

# McLeod Health Dillon

## 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

- Care for the Elderly
- Cancer
- Diabetes
- Overweight/Obesity

*Source: McLeod Health Survey*

## Primary Diagnosis Admitted to Emergency Department

Most frequent health needs presenting to McLeod Health Dillon Emergency Department

October 2023 – September 2024:

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

*Source: McLeod Health Clinical Outcomes*

## Primary Inpatient Diagnosis

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

- Sepsis
- Acute Kidney Failure
- Bacterial Pneumonia
- Hypertensive Heart Disease with Heart Failure
- Hypertensive Heart and Chronic Kidney Disease

*Source: McLeod Health Clinical Outcomes*

## Opportunities & Plan Priorities

McLeod Health Dillon 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:

- Chronic Diseases
- Access to Care
- Mental Health & Substance Abuse
- Sexual Health

## About McLeod Health Dillon

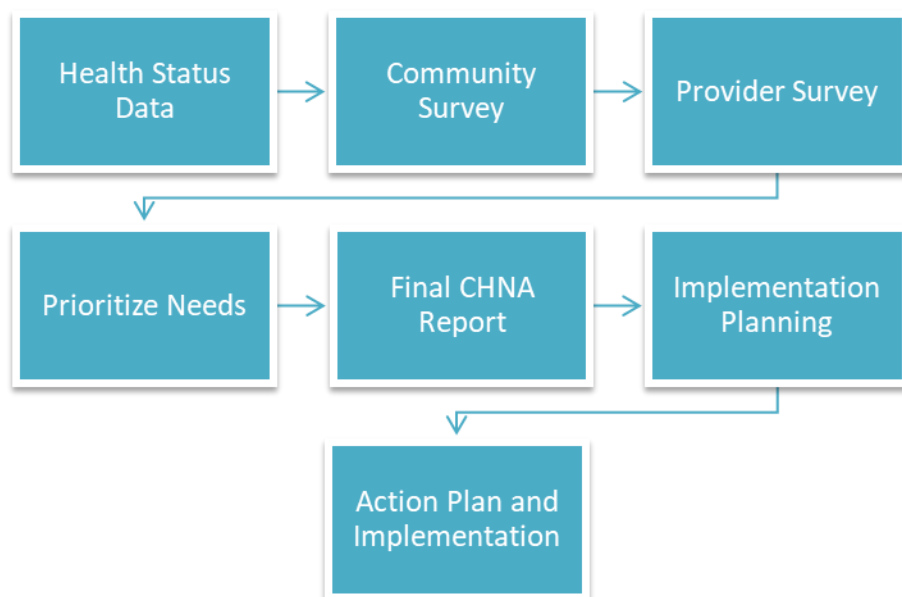
With a strong history in the Dillon community since 1943, McLeod Health Dillon, formerly Saint Eugene Hospital, has continued to grow and expand to serve residents of Dillon (South Carolina) and Robeson (North Carolina) counties with excellence in patient care. The medical center employs 350 people and has the strength of 100 physicians on its medical staff. McLeod Health Dillon, established in 1998, offers General and Orthopedic Surgery, Women's Services, Emergency Services, Intensive Care, Rehabilitative Services and Cardiac Rehabilitation. Investments in state-of-the-art technology to improve patient care have included MRI, 3D mammography, 4D ultrasounds, CT scans, and nuclear and vascular studies. The hospital also works with Nurse-Family Partnership and AccessHealth McLeod.

## OVERVIEW

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

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

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



## METHODS

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

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

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

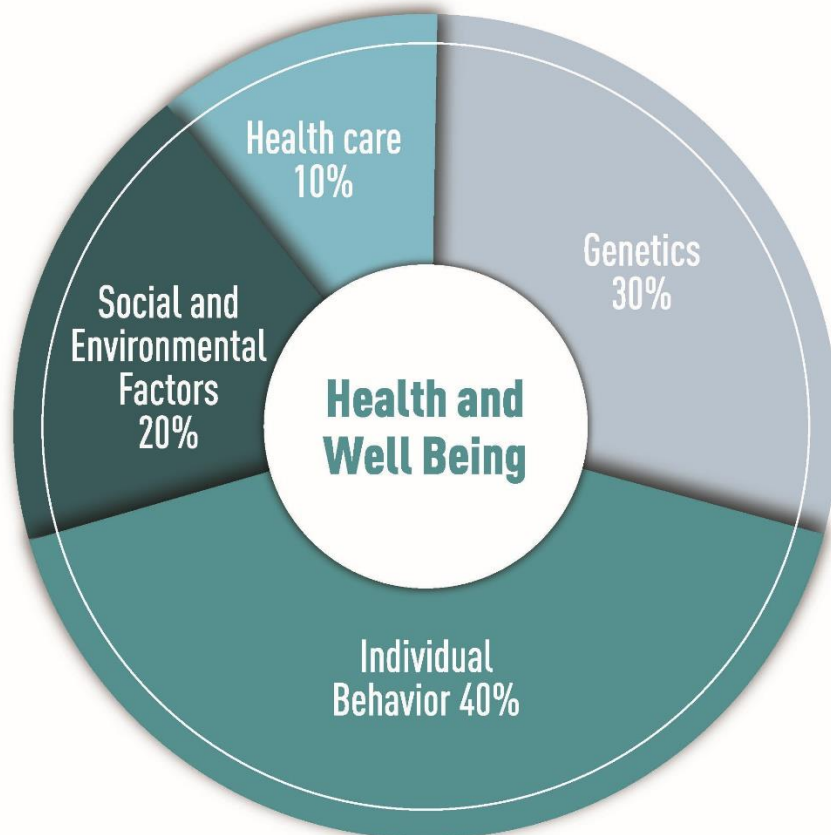
Data analysis included demographic, socioeconomic and health determinant measures. When possible, data also was analyzed according to age, gender and/or race to offer insight into health disparities that may affect specific subgroups in the community.

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

## **HEALTH DETERMINANTS AND DISPARITIES**

What are the determinants of health?

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



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

### Individual Behavioral Determinants (40%)

Examples:

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

### Genetic Determinants (30%)

Examples:

- Age
- Sex



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

## Social and Environmental Determinants (20%)

Examples of Social Determinants:

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

Examples of Environmental Determinants:

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

## Health Care Determinants (10%)

Examples:

- Quality, affordability, and availability of services
- Lack of insurance coverage

- Limited language access

## What are health disparities?

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

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

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher 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](http://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

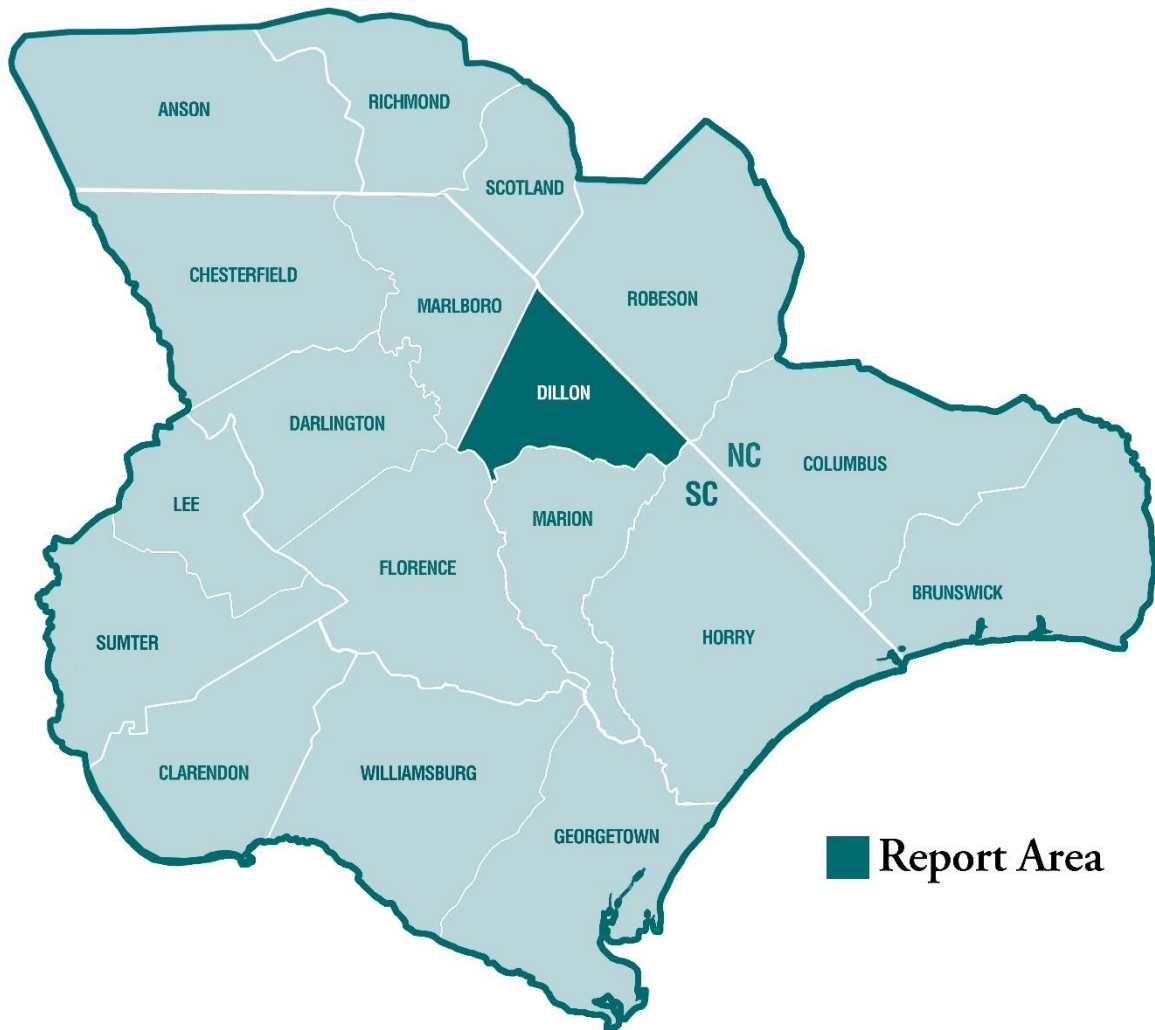
<b>Topic</b>	<b>Recommendation</b>	<b>Grade</b>
Hypertension in Adults: Screening	The USPSTF recommends screening for high blood pressure in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A
Breast Cancer Screening	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	B
Cervical Cancer Screening	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	A
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.  The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	A, B
Prevention of Dental Caries in	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6	B

Children Younger than 5 years: Screenings and Interventions.	<p>months for children whose water supply is deficient in fluoride.</p> <p>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children at the age of primary tooth eruption.</p>	
Diabetes & 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	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.</p> <p>Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	B
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) ( $\geq 95$ th 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](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 Dillon inpatient and outpatient hospital data. The study area for this assessment is defined as Dillon County, which represents the majority of patients served, to include the zip codes shown in Table 1.



**Table 1. McLeod Health Dillon Primary Service Area ZIP Codes**

ZIP Code	City	County
28340	Fairmont	Robeson, NC
28369	Orrum	Robeson, NC
28383	Rowland	Robeson, NC
29525	Clio	Marlboro
29536	Dillon	Dillon
29543	Fork	Dillon
29547	Hamer	Dillon
29563	Lake View	Dillon
29567	Little Rock	Dillon
29565	Latta	Dillon

## 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 28,031 people live in the 405.08 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 69 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)
Dillon County, SC	28,031	405.08	69
South Carolina	5,212,774	30,064.23	173
United States	332,387,540	3,533,298.58	94

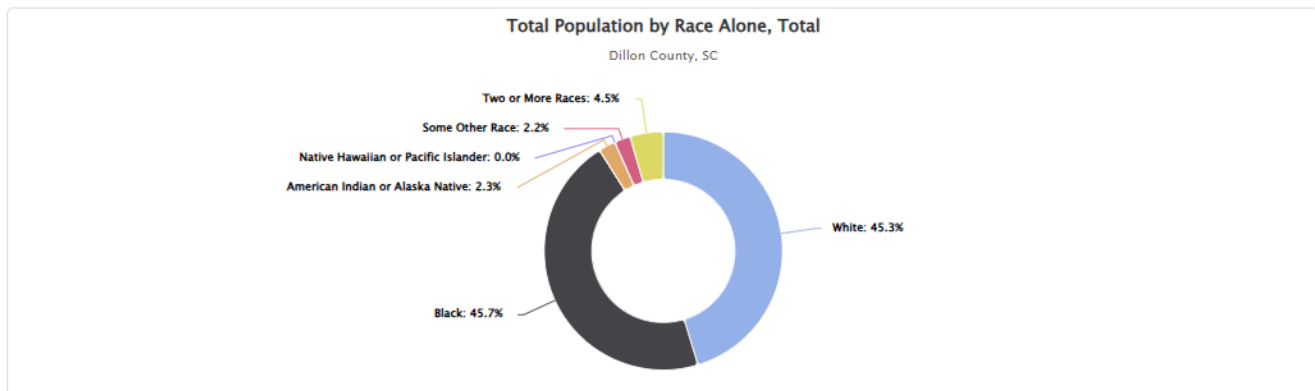
Data Source: US Census Bureau, American Community Survey, 2019-23. → [Show more details](#)

## 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
Dillon County, SC	12,707	12,807	0	647	0	605	1,265
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](#)



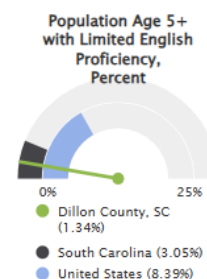
## Population with Limited English Proficiency

This indicator reports the percentage of the population aged 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 26,049 total population aged 5 and older in the report area, 350 or 1.34% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Dillon County, SC	26,049	350	1.34%
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

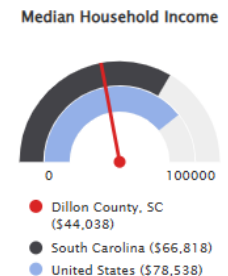
This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average

household income is usually less than average family income. There are 10,587 households in the report area, with an average income of \$57,550.51 and a median income of \$44,038.

