

CHESTER COUNTY

*“Improving the health of people and places across SC.”
– Live Healthy South Carolina*



COMMUNITY HEALTH
IMPROVEMENT PLAN
2019 – 2023

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About Chester County



Top: The Chester County Courthouse, built in 1852, is located in the City of Chester. Right: The U.S. Post Office in Chester County was built in 1908.

Photos by [Ann Helms](#).

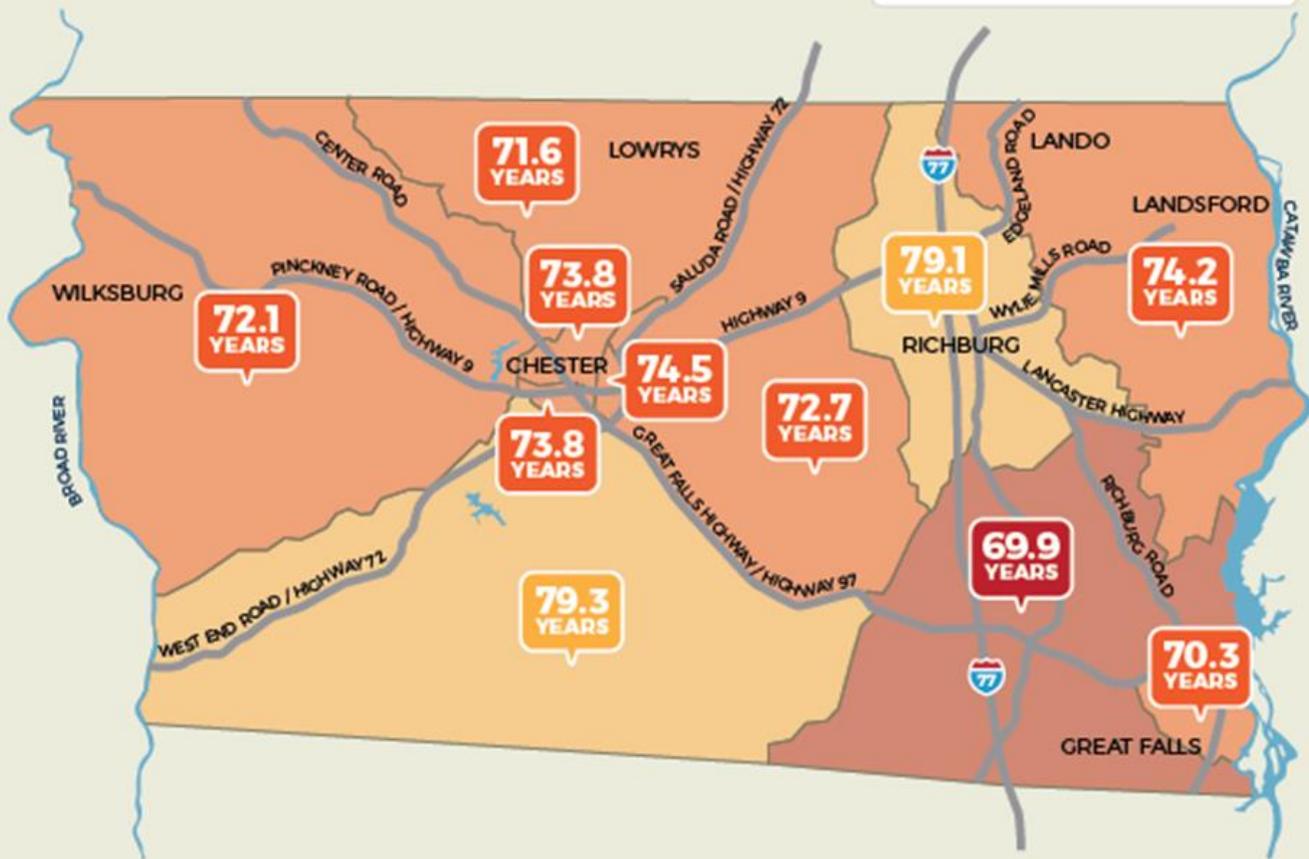
Chester County is a rural county located in South Carolina, covering 586 square miles. It has a population of 20,866 (2019), comprised of 36.8% African American, 60.1% Non-Hispanic Caucasians, and 2.2% Hispanic. The county seat is Chester. Other towns include Fort Lawn, Great Falls, Lowrys, and Richburg. Chester is bound on the east by Catawba River and on the west by Broad River.

According to the 2019 County Health Rankings, Chester County ranked 34th in health outcomes (length and quality of life) and 37th in health factors (influences on health such as environment, behavior, and access to facilities) out of the 46 counties in South Carolina. Approximately 21.2% of Chester County residents are living in poverty, including 30% of those under 18. The leading causes of death are cancer, heart disease, and unintentional injury. Areas of strength for Chester County, include low excessive drinking (15%), low uninsured (12%), higher flu vaccination rate (46%), and higher graduation rate (86%) when compared to state averages.

Opportunities to lead a long and healthy life can vary dramatically by neighborhood and community. This variation is influenced by multiple factors including education, economic opportunities, housing conditions, and access to hospitals and primary care services. Life expectancy simply defined is the average time a person may expect to live. The next page shows the life expectancy map for Chester County. The life expectancy of the county ranges from 79.3 in Cornwell to 69.9 years in Stover. Where do you live?

