McLeod Health Clarendon

2022 Community Health Needs Assessment

Approved by McLeod Health Clarendon Board of Directors on 09/21/2022

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

- Heart Disease/Stroke
- Access to Primary Care
- Obesity
- Mental Health

Source: McLeod Health 2022 Survey

Top Health Concerns Reported Among Health Professionals

- Access to Primary Care
- Access to Specialty Care
- Obesity
- Mental Health

Source: McLeod Health 2022 Survey

Primary Diagnosis Admitted to Emergency Department

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

- COVID-19
- Pain in Throat and Chest
- Abdominal and Pelvic Pain
- Severe Back Pain

Source: McLeod Health Clinical Outcomes

Primary Inpatient Diagnosis

Most frequent health needs presenting to McLeod Health Clarendon

October 2020 – September 2021:

- Single Liveborn Infant
- COVID-19
- Sepsis
- Complication with Pregnancy

Source: McLeod Health Clinical Outcomes

Opportunities & Plan Priorities

McLeod Health Clarendon 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 Health Clarendon:

- Access to Care
- Diabetes
- Heart Disease and Stroke
- Lung Disease

About McLeod Health Clarendon

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

McLeod Health Clarendon has 81 acute-care beds along with a 24-hour Emergency Department, Intensive Care Unit, Labor and Delivery, Medical Surgical Unit, Surgery, Infusion, Sleep Lab, Radiology, Laboratory, Wound Care and a Swing Bed Unit. Cardiac, Speech, Physical and Occupational rehabilitation services are located in our McLeod Health and

Fitness Center Clarendon. Cardiology, General Surgery, Orthopedics and Urology specialty services are also available.

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

OVERVIEW

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

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

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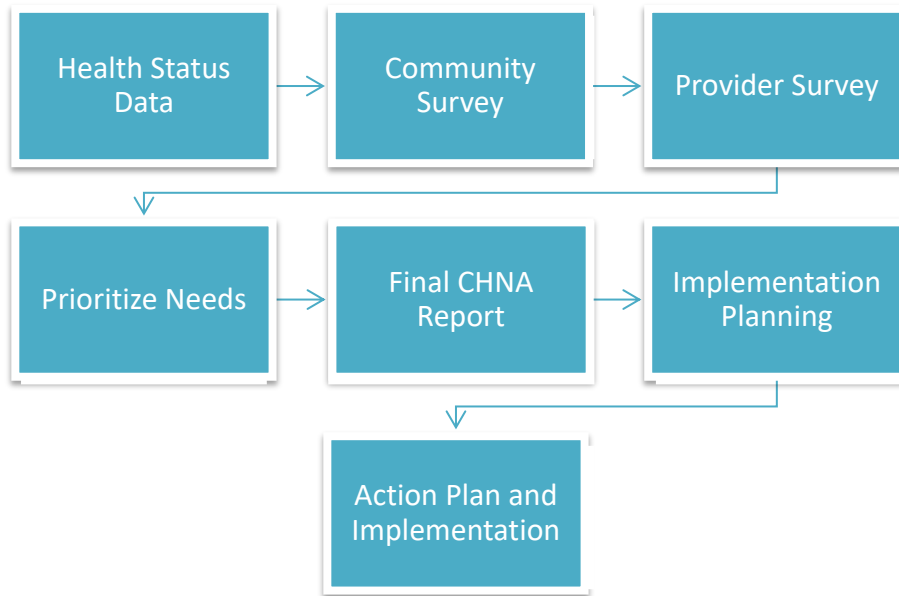
METHODS

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

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

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

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

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

HEALTH DETERMINANTS AND DISPARITIES

What are the determinants of health?

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

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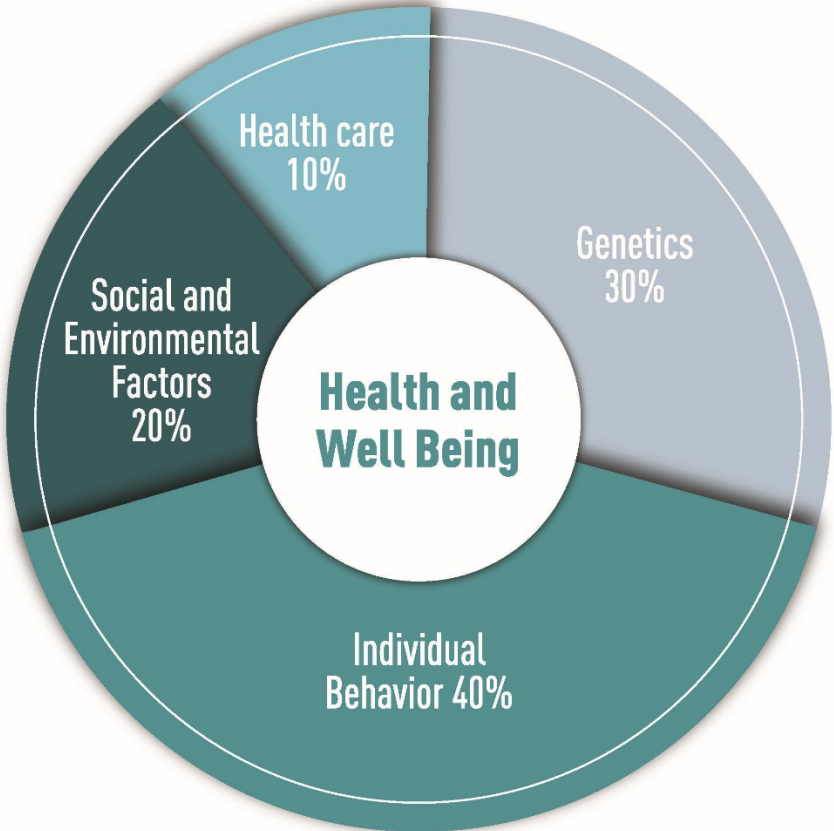
Individual Behavioral Determinants (40%)

Examples:

- Diet

- Physical activity

- Alcohol, cigarette, and other drug use

- Hand washing

Genetic Determinants (30%)

Examples:

- Age

- Sex

- HIV status

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

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

- Family history of heart disease, cancer, etc.

Social and Environmental Determinants (20%)

Examples of Social Determinants:

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods

- Social norms and attitudes, such as discrimination

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

- Social support and social interactions

- Socioeconomic conditions, such as concentrated poverty

- Quality schools

- Transportation options

- Public safety

Examples of Environmental Determinants:

- Quality of food, water, and air

- Worksites, schools, and recreational settings

- Housing, homes, and neighborhoods

- Exposure to toxic substances and other physical hazards

- Physical barriers, especially for people with disabilities

Health Care Determinants (10%)

Examples:

- Quality, affordability, and availability of services

- Lack of insurance coverage

- Limited language access

What are health disparities?

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

Health disparities have persisted across the nation and have been documented for many decades and, despite overall improvements in population health over time, many

disparities have persisted and, in some cases, widened. Moreover, economic downturns contributed to a further widening of disparities.

The Community Health Needs Assessment attempts to identify and quantify the health disparities within a defined county population that are at disproportionately higher in incidence of disease, disability, or at risk of experiencing worse health outcomes. Within these identified disparities and availability of health resources, gaps can be identified and prioritized based on need so that health resources can be targeted. Planning initiatives to address community health needs take in consideration the existing initiatives, the available resources that we are aware of, and where future improvements can be anticipated to make meaningful impact on improving community health.

What are key initiatives to reduce disparities?

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

Federal, state, and local agencies and programs work 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
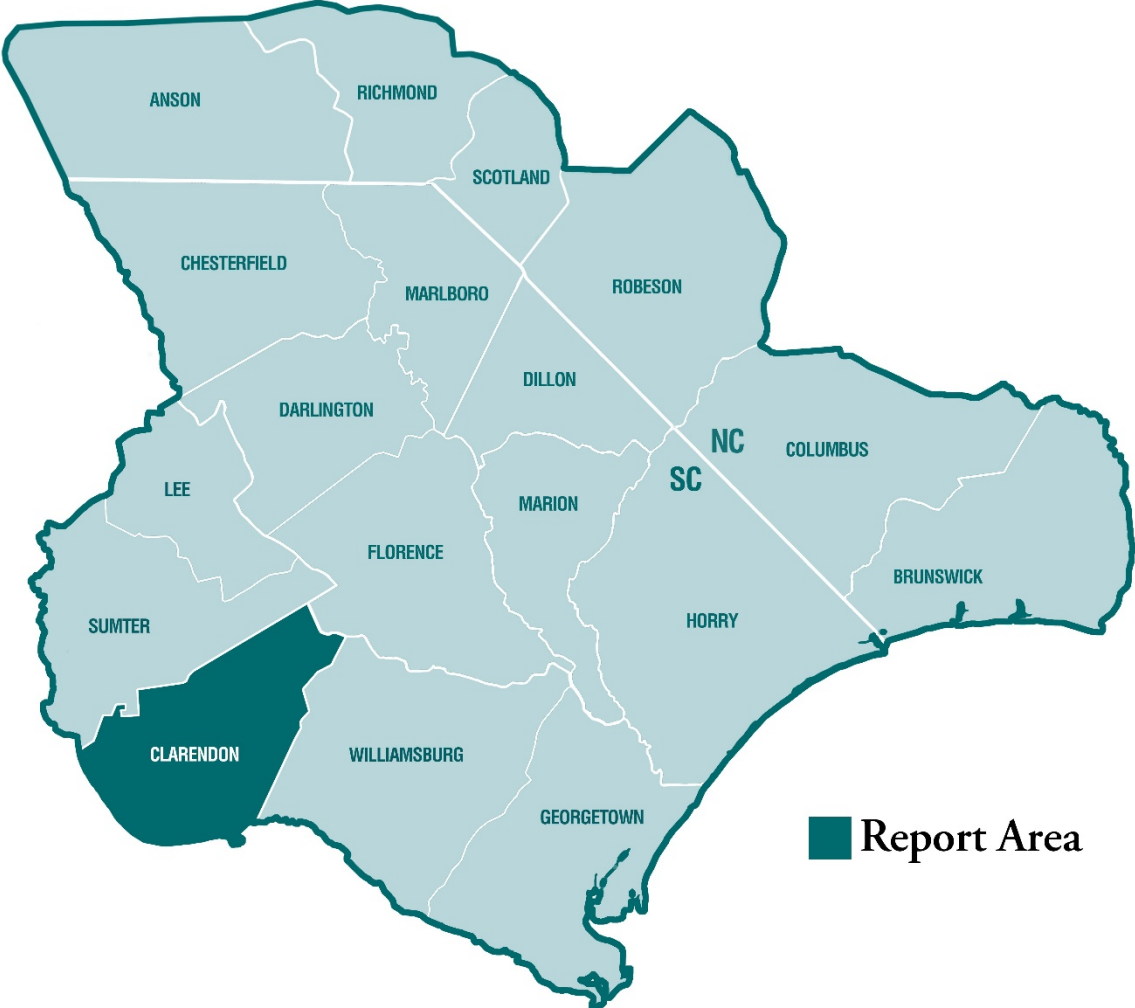
The community was defined based on the geographic origins of McLeod Clarendon inpatient and outpatient hospital data. The study area for this assessment is defined as Clarendon County which represents the majority of patients served, to include the zip codes shown in Table 1.

Table 1. McLeod Clarendon Primary Service Area ZIP Codes

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

Demographics

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

The following information represents indicators of health status. The gauge displays, where available, compare local data to state and national data. A green needle on the gauge indicates the county is performing above the state and national data. A red needle indicates the county is performing below the state and national data.

Total Population

A total of 33,865 people live in the 607.21 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 56 persons per square mile, is less than the national average population density of 92 persons per square mile.
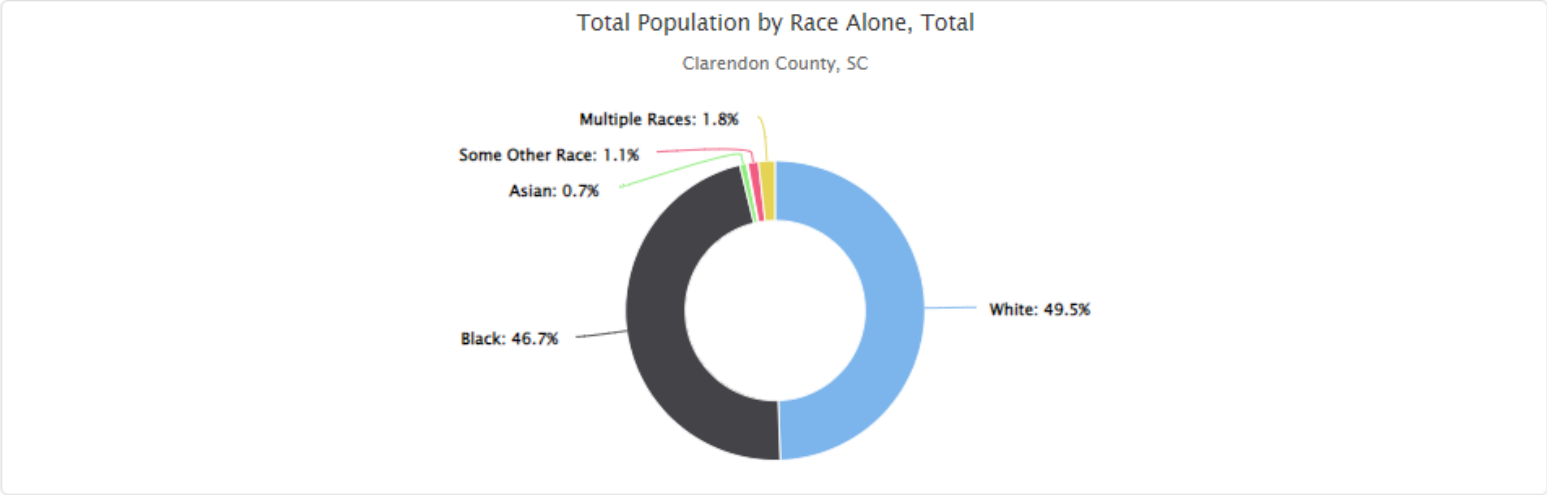
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Clarendon County, SC	33,865	607.21	56
South Carolina	5,091,517	30,064.28	169
United States	326,569,308	3,533,038.14	92

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

Total Population by Race Alone, Total

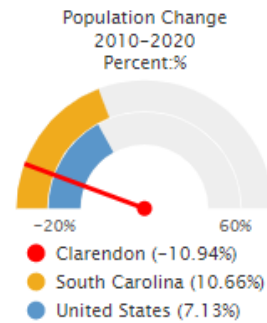This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Clarendon County, SC	16,753	15,827	249	36	9	388	603
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
Clarendon County, SC

Multiple Races: 1.8%
Some Other Race: 1.1%
Asian: 0.7%
White: 49.5%
Black: 46.7%

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 -3,827 persons, a change of -10.94%. 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
Clarendon County, SC	34,971	31,144	-3,827	-10.94%
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%

Population Change 2010–2020 Percent:%

-20% 60%
- Clarendon (−10.94%)
- South Carolina (10.66%)
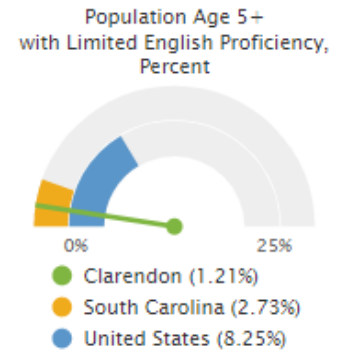- United States (7.13%)

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract ➡ Show more details

Population 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 32,334 total population age 5 and older in the report area, 455 or 1.41% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Clarendon County, SC	32,310	392	**1.21%**
South Carolina	4,799,866	131,097	2.73%
United States	306,919,116	25,312,024	8.25%

Population Age 5+ with Limited English Proficiency, Percent

- Clarendon (1.21%)
- South Carolina (2.73%)
- United States (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

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 12,775 households in the report area, with an average income of $59,476 and median income of $43,881.