Report Area	Total Households	Average Household Income	Median Household Income
Dillon County, SC	10,587	\$57,550.51	<b>\$44,038</b>
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.

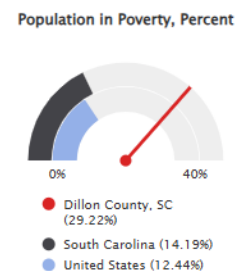
Within the report area 29.22% or 8,057 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that 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
Dillon County, SC	27,571	8,057	<b>29.22%</b>
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 - Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old, and is an estimated average for the period from 2019 to 2023.

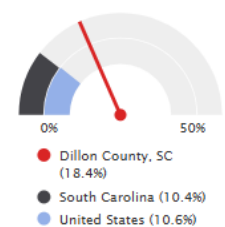
For the selected area, 6.9% have at least a college bachelor's degree, while 43.9% stopped their formal educational attainment after high school.

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Dillon County, SC	18.4%	43.9%	18.3%	7.7%	6.9%	4.8%
South Carolina	10.4%	28.2%	20.0%	9.9%	19.4%	12.0%
United States	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

Note: This indicator is compared to the state average.

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

Percent Population with No High School Diploma



## Attainment - Bachelor's Degree or Higher

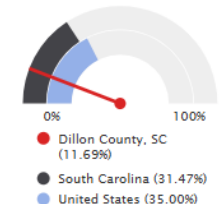
11.69% of the population aged 25 and older, or 2,167 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

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
Dillon County, SC	18,540	2,167	11.69%
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

Population Age 25+ with Bachelor's Degree or Higher, Percent



## Attainment - High School Graduation Rate

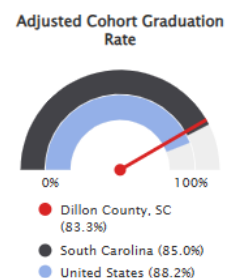
The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year, and adjusts this number by adding any

students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 83.3% during the most recently reported school year. Students in the report area performed worse than the state, which had an ACGR of 85.0%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Dillon County, SC	418	348	83.3%
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



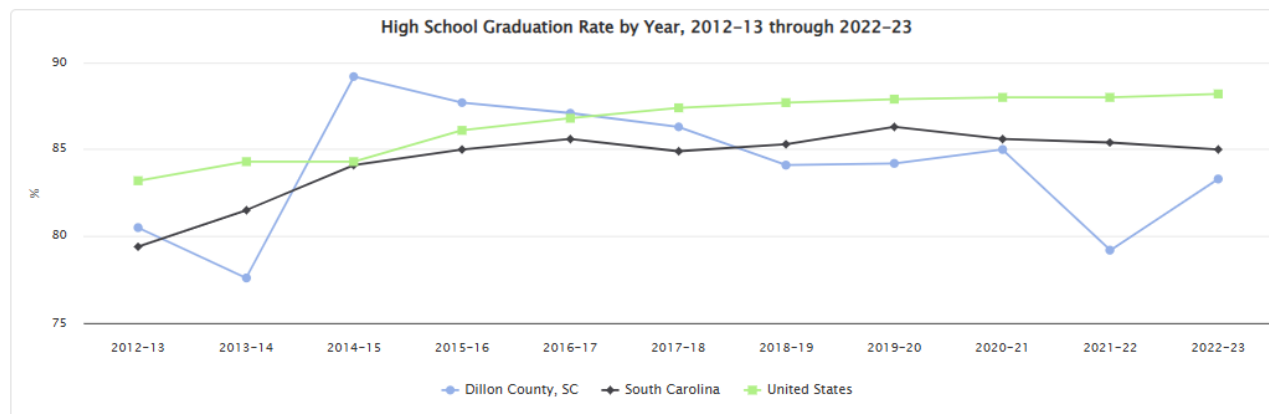
## High School Graduation Rate by Year, 2012-13 through 2022-23

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

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

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Dillon County, SC	80.5%	77.6%	89.2%	87.7%	87.1%	86.3%	84.1%	84.2%	85.0%	79.2%	83.3%
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.

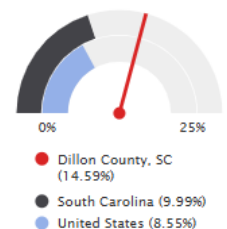
In the report area 14.59% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 9.99%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Dillon County, SC	27,702	4,041	14.59%
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](#)

Uninsured Population, Percent



### SNAP Benefits - Population Receiving SNAP (SAIPE)

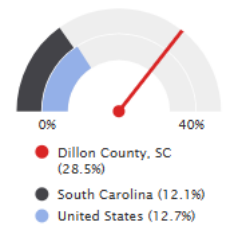
The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July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

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Dillon County, SC	28,292	8,050	28.5%
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

Percentage of Total Population Receiving SNAP Benefits



## 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

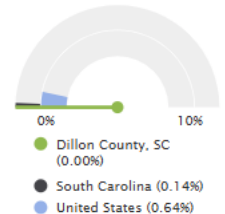
This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator 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
Dillon County, SC	28,292	7.00	0.00	0.00%	0.00%
South Carolina	5,110,386	7.72	1.00	0.14%	0.14%
United States	330,251,614	9.19	2.00	0.59%	0.64%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020. → Show more details

Percentage of Days Exceeding Standards, Pop. Adjusted Average





## Food Environment - Grocery Stores

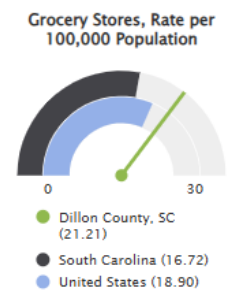
Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 6 grocery establishments in the report area, a rate of 21.21 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged 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
Dillon County, SC	28,292	6	21.21
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.

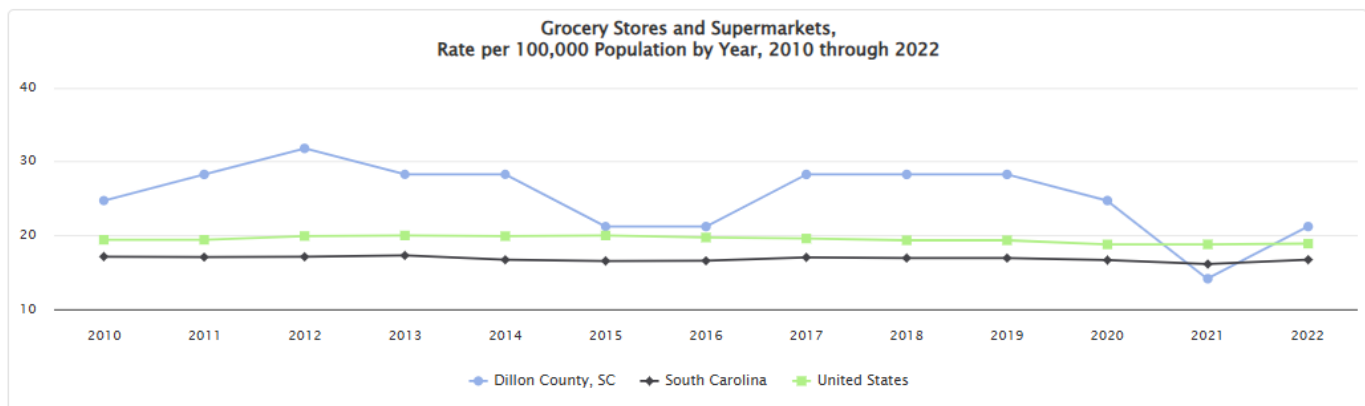
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → [Show more details](#)



## 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
Dillon County, SC	24.74	28.28	31.81	28.28	28.28	21.21	21.21	28.28	28.28	28.28	24.74	14.14	21.21
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

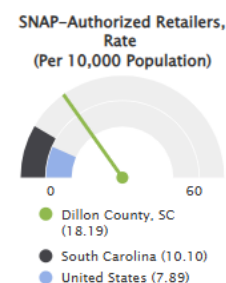
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. → [Show more details](#)



## 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 45 SNAP-authorized retailers with a rate of 18.19.

Report Area	Total Population (2023)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Dillon County, SC	28,031	51	18.19
South Carolina	5,212,774	5,265	10.10
United States	335,409,240	264,826	7.89



Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2025. → [Show more details](#)

## Clinical Care and Prevention

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

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

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

## Cancer Screening - Mammogram (Medicare)

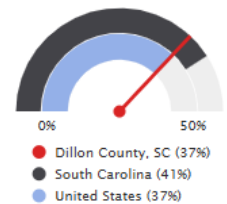
This indicator reports the unsmoothed, age-adjusted rate screening mammography for female among the Medicare Fee-For-Service (FFS) population for the year 2023. Data were sourced from the CMS Mapping Medicare Disparities (MMD) tool.

### **Note:**

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

Report Area	Female FFS Beneficiaries	With Screening Mammography, Total	With Screening Mammography, Percent
Dillon County, SC	1,860	688	37%
South Carolina	356,194	146,040	41%
United States	16,853,060	6,235,632	37%

With Screening Mammography, Percent



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2023. → Show more details

## Health Care - FQHC Area Served

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

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

Provider Name	Number of Service-Delivery Sites	Area Served (Counties)
CARESOUTH CAROLINA, INC.	21	Chesterfield, SC; Darlington, SC; Dillon, SC; Lee, SC; Marlboro, SC

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
Dillon County, SC	38,265	25.23%	58.57%	16.20%
South Carolina	442,072	25.37%	57.89%	16.74%
United States	29,685,584	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, 3,192, or 15.22%, 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,

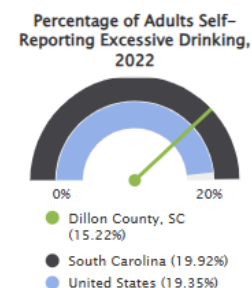
chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide.

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 abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Dillon County, SC	20,982	3,192	15.22%
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, 5,093 or 24.2% 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.

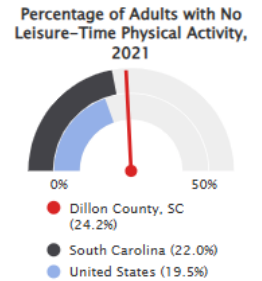
Estimated values for prior years (2004 - 2017) have been updated in this platform to allow

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
Dillon County, SC	20,291	5,093	24.2%
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

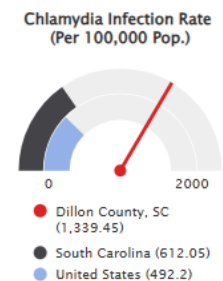
This indicator reports the number of chlamydia cases occurring in the report area. Rates are presented per 100,000 population.

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.
Dillon County, SC	27,698	371	1,339.45
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

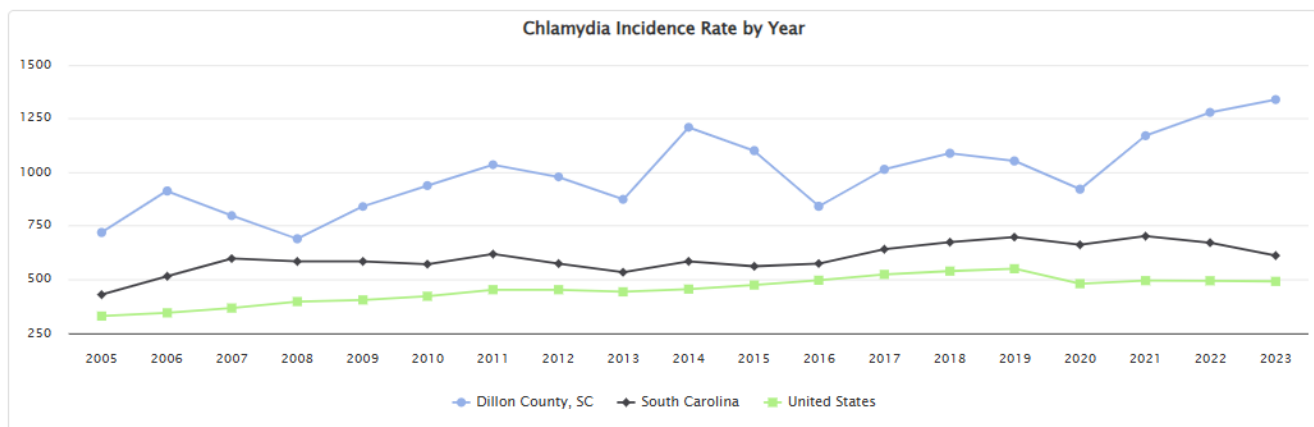


## Chlamydia Incidence Rate by Year

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
Dillon County, SC	720.0	913.4	798.2	690.6	841.1	938.8	1,036.0	979.3	874.2	1,210.4	1,101.4	842.0	1,014.2	1,089.2	1,053.2	921.9	1,171.4	1,279.8	1,339.4
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

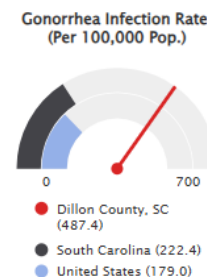
This indicator reports the number of gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

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.
Dillon County, SC	27,698	135	487.4
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

