



CHESTERFIELD COUNTY, SC
COORDINATING
COUNCIL

Chesterfield County Health Subcommittee Community Data Report

November 2015

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EMSTAR
RESEARCH, INC.

Dear Chesterfield County Community,

Thank you for your continued interest in the work of the Chesterfield County Coordinating Council (CCCC) Health Subcommittee! This report represents many months of hard work by the members and staff of the Health Subcommittee.

The report begins by supplying important, detailed demographics of the sampled community members. Following are detailed break-downs on various health topics, which give a comprehensive picture of the health of our community, including: community health, physical health, professional health care, physical activity, and healthy eating. In each category, important conclusions reached by the survey are highlighted for your convenience.

It is the belief and hope of the Health Subcommittee that having such detailed information at the fingertips our community’s residents will allow them to understand what is going on in the populace at large. In this way you can make better decisions regarding what you need to do to improve your personal health, and thus the health of the entire County. It is said that “knowledge is power”, and this survey certainly distributes ample knowledge and information which, if properly used, will supply great power to make improvements. Those who are writing grants or planning programs will find this detailed information invaluable.

We hope and trust that this information will help you with your current work and inspire you to make changes to have a healthier you. The CCCC Health Subcommittee meets the second Wednesday of every month at 10:00 at the Chesterfield County Department of Social Services, 203 Commerce Street, Chesterfield. You are welcome to join us at any time as we strive to work out ways to improve the health of Chesterfield County.

Sincerely,

The CCCC Health Subcommittee

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Chesterfield County Coordinating Council

The **MISSION** is to strengthen the systems that provide services to the citizens of Chesterfield County through improved communication, adequate linkage, and collaboration.

The **GOAL** of the CCCC is to coordinate and expand existing services and develop sufficient resources to establish countywide needed services. More information can be found at: <http://www.chesterfieldcoordinating.org>

The Coordinating Council is made up of 4 subcommittees, including the Health Subcommittee.

CCCC Health Subcommittee

The **MISSION** of the Health Subcommittee is to research and address issues in the public health system in the county.

The **VISION** for the community assessment (described in this report) is to use the results to facilitate the best possible healthcare, preventive, and behavioral outcomes in Chesterfield County.

The results provided throughout this report will provide information for future grant proposals while motivating volunteers and facilitating community involvement. It will shape volunteer recruitment campaigns to the needs and desires of residents and guide and develop a plan of action to address the needs identified by the community.

These seven strategies are used to implement and sustain effective interventions.:

1. Providing information (e.g., community education, increasing knowledge, raising awareness)
2. Enhancing skills (e.g., building skills and competencies)
3. Providing support (e.g., increasing involvement in drug-free/healthy alternative activities)
4. Changing consequences (e.g., incentives/disincentives, increasing attention to enforcement and compliance)
5. Enhancing access / reducing barriers (e.g., improving access, availability, and use of systems and services)
6. Physical design (e.g., environmental and structural)
7. Modifying / changing policies (e.g., changing institutional or government policies)

Community Adult Survey Data Description

Data presented throughout this report were collected by the CCCC Health Subcommittee. **1,294** adults were surveyed throughout Chesterfield County in March through November 2014. Community opinions about their experiences with and their perceptions of community health issues were assessed. These data were collected at 8 community events including:

- Springfest (March 2014; Cheraw),
- Message in the Park (April 2014; Pageland),
- Volunteer Luncheon (May 2014; Chesterfield),
- Chesterfield Yard Sale (May 2014; Chesterfield),
- Pine Straw Festival (May 2014; Patrick),
- Pee Dee Union Baptist Vacation Bible School (June 2014; Cheraw),
- Watermelon Festival (July 2014; Pageland), and
- Blue Jay Festival (October 2014; Jefferson).

This survey was also distributed via newspapers, emails to community members, and other community spaces such as libraries and fitness centers in Chesterfield.

Note: Throughout the report the symbol “n = ” denotes the number of youth who answered each item and “n ~ ” denotes a slight variation in the sample size for items in a given measure.

County and State Comparison Data Description

Data from other sources are used throughout this report to provide comparisons and show trends over time. Information from these sources are displayed in green text and include:

Data Source #1: Behavioral Risk Factor Survey. Retrieved from: <http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/BehavioralRiskFactorSurveys/SurveyResultsAndAnnualReports/2013Results/>

Data Source #2: South Carolina Department of Health and Environmental Control Public Health Statistics and Information Services. Retrieved from: <http://www.scdhec.gov/Health/Docs/CHIT/Chesterfield.pdf>

Data Source #3: South Carolina Children's Health Assessment Survey (CHAS) Data [2013]: South Carolina Department of Health and Environmental Control, Division of Chronic Disease Epidemiology, Columbia SC. Retrieved from: <http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/CHAS/AnnualResults/2013/>

Data Source #4: County Health Rankings & Roadmaps: Building a Culture of Health, County by County. A Robert Wood Johnson Foundation program. Retrieved from: <http://www.countyhealthrankings.org/>

Data Source #5: Bureau of Labor and Statistics. Retrieved from: <http://www.bls.gov/lau/tables.htm>

Data Source #6: Report on Student Dropout Rates. South Carolina State Department of Education. Retrieved from: <http://ed.sc.gov/scdoe/assets/File/agency/ie/Student-Intervention-Services/documents/StateDropoutReport2013-14.pdf>

Demographics

A total of **1,294** adults in Chesterfield County participated in the survey. Demographics are presented below. Most respondents were female (**76%**) and White (**56%**) or Black/ African American (**39%**).

Age (n = 1,279)	%
18 - 25 yrs	9.7%
26 - 39 yrs	23.3%
40 - 54 yrs	32.6%
55 - 64 yrs	19.8%
65 yrs or older	14.6%
Gender (n = 1,250)	%
Female	75.7%
Male	24.3%
Race (n = 1,092)	%
White	56.2%
Black or African American	38.8%
Native American	2.7%
Asian or Pacific Islander	0.5%
More than one	1.8%
Ethnicity (n = 825)	%
Hispanic	2.1%
Marital Status (n = 1,128)	%
Single	39.3%
Married	49.4%
Living together, not married	5.9%
Other	5.5%

The proportion of survey respondents from each Chesterfield County zip code is similar to the proportion of the Chesterfield County population living in each zip code.

What is your Zip Code? (n = 1,294)	% Among Survey Respondents	% of Population Within Chesterfield County ¹
29520 (Cheraw)	32.5%	31.4%
29728 (Pageland)	18.2%	22.1%
29709 (Chesterfield)	12.6%	13.9%
29718 (Jefferson)	8.9%	7.7%
29101 (McBee)	7.3%	5.3%
29584 (Patrick)	6.7%	5.5%
29741 (Ruby)	5.1%	4.5%
29727 (Mount Croghan)	4.6%	3.5%
29550 (Hartsville)	3.5%	4.8%
29593 (Society Hill)	0.5%	1.3%

¹ Population counts retrieved from 2010 census tract data: <http://proximityone.com/ziptractequiv.htm>. FIPS code for Chesterfield County is 45025.

Demographics

14% of respondents did not have health insurance. In 2013, **24%** of [South Carolina](#) residents who completed the Behavioral Risk Factor Survey reported not having any form of health care coverage.¹ In 2012, according to the Small Area Health Insurance Estimates,² among those under age 65, **17%** of those in the [US](#), **20%** of those in [South Carolina](#), and **21%** of those in [Chesterfield County](#) did not have health insurance.

Health Insurance ³ (n = 1,250)	%
Private Insurance	53.2%
Medicaid	19.5%
Medicare	17.8%
VA Healthcare	2.7%
Tricare	2.3%
Other	2.3%
No insurance	14.3%

54% of respondents were employed.