Report Area	Total Households	Average Household Income	Median Household Income
Clarendon County, SC	12,775	$59,476	**$43,881**
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

- Clarendon ($43,881)
- South Carolina ($54,864)
- United States ($64,994)
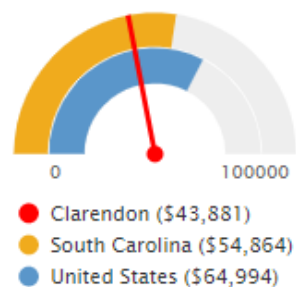
Poverty - Population Below 100% FPL

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

Within the report area 21.63% or 7,027 individuals 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.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Clarendon County, SC	32,450	7,027	**21.65%**
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

- Clarendon (21.65%)
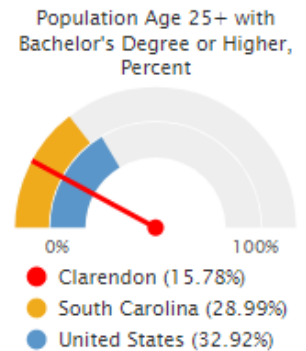- South Carolina (14.68%)
- United States (12.84%)
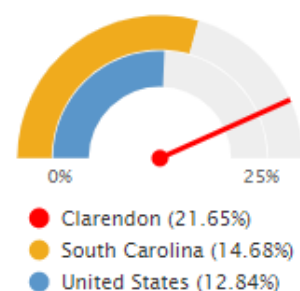
Education

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

15.78% of the population aged 25 and older, or 3,850 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Clarendon County, SC	24,395	3,850	**15.78%**
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

- Clarendon (15.78%)
- South Carolina (28.99%)
- United States (32.92%)

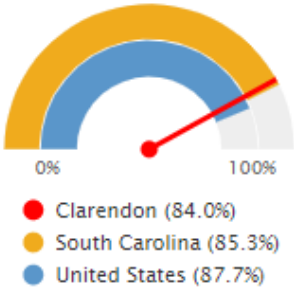Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract → Show more details

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 84.0% 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
Clarendon County, SC	399	335	**84.0%**
South Carolina	51,752	44,154	85.3%
United States	3,095,240	2,715,610	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

Adjusted Cohort Graduation Rate

● Clarendon (84.0%)
● South Carolina (85.3%)
● United States (87.7%)

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
Clarendon County, SC	75.9%	78.0%	83.4%	80.5%	83.3%	81.0%	84.0%
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
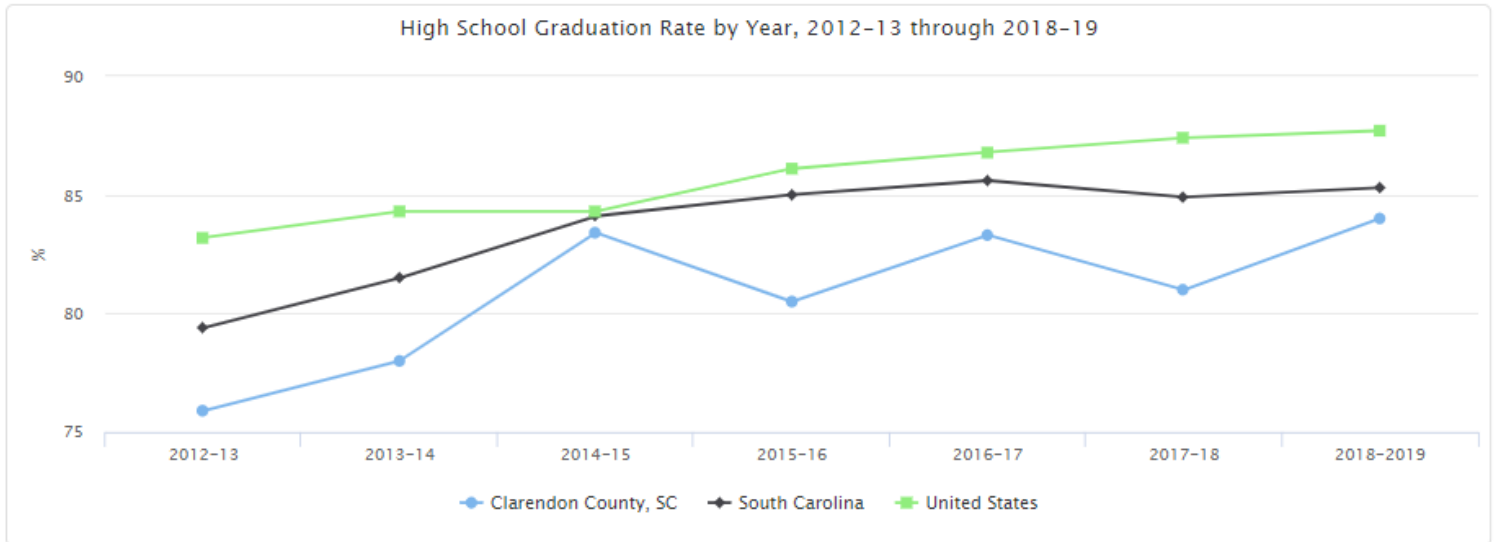
Other Social & Economic Factors

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 10.25% 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
Clarendon County, SC	32,392	3,321	**10.25%**
South Carolina	4,990,992	518,723	10.39%
United States	321,525,041	28,058,903	8.73%

Uninsured Population, Percent
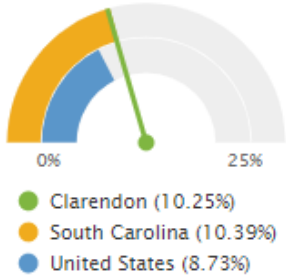
- Clarendon (10.25%)
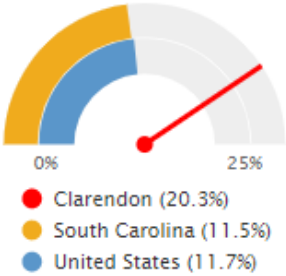- South Carolina (10.39%)
- United States (8.73%)

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
Clarendon County, SC	33,745.00	6,854	**20.3%**
South Carolina	5,148,714.00	589,451	11.5%
United States	328,239,523.00	38,537,386	11.7%

Percentage of Total Population Receiving SNAP Benefits

- Clarendon (20.3%)
- South Carolina (11.5%)
- United States (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
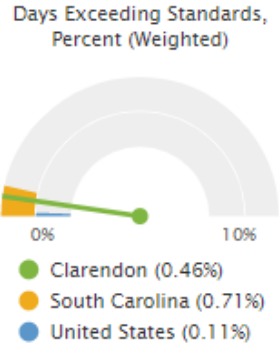
Physical Environment

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 (2020)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Clarendon County, SC	31,144	8.21	1	0.27	**0.46%**
South Carolina	5,118,425	8.83	2	0.55	0.71%
United States	329,148,493	8.26	0	0.00	0.11%

Days Exceeding Standards, Percent (Weighted)

- Clarendon (0.46%)
- 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 3,606 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
Clarendon County, SC	34,971	1	10	3,606	18,174
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 5 grocery establishments in the report area, a rate of 16.05 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Clarendon County, SC	31,144	5	**16.05**
South Carolina	5,118,425	853	16.67
United States	331,449,275	62,268	18.79
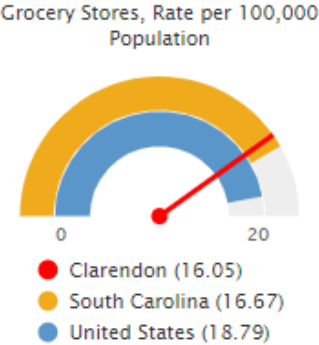
Grocery Stores, Rate per 100,000 Population

● Clarendon (16.05)
● South Carolina (16.67)
● United States (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 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
Clarendon County, SC	16.05	12.84	19.27	22.48	19.27	16.05	12.84	12.84	9.63	9.63	16.05
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
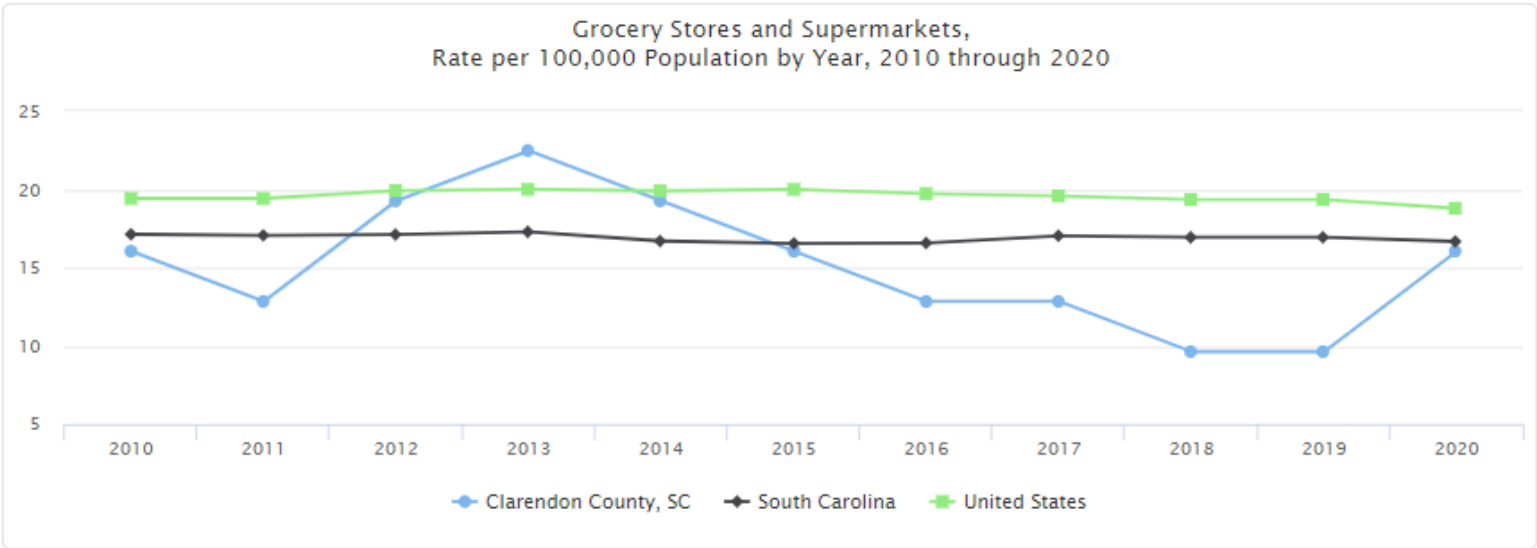
Food Environment - SNAP-Authorized Food Stores

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 42 SNAP-authorized retailers with a rate of 12.57.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Clarendon County, SC	33,415	42	**12.57**
South Carolina	5,217,820	5,070	9.72
United States	332,898,996	248,526	7.47

SNAP-Authorized Retailers, Rate (Per 10,000 Population)
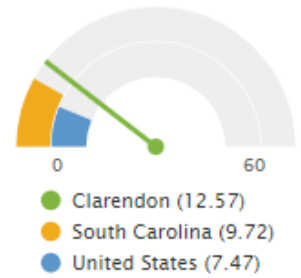
- Clarendon (12.57)
- South Carolina (9.72)
- United States (7.47)

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

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 8,624 Medicare beneficiaries in the report area, and 34% 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
Clarendon County, SC	8,624	**34%**
South Carolina	1,036,396	38%
United States	57,235,207	33%

Percentage of Female Medicare Beneficiaries Age 35+ with Recent Mammogram
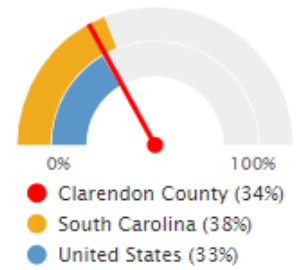
● Clarendon County (34%)
● South Carolina (38%)
● United States (33%)

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*

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
Clarendon County, SC	33%	34%	33%	33%	33%	35%	33%	34%
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

Clarendon County, SC — South Carolina — United States
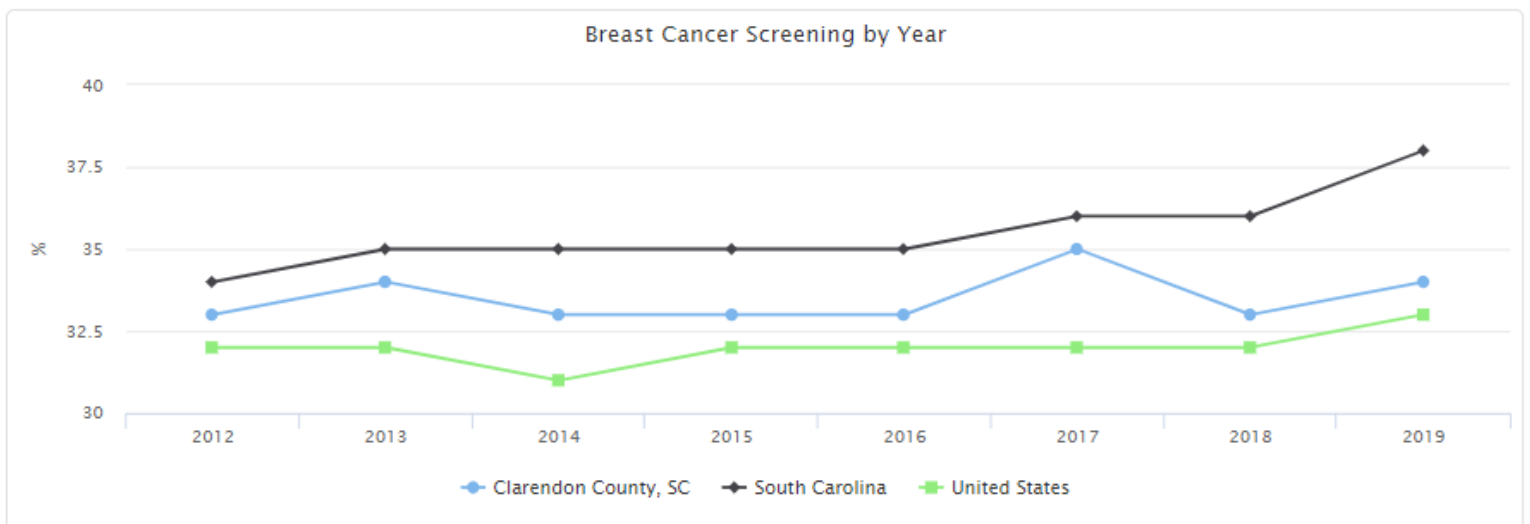
Diabetes Management - Hemoglobin A1c Test

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, 615 or 87.36% Medicare enrollees with diabetes have had an annual exam out of 704 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
Clarendon County, SC	704	615	**87.36%**
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

