McLeod Health Dillon

2022 Community Health Needs Assessment

Approved by McLeod Health Dillon Board of Directors on 09/19/2022

Introduction

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

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

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

Through changes in public policy, it is possible that most people, regardless of income, could have the ability to see a doctor. Health insurance does not guarantee good

health, but it does provide important access to preventative health services. It can reduce the risk of deferring needed care and the financial risk associated with receiving care. Our efforts should prioritize our resources to address the most pressing needs, disparities, and inequalities where we may be impactful.

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

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

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

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

Top Health Concerns Reported Among Community Members

- Drug Abuse

- Heart Disease/Stroke

- Obesity

- Diabetes

Source: McLeod Health 2022 Survey

Top Health Concerns Reported Among Health Professionals

- Diabetes

- Obesity

- Drug Abuse

- Smoking/Tobacco Use

- Violence

Source: McLeod Health 2022 Survey

Primary Diagnosis Admitted to Emergency Department

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

- COVID-19

- Pain in Throat and Chest

- Severe Back Pain

- Abdominal and Pelvic Pain

- Other Joint Disorder

- Other and Unspecified Soft Tissue Disorder

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Health Dillon

October 2020 – September 2021:

- COVID-19

- Liveborn Infant

- Sepsis

- Type 2 Diabetes

- Bacterial Pneumonia

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

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

- 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 Dillon, formerly Saint Eugene Hospital, has continued to grow and expand to serve residents of Dillon (SC) and Robeson (NC) counties with excellence in patient care. The medical center employs 350 people and has the strength of 100 physicians on its medical staff. McLeod Dillon, established
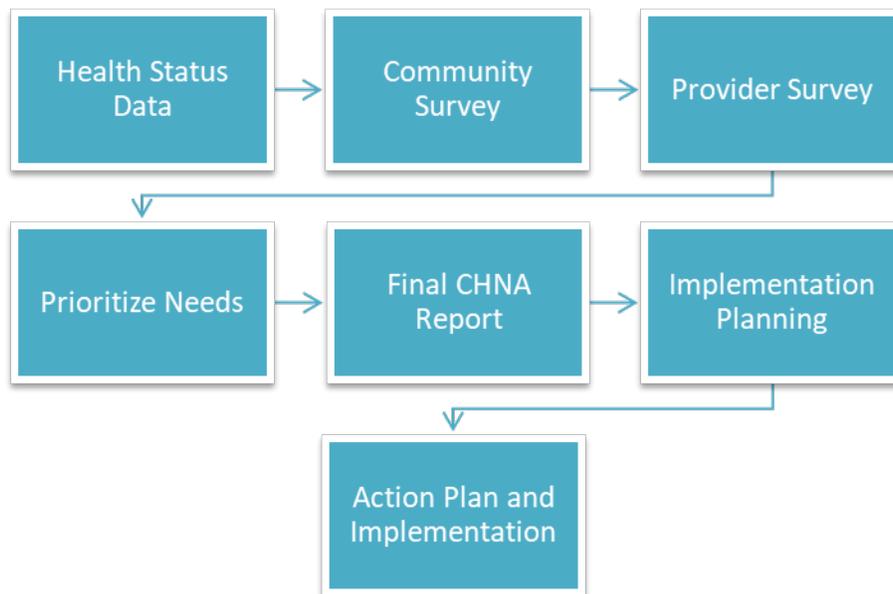
in 1998, is a 79-bed hospital that offers general and orthopedic surgery, women's services, emergency services, intensive care, rehabilitative services and cardiac rehabilitation. Investments in state-of-the-art technology to improve patient care have included MRI, 3D mammography, 4D ultrasounds, CT scans, and nuclear and vascular studies.

OVERVIEW

This Community Health Needs Assessment serves as a tool to evaluate the overall health status, behaviors and needs of Florence 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:

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│ Health Status│ ──▶ │  Community   │ ──▶ │Provider Survey│
│     Data     │     │    Survey    │     │              │
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│ Prioritize   │ ──▶ │  Final CHNA  │ ──▶ │Implementation│
│    Needs     │     │    Report    │     │   Planning   │
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                     │Action Plan and│
                     │Implementation │
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METHODS

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

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

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

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

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

HEALTH DETERMINANTS AND DISPARITIES

What are the determinants of health?

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

Source: https://aligningforhealth.org/social-determinants-of-health/
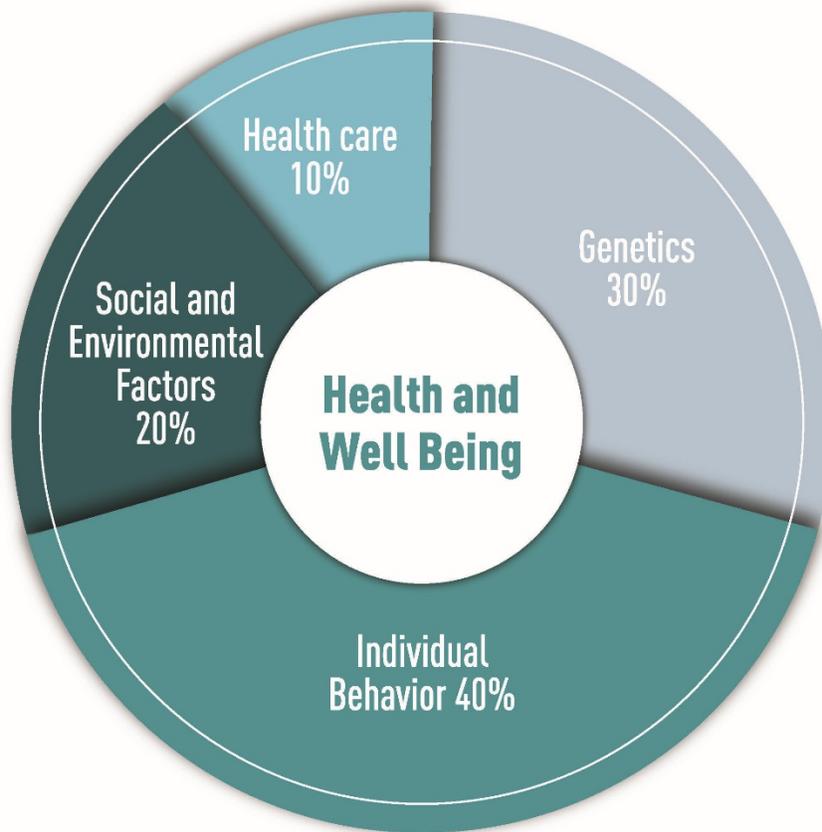
Individual Behavioral Determinants (40%)

Examples:

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

Genetic Determinants (30%)

Examples:

- Age
- Sex

- HIV status

- Inherited conditions, such as sickle-cell anemia, hemophilia, and cystic fibrosis

- Carrying the BRCA1 or BRCA2 gene, which increases risk for breast and ovarian cancer

- Family history of heart disease, cancer, etc.

Social and Environmental Determinants (20%)

Examples of Social Determinants:

- Availability of resources to meet daily needs, such as educational and job

    opportunities, living wages, or healthful foods

- Social norms and attitudes, such as discrimination

- Exposure to crime, violence, and social disorder, such as the presence of trash

- Social support and social interactions

- Socioeconomic conditions, such as concentrated poverty

- Quality schools

- Transportation options

- Public safety

Examples of Environmental Determinants:

- Quality of food, water, and air

- Worksites, schools, and recreational settings

- Housing, homes, and neighborhoods

- Exposure to toxic substances and other physical hazards

- Physical barriers, especially for people with disabilities

Health Care Determinants (10%)

Examples:

- Quality, affordability, and availability of services

- Lack of insurance coverage

- Limited language access

What are health disparities?

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

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

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher in

incidence of disease, disability, or at risk of experiencing worse health outcomes. Within these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs take in consideration the existing initiatives, the available resources that we are aware of, and where future improvements can be anticipated to make meaningful impact on improving community health.

What are key initiatives to reduce disparities?

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

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

Preventative Care

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

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

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

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

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

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

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

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

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

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

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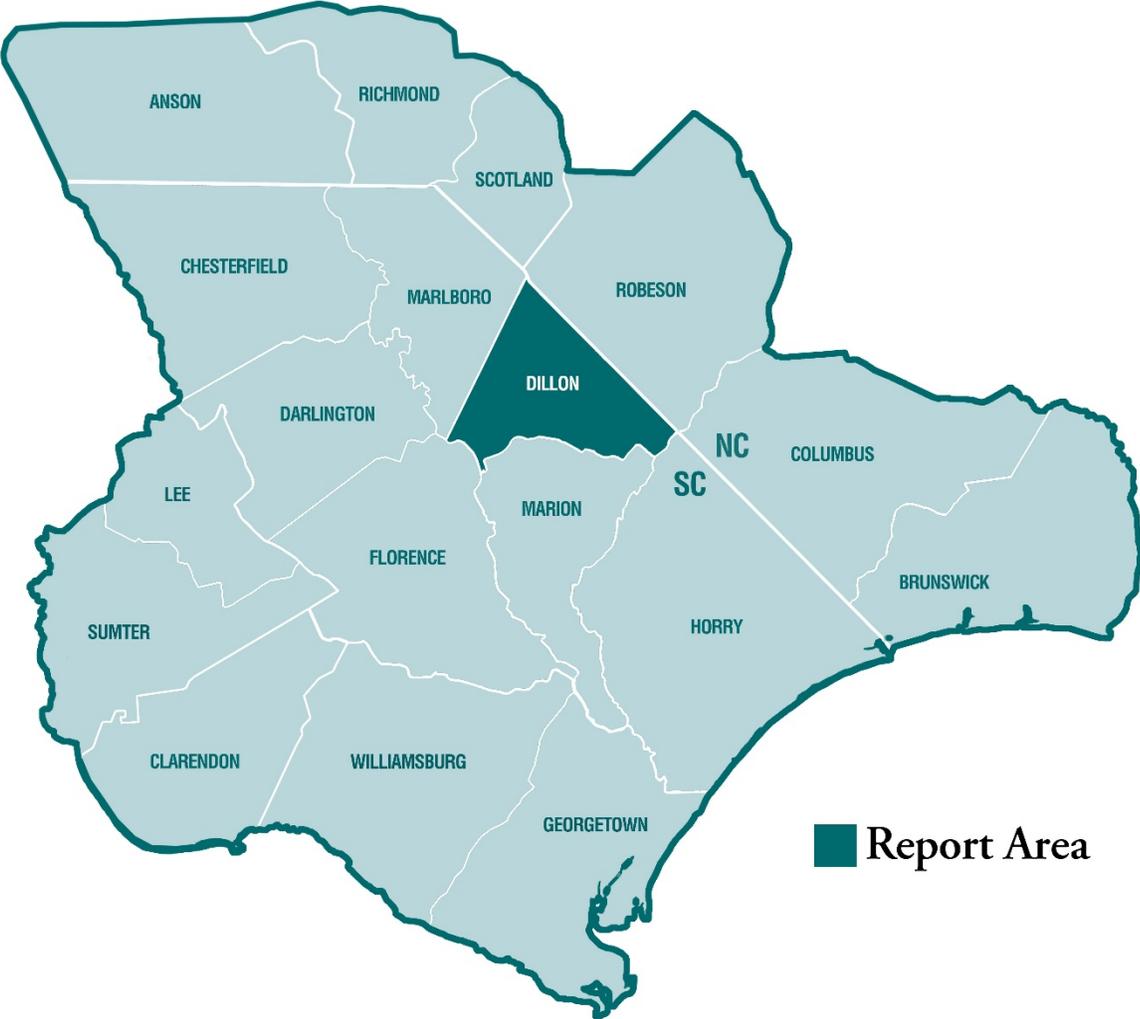
The community was defined based on the geographic origins of McLeod Dillon inpatient and outpatient hospital data. The study area for this assessment is defined as Dillon County which represents the majority of patients served, to include the zip codes shown in Table 1.

Table 1. McLeod 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

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 30,473 people live in the 405.07 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2016-20 5-year estimates. The population density for this area, estimated at 75 persons per square mile, is less than the national average population density of 92 persons per square mile.
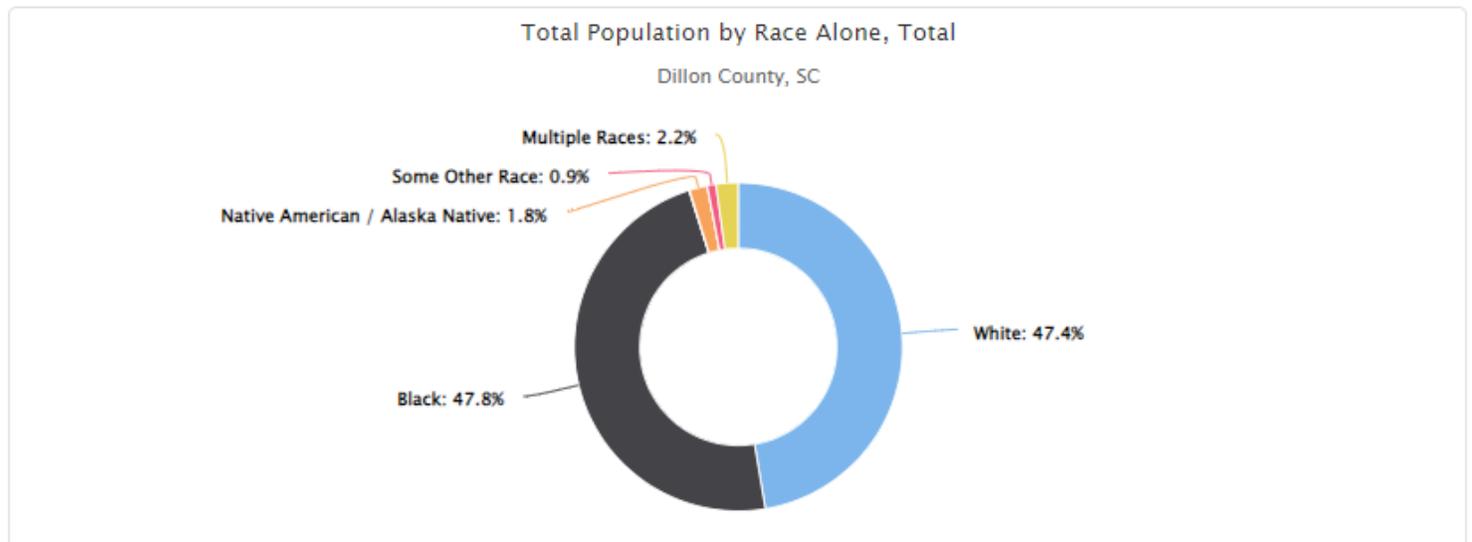
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Dillon County, SC	30,473	405.07	75
South Carolina	5,091,517	30,064.28	169
United States	326,569,308	3,533,038.14	92

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

Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Dillon County, SC	14,438	14,556	19	536	0	264	660
South Carolina	3,386,329	1,346,560	83,573	16,951	3,633	102,760	151,711
United States	229,960,813	41,227,384	18,421,637	2,688,614	611,404	16,783,914	16,875,542

Total Population by Race Alone, Total
Dillon County, SC

Multiple Races: 2.2%
Some Other Race: 0.9%
Native American / Alaska Native: 1.8%
White: 47.4%
Black: 47.8%

Total Population Change, 2010 - 2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area fell by -3,770 persons, a change of -11.76%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

| Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Dillon County, SC	32,062	28,292	-3,770	**-11.76%**
South Carolina	4,625,378	5,118,425	493,047	10.66%
United States	312,471,161	334,735,155	22,263,994	7.13%
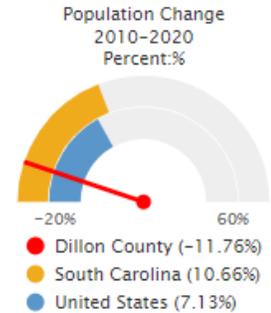
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract ➡ Show more details

Population Change 2010–2020 Percent:%
- Dillon County (-11.76%)
- South Carolina (10.66%)
- United States (7.13%)

Population with Limited English Proficiency

This indicator reports the percentage of the population age 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 28,430 total population age 5 and older in the report area, 288 or 1.01% 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	28,430	288	**1.01%**
South Carolina	4,799,866	131,097	2.73%
United States	306,919,116	25,312,024	8.25%
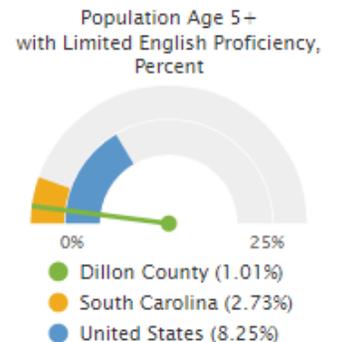
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract ➡ Show more details

Population Age 5+ with Limited English Proficiency, Percent
- Dillon County (1.01%)
- South Carolina (2.73%)
- United States (8.25%)

Income and Economics

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

Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 11,147 households in the report area, with an average income of $50,278 and median income of $36,429.