Employment Status ² (n = 1,257)	%
Employed	53.8%
Unemployed	15.8%
Retired	14.3%
Unable to Work	8.8%
Homemaker	4.8%
Full-time Student	2.6%
Working Student	1.3%
Other	1.3%

¹ Data source #1 (see page 6 for full reference).

² Data source #4 (see page 6 for full reference).

³ Respondents may have selected more than one option. Therefore percentages add to more than 100%.

While **9%** of those who were employed had no insurance, **40%** of those who were unemployed had no insurance. In 2014, according to the Bureau of Labor Statistics¹ among those who were 16 or older and seeking work, **6.2%** of those in the [US](#), **6.4%** of those in [South Carolina](#), and **6.9%** of those in [Chesterfield County](#) were unemployed.

Health Insurance by Employment Status ²							
	Private Insurance	Medicaid	Medicare	Tricare	VA Healthcare	No Insurance	Other
Employed (n = 657)	79.1%	9.3%	2.7%	1.5%	1.8%	9.1%	1.2%
Unemployed (n = 189)	12.7%	34.9%	10.6%	0.5%	1.1%	39.8%	5.8%
Retired (n = 176)	36.4%	19.9%	61.4%	4.5%	8.0%	6.3%	1.7%
Unable to Work (n = 103)	10.7%	45.6%	57.3%	2.9%	5.8%	11.7%	0.0%
Homemaker (n = 59)	45.8%	25.4%	10.2%	6.8%	1.7%	18.6%	1.7%
Full-time Student (n = 31)	38.7%	25.8%	9.7%	9.7%	0.0%	22.6%	3.2%
Working Student (n = 14)	50.0%	35.7%	0.0%	7.1%	0.0%	7.1%	0.0%
Other (n = 16)	25.0%	25.0%	31.3%	0.0%	6.3%	6.3%	25.0%

¹ Data source #4 (see page 6 for full reference).

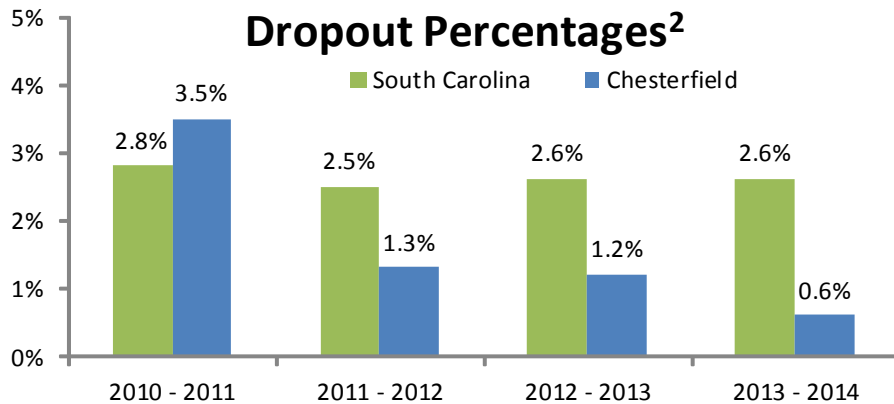
² Respondents may have selected more than one option. Therefore percentages add to more than 100%.

Demographics

56% of respondents' highest level of education was a high school degree / GED or less. According to the American Community Survey¹ from 2009-2013 among those adults aged 25-44 years: **56%** of those in the US, **60%** of those in South Carolina, and **44%** of those in Chesterfield County had some post-secondary education.

Highest Level of Education (n = 1,217)	%
Did not finish high school	15.7%
High school or GED	40.3%
Technical college	22.4%
Bachelors	11.5%
Masters	9.0%
Doctorate	1.1%

According to the South Carolina Department of Education,² the drop-out rate for those in grades 9 -12 in the 2013—2014 academic year was 2.6% in South Carolina and 0.6% in Chesterfield School District.



¹ Data source #4 (see page 6 for full reference).

² Data source #6 (see page 6 for full reference).

About half of respondents between the ages of 26 and 64 had some education beyond high school. It is important to note that especially those in the 18-25 year age range may have still been in high school or college.

Highest Level of Education by Age						
	Did not finish high school	High school or GED	Technical College	Bachelors	Masters	Doctorate
18-25 yrs (n = 118)	22.0%	50.8%	17.8%	7.6%	1.7%	0.0%
26-39 yrs (n = 286)	16.1%	37.8%	26.6%	11.9%	7.7%	0.0%
40-54 yrs (n = 394)	12.2%	37.3%	26.1%	11.2%	11.2%	2.0%
55-64 yrs (n = 239)	10.9%	36.4%	21.8%	17.6%	11.7%	1.7%
65 yrs or older (n = 169)	23.7%	49.7%	11.8%	6.5%	7.7%	0.6%

Highest Level of Education by Age (condensed)			
	Did not finish high school	High school / GED	Some education beyond high school
18-25 yrs (n = 118)	22.0%	50.8%	27.1%
26-39 yrs (n = 286)	16.1%	37.8%	46.2%
40-54 yrs (n = 394)	12.2%	37.3%	50.5%
55-64 yrs (n = 239)	10.9%	36.4%	52.8%
65 yrs or older (n = 169)	23.7%	49.7%	26.6%

Demographics

50% of respondents had an annual household income of less than \$25,000. The federal poverty line in 2014 was \$23,850 for family of 4.¹

According to the Small Area Income and Poverty Estimates in 2013,² **24%** of children in the US, **27%** of children in South Carolina, and **37%** of children in Chesterfield County lived in poverty.

According to the American Community Survey² from 2009-2013, the ratio of household income at the 80th percentile to income at the 20th percentile was: **4.4** across the US, **4.9** in South Carolina, and **5.5** in Chesterfield County. Higher numbers indicate fewer people living in poverty.

Annual Household Income (n = 1,141)	%
less than \$10,000	28.6%
\$10,000 - \$24,999	21.6%
\$25,000 - 39,999	17.4%
\$40,000 - \$59,999	14.5%
\$60,000 - \$79,000	8.3%
\$80,000 or more	9.6%

¹ U.S. Department of Health and Human Services poverty guidelines. Retrieved from: <http://aspe.hhs.gov/poverty/14poverty.cfm>

² Data source #4 (see page 6 for full reference).

Community Health

55% of respondents rated the overall health of their community as fair or poor.

Community Health (n = 1,163)	%
Poor	9.2%
Fair	45.3%
Good	37.8%
Very Good	5.8%
Excellent	1.8%

80% (n = 891) of respondents reported that they would be willing to work on important community issues in their community (for example, by volunteering their time or donating goods, services, or money).

Community Health

Community members indicated the 3 most important factors for a strong community. Percentages below indicate how often each factor was selected by zip code. Across all zip codes “**good jobs/healthy economy**” was selected most often as an important factor for a strong community. According to the 2012 Area Health Resource File / American Medical Association,¹ the ratio of the population to primary care physicians was: **2,015:1** in the US, **1,521:1** in South Carolina, and **3,074:1** in Chesterfield County. According to the 2013 Area Health Resource File / National Provider Identification file,¹ the ratio of population to dentists was: **2,670:1** in the US, **2,002:1** in South Carolina, and **3,554:1** in Chesterfield County. According to the 2014 Centers for Medicare and Medicaid National Provider Identification File,¹ the ratio of the population to mental health providers was: **1,128:1** in the US, **702:1** in the South Carolina, and **1,359:1** in Chesterfield County.