- Clarendon (87.36%)
- 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
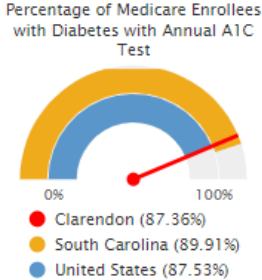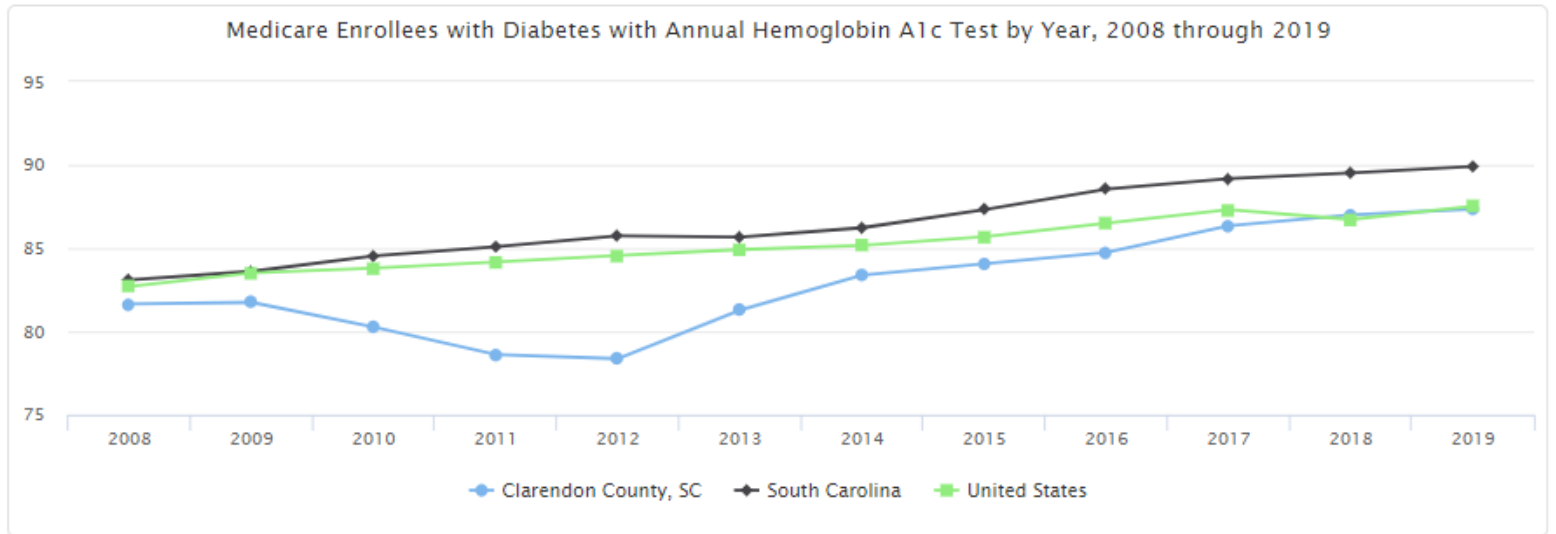
Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019

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
Clarendon County, SC	81.65	81.75	80.26	78.61	78.37	81.30	83.38	84.07	84.75	86.34	87.01	87.36
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
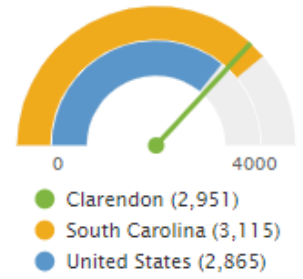
Hospitalizations - Preventable Conditions

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 8,624 Medicare beneficiaries in the report area. The preventable hospitalization rate was 2,951. The rate in the report area was lower than the state rate of 3,115 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Clarendon County, SC	8,624	**2,951**
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

- Clarendon (2,951)
- 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
Clarendon County, SC	5,637	5,717	4,779	4,746	5,222	5,457	4,843	4,156	2,951
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
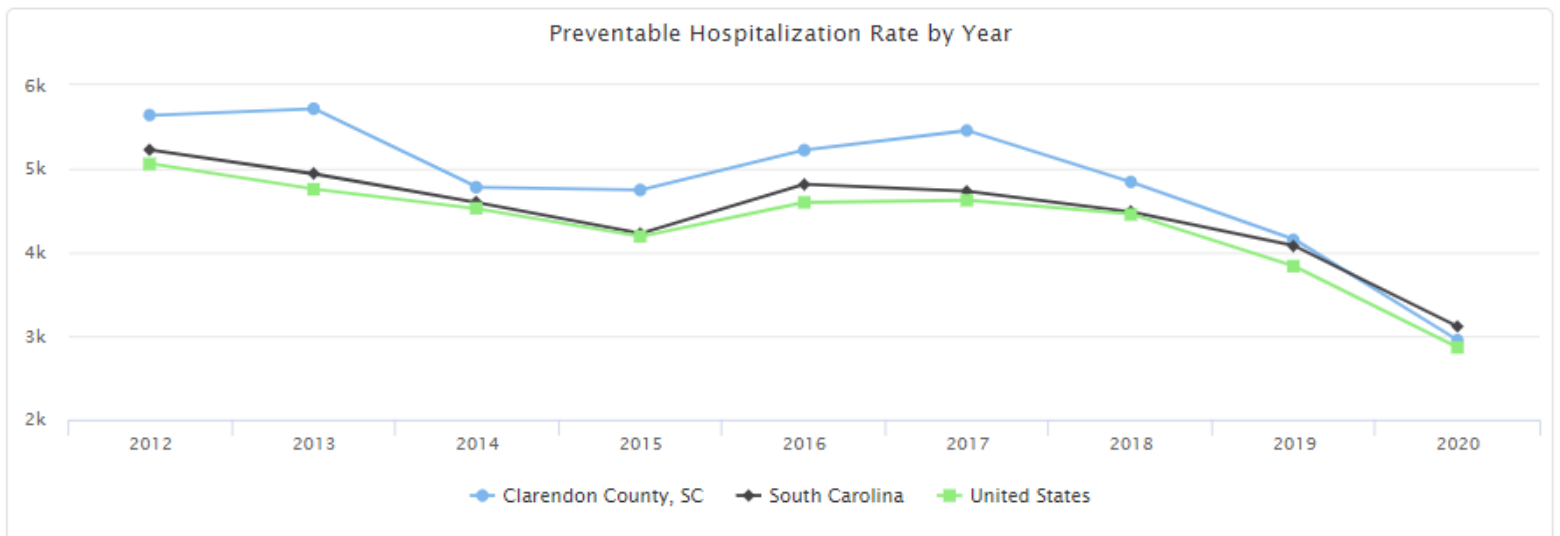
Health Behaviors

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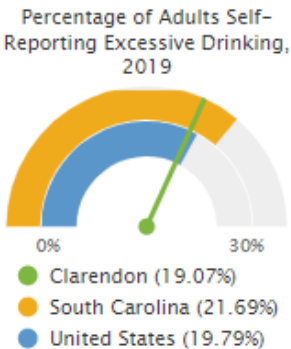
Alcohol – Heavy Alcohol Consumption

In the report area, 5,277, or 19.07% 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
Clarendon County, SC	27,671	5,277	**19.07%**
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

- Clarendon (19.07%)
- South Carolina (21.69%)
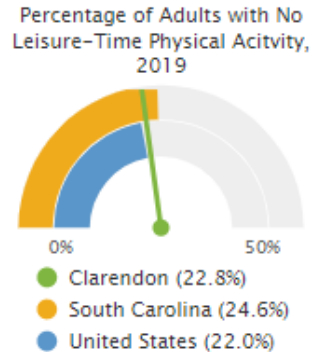- United States (19.79%)

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, 6,390 or 22.8% of adults age 20 and older who 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
Clarendon County, SC	26,515	6,390	**22.8%**
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

- Clarendon (22.8%)
- 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
Clarendon County, SC	27.3%	14.6%	26.3%	24.5%	29.8%	29.4%	30.0%	25.2%	19.4%	25.8%	25.7%	24.5%	29.4%	27.7%	26.5%	22.8%
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
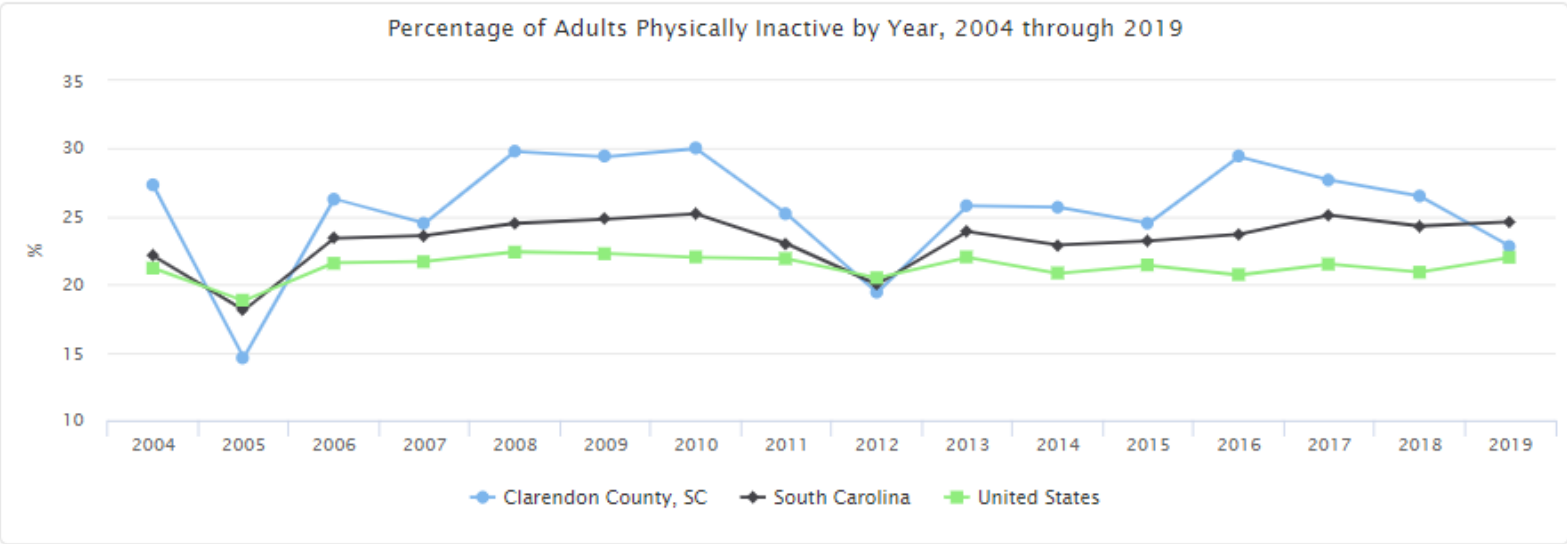
Adults with No Leisure-Time Physical Activity by Gender, 2019

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
Clarendon County, SC	2,800	21.1%	3,590	24.5%
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
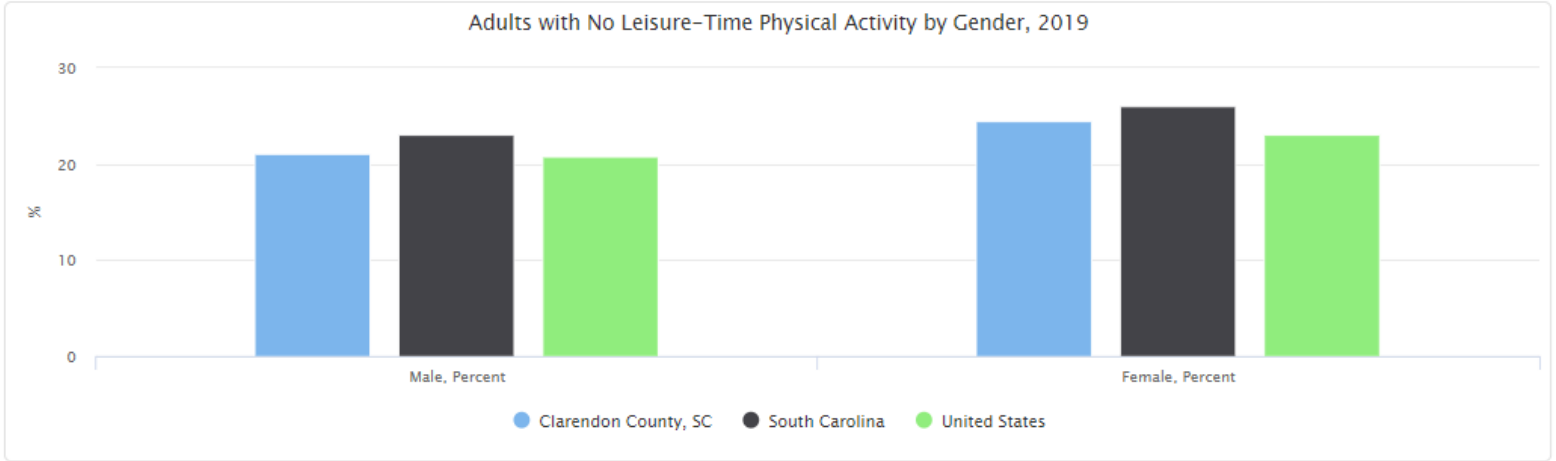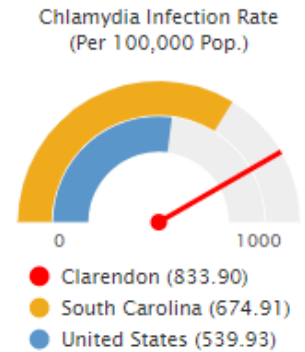
STI - Chlamydia Incidence

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.
Clarendon County, SC	34,057	284	**833.90**
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.)

● Clarendon (833.90)
● 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
Clarendon County, SC	659.4	788.9	819.6	751.2	760.9	709.2	803.4	682.5	596.7	721.9	698.7	793.5	631.3	833.9
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
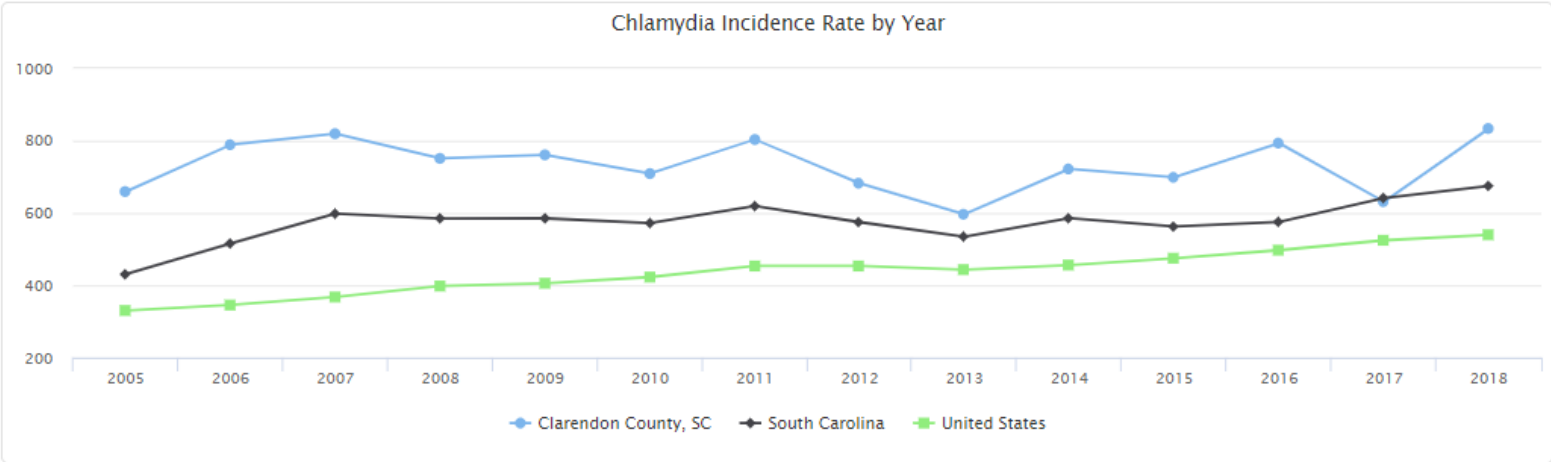
STI - Gonorrhea Incidence

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.
Clarendon County, SC	34,057	98	**287.8**
South Carolina	5,024,369	13,801	274.70
United States	325,719,178	583,405	179.1
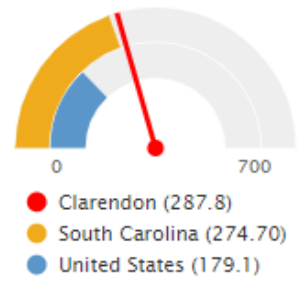
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
2018. Source geography: County ➝ Show more details

Gonorrhea Infection Rate
(Per 100,000 Pop.)