Report Area	Total Households	Average Household Income	Median Household Income
Dillon County, SC	11,147	$50,278	**$36,429**
South Carolina	1,961,481	$76,390	$54,864
United States	122,354,219	$91,547	$64,994

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

Median Household Income

- ● Dillon County ($36,429)
- ● South Carolina ($54,864)
- ● United States ($64,994)
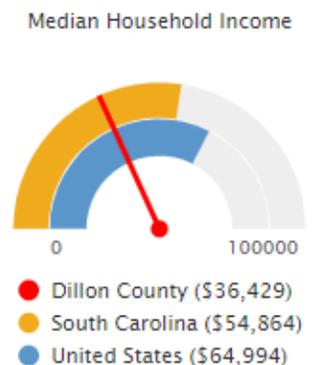
Poverty - Population Below 100% FPL

Poverty is considered a *key driver* of health status.
Within the report area 30.20% or 9,070 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. *Note: The total population*

measurements for poverty reports are lower, as poverty data collection does not include people in group quarters.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Dillon County, SC	30,038	9,070	**30.20%**
South Carolina	4,950,181	726,470	14.68%
United States	318,564,128	40,910,326	12.84%
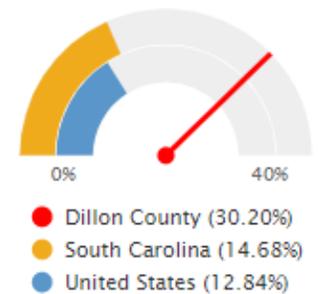
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

Population in Poverty, Percent

- Dillon County (30.20%)
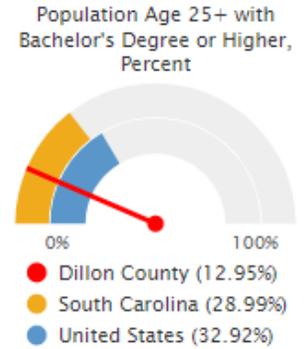- South Carolina (14.68%)
- United States (12.84%)

Education

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

Attainment - Bachelor's Degree or Higher

12.95% of the population aged 25 and older, or 2,622 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	20,249	2,622	**12.95%**
South Carolina	3,512,626	1,018,306	28.99%
United States	222,836,834	73,356,319	32.92%

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

● Dillon County (12.95%)
● South Carolina (28.99%)
● United States (32.92%)

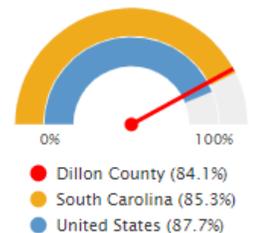*Note: This indicator is compared to the state average.*
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year, and adjust this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 84.1% during the most recently reported school year. Students in the report area performed worse than the state, which had an ACGR of 85.3%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Dillon County, SC	433	364	**84.1%**
South Carolina	51,752	44,154	85.3%
United States	3,095,240	2,715,610	87.7%

Adjusted Cohort Graduation Rate

● Dillon County (84.1%)
● South Carolina (85.3%)
● United States (87.7%)

Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District → Show more details

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

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

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

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-2019
Dillon County, SC	80.5%	77.6%	89.2%	87.7%	87.1%	86.3%	84.1%
South Carolina	79.4%	81.5%	84.1%	85.0%	85.6%	84.9%	85.3%
United States	83.2%	84.3%	84.3%	86.1%	86.8%	87.4%	87.7%

High School Graduation Rate by Year, 2012–13 through 2018–19
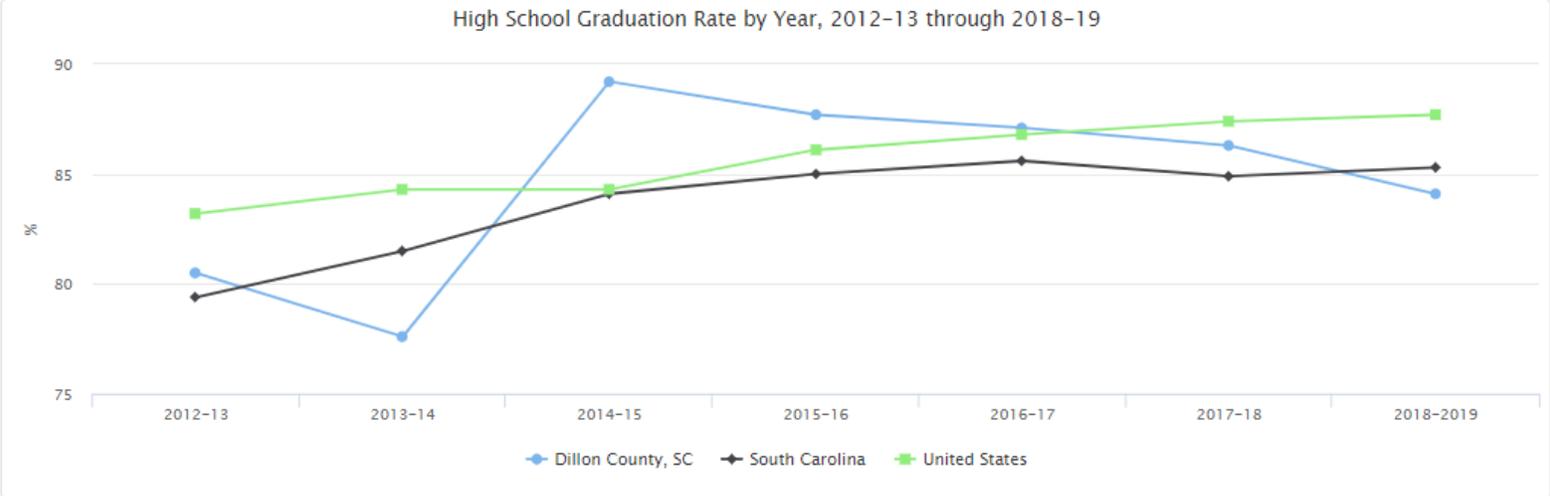
Other Social & Economic Factors

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 13.08% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 10.39%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Dillon County, SC	30,153	3,945	**13.08%**
South Carolina	4,990,992	518,723	10.39%
United States	321,525,041	28,058,903	8.73%

Uninsured Population, Percent
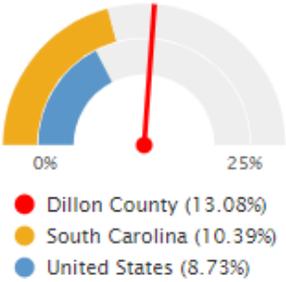
0% 25%

● Dillon County (13.08%)
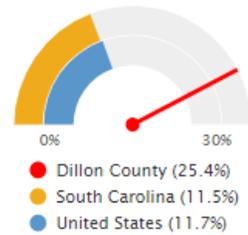● South Carolina (10.39%)
● United States (8.73%)

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

SNAP Benefits - Population Receiving SNAP (SAIPE)

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

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Dillon County, SC	30,479.00	7,745	**25.4%**
South Carolina	5,148,714.00	589,451	11.5%
United States	328,239,523.00	38,537,386	11.7%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2019. Source geography: County → Show more details

Percentage of Total Population Receiving SNAP Benefits

0%   30%

● Dillon County (25.4%)
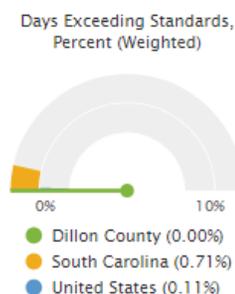● South Carolina (11.5%)
● United States (11.7%)

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 (2010)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Dillon County, SC	32,062	7.95	0	0.00	**0.00%**
South Carolina	4,625,364	8.83	2	0.55	0.71%
United States	306,675,006	8.26	0	0.00	0.11%

Days Exceeding Standards, Percent (Weighted)

0%   10%
● Dillon County (0.00%)
● South Carolina (0.71%)
● United States (0.11%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2016. Source geography: Tract → Show more details

Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 5,247 living in food deserts and a total of 1 census tracts classified as food deserts by the USDA.

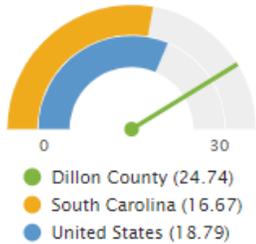| Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Dillon County, SC	32,062	1	5	5,247	26,815
South Carolina	4,625,364	218	873	872,233	1,131,575
United States	308,745,538	9,293	63,238	39,074,974	81,328,997

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

Food Environment - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 7 grocery establishments in the report area, a rate of 24.74 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	7	24.74
South Carolina	5,118,425	853	16.67
United States	331,449,275	62,268	18.79

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County → Show more details

Grocery Stores, Rate per 100,000 Population

- Dillon County (24.74)
- South Carolina (16.67)
- United States (18.79)

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

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

Grocery Stores and Supermarkets,
Rate per 100,000 Population by Year, 2010 through 2020
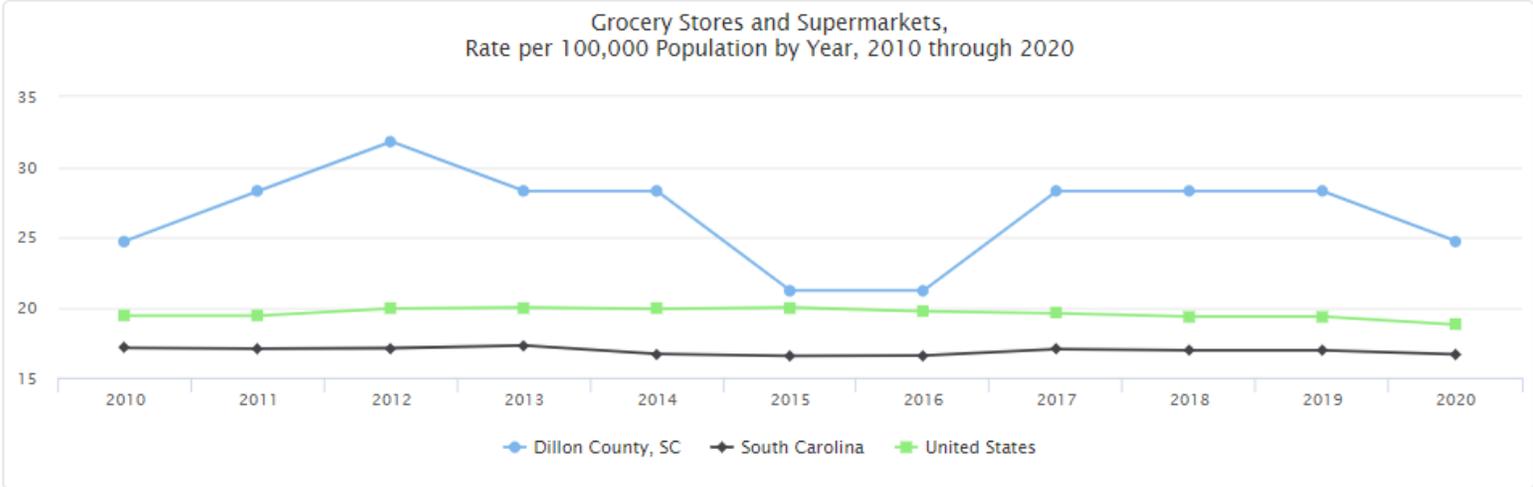
Food Environment - SNAP-Authorized Food Stores

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 14.82.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Dillon County, SC	30,367	45	**14.82**
South Carolina	5,217,820	5,070	9.72
United States	332,898,996	248,526	7.47
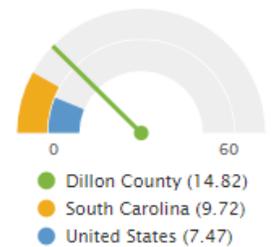
Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2021.
Source geography: Tract ➡ Show more details

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

● Dillon County (14.82)
● South Carolina (9.72)
● United States (7.47)

Clinical Care and Prevention

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

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Cancer Screening - Mammogram (Medicare)

This indicator reports the percentage of female Medicare beneficiaries age 35 and older who had a mammogram in the most recent reporting year. The American Cancer Society recommends that women age 45 to 54 should get a mammogram every year, and women age 55 and older should get a mammogram every other year. In the latest reporting period there were 6,371 Medicare beneficiaries in the report area, and 33% of female beneficiaries age 35 or older had a mammogram in the past year. The rate in the report area was lower than the state rate of 38% during the same time period.

| Report Area	Medicare Beneficiaries	Female Beneficiaries with Recent Mammogram, Percent
Dillon County, SC	6,371	33%
South Carolina	1,036,396	38%
United States	57,235,207	33%

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

Percentage of Female Medicare Beneficiaries Age 35+ with Recent Mammogram

● Dillon County, SC (33%)
● South Carolina (38%)
● United States (33%)
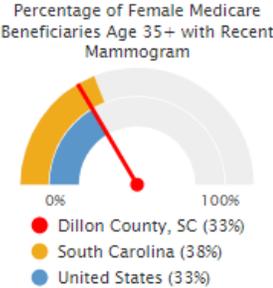
Breast Cancer Screening by Year

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

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

Breast Cancer Screening by Year
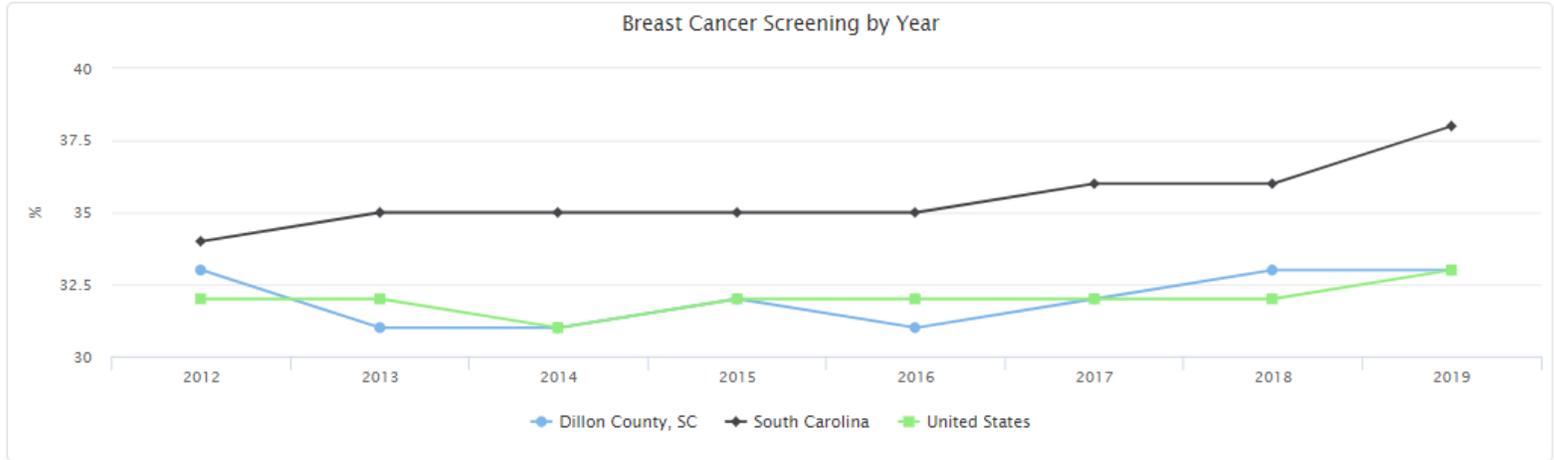
Diabetes Management - Hemoglobin A1c Test

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

As of year 2019, 532 or 90.02% Medicare enrollees with diabetes have had an annual exam out of 591 Medicare enrollees with diabetes in the report area.

Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Dillon County, SC	591	532	**90.02%**
South Carolina	81,784	73,529	89.91%
United States	6,792,740	5,945,988	87.53%

Percentage of Medicare Enrollees with Diabetes with Annual A1C Test

- Dillon County (90.02%)
- South Carolina (89.91%)
- United States (87.53%)
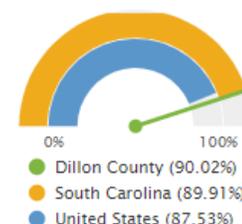
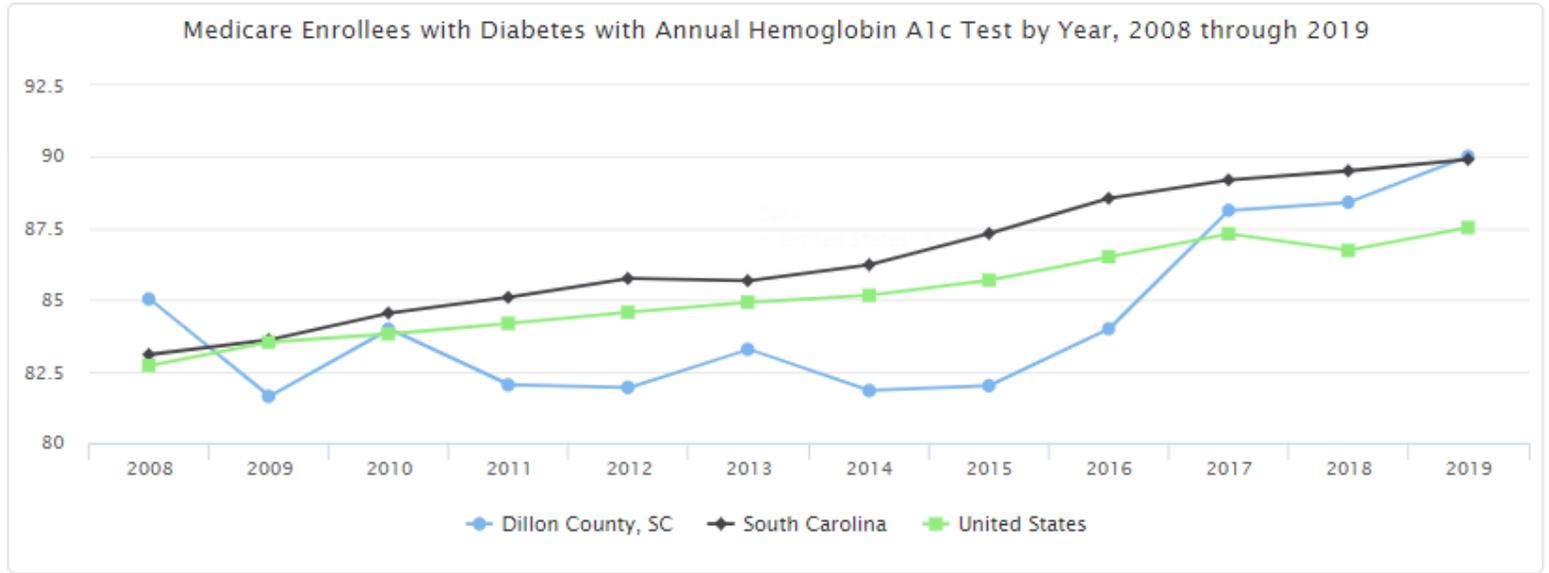*Note: This indicator is compared to the state average.*
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019. Source geography: County → Show more details

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

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

Note: The Dartmouth Atlas Data team has noted substantial decreases in hemoglobin A1c testing in several HRRs in Montana and North Dakota between 2017 and 2018. A conclusive explanation cannot be established thus far for these changes, especially in smaller rural areas; caution should be used in interpreting longitudinal data for the measure.

Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dillon County, SC	85.03	81.63	83.98	82.03	81.94	83.27	81.83	82.00	83.99	88.13	88.41	90.02
South Carolina	83.09	83.61	84.54	85.09	85.75	85.67	86.23	87.32	88.55	89.19	89.51	89.91
United States	82.71	83.52	83.81	84.18	84.57	84.92	85.16	85.69	86.51	87.31	86.73	87.53

Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019
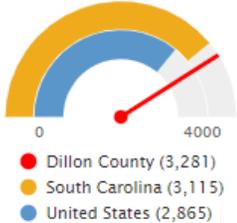
Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 6,371 Medicare beneficiaries in the

report area. The preventable hospitalization rate was 3,281. The rate in the report area was higher than the state rate of 3,115 during the same time period.

| Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Dillon County, SC	6,371	**3,281**
South Carolina	1,036,396	3,115
United States	57,235,207	2,865

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

Preventable Hospital Events, Rate per 100,000 Beneficiaries

● Dillon County (3,281)
● South Carolina (3,115)
● United States (2,865)

Preventable Hospitalization Rate by Year

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

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Dillon County, SC	7,675	6,823	5,044	4,988	5,762	5,805	5,597	4,673	3,281
South Carolina	5,224	4,938	4,595	4,226	4,813	4,731	4,484	4,079	3,115
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,836	2,865

Preventable Hospitalization Rate by Year

Dillon County, SC — South Carolina — United States
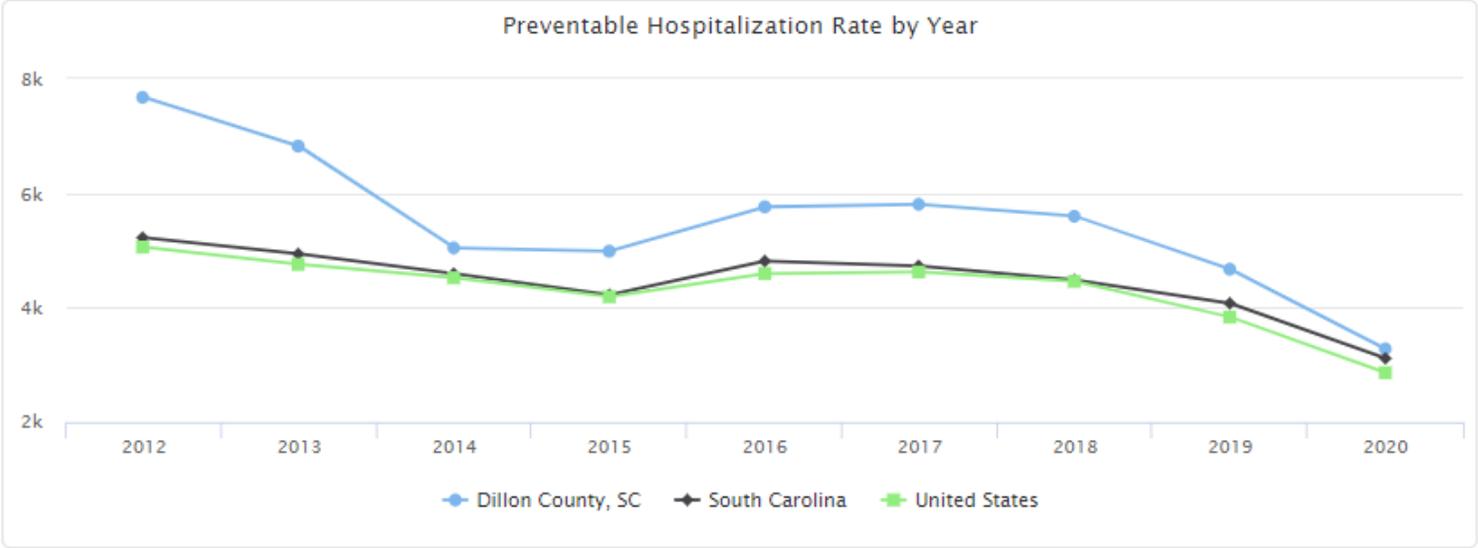
Health Behaviors

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, 3,889, or 17.01% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 21.69%. Data for this indicator were based on survey responses to the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2022 County Health Rankings.

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

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

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

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Dillon County, SC	22,859	3,889	**17.01%**
South Carolina	4,067,484	882,135	21.69%
United States	255,778,123	50,612,058	19.79%

Percentage of Adults Self-Reporting Excessive Drinking, 2019
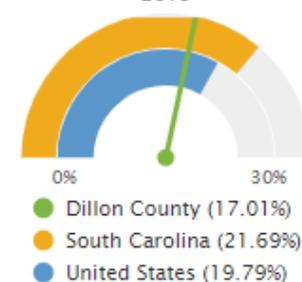
● Dillon County (17.01%)
● South Carolina (21.69%)
● United States (19.79%)

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

Physical Inactivity

Within the report area, 6,694 or 29.5% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

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

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Dillon County, SC	22,092	6,694	**29.5%**
South Carolina	3,900,219	989,777	24.6%
United States	239,878,217	54,200,862	22.0%

Percentage of Adults with No Leisure-Time Physical Acitvity, 2019
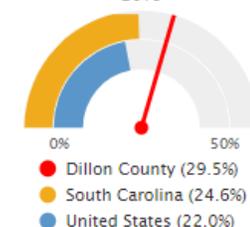
● Dillon County (29.5%)
● South Carolina (24.6%)
● United States (22.0%)

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

Percentage of Adults Physically Inactive by Year, 2004 through 2019

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

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dillon County, SC	28.8%	18.9%	30.4%	34.1%	32.3%	33.3%	34.5%	23.2%	20.7%	34.8%	32.5%	33.3%	34.0%	33.9%	30.0%	29.5%
South Carolina	22.1%	18.1%	23.4%	23.6%	24.5%	24.8%	25.2%	23.0%	20.0%	23.9%	22.9%	23.2%	23.7%	25.1%	24.3%	24.6%
United States	21.2%	18.8%	21.6%	21.7%	22.4%	22.3%	22.0%	21.9%	20.5%	22.0%	20.8%	21.4%	20.7%	21.5%	20.9%	22.0%

Percentage of Adults Physically Inactive by Year, 2004 through 2019
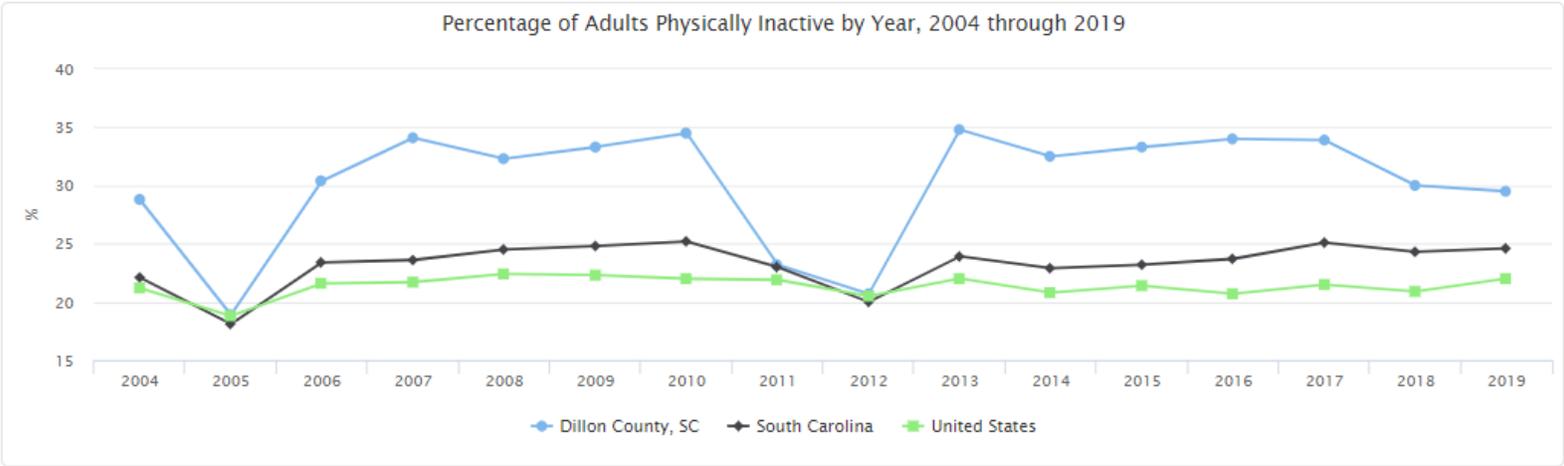
Adults with No Leisure-Time Physical Activity by Gender, 2019

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

Report Area	Male	Male, Percent	Female	Female, Percent
Dillon County, SC	2,857	27.8%	3,836	30.9%
South Carolina	436,175	23.0%	553,598	26.1%
United States	24,675,186	20.8%	29,525,666	23.1%

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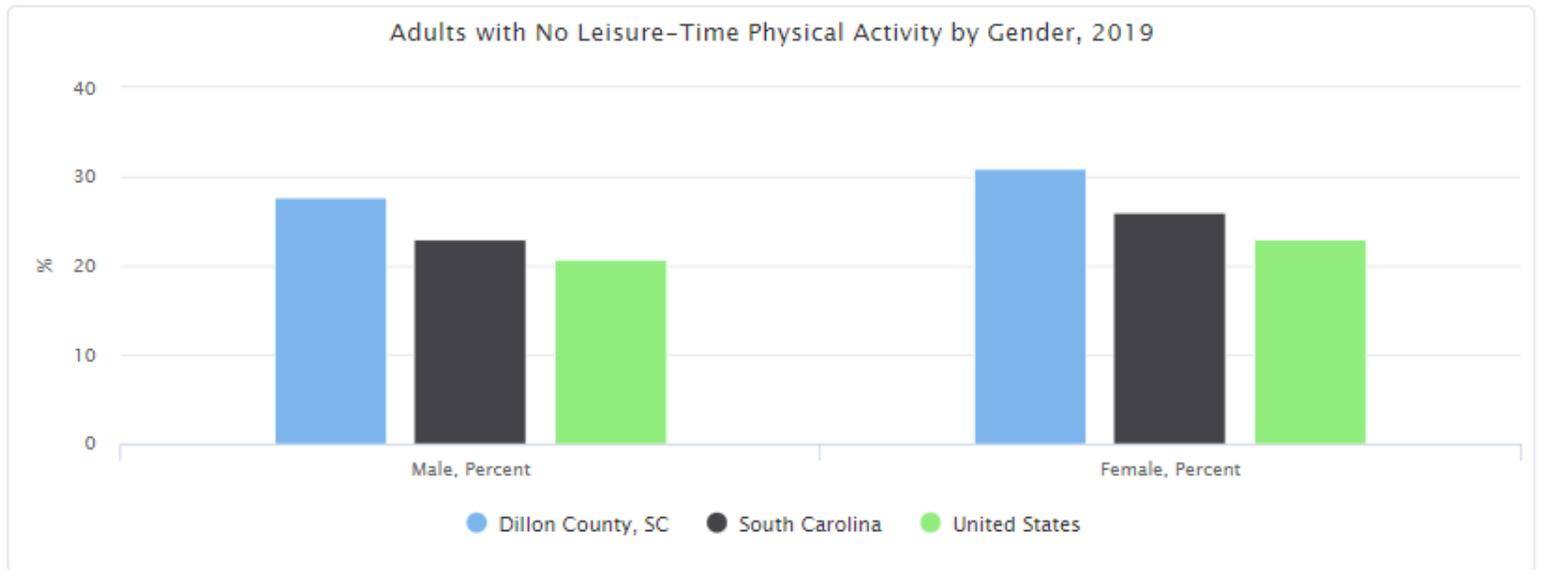
STI - Chlamydia Incidence

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	30,666	334	**1,089.15**
South Carolina	5,024,369	33,910	674.91
United States	325,719,178	1,758,668	539.93
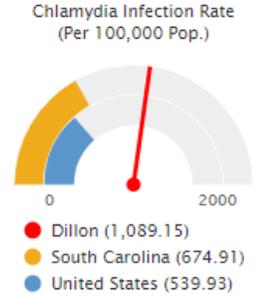
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County
→ Show more details

Chlamydia Infection Rate
(Per 100,000 Pop.)