3 Most Important Factors For a Strong Community by Zip Code

Q 19	Chesterfield County (n = 1,237)	McBee (n = 91)	Cheraw (n = 405)	Hartsville (n = 43)	Patrick (n = 83)	Society Hill (n = 6)	Chesterfield (n = 157)	Jefferson (n = 110)	Mount Croghan (n = 55)	Pageland (n = 226)	Ruby (n = 61)
		29101	29520	29550	29584	29593	29709	29718	29727	29728	29741
Good jobs/healthy economy	78.1%	71.4%	79.8%	74.4%	73.5%	100.0%	79.0%	73.6%	80.0%	80.1%	80.3%
Strong faith and fellowship	36.8%	46.2%	32.3%	48.8%	39.8%	50.0%	45.2%	36.4%	38.2%	31.0%	37.7%
Low crime	35.9%	36.3%	33.6%	27.9%	21.7%	50.0%	37.6%	43.6%	41.8%	40.3%	34.4%
Neighbors helping neighbors	30.4%	39.6%	30.6%	34.8%	32.5%	16.7%	26.8%	30.0%	32.7%	28.3%	26.2%
Access to affordable health care	24.2%	20.9%	26.9%	23.3%	19.3%	16.7%	26.8%	24.5%	30.9%	19.5%	23.0%
Access to safe and affordable housing	20.4%	17.6%	19.3%	18.6%	9.6%	33.3%	15.9%	28.2%	27.3%	23.9%	24.6%
Respecting all people and groups	16.8%	26.4%	17.8%	11.6%	15.7%	33.3%	19.7%	15.5%	5.5%	14.6%	13.1%
Access to educational opportunities	15.2%	29.7%	17.0%	23.3%	14.5%	16.7%	16.6%	10.0%	5.5%	9.7%	11.5%
Access to healthy and affordable foods	14.9%	17.6%	15.3%	14.0%	15.7%	0.0%	13.4%	6.4%	16.4%	18.6%	13.1%
Clean environment	14.1%	11.0%	14.1%	11.6%	15.7%	16.7%	10.2%	19.1%	12.7%	17.7%	6.6%
Access to safe places to be active	9.9%	13.2%	11.4%	4.7%	9.6%	0.0%	6.4%	8.2%	10.9%	10.6%	9.8%
Smoke free workplaces	5.7%	6.6%	6.9%	4.7%	4.8%	16.7%	4.5%	0.9%	7.3%	6.6%	4.9%
Low disease rates	3.2%	5.5%	4.2%	4.7%	2.4%	0.0%	1.3%	2.7%	0.0%	3.5%	1.6%

¹ Data source #4 (see page 6 for full reference).

Community Health

Community members indicated the 3 most important factors for a strong community. Percentages below indicate how often each factor was selected by respondent age. Across all age groups “**good jobs/healthy economy**” was selected most often as an important factor for a strong community. According to data from Uniform Crime Reporting-FBI¹ from 2010-2012 , the number of violent crime offenses per 10,000 population was: **19.9** in the US, **57.7** in South Carolina, and **48.0** in Chesterfield County. According to CDC WONDER mortality data¹ from 2008-2012 , the number of deaths due to injury per 100,000 population was: **74** in the US, **72** in South Carolina, and **81** in Chesterfield County. According to CDC WONDER environmental data¹ from 2011, the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) was: **11.9** the US, **12.6** in South Carolina, and **12.3** in Chesterfield County. According to the Comprehensive Housing Affordability Strategy data from 2007-2011, the percent of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities was: **14%** in the US, **16%** in South Carolina, and **14%** in Chesterfield County.

3 Most Important Factors For a Strong Community by Age

Q 19	All Ages (n = 1,237)	18 – 25 yrs (n = 118)	26 to 39 yrs (n = 290)	40 to 54 yrs (n = 398)	55 to 64 yrs (n = 244)	65 and older (n = 174)
Good jobs/healthy economy	78.1%	75.4%	76.2%	81.2%	77.9%	77.0%
Strong faith and fellowship	36.8%	25.4%	32.8%	34.7%	44.3%	46.0%
Low crime	35.9%	33.9%	43.4%	35.7%	30.3%	34.5%
Neighbors helping neighbors	30.4%	20.3%	23.4%	33.7%	32.4%	37.4%
Access to affordable health care	24.2%	25.4%	19.7%	24.9%	27.0%	25.3%
Access to safe and affordable housing	20.4%	20.3%	24.1%	18.8%	17.2%	21.8%
Respecting all people and groups	16.8%	16.1%	17.2%	15.8%	16.8%	20.1%
Access to educational opportunities	15.2%	20.3%	13.1%	16.1%	16.0%	12.6%
Access to healthy and affordable foods	14.9%	22.0%	14.1%	13.6%	15.2%	14.4%
Clean environment	14.1%	22.0%	15.9%	12.1%	11.5%	14.4%
Access to safe places to be active	9.9%	7.6%	10.7%	10.8%	11.5%	6.9%
Smoke free workplaces	5.7%	5.9%	4.5%	6.5%	5.7%	5.7%
Low disease rates	3.2%	2.5%	3.1%	3.3%	3.3%	3.4%

¹ Data source #4 (see page 6 for full reference).

Physical Health

Community members indicated the 3 most important health concerns in their community. Percentages below indicate how often each factor was selected by zip code. Across all zip codes, “**Illegal drug use**” was selected most or second most often as one of the top most important community health concerns. 5 respondents also provided “other” responses, which included teen pregnancy, unemployment, high cost of prescribed drugs, and crime.

3 Most Important Health Concerns in My Community by Zip Code											
Q 18	Chesterfield County (n = 1,223)	McBee (n = 93)	Cheraw (n = 408)	Hartsville (n = 43)	Patrick (n = 81)	Society Hill (n = 7)	Chesterfield (n = 152)	Jefferson (n = 109)	Mount Croghan (n = 55)	Pageland (n = 220)	Ruby (n = 59)
		29101	29520	29550	29584	29593	29709	29718	29727	29728	29741
Illegal drug use	49.1%	46.2%	44.9%	62.8%	49.4%	57.1%	47.4%	49.5%	43.6%	55.5%	54.2%
Alcohol use	42.8%	32.3%	34.8%	41.9%	51.9%	14.3%	40.1%	47.7%	43.6%	57.3%	45.8%
Overweight / obesity	38.6%	58.1%	39.0%	53.5%	24.7%	28.6%	40.8%	27.5%	43.6%	33.2%	42.4%
High blood pressure	29.0%	43.0%	32.8%	20.9%	24.7%	42.9%	23.0%	32.1%	27.3%	23.2%	22.0%
Diabetes	22.6%	34.4%	27.0%	16.3%	17.3%	28.6%	22.4%	19.3%	20.0%	18.2%	10.2%
Heart disease stroke	21.9%	23.7%	21.3%	25.6%	28.4%	42.9%	27.6%	21.1%	18.2%	15.0%	23.7%
Cancer	21.6%	18.3%	22.5%	16.3%	23.5%	28.6%	30.3%	19.3%	23.5%	15.0%	22.0%
Mental health	15.7%	4.3%	15.4%	7.0%	12.3%	28.6%	17.1%	13.8%	20.0%	20.5%	22.0%
Improper use of prescriptions	12.7%	8.6%	9.8%	30.2%	18.5%	0.0%	12.5%	16.5%	20.0%	12.3%	6.8%
Arthritis	11.2%	16.1%	11.0%	11.6%	9.9%	28.6%	13.8%	8.3%	18.2%	8.6%	5.1%
Tobacco use	11.0%	15.1%	10.8%	4.7%	19.8%	0.0%	10.5%	6.4%	7.3%	12.7%	6.8%
Alzheimer’s / Dementia	10.8%	8.6%	12.3%	9.3%	8.6%	14.3%	7.2%	12.8%	16.4%	9.5%	11.9%
Depression	8.0%	5.4%	8.8%	2.3%	11.1%	14.3%	7.2%	4.6%	9.1%	8.6%	10.2%
HIV / AIDS / STDs	5.8%	2.2%	8.3%	0.0%	2.5%	14.3%	2.6%	3.7%	1.8%	9.1%	5.1%
Dental	4.0%	4.3%	3.9%	0.0%	6.2%	3.3%	4.6%	3.6%	4.5%	4.5%	3.4%
Infant death	2.3%	0.0%	2.0%	2.3%	3.7%	0.0%	2.6%	1.8%	5.5%	3.2%	0.0%
Eye disease	1.8%	3.2%	2.0%	0.0%	0.0%	0.0%	1.3%	1.8%	5.5%	1.8%	0.0%
Other	1.5%	0.0%	1.7%	2.3%	0.0%	0.0%	0.0%	1.8%	3.6%	1.4%	5.1%

