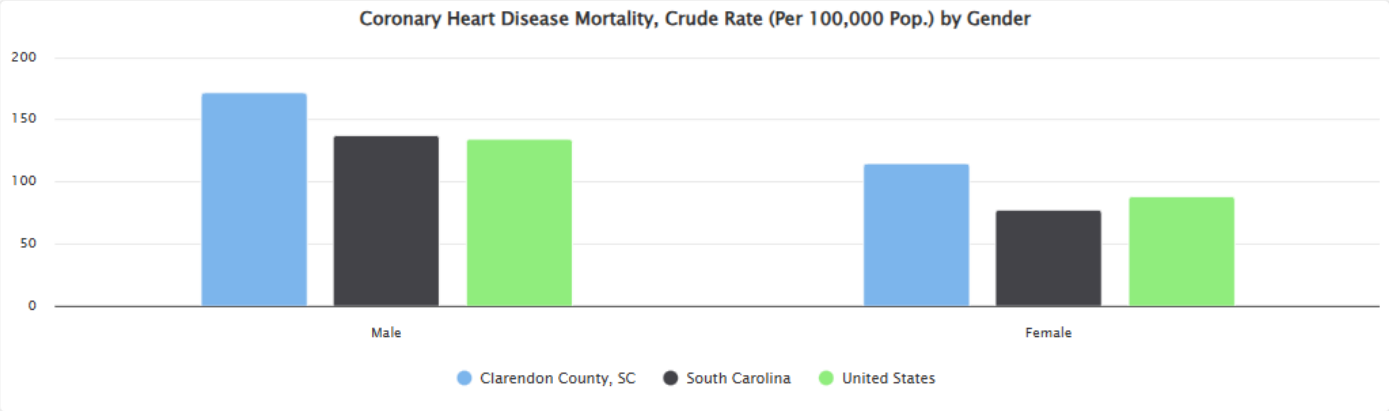


Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Clarendon County, SC	172.1	115.1
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 below displays 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
Clarendon County, SC	172.9	121.1	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*

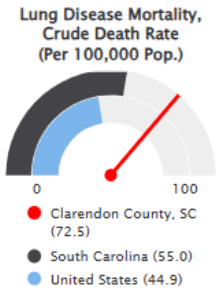
Mortality - Lung Disease

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 116 deaths due to lung disease. This represents a crude death rate of 72.5 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)
Clarendon County, SC	32,020	116	72.5
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*

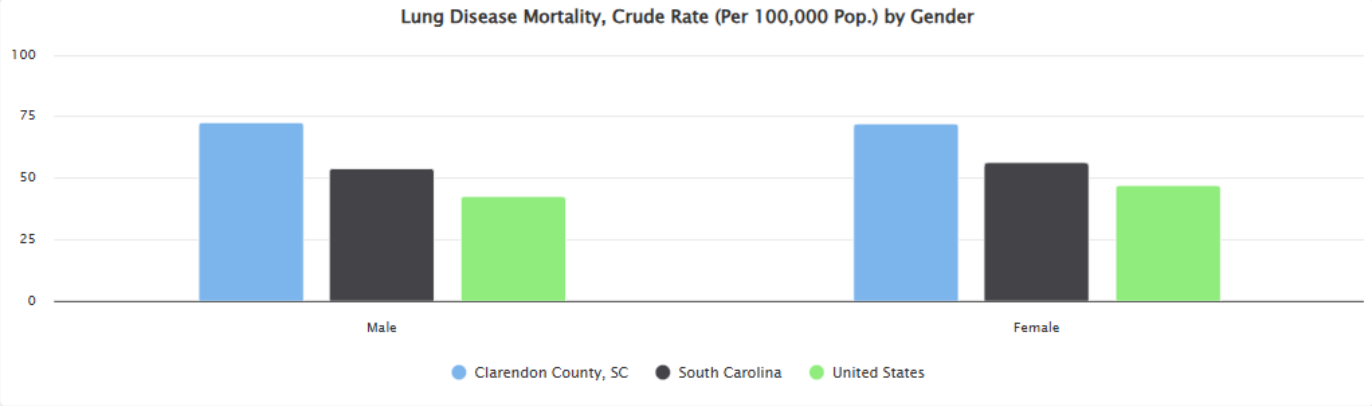


Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Clarendon County, SC	72.7	72.3
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 below displays 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
Clarendon County, SC	119.5	30.3	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 nonmotorist, 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.