- ● Clarendon (287.8)
- ● 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
Clarendon County, SC	242.8	228.0	262.0	232.3	103.1	134.4	161.3	129.6	165.9	221.2	156.9	177.6	232.0	287.8
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
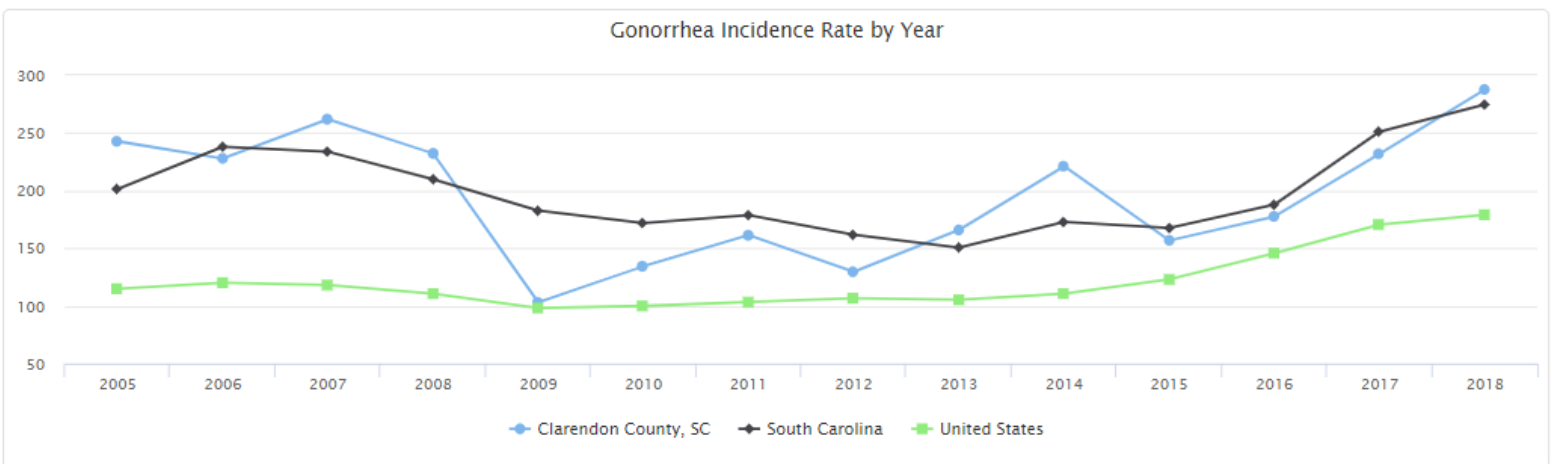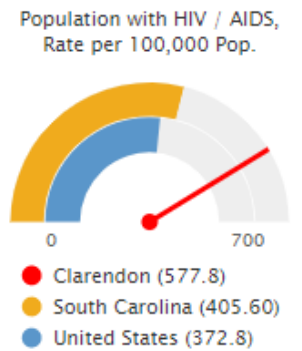
STI - HIV Prevalence

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.
Clarendon County, SC	29,246	169	**577.8**
South Carolina	4,291,438	17,405	405.60
United States	274,605,948	1,023,832	372.8

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

- Clarendon (577.8)
- South Carolina (405.60)
- United States (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*

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
Clarendon County, SC	449.5	442.4	No data	472.6	495.3	No data	534.5	502.1	529.9	577.8
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
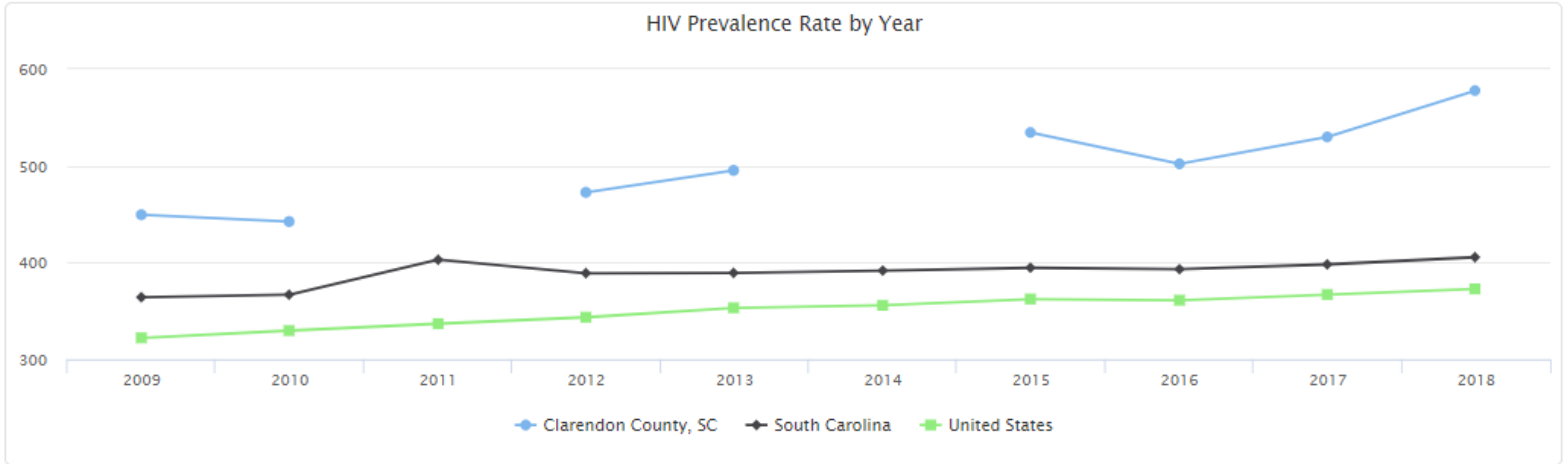
Tobacco Usage - Current Smokers

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 20.90% 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)
Clarendon County, SC	33,745	**20.90%**	22.80%
South Carolina	5,148,714	18.21%	18.87%
United States	328,239,523	15.30%	15.70%

Percentage of Adults who are Current Smokers
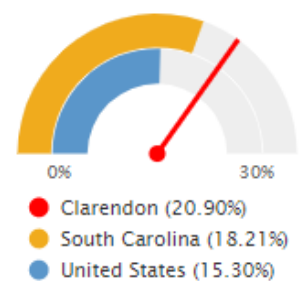
● Clarendon (20.90%)
● South Carolina (18.21%)
● United States (15.30%)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019. Source geography: Tract ➞ Show more details

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 217 new cases of cancer reported. This means there is a rate of 423.0 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Clarendon County, SC	51,300	217	**423.0**
South Carolina	6,193,505	27,846	449.6
United States	379,681,007	1,703,249	448.6

Cancer Incidence Rate (Per 100,000 Pop.)
- Clarendon (423.0)
- South Carolina (449.6)
- United States (448.6)
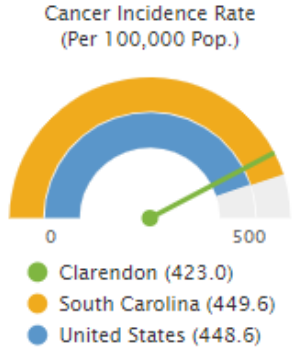
Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2014-18. Source geography: County → Show more details

Top Five Most Commonly Diagnosed Cancers

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

| Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Clarendon County, South Carolina	1 - Breast (All Stages^), 2014-2018	34	126.5
Clarendon County, South Carolina	2 - Prostate (All Stages^), 2014-2018	32	116.2
Clarendon County, South Carolina	3 - Lung & Bronchus (All Stages^), 2014-2018	31	56
Clarendon County, South Carolina	4 - Colon & Rectum (All Stages^), 2014-2018	19	39.2
Clarendon County, South Carolina	5 - Kidney & Renal Pelvis (All Stages^), 2014-2018	10	21
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 251 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
Clarendon County, SC	5,621	251	**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
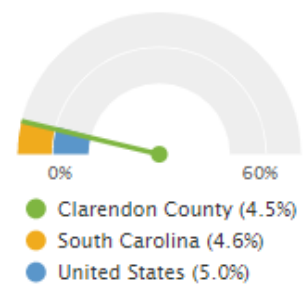
- ● Clarendon County (4.5%)
- ● South Carolina (4.6%)
- ● United States (5.0%)

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, CMS - Chronic Conditions Warehouse. 2018. Source geography: County
→ Show more details
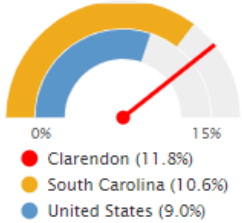
Chronic Conditions - Diabetes (Adult)

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, 3,998 of adults age 20 and older have diabetes. This represents 11.8% 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.

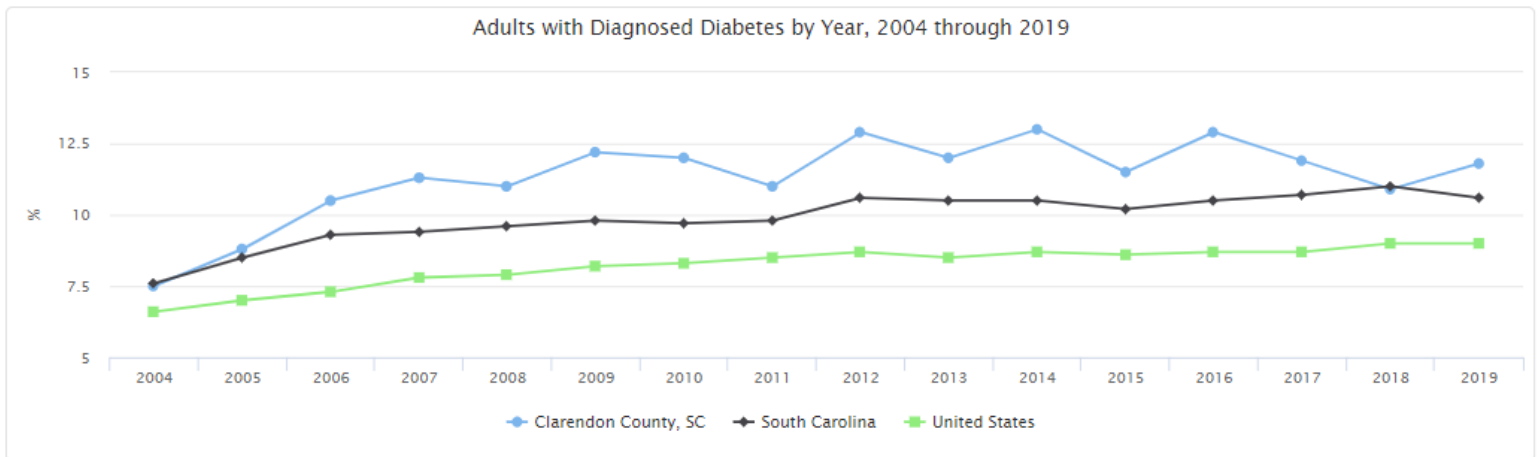| Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Clarendon County, SC	26,477	3,998	**11.8%**
South Carolina	3,902,982	482,787	10.6%
United States	239,919,249	24,189,620	9.0%

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

Percentage of Adults with Diagnosed Diabetes (Age–Adjusted), 2019

● Clarendon (11.8%)
● South Carolina (10.6%)
● United States (9.0%)

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
Clarendon County, SC	7.5%	8.8%	10.5%	11.3%	11.0%	12.2%	12.0%	11.0%	12.9%	12.0%	13.0%	11.5%	12.9%	11.9%	10.9%	11.8%
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
Clarendon County, SC	1,889	11.9%	2,109	11.7%
South Carolina	235,610	11.1%	247,172	10.3%
United States	12,120,715	9.5%	12,068,861	8.5%
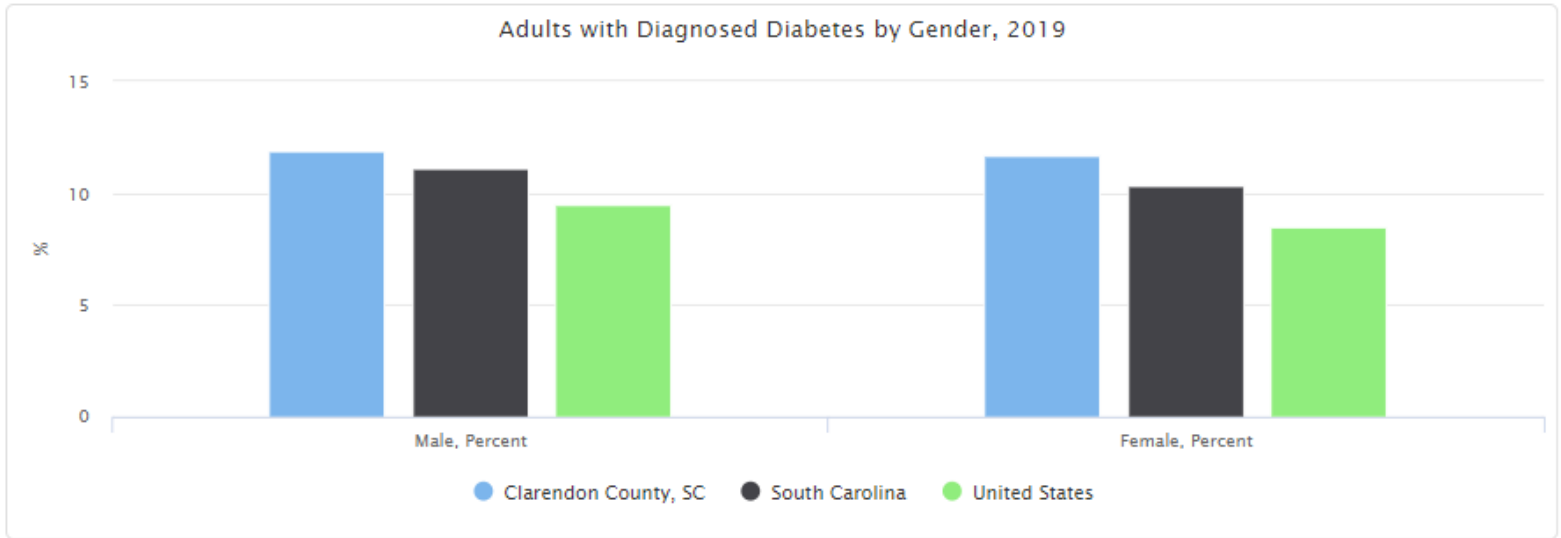
Adults with Diagnosed Diabetes by Gender, 2019

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 1,702 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 30.3% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Clarendon County, SC	5,621	1,702	**30.3%**
South Carolina	697,121	190,823	27.4%
United States	33,499,472	9,029,582	27.0%
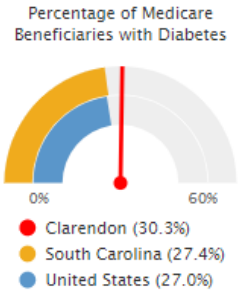
Percentage of Medicare Beneficiaries with Diabetes

0% — 60%

● Clarendon (30.3%)
● South Carolina (27.4%)
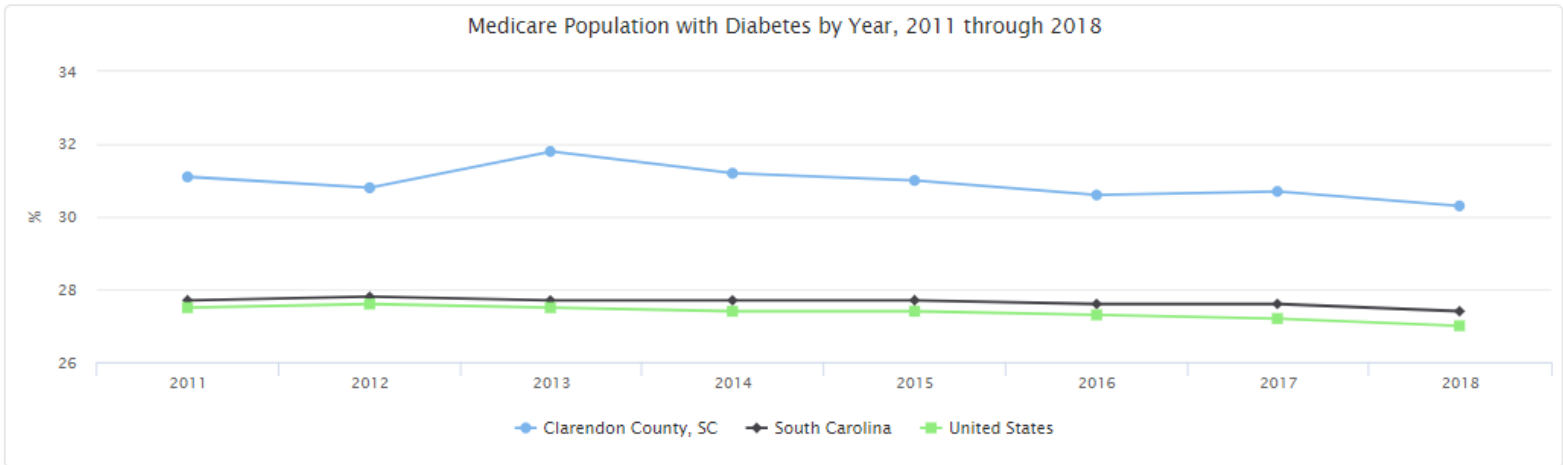● United States (27.0%)