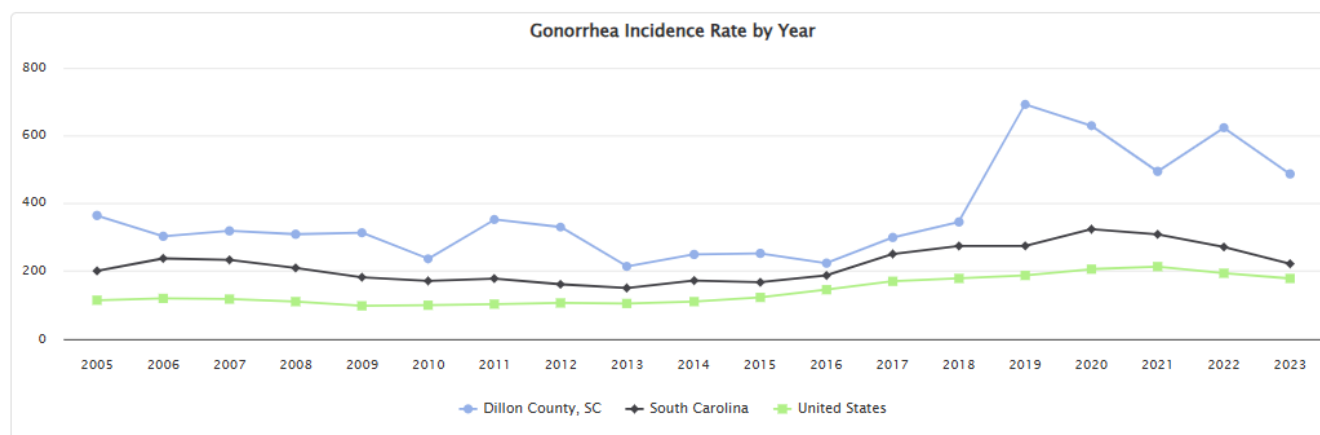


## Gonorrhea Incidence Rate by Year

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
Dillon County, SC	364.8	303.4	319.3	309.5	313.8	237.0	352.7	330.6	214.5	249.8	252.9	224.1	300.0	345.7	692.3	629.9	494.9	623.7	487.4
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



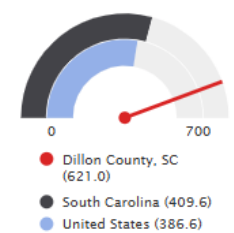


## STI - HIV Prevalence

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.
Dillon County, SC	22,867	142	621.0
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

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



Note: This indicator is compared to the state average.

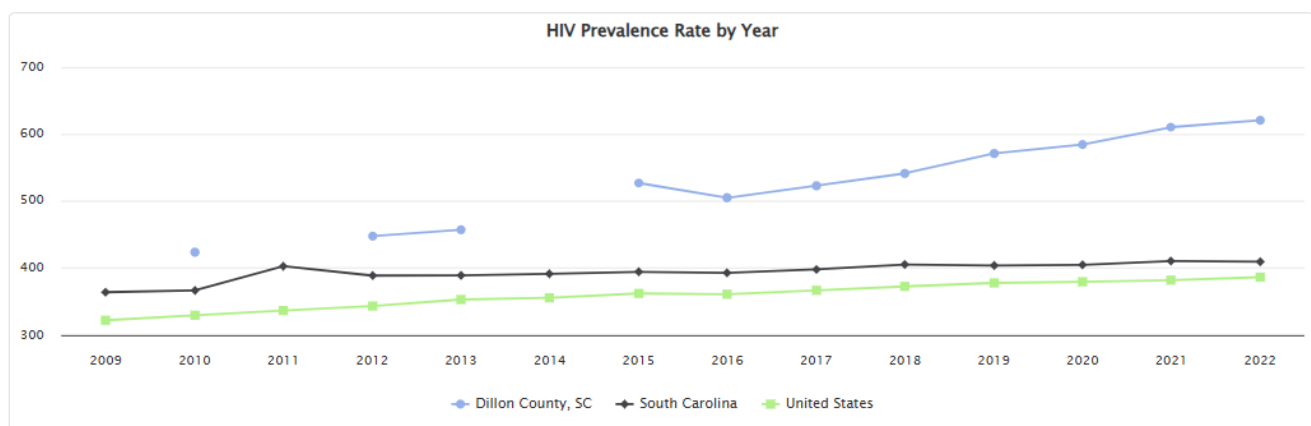
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022. → Show more details

## 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
Dillon County, SC	No data	423.9	No data	447.8	457.4	No data	527.3	505.3	523.1	541.6	571.3	584.6	610.7	621.0
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.

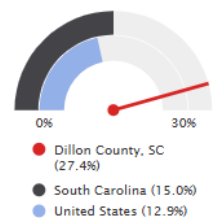
Within the report area there are 27.4% adults age 18+ who have smoked or currently smoke out of the total population age 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Dillon County, SC	27,738	27.4%	28.2%
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](#)

Percentage of Adults Age 18+ who are Current Smokers



## Health Outcomes

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

### Birth Outcomes - Low Birth Weight (CDC)

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

Within the report area, there were 359 infants born with low birth weight. This represents 13.1% of the total live births.

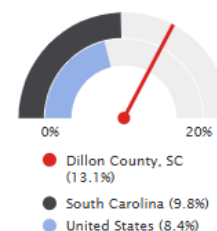
*Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.*

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Dillon County, SC	2,732	359	13.1%
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

Percentage of Infants with Low Birthweight: %



## 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).

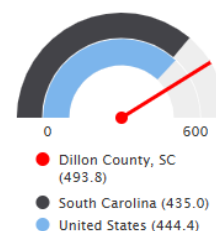
Within the report area, there were 179 new cases of cancer reported. This means there is a rate of 493.8 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Dillon County, SC	36,249	179	493.8
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

Cancer Incidence Rate (Per 100,000 Pop.)



## 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)
Dillon County, South Carolina	1 - All Cancer Sites (All Stages^), 2017-2021	179	493.8
Dillon County, South Carolina	2 - Lung & Bronchus (All Stages^), 2017-2021	42	107.3
Dillon County, South Carolina	3 - Breast (All Stages^), 2017-2021	27	150.3
Dillon County, South Carolina	4 - Colon & Rectum (All Stages^), 2017-2021	19	51.9
Dillon County, South Carolina	5 - Prostate (All Stages^), 2017-2021	14	80.8
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.

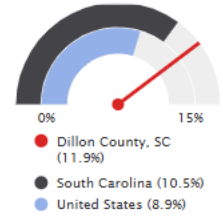
Within the report area, 2,800 of adults age 20 and older have diabetes. This represents 11.9% of all adults age 20+.

*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
Dillon County, SC	20,290	2,800	11.9%
South Carolina	3,936,478	482,805	10.5%
United States	232,706,003	23,263,962	8.9%

Percentage of Adults Age 20+ with Diagnosed Diabetes (Age-Adjusted), 2021



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

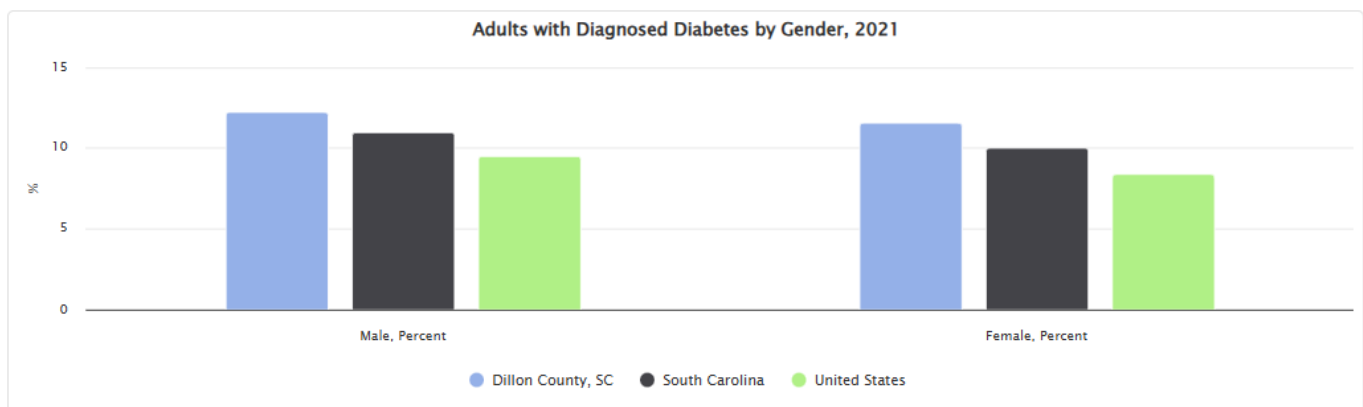
## Adults with Diagnosed Diabetes by Gender, 2021

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
Dillon County, SC	1,309	12.2%	1,491	11.6%
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.

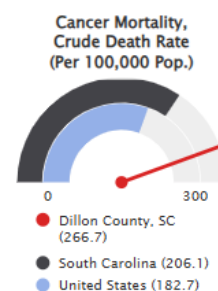
Within the report area, there are a total of 385 deaths due to cancer. This represents a crude death rate of 266.7 per every 100,000 total population.

*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)
Dillon County, SC	28,874	385	266.7
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

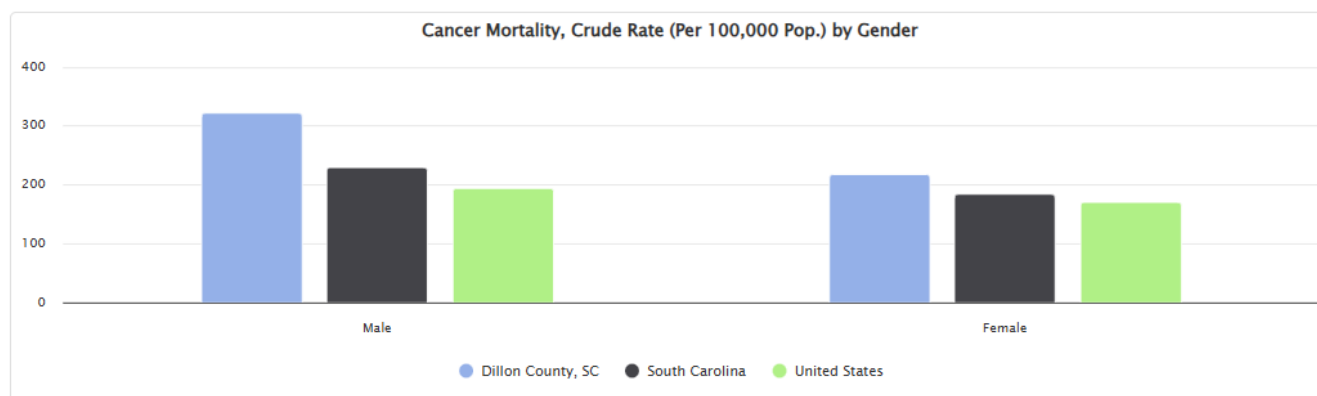


## Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Dillon County, SC	321.9	217.4
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 below 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
Dillon County, SC	342.1	234.3	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:

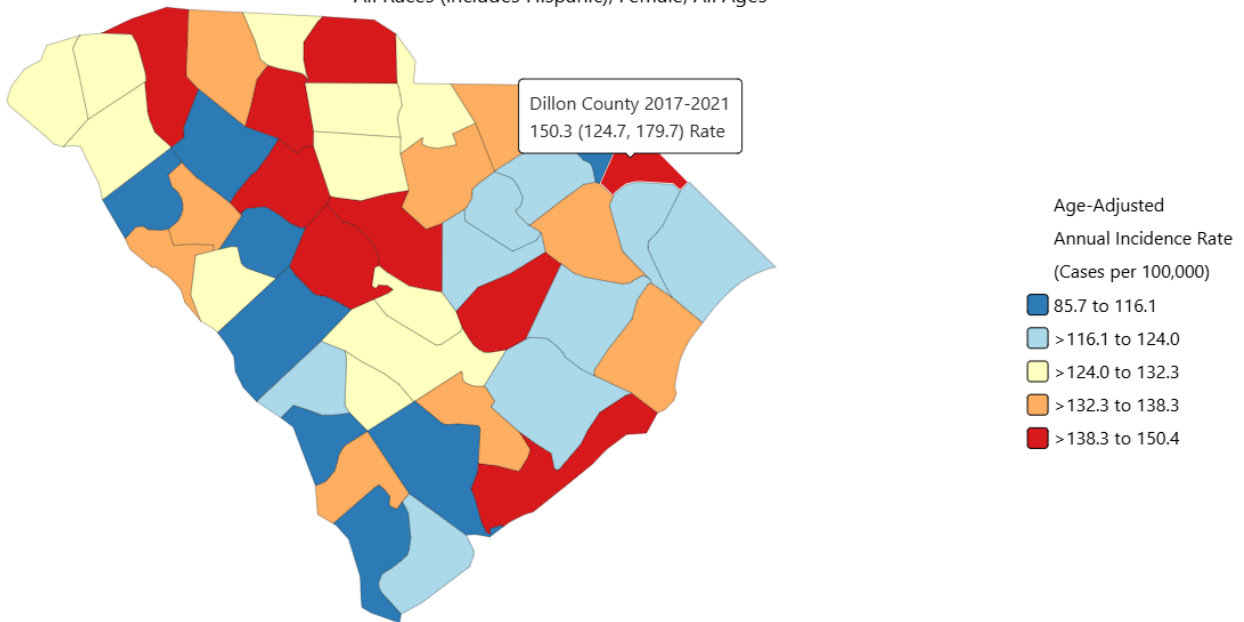
- In South Carolina, approximately 3,845 women are diagnosed with breast cancer and 678 die from the disease each year.
- The most commonly diagnosed cancer among women.
- Death rate for black women is 40% higher than for white women.
- Greatest influence of survivability is early detection.