Physical Health

Community members indicated the 3 most important health concerns in their community. Percentages below indicate how often each factor was selected by respondent age. Across all age groups, “**Illegal drug use**”, “**Alcohol use**”, and “**Overweight / obesity**” were selected most often as the most important community health concerns. In a survey of [Chesterfield County residents](#)¹ collected from 2008 to 2010, **31.7%** of respondents indicated that they were obese. Using data from the CDC Diabetes Interactive Atlas in 2011,² **31%** of those in the [US](#), **32%** of those in [South Carolina](#), and **35%** of those in [Chesterfield County](#) were obese. In 2013, **10.4%** of [South Carolina](#) residents who responded to the Behavioral Risk Factors Survey reported having five or more drinks of alcohol every day.³ Data from the Behavioral Risk Factor Surveillance System from 2006—2012² indicate that **16%** of adults in the [US](#), **14%** of adults in [South Carolina](#) and **12%** of adults in [Chesterfield County](#) report binge or heavy drinking. Using the Fatality Analysis Reporting System,² data from 2009—2013 indicated that **31%** of driving deaths were alcohol related in the [US](#), **42%** in [South Carolina](#) and **39%** in [Chesterfield County](#).

3 Most Important Health Concerns in My Community by Age

Q 18	All Ages (n = 1,223)	18 to 25 yrs (n = 118)	26 to 39 yrs (n = 285)	40 to 54 yrs (n = 392)	55 to 64 yrs (n = 242)	65 and older (n = 176)
Illegal drug use	49.1%	44.9%	51.9%	47.7%	45.5%	56.3%
Alcohol use	42.8%	55.1%	42.8%	41.8%	36.0%	44.3%
Overweight / obesity	38.6%	30.5%	38.2%	40.8%	40.9%	36.4%
High blood pressure	29.0%	21.2%	30.5%	29.6%	32.2%	26.1%
Diabetes	22.6%	21.2%	21.4%	19.9%	27.3%	25.6%
Heart disease stroke	21.9%	15.3%	19.6%	22.7%	24.4%	25.0%
Cancer	21.6%	16.9%	20.4%	21.9%	24.8%	21.1%
Mental health	15.7%	22.9%	14.4%	18.9%	12.4%	9.7%
Improper use of prescriptions	12.7%	14.4%	14.0%	11.5%	12.4%	11.9%
Arthritis	11.2%	6.8%	5.6%	7.1%	16.1%	24.4%
Tobacco use	11.0%	16.1%	11.2%	10.5%	7.4%	13.1%
Alzheimer’s / Dementia	10.8%	3.4%	5.6%	11.2%	14.9%	17.0%
Depression	8.0%	9.3%	9.1%	7.4%	7.0%	7.4%
HIV / AIDS / STDs	5.8%	9.3%	8.4%	5.6%	2.5%	3.4%
Dental	4.0%	4.2%	4.6%	3.6%	3.3%	4.5%
Infant death	2.3%	1.7%	3.9%	2.8%	0.4%	0.6%
Eye disease	1.8%	1.7%	1.1%	1.8%	1.7%	2.8%
Other	1.5%	0.8%	0.4%	1.8%	2.1%	2.3%

¹ Data source #2 (see page 6 for full reference).

² Data source #4 (see page 6 for full reference).

³ Data source #1 (see page 6 for full reference).

Physical Health

47% of respondents had been diagnosed by a health care provider with high blood pressure, high blood sugar, or high cholesterol.

Diagnosis (<i>n</i> = 1,258)	%
High blood pressure	35.7%
High blood sugar (diabetes)	16.3%
High cholesterol	21.6%
None of the above	53.3%

High blood pressure. 35.7% of respondents reported having been diagnosed with high blood pressure. This is a 3.5% decrease from a survey of Chesterfield County residents collected from 2008 to 2010, in which **39.2%** of respondents indicated that they had high blood pressure¹. In 2013, 38.4% of South Carolina residents who responded to the Behavioral Risk Factors Survey had high blood pressure.²

High blood sugar (Diabetes). 16.3% of respondents reported having been diagnosed with diabetes. This is a 4.7% increase from a survey of Chesterfield County residents collected from 2008 to 2010, in which **11.6%** of respondents indicated that they had diabetes.¹

High cholesterol. 21.6% respondents reported having been diagnosed with high cholesterol. In 2013, 42.6% of South Carolina residents who responded to the Behavioral Risk Factors Survey had high cholesterol.²

Data from the Behavioral Risk Factor Surveillance System from 2006—2012, indicate that **17%** of adults in the US, **16%** of adults in South Carolina, and **21%** of adults in Chesterfield County reported having fair or poor health.¹

On average, adults in the US had **3.7** physically unhealthy days and **3.5** mentally unhealthy days; adults in South Carolina had **3.6** physically unhealthy days and **3.7** mentally unhealthy days; adults in Chesterfield County had **3.9** physically unhealthy days and **3.6** mentally unhealthy days.

¹ Data source #2 (see page 6 for full reference).

² Data source #1 (see page 6 for full reference).

¹ Data source #4 (see page 6 for full reference).

Physical Health

26% of respondents use tobacco products. Among those who reported not using tobacco products, **31%** ($n = 261$) reported that they are exposed to second hand smoke. **84%** ($n = 1,026$) of respondents agreed with the idea of smoke-free workplaces, including restaurants and bars. Among those who smoke **66%** ($n = 193$) agreed, while among those who do not smoke, **90%** ($n = 774$) agreed.

In a survey of Chesterfield County residents collected from 2008 to 2010, **18.7%** of respondents indicated currently smoking tobacco.¹ In 2013, **22%** of South Carolina residents who completed the Behavioral Risk Factor Survey reported currently smoking tobacco.² Data from the Behavioral Risk Factor Surveillance System from 2006-2012,³ indicate that **21%** of adults in the US, **20%** of adults in South Carolina and **24%** of adults in Chesterfield County were current smokers.

Tobacco Use ($n = 1,195$)	%
None	74.3%
Cigarettes	19.0%
Chew tobacco, dip, snuff or snus	4.8%
Cigar or little cigars	1.8%
E cigarettes	1.8%
Other tobacco products	1.3%
Nicotine patches or other stop smoking products	0.6%
Pipe	0.4%

Individuals who are younger are statistically significantly less likely to use tobacco.

Tobacco Use by Age					
	18-25 yrs ($n = 115$)	26-39 yrs ($n = 287$)	40-54 yrs ($n = 383$)	55-64 yrs ($n = 231$)	65 yrs or older ($n = 167$)
None	73.9%	66.6%	72.8%	80.1%	83.2%
Chew tobacco, dip, snuff or snus	6.1%	5.2%	5.0%	3.5%	4.2%
Cigarettes	19.1%	25.8%	20.9%	14.3%	9.6%
Cigar or little cigars	4.3%	1.0%	2.1%	0.9%	1.2%
Pipe	0.9%	0.3%	0.0%	0.9%	0.6%
E cigarettes	4.3%	1.0%	1.6%	2.2%	1.2%
Nicotine patches or other stop smoking products	0.9%	1.0%	0.5%	0.4%	0.0%
Other tobacco products	1.7%	1.0%	1.3%	0.0%	3.0%

¹ Data source #2 (see page 6 for full reference).

² Data source #1 (see page 6 for full reference).

³ Data source #4 (see page 6 for full reference).