It's a short distance to a wide gap in life expectancy.

CHESTER, SOUTH CAROLINA



Source: usaleep



What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a three- to five-year strategic plan for addressing public health issues faced by a community. The community identifies and prioritizes their top concerns and come together to work to improve health conditions of residents. In Chester County, efforts were led by a steering committee, which is a group of people representing different sectors and organizations in the community who are invested in the process

The CHIP is designed as a guide to engage partners and stakeholders from a variety of organizations as well as members of the community. The goal is to leverage resources and build relationships that will help the community reach goals outlined in the plans by carrying out action-based strategies. It allows for a diverse group of people to collaborate on common goals to create a healthier Chester County.



The above collage features some notable sites in Chester County including the Chester Little Theater (Photo by Ann Helms), the Brainerd Institute (Photo by [Bill Fitzpatrick](#)), the People's Free Library (Photo by [Bill Fitzpatrick](#)), the Chester State Park (Photos by [South Carolina State Parks](#)), and Cornwell Inn (Photo by [Bill Fitzpatrick](#)). When looking to improve the community, everyone has a role!

Community Health Assessment

The development of the CHIP began in September 2018 with the dissemination of a Community Health Assessments (CHA) along with press and social media releases to encourage awareness and participation. Paper and electronic surveys via SurveyMonkey were provided in Spanish and English to the Chester County School District, doctors' offices, and other locations throughout the county. Surveys included 27 questions collecting demographic information and asking residents about their thoughts on a variety of issues affecting health. Committee members made a targeted effort to get surveys from every zip code in the county.

Interviews were also conducted with key stakeholders in Chester County, including mayors, city/council members, and the school superintendent, to gather more information on how leaders viewed health in their community.

On March 20th, 2019 community members gathered to discuss the results of the assessments and conduct a SWOT analysis. A SWOT analysis examines the strengths, weaknesses, opportunities, and threats that exist in Chester and could contribute to or interfere with making progress towards better health. At the conclusion of this discussion, community members agreed on a date to reconvene for a data walk. Keep reading for an outline of the data walk process.

"The Chester Healthcare Foundation believes collaboration with our many healthcare partners is the most efficient & effective way to achieve our objective of improving health in Chester County."

- Wm. H. Bundy,
President
Chester Healthcare
Foundation

"This comprehensive plan has helped to identify the health priorities for the county and outlines several strategies that the community partners can implement to improve health for all."

- Karen Nichols, Director
of Upper Midlands
Rural Health Network

The Fishing Creek Hydro Station is located on the Catawba River. It was built in 1916 by the Southern Power Company, a predecessor of Duke Power. This dam is accompanied by a lake and Landsford Canal State Park that both provide space for fishing and recreation.

Photos by [Ann Helms](#).



Data Walk

Reviewing the Data

A data walk is an interactive method of sharing data with the community. On November 6th, 2019, upwards of 50 individuals representing various sectors of Chester County gathered at the Chester County School District to carry out the process. Data under consideration was collected from health care organizations, Community Health Assessments, and other sources. The data was sorted and presented in the seven categories of health indicators listed below:

1. **Access to Care:** Insurance Status, Delayed Medical Care, Primary Care, Dental Care,
2. **Maternal & Child Health:** Prenatal Care Entry, Breastfeeding Initiation, Teen Births, Infant Mortality, Preterm Birth, Low Birthweight
3. **Chronic Diseases & Risk Factors:** Associated Chronic Diseases, Healthy Eating/Active Living, Cancer
4. **Infectious Diseases:** Hepatitis, HIV/AIDS, Sexually Transmitted Infections
5. **Behavioral Health:** Mental Health, Depression, Suicide, Alcohol, Tobacco, Substance Abuse
6. **Injury:** Heat Related, Homicide, Assault, Traumatic Brain Injury, Motor Vehicle Accidents
7. **Cross Cutting:** Leading Causes of Death, Poverty Status, Income Inequality, Life Expectancy

Data from each category was displayed on posters (see Appendix B) around the meeting room. At each of these stations, SC DHEC epidemiologists engaged with groups of participants to discuss the data being presented.

Identifying Health Priorities

After completing the data walk, participants discussed what they learned, asked questions, and compared this information against their prior view of health in Chester County. The group was then tasked with collectively identifying three health priorities to address over the next three to five years. A dot-voting method was used where each participant received three dots—one for each of their top three choices—and got to place their dots onto the health indicators of their choosing. Voting revealed the following health priorities as focus areas for the Community Health Improvement Plan:

1. Healthy Eating / Active Living (HE/AL)
2. Access to Care
3. Maternal & Child Health

Participants signed up for workgroups that have begun strategizing and building action plans to address issues related to each health priority.

Reflecting on the Process

Starting with the Community Health Assessments, community members were consulted to ensure that the people and places where data was collected was representative of the county. The data walk empowered community members with the information they needed to make informed decisions for the good of the whole community. Data walk participants were able to merge prior knowledge and experiences with recent county-level data to see the reality of health in Chester County like they never had before. While many have been involved throughout this process, this document is ultimately the result of the dedication and decisions made by those who know and love Chester County the best: the members of its community.



From Plan to Action

The remainder of this Community Health Improvement Plan outlines specific goals and strategies related to the three chosen health priorities. The goal is to use this plan to inspire action, yet it is important to first understand what these actions could look like and where they should be directed.