Source: <https://www.sccancer.org/cancer-plan/early-detection/breast-cancer/>; [sccancer.org](https://www.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>

### Incidence Rates for South Carolina by County

Breast (All Stages^), 2017-2021

All Races (includes Hispanic), Female, All Ages

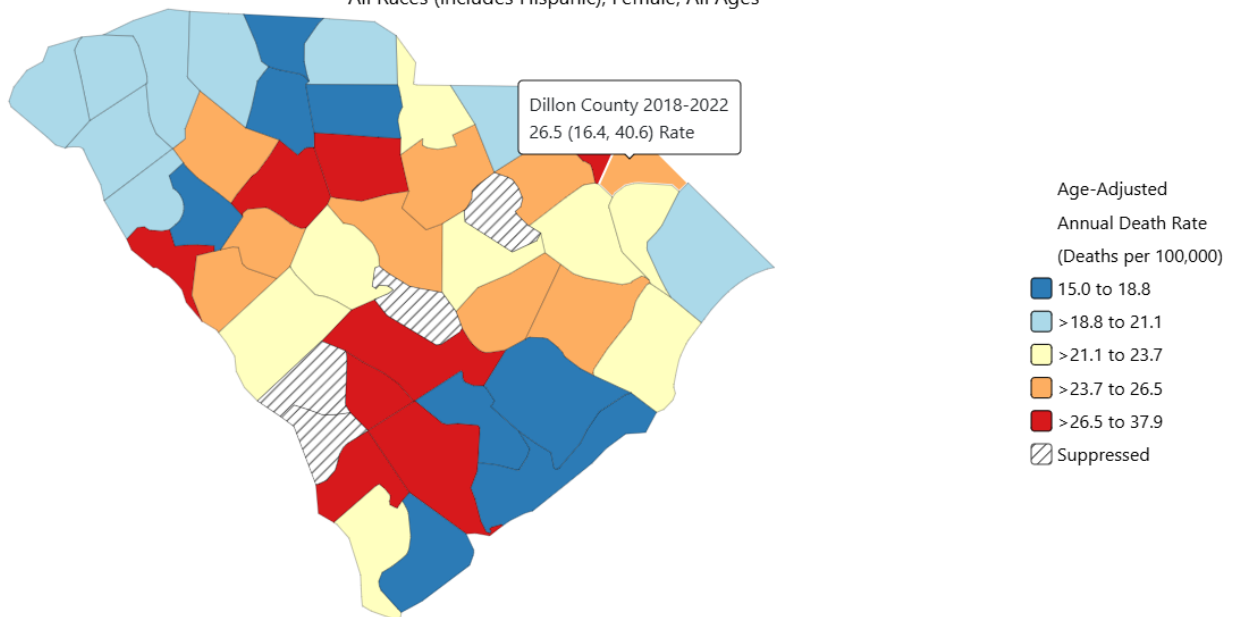


Source: <https://statecancerprofiles.cancer.gov/>

### Death Rates for South Carolina by County

Breast, 2018-2022

All Races (includes Hispanic), Female, All Ages



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

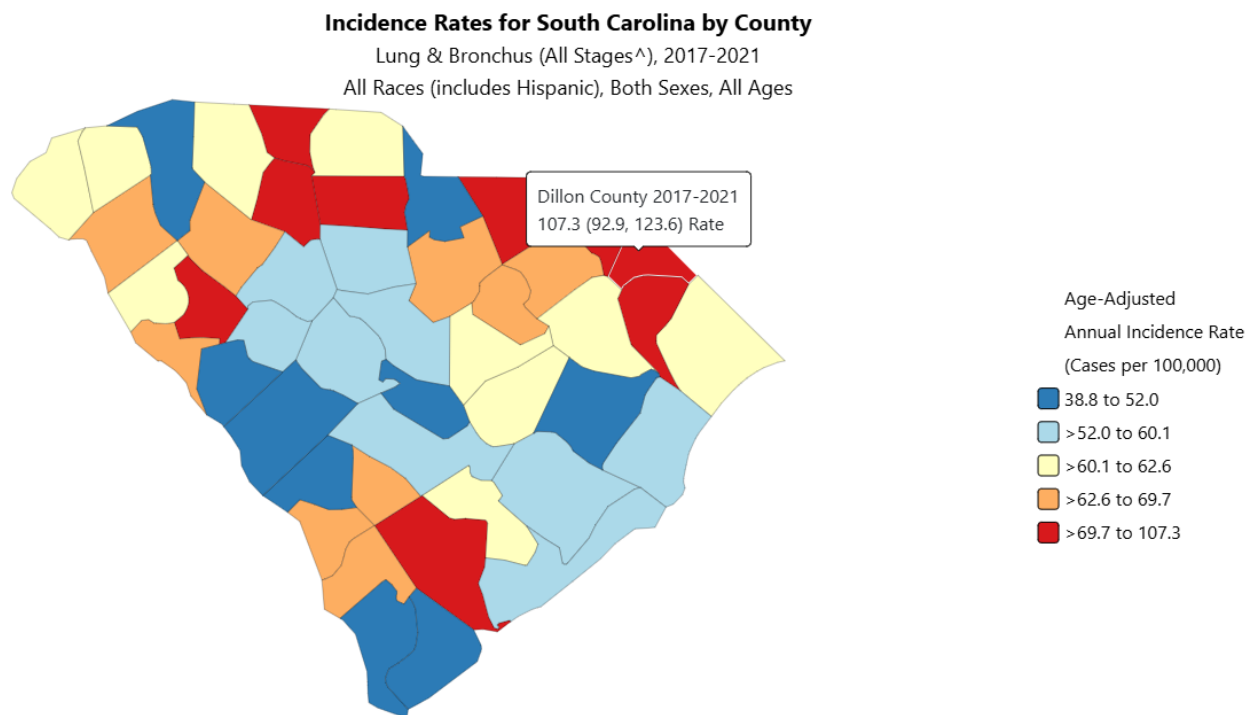


## Lung Cancer:

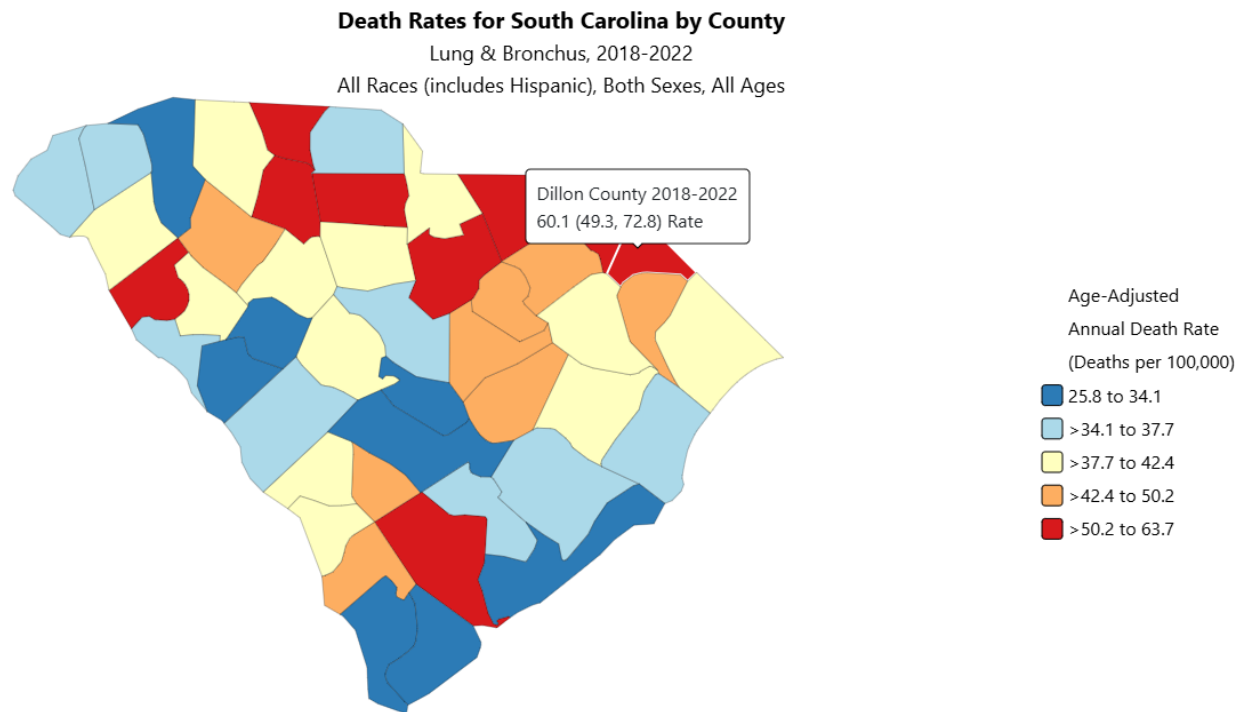
- South Carolina ranks 21st in the nation for lung cancer incidence rate and 15th in the nation for lung cancer death rate.
- South Carolina's male lung cancer mortality rate is the 13<sup>th</sup> highest in the nation.
- Cigarette smoking is the leading cause of lung cancer.

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>



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



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

#### Prostate Cancer:

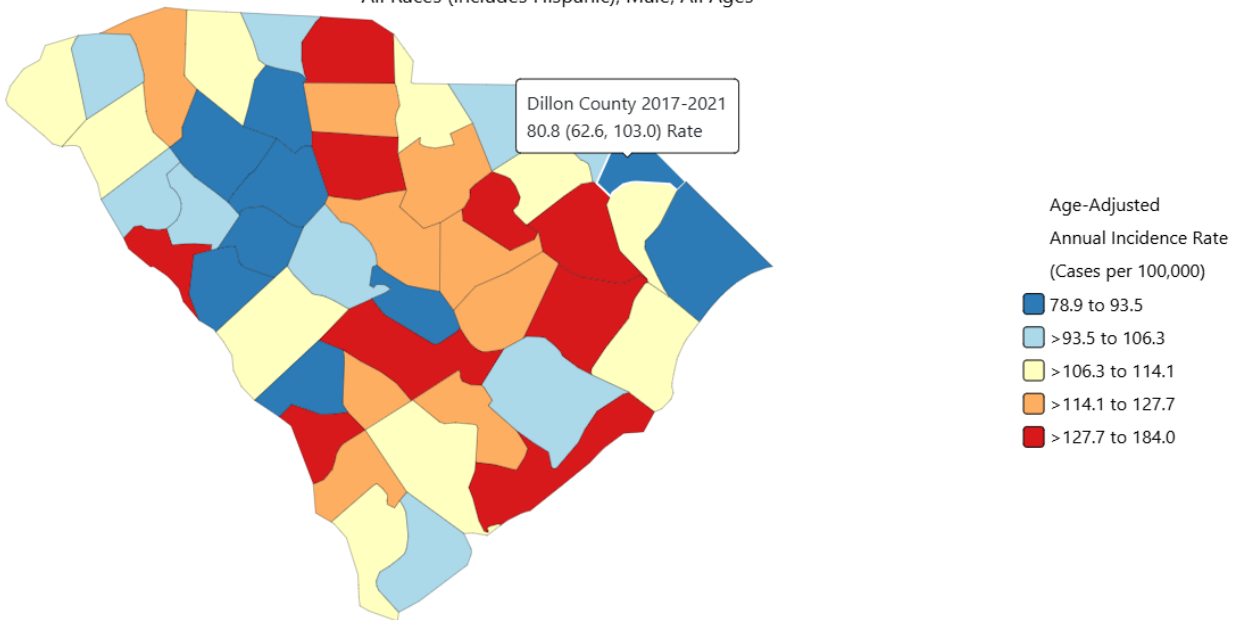
- Most commonly diagnosed cancer in men in South Carolina and the United States.
- South Carolina ranks 26<sup>th</sup> in the nation for prostate cancer incidence rate and 9<sup>th</sup> in the nation for prostate cancer mortality rate.
- Non-Hispanic Black men are 73% more likely to be diagnosed with 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>