- Dillon (1,089.15)
- South Carolina (674.91)
- United States (539.93)

Chlamydia Incidence Rate by Year

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

| Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
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
South Carolina	430.4	515.7	598.4	585.2	585.3	572.1	619.1	574.8	534.8	585.5	562.4	575.5	641.6	674.9
United States	330.3	345.4	367.7	398.0	405.7	422.8	453.4	453.4	443.5	456.1	475.0	497.3	524.6	539.9
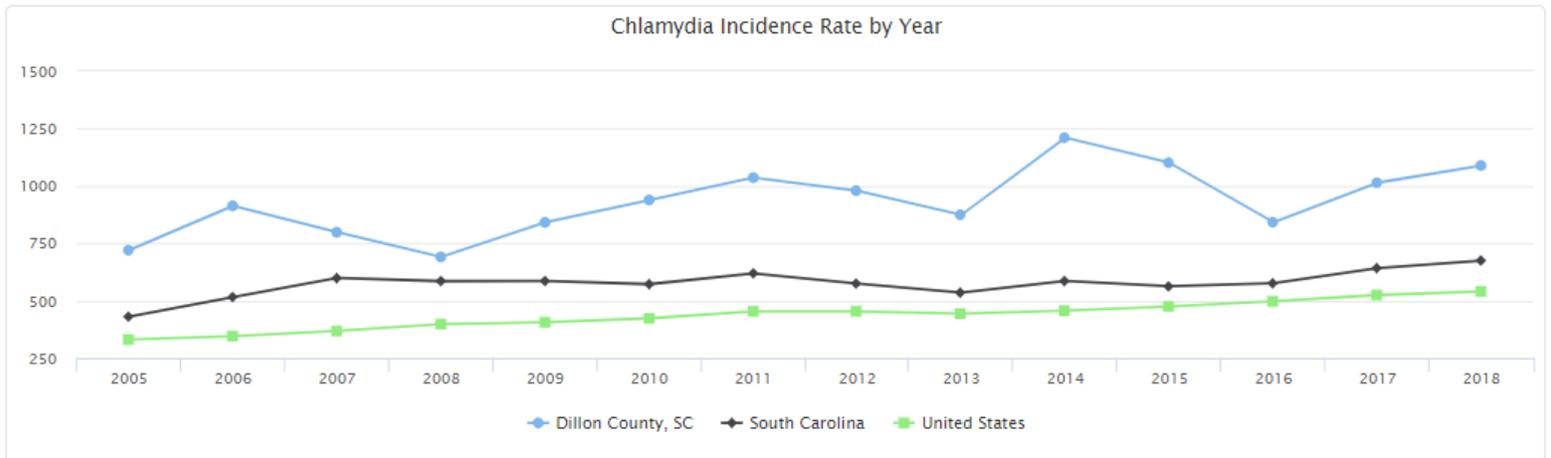
STI - Gonorrhea Incidence

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

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

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections, Rate per 100,000 Pop.
Dillon County, SC	30,666	106	**345.7**
South Carolina	5,024,369	13,801	274.70
United States	325,719,178	583,405	179.1
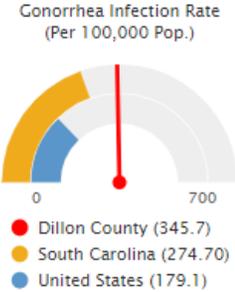
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County
➡ Show more details

Gonorrhea Infection Rate (Per 100,000 Pop.)

- ● Dillon County (345.7)
- ● South Carolina (274.70)
- ● United States (179.1)

Gonorrhea Incidence Rate by Year

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

| Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
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
South Carolina	201.4	238.1	233.8	209.9	182.6	171.9	178.7	161.7	150.7	172.8	167.6	187.8	251.2	274.7
United States	114.9	120.1	118.1	110.7	98.2	100.0	103.3	106.7	105.3	110.7	123.0	145.8	170.6	179.1

Gonorrhea Incidence Rate by Year
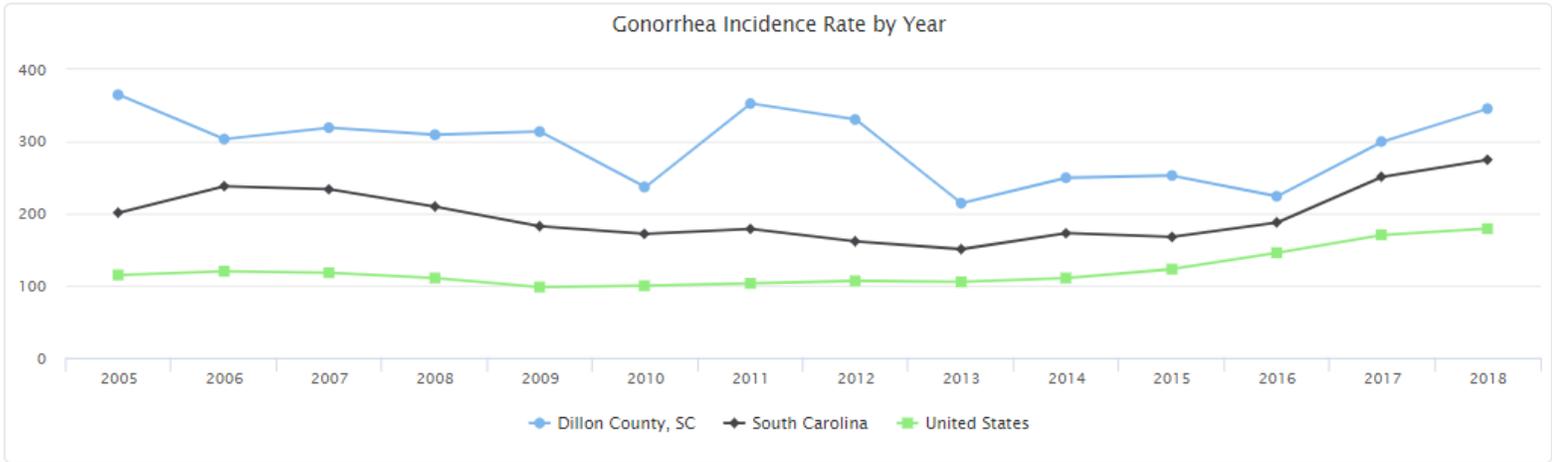
STI - HIV Prevalence

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	25,112	136	**541.6**
South Carolina	4,291,438	17,405	405.60
United States	274,605,948	1,023,832	372.8
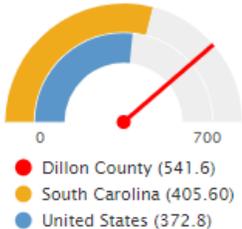
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County
→ *Show more details*

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

- Dillon County (541.6)
- South Carolina (405.60)
- United States (372.8)

HIV Prevalence Rate by Year

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

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dillon County, SC	433.9	425.3	No data	446.7	456.9	No data	527.3	505.3	523.1	541.6
South Carolina	364.2	366.8	402.9	389.0	389.3	391.7	394.6	393.1	398.1	405.6
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8

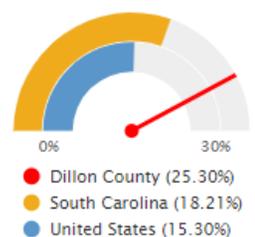HIV Prevalence Rate by Year
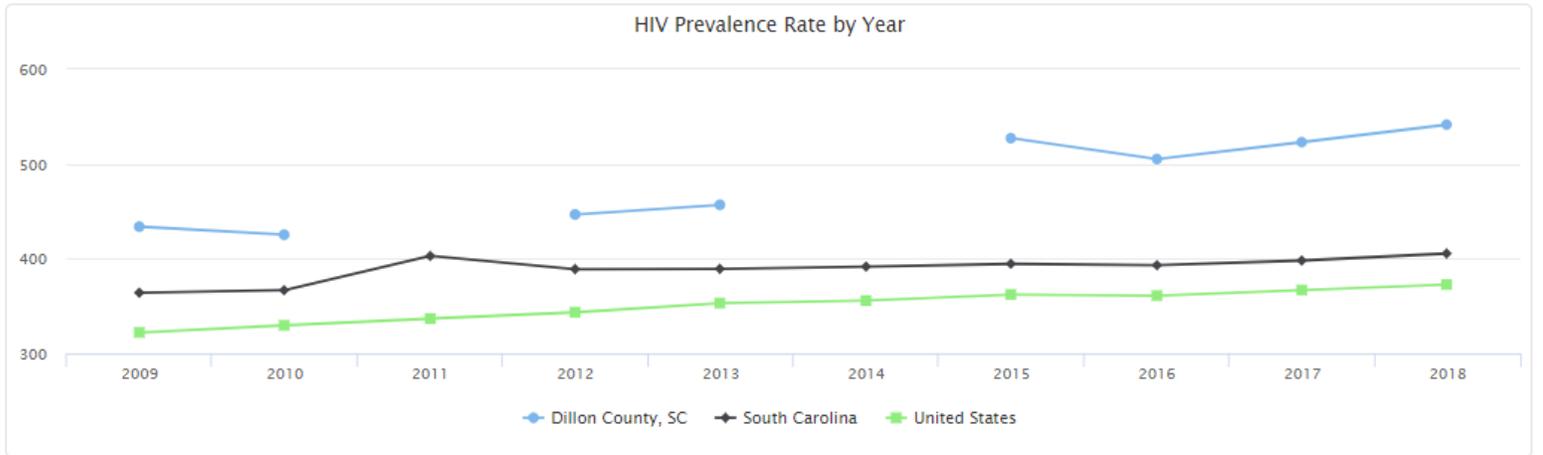
Tobacco Usage - Current Smokers

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 25.30% of adults who have smoked or currently smoke out of the total population.

Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Dillon County, SC	30,479	25.30%	26.10%
South Carolina	5,148,714	18.21%	18.87%
United States	328,239,523	15.30%	15.70%

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 500 Cities Data Portal. 2019. Source geography: Tract ➝ Show more details

Percentage of Adults who are Current Smokers

● Dillon County (25.30%)
● South Carolina (18.21%)
● United States (15.30%)

Health Outcomes

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

Cancer Incidence - All Sites

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

Within the report area, there were 169 new cases of cancer reported. This means there is a rate of 446.4 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	37,858	169	**446.4**
South Carolina	6,193,505	27,846	449.6
United States	379,681,007	1,703,249	448.6

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2014-18. Source geography: County ➝ Show more details

Cancer Incidence Rate
(Per 100,000 Pop.)

● Dillon County (446.4)
● South Carolina (449.6)
● United States (448.6)
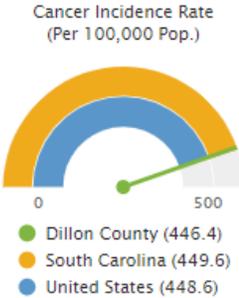
Top Five Most Commonly Diagnosed Cancers

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

| Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Dillon County, South Carolina	1 - Lung & Bronchus (All Stages^), 2014-2018	32	79.4
Dillon County, South Carolina	2 - Breast (All Stages^), 2014-2018	25	121.6
Dillon County, South Carolina	3 - Colon & Rectum (All Stages^), 2014-2018	19	50.6
Dillon County, South Carolina	4 - Prostate (All Stages^), 2014-2018	18	98.1
Dillon County, South Carolina	5 - Pancreas (All Stages^), 2014-2018	9	23.3
South Carolina	1 - Breast (All Stages^), 2014-2018	4,180	129.9
South Carolina	2 - Lung & Bronchus (All Stages^), 2014-2018	4,066	62.8
South Carolina	3 - Prostate (All Stages^), 2014-2018	3,532	113
South Carolina	4 - Colon & Rectum (All Stages^), 2014-2018	2,275	37.6
South Carolina	5 - Melanoma of the Skin (All Stages^), 2014-2018	1,405	23.6

Chronic Conditions - Asthma (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with asthma. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.
Within the report area, there were 195 beneficiaries with asthma based on administrative claims data in the latest report year. This represents 4.5% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Dillon County, SC	4,332	195	**4.5%**
South Carolina	697,121	32,233	4.6%
United States	33,499,472	1,665,694	5.0%

Percentage of Medicare Beneficiaries with Asthma
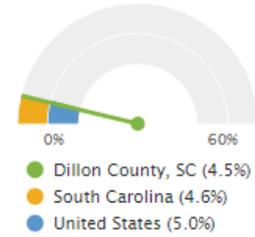
- Dillon County, SC (4.5%)
- South Carolina (4.6%)
- United States (5.0%)

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County → Show more details

Chronic Conditions - Diabetes (Adult)

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

Within the report area, 2,779 of adults age 20 and older have diabetes. This represents 10.8% of the total survey population.

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

Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Dillon County, SC	22,056	2,779	**10.8%**
South Carolina	3,902,982	482,787	10.6%
United States	239,919,249	24,189,620	9.0%

Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2019
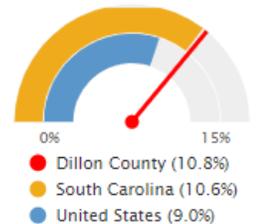
- Dillon County (10.8%)
- South Carolina (10.6%)
- United States (9.0%)

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

Adults with Diagnosed Diabetes by Year, 2004 through 2019

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

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dillon County, SC	7.7%	9.5%	10.9%	11.9%	11.7%	10.9%	9.7%	9.4%	11.7%	13.0%	13.3%	17.4%	17.7%	16.0%	13.2%	10.8%
South Carolina	7.6%	8.5%	9.3%	9.4%	9.6%	9.8%	9.7%	9.8%	10.6%	10.5%	10.5%	10.2%	10.5%	10.7%	11.0%	10.6%
United States	6.6%	7.0%	7.3%	7.8%	7.9%	8.2%	8.3%	8.5%	8.7%	8.5%	8.7%	8.6%	8.7%	8.7%	9.0%	9.0%
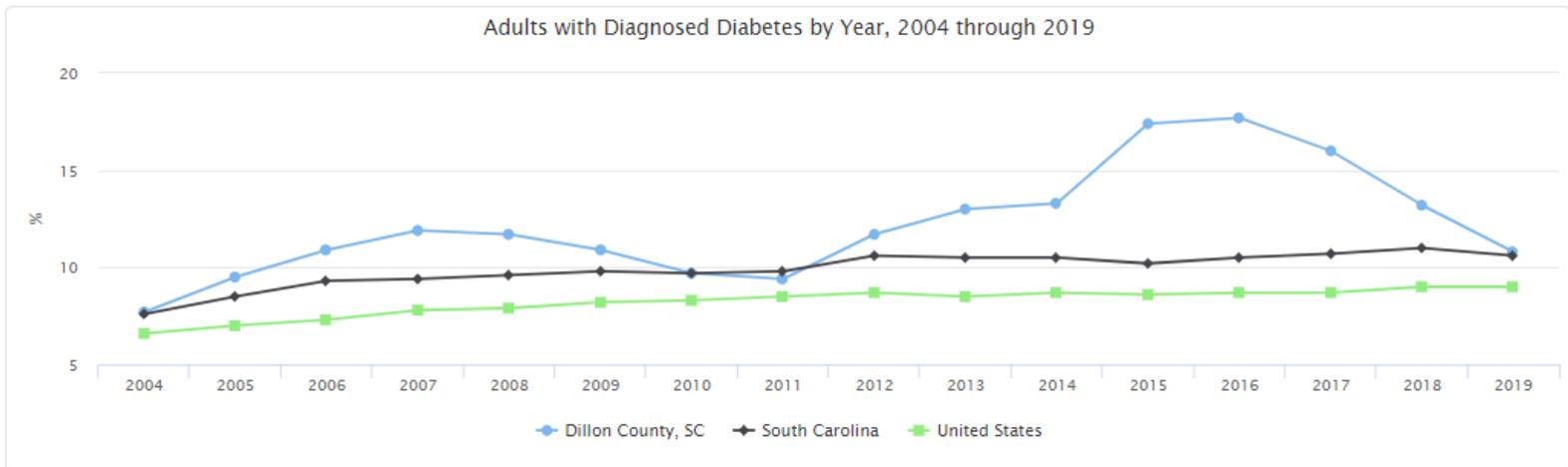
Adults with Diagnosed Diabetes by Gender, 2019

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

Report Area	Male	Male, Percent	Female	Female, Percent
Dillon County, SC	1,255	10.9%	1,524	10.8%
South Carolina	235,610	11.1%	247,172	10.3%
United States	12,120,715	9.5%	12,068,861	8.5%
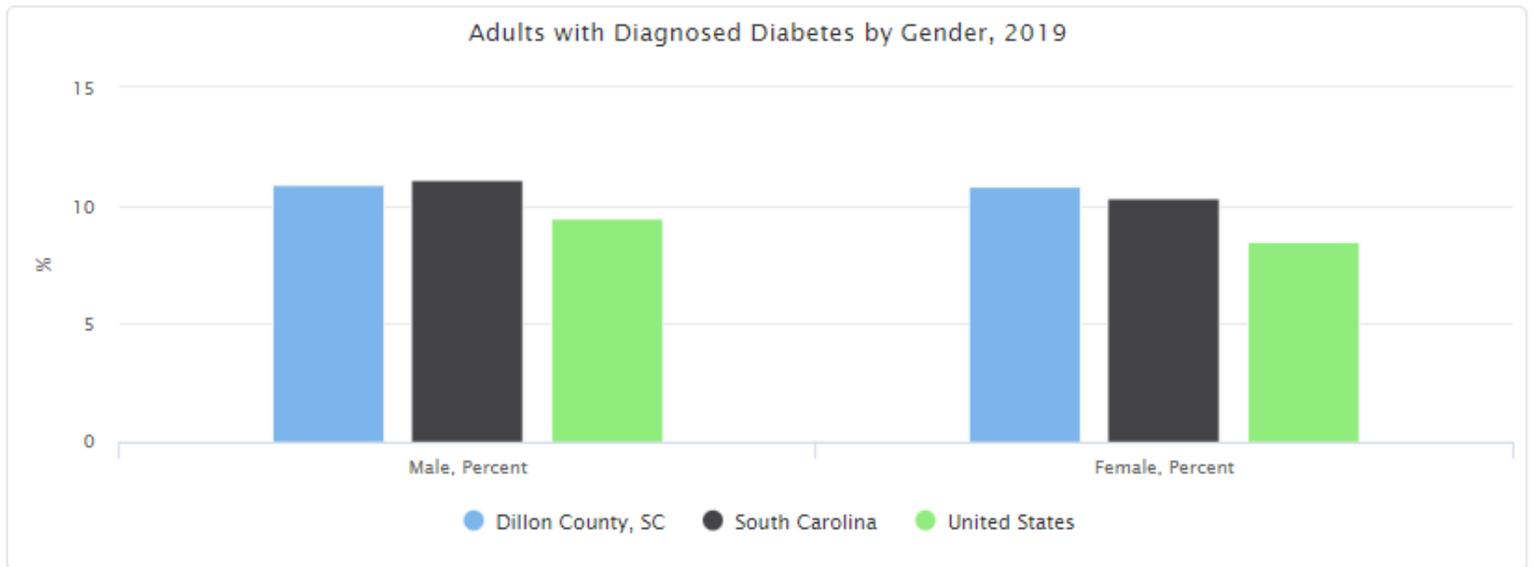
Adults with Diagnosed Diabetes by Gender, 2019