Know Your Objectives

When deciding how to act, aiming actions towards the right outcomes can make a world of difference for underserved and vulnerable populations.



Equality

Provide each person with the same resources or opportunities.

Equity

Recognize that each person experiences different circumstances and provide the resources or opportunities needed to reach equal outcomes.

Justice

Build on equity and fix systems to ensure equitable access for generations to come.



Throughout the CHIP, you will see a magnifying glass anytime the phrase “through a health equity lens” is used. This phrase refers to the intentional action steps that should be taken to identify and address the areas where health inequities exist. Efforts in Chester County will be inclusive of all populations across the county. Read more about using a health equity lens:

https://www.health.state.mn.us/communities/practice/resources/publications/docs/1609_healthequitylens-conf.pdf

The three chosen health priorities are inspired in part by health disparities present in Chester County. To overcome health disparities and give everyone the same chance at living healthy lives, equity is a vital part of the discussion. With these terms in mind, let’s look at the two levels of action that can be taken (Milken Institute of Public Health, 2020).

#1 Provide resources and opportunities to establish equitable conditions.

The first level of action focuses on addressing inequity. Populations facing health inequities must be identified, proper interventions to address these inequities must be determined, and interventions must be sustainably implemented to establish more equitable conditions. Examples of action at this level would include distributing food in a community lacking a grocery store or

providing COVID-19 saliva tests in the homes of those who are disabled or without transportation. This level of action can be immediate but is often temporary. To be successful, there must be continuous effort and resources dedicated by the program or organization that is providing the interventions.

#2 Identify and reform factors that cause inequitable conditions.

The second level of action focuses on achieving justice. Inequities are identified just as before, but now instead of asking what can be provided to help individuals obtain equitable conditions, the focus is what can be fixed to ensure that special help is no longer necessary? Examples of action at this level would include establishing and operating a FoodShare hub to ensure access to produce and creating safe recreational spaces in a neighborhood that was previously lacking a similar space. This level of action is often more difficult to implement but provides long-term and naturally sustainable solutions that do not have to be maintained by any one program or organization (Grant County Health District, n.d.).

With a better understanding of possible objectives, let's look at strategies to help reach these objectives.

Evidence-Based Interventions

When addressing health priorities, it is important to consider evidence-based interventions (EBIs) that have addressed similar concerns in similar populations. EBIs are programs or procedures that have been proven to be effective through outcome evaluation. Their effects have been clearly linked through repeated study and expert opinion to be the result of the activities themselves and not outside events (University of Missouri, n.d.). Looking at the EBIs available for a certain topic may reveal ideas that community members had not considered before, all while saving the time to develop a new intervention and increasing the chances of success.

The following resources are helpful in the search & adaptation of potential EBIs:

- Connecticut State Department of Public Health – Where to find EBIs
<https://portal.ct.gov/DPH/State-Health-Planning/Healthy-Connecticut/Where-to-Find-Evidence-based-Interventions-and-Methods>
- Snap-Ed Toolkit – List of Interventions
<https://snapedtoolkit.org/interventions/list-of-interventions/>
- Scaling up Evidence-Based Interventions in US Public Systems to Prevent Behavioral Health Problems: Challenges and Opportunities
<https://link.springer.com/article/10.1007/s11121-019-01048-8>
- Methods for Translating Evidence-Based Behavioral Interventions for Health Disparity Communities
https://www.cdc.gov/pcd/issues/2013/13_0133.htm
- Rural Health Information Hub: Rural Health Models and Innovations
<https://www.ruralhealthinfo.org/project-examples>

Policy, Systems, and Environmental Change

In order to support health, there must be policy, systems, and environments (PSE) that allow health promotion and disease prevention to successfully take place. EBIs that go beyond influencing individual behavior and provide people with readily available healthy options in their communities are considered to be making PSE changes. The changes take place at a community or population level and most often influence laws, rules, and physical landscapes. PSE changes can be more difficult because they require design, advocacy, and implementation of changes in addition to continued education and enforcement to ensure the best outcomes. However, once in place, their benefits are often self-sustaining (Grant County Health District, n.d.; Rural Health Information Hub, n.d.).

Policy Change

- Includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules.
- Government bodies (federal, state, local), school districts and schools, healthcare organizations (hospitals, health systems), worksites, and other community institutions (daycare centers, senior living centers, faith institutions) can all make policy changes.
- Policies influence the daily decisions people make. Laws that are passed can greatly influence the daily decisions individuals make about their health.

Examples

- Passing a law allowing residents to plant community gardens in vacant lots.
- Establishing a policy that prohibits junk food in school fundraising drives.
- Tobacco-free workplace laws and tobacco-free school campus policies. Tobacco-free encompasses cigarettes, e-cigarettes, and vapes.

Systems Change

- Involves changes made to the rules within an organization. Often works along with policy change.
- Impacts all elements of an organization. Focuses on changing infrastructure within a school, park, worksite, or health setting.

Examples

- Implementing WIC voucher reimbursement procedures for Farmer's Markets.
- Implementing a healthy lunch program across the state school system.
- Ensuring a hospital system is tobacco-free.

Environmental Change

- A change made to the physical environment.
- As simple as installing bike signage on already established bike routes, or as complex as building a sidewalk and pedestrian friendly intersections to promote walking and biking among citizens.