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
Clarendon County, SC	31.1%	30.8%	31.8%	31.2%	31.0%	30.6%	30.7%	30.3%
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

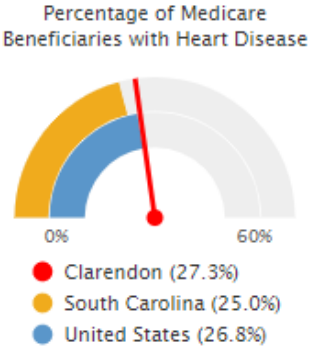— Clarendon County, SC   — South Carolina   — United States

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 1,532 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 27.3% 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
Clarendon County, SC	5,621	1,532	27.3%
South Carolina	697,121	173,995	25.0%
United States	33,499,472	8,979,902	26.8%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, CMS – Chronic Conditions Warehouse. 2018. Source geography: County
→ Show more details

Percentage of Medicare Beneficiaries with Heart Disease

● Clarendon (27.3%)
● South Carolina (25.0%)
● United States (26.8%)

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
Clarendon County, SC	26.1%	27.1%	28.6%	28.5%	26.8%	26.0%	26.8%	27.3%
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%
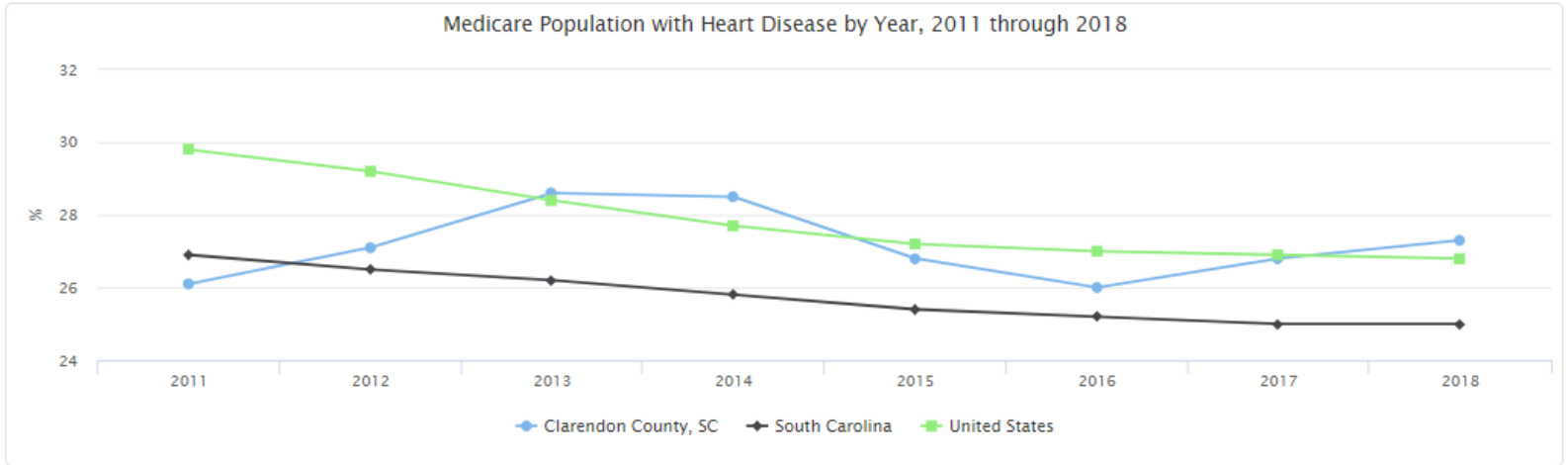
Medicare Population with Heart Disease by Year, 2011 through 2018

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 3,853 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 68.5% 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
Clarendon County, SC	5,621	3,853	68.5%
South Carolina	697,121	431,939	62.0%
United States	33,499,472	19,162,770	57.2%
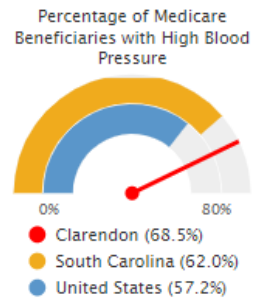
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County → Show more details

Percentage of Medicare Beneficiaries with High Blood Pressure

● Clarendon (68.5%)
● South Carolina (62.0%)
● United States (57.2%)

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.

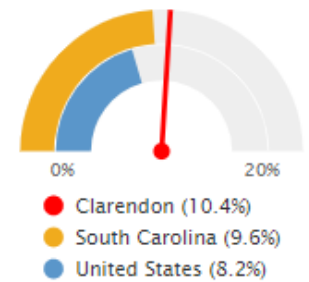| Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Clarendon County, SC	65.9%	64.8%	66.9%	67.6%	68.0%	67.8%	67.8%	68.5%
South Carolina	60.7%	61.0%	61.1%	61.2%	61.2%	61.3%	61.7%	62.0%
United States	56.7%	56.7%	56.8%	56.5%	56.6%	56.9%	57.1%	57.2%
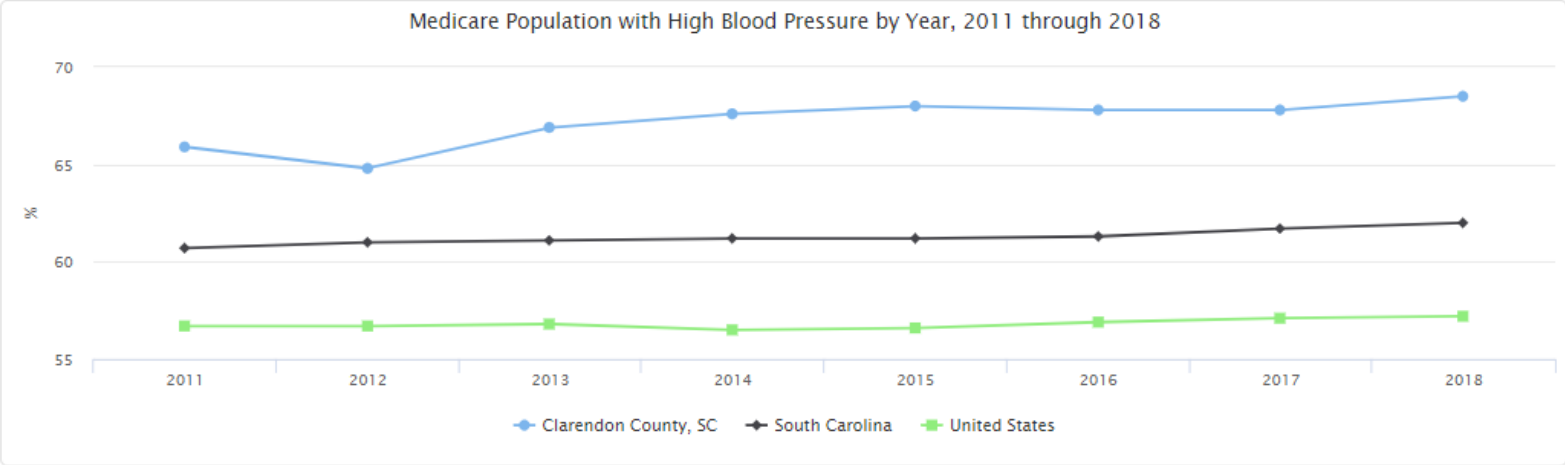
Low Birth Weight (CDC)

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 (2014-2020) and are used for the 2022 County Health Rankings.

Within the report area, there were 233 infants born with low birth weight. This represents 10.4% 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
Clarendon County, SC	2,250	233	**10.4%**
South Carolina	798,810	76,934	9.6%
United States	53,782,998	4,405,516	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

Percentage of Infants with Low Birthweight:%

- Clarendon (10.4%)
- South Carolina (9.6%)
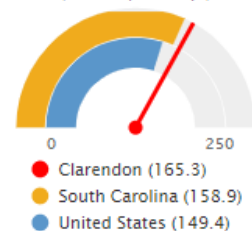- United States (8.2%)

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 442 deaths due to cancer. This represents an age-adjusted death rate of 165.3 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)
Clarendon County, SC	33,774	442	261.7	**165.3**
South Carolina	5,087,274	52,350	205.8	158.9
United States	326,747,554	2,998,371	183.5	149.4

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

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

- Clarendon (165.3)
- South Carolina (158.9)
- United States (149.4)

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
Clarendon County, SC	211.4	128.7
South Carolina	193.9	132.7
United States	177.1	128.9

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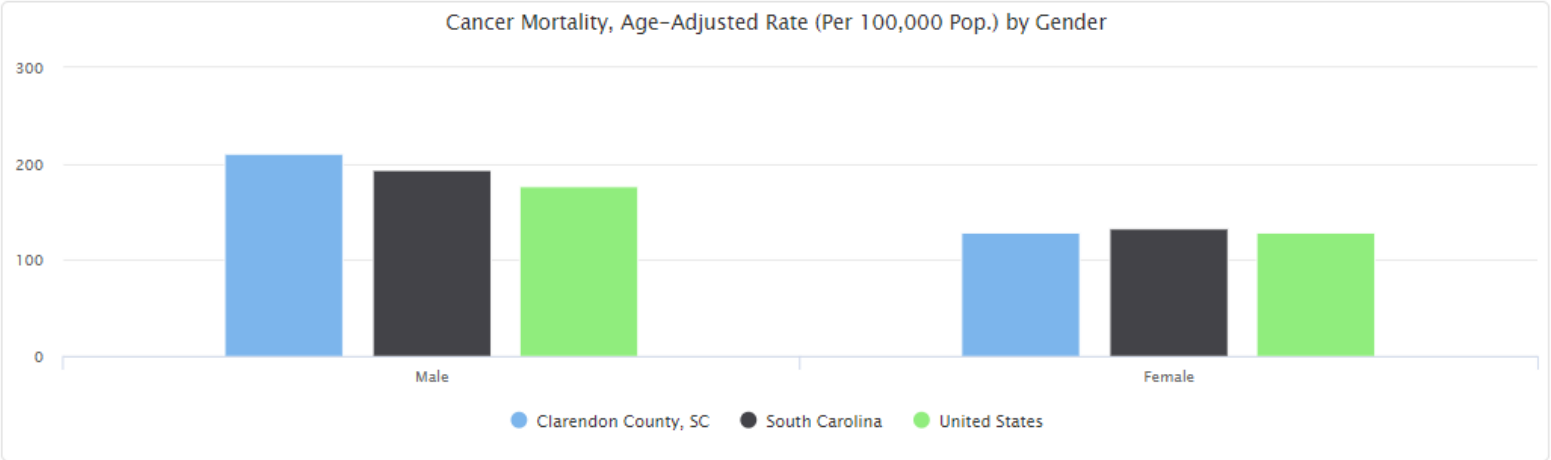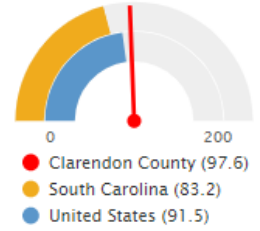
Mortality - Coronary Heart Disease

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 258 deaths due to coronary heart disease. This represents an age-adjusted death rate of 97.6 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)
Clarendon County, SC	33,774	258	152.8	**97.6**
South Carolina	5,087,274	26,503	104.2	83.2
United States	326,747,554	1,838,830	112.5	91.5

Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
● Clarendon County (97.6)
● South Carolina (83.2)
● United States (91.5)

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

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
Clarendon County, SC	126.2	74.2
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
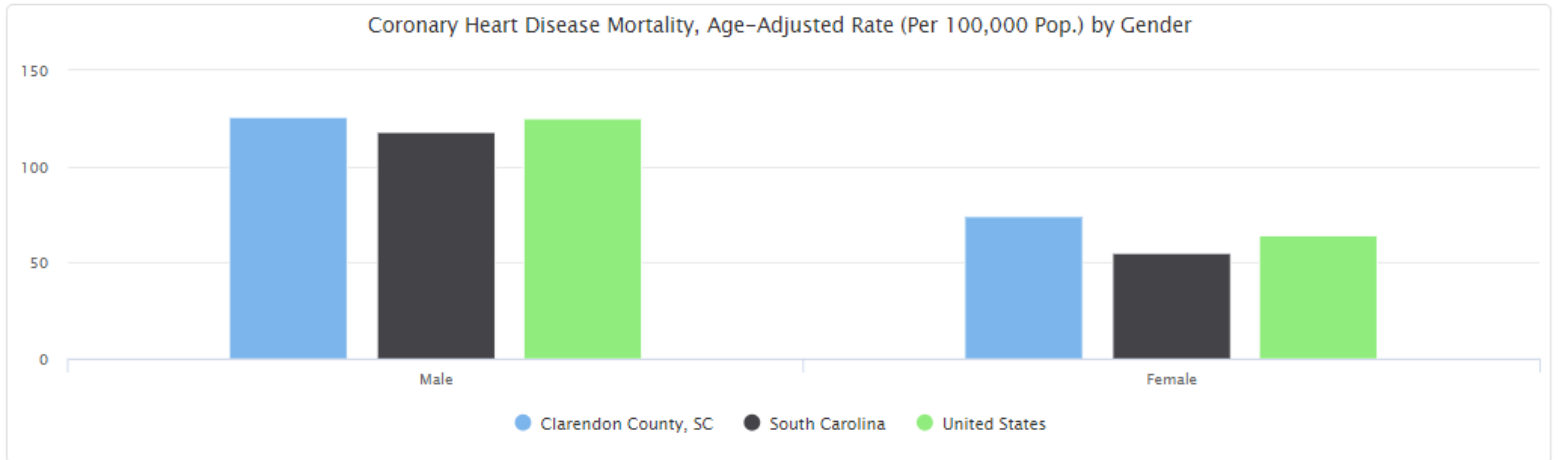
Mortality - Lung Disease

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 117 deaths due to lung disease. This represents an age-adjusted death rate of 44.1 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)
Clarendon County, SC	33,774	117	69.3	**44.1**
South Carolina	5,087,274	14,773	58.1	45.4
United States	326,747,554	783,919	48.0	39.1
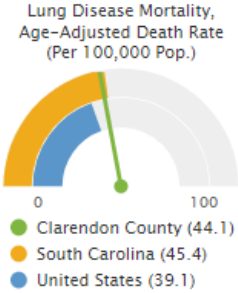
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County →
Show more details

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

- Clarendon County (44.1)
- 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
Clarendon County, SC	54.3	35.4
South Carolina	50.8	41.5
United States	43.0	36.3