Chronic Conditions - Diabetes (Medicare Population)

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

Within the report area, there were 1,527 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 35.2% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Dillon County, SC	4,332	1,527	**35.2%**
South Carolina	697,121	190,823	27.4%
United States	33,499,472	9,029,582	27.0%
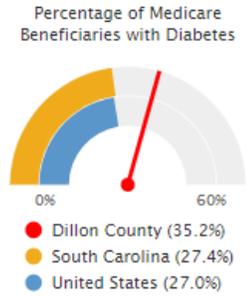
Percentage of Medicare Beneficiaries with Diabetes

- ● Dillon County (35.2%)
- ● South Carolina (27.4%)
- ● United States (27.0%)

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County → Show more details

Medicare Population with Diabetes by Year, 2011 through 2018

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

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Dillon County, SC	32.1%	31.9%	32.2%	32.9%	33.3%	33.0%	34.8%	35.3%
South Carolina	27.7%	27.8%	27.7%	27.7%	27.7%	27.6%	27.6%	27.4%
United States	27.5%	27.6%	27.5%	27.4%	27.4%	27.3%	27.2%	27.0%
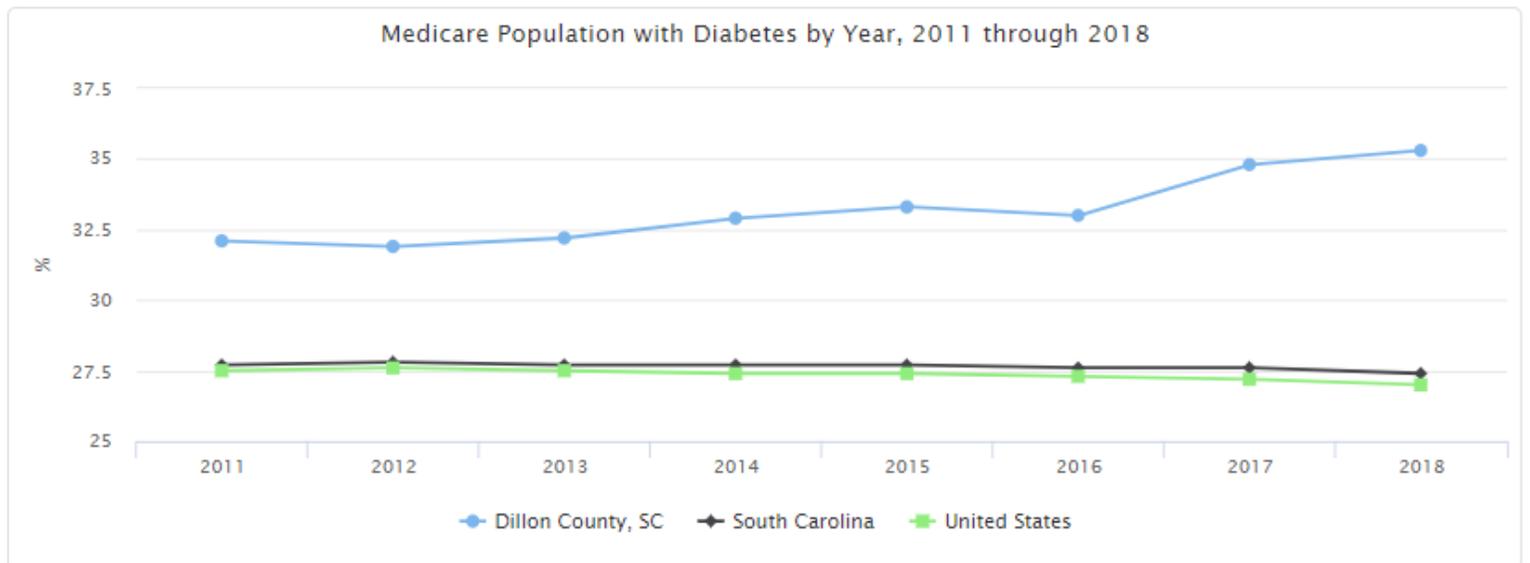
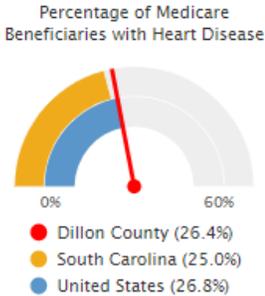Medicare Population with Diabetes by Year, 2011 through 2018

Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease. Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.
Within the report area, there were 1,142 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 26.4% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Dillon County, SC	4,332	1,142	**26.4%**
South Carolina	697,121	173,995	25.0%
United States	33,499,472	8,979,902	26.8%

Percentage of Medicare Beneficiaries with Heart Disease

- Dillon County (26.4%)
- South Carolina (25.0%)
- United States (26.8%)

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County ➞ Show more details

Medicare Population with Heart Disease by Year, 2011 through 2018

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

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Dillon County, SC	28.9%	28.6%	27.5%	27.6%	27.5%	25.8%	26.0%	26.4%
South Carolina	26.9%	26.5%	26.2%	25.8%	25.4%	25.2%	25.0%	25.0%
United States	29.8%	29.2%	28.4%	27.7%	27.2%	27.0%	26.9%	26.8%
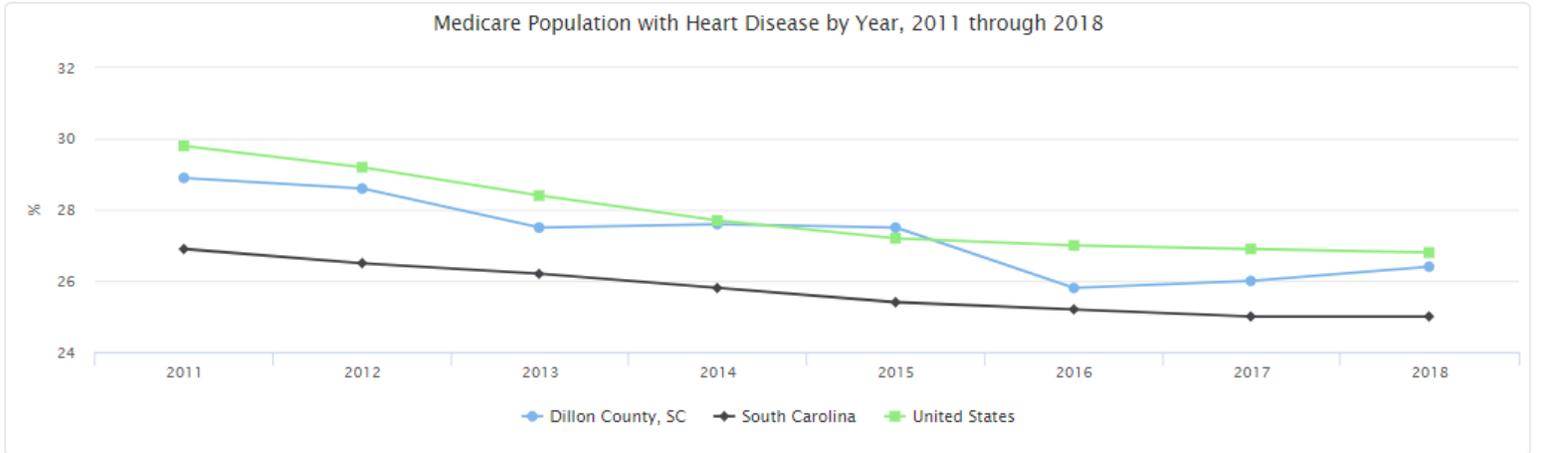
Medicare Population with Heart Disease by Year, 2011 through 2018

Chronic Conditions - High Blood Pressure (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data is based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 3,000 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 69.3% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
Dillon County, SC	4,332	3,000	**69.3%**
South Carolina	697,121	431,939	62.0%
United States	33,499,472	19,162,770	57.2%
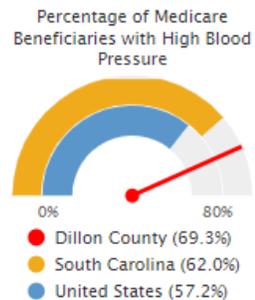
Percentage of Medicare Beneficiaries with High Blood Pressure

● Dillon County (69.3%)
● South Carolina (62.0%)
● United States (57.2%)

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County → Show more details

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

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

| Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Dillon County, SC	68.6%	68.2%	67.5%	67.0%	69.8%	67.6%	68.7%	69.2%
South Carolina	60.7%	61.0%	61.1%	61.2%	61.2%	61.3%	61.7%	62.0%
United States	56.7%	56.7%	56.8%	56.5%	56.6%	56.9%	57.1%	57.2%
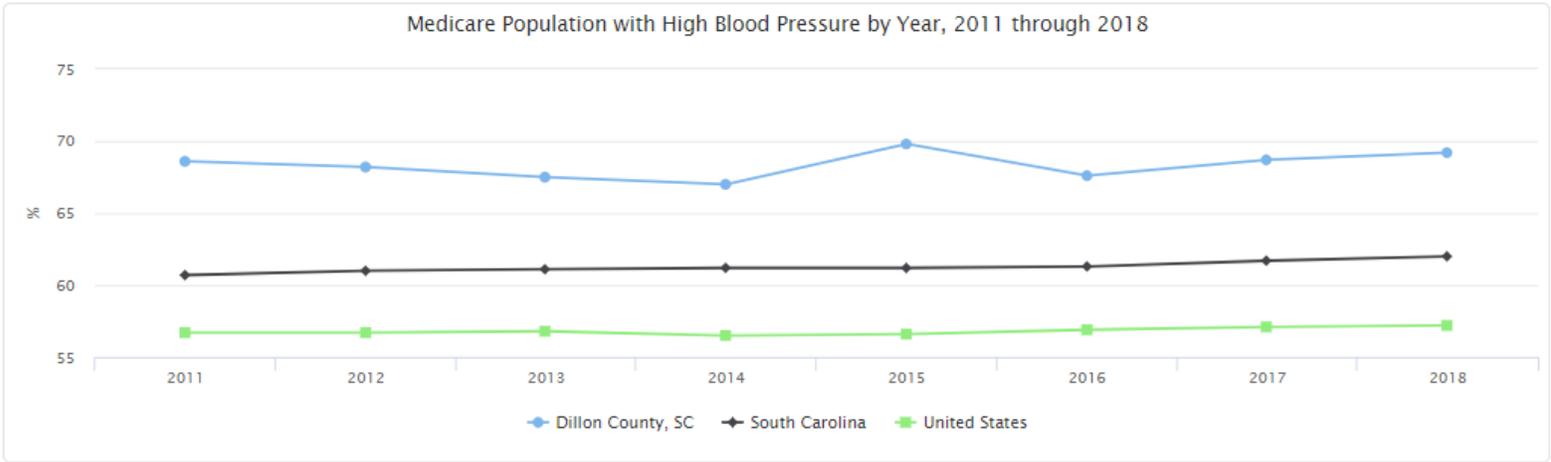
Low Birth Weight (CDC)

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). This data is reported for a 7-year aggregated time period. Data was from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2022 County Health Rankings.

Within the report area, there were 347 infants born with low birth weight. This represents 12.2% of the total live births.

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

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Dillon County, SC	2,844	347	**12.2%**
South Carolina	399,405	38,467	9.6%
United States	26,896,859	2,203,029	8.2%

Percentage of Infants with Low Birthweight:%

- Dillon County (12.2%)
- South Carolina (9.6%)
- United States (8.2%)
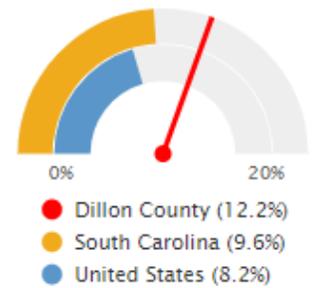
Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County → *Show more details*

Mortality - Cancer

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

Within the report area, there is a total of 344 deaths due to cancer. This represents an age-adjusted death rate of 177.1 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population	Age-Adjusted Death Rate (Per 100,000 Population)
Dillon County, SC	30,594	344	224.9	**177.1**
South Carolina	5,087,274	52,350	205.8	158.9
United States	326,747,554	2,998,371	183.5	149.4

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
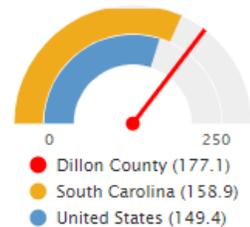
- Dillon County (177.1)
- South Carolina (158.9)
- United States (149.4)

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

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

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

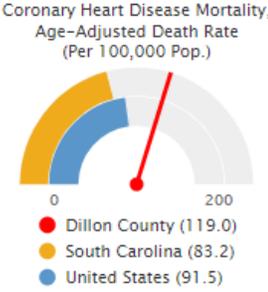| Report Area	Male	Female
Dillon County, SC	233.2	135.8
South Carolina	193.9	132.7
United States	177.1	128.9
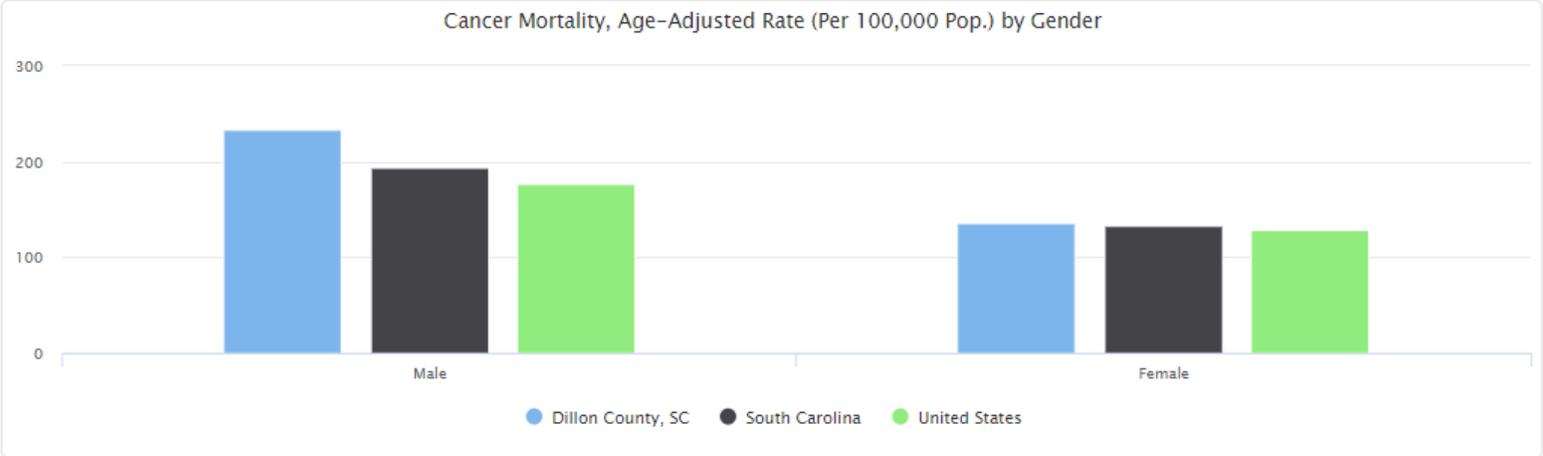
Mortality - Coronary Heart Disease

This indicator reports the 2016-2020 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are 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 is a total of 221 deaths due to coronary heart disease. This represents an age-adjusted death rate of 119.0 per every 100,000 total population.