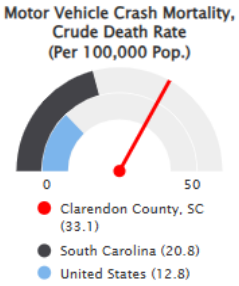
Within the report area, there are a total of 53 deaths due to motor vehicle crash. This represents a crude death rate of 33.1 per every 100,000 total population. Fatality counts are based on the decedent's residence and not the location of the crash.

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)
Clarendon County, SC	32,020	53	33.1
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 below displays 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
Clarendon County, SC	36.9	31.6	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 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.

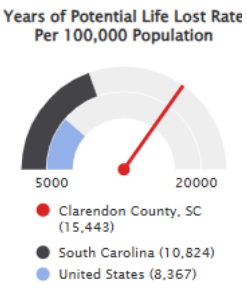
Within the report area, there are a total of 896 premature deaths from 2020 to 2022. This represents an age-adjusted rate of 15,443 years potential life lost before age 75 per every 100,000 total population.

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

Report Area	Premature Deaths, 2020-2022	Years of Potential Life Lost, Total	Years of Potential Life Lost, Rate per 100,000 Population
Clarendon County, SC	896	13,222	15,443
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

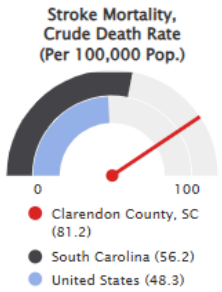
This indicator reports the 2019-2023 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke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

Within the report area, there are a total of 130 deaths due to stroke. This represents a crude death rate of 81.2 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)
Clarendon County, SC	32,020	130	81.2
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*

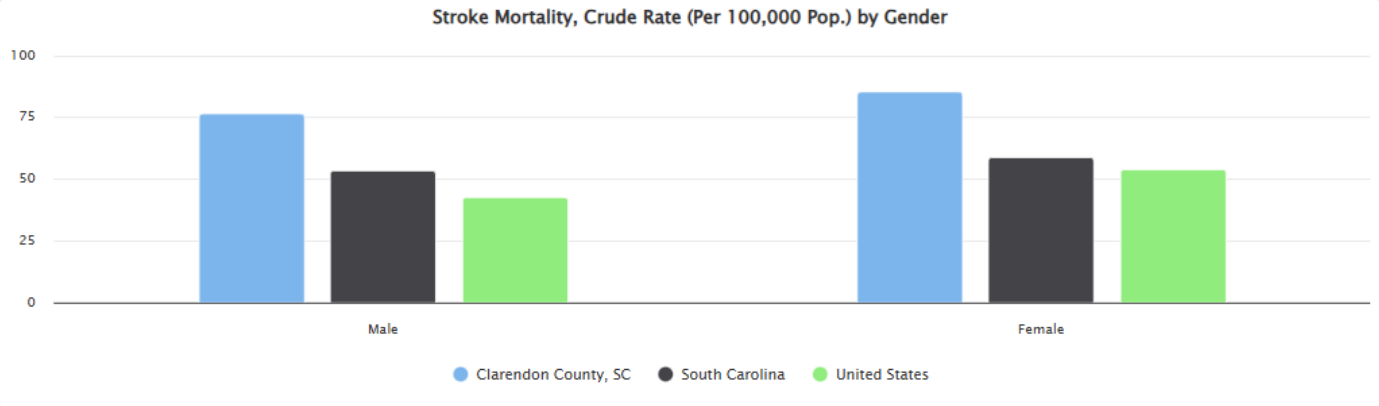


Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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 gender.

Report Area	Male	Female
Clarendon County, SC	76.5	85.7
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 below displays 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
Clarendon County, SC	75.0	97.7	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.

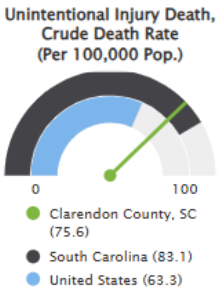
Within the report area, there are a total of 121 deaths due to unintentional injury. This represents a crude death rate of 75.6 per every 100,000 total population.