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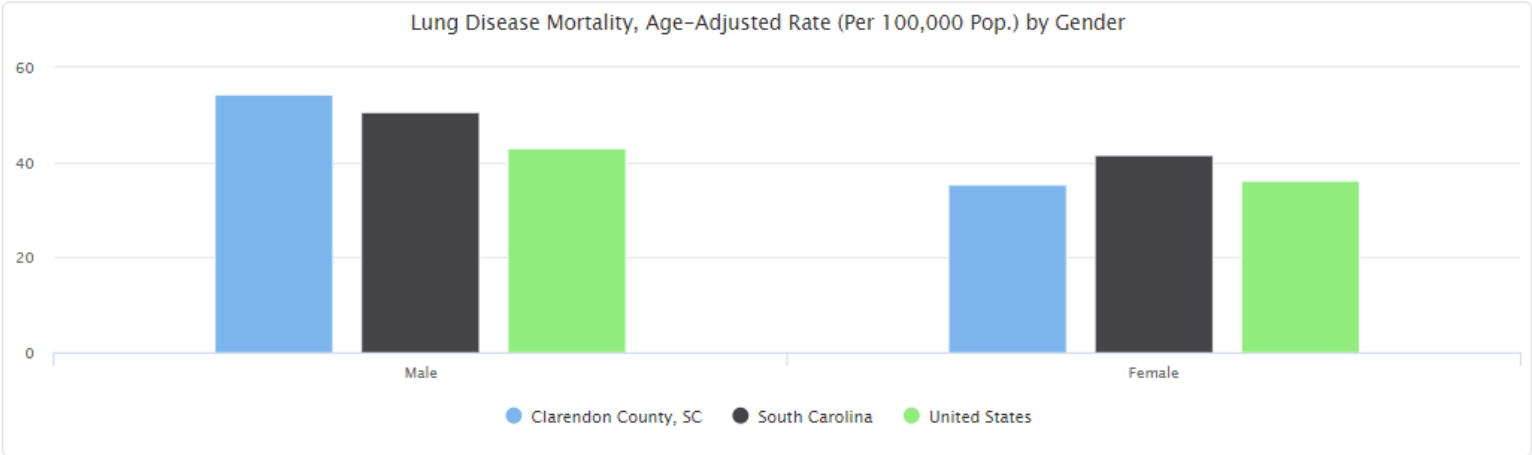
Mortality - Motor Vehicle Crash

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 46 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 25.1 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)
Clarendon County, SC	33,774	46	27.2	**25.1**
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.)
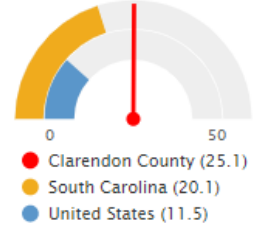
● Clarendon County (25.1)
● South Carolina (20.1)
● United States (11.5)

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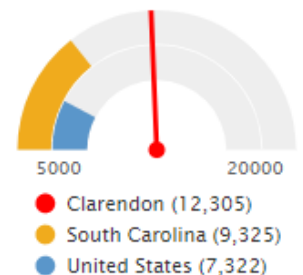*Show more details*

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 (2018-2020) and is used for the 2022 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 762 premature deaths from 2018 to 2020. This represents an age-adjusted death rate of 12,305 years potential life lost before age 75 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
Clarendon County, SC	762	11,179	**12,305**
South Carolina	164,030	2,676,613	9,325
United States	8,239,682	134,173,064	7,322

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

● Clarendon (12,305)
● South Carolina (9,325)
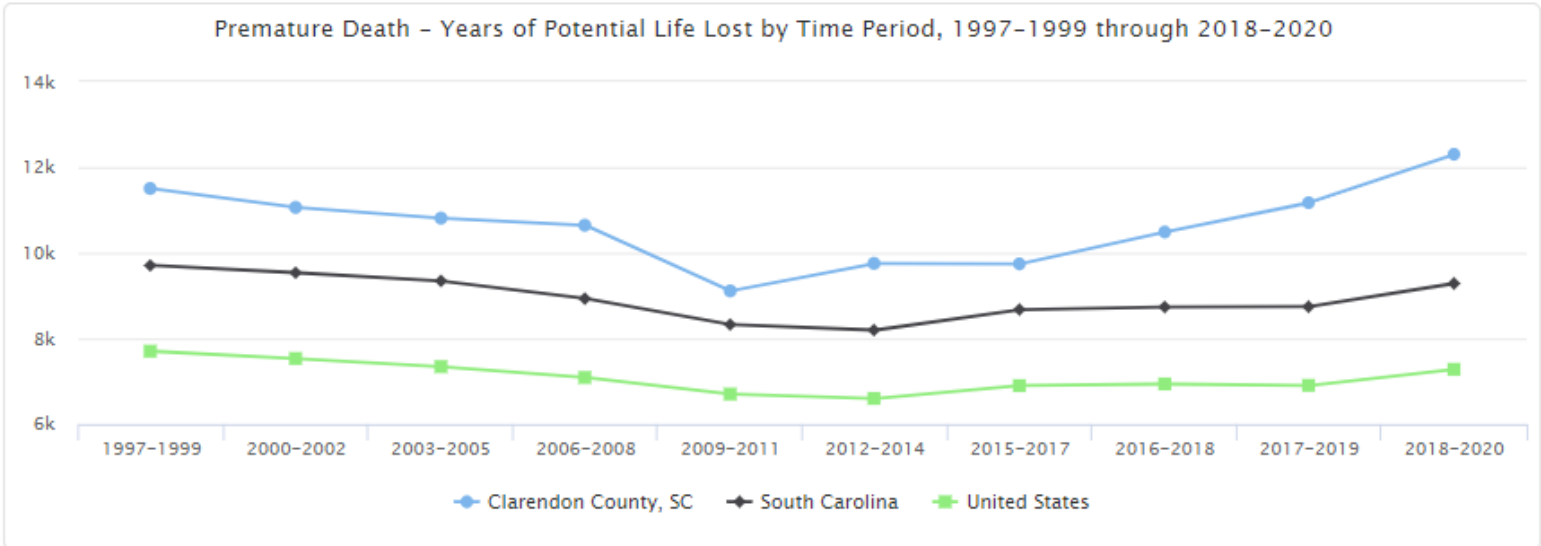● United States (7,322)

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
Clarendon County, SC	11,506.6	11,063.4	10,812.4	10,646.7	9,113.6	9,756.2	9,744.9	10,489.8	11,173.9	12,305.1
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
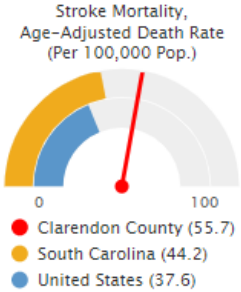
Mortality - Stroke

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 145 deaths due to stroke. This represents an age-adjusted death rate of 55.7 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)
Clarendon County, SC	33,774	145	85.9	**55.7**
South Carolina	5,087,274	13,716	53.9	44.2
United States	326,747,554	746,604	45.7	37.6

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

● Clarendon County (55.7)
● South Carolina (44.2)
● United States (37.6)

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

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
Clarendon County, SC	56.2	53.5
South Carolina	46.5	41.8
United States	38.1	36.5

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

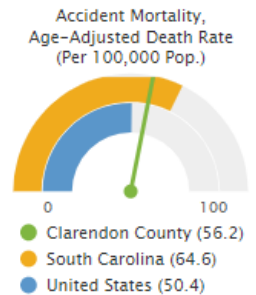● Clarendon County, SC ● South Carolina ● United States
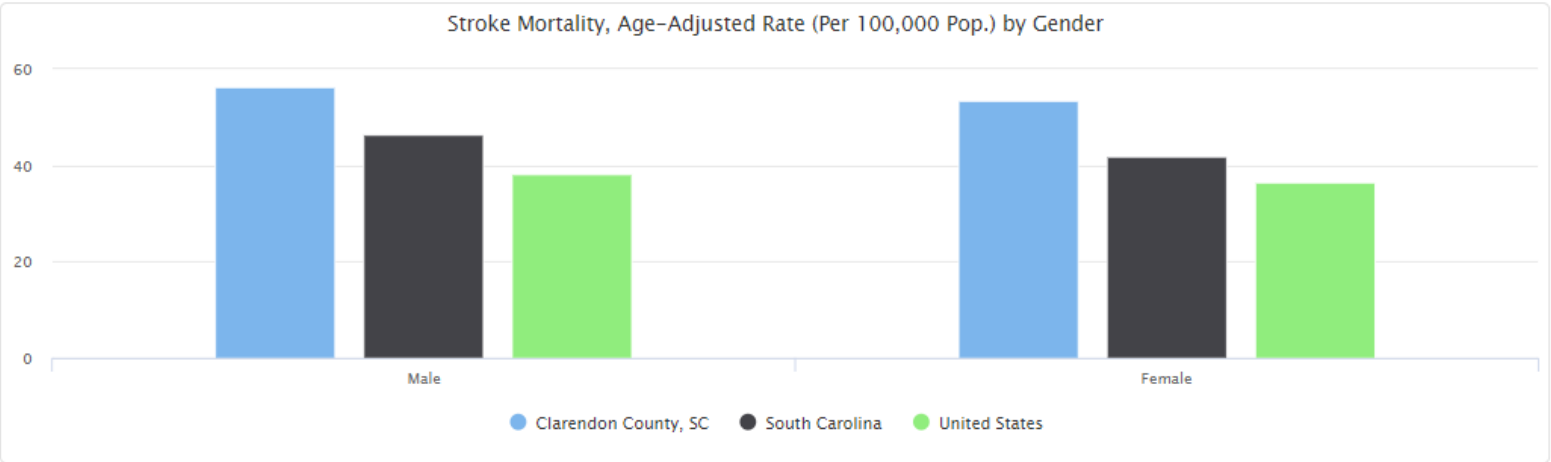
Mortality - Unintentional Injury (Accident)

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 107 deaths due to unintentional injury. This represents an age-adjusted death rate of 56.2 per every 100,000 total population.

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

Report Area	Total Population, 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)
Clarendon County, SC	33,774	107	63.4	**56.2**
South Carolina	5,087,274	17,048	67.0	64.6
United States	326,747,554	872,432	53.4	50.4

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

0   100
- Clarendon County (56.2)
- South Carolina (64.6)
- United States (50.4)

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

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
Clarendon County, SC	86.9	27.7
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
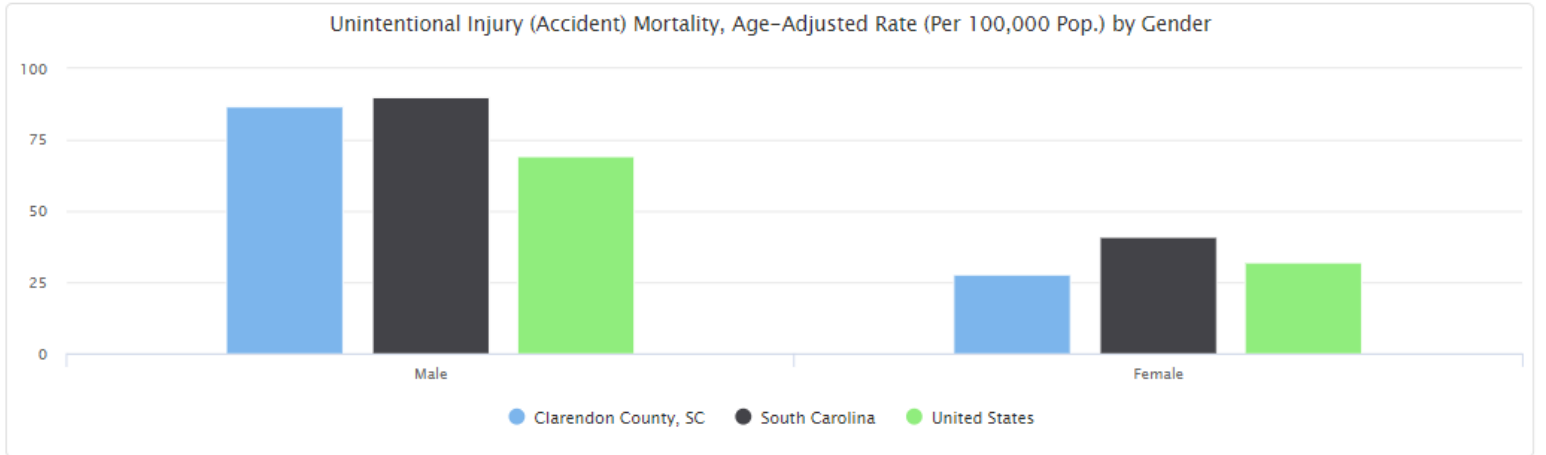
Obesity

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 9,430 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 35.2% of the survey population.

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

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Clarendon County, SC	26,563	9,430	**35.2%**
South Carolina	3,899,893	1,246,753	31.9%
United States	243,082,729	67,624,774	27.6%
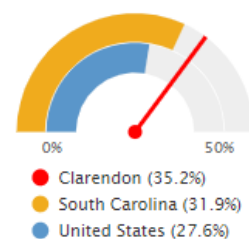
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County
→ Show more details

Percentage of Adults Obese
(BMI > 30.0), 2019

● Clarendon (35.2%)
● South Carolina (31.9%)
● United States (27.6%)

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
Clarendon County, SC	4,296	33.4%	5,134	37.1%
South Carolina	583,279	31.2%	663,470	32.7%
United States	33,675,337	28.6%	36,285,952	29.5%
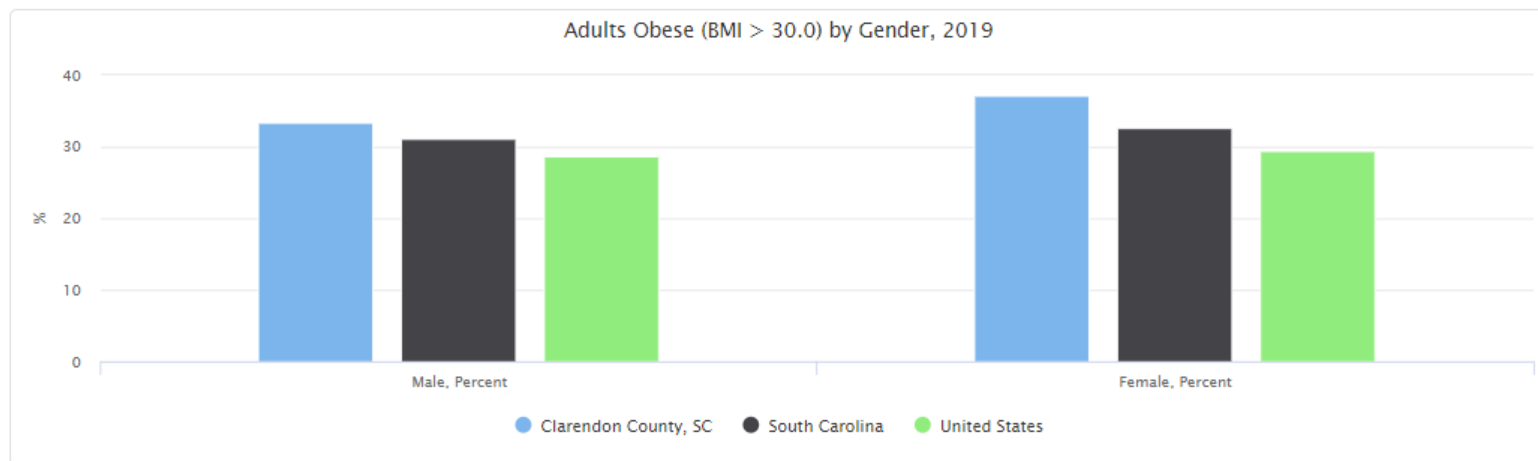
Adults Obese (BMI > 30.0) by Gender, 2019

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
Clarendon County, SC	19.2%	21.1%	26.5%	28.6%	29.8%	32.7%	31.2%	28.4%	24.6%	37.4%	39.6%	37.5%	40.0%	33.3%	35.4%	35.2%
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
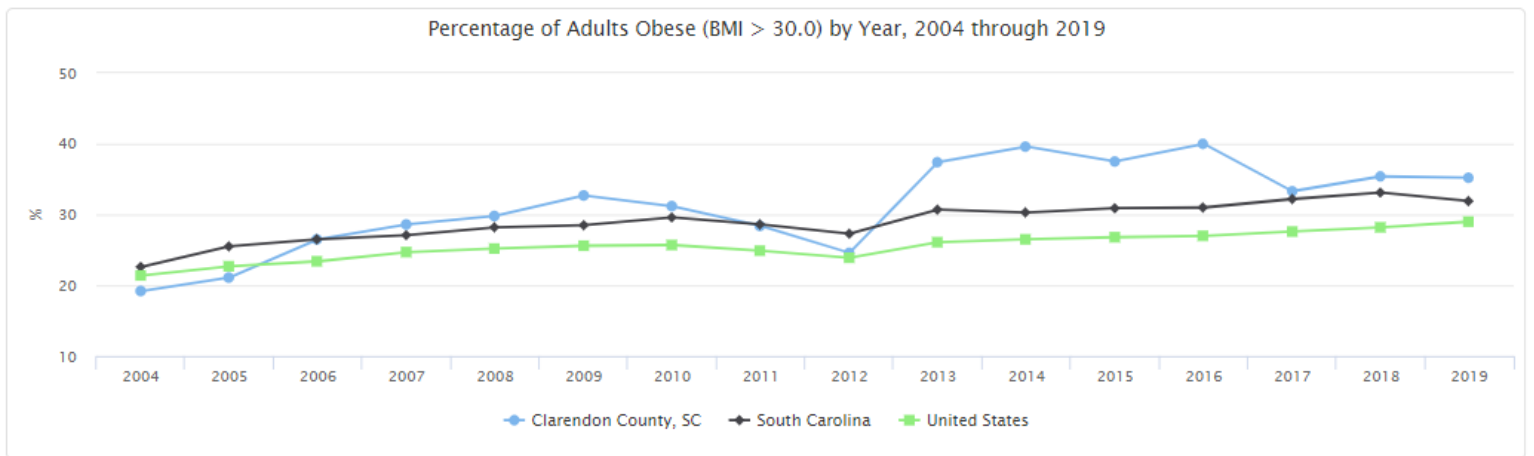
Poor or Fair Health