Examples

- Incorporating sidewalks, paths, and recreation areas into community design.

What's the Difference Between PSE change and Programs?

| Setting | Program/Events | PSE Change |
|-----------|--|--|
| School | Celebrate a national nutrition month | Add fruits and vegetables to the cafeteria options in schools |
| Community | Host a community fun run to raise awareness about diabetes | Add sidewalks, cross-walks, and bike lanes to make walking and biking safer and more enjoyable |
| Worksite | Hold health screenings for staff | Implement a healthy vending machine policy that offers healthy snacks at an affordable price |
| Hospital | Hold free breastfeeding courses for new moms | Implement steps to become a 'baby friendly hospital' |

Tables adapted from *What is PSE? Fairfield*.

For more information and examples of PSE change:

- Rural Health Information Hub – Examples of PSE Change Interventions
<https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental#:~:text=Examples%20of%20PSE%20Change%20Interventions&text=Activities%20include%20a%20public%20education,biking%2C%20and%20improving%20public%20spaces.>
- Action4PSE Change – Real-World PSE Change Examples
<http://action4psechange.org/about-pse-change/pse-examples/>

What About Funding?

Implementing EBIs or creating PSE changes may sound like huge endeavors--and ones that come at a price. However, there are options available whether funding is available or not.

Without Funding

Funding is not a requirement for making a difference in Chester County. Actions that require little or no funding include conducting community assessments of walkability or bikeability, providing education to schools or organizations, hosting volunteer events, sharing educational and programmatic information on social media, and meeting with local officials to influence policy. Coalitions across the Midlands have had great success in the absence of funding, so do not feel discouraged by a lack of funds.

Eat Smart Move More SC broke down strategies for addressing common issues without funding:

- Strategies to Improve Access to Healthy Foods & Places to Be Active
https://eatsmartmovemoresc.org/pdf/Documents_Reports/esmmsc-reports/PSE_Change_Strategies.pdf

With Funding

The advantage of a CHIP is that it allows a community to have a clear understanding of its health goals and objectives and can use this understanding to locate relevant funding opportunities. Grant funding is a great option for groups looking to implement community health interventions. Grants are funds offered by an individual organization for use by another group to finance an agreed upon program or venture. The money does not have to be repaid, but it may include limitations or requirements as to how the money can be used. Grants can come from corporations, non-profit organizations, and government entities ranging from the county to federal level (Grants.gov, n.d.).

Use the following resources from Grant.gov to get started finding funding:

- Getting Started Checklist
<https://www.grants.gov/web/grants/learn-grants/grants-101/getting-started-checklist.html>
- How to Search Grants
<https://www.grants.gov/help/html/help/SearchGrants/SearchGrantsTab.htm>
- Search Grants
<https://www.grants.gov/web/grants/search-grants.html>

Capacity Building Here, There, & Everywhere

To address any of the aforementioned health priorities, the community must build its capacity to respond. Every community, group, and person offers unique skills and strengths and has the ability to think creatively, problem solve, and work together for the benefit of others. Community capacity is the strategic interaction of human capital, social capital, and organizational resources to improve the health and well being of a community (Chaskin, 2001). Capacity building promotes the capacity of communities to develop, implement, and sustain solutions to problems using methods that allow them to exercise control over their physical, economic, social, and cultural environments. In some way, every group working to achieve the CHIP's health priorities can benefit from building capacity. Capacity building efforts include:

| |
|---|
| Developing skills and building confidence of groups and individuals |
| Enhancing community processes for decision making and problem solving |
| Defining a common vision for the future |
| Implementing practical strategies to bring about change |
| Promoting inclusion, social justice, and health equity |

(Stuart, 2019)

- What is Community Capacity Building?
<https://sustainingcommunity.wordpress.com/2014/03/10/ccb/>
- Measuring Community Capacity Building: A Workbook-in-Progress for Rural Communities
https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/csg/Measuring_Community_Capacity_Building.pdf

Health Priority 1:

Healthy Eating/Active Living

Overview

Healthy Eating/Active Living (HE/AL) addresses topics including access to healthy food, obesity, and places to be active. Poor nutrition and sedentary lifestyles are the main risk factors for obesity and other chronic conditions, so efforts will look to target and alter these behaviors. Results from the Community Health Assessment reveal that Overweight/Obesity is one of the top three community health concerns for Chester County residents. The community decided to combine this committee with Eat Smart Move More Chester County to leverage resources, increase collaboration and reduce duplication of efforts. Below are data points which helped lead to this decision.