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

| Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Dillon County, SC	30,594	221	144.5	**119.0**
South Carolina	5,087,274	26,503	104.2	83.2
United States	326,747,554	1,838,830	112.5	91.5

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

Coronary Heart Disease Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)

● Dillon County (119.0)
● South Carolina (83.2)
● United States (91.5)

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

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

Report Area	Male	Female
Dillon County, SC	200.9	61.2
South Carolina	118.3	55.4
United States	125.3	64.6

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

● Dillon County, SC ● South Carolina ● United States
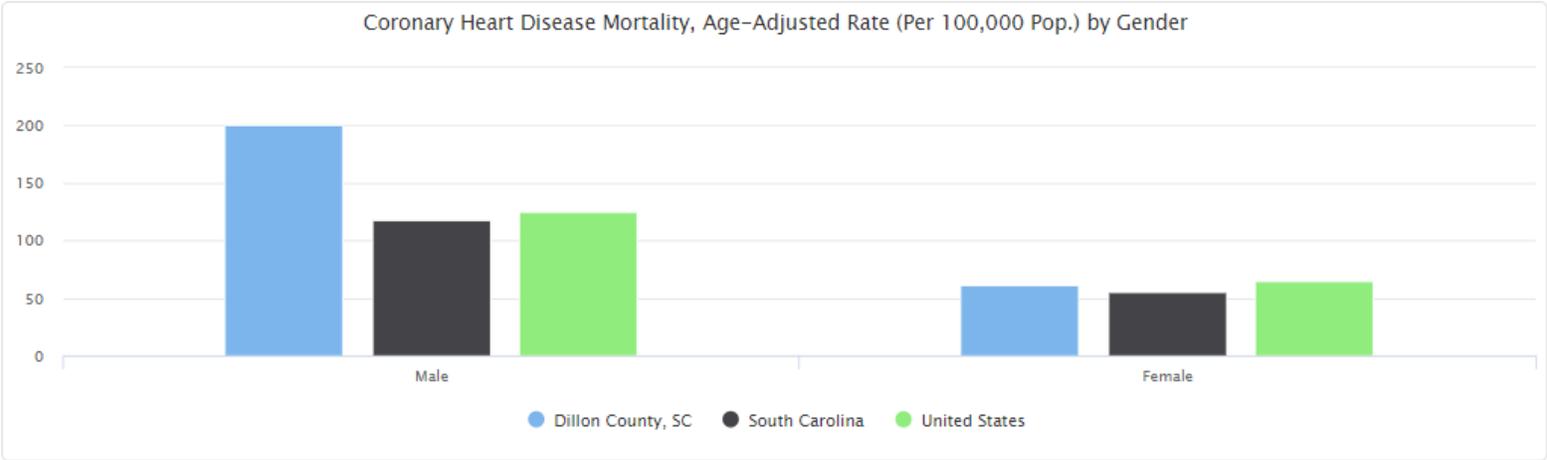
Mortality - Lung Disease

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

Within the report area, there is a total of 128 deaths due to lung disease. This represents an age-adjusted death rate of 65.0 per every 100,000 total population.

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

| Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Dillon County, SC	30,594	128	83.7	**65.0**
South Carolina	5,087,274	14,773	58.1	45.4
United States	326,747,554	783,919	48.0	39.1
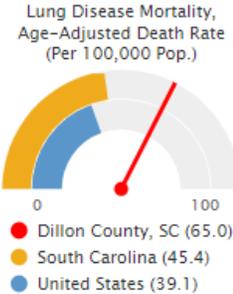
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County
→ Show more details

Lung Disease Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)

0   100
● Dillon County, SC (65.0)
● South Carolina (45.4)
● United States (39.1)

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

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

Report Area	Male	Female
Dillon County, SC	74.9	58.3
South Carolina	50.8	41.5
United States	43.0	36.3

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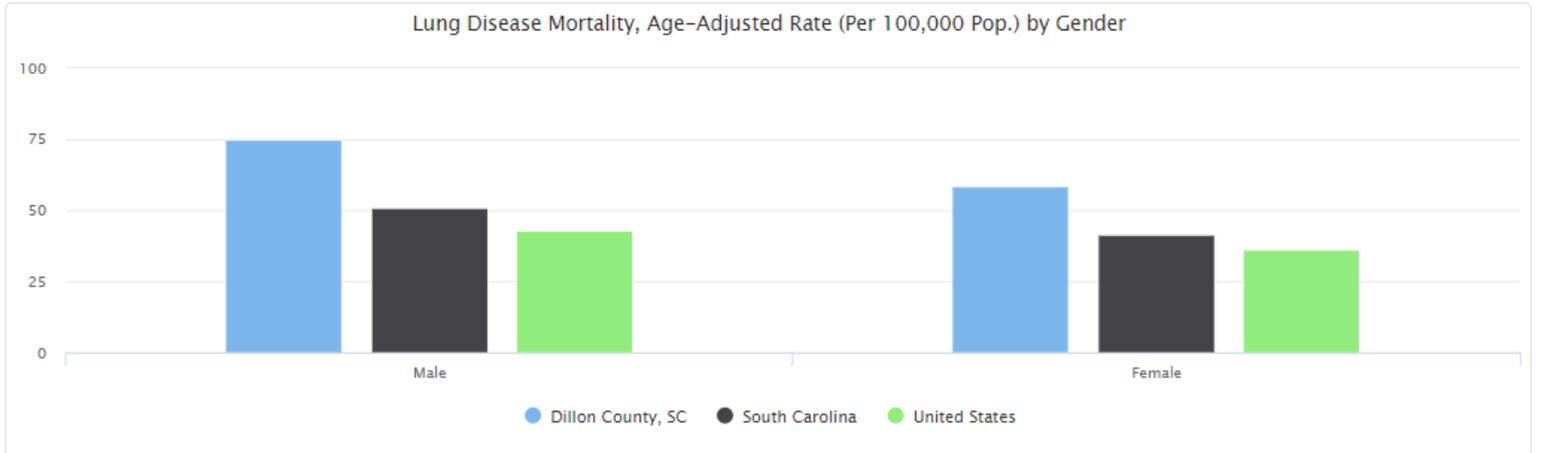
Mortality - Motor Vehicle Crash

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

Within the report area, there is a total of 42 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 28.8 per every 100,000 total population.

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

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Dillon County, SC	30,594	42	27.5	**28.8**
South Carolina	5,087,274	5,161	20.3	20.1
United States	326,747,554	193,691	11.9	11.5

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

● Dillon County, SC (28.8)
● South Carolina (20.1)
● United States (11.5)

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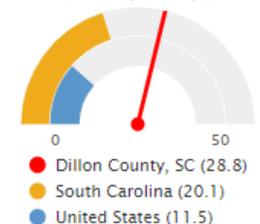
Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. Data was from the National Center for Health Statistics - Mortality Files (2017-2019) and is used for the 2021 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there is a total of 674 premature deaths. This represents an age-adjusted death rate of 13,023 per every 100,000 total population.

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

Report Area	Premature Deaths, 2018-2020	Years of Potential Life Lost, 2018-2020	Years of Potential Life Lost, Rate per 100,000 Population
Dillon County, SC	753	13,396	**15,722**
South Carolina	82,015	1,332,759	9,287
United States	4,125,218	66,924,984	7,296

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

● Dillon County (15,722)
● South Carolina (9,287)
● United States (7,296)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County → *Show more details*
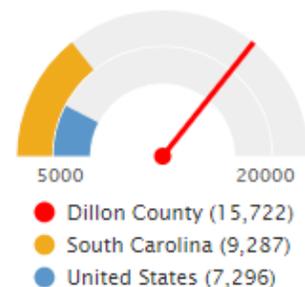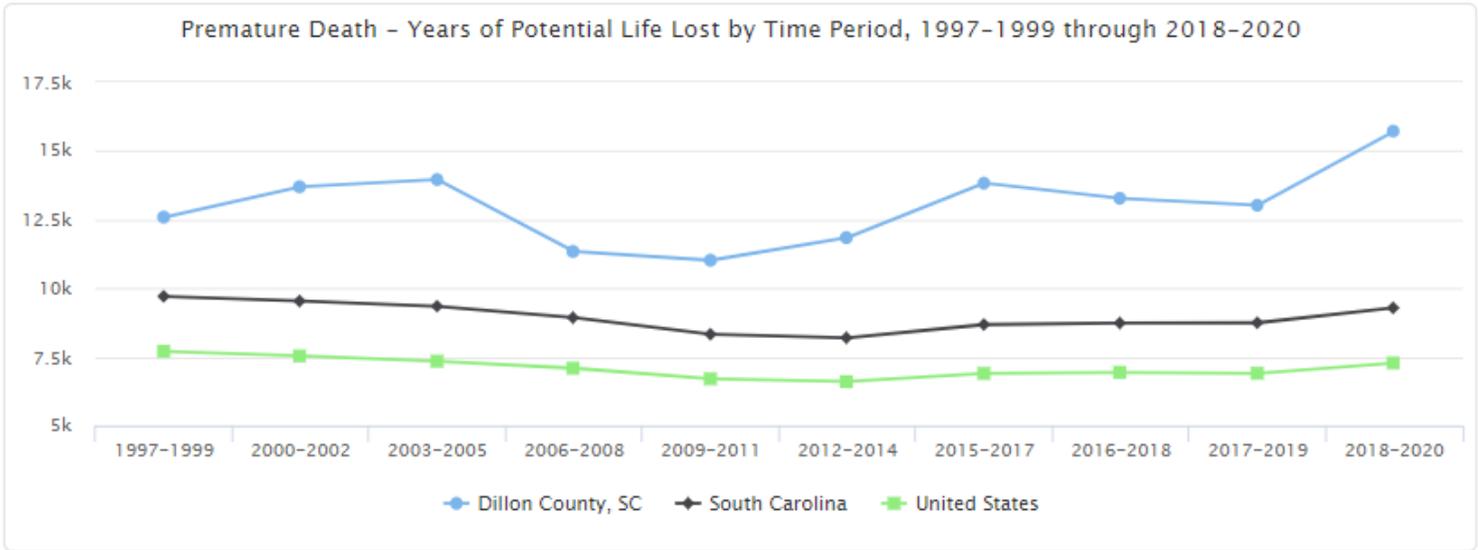
Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2018-2020

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

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019	2018-2020
Dillon County, SC	12,591.5	13,696.4	13,959.5	11,341.4	11,020.9	11,844.6	13,827.2	13,276.4	13,022.5	15,721.5
South Carolina	9,707.6	9,538.1	9,347.9	8,932.0	8,328.0	8,197.4	8,678.1	8,737.6	8,743.5	9,286.8
United States	7,705.2	7,535.0	7,345.0	7,090.5	6,703.7	6,601.2	6,900.6	6,940.1	6,906.6	7,281.9

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

Mortality - Stroke

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

of death in the United States.

Within the report area, there is a total of 123 deaths due to stroke. This represents an age-adjusted death rate of 67.7 per every 100,000 total population.

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

| Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Dillon County, SC	30,594	123	80.4	**67.7**
South Carolina	5,087,274	13,716	53.9	44.2
United States	326,747,554	746,604	45.7	37.6
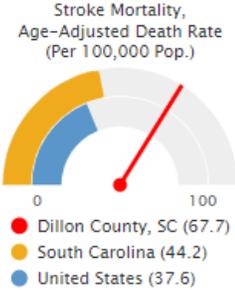
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County
→ *Show more details*

Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
● Dillon County, SC (67.7)
● South Carolina (44.2)
● United States (37.6)

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

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

Report Area	Male	Female
Dillon County, SC	67.2	68.4
South Carolina	46.5	41.8
United States	38.1	36.5

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

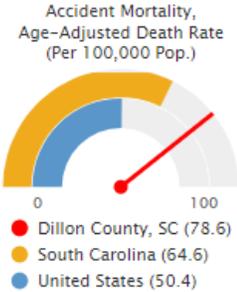● Dillon County, SC ● South Carolina ● United States
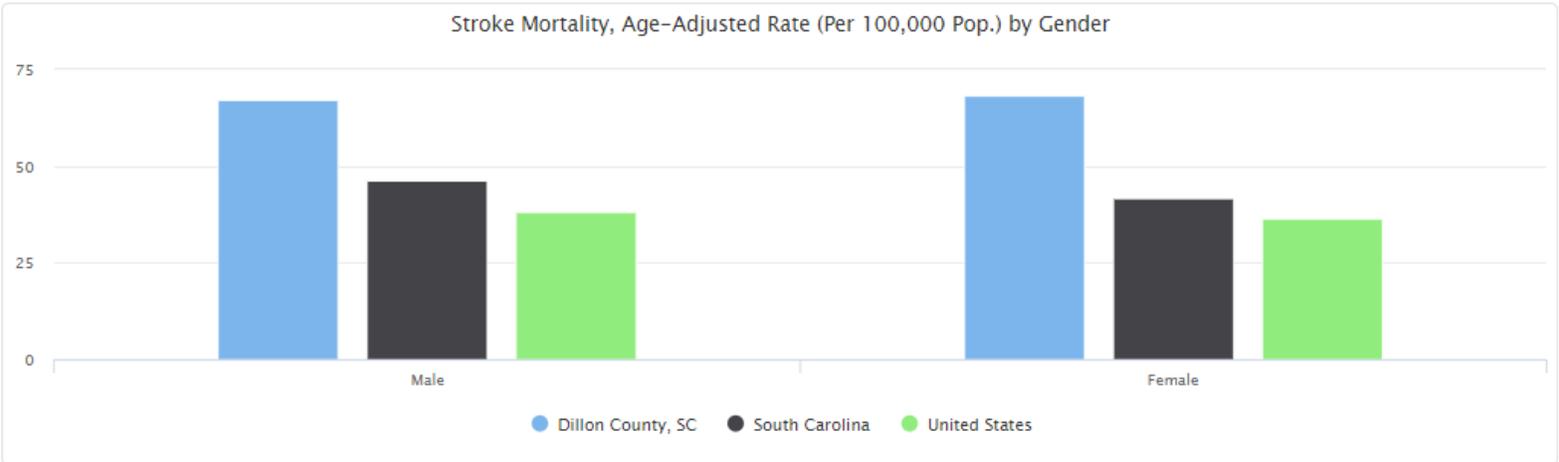
Mortality - Unintentional Injury (Accident)

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

Within the report area, there is a total of 118 deaths due to unintentional injury. This represents an age-adjusted death rate of 78.6 per every 100,000 total population.

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

| Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Dillon County, SC	30,594	118	77.1	**78.6**
South Carolina	5,087,274	17,048	67.0	64.6
United States	326,747,554	872,432	53.4	50.4

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

Accident Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)

- Dillon County, SC (78.6)
- South Carolina (64.6)
- United States (50.4)

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

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

Report Area	Male	Female
Dillon County, SC	108.5	52.6
South Carolina	90.0	41.2
United States	69.5	32.1

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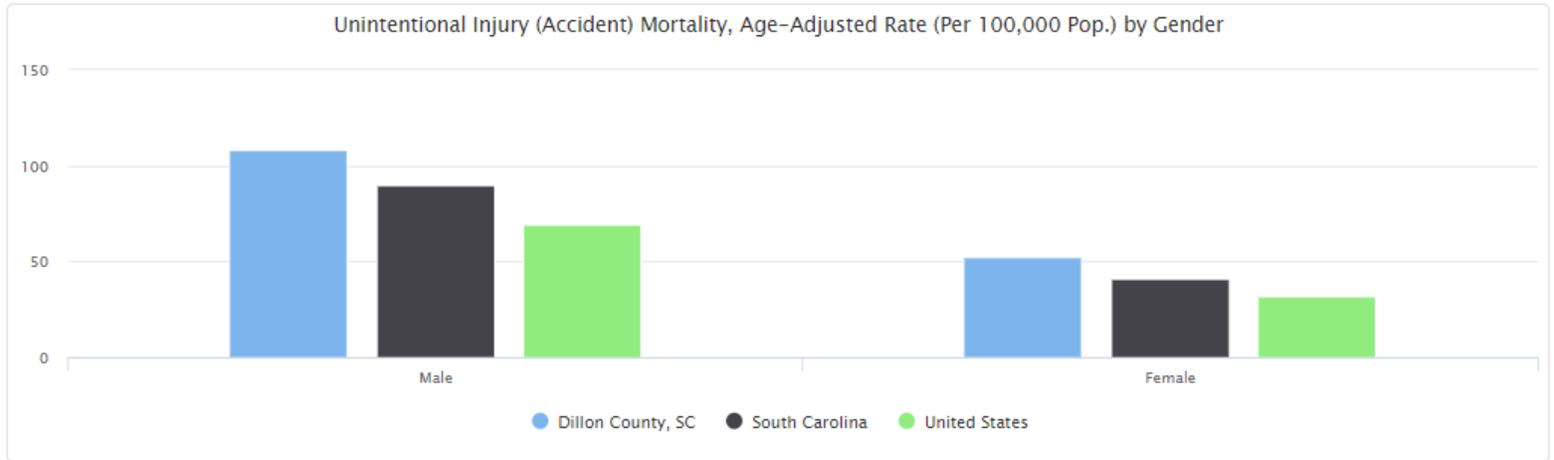
Obesity