Professional Health Care

Community members indicated the 3 main reasons they do not seek professional healthcare. Percentages below indicate how often each factor was selected by zip code. Across all zip codes, “**no insurance**” was selected most often and “**prescriptions too expensive**” was selected second most often as one of the main reasons community members do not seek professional healthcare. 42 respondents also provided “other” responses, which included (1) not being able to afford it, (2) fear, lack of trust, or not liking going to the doctor, (3) lengthy wait times to get a doctor appointment, (4) personal characteristics such as laziness or stubbornness, (5) feeling of shame, (6) ignorance, and (7) using natural remedies instead.

3 Main Reasons Community Members Do Not Seek Professional Healthcare by Zip Code

Q 15	Chesterfield County (n = 1,237)	McBee (n = 88)	Cheraw (n = 400)	Hartsville (n = 43)	Patrick (n = 84)	Society Hill (n = 7)	Chesterfield (n = 157)	Jefferson (n = 113)	Mount Croghan (n = 58)	Pageland (n = 224)	Ruby (n = 63)
		29101	29520	29550	29584	29593	29709	29718	29727	29728	29741
No insurance	75.1%	78.4%	76.0%	76.7%	75.0%	100.0%	72.6%	70.8%	77.6%	74.1%	76.2%
Prescriptions too expensive	43.0%	44.3%	45.3%	48.8%	36.9%	28.6%	47.1%	36.3%	34.5%	42.0%	46.0%
Co-pay too expensive	31.8%	34.1%	34.0%	30.2%	27.4%	0.0%	31.2%	26.5%	27.6%	34.8%	28.6%
No way to get there	28.9%	17.0%	32.3%	25.6%	32.1%	28.6%	22.9%	33.6%	22.4%	32.1%	23.8%
No family doctor	25.7%	39.8%	27.5%	23.3%	26.2%	14.3%	20.4%	27.4%	29.3%	22.8%	14.3%
Cannot get time off from work	22.3%	20.5%	21.8%	16.3%	26.2%	14.3%	22.9%	22.1%	25.9%	22.3%	23.8%
Over the counter easier / cheaper to get	14.8%	18.2%	13.8%	16.3%	16.7%	28.6%	19.1%	11.5%	17.2%	8.9%	25.4%
Do not know where to go	13.3%	10.2%	18.5%	7.0%	10.7%	14.2%	8.3%	12.4%	6.9%	15.2%	4.8%
No one to keep children	9.6%	6.8%	10.5%	11.6%	7.1%	14.3%	10.2%	14.2%	8.6%	8.5%	4.8%
Hours not convenient	8.3%	6.8%	8.3%	0.0%	8.3%	14.3%	14.0%	8.0%	10.3%	4.5%	14.3%
Not sick	7.0%	10.2%	5.5%	7.0%	13.1%	14.3%	6.4%	3.5%	5.2%	8.0%	9.5%
Other	4.4%	3.4%	5.5%	7.0%	0.0%	14.3%	1.9%	4.4%	1.7%	5.4%	6.3%
Use internet (e.g. WebMD)	3.0%	4.5%	4.0%	0.0%	1.2%	14.3%	3.2%	1.8%	0.0%	2.2%	4.8%
See a faith healer instead	1.1%	4.5%	1.0%	2.3%	1.2%	0.0%	1.3%	0.0%	0.0%	0.4%	0.0%

Professional Health Care

Community members indicated the 3 main reasons they do not seek professional healthcare. Percentages below indicate how often each factor was selected by zip code. Across all age groups, “no insurance” was selected most often and “prescriptions too expensive” was selected second most often as one of the main reasons community members do not seek professional healthcare. In a survey of Chesterfield County residents, collected from 2008 to 2010, 13.6% of respondents indicated that there was a time in the past 12 months when they needed to see a doctor but could not because of cost.¹

3 Main Reasons Community Members Do Not Seek Professional Healthcare by Age

Q 15	All Ages (n = 1,237)	18 to 25 yrs (n = 120)	26 to 39 yrs (n = 292)	40 to 54 yrs (n = 401)	55 to 64 yrs (n = 240)	65 and older (n = 173)
No insurance	75.1%	71.7%	76.4%	77.3%	76.3%	69.4%
Prescriptions too expensive	43.0%	35.0%	38.7%	44.1%	45.0%	51.4%
Co-pay too expensive	31.8%	25.8%	32.2%	32.2%	34.6%	32.4%
No way to get there	28.9%	40.0%	26.4%	27.7%	30.0%	26.0%
No family doctor	25.7%	19.2%	23.3%	25.9%	26.7%	31.8%
Cannot get time off from work	22.3%	27.5%	28.4%	25.9%	16.3%	9.2%
Over the counter easier / cheaper to get	14.8%	10.0%	16.1%	14.5%	14.6%	16.2%
Do not know where to go	13.3%	15.8%	9.9%	14.0%	16.3%	12.1%
No one to keep children	9.6%	20.8%	12.7%	6.2%	7.1%	8.1%
Hours not convenient	8.3%	5.8%	10.3%	9.7%	7.9%	4.0%
Not sick	7.0%	6.7%	6.5%	6.2%	8.3%	7.5%
Other	4.4%	6.7%	5.5%	3.3%	2.5%	5.8%
Use internet (e.g. WebMD)	3.0%	3.3%	2.4%	3.5%	2.5%	2.9%
See a faith healer instead	1.1%	1.7%	0.7%	1.0%	0.8%	1.7%

¹ Data source #2 (see page 6 for full reference).

Physical Activity

Community members indicated the 3 main reasons they are not physically active. Percentages below indicate how often each factor was selected by zip code. Across all zip codes—except for 29718—“**personal choice**” was selected most often as one of the main reasons community members are not physically active. 45 respondents also provided “other” responses, which included: trees needing to be cut from sidewalks; being too busy; lack of health education; needing an inside place to exercise; being too old; needing more affordable schools; needing more community events or exercise groups to participate in; parents not encouraging their children to be active; alcohol use; drug use; and gangs.

3 Main Reasons Preventing Community Members From Being Physically Active

Q 16	Chesterfield County (n = 1,238)	McBee (n = 91)	Cheraw (n = 407)	Hartsville (n = 43)	Patrick (n = 81)	Society Hill (n = 7)	Chesterfield (n = 158)	Jefferson (n = 108)	Mount Croghan (n = 57)	Pageland (n = 226)	Ruby (n = 60)
		29101	29520	29550	29584	29593	29709	29718	29727	29728	29741
Personal choice	47.7%	46.2%	51.1%	46.5%	42.0%	85.7%	53.8%	36.1%	42.1%	43.8%	55.0%
Too tired after work	40.3%	37.4%	42.3%	44.2%	35.8%	57.1%	51.9%	31.5%	38.6%	34.1%	43.3%
No community events	35.4%	49.5%	33.9%	23.3%	30.9%	14.3%	23.4%	44.4%	35.1%	42.5%	30.0%
Crime	32.7%	17.6%	33.7%	18.6%	34.6%	28.6%	27.2%	42.6%	33.3%	41.2%	21.7%
Television / internet	32.2%	26.4%	32.9%	41.9%	34.6%	42.9%	41.8%	25.0%	21.1%	26.5%	45.0%
Heat / cold	28.0%	19.8%	25.6%	20.9%	37.0%	42.9%	35.4%	25.9%	33.3%	27.9%	28.3%
Stray dogs / animals	19.9%	25.7%	17.2%	30.2%	18.5%	0.0%	13.3%	20.4%	24.6%	25.2%	15.0%
No parks / outdoor spaces	13.1%	36.3%	8.1%	7.0%	14.8%	0.0%	11.4%	12.0%	15.8%	15.5%	10.0%
No street lights	9.6%	11.0%	12.3%	4.7%	8.6%	0.0%	3.8%	13.9%	14.0%	7.5%	6.7%
Not enough sidewalks	9.3%	5.5%	11.5%	7.0%	7.4%	0.0%	5.1%	11.1%	12.3%	10.6%	5.0%
Not enough bike lanes	4.4%	2.2%	5.9%	2.3%	4.9%	14.3%	3.8%	2.8%	8.8%	3.1%	3.3%
Traffic	4.3%	1.1%	5.4%	9.3%	2.5%	0.0%	3.8%	3.7%	7.0%	4.0%	1.7%
Other	5.2%	8.8%	6.6%	2.3%	4.9%	0.0%	2.5%	3.7%	1.8%	4.9%	6.7%
Lazy	1.9%	1.1%	2.0%	11.6%	1.2%	0.0%	2.5%	1.9%	0.0%	0.4%	1.7%

Physical Activity

Community members indicated the 3 main reasons they are not physically active. Percentages below indicate how often each factor was selected by age. Across all age groups—except the 18-25 year old group—“**personal choice**” was selected most often as one of the main reasons community members are not physically active.