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)
Clarendon County, SC	32,020	121	75.6
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*

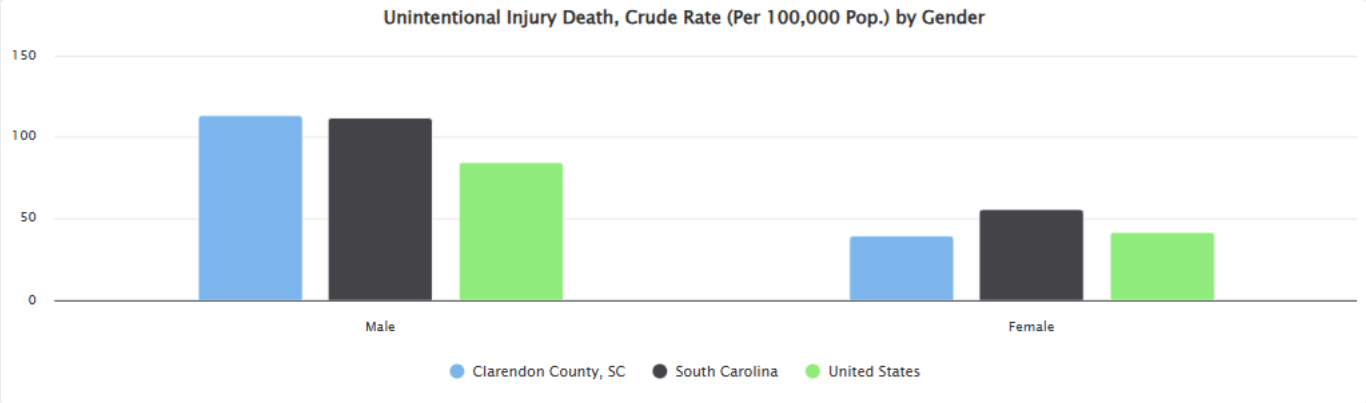


Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Gender

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
Clarendon County, SC	113.5	39.2
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 below displays 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
Clarendon County, SC	99.2	55.0	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)

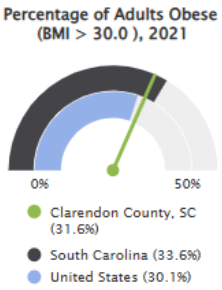
This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report 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 7,723 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 31.6% of the survey population.

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

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Clarendon County, SC	24,596	7,723	31.6%
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*

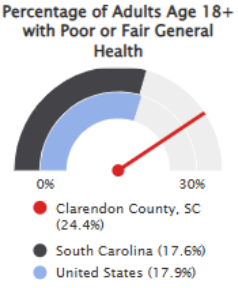


Poor or Fair Health

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 24.4%.

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)
Clarendon County, SC	30,913	24.4%	22.0%
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*



Clarendon 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.

	Clarendon 2022 Ranking	**Progress**	**Clarendon 2025 Ranking**
Overall Ranking	27		27 – Last Reported in 2023
Length of Life			
Premature Death	12,300	Getting Worse	15,400
Quality of Life			
Poor or Fair Health	26%		22%
Poor Physical Health Days	5.0		4.5
Poor Mental Health Days	5.2		5.8
Low Birthweight	10%		12%
Health Factors			
Health Behaviors			
Adult Smoking	23%	Improving	19%
Adult Obesity	41%	Getting Worse	46%
Food Environment Index	7.4		7.7
Physical Inactivity	32%		31%
Access to Exercise Opportunities	38%		45%
Excessive Drinking	19%		19%
Alcohol-Impaired Driving Deaths	32%		38%
Sexually Transmitted Infections	829.8	Improving	708.4
Teen Births	28		25
Clinical Care			
Uninsured	15%		13%
Primary Care Physicians	3,750:1		3,100:1
Dentists	3,710:1		3,860:1
Mental Health Providers	930:1		840:1
Preventable Hospital Stays	4,149		3,092
Mammography Screening	41%		42%
Social & Economic Factors			

High School Graduation	80%		88%
Some College	47%		50%
Unemployment	6.8%	Improving	4.0%
Children in Poverty	27%	Getting Worse	30%
Income Inequality	5.5		5.4
Social Associations	11.6		12.6
Injury Deaths	88		107
Physical Environment			
Air Pollution – Particulate Matter	7.7		7.5
Drinking Water Violations	No		No
Severe Housing Problems	14%		13%
Driving Alone to Work	82%		83%
Long Commute – Driving Alone	46%		49%

Data Source: https://www.countyhealthrankings.org/health-data/south-carolina/clarendon?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 Clarendon has selected the following areas to collaborate with community partners for improving community health in Clarendon County.