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

Within the report area, there is a total of 7,762 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 34.9% 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	22,051	7,762	**34.9%**
South Carolina	3,899,893	1,246,753	31.9%
United States	243,082,729	67,624,774	27.6%
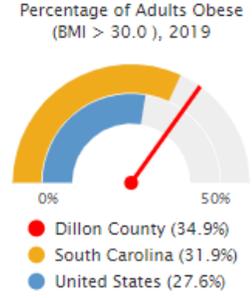
Percentage of Adults Obese (BMI > 30.0), 2019

● Dillon County (34.9%)
● South Carolina (31.9%)
● United States (27.6%)

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

Adults Obese (BMI > 30.0) by Gender, 2019

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

Report Area	Male	Male, Percent	Female	Female, Percent
Dillon County, SC	3,417	33.5%	4,345	36.1%
South Carolina	583,279	31.2%	663,470	32.7%
United States	33,675,337	28.6%	36,285,952	29.5%
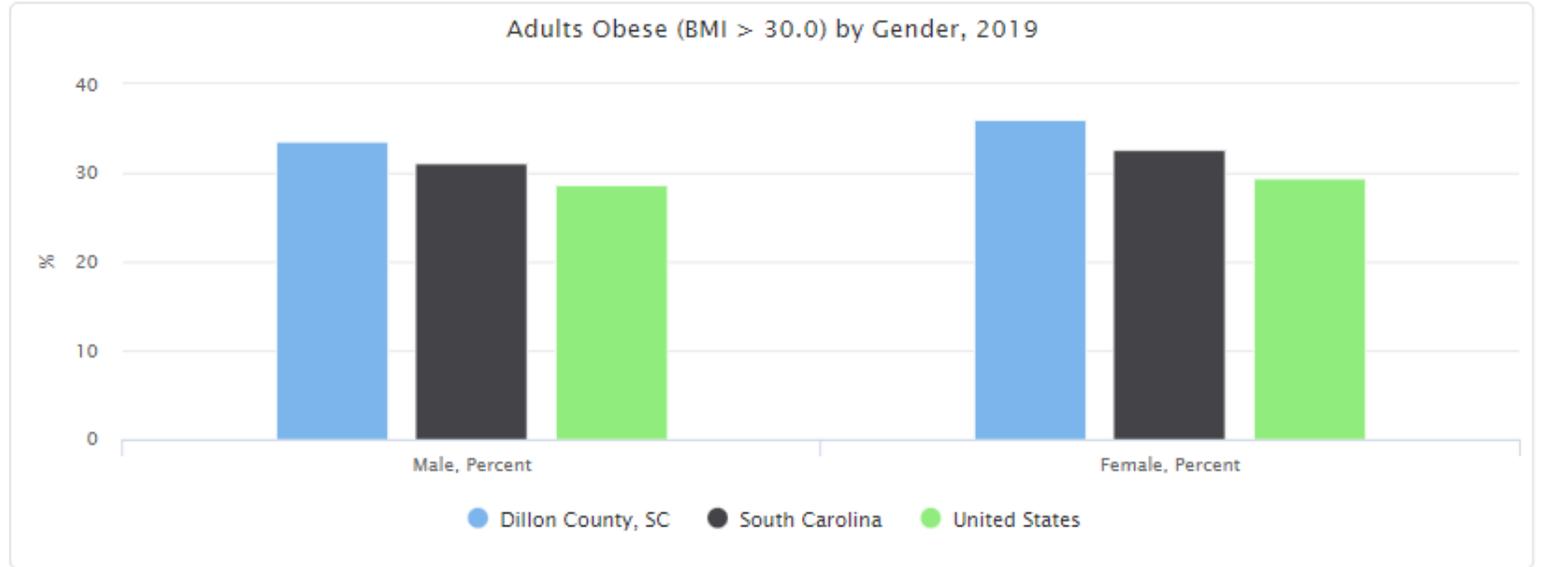
Adults Obese (BMI > 30.0) by Gender, 2019

● Dillon County, SC ● South Carolina ● United States

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

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

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dillon County, SC	23.5%	28.1%	25.6%	30.1%	29.3%	29.4%	37.1%	31.5%	28.5%	36.4%	34.0%	37.8%	36.5%	36.3%	36.3%	34.9%
South Carolina	22.6%	25.5%	26.5%	27.1%	28.2%	28.5%	29.6%	28.6%	27.3%	30.7%	30.3%	30.9%	31.0%	32.2%	33.1%	31.9%
United States	21.4%	22.7%	23.4%	24.7%	25.2%	25.6%	25.7%	24.9%	23.9%	26.1%	26.5%	26.8%	27.0%	27.6%	28.2%	29.0%

Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2019
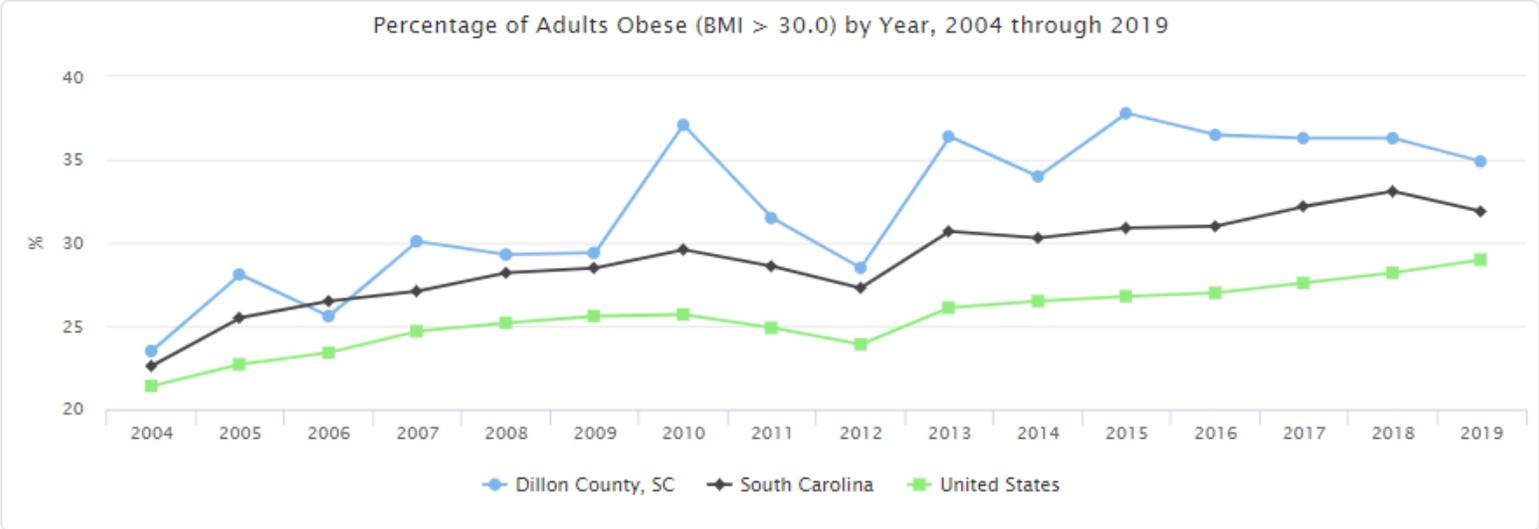
Poor or Fair Health

In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 31.30%. This value is based on the crude number of adults who self-report their general health status as "fair" or "poor."

Report Area	Total Population (2019)	Adults with Poor or Fair General Health (Crude)	Adults with Poor or Fair General Health (Age-Adjusted)
Dillon County, SC	30,479	31.30%	29.70%
South Carolina	5,148,714	20.40%	19.46%
United States	328,239,523	18.60%	17.80%
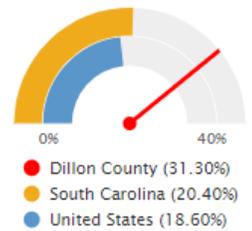
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019. Source geography: Tract → Show more details

Percentage of Adults with Poor or Fair General Health

- ● Dillon County (31.30%)
- ● South Carolina (20.40%)
- ● United States (18.60%)

Special Topics - COVID-19

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

COVID-19 - Confirmed Cases

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

In the report area, there have been 10,465 total confirmed cases of COVID-19. The rate of confirmed cases is 34,200.46 per 100,000 population, which is greater than the state average of 31,572.09. Data is current as of 08/04/2022.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Dillon County, SC	30,599	10,465	**34,200.46**	08/04/2022
South Carolina	5,084,127	1,605,165	31,572.09	08/04/2022
United States	326,262,499	89,801,879	27,524.43	08/04/2022

COVID-19 Cases, Rate per 100,000 Population
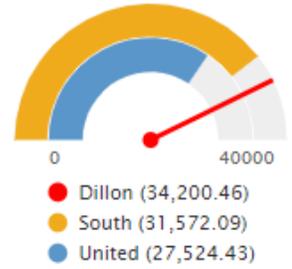
- Dillon (34,200.46)
- South (31,572.09)
- United (27,524.43)

Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County →
Show more details

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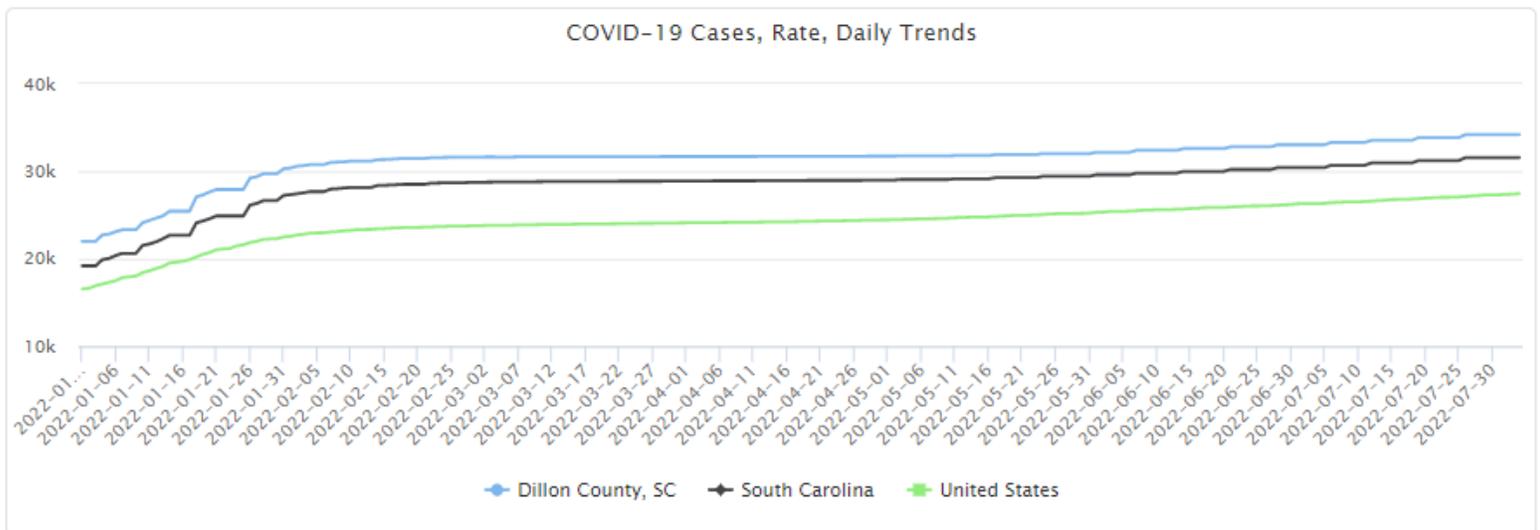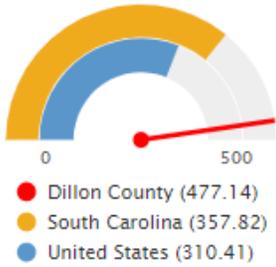

COVID-19 - Mortality

In the report area, there have been 146 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 477.14 per 100,000 population, which is greater than the state average of 357.82. Data is current as of 08/04/2022.

| Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Dillon County, SC	30,599	146	477.14	08/04/2022
South Carolina	5,084,127	18,192	357.82	08/04/2022
United States	326,262,499	1,012,745	310.41	08/04/2022

Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County →
Show more details

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

● Dillon County (477.14)
● South Carolina (357.82)
● United States (310.41)

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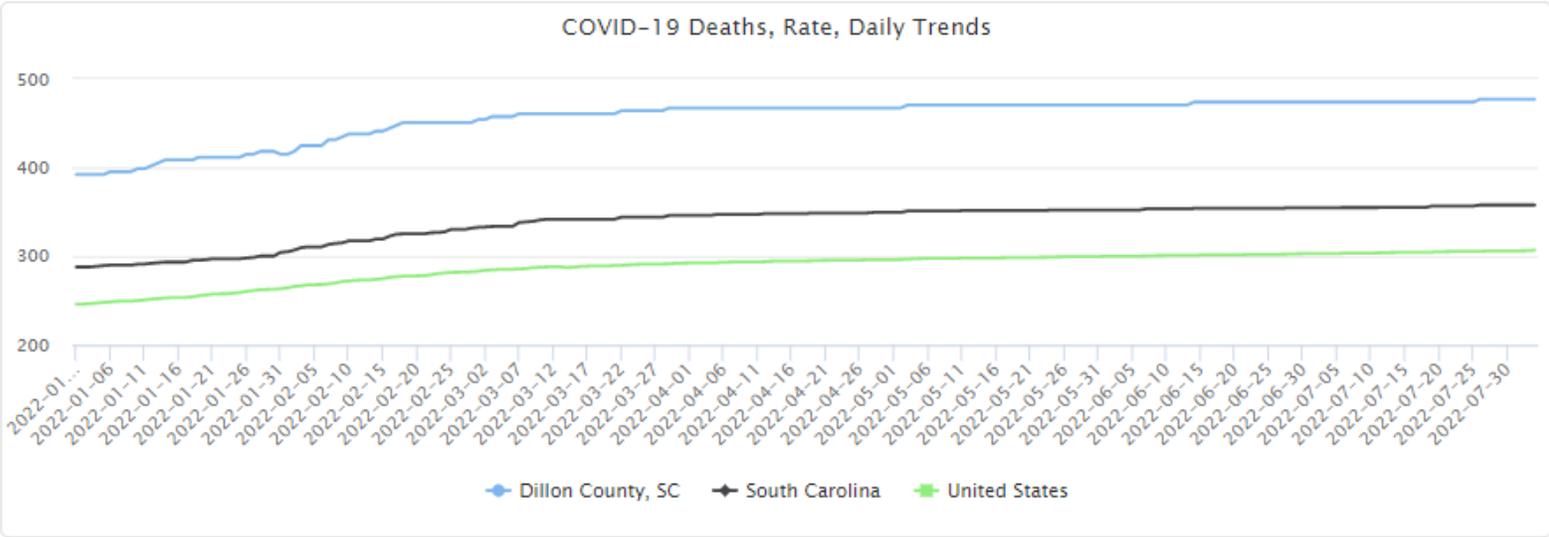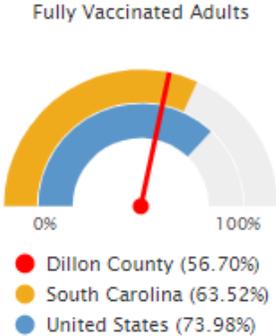

COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how

challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Dillon County, SC	**56.70%**	14.37%	0.80	07/27/2022
South Carolina	63.52%	13.93%	0.49	07/27/2022
United States	73.98%	10.29%	0.44	07/27/2022

Fully Vaccinated Adults

0%   100%

● Dillon County (56.70%)
● South Carolina (63.52%)
● United States (73.98%)

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

Dillon County Health Rankings 2019 vs. 2022

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

	Dillon 2019 Ranking	Progress	Dillon 2022 Ranking
Length of Life			
Premature Death	13,800		15,700
Quality of Life			
Poor or Fair Health	29%		30%
Poor Physical Health Days	5.1		5.7
Poor Mental Health Days	5.1		5.7
Low Birthweight	12%		12%
Health Behaviors			
Adult Smoking	22%		26%
Adult Obesity	39%	Getting Worse	44%
Food Environment Index	6.1		7.3
Physical Inactivity	34%		39%
Access to Exercise Opportunities	32%		25%
Excessive Drinking	14%		17%
Alcohol-Impaired Driving Deaths	29%	Improving	17%
Sexually Transmitted Infections	842	Getting Worse	1,053.2
Teen Births	54	Improving	42
Clinical Care			
Uninsured	14%		17%
Primary Care Physicians	1,820:1		2,180:1
Dentists	3,410:1		3,370:1
Mental Health Providers	960:1		720:1
Preventable Hospital Stays	5,743		4,663
Mammography Screening	37%	Improving	41%
Flu Vaccinations			43%
Social & Economic Factors			
High School Graduation	88%		79%

Some College	41%		48%
Unemployment	5.70%		6.1%
Children in Poverty	42%	Improving	32%
Income Inequality	5.8		5.6
Children in Single-Parent Households	51%		42%
Social Associations	9.1		9.5
Violent Crime	914	Little to No Change	914
Injury Deaths	84		126
Physical Environment			
Air Pollution – Particulate Matter	10.1	Improving	7.2
Drinking Water Violations	No		No
Severe Housing Problems	17%		17%
Driving Alone to Work	73%		77%
Long Commute – Driving Alone	31%		35%

Data Source:
https://www.countyhealthrankings.org/app/southcarolina/2022/compare/snapshot?counties=45_033

Priority Issues and Implementation Plan

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

and input from across business sectors and others in the community, McLeod Health can better serve its mission.