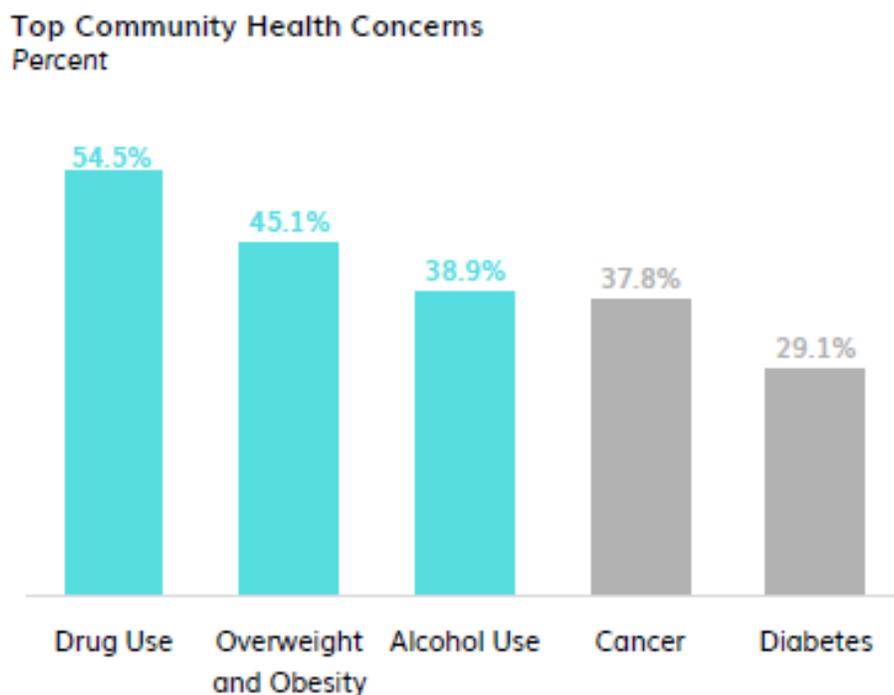
In Chester County, 33.5% of adults are obese.

Obesity is linked to a variety of other health issues, including diabetes, stroke, heart disease, high blood pressure, and even some cancers.

Healthy eating is also an issue of concern.

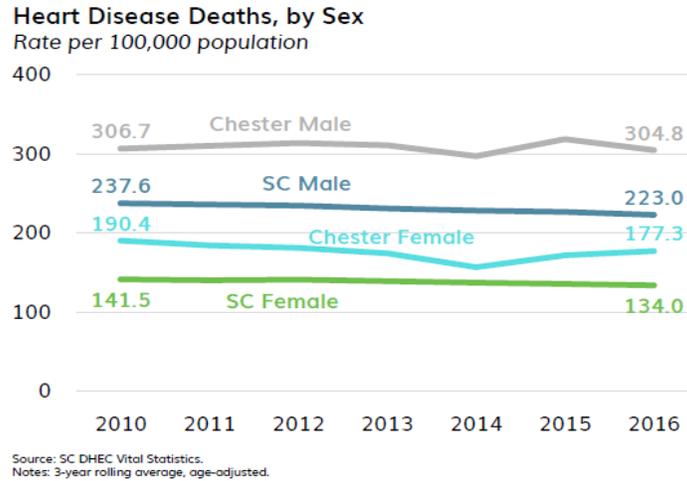
48.6% of adults do not eat a fruit at least once a day & 32.2% of adults do not eat a vegetable at least once per day.

The **Chester County Community Survey** indicated the following health issues as **top concerns**. As the second greatest concern, overweight and obesity inspired HE/AL as a top health priority.

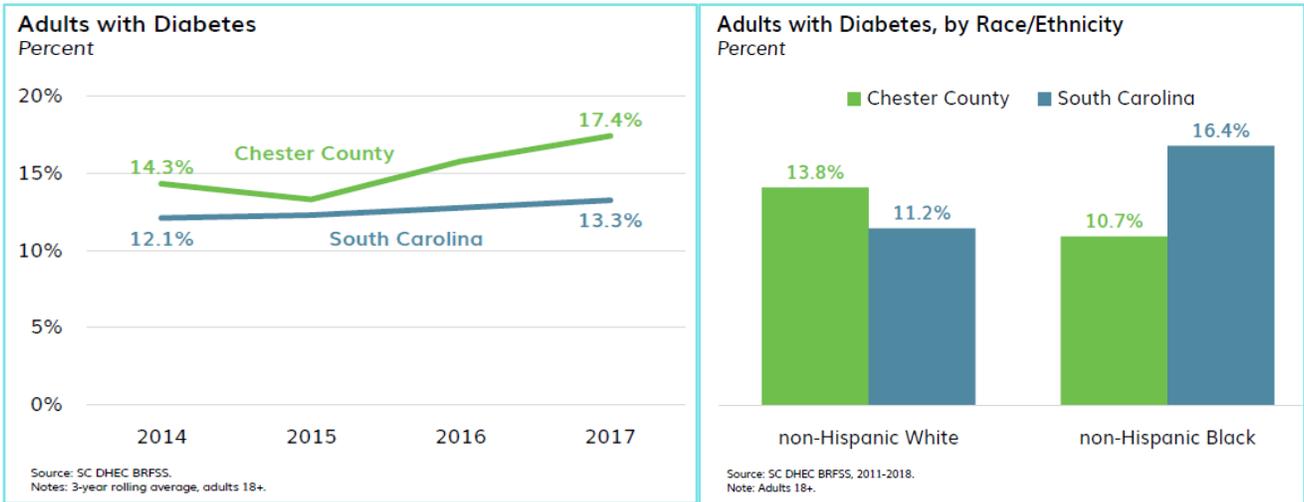


Source: Community Engagement Survey distributed from July 2018 – July 12, 2019.