### Incidence Rates for South Carolina by County

Prostate (All Stages^), 2017-2021

All Races (includes Hispanic), Male, All Ages

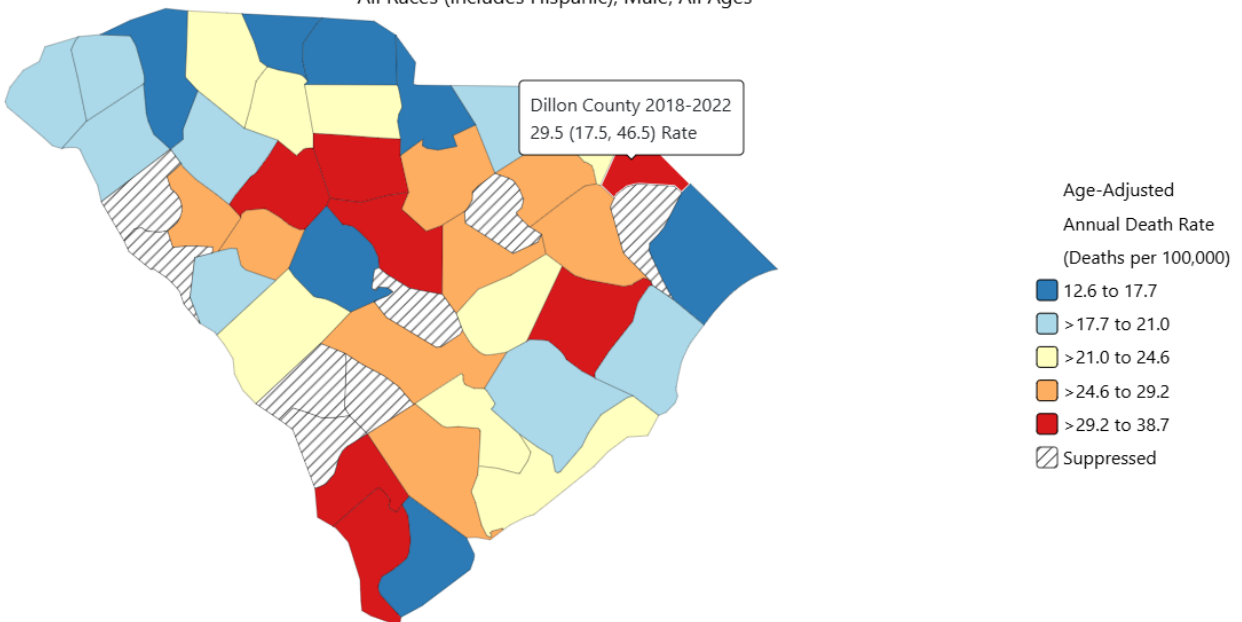


Source: <https://statecancerprofiles.cancer.gov/>

### Death Rates for South Carolina by County

Prostate, 2018-2022

All Races (includes Hispanic), Male, All Ages



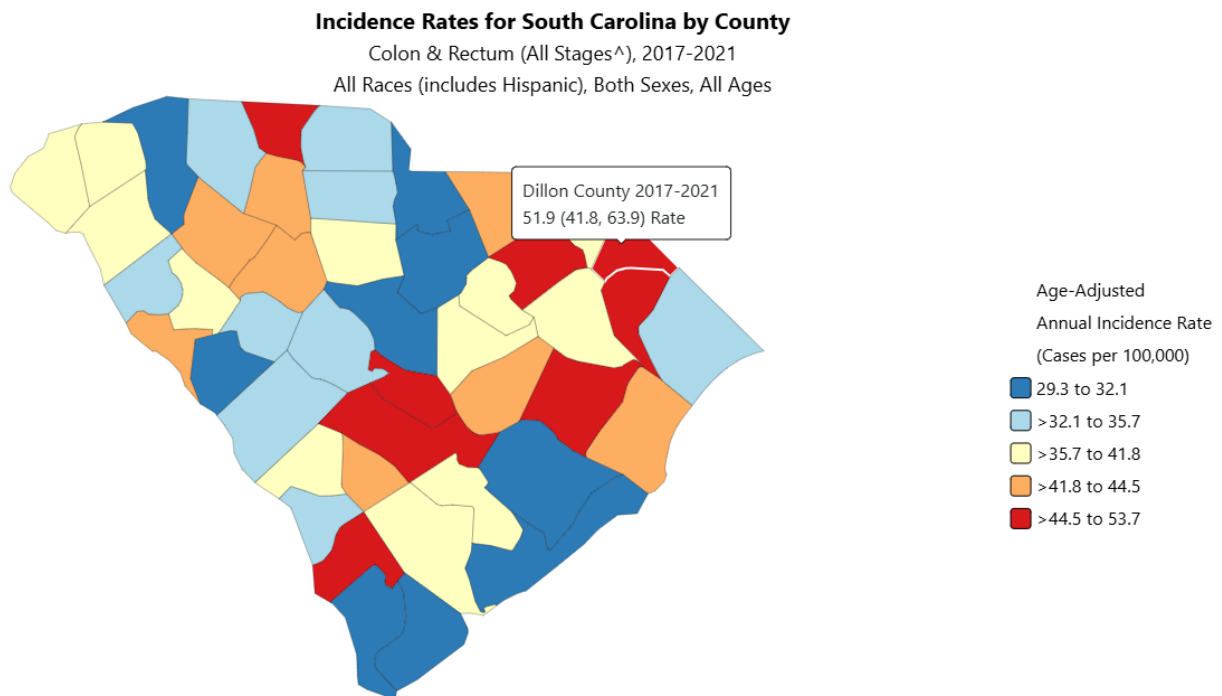
Source: <https://statecancerprofiles.cancer.gov/>

## Colorectal Cancer:

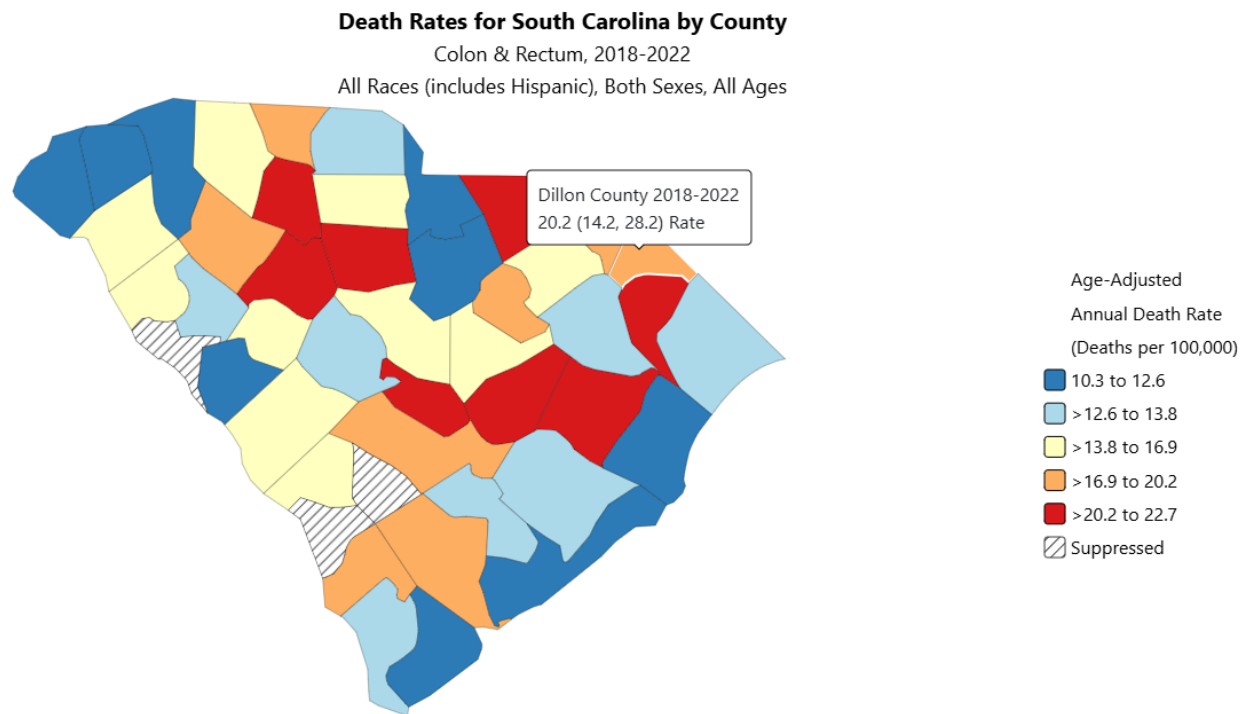
- Colorectal cancer is the second-leading cause of cancer death and the third most commonly occurring cancer in both men and women.
- South Carolina ranks 25<sup>th</sup> in the nation for colorectal cancer incidence rate and 23<sup>rd</sup> in the nation for colorectal cancer mortality rate.
- Non-Hispanic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



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



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

#### Cervical Cancer:

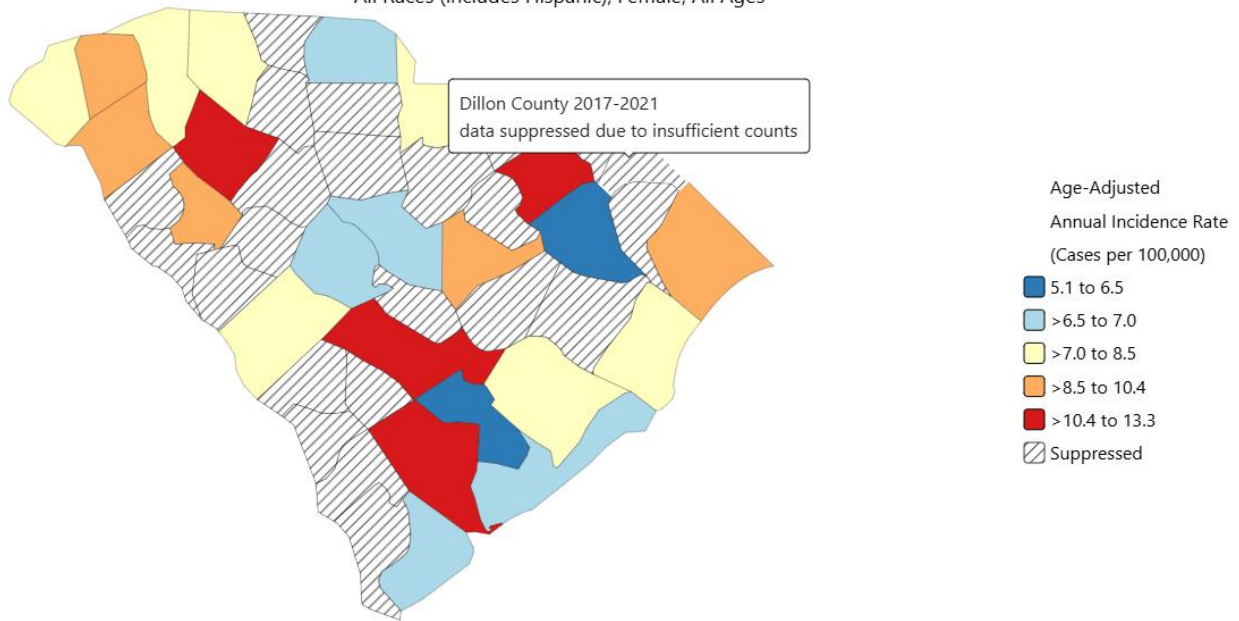
- In South Carolina, approximately 195 women are diagnosed with cervical cancer and 68 die from the disease each year.
- South Carolina ranks 19<sup>th</sup> in the nation for cervical cancer incidence and 16<sup>th</sup> in the nation for cervical cancer mortality rate.
- Black women are diagnosed with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

### Incidence Rates for South Carolina by County

Cervix (All Stages^), 2017-2021

All Races (includes Hispanic), Female, All Ages



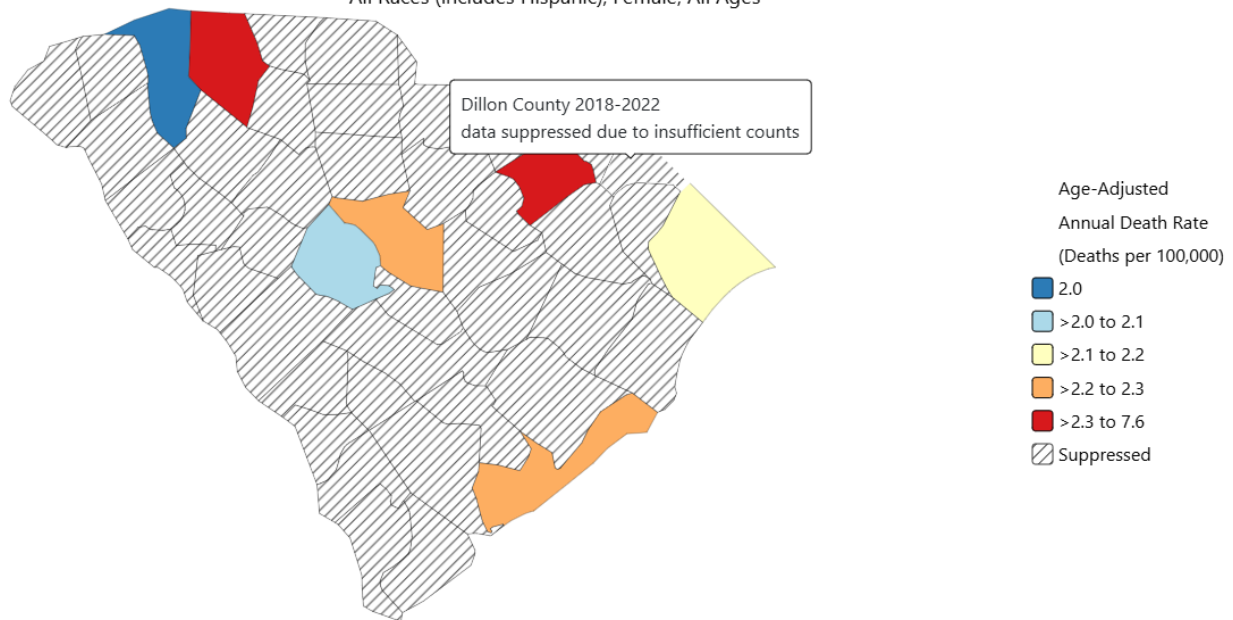
*\* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression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

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

### Death Rates for South Carolina by County

Cervix, 2018-2022

All Races (includes Hispanic), Female, All Ages



*\* 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.

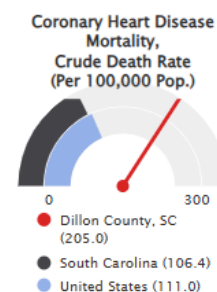
Within the report area, there are a total of 296 deaths due to coronary heart disease. This represents a crude death rate of 205.0 per every 100,000 total population.