3 Main Reasons Preventing Community Members From Being Physically Active

Q 16	All Ages (n = 1,238)	18 to 25 yrs (n = 122)	26 to 39 yrs (n = 286)	40 to 54 yrs (n = 397)	55 to 64 yrs (n = 248)	65 and older (n = 172)
Personal choice	47.7%	42.6%	49.0%	48.9%	52.8%	41.9%
Too tired after work	40.3%	31.1%	40.9%	43.3%	46.8%	29.7%
No community events	35.4%	44.3%	38.1%	35.8%	31.5%	30.8%
Crime	32.7%	34.4%	42.3%	31.0%	25.8%	29.1%
Television / internet	32.2%	34.4%	30.1%	31.7%	34.3%	33.1%
Heat / cold	28.0%	32.8%	29.7%	26.2%	25.0%	30.8%
Stray dogs / animals	19.9%	20.5%	19.6%	19.1%	18.1%	23.8%
No parks / outdoor spaces	13.1%	12.3%	10.8%	16.9%	10.1%	12.8%
No street lights	9.6%	8.2%	7.3%	10.6%	10.9%	8.7%
Not enough sidewalks	9.3%	6.6%	8.4%	10.6%	8.1%	10.5%
Other	5.2%	9.0%	3.8%	4.3%	4.4%	7.6%
Not enough bike lanes	4.4%	4.9%	5.9%	5.3%	1.6%	4.1%
Traffic	4.3%	2.5%	2.8%	6.0%	4.4%	4.1%
Lazy	1.9%	0.8%	1.0%	1.8%	2.4%	3.5%

Physical Activity

While **97%** of respondents reported that it was important or extremely important to be physically active, only **30%** of respondents reported being physically active for at least 10 minutes 5 or more times in the last week.

Importance of being physically active (n = 1,232)	%
Not important	3.3%
Important	48.5%
Extremely important	48.2%
Times physically active for at least 10 minutes in the last week (n = 1,239)	%
None	7.8%
1 - 2	29.2%
3 - 4	32.8%
5 or more	30.2%

- In a survey of Chesterfield County residents¹ collected from 2008 to 2010, **67.8%** of respondents indicated doing physical activity during the past 30 days other than their regular job.
- In 2013, **26.9%** of South Carolina residents who completed the Behavioral Risk Factor Survey² reported not participating in any leisure time physical activity in the past month.
- According to the CDC Diabetes Interactive Atlas in 2011,³ of those 20 years or older, **27%** in the US, **26%** in South Carolina and **31%** in Chesterfield County reported no leisure-time physical activity.
- Using data from 2010 and 2013,³ **65%** of those in the US, **71%** of those in South Carolina, and **47%** of those in Chesterfield County had adequate access to locations for physical activity.

¹ Data source #2 (see page 6 for full reference).

² Data source #1 (see page 6 for full reference).

³ Data source #4 (see page 6 for full reference).

Most respondents (**91%**) use a car as their main form of transportation.

Main form of transportation ¹ (n = 1,247)	%
Car	91.1%
Walk	5.3%
Paid driver	2.3%
Bicycle	0.6%
Bus	0.5%
Taxi	0.5%
Moped/scooter	0.3%
Other	1.3%

¹ Respondents may have selected more than one option. Therefore percentages add to more than 100%.

Healthy Eating

Community members indicated the 3 main reasons they do not eat healthy foods. Percentages below indicate how often each factor was selected by zip code. Across all zip codes, **“eating out rather than cooking”** was one of the top three most frequently selected reasons reported for why community members do not eat healthy foods. 39 respondents also provided “other” responses, which included (1) the convenience and availability of junk food and fast food, (2) lack of health education, (3) lack of grocery stores providing healthy foods, (4) laziness, (5) lack of transportation to grocery stores, (6) lack of money to buy healthy or organic foods which cost more than other foods, (7) unhealthy food choices in the schools, and (8) needing restaurants to be open on Sunday and Monday evenings.

3 Main Reasons Preventing Community Members From Eating Healthy Foods

Q 17	Chesterfield County (n = 1,229)	McBee (n = 92)	Cheraw (n = 403)	Hartsville (n = 42)	Patrick (n = 83)	Society Hill (n = 7)	Chesterfield (n = 155)	Jefferson (n = 108)	Mount Croghan (n = 56)	Pageland (n = 222)	Ruby (n = 61)
		29101	29520	29550	29584	29593	29709	29718	29727	29728	29741
Eating out rather than cooking	60.1%	53.3%	62.5%	54.8%	50.6%	28.6%	59.4%	55.6%	60.7%	62.6%	75.4%
Too expensive	54.6%	40.2%	53.1%	64.3%	45.8%	42.9%	55.5%	58.3%	55.4%	63.1%	52.5%
Do not know how to cook / plan healthy meals	40.0%	33.7%	46.7%	45.2%	33.7%	14.3%	40.0%	32.4%	30.4%	39.6%	36.1%
Do not like healthy foods	34.8%	31.5%	39.5%	28.6%	28.9%	28.6%	34.2%	36.1%	26.8%	33.3%	34.4%
Too tired after work	27.3%	18.5%	27.0%	19.0%	30.1%	71.4%	32.9%	22.2%	39.3%	24.3%	32.8%
No grocery stores nearby	13.2%	50.0%	7.9%	16.7%	16.9%	42.9%	4.5%	25.9%	12.5%	5.4%	9.8%
No community gardens	12.2%	12.0%	11.2%	4.8%	24.1%	14.3%	8.4%	11.1%	19.6%	14.0%	6.6%
Stored don't have quality produce	11.5%	16.3%	10.2%	2.4%	15.7%	0.0%	15.5%	14.8%	12.5%	9.0%	6.6%
No farmer's market	10.8%	9.8%	8.4%	11.9%	13.3%	42.9%	12.9%	12.0%	12.5%	11.7%	8.2%
Not available at or near work place	7.6%	10.9%	7.2%	4.8%	4.8%	14.3%	7.7%	7.4%	16.1%	5.9%	8.2%
Other	5.3%	6.5%	6.9%	9.5%	1.2%	0.0%	3.2%	4.6%	3.6%	5.4%	3.3%
Stores don't accept SNAP / WIC / EBT	4.3%	1.1%	5.0%	0.0%	3.6%	0.0%	3.9%	4.6%	5.4%	5.4%	4.9%

Healthy Eating

Community members indicated the 3 main reasons they do not eat healthy foods. Percentages below indicate how often each factor was selected by age group. Across all age groups, “**eating out rather than cooking**” was one of the top three most frequently selected reasons reported for why community members do not eat healthy foods.