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

- Based on importance to community

- Capacity to address change

- Alignment to McLeod Health Mission, Vision and Values

- Collaboration with existing organizations

- Magnitude/Severity of problem

- Need among vulnerable populations

- Willingness to act on issue

- Ability to have meaningful impact

- Availability of hospital resources

Plan Priorities

McLeod Health 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 and Lung Disease)				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Reinforce importance of physical activity among youth and adults in the community	**Strategy 1:** Partnership with City of Dillon **Actions/Tactics** • Promote free inside/outside walking tracks at Wellness Center to potential Cardiac Rehab patients • Corporate membership for McLeod employees and their families at the City of Dillon Wellness Center • Partnership with City of Dillon for community events • Promote youth activity by sponsoring sports teams through Parks and Recreation	• Number of people reached through education • Number of memberships • Events	• City of Dillon • City of Dillon Wellness Center	Ongoing

Goal #2: Promote and raise awareness of healthy behaviors among youth and adults in the community	Strategy 1: Partnership with local and regional organizations **Actions/Tactics:** • Participate in events sponsored by city, county, local and regional organizations • Educational series to highlight health issues, including stroke, heart disease, diabetes, arthritis, women's health • Mobile Mammography Unit • Health Fairs • Sports teams	• Number of people reached through education • Number of events	• City of Dillon • Dillon County • United Way • RALI/Dillon County Health Initiative • Kiwanis Club • Dillon County Help for Veterans • Pee Dee Coalition • Dillon County Boys and Girls Youth Center • Dillon County Chamber of Commerce • Local Schools • Northeastern Rural Health Network • Trinity Behavioral Care • Auxiliary	Ongoing
Goal #3: Improve healthy eating behaviors among youth and adults in the community	Strategy 1: Continue support of Dillon's Francis Marion University Rural Area Leadership Institute (RALI) in undertaking BCBS grant funding in partnership with the SC Office of Rural Health **Actions/Tactics** • Increasing physical activity among youth • Increase availability of fresh foods and available markets		• Dillon County Rural Area Leadership Institute (RALI) • SC Office of Rural Health • Blue Cross Blue Shield	Ongoing

	Strategy 2: Weight Watchers class for employees and community members	• Number of participants	• Weight Watchers	Ongoing
Goal #4: Offer Cardiac Rehab exercise and education to improve healthy eating and physical activity behaviors among at-risk and post heart event patients	**Strategy 1:** Apply for grant funding to offer scholarships to those in need of Cardiac Rehab that have limited resources	• Grant Received by November (annually) • Number of at-risk, uninsured patients served	• McLeod Health Foundation • Private Donors • Physician Donors	Annually
Goal #5: Support better outcomes for stroke care	**Strategy 1:** Acute Stroke Ready Designation	• Maintain Designation	• American Heart Association	Ongoing
	Strategy 2: Continue partnerships that offer current telemedicine service - Telestroke	• Number of telehealth visits	• TeleSpecialist Providers	Ongoing
Goal #6: Promote health education through various mediums to promote healthy lifestyles through disease management, diet and	**Strategy 1:** 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	• Number of participants	• McLeod Employee Health • South Carolina Hospital Association Working Well Program	Ongoing

nutrition, physical activity, smoking cessation and disease prevention				

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**
Goal #1: Expand specialty care into rural areas for both adult and youth populations.	**Strategy 1:** Telehealth Services: Psychiatry Neurology Nephrology Pulmonology Vascular Stroke Lactation Nutrition	• Number of consultations • Number of specialty programs participating	• McLeod Regional Medical Center • McLeod Physician Associates • TeleSpecialists Providers • SC Department of Mental Health	Ongoing
Goal #2: Improve education, access to transportation, and financial barriers for underserved population	**Strategy 1:** Continue McLeod Nurse Family Partnership services to high-risk, first-time moms.	• Maintain at least 25 participants per nurse in the McLeod Nurse Family Partnership Program	• McLeod Nurse Family partnership • Access Health	Ongoing
	Strategy 2: Improve transportation through partnership with PDRTA	• Area served	• Dillon County Area Transportation (DCAT)	Ongoing

Goal #3: Improve access to hospital and providers	**Strategy 1:** Recruitment of providers	• Number of provider positions filled	• McLeod Health • Local physicians	Ongoing
Goal #4: Reduce barriers to healthcare	**Strategy 1:** Maintain partnership and provide access to Language and American Sign Language Lines	• Number of people who used the language lines	• Language Line Translator Group	Ongoing
Goal #5: Access to assistance for employees	**Strategy 1**: 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		• McLeod Health EAP	Ongoing

McLeod Health Dillon CHNA Need #3: Mental Health & Substance Abuse				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Increase access to substance use treatment, prevention and recovery services	**Strategy 1:** Participate in the Rural Opioid Community Response Consortium, sponsored by CareSouth. Counselor is available on a as needed basis.		• CareSouth • Trinity Behavioral Care • TriCounty Community Mental Health • Northeastern Rural Health Network • 5 counties: Dillon, Darlington, Lee, Marlboro and Chesterfield • SC Office of Rural Health	In beginning phases
Goal #2: Gain access to specialty providers to rural areas for both youth and adult populations	**Strategy 1:** Use of TelePsych in Emergency Department	• Number of consults	• SC Department of Mental Health Psychologists	Ongoing
Goal #3: Access to emergency mental health assistance through community partner agencies	**Strategy 1:** Counselor available daily in Emergency Department to assist with placement	• Number of patients served	• TriCounty Community Mental Health • SC Department of Mental Health	Ongoing

Goal #4: Access to assistance for employees	Strategy 1: 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		• McLeod Health EAP	Ongoing

McLeod Health Dillon CHNA Need #4: Sexual Health (Birth Outcomes, STDs, Teen Pregnancy, and Education)				
Goal	Strategies	What we are measuring	Community Partners	Timeframe
Goal #1: Improve birth outcomes through education to expecting moms	Strategy 1: OB Nurse Navigator	• Number of mothers counseled • Improvement rate of postpartum visits	• McLeod OB/GYN • Choose Well	Ongoing
	Strategy 2: Utilize the March of Dimes 39+ Weeks Quality Improvement Initiative and Baby Friendly educational pieces with expecting moms.	• Reduction in elective inductions, cesarean deliveries scheduled before 39 weeks of pregnancy • Improved birth outcomes	• McLeod OB/GYN Dillon • March of Dimes • Choose Well	Annually

	Strategy 3: Baby Friendly Designation	• Maintain Designation	• McLeod Dillon Women's Services • McLeod OB/GYN Dillon • Baby Friendly USA	Ongoing
	Strategy 4: Continue Safe Sleep educational program for newborns. Distribute educational materials to new mothers.	• Number of sleep sacks distributed for at home use	• McLeod Health Dillon Labor & Delivery	Ongoing
Goal #2: Reach underserved and uninsured women and improve sexual health outcomes	**Strategy 1:** Expand Free Medical Clinic to include Women's Services	• Number of women served • Number of patient visits	• McLeod OB/GYN Dillon • Dillon County Rural Area Leadership Institute (RALI) • Free Medical Clinic	Ongoing
	Strategy 2: Utilize the Choose Well grant to provide Long Acting Reversible Contraception (LARC) at delivery	• Number of women served by OB navigator • Number of LARC insertions • Improve rate of postpartum checkups	• McLeod Health Dillon • McLeod OB/GYN Dillon • New Morning Foundation	Annually

Health Needs Not Addressed

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

Sources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dillon County Health Rankings, Data Source:
https://www.countyhealthrankings.org/app/southcarolina/2022/rankings/dillon/county/outcomes/overall/snapshot

USPSTF Grade A and B Preventative Service Recommendations Associated with Identified Key Priority Areas, Data Source: *USPSTF A and B Recommendations by Date.* U.S. Preventive Services Task Force. June 2022.
https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

Dillon County Health Profile, Data Source:
https://gis.dhec.sc.gov/chp/county_pdf_2018/Dillon_2016-2018.pdf

Appendix A

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

- McLeod Health Dillon Auxiliary

- McLeod Health Dillon Hospitalists

- McLeod Physician Associates

- South Carolina Department of Health & Environmental Control

Appendix B

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

Dillon County Health Profile[6]

INDICATOR	MEASURE	COUNT	VALUE	RANK[1]	STATE
Births[2]	Births with expected payor Medicaid {percent of all live births; 2016-2018}	952	77.8	NA	49.4
	Breastfeeding initiation (percent of all live births; 2016-2018}	653	53.4	43	77.5
	Low birthweight births (<2,500 grams; percent of all live births; 2016-2018}	158	12.9	41	9.7
	Mothers receiving adequate prenatal care {percent of all live births; 2016-2018}	954	78.0	12	76.2
	Mothers who smoked during pregnancy {percent of all live births; 2016-2018}	185	15.1	39	8.6
	Preterm births (<37 weeks gestation; percent of all live births; 2016-2018}	153	12.5	27	11.2
	Teen live births (rate per 1,000 female population aged 15-19; 2016-2018}	137	45.3	45	22.5
Infant Mortality[2]	Infant mortality {rate per 1,000 live births; 2016-2018}	14	11.4	40	6.9
Chronic Diseases, Risk Factors, and Health Behaviors[3]	Coronary heart disease {percent; 2016-2018}	NA	10.3	46	4.8
	Stroke (percent; 2016-2018}	NA	6.4	40	3.9
	Heart attack (percent; 2016-2018}	NA	9.9	43	5.1
	Hypertension {percent; 2016-2018}	NA	46.0	31	38.9
	Diabetes (percent; 2016-2018}	NA	19.5	41	13.3
	Current asthma (percent; 2016-2018}	NA	8.0	10	9.0
	Current smoking {percent; 2016-2018}	NA	23.2	36	18.9
	Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2016-2018}	NA	38.1	29	34.1
	Reported leisure time physical activity in the past 30 days (percent; 2016-2018}	NA	56.1	45	72.7
	Received a flu vaccine in the last year, aged 65+ (percent; 2016-2018}	NA	53.0	41	60.9
	Received a pneumococcal vaccine ever, aged 65+ (percent; 2016-2018}	NA	67.4	34	73.8
Mortality[2]	Accidental drug overdose {age-adjusted rate per 100,000 population; 2016-2018}	14	17.1	29	18.8
	Alzheimer's disease {age-adjusted rate per 100,000 population; 2016-2018}	40	38.1	17	44.8
	Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2016-2018}	202	173.6	26	162.3
	Cerebrovascular disease {age-adjusted rate per 100,000 population; 2016-2018}	65	59.2	36	45.3
	Chronic lower respiratory disease {age-adjusted rate per 100,000 population; 2016-2018}	79	68.7	43	47.0
	Diabetes (age-adjusted rate per 100,000 population; 2016-2018}	46	40.4	35	23.9
	Diseases of the heart {age-adjusted rate per 100,000 population; 2016-2018}	263	240.7	38	170.7
	Motor vehicle accident {age-adjusted rate per 100,000 population; 2016-2018}	23	25.1	22	20.6
	Suicide {age-adjusted rate per 100,000 population; 2016-2018}	11	11.3	9	15.8
	All causes (age-adjusted rate per 1,000 population; 2016-2018}	1134	10.4	40	8.3
Population Demographics[4]	Families below the poverty level (percent; 2014-2018}	NA	28.5	NA	11.7
	Population Non-Hispanic white (percent; 2018}	NA	45.9	NA	64.5
	Population Non-Hispanic black (percent; 2018}	NA	48.0	NA	27.3
	Population Non-Hispanic other (percent; 2018}	NA	3.3	NA	2.3
	Population Hispanic/Latino (percent; 2018}	NA	2.9	NA	5.8
Health Care Access	Delayed seeing a doctor in the last year due to cost (percent; 2016-2018)[3]	NA	18.4	39	15.6
	Has at least one person considered a personal doctor or health care provider (percent; 2016-2018)[3]	NA	80.2	26	77.3
	Population insured by Medicaid (percent; 2014-2018)[4]	NA	45.7	NA	65.9
	Population insured by private health insurance (percent; 2014-2018)[4]	NA	9.9	NA	5.2
	Population without health insurance (percent; 2014-2018)[4]	NA	14.5	NA	11.0
Home and Environmental Hazards	Elevated (≥5 mcg/dL) blood lead tests in children <6 years of age (percent of all tests; 2018)[5]	NA	0.9	4	1.8
	Homes built prior to 1980 (percent; 2014-2018)[4]	NA	51.5	NA	38.0

1 - Ranking based on VALUE column, Regardless of the INDICATOR a ranking of 1 is always better, NA - Not Applicable.

2 - Source: Division of Biostatistics, DHEC

3 - Source: Behavioral Risk Factor Surveillance System, DHEC

4 - Source: 2014-2018 American Community Survey 5-Year Estimates, US Census Bureau, US Department of Commerce

5 - Source: Lead Surveillance, DHEC

6 - Estimates for counties with low populations contain more error.

* - Data suppressed due to insufficient sample size

Created: 01-2020

Appendix C

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 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

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)	919-647-8170
Health Check (Medicaid, Birth to 21 Years)	910-737-5002
	910-737-5006
	910-671-3473
Health Choice (Health Insurance for Children)	910-671-3540
Healthy Steps (Birth to 3 Years)	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

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

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

CareSOUTH Carolina Primary Care Locations

Bishopville Center
545 Sumter Hwy
PO Box 508
Bishopville, SC 29010
803.484.5317

Cheraw Center
212 Third Street
PO Box 1357
Cheraw, SC
843.537.0961

Rosa Lee Gerald Center
737 South Main Street
PO Box 239
Society Hill, SC 29593
843.378.4501

Lake View Center
103 Kemper Street
PO Box 1076
Lake View, SC 29565
843.759.2189

Latta Center
122 Latimere, SC 29563
843.627.6252

Bennettsville Center
999 Cheraw Street
PO Box 1197
Bennettsville, SC 29512
843.479.2341

Chesterfield Center
500 W. Boulevard
PO Box 346
Chesterfield, SC 29709
843.623.5080

Hartsville Center
1268 South Fourth Street
PO Box 909
Hartsville, SC 29550
843.332.3422

Vantage Point
1268 South Fourth Street
PO Box 999
Hartsville, SC 29551
843.383.8632

Hunt Family Practice
106 Hospital Square
PO Box 508
Bishopville, SC 29010
803.484.5943

McColl Center
225 South Main Street
PO Box 86
McColl, SC 29570
843.523.5751

Bennettsville Pediatrics
210 W. Main Street
PO Box 1197
Bennettsville, SC 29512
843.479.1200

Dillon Center
207 E. Monroe Street
Dillon, SC 29536,
843.774.4337

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

Paul D. Freel, 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
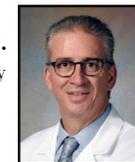
•Obstetrics and Gynecology

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

Chelsea Hughes, M.D.
Board Certified in Obstetrics and Gynecology

Stephen Jones, M.D.
Board Certified in Obstetrics and Gynecology

•Pediatric Medicine

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

Jospeh Wangeh, MD
Board Certified in Pediatrics

Yvonne D. Ramirez, MD
Board Certified in Pediatrics

•General Surgery

McLeod General Surgery Dillon
705 North 8th Avenue, Suite 2B • Dillon, SC 29536
(843) 841-3846

Jessica Adams, D.O.
Board Certified in General Surgery

Joseph Dougherty, M.D.
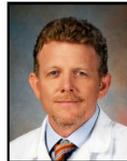Board Certified in General Surgery

•Orthopedics

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

Ardalan Sayan, M.D.
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•McLeod Health Dillon Hospitalists

William M. Goldstein, MD
Board Certified in Internal Medicine

Benjamin T. Mitchell, MD
Board Certified in Family Medicine

Alto B. Odin, DO
Board Certified in Internal Medicine

J. Nicholas Wallace, MD
Board Certified in Internal Medicine

The 2022 McLeod Health Dillon Community Health Needs Assessment is located on the

website of McLeod Health at www.McLeodHealth.org.

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