*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)
Dillon County, SC	28,874	296	205.0
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](#)*



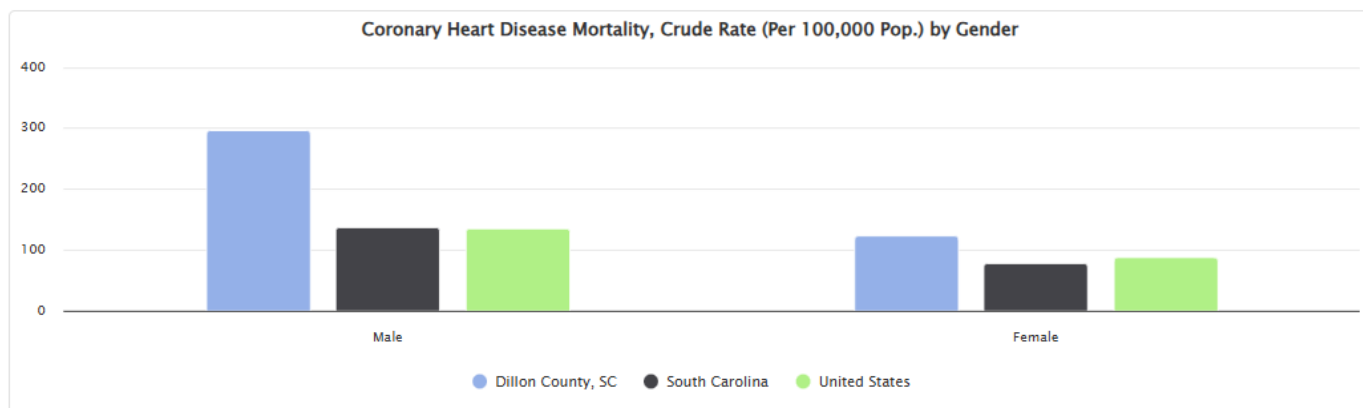
## Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Dillon County, SC	296.9	123.1
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
Dillon County, SC	265.1	168.7	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, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

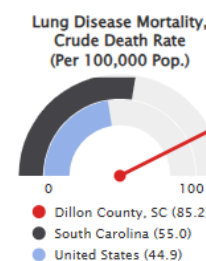
Within the report area, there is a total of 123 deaths due to lung disease. This represents an age-adjusted death rate of 85.2 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Dillon County, SC	28,874	123	85.2
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*

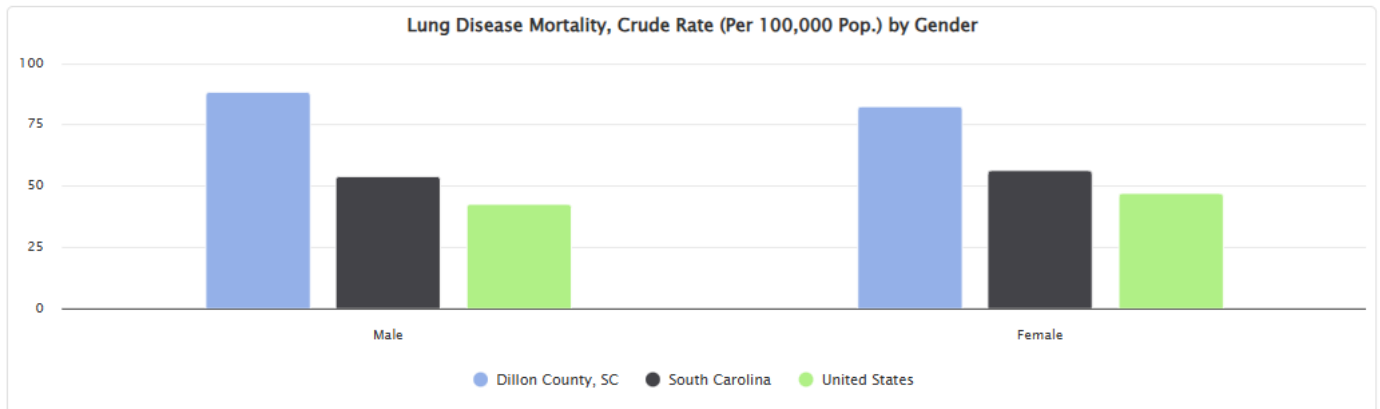


## Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Dillon County, SC	88.2	82.5
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
Dillon County, SC	137.2	44.8	No data	No data	No data	No data	No data
South Carolina	73.8	29.6	5.9	31.2	No data	4.5	4.1
United States	65.2	27.3	9.3	31.7	15.7	7.8	9.1

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

## Mortality - Motor Vehicle Crash

This indicator reports the 2019-2023 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

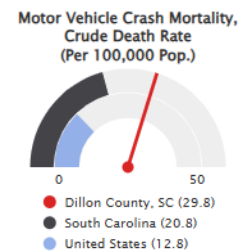
Within the report area, there is a total of 43 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 29.8 per every 100,000 total population.

*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)
Dillon County, SC	28,874	43	29.8
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
Dillon County, SC	No data	34.3	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.

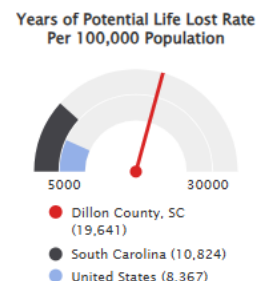
Within the report area, there are a total of 880 premature deaths from 2020 to 2022. This represents an age-adjusted rate of 19,641 years potential life lost before age 75 per every 100,000 total population.

*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
Dillon County, SC	880	15,755	19,641
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](#)*



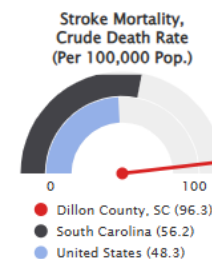
## Mortality - Stroke

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 139 deaths due to stroke. This represents a crude death rate of 96.3 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)
Dillon County, SC	28,874	139	96.3
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.

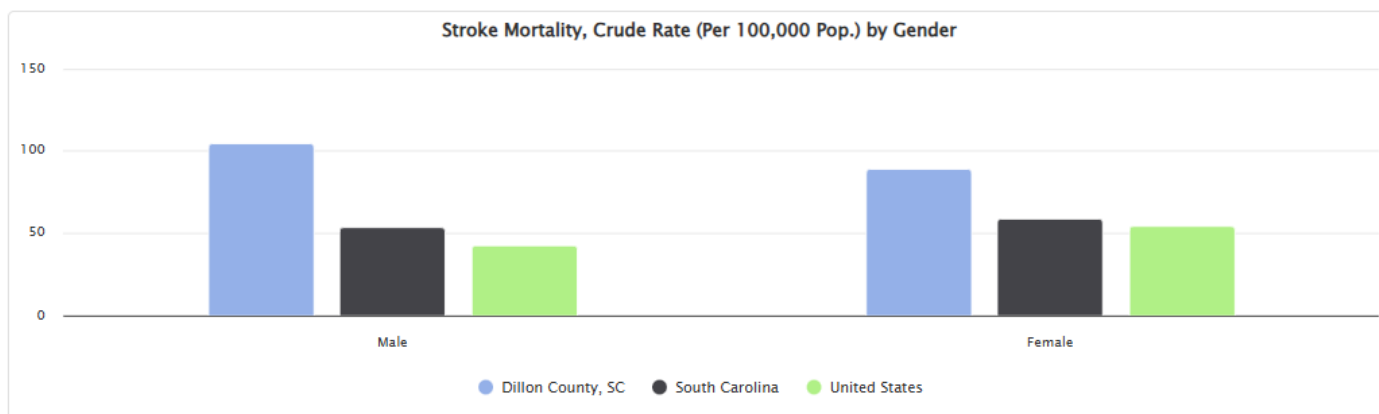
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. → Show more details

## 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
Dillon County, SC	104.4	89.1
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
Dillon County, SC	109.4	98.5	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.

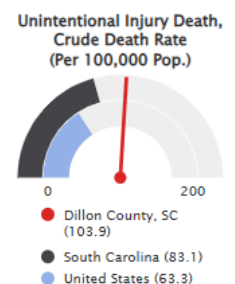
Within the report area, there are a total of 150 deaths due to unintentional injury. This represents a crude death rate of 103.9 per every 100,000 total population.

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

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Dillon County, SC	28,874	150	103.9
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

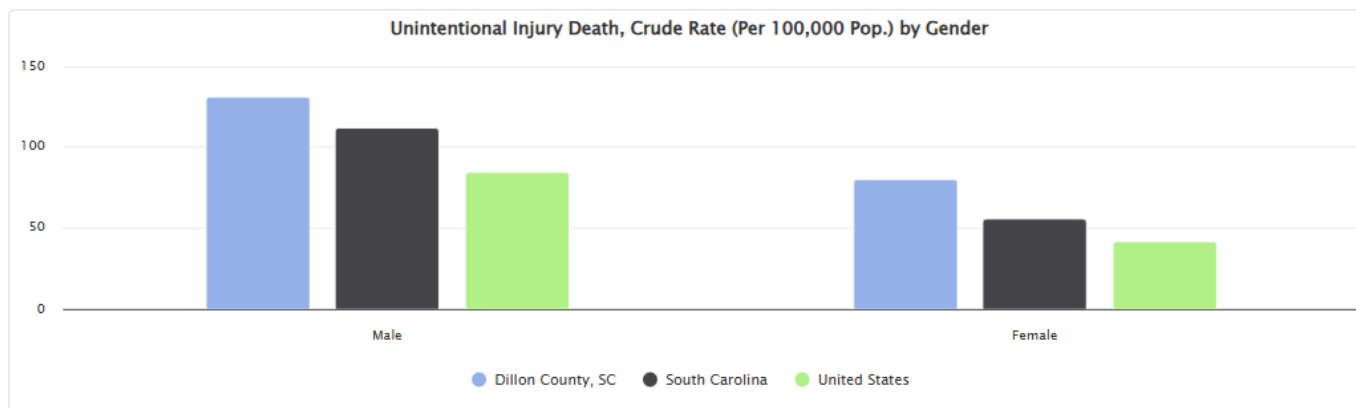


## Unintentional Injury (Accident) Mortality, Crude Rate (Per 100,000 Pop.) by Gender

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
Dillon County, SC	130.8	79.9
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
Dillon County, SC	141.8	74.6	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]<sup>2</sup>) 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 5,500 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 27.1% of the survey population.

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

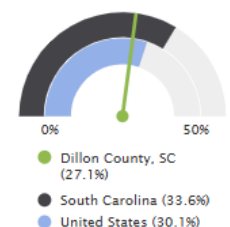
*Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Dillon County, SC	20,295	5,500	27.1%
South Carolina	3,937,098	1,323,929	33.6%
United States	232,757,930	70,168,831	30.1%

*Note: This indicator is compared to the state average.*

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

Percentage of Adults Obese (BMI > 30.0), 2021



## Poor or Fair Health

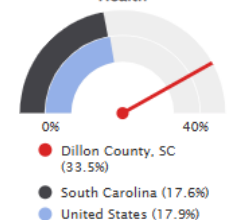
This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor.” In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 33.5%.

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)
Dillon County, SC	27,738	33.5%	31.9%
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*

Percentage of Adults Age 18+ with Poor or Fair General Health



## Dillon 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.

	<b>Dillon 2022 Ranking</b>	<b>Progress</b>	<b>Dillon 2025 Ranking</b>
<b>Length of Life</b>			
Premature Death	15,700	Getting Worse	19,600
<b>Quality of Life</b>			
Poor or Fair Health	30%		32%
Poor Physical Health Days	5.7		5.4
Poor Mental Health Days	5.7		6.4
Low Birthweight	12%		13%
<b>Health Behaviors</b>			
Adult Smoking	26%		28%
Food Environment Index	7.3		7.3
Physical Inactivity	39%		39%
Access to Exercise Opportunities	25%		48%
Excessive Drinking	17%		15%
Alcohol-Impaired Driving Deaths	17%	Improving	8%
Sexually Transmitted Infections	1,053.2	Getting Worse	1,279.8
Teen Births	42	Improving	41
<b>Clinical Care</b>			
Uninsured	17%		13%
Primary Care Physicians	2,180:1		2,550:1
Dentists	3,370:1		3,470:1
Mental Health Providers	720:1		600:1
Preventable Hospital Stays	4,663		4,179
Mammography Screening	41%	Improving	44%
Flu Vaccinations	43%		43%
<b>Social &amp; Economic Factors</b>			
High School Graduation	79%		79%
Some College	48%		44%
Unemployment	6.1%		4.4%
Children in Poverty	32%		35%

Income Inequality	5.6		5.3
Social Associations	9.5		11.2
Injury Deaths	126		148
<b>Physical Environment</b>			
Air Pollution – Particulate Matter	7.2	Improving	7.0
Drinking Water Violations	No		No
Severe Housing Problems	17%		17%
Driving Alone to Work	77%		79%
Long Commute – Driving Alone	35%		37%

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

- Chronic Diseases
- Access to Care
- Mental Health & Substance Abuse
- Sexual Health