In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 28.70%. 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)
Clarendon County, SC	33,745	28.70%	26.40%
South Carolina	5,148,714	20.40%	19.46%
United States	328,239,523	18.60%	17.80%

Percentage of Adults with Poor or Fair General Health
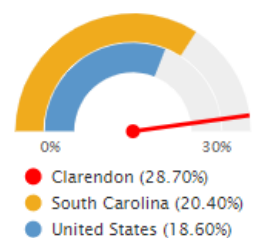
- Clarendon (28.70%)
- South Carolina (20.40%)
- United States (18.60%)

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

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.
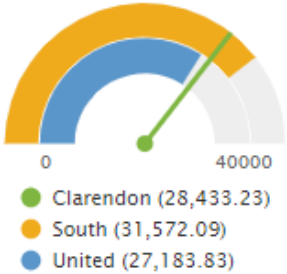
COVID-19 - Confirmed Cases

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 9,582 total confirmed cases of COVID-19. The rate of confirmed cases is 28,433.23 per 100,000 population, which is less than the state average of 31,572.09. Data is current as of 07/27/2022.
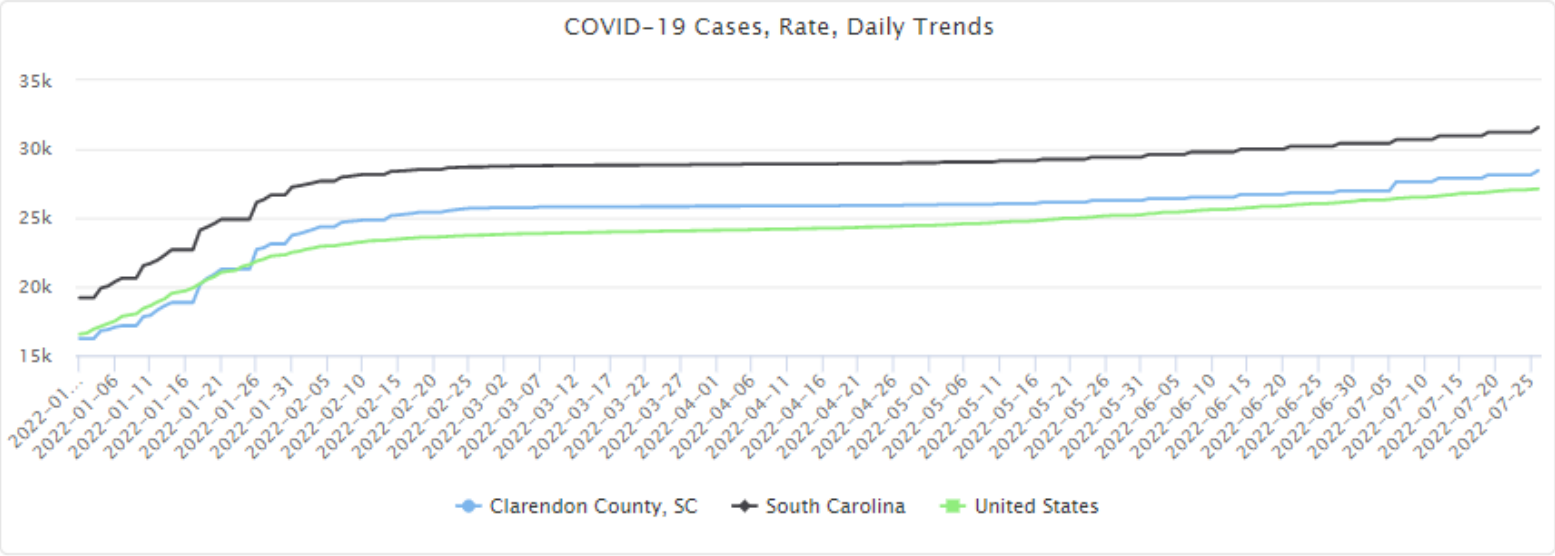
Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Clarendon County, SC	33,700	9,582	28,433.23	07/27/2022
South Carolina	5,084,127	1,605,165	31,572.09	07/27/2022
United States	326,262,499	88,690,646	27,183.83	07/27/2022

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 Cases, Rate per 100,000 Population

● Clarendon (28,433.23)
● South (31,572.09)
● United (27,183.83)

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 Cases, Rate, Daily Trends

COVID-19 - Mortality

In the report area, there have been 161 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 477.74 per 100,000 population, which is greater than the state average of 357.82. Data is current as of 07/27/2022.

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Clarendon County, SC	33,700	161	**477.74**	07/27/2022
South Carolina	5,084,127	18,192	357.82	07/27/2022
United States	326,262,499	1,007,155	308.69	07/27/2022

COVID-19 Deaths, Crude Rate per 100,000 Population
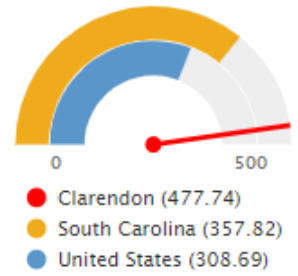
- Clarendon (477.74)
- South Carolina (357.82)
- United States (308.69)

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
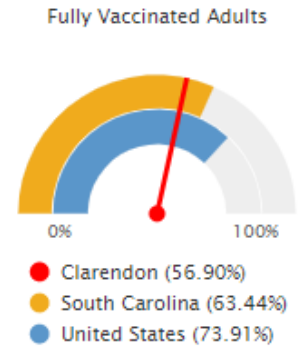
→ Show more details

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

COVID-19 Deaths, Rate, Daily Trends
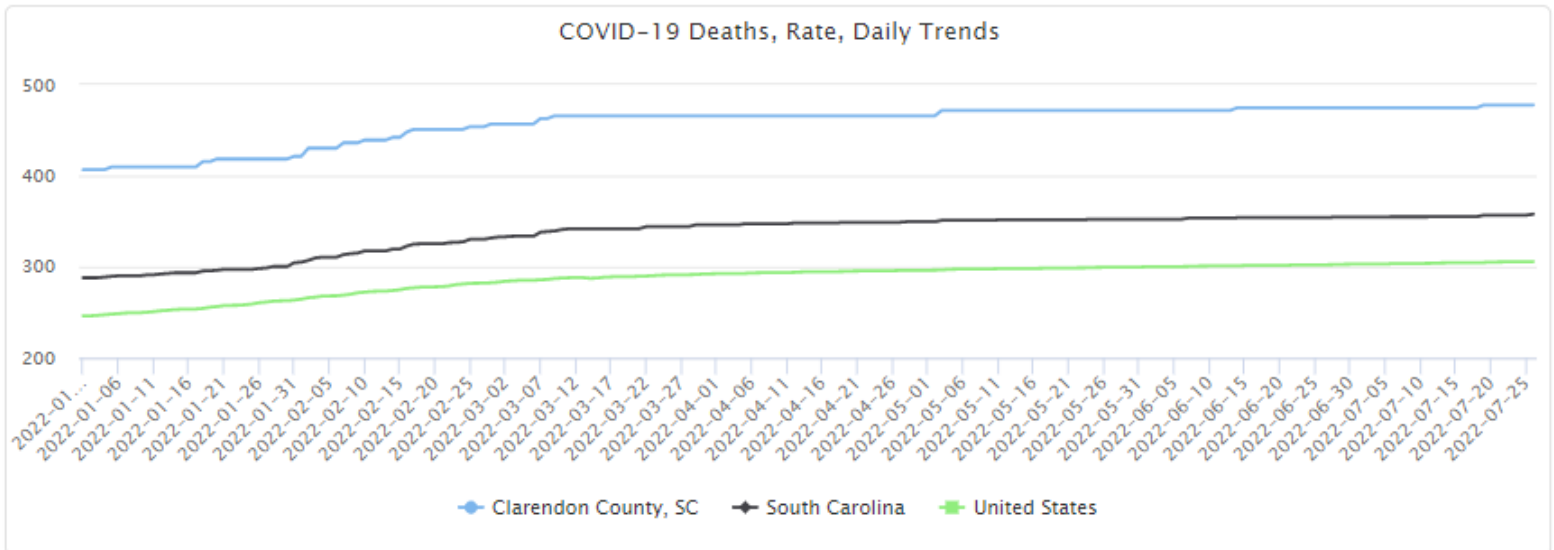
COVID-19 - Fully Vaccinated Adults

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
Clarendon County, SC	**56.90%**	15.24%	0.81	07/20/2022
South Carolina	63.44%	13.93%	0.49	07/20/2022
United States	73.91%	10.29%	0.44	07/20/2022

Fully Vaccinated Adults

● Clarendon (56.90%)
● South Carolina (63.44%)
● United States (73.91%)

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

Clarendon 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 2019 CHNA the following is a comparison of health outcomes and behaviors in 2019 and in 2022.

	Clarendon 2019 Ranking	Progress	Clarendon 2022 Ranking
Overall Ranking	25		27
Length of Life			
Premature Death	9,700	Getting Worse	12,300
Quality of Life			
Poor or Fair Health	22%		26%
Poor Physical Health Days	4.5		5.0
Poor Mental Health Days	4.8		5.2
Low Birthweight	10%		10%
Health Factors			
Health Behaviors			
Adult Smoking	20%		23%
Adult Obesity	42%		41%
Food Environment Index	7		7.4
Physical Inactivity	30%	Getting Worse	32%
Access to Exercise Opportunities	43%		38%

Excessive Drinking	15%		19%
Alcohol-Impaired Driving Deaths	28%		32%
Sexually Transmitted Infections	793.4	Getting Worse	829.8
Teen Births	34	Improving	28
Clinical Care			
Uninsured	14%		15%
Primary Care Physicians	3,090:1		3,750:1
Dentists	3,780:1		3,710:1
Mental Health Providers	1,170:1		930:1
Preventable Hospital Stays	5,297		4,149
Mammography Screening	39%	Getting Worse	41%
Social & Economic Factors			
High School Graduation	81%		80%
Some College	50%		47%
Unemployment	6.00%		6.8%
Children in Poverty	35%	Improving	27%
Income Inequality	5.1		5.5
Children in Single-Parent Households	49%		41%
Social Associations	13		11.6
Violent Crime	455		455
Injury Deaths	86		88
Physical Environment			
Air Pollution – Particulate Matter	10.1	Improving	7.7
Drinking Water Violations	No		No
Severe Housing Problems	14%		14%
Driving Alone to Work	82%		82%
Long Commute – Driving Alone	41%		46%

Data Source:

https://www.countyhealthrankings.org/app/southcarolina/2022/compare/snapshot?counties=45_027

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 Clarendon has selected the following areas to collaborate with community partners for improving community health in Clarendon County.

- Access to Care
- Diabetes
- Heart Disease and Stroke
- Lung Disease

Implementation Plan

Priority issues were determined from the community input gathered for the CHNA. The priority issues, or "goal," are listed as Strategies, Metrics on how to measure those strategies, Community Partners and Timeframe.

Through successful partnerships and collaborations with public health agencies, health care organizations and providers, community leaders, and input from across business sectors and others in our community, McLeod Health can more effectively satisfy its long-standing mission dedicated to improving the health and well-being in our region through excellence in health care.

McLeod Health Clarendon CHNA Need #1: Access to Care (Primary Care Physicians, Telehealth, Food, Transportation, Oral Health)				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Reduce barriers to healthcare	**Strategy 1:** Sustainment of a system to make home visits using paramedics who visit chronic disease populations at risk for non-compliance due to transportation challenges on an established time cadence	• Numbers of referrals and/or participants, Case Study Outcomes	• EMS • Physicians • Council on Aging • Home Health • Behavioral Health • Clarendon County Fire Rescue	Ongoing
	Strategy 2: Remove financial barriers to accessing care for cancer patients through access to the HOPE Fund from the McLeod Health Foundation	• Number of patients that receive funding	• McLeod Health Foundation • McLeod Cancer Center	Ongoing
	Strategy 3: 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	• Nurse Family Partnership • McLeod Health Foundation • Alliance for a Healthier South Carolina/ Initiative Health Babies	Ongoing
	Strategy 4: Continue partnership with the Clarendon County Coalition as evidence shows community-wide approaches are effective		• Health and Social Services Organizations	Monthly Offering

	Strategy 5: Continued Partnership with Hope Health FQHC to provide access to care coordination for uninsured patients to a medical home (Access Health)	• Number of enrolled patients • Number of ER visits among target population	• Hope Health FQHC • Rural Health Network	Ongoing
	Strategy 6: Maintain partnership and provide access to Language and American Sign Language Lines	• Number of people who use the language lines	• Language Line Translator Group	Ongoing
	Strategy 7: Collaborate with John Landon Black Foundation to provide access to care for those suffering from drug addiction		• John London Black Foundation • Clarendon Behavioral Health Services	Ongoing
Goal #2: Improve access to specialty care	**Strategy 1:** Expand local specialty availability by utilizing space on the McLeod Health Clarendon campus for part-time clinics in Clarendon and Sumter counties.	• New or increased access for specialists	• South Carolina Office of Rural Health	Ongoing
	Strategy 2: Recruit primary care and specialty physicians to underserved areas.	• Number of provider recruits to the area • Maintain Family Medicine Rural Residency Program	• South Carolina Office of Rural Health • McLeod Rural Residency Program	Ongoing
	Strategy 3: Continue partnerships that offer current telemedicine services (Telestroke, Televascular, Teleneurology and Telepulmonology)	• Number of Telehealth services offered • Number of telehealth visits	• State of South Carolina • TeleSpecialist Providers • Palmetto Care Connections	Ongoing

	Strategy 4: Collaborate with community partners to provide Oral Health Services		• Hope Health FQHC Dental Services offered in Clarendon County (also offered in Williamsburg County) • Smiles Dental Clinic (School based program in Clarendon)	Ongoing
	Strategy 5: Sustainment of Centering Program for expectant mothers	• Number of expectant mothers enrolled in Centering Program	• McLeod Women's Care Clarendon	Ongoing
Goal #3: 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 Clarendon CHNA Need #2: Diabetes				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Improve diabetes management	**Strategy 1:** Offer Telediabetes services lead by certified diabetic educator	• Number of participants	• McLeod Diabetes Center	Ongoing
	Strategy 2: Place emphasis on managing diabetes and managing weight through "Healthier You" – an Employee Health initiative for McLeod employees and spouses currently on the McLeod Health Insurance Plan.	• Number of participants	• McLeod Employee Health • South Carolina Hospital Association Work Well Program	Ongoing
	Strategy 3: Provide public information regarding the signs and symptoms of diabetes through media sources and community outreach opportunities	• Educational activities	• Health and Social Service Organizations • Faith Based Organizations • Media Outlets • Community and Civic organizations • Medical Minutes • Blogs • Articles	Ongoing

McLeod Health Clarendon CHNA Need #3: Heart Disease and Stroke				
Goal	**Strategies**	**What we are measuring**	**Community Partners**	**Timeframe**
Goal #1: Prevention and management of Heart Disease	**Strategy 1:** Ongoing support recovery from heart attacks by providing cardiac rehab program. Actions/Tactics: Offer scholarships to those that are uninsured and need to continue cardiac rehab program.	• Number of participants	• McLeod Health Foundation	Ongoing
	Strategy 2: McLeod Healthier You Program for McLeod employees and their spouses currently on the McLeod Health Insurance Plan to help promote healthier lifestyles. Educational information from this program is widely available to all employees through various distribution methods.	• Number of participants	• McLeod Employee Health	Ongoing
	Strategy 3: Promotion of Health and Fitness Center membership and activities as means to a healthy lifestyle	• Number of members	• McLeod Health Clarendon Health and Fitness Center	Ongoing
	Strategy 4: Support of City's Exercise program, Let's Move Manning, as evidence shows physical activities increase in communities with social support interventions	• Participation in and other demonstrations of support	• City of Manning • Community Wellness Groups • McLeod Health Clarendon Health and Fitness Center	Ongoing

	Strategy 5: Promote healthy options in the cafeteria	• Continued offering of healthy options	• Food and Nutrition Services Provider • School/DHEC (Public Schools)	Ongoing
	Strategy 6: Stroke Certification	• Maintain Certification	• American Heart Association • Clarendon County Fire Rescue • SC REACH Stroke Network	Ongoing
	Strategy 7: Promote Cardiac Scoring	• Number of tests	• McLeod Health Clarendon	Ongoing
Goal #2: Provide health education through various mediums to promote healthy lifestyles through disease management	Strategy 1: Provide health education on cardiovascular disease prevention and management and screenings through health fairs and other community events	• Support of or participation in events	• American Heart Association • Faith Based Organizations • Health and Social Service Organizations • Local health care providers • Articles • Medical Minutes • Blogs	Ongoing
	Strategy 2: Provide public health information through media outlets and speaker opportunities that focus on educating the community on chronic diseases and prevention	• Media outlets and speaker activity	• American Heart Association • Local physicians • Community Civic Organizations • Articles • Medical Minutes • Blogs	Ongoing
	Strategy 3: Participate in the American Heart Association STEMI National Initiative. This includes collaborating with first responders and hospitals to implement	• Number of patients presenting with myocardial infarction	• American Heart Association • County EMS • McLeod Regional Medical Center	Ongoing

	best practice guidelines to expedite care to Cath Lab.		