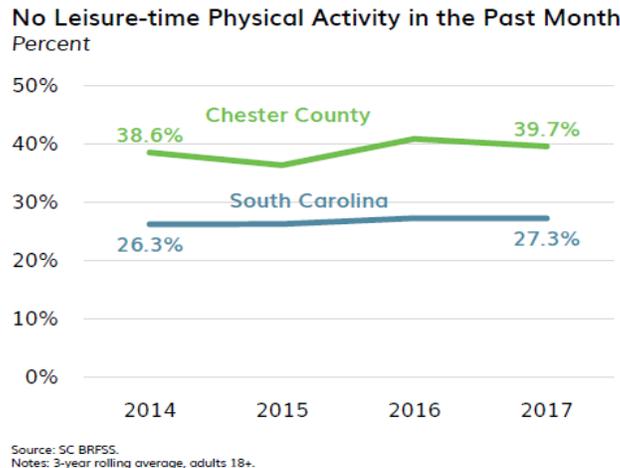
Heart disease deaths are higher in Chester County when compared to the state of South Carolina.



In Chester County overall 17.4% of Adults have Diabetes and 10.5% have Prediabetes. Rates according to race and ethnicity are shown below.



Sedentary lifestyles are higher in Chester County when compared to South Carolina. 34.9% of men and 40.8% of women report no leisure time physical activities in the past month.



Goal 1: Through a health equity lens, increase countywide capacity for coordinated efforts and partnerships to promote HE/AL.

Strategies

- Promote capacity building to expand efforts countywide.
- Identify underserved areas and assess access to local initiatives to achieve health equity.
- Provide educational opportunities for coalition members regarding coalition structure, social determinants of health, and health equity.

Resources

- Live Healthy South Carolina
<https://livehealthy.sc.gov/>
- Eat Smart Move More SC
<http://eatsmartmovemore.org/>
- CDC Division of Nutrition, Physical Activity, and Obesity
<https://www.cdc.gov/nccdphp/dnpao/index.html>
- American Heart Association Healthy School Meals
<https://www.heart.org/en/get-involved/advocate/federal-priorities/school-meals>
- Alliance for a Healthier Generation
<https://www.healthiergeneration.org/>

Potential Partners

- Catawba Farm and Food Coalition
 - Chester County Community Coalition
 - Chester County Elected Officials
 - Chester County Parks and Recreation
 - Chester County School District
 - Eat Smart Move More Chester County
 - Upper Palmetto YMCA
- See Appendix A for complete list.

Take Action in Your Community

- **Fundamentals of Community Coalition Building**
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>
- **Blueprint for Health**
<https://scorh.net/blueprint-for-health/>
- **Coalition Guide Resource**
<https://scdhec.gov/sites/default/files/Library/CR-012013.pdf>
- **Coalition Building Partnerships**
<https://eatsmartmovemore.org/open-community-use-of-school-recreational-areas/>

Goal 2: Through a health equity lens, increase policy, systems, and environmental (PSE) approaches that promote HE/AL.

Strategies

- Assess resources that support HE/AL and identify underserved areas with gaps in access.
- Engage with stakeholders and community members to address needs and improve environments to support HE/AL.
- Identify & implement evidence-based interventions (EBIs) that bring sustainable PSE change to the county with a focus on underserved populations.

Resources

- Live Healthy South Carolina
<https://livehealthy.sc.gov/>
- Eat Smart Move More SC
<http://eatsmartmovemore.sc.org/>
- CDC Division of Nutrition, Physical Activity, and Obesity
<https://www.cdc.gov/nccdphp/dnpao/index.html>
- American Heart Association Healthy School Meals
<https://www.heart.org/en/get-involved/advocate/federal-priorities/school-meals>
- Alliance for a Healthier Generation
<https://www.healthiergeneration.org/>

Potential Partners

- Chester County 4-H
- Chester County School District
- Chester County Sheriff's Department
- Clemson Extension
- Department of Juvenile Justice
- DHEC Snap-Ed
- Fort Lawn Community Center
- Nurse Family Partnership
- Upper Midlands Rural Health Network
- Upper Palmetto YMCA
[See Appendix A for complete list.](#)

Take Action in Your Community

- **County Health Rankings What Works for Health**
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>
- **Creating Active Community Environments: A Grassroots Guide**
<https://scdhec.gov/sites/default/files/Library/CR-012013.pdf>
- **Open Community Use**
<https://eatsmartmovemore.sc.org/open-community-use-of-school-recreational-areas/>
- **Individually Adapted Health Behavior Change Programs**
<https://www.thecommunityguide.org/findings/physical-activity-individually-adapted-health-behavior-change-programs>
- **National Diabetes Prevention Program**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Blood Pressure Self-Monitoring**
<https://www.ymca.net/blood-pressure-self-monitoring>
<http://upymca.org/programs/health/>
- **Faith, Activity, and Nutrition (FAN)**
<http://prevention.sph.sc.edu/projects/fantraining.htm>
- **Veggie RX**
<https://www.freshapproach.org/veggierx/>
- **FoodShare**
<https://foodsharesc.org/about-us/>
- **LiveSTRONG**
<http://upymca.org/livestrong-at-the-ymca/>

Health Priority 2:

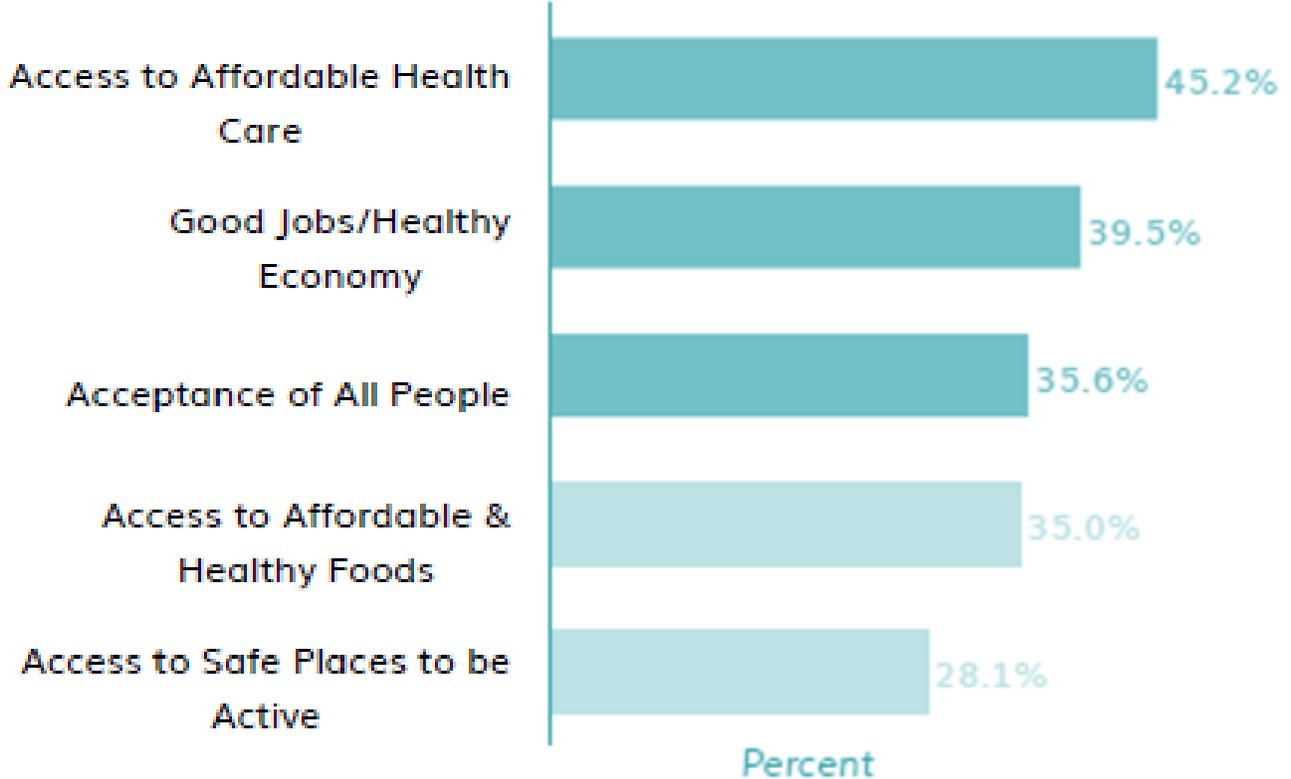
Access to Care

Overview

Access to care relates to insurance cost and status, as well as availability of and proximity to providers. Access to affordable health care was identified as the number one factor for a healthy community in the Chester County Community Health Assessment. According to the National Rural Health Snapshot, there are 13.1 Primary Care Physicians (PCP) per 10,000 residents in rural communities. In Chester County, there are only 2.8 PCP per 10,000 residents. This priority also addresses barriers caused by lack of knowledge and fear. Addressing access to care is essential because it addressed unmet health needs, financial burdens, and delays in receiving necessary care. Below are data points that led to identifying Access to Care as a priority.

45.2% of residents designated access to affordable health care as a top factor contributing to the health of a community on the Community Health Assessment.