3 Main Reasons Preventing Community Members From Eating Healthy Foods

Q 17	All Ages (n = 1,294)	18 to 25 yrs (n = 120)	26 to 39 yrs (n = 289)	40 to 54 yrs (n = 393)	55 to 64 yrs (n =)	65 and older (n = 169)
Eating out rather than cooking	60.1%	63.3%	60.2%	62.6%	62.0%	49.7%
Too expensive	54.6%	48.3%	56.4%	59.0%	50.6%	54.4%
Do not know how to cook / plan healthy meals	40.0%	32.5%	39.8%	39.4%	40.4%	47.9%
Do not like healthy foods	34.8%	42.5%	34.3%	32.8%	32.2%	38.5%
Too tired after work	27.3%	29.2%	31.8%	26.0%	31.0%	16.0%
No grocery stores nearby	13.2%	10.8%	10.4%	12.5%	11.8%	21.3%
No community gardens	12.2%	15.8%	9.3%	11.7%	11.8%	15.4%
Stored don't have quality produce	11.5%	12.5%	12.5%	13.2%	8.2%	9.5%
No farmer's market	10.8%	8.3%	10.7%	11.5%	10.6%	10.7%
Not available at or near work place	7.6%	8.3%	7.6%	8.4%	6.5%	6.5%
Other	5.3%	5.8%	5.9%	3.8%	6.5%	5.3%
Stores don't accept SNAP / WIC / EBT	4.3%	5.8%	4.8%	3.6%	4.9%	2.4%

Healthy Eating

97% of respondents reported that it was important or extremely important to eat fruits and vegetables.

Importance of eating fruits and vegetables (<i>n</i> = 1,230)	%
Not important	2.9%
Important	42.3%
Extremely important	54.8%

21.5% of respondents did NOT purchase fresh fruits or vegetables in the past 30 days. 6.4% of respondents indicated not being able to afford fruits and vegetables. **Results from the 2013 CHAS survey¹ indicate that 24.5% of households were enrolled in the Food Stamp Program / SNAP.**

In the last 30 days, when I bought fruits and vegetables, they were: ² (<i>n</i> = 1,294)	%
Fresh	78.5%
Frozen	34.1%
Canned	36.6%
Can't afford to buy	6.4%

¹ Data source #3 (see page 6 for full reference).

² Respondents may have selected more than one option. Therefore percentages add to more than 100%.

Those individuals who reported having 5 or more servings of fruits and vegetables in the last week were most likely to have also reported purchasing fresh fruits and vegetables in the past 30 days.

Servings of fruits and vegetables eaten in the last week with type of fruit and vegetable purchases in the past 30 days.					
		In the last 30 days, when I bought fruits and vegetables, they were... ¹			
		Fresh	Frozen	Canned	Can't afford to buy
Serving of fruits and vegetables in the last week	None (<i>n</i> = 57)	43.9%	17.5%	24.6%	24.6%
	1 - 2 (<i>n</i> = 284)	66.9%	23.9%	29.9%	10.9%
	3 - 4 (<i>n</i> = 489)	80.4%	32.1%	37.0%	4.3%
	5 or more (<i>n</i> = 412)	89.3%	46.1%	42.7%	3.4%

¹ Respondents may have selected more than one option. Therefore percentages add to more than 100%.

Healthy Eating

Those individuals who reported that eating fruits and vegetables was extremely important were most likely to have also reported purchasing fresh fruits and vegetables in the past 30 days. Those individuals who reported that eating fruits and vegetables was not important were most likely to have also reported not being able to afford to buy fruits and vegetables.

Only **33%** of respondents reported eating 5 or more servings of fruits and vegetables in the last week.

Servings of fruits and vegetables eaten in the last week with type of fruit and vegetable purchases in the past 30 days.					
		In the last 30 days, when I bought fruits and vegetables, they were... ¹			
		Fresh	Frozen	Canned	Can't afford to buy
Importance of eating fruits and vegetables	Not important (n = 34)	58.8%	32.4%	14.7%	17.6%
	Important (n = 519)	73.4%	29.7%	40.5%	4.2%
	Extremely important (n = 673)	84.0%	37.7%	35.1%	7.4%

Serving of fruits and vegetables in the last week (n = 1,246)	%
None	4.8%
1 - 2	27.6%
3 - 4	39.2%
5 or more	33.1%

In 2013, **45.2%** of South Carolina residents who completed the Behavioral Risk Factor Survey reported having less than one serving of fruit per day¹; 26.8% of respondents reported having less than one serving of vegetables per day.¹

The USDA Food Environment Atlas² describes an index of factors contributing to a healthy food environment. This index is on a scale from 0 to 10, with 10 being the most factors contributing to a healthy food environment. In 2012, this index was **7.3** for the US, **6.7** for South Carolina, and **6.0** for Chesterfield County.

¹ Respondents may have selected more than one option. Therefore percentages add to more than 100%.

¹ Data source #1 (see page 6 for full reference).

² Data source #4 (see page 6 for full reference).

Forces of Change

Forces of Change are trends, factors, and events that are outside of our control that affect our community.

1. **TRENDS** – patterns over time, such as people moving in and out of a community or a growing disillusionment with government.
2. **EVENTS** – one-time occurrences, such as a natural disaster or the passage of new legislation or a hospital changing ownership.
3. **FACTORS** – discrete elements, such as an urban setting, or an area’s proximity to a major waterway.

Approximately 35 community members attended the Chesterfield County Coordinating Council Health Subcommittee’s **Forces of Change** meeting on July 16, 2015 at the Palmetto Learning Center in Chesterfield. Underlying themes that impact our county identified throughout the Forces of Change meeting were Infrastructure, lack of recreation, lack of transportation, and the need for additional and/or better employment. Additionally, a number of Forces of Change identified were associated with the physical health of our community. The physical health related Forces of Change and opportunities to address each are listed below.

Forces of Change	Potential Actions
Worsening mental health needs Stigma to receive behavioral health services	Increase Behavioral Health personnel Educate parents
Problem with South Carolina not partaking of the Federal Medicaid Expansion program – not enough people able to get healthcare	Campaign elections for people who support agenda
Will the hospital close? Will they take Medicare and Medicaid patients?	Representative for McLeod Hospital advised the hospital was not closing
Focus needed on resolving the drug problem among our youth	
Medicines thrown away get into water table	Get community involved; educate on better disposal. Sheriff’s Department will take the medicines for disposal.
Health disparities	McBee Lions Club – vision and hearing clinics in schools and festivals Head Start insures that families have a medical home and dental home Head Start nurses see that students are screened for dental needs through dental network
Hungry children; improper nutrition	Free breakfast and lunch in schools

We welcome you to join us as we have further conversations about our county and how we can bring about change.
To find out more, visit: <http://www.chesterfieldcoordinating.org> or call us at: **843-623-5274**.

Resource Directory Index

Provided below and on the following pages is a listing of community agencies (and their phone numbers) you can contact for support concerning a variety of topics discussed throughout this report. For detailed and updated information, visit:
www.chesterfieldcoordinatingcouncil.org

ECONOMIC / SOCIAL NEED

Agency	Phone #
American Red Cross	803-329-6575
Art of Daily Living, Inc.	843-253-5034
Cheraw Housing Authority	843-537-7222
Chesco Services	843-623-9016
Chesterfield County Department of Social Services	843-623-2147
Chesterfield-Marlboro EOC (Head Start)	843-320-9760
Clemson University Cooperative Extension Service	843-623-2134
CDC of Marlboro County	843-454-2188
Florence Crittenton Programs	843-722-7526
Operation Round Up	843-672-6111
Pee Dee Coalition Against Domestic & Sexual Assault	843-332-9299
SC Thrive	800-726-8774
United Way of Chesterfield County	843-623-5274