## 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 Dillon CHNA Need #1: Chronic Diseases (Heart Disease, Stroke, Obesity, Renal Disease and Lung Disease)				
Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Reinforce importance of physical activity among youth and adults in the community	<b>Strategy 1:</b> Partnership with City of Dillon and local fitness businesses  <b>Actions/Tactics</b> <ul style="list-style-type: none"> <li>Promote free inside/outside walking tracks at the City of Dillon Wellness Center to community</li> <li>Corporate membership for McLeod employees and their families at the City of Dillon Wellness Center and Fitness World Gym; Planet Fitness new to area as well (priced at \$10/month)</li> <li>Partnership with City of Dillon for community events</li> <li>Promote youth activity by sponsoring sports teams through Parks and Recreation; support for high school athletic sports</li> <li>Walk for Wellness initiative-employee oriented to</li> </ul>	<ul style="list-style-type: none"> <li>Number of people reached through education</li> <li>Number of memberships</li> <li>Events</li> </ul>	<ul style="list-style-type: none"> <li>City of Dillon</li> <li>City of Dillon Wellness Center</li> <li>Fitness Worldwide Gym</li> <li>Planet Fitness</li> <li>McLeod Health Dillon</li> </ul>	Ongoing

	encourage walking while at work			
<b>Goal #2:</b> Promote and raise awareness of healthy behaviors among youth and adults in the community	<b>Strategy 1:</b> Partnership with local and regional organizations  <b>Actions/Tactics:</b> <ul style="list-style-type: none"> <li>• Participate in events sponsored by city, county, local and regional organizations</li> <li>• Educational series to highlight health issues, including stroke, heart disease, diabetes, arthritis, women's health</li> <li>• Mobile Mammography Unit</li> <li>• Health Fairs</li> <li>• Sports teams</li> <li>• DPH Community Data Walk</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people reached through education</li> <li>• Number of events</li> </ul>	<ul style="list-style-type: none"> <li>• City of Dillon</li> <li>• Dillon County</li> <li>• United Way</li> <li>• RALI/Dillon County Health Initiative</li> <li>• Kiwanis Club</li> <li>• Dillon County Help for Veterans</li> <li>• Pee Dee Coalition</li> <li>• Dillon County Boys and Girls Youth Center</li> <li>• Dillon County Chamber of Commerce</li> <li>• Local Schools</li> <li>• Northeastern Rural Health Network</li> <li>• Trinity Behavioral Care</li> <li>• Auxiliary</li> <li>• DPH</li> <li>• The Pregnancy Center of Dillon County</li> <li>• McLeod Health Dillon</li> </ul>	Ongoing
<b>Goal #3:</b> Improve healthy eating behaviors among youth and adults in	<b>Strategy 1:</b> Continue support of Dillon's Francis Marion University Rural Area Leadership Institute (RALI) in undertaking BCBS grant funding in partnership with the		<ul style="list-style-type: none"> <li>• Dillon County Rural Area Leadership Institute (RALI)</li> <li>• SC Office of Rural Health</li> </ul>	Ongoing

the community	<p>SC Office of Rural Health</p> <p><b>Actions/Tactics</b></p> <ul style="list-style-type: none"> <li>• Increase availability of fresh foods and available markets</li> <li>• Cardiac Rehab nutritional education</li> </ul>		<ul style="list-style-type: none"> <li>• Local FoodShare Programs</li> <li>• Blue Cross Blue Shield</li> <li>• McLeod Health Dillon Cardiac Rehab</li> </ul>	
	<b>Strategy 2:</b> Weight Watchers online classes for employees and community members	<ul style="list-style-type: none"> <li>• Number of participants</li> </ul>	<ul style="list-style-type: none"> <li>• Weight Watchers</li> </ul>	Ongoing
<b>Goal #4:</b> Support better outcomes for stroke care	<p><b>Strategy 1: Follow</b> Acute Stroke Ready Guidelines for stroke care</p> <ul style="list-style-type: none"> <li>• Outpatient PT, OT and ST services available</li> <li>• Home Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain up-to-date regulations for stroke care</li> </ul>	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• Home Health Services available in community</li> <li>• McLeod Health Dillon</li> </ul>	Ongoing
	<b>Strategy 2:</b> Continue partnerships that offer current telemedicine service - Telestroke	<ul style="list-style-type: none"> <li>• Number of telehealth visits</li> </ul>	<ul style="list-style-type: none"> <li>• TeleSpecialist Providers</li> </ul>	Ongoing
<b>Goal #5:</b> Promote health education through various mediums to promote healthy lifestyles through disease management,	<p><b>Strategy 1:</b> Place emphasis on managing chronic conditions through McLeod Healthier You - an employee health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan</p> <ul style="list-style-type: none"> <li>• Addition of outpatient</li> </ul>	<ul style="list-style-type: none"> <li>• Number of participants</li> </ul>	<ul style="list-style-type: none"> <li>• McLeod Employee Health</li> <li>• South Carolina Hospital Association Working Well Program</li> <li>• McLeod Health Dillon</li> </ul>	Ongoing

diet and nutrition, physical activity, smoking cessation and disease prevention	Pulmonary Function testing <ul style="list-style-type: none"> <li>• Pulmonary Rehab</li> <li>• Health Lung Initiative</li> </ul>			
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McLeod Health Dillon CHNA Need #2: Access to Care (Socioeconomic Barriers – Affordable Care, Resource Awareness and Education, and Transportation)				
Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Expand specialty care into rural areas for both adult and youth populations.	<b>Strategy 1:</b> <ul style="list-style-type: none"> <li>• Telehealth Services: Psychiatry Neurology Stroke Lactation Nutrition</li> <li>• Outpatient Nephrology</li> <li>• Addition of inpatient dialysis</li> <li>• TELESANE in ED</li> <li>• Lactation Services</li> </ul>	<ul style="list-style-type: none"> <li>• Number of consultations</li> <li>• Number of specialty programs participating</li> </ul>	<ul style="list-style-type: none"> <li>• McLeod Regional Medical Center</li> <li>• McLeod Physician Associates</li> <li>• TeleSpecialists Providers</li> <li>• SC Department of Mental Health</li> <li>• QLER -mental Health Providers for ED and inpatient needs</li> <li>• McLeod Health Dillon</li> </ul>	Ongoing
<b>Goal #2:</b> Improve education, access to transportation, and financial barriers for underserved population	<b>Strategy 1:</b> Continue McLeod Nurse Family Partnership services to high-risk, first-time moms.	<ul style="list-style-type: none"> <li>• Maintain at least 25 participants per nurse in the McLeod Nurse Family Partnership Program</li> </ul>	<ul style="list-style-type: none"> <li>• McLeod Nurse Family partnership</li> <li>• Access Health - McLeod</li> <li>• New Morning</li> </ul>	Ongoing



	<b>Strategy 2:</b> Improve transportation through partnership with PDRTA <ul style="list-style-type: none"> <li>New Bus Stop at MH Dillon facility</li> </ul>	<ul style="list-style-type: none"> <li>Area served</li> </ul>	<ul style="list-style-type: none"> <li>Dillon County Area Transportation (DCAT) PDRTA</li> <li>McLeod Health Dillon</li> </ul>	Ongoing
<b>Goal #3:</b> Improve access to hospital and providers	<b>Strategy 1:</b> Recruitment of providers	<ul style="list-style-type: none"> <li>Number of provider positions filled</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health</li> <li>Local physicians</li> </ul>	Ongoing
<b>Goal #4:</b> Reduce language barriers to healthcare	<b>Strategy 1:</b> Maintain partnership and provide access to Language and American Sign Language Lines	<ul style="list-style-type: none"> <li>Number of people who used the language lines</li> </ul>	<ul style="list-style-type: none"> <li>Language Line Translator Group</li> </ul>	Ongoing
<b>Goal #5:</b> Access to assistance for employees	<b>Strategy 1:</b> Employee Assistance Program to enhance quality of life and performance of individuals, families and organizations by providing professional consultation and services to assist in problem prevention and resolution		<ul style="list-style-type: none"> <li>McLeod Health EAP</li> </ul>	Ongoing

McLeod Health Dillon CHNA Need #3: Mental Health & Substance Abuse				
Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Increase access to substance use treatment, prevention and recovery services	<b>Strategy 1:</b> Participate in the Rural Opioid Community Response Consortium, sponsored by CareSouth  Counselor is available on a as needed basis.		<ul style="list-style-type: none"> <li>CareSouth</li> <li>Trinity Behavioral Care</li> <li>TriCounty Community Mental Health</li> <li>Northeastern Rural Health Network</li> <li>5 counties: Dillon, Darlington, Lee, Marlboro and Chesterfield</li> <li>SC Office of Rural Health</li> </ul>	Ongoing
<b>Goal #2:</b> Gain access to specialty providers to rural areas for both youth and adult populations	<b>Strategy 1:</b> Use of TelePsych in Emergency Department and inpatient psychiatric services available	<ul style="list-style-type: none"> <li>Number of consults</li> </ul>	<ul style="list-style-type: none"> <li>SC Department of Mental Health Psychologists</li> <li>QLER</li> </ul>	Ongoing
<b>Goal #3:</b> Access to emergency mental health assistance through community partner agencies	<b>Strategy 1:</b> Counselor available daily in Emergency Department to assist with placement	<ul style="list-style-type: none"> <li>Number of patients served</li> </ul>	<ul style="list-style-type: none"> <li>TriCounty Community Mental Health</li> <li>SC Department of Mental Health</li> <li>QLER</li> <li>Leatherman Behavioral Health Acute Facility (newly opened in Florence)</li> </ul>	Ongoing

<b>Goal #4:</b> Access to assistance for employees	<b>Strategy 1:</b> McLeod Employee Assistance Program (EAP) to enhance quality of life and performance of individuals, families and organizations by providing professional consultation and services to assist in problem prevention and resolution		<ul style="list-style-type: none"> <li>McLeod Health EAP</li> </ul>	Ongoing
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McLeod Health Dillon CHNA Need #4: Sexual Health (Birth Outcomes, STDs, Teen Pregnancy, and Education)				
Goal	Strategies	What we are measuring	Community Partners	Timeframe
<b>Goal #1:</b> Improve birth outcomes through education to expecting moms	<b>Strategy 1:</b> OB Nurse Navigator	<ul style="list-style-type: none"> <li>Number of mothers counseled</li> <li>Improvement rate of postpartum visits</li> </ul>	<ul style="list-style-type: none"> <li>McLeod OB/GYN</li> <li>New Morning</li> </ul>	Ongoing
	<b>Strategy 2:</b> <ul style="list-style-type: none"> <li>Utilize the March of Dimes 39+ Weeks Quality Improvement Initiative and practice Baby Friendly guidelines and educational pieces with expecting moms.</li> <li>Prenatal/Postpartum education and needs</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in elective inductions, cesarean deliveries scheduled before 39 weeks of pregnancy</li> <li>Improved birth outcomes</li> </ul>	<ul style="list-style-type: none"> <li>McLeod OB/GYN Dillon</li> <li>March of Dimes</li> <li>New Morning</li> <li>The Pregnancy Center of Dillon County</li> <li>DPH</li> </ul>	Annually

			<ul style="list-style-type: none"> <li>Hime Health Services</li> </ul>	
	<b>Strategy 3:</b> Practice Baby Friendly Guidelines	<ul style="list-style-type: none"> <li>Maintain Up-to-date guidelines of Baby Friendly</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Dillon Women's Services</li> <li>McLeod OB/GYN Dillon</li> </ul>	Ongoing
	<b>Strategy 4:</b> Continue Safe Sleep educational program for newborns. Distribute educational materials to new mothers.	<ul style="list-style-type: none"> <li>Number of sleep sacks distributed for at-home-use</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Dillon Women's Services</li> </ul>	Ongoing
<b>Goal #2:</b> Reach underserved and uninsured women and improve sexual health outcomes	<b>Strategy 1:</b> <ul style="list-style-type: none"> <li>Services of The Pregnancy Center of Dillon County</li> <li>PREP- HIV prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>Number of women served</li> <li>Number of patient visits</li> </ul>	<ul style="list-style-type: none"> <li>McLeod OB/GYN Dillon</li> <li>Dillon County Rural Area Leadership Institute (RALI)</li> <li>The Pregnancy Center of Dillon County</li> <li>CareSouth</li> </ul>	Ongoing
	<b>Strategy 2:</b> Post-Partum education regarding birth control and utilization of the New Morning grant to provide Long Acting Reversible Contraception (LARC) at delivery	<ul style="list-style-type: none"> <li>Number of women served by OB navigator</li> <li>Number of LARC insertions</li> <li>Improve rate of postpartum checkups</li> </ul>	<ul style="list-style-type: none"> <li>McLeod Health Dillon Women's Services</li> <li>McLeod OB/GYN Dillon</li> <li>New Morning Foundation</li> </ul>	Ongoing

## Health Needs Not Addressed

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

## Sources

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Attainment – Bachelor's Degree or Higher, Data Source: *US Census Bureau, American Community Survey. 2019-23.*

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

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HIV Prevalence Rate by Year, Data Source: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.*

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

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

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

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

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Poor or Fair Health, Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.*

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## Appendix A

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

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

Organizations are listed by county under the following headings:

- Senior Services
- Counseling
- Special Needs
- Assistance, Information and Education
- Food
- Shelter/Housing
- Transportation
- Medical and Health Assistance
- Home and Medical Assistance
- Free and Reduced Cost Medical Clinics
- CareSOUTH Carolina Primary Care Locations
- Family Medicine
- Internal Medicine

- Nephrology
- Obstetrics and Gynecology
- Pediatric Medicine
- General Surgery
- Orthopedics
- Urology



# Community Resources

**Guide Book to  
Getting the Help  
You Need After You  
Leave the Hospital**



**McLeod**  
Medical Center Dillon

*Revised 4/25, 12/21, 1/20, 7/17, 5/16, 12/14, 3/14, 8/13*

**Thank You for Choosing  
McLeod Medical Center Dillon**

# About This Guide

McLeod Medical Center Dillon is concerned about your health and well being after you leave our hospital.

The purpose of this guide is to provide you with information on services available in the region. The guide is not all-inclusive of the services provided; it was put together to provide you with a starting point.

In this guide are a variety of resources that may offer additional care and services to you.