McLeod Health Clarendon CHNA Need #4: Lung Disease (COPD, Lung Cancer, Pulmonary Fibrosis, Asthma)				
Goal	Strategies	What we are measuring	Community Partners	Timeframe
Goal #1: Promote health education through various mediums to promote healthy lifestyles through disease management, diet and nutrition, physical activity, smoking cessation and disease prevention	**Strategy 1:** Encourage participation in the McLeod Healthier You Program – an employee health initiative for McLeod employees and their spouses currently on the McLeod Health Insurance Plan, to help promote healthier lifestyles. Educate employees about smoking cessation program through communications. Action/Tactic: • Offer financial incentive on benefits program for non-smoking employees as evidence shows policies and programs to reduce tobacco users' out-of-pocket costs approaches are effective	• Number of participants	• McLeod Employee Health • South Carolina Hospital Association Work Well Program	Annually

	Strategy 2: Provide public information through media sources, as evidence shows health communication and social marketing are effective	• Media outlet and outreach activities	• American Cancer Society • Faith Based Organizations • Health and Social Service Organizations • Local health care providers • Articles • Medical Minutes • Blogs	Ongoing
	Strategy 3: Improve the continuum of care for patients through collaborative primary care provider and hospital inpatient setting in an effort to reduce readmissions or ED visits for respiratory disease exacerbations under the guidance of AHRQ's evidence-based Project Red Toolkit	• Readmission Outcomes for Respiratory-Related Illnesses • Integrated EMR	• McLeod Health Foundation • Community Paramedic Program • Duke Endowment • McLeod Home Health • Clarendon County Fire Rescue	Annually

	Strategy 4: Remove financial barriers to accessing care for cancer patients through access to the HOPE Fund from McLeod Health Foundation.	• Number of patients who utilize HOPE Fund	• McLeod Health Foundation	Ongoing
	Strategy 5: Maintain inpatient Telepulmonology services.	• Number of telehealth visits	• McLeod Physician Network	Ongoing
Goal #2: Promote low dose lung cancer screening	Strategy 1: Provide public information through media sources about low dose lung cancer screening.	• Determination of Feasibility of Service • Media outlet and outreach activities	• American Cancer Society • McLeod Health Foundation • Faith Based Organizations • Health and Social Service Organizations • Local health care providers • Articles • Medical Minutes • Blogs	Ongoing

Health Needs Not Addressed

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

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 Medicare 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*

Clarendon County Health Rankings, Data Source:

https://www.countyhealthrankings.org/app/southcarolina/2022/rankings/clarendon/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

Clarendon County Health Profile, Data Source:

https://gis.dhec.sc.gov/chp/county_pdf_2018/Clarendon_2016-2018.pdf

Appendix A

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

- McLeod Health Clarendon EMS
- Eagerton Family Practice
- McLeod Health Clarendon Hospitalist
- Colonial Family Practice
- Clarendon County Chamber of Commerce
- South Carolina Department of Health and Environmental Control

Appendix B

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

Clarendon 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)	702	73.9	NA	49.4
	Breastfeeding initiation (percent of all live births; 2016-2018)	621	65.4	27	77.5
	Low birthweight births (<2,500 grams; percent of all live births; 2016-2018)	109	11.5	30	9.7
	Mothers receiving adequate prenatal care (percent of all live births; 2016-2018)	673	70.8	38	76.2
	Mothers who smoked during pregnancy (percent of all live births; 2016-2018)	102	10.7	28	8.6
	Preterm births (<37 weeks gestation; percent of all live births; 2016-2018)	107	11.3	16	11.2
	Teen live births (rate per 1,000 female population aged 15-19; 2016-2018)	76	27.6	22	22.5
Infant Mortality[2]	Infant mortality (rate per 1,000 live births; 2016-2018)	9	9.5	32	6.9
Chronic Diseases, Risk Factors, and Health Behaviors[3]	Coronary heart disease (percent; 2016-2018)	NA	7.2	37	4.8
	Stroke (percent; 2016-2018)	NA	6.0	39	3.9
	Heart attack (percent; 2016-2018)	NA	6.0	27	5.1
	Hypertension (percent; 2016-2018)	NA	46.9	32	38.9
	Diabetes (percent; 2016-2018)	NA	16.2	22	13.3
	Current asthma (percent; 2016-2018)	NA	9.4	27	9.0
	Current smoking (percent; 2016-2018)	NA	24.6	40	18.9
	Adults categorized as obese, aged 20+ (BMI ≥30; percent; 2016-2018)	NA	37.1	26	34.1
	Reported leisure time physical activity in the past 30 days (percent; 2016-2018)	NA	67.9	28	72.7
	Received a flu vaccine in the last year, aged 65+ (percent; 2016-2018)	NA	60.3	21	60.9
	Received a pneumococcal vaccine ever, aged 65+ (percent; 2016-2018)	NA	68.7	30	73.8
Mortality[2]	Accidental drug overdose (age-adjusted rate per 100,000 population; 2016-2018)	8	8.3	11	18.8
	Alzheimer's disease (age-adjusted rate per 100,000 population; 2016-2018)	41	28.6	7	44.8
	Cancer (malignant neoplasms only; age-adjusted rate per 100,000 population; 2016-2018)	250	160.2	14	162.3
	Cerebrovascular disease (age-adjusted rate per 100,000 population; 2016-2018)	98	62.3	38	45.3
	Chronic lower respiratory disease (age-adjusted rate per 100,000 population; 2016-2018)	69	44.8	17	47.0
	Diabetes (age-adjusted rate per 100,000 population; 2016-2018)	40	26.5	27	23.9
	Diseases of the heart (age-adjusted rate per 100,000 population; 2016-2018)	273	185.0	27	170.7
	Motor vehicle accident (age-adjusted rate per 100,000 population; 2016-2018)	30	26.9	26	20.6
	Suicide (age-adjusted rate per 100,000 population; 2016-2018)	12	9.4	6	15.8
	All causes (age-adjusted rate per 1,000 population; 2016-2018)	1245	8.7	21	8.3
Population Demographics[4]	Families below the poverty level (percent; 2014-2018)	NA	18.3	NA	11.7
	Population Non-Hispanic white (percent; 2018)	NA	48.4	NA	64.5
	Population Non-Hispanic black (percent; 2018)	NA	47.4	NA	27.3
	Population Non-Hispanic other (percent; 2018)	NA	1.1	NA	2.3
	Population Hispanic/Latino (percent; 2018)	NA	3.2	NA	5.8
Health Care Access	Delayed seeing a doctor in the last year due to cost (percent; 2016-2018)[3]	NA	15.4	23	15.6
	Has at least one person considered a personal doctor or health care provider (percent; 2016-2018)[3]	NA	81.8	20	77.3
	Population insured by Medicaid (percent; 2014-2018)[4]	NA	53.7	NA	65.9
	Population insured by private health insurance (percent; 2014-2018)[4]	NA	11.0	NA	5.2
	Population without health insurance (percent; 2014-2018)[4]	NA	11.3	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	0.8	2	1.8
	Homes built prior to 1980 (percent; 2014-2018)[4]	NA	34.7	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 Clarendon 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:

- Alcoholics Anonymous
- Behavioral Health Service
- County Council on Aging
- Department of Disabilities and Special Needs
- Department of Social Services
- DHHS – Community Long Term Care
- Health Department
- Pee Dee Coalition Against Domestic & Sexual Assault
- Santee Wateree Community Mental Health Center
- Specialists
- United Ministries
- United Way
- Veterans Affairs
- Welvista (Prescription Drug Assistance)

Specialists

McLeod Women's Care Clarendon
Thomas C. Key, MD
50 East Hospital Street, Suite 4A, Manning
(803) 433-0797

McLeod Women's Care Clarendon
Monica Ploetzke, MD
50 East Hospital Street, Suite 4A, Manning
(803) 433-0797

McLeod Women's Care Clarendon
Rebecca Cartledge, APRN, CNM
50 East Hospital Street, Suite 4A, Manning
(803) 433-0797

McLeod Women's Care Clarendon
Thomas Chappell, CNM
50 East Hospital Street, Suite 4A, Manning
(803) 433-0797

McLeod Women's Care Clarendon
Shaquinda Dowdle, DNP, APRN, CNM
50 East Hospital Street, Suite 4A, Manning
(803) 433-0797

McLeod Women's Care Clarendon
Allison Saran, CNM, WHNP
50 East Hospital Street, Suite 4A, Manning
(803) 433-0797

McLeod Health Clarendon

Revised 8/22, 4/22, 9/19, 6/19, 12/17

Community Resources

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

provided by
McLeod Health Clarendon

About This Guide

McLeod Health Clarendon is concerned about your health and well being after you leave our hospital.
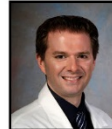
The purpose of this guide is to provide you with information on services available in the region. The guide is not all-inclusive of the services provided; it was put together to provide you with a starting point.

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

Doctors

Specialists

McLeod Cardiology Associates
Ryan C. Garbalosa, DO
540 Physicians Lane, Sumter
(803) 883-5171

McLeod Cardiology Associates
Prabal Guha, MD
540 Physicians Lane, Sumter
(803) 883-5171

McLeod Cardiology Associates
Dennis Lang, DO
540 Physicians Lane, Sumter
(803) 883-5171

Manning Clinic:
21 East Hospital Street, Manning • (803) 883-5171

McLeod Surgery Clarendon
Devonne D. Barrineau, MD
50 East Hospital Street, Suite 4, Manning
(803) 435-2822

McLeod Orthopaedics Clarendon
Rodney K. Alan, MD
50 East Hospital Street, Suite 6, Manning
(803) 433-3065

McLeod Orthopaedics Clarendon
Chase Godwin, NP
50 East Hospital Street, Suite 6, Manning
(803) 433-3065

Sumter Clinic:
540 Physicians Lane, Sumter • (803) 883-5171

- 7 -

Primary Care

Palmetto Adult Medicine Sumter
Harry A. Jordan, Jr., MD
1295 Wilson Hall Road, Sumter
(803) 905-6800

Palmetto Adult Medicine Sumter
Ansel R. McFaddin, MD
1295 Wilson Hall Road, Sumter
(803) 905-6800

Palmetto Adult Medicine Sumter
Andrew J. Reynolds, MD
1295 Wilson Hall Road, Sumter
(803) 905-6800

Palmetto Adult Medicine Sumter
Hugh T. Stroddard, Jr., MD
1295 Wilson Hall Road, Sumter
(803) 905-6800

Palmetto Adult Medicine Sumter
Katherine S. Coffey, PA-C
1295 Wilson Hall Road, Sumter
(803) 905-6800

Palmetto Adult Medicine Sumter
James C. McMahon, FNP
1295 Wilson Hall Road, Sumter
(803) 905-6800

Palmetto Adult Medicine Sumter
Emily J. Miller, PA-C
1295 Wilson Hall Road, Sumter
(803) 905-6800

McLeod Primary Care Turbeville
Michael O. Ouzts, DO
944 Smith Street, Turbeville
(843) 659-2114

McLeod Primary Care Turbeville
Abbie Kirby, PA-C
944 Smith Street, Turbeville
(843) 659-2114

McLeod Primary Care Turbeville
Amanda McConell, PA-C
944 Smith Street, Turbeville
(843) 659-2114

- 6 -

Medical Clinics

South Carolina
(Clarendon and Sumter Counties)

Clarendon County Resources

Clarendon Behavioral Health Service	803-435-2121
Clarendon County Council on Aging	803-435-8593
Department of Disabilities and Special Needs	803-435-2330
Dept of Social Services	803-435-4303
DHHS - Community Long Term Care	803-435-3447
Health Department	803-435-8178
McLeod Home Health	803-435-4494
McLeod Hospice	803-433-3080
Pee Dee Coalition Against Domestic & Sexual Assault	803-773-4357
Santee Wateree Community Mental Health Center	803-435-2124
United Ministries	803-435-9086
United Way	803-773-7935
Veterans Affairs	803-435-2527
Welvista (Prescription Drug Assistance)	800-763-0059

- 3 -

Resources

Sumter County Resources

|	
Alcoholics Anonymous	803-775-1852
Sumter County Council on Aging	803-773-5508
Sumter Behavioral Health Services	803-775-6815
Department of Disabilities and Special Needs	803-778-1669
Dept of Social Services	803-773-5531
Health Department	803-773-5511
McLeod Home Health	803-435-4494
McLeod Hospice	803-433-3080
Pee Dee Coalition Against Domestic & Sexual Assault	803-773-4357
Santee Wateree Mental Health Center (Sumter)	803-775-9364
United Ministries	803-775-0757
United Way	803-773-7935
Veterans Affairs	803-436-2302

Doctors

Primary Care

Eagerton Family Practice
Robert S. Eagerton, MD
200 East Hospital Street, Manning
(803) 433-0439

Eagerton Family Practice
Carmen C. Roberts, MD
200 East Hospital Street, Manning
(803) 433-0439
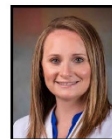
Eagerton Family Practice
Amber P. Newman, NP
200 East Hospital Street, Manning
(803) 433-0439

McLeod Primary Care Clarendon
Lisa E. Heichberger, MD
50 East Hospital Street, Suite 3, Manning
(803) 435-8828

McLeod Primary Care Clarendon
Laine Way, MD
50 East Hospital Street, Suite 3, Manning
(803) 435-8828

McLeod Primary Care Clarendon
Susan Caulkins, FNP
50 East Hospital Street, Suite 3, Manning
(803) 435-8828

McLeod Primary Care Clarendon
Susanne Johnson, FNP
50 East Hospital Street, Suite 3, Manning
(803) 435-8828

The 2022 McLeod Health Clarendon Community Health Needs Assessment is located on the website of McLeod Health at **www.McLeodHealth.org.**

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