- Heart Disease and Stroke
- Diabetes
- 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 Clarendon CHNA Need #1: Heart Disease and Stroke				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Prevention and management of Heart Disease	**Strategy 1:** Ongoing support recovery from heart attacks by providing cardiac rehab program. Actions/Tactics: Offer scholarships to those that are uninsured and need to continue cardiac rehab program through grants from McLeod Health Foundation.	• Number of participants	• McLeod Health Foundation	Ongoing
	Strategy 2: McLeod Healthier You Program 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 employees through various distribution methods.	• Number of participants	• McLeod Employee Health	Ongoing
	Strategy 3: Promotion of Health and Fitness Center membership and education on the importance of physical activity as it relates to a healthy lifestyle.	• Number of members	• McLeod Health Clarendon Health and Fitness Center	Ongoing

	Strategy 4: Promote healthy options in the cafeteria	• Continued offering of healthy options	• Food and Nutrition Services Provider • School/DPH (Public Schools)	Ongoing
	Strategy 5: Stroke Education in the Community	• Number of outreach events	• American Heart Association • Clarendon County Fire Rescue • SC REACH Stroke Network	Ongoing
	Strategy 7: Promote Cardiac Scoring	• Number of tests	• McLeod Health Clarendon	Ongoing
Goal #2: Provide health education through various mediums to promote healthy lifestyles through disease management	**Strategy 1:** Provide health education on cardiovascular disease prevention and management and screenings through health fairs and other community events	• Support of or participation in events	• American Heart Association • Faith Based Organizations • Health and Social Service Organizations • Local health care providers • Articles • Medical Minutes • Blogs	Ongoing
	Strategy 2: Provide public health information through media outlets and speaker opportunities that focus on educating the community on chronic diseases and prevention	• Media outlets and speaker activity	• American Heart Association • Local physicians • Community Civic Organizations • Articles • Medical Minutes • Blogs	Ongoing
	Strategy 3: Participate in the American Heart Association STEMI National Initiative. This includes collaborating with first responders and hospitals to implement	• Number of patients presenting with myocardial infarction	• American Heart Association • County EMS • McLeod Regional Medical Center	Ongoing

	best practice guidelines to expedite care to Cath Lab.			

McLeod Health Clarendon CHNA Need #2: Diabetes				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Improve diabetes management	**Strategy 1:** Offer Telediabetes services lead by certified diabetic educator	• Number of participants	• McLeod Diabetes Center	Ongoing
	Strategy 2: Place emphasis on managing diabetes and managing weight through "Healthier You" – an Employee Health initiative for McLeod employees and spouses currently on the McLeod Health Insurance Plan.	• Number of participants	• McLeod Employee Health • South Carolina Hospital Association Work Well Program	Ongoing
	Strategy 3: Provide public information regarding the signs and symptoms of diabetes through media sources and community outreach opportunities	• Educational activities	• Health and Social Service Organizations • Faith Based Organizations • Media Outlets • Community and Civic organizations • Medical Minutes • Blogs • Articles • Hope Health	Ongoing
	Strategy 4: Offer diabetes screenings at community events		• Hope Health	Ongoing

McLeod Health Clarendon CHNA Need #3: 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	**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. Educate employees about smoking cessation program through communications. Action/Tactic: Offer financial incentive on benefits program for non-smoking employees as evidence shows policies and programs to reduce tobacco users' out-of-pocket costs approaches are effective	• Number of participants	• McLeod Employee Health • South Carolina Hospital Association Work Well Program	Annually
	Strategy 2: Provide public information through media sources, as evidence shows	• Media outlet and outreach activities	• American Cancer Society • Faith Based Organizations	Ongoing

	health communication and social marketing are effective		• Health and Social Service Organizations • Local health care providers • Smoke Free SC • Articles • Medical Minutes • Blogs	
	Strategy 3: Improve the continuum of care for patients through collaborative primary care provider and hospital inpatient setting in an effort to reduce readmissions or ED visits for respiratory disease exacerbations under the guidance of AHRQ's evidence-based Project Red Toolkit	• Readmission Outcomes for Respiratory-Related Illnesses • Integrated EMR	• McLeod Health Foundation • Community Paramedic Program • Duke Endowment • McLeod Home Health • Clarendon County Fire Rescue	Annually
	Strategy 4: Remove financial barriers to accessing care for cancer patients	• Number of patients who utilize HOPE Fund or	• McLeod Health Foundation	Ongoing

	through access to the HOPE Fund from McLeod Health Foundation and Clarendon Overcomers.	Clarendon Overcomers.	• Clarendon County Overcomers	
Goal #2: Promote low dose lung cancer screening	**Strategy 1:** Provide public information through media sources about low dose lung cancer screening and outreach visits to doctors offices.	• Determination of Feasibility of Service • Media outlet and outreach activities	• American Cancer Society • McLeod Health Foundation • Faith Based Organizations • Health and Social Service Organizations • Local health care providers • Articles • Medical Minutes • Blogs	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.

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Appendix A

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

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 Clarendon 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.