LEGAL / ABUSE

Agency	Phone #
4 th Circuit Solicitor's Office	843-623-3265
Art of Daily Living, Inc.	843-253-5034
Cass Elias McCarter Guardian ad Litem Program	843-623-5630
Chesterfield County Department of Social Services	843-623-2147
Chesterfield County Public Defender	843-623-2286
Chesterfield County Sheriff's Office	843-623-2101
Florence Crittenton Programs	843-722-7526
Pee Dee Coalition Against Domestic and Sexual Assault Chesterfield County	843-623-7364
Pee Dee Coalition Against Domestic & Sexual Assault Durant Children's Center	843-332-9299
Pee Dee Coalition/New Beginnings Shelter	843-669-4694 800-273-1820
South Carolina Legal Services Application Line - Toll Free	888-346-5592 (877) 238-3418
The Good Samaritan Colony Inc.	843-634-6848
Three Rivers Behavioral Health	866-796-9911

Resource Directory

HEALTH EDUCATION

Agency	Phone #
Agape Hospice	843-479-5979
American Red Cross	803-329-6575
Art of Daily Living, Inc.	843-253-5034
CareSouth Carolina Inc. Cheraw Chesterfield Center	843-537-0961 843-623-5080
Cheraw Housing Authority	843-537-7222
Chesterfield-Marlboro EOC (Head Start)	843-320-9760
Florence Crittenton Programs	843-722-7526
Hospice of Chesterfield County	800-572-9322
Mercy in Me Free Medical Clinic	843-537-5288
Northeastern Rural Health Network Mental Health First Aid	843-921-6924
Pee Dee Coalition Against Domestic & Sexual Assault	843-332-9299
Pee Dee Coalition/New Beginnings Shelter	843-669-4694 800-273-1820
Pee Dee Coalition/ Prevent Child Abuse Pee Dee Program	843-479-0882 843-862-2462
Pee Dee Healthy Start, Inc. (Central Office) Chesterfield County	843-662-1482 843-623-7304
DHEC Health Department	843-623-2117
SC Thrive	800-726-8774
Three Rivers Behavioral Health	866-796-9911
United Way of Chesterfield County	843-623-5274

HEALTH CARE

Agency	Phone #
Agape Hospice	843-479-5979
Art of Daily Living, Inc.	843-253-5034
CareSouth Carolina, Chesterfield Cheraw	843-623-5080 843-537-0961
Cheraw Housing Authority	843-537-7222
Florence Crittenton Programs	843-722-7526
HealthQuest Pharmacy	704-226-2050
Hospice of Chesterfield County	800-572-9322
Mercy in Me Free Medical Clinic	843-537-5288
Operation Round Up	843-672-6111
Pee Dee Coalition/New Beginnings Shelter	800-273-1820
DHEC Health Department	843-623-2117
Sandhills Medical Foundation, McBee & Jefferson	843-335-8291 843-658-3005
SC Thrive	800-726-8774
SC Health Connections/Medicaid	888-549-0820
Three Rivers Behavioral Health	866-796-9911
United Way of Chesterfield County	843-623-5274

COUNSELING / ADDICTIONS / MENTAL HEALTH

Agency	Phone #
ALPHA Behavioral Health Center	843-623-7062
The Good Samaritan Colony Inc.	843-634-6848
Tri-County Community Mental Health Center	843-623-2229
Three Rivers Behavioral Health	866-796-9911
CareSouth Carolina, Chesterfield Cheraw	843-623-5080 843-537-0961

Resource Directory

YOUTH

Agency	Phone #
4 th Circuit Solicitor's Office	843-623-3265
American Red Cross	803-329-6575
AMIKids Sand Hills	843-921-3000
Art of Daily Living, Inc.	843-253-5034
Cass Elias McCarter Guardian ad Litem Program	843-623-5630
Cheraw Housing Authority	843-537-7222
Chesco Services	843-623-9016
Chesterfield County Department of Social Services	843-623-2147
Chesterfield County School District	843-623-2175
Chesterfield-Marlboro EOC (Head Start)	843-320-9760
Clemson University Cooperative Extension Service	843-623-2134
Florence Crittenton Programs	843-722-7526
Girl Scouts of Eastern South Carolina	843-669-5174
Pee Dee Coalition Against Domestic & Sexual Assault	843-332-9299
"Show Me How" Academy	843-865-9026
South Carolina Vocational Rehabilitation Department	843-623-5240 800-849-4878
Three Rivers Behavioral Health	866-796-9911
United Way of Chesterfield County	843-623-5274

SENIORS

Agency	Phone #
Agape Hospice	843-479-5979
American Red Cross	803-329-6575
Art of Daily Living, Inc.	843-253-5034
Cheraw Housing Authority	843-537-7222
Chesterfield County Council on Aging	843-623-2280
Chesterfield County Department of Social Services	843-623-2147
Chesterfield Courts Apartments	843-537-0808
CDC of Marlboro County	843-454-2188
Pee Dee Coalition/New Beginnings Shelter	843-669-4694 800-273-1820
SC Thrive	800-726-8774
Three Rivers Behavioral Health	866-796-9911
United Way of Chesterfield County	843-623-5274

HOUSING

Agency	Phone #
American Red Cross	803-329-6575
Art of Daily Living, Inc.	843-253-5034
Cheraw Housing Authority	843-537-7222
Chesco Services	843-623-9016
Chesterfield County Habitat for Humanity	843-320-1014
Chesterfield Courts Apartments	843-537-0808
CDC of Marlboro County	843-454-2188
Florence Crittenton Programs	843-722-7526
Operation Round Up	843-672-6111
Pee Dee Coalition/New Beginnings Shelter	843-669-4694 800-273-1820
The Good Samaritan Colony Inc.	843-634-6848

Resource Directory

OTHER ISSUES

Issue	Agency	Phone #
Expungement	4 th Circuit Solicitor's Office	843-623-3265
GED & Supportive Employment	Art of Daily Living, Inc.	843-253-5034
Disaster Relief	American Red Cross	843-622-8121 ext. 104
Intellectual Disabilities	Chesco Services	843-623-9016
Young Children and their Families	Chesterfield County First Steps Main Office R. Center	843-623-5904 843-672-5095
Education	Chesterfield County School District	843-623-2175
Head Start Program	Chesterfield-Marlboro EOC (Head Start)	843-320-9760
Agriculture & Sustainability	Clemson University Cooperative Ext.	843-623-2134
Higher Education	Coker Adult Degree Program	843-857-4213
Legislative Issues	County Delegation Office	843-623-5001
Areas of Interest for the terminally ill	Hospice of Chesterfield County, Inc. After Hours	843-623-9155 843-537-2008 843-672-9155 800-572-9322 843-623-3832
Transportation	Logisticare Solutions, LLC	866-910-7684

OTHER ISSUES

Issue	Agency	Phone #
Higher Education	Northeastern Technical College	843-921-6900 800-921-7399
Domestic Sexual Assault Victim Services, Advocacy	Pee Dee Coalition Against Domestic and Sexual Assault - Chesterfield County	843-623-7364
Parenting Program, Steward of Children and Talk about Touch Program	Pee Dee Coalition/Prevent Child Abuse Pee Dee Program	843-479-0882 843-862-2462
Home Visits	Pee Dee Healthy Start, Inc.	843-662-1482 843-623-7304
Estates & Marriage Licenses	Probate Court	843-623-2376
Veterans	SC Thrive	800-726-8774
Employment Services	SC Works Access Cheraw Chesterfield	843-320-9760 843-287-0768
Legal Issues involving all of the topics listed	South Carolina Legal Services Application Line	888-346-5592
Job Training	South Carolina Vocational Rehabilitation Department	843-623-5240 800-849-4878
Information and Referral	United Way of Chesterfield County	843-623-5274
News & Info	WCRE	843-537-7887



CHESTERFIELD COUNTY, SC
COORDINATING
COUNCIL

Questions or Comments? Contact:

Michelle DiMeo-Ediger, PhD
mdimeo@emstarresearch.com

For more information and/or if you would like to help us improve our community, visit: <http://www.chesterfieldcoordinating.org> or call us at: **843-623-5274**.

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