## Senior Services

Pine Street Senior Center	910-671-3881
PrivilegesPlus	910-671-5835
Veteran's Services of Robeson County	910-671-3071

## Counseling

Alcoholics Anonymous	910-272-3030
Al-Anon	910-272-3030
Alzheimer's Disease	910-671-5703
Autism	910-739-5298
Bereavement	910-671-5655
Brain Injury	910-618-5606
Cancer (Breast, Prostate or Reproductive Organs)	877-227-9416
	877-671-5730
Diabetes	910-671-5595
Heart Disease	910-671-5067
Lung Disease	910-738-5403
Narcotics Anonymous	910-272-3030
Palmer Drug Prevention Program	910-522-0421
	910-618-1135
Robeson Health Care Corporation	
Substance Abuse Services	910-844-3066
Southeastern Recovery Alternatives	910-272-3030

## Special Needs

Borderbelt AIDS Resource Team (BART)	
(Fairmont)	910-628-6671
Committee for the Disabled	910-671-3836
Diabetes Community Center	910-618-0655
	877-703-2680
NC Services for the Blind	800-422-1897
Robeson County Mental Health Services	910-738-1461
Robeson Family Counseling Center	
(Mental Health)	910-738-8558
Southeastern Behavioral Services	910-738-1431
Southeastern Family Services	910-739-8622
Southeastern Mental Health Center	910-738-1461
	800-670-6871
Crisis Line	800-672-8255
Telamon Corporation	
(Migrant/Seasonal Farm Workers)	910-671-0504

## Assistance, Information and Education

Center for Community Action	910-739-7854
	910-739-7851
NC Vocational Rehabilitation	910-618-5513

## Food

Meals on Wheels	910-618-5533
Robeson County Church and Community Center	910-738-5204
	910-843-4120

## Shelter/Housing

American Red Cross (Robeson County Chapter)	910-738-5057
Lumberton Christian Care center	910-739-1204
Rape Crisis Center	910-739-6278
Robeson County Church and Community Center	910-738-5204
	910-843-4120
Southeastern Family Violence Center	910-739-8622

## Transportation

Southeastern Area Transit System (SEATS)	910-618-5679
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### Shelter/Housing

American Red Cross (Pee Dee Chapter)	843-662-8121
Area Rescue Mission (Men)	843-661-5377
CAA Shelter	843-678-3410
Cedar Terrace Apartments	843-774-8355
Dillon County Homeless Shelter	843-841-0875
Dillon County Pee Dee Coalition	843-774-0898
Florence County Pee Dee Coalition	843-669-4600
Good Shepherd Rescue Mission (Men) (Darlington)	843-393-1608
Habitat for Humanity	843-665-1624
House of Blessings Shelter (Marion)	843-464-6959
House of Hope of the Pee Dee (Women)	843-661-5115
Housing Authority of Darlington	843-393-0437
Housing Authority of Florence	843-669-4163
Pee Dee Coalition Crisis Center	843-669-4600
Pee Dee Community Action Agency (Dillon)	843-841-0875
Pee Dee Girls' Home	843-665-7116
Resurrection Shelter	843-407-4591
Street Reach Shelter (Horry County)	843-626-3643
Tara Hall Home for Boys (Georgetown)	843-546-3000
The Salvation Army	843-662-4461
Transitional Shelter	843-678-3410

### Transportation

LogistiCare	866-420-6231
Florence PDRTA	843-665-2227
Lakeside Medical	843-629-7133
Marlboro PDRTA	803-537-6610

## North Carolina Resources (Robeson County)

### Medical and Health Assistance

Carolina Access (Medicaid Recipients)	910-671-3473
Health Check (Medicaid, Birth to 21 Years)	910-671-3540
	910-739-3318
Hermitage Medical Clinic (Pain Management)	910-671-9298
Physician Directory (Listing)	910-671-5577
Robeson Child Health	910-608-2100
Robeson County Church and Community Center (Medication)	910-738-5204
	910-843-4120
Robeson County Health Department	910-738-7231
Robeson County Partnership for Children (Smart Start)	910-738-6767
Robeson County Partnership for Community Health	910-671-5595

### Home and Medical Assistance

Community Alternative Program Services (CAPS)	910-671-5390
Department of Social Services	910-671-3500
Home Health Services (Listing)	910-671-5551
Hospice Services (Listing)	910-671-5551
Robeson County Department of Health and Human Services	919-855-4400
Robeson County Department of Social Services	910-671-3770
Robeson County Home Health	910-671-3200
The Healing Lodge	910-522-0900



## South Carolina (Pee Dee Counties)

### Free and Reduced Cost Medical Clinics

For a complete listing of locations in South Carolina, visit [SCFreeClinics.org](http://SCFreeClinics.org)

Darlington County Free Medical Clinic	843-398-0060
Dillon County Free Medical Clinic	843-774-4241
Health Care Partners of SC (Marion)	843-423-2400
Helping Hands Clinic (Mullins)	843-464-8750
Hope Health (Florence)	843-667-9947
Mercy In Me Free Medical Clinic (Cheraw)	843-537-5288
Mercy Medicine Clinic (Florence)	843-667-9947

## North Carolina (Robeson County)

### Free and Reduced Cost Medical Clinics

For a complete listing of locations in North Carolina, visit [NCFreeClinics.org](http://NCFreeClinics.org)

Indian Health Care	910-272-8300
Robeson Healthcare Clinic	910-739-1666

## CareSOUTH Carolina Primary Care Locations

<b>Bishopville Center</b> 545 Sumter Hwy PO Box 508 Bishopville, SC 29010 803.484.5317	<b>Hartsville Center</b> 1268 South Fourth Street PO Box 909 Hartsville, SC 29550 843.332.3422
<b>Cheraw Center</b> 212 Third Street PO Box 1357 Cheraw, SC 843.537.0961	<b>Vantage Point</b> 1268 South Fourth Street PO Box 999 Hartsville, SC 29551 843.383.8632
<b>Rosa Lee Gerald Center</b> 737 South Main Street PO Box 239 Society Hill, SC 29593 843.378.4501	<b>Hunt Family Practice</b> 106 Hospital Square PO Box 508 Bishopville, SC 29010 803.484.5943
<b>Lake View Center</b> 103 Kemper Street PO Box 1076 Lake View, SC 29565 843.759.2189	<b>McColl Center</b> 225 South Main Street PO Box 86 McColl, SC 29570 843.523.5751
<b>Latta Center</b> 122 Latimere, SC 29563 843.627.6252	<b>Bennettsville Pediatrics</b> 210 W. Main Street PO Box 1197 Bennettsville, SC 29512 843.479.1200
<b>Bennettsville Center</b> 999 Cheraw Street PO Box 1197 Bennettsville, SC 29512 843.479.2341	<b>Dillon Center</b> 1016 Old Latta Hwy Dillon, SC 29536, 843.774.4337
<b>Chesterfield Center</b> 500 W. Boulevard PO Box 346 Chesterfield, SC 29709 843.623.5080	





## Doctors

### •Family Medicine

#### Dillon Family Medicine

603 North 6th Avenue • Dillon, SC 29536  
(843) 774-7336



**Michael N. Brown, M.D.**  
Board Certified in Family Medicine



**Timothy A. Fitzgibbon, M.D.**  
Board Certified in Family Medicine



**Ryan Gilbert, M.D.**  
Board Certified in Family Medicine



**Robin C. Shealy, M.D.**  
Board Certified in Family Medicine



**S. Granville Vance, M.D.**  
Board Certified in Family Medicine

#### Senior Services (continued)

Leatherman Senior Center and Senior Citizens Association	843-669-6761
Marion County Council on Aging	843-423-4391
Marlboro County Council on Aging	843-479-9951

#### Counseling

Bethany Christian Services (Pregnancy Counseling/Adoption)	843-629-1177
Circle Park Family Counseling and Addictions Center	843-665-9349
Circle Park Prevention Center	843-669-8087
Consumer Credit Counseling (Family Service Center)	800-223-9213
Dillon County Alcoholics Anonymous	843-774-6591
Florence County Alcoholics Anonymous	843-669-6345
McLeod Hospice	843-777-2564
McLeod Hospice Grief Recovery Group	843-777-2007
Marlboro Co. Commission on Alcohol and Drug Abuse	843-479-8328
Palmetto Center	843-662-9378
Pee Dee Big Brothers/Big Sisters	843-662-7081
Rubicon Family Counseling (Darlington)	843-332-4156

#### Special Needs

Carolina Family Planning Center	843-616-6559
Darlington Pee Dee Center (Mental Health)	843-332-4141
DHEC Division of STD/HIV	800-322-2437
Dillon County Department of Disabilities and Special Needs	843-774-6775
Marion County Commission for the Blind	843-248-2017
Marion County Department of Disabilities and Special Needs	843-774-9619
Mental Health Association	843-661-5407
Pee Dee Center (Mental Health)	843-664-2600
Pee Dee Speech and Hearing Center	843-662-7802
SC Commission for the Blind	843-661-4788
Tri County Mental Health	843-774-3351
Trinity Behavioral Care	843-774-6591

#### Assistance, Information and Education

Alzheimer's Association	800-636-3346
American Diabetes Association	803-799-4246
American Kidney Fund	800-638-8299
Arthritis Foundation Carolina Chapter	800-883-8806
Asthma and Allergy Foundation of America	800-727-8468
Asthma Information Line	800-822-2762
Diabetes Association	800-342-2383
Diabetes Information and Action Line	800-354-5297
Dillon County Veterans Affairs	843-774-1427
Florence Area Literacy Council	843-667-1908
Florence County Veterans Affairs Clinic	843-292-8383
Medicare Hotline	800-633-4227
McLeod Diabetes Center	800-777-6000
McLeod Resource Center (Pregnancy, Newborn Resources)	843-777-5493
Poison Control	800-922-1117
SC Vocational Rehabilitation	843-774-3691
Sickle Cell Foundation	843-673-9509
Social Security Administration	800-772-1213

#### Food

Dillon County Helping Hands Food Bank	843-841-2266
Manna House	843-667-6077



## Resources

### South Carolina Resources (Pee Dee Counties)

#### Medical and Health Assistance

##### Best Chance Network

(Mammograms and Pap Smears)	800-227-2345
Darlington County Department of Health and Environmental Control (DHEC)	843-332-7303
Darlington County Health Center	843-332-7303
Darlington County Health Department	843-398-4400
Dillon County Health Department	843-774-5611
Dillon County Healthy Learners	
(Children's Vision, Dental, Medical Services)	843-774-1907
Dillon County Department of Social Services	843-774-8284
Florence County Commission for the Blind	843-661-4788
Florence County Department of Social Services	843-669-3354
Florence County Health Department	843-661-4835
Free Medicine Program	800-921-0072
HealthSouth Rehabilitation Services	843-679-9000
Marion County Health Department	843-423-8295
Marlboro County Health Department	843-479-6801
Medically Indigent Assistance Program	
(Medicaid Eligibility)	843-841-3347
Mercy Medicine Clinic	843-667-9947
McLeod Dillon	843-774-4111
Partnership for Prescription Assistance	888-477-2669
Sexton Dental Clinic	843-662-2543
Smiles Dental Clinic (Children in Dillon County)	843-774-6200
Welvista (Prescription Drug Assistance)	800-763-0059

#### Home and Medical Assistance

Dillon County Department of Health and Human Services (DHHS)	843-774-2713
DHHS - Community Long Term Care	843-667-8718
Dillon Community Action Agency	843-774-9038
Dillon County Department of Social Services	843-774-8284
Dillon County DHEC Home Health	843-774-5611
Florence Community Action Agency	843-678-3401
Florence County DHEC Home Health	843-661-4794
Lighthouse Ministries	843-629-0830
Marlboro County Department of Social Services	843-479-7181
Marlboro County DHEC Home Health	843-623-2206
Marlboro County DHHS	843-479-4520
Marion Community Action Agency	843-423-6711
Marion County Department of Social Services	843-423-4623
Marion County DHEC Home Health	843-423-7157
Marion County DHHS	843-423-5417
McLeod Home Health	843-777-3050

#### Senior Services

AARP Senior Community Service	
Employment Program	843-665-1344
Darlington County Council on Aging	843-393-8521
Dillon County Council on Aging	843-774-0089
Florence County Council on Aging	843-393-8521

### •Internal Medicine

#### Dillon Internal Medicine

705 North 8th Avenue, Suite 1A • Dillon, SC 29536  
(843) 774-2478



**James J. Kelly, M.D.**

Board Certified in Internal Medicine



**J. Phillip Wallace, M.D.**

Board Certified in Internal Medicine

### •Nephrology

#### Pee Dee Nephrology

705 North 8th Avenue, Suite 2C • Dillon, SC 29536  
(843) 841-3827



**Venugopal Govindappa, M.D.**

Board Certified in Nephrology

### •Obstetrics and Gynecology

#### McLeod OB/GYN Dillon

706 North 8th Avenue • Dillon, SC 29536  
(843) 841-3825

### •*Pediatric Medicine*

#### **McLeod Pediatrics Dillon**

705 N. 8th Avenue, Suite 3A • Dillon, SC 29536  
(843) 774-6091



**Joseph Wangeh, MD**  
Board Certified in Pediatrics

### •*McLeod Health Dillon Hospitalists*



**William M. Goldstein, MD**  
Board Certified in Internal Medicine



**Benjamin T. Mitchell, MD**  
Board Certified in Family Medicine

### •*General Surgery*

#### **McLeod General Surgery Dillon**

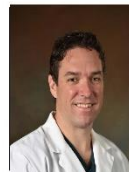
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**Hugh Willcox, MD**  
Board Certified in General Surgery



**Alto B. Odin, DO**  
Board Certified in Internal Medicine



**J. Nicholas Wallace, MD**  
Board Certified in Internal Medicine

### •*Orthopedics*

705 North 8th Avenue, Suite 1B • Dillon, SC 29536  
(843) 487-1588



**Ardalan Sayan, M.D.**  
Board Certified in Orthopaedic Surgery

The 2025 McLeod Health Dillon Community Health Needs Assessment is located on the website of McLeod Health at [www.McLeodHealth.org](http://www.McLeodHealth.org).

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