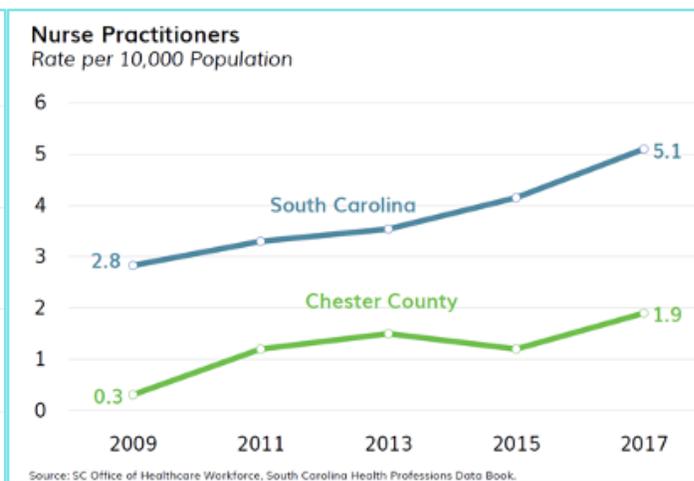
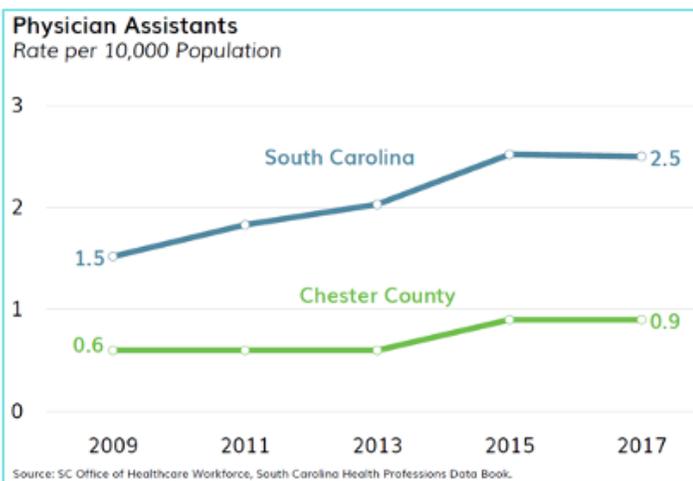
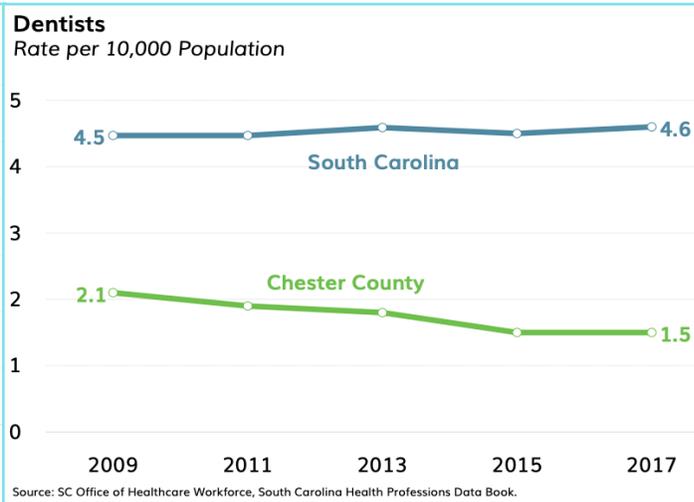
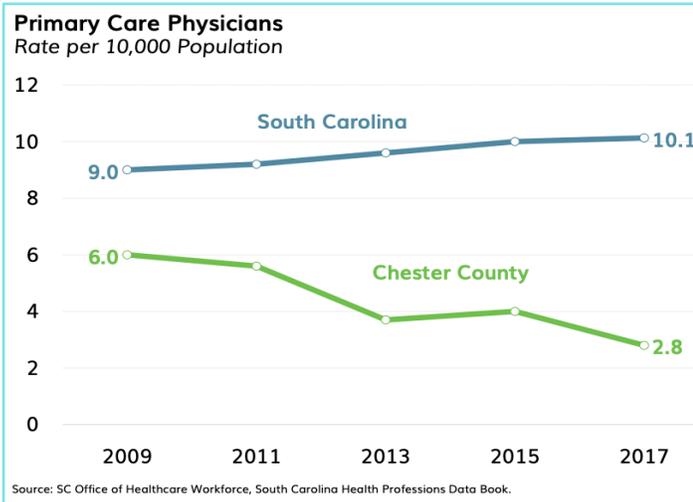
Top Factors for a Healthy Community



Source: Community Engagement Survey distributed from July 2018 – July 12, 2019.

There have been major declines over the years in the number of **Primary Care Physicians and Dentists**, while there has been some increase in the number of Nurse Practitioners and Physician Assistants in the county.

Having a primary care provider who serves as the usual source of care is associated with **greater patient trust**, better **patient-provider communication**, **increased likelihood of receiving appropriate care**, and **lower mortality from all causes**.



Goal 1: Increase awareness of health disparities and provide access to resources to support all residents in living long, healthy lives.

Strategies

- Assess current availability of health services and identify gaps.
- Expand awareness of factors contributing to health and health disparities.
- Work through a health equity lens to ensure residents have access to evidence-based chronic disease management and prevention services. 

Resources

- SC Office of Rural Health
<https://scorh.net/>
- Health Facilities and Services Locator
<https://sc-dhec.maps.arcgis.com/apps/webappviewer/index.html?id=e8b4eea83cab491bb3e3663093e14656>
- National Rural Health Snapshot
<https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>
- Chronic Illness & Mental Health
<https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>

Potential Partners

- Chester County Health Care Providers
 - Mid-Carolina Area Health Education Consortium (AHEC)
 - Nurse Family Partnership
 - Upper Midlands Rural Health Network (UMRHN)
- See Appendix A for complete list.

Take Action in Your Community

- **National Diabetes Prevention Program**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Hypertension Management Program**
<https://www.clemson.edu/extension/health/programs/hypertension-control.html>
- **Better Choices Better Health**
<https://www.cdc.gov/arthritis/interventions/programs/better-health.htm>

While bringing in more physicians may not be feasible, giving community members access to chronic condition management programs may reduce their need to seek healthcare services.

Goal 2: Through a health equity lens, increase policy, systems, and environmental (PSE) approaches that support and improve access to quality comprehensive health care services.



Strategies

- Support the health care workforce and related organizations to promote the availability of cultural and linguistic competency training.
- Improve environments to support healthy eating, active living, and tobacco-free living.
- Implement evidence-based interventions that will bring sustainable PSE changes to underserved populations as well as the entire county.

Resources

- SC Health + Planning Toolkit
<https://scdhec.gov/sites/default/files/Library/SCHealthPlanningToolkit.pdf>
- Live Healthy SC
<https://livehealthy.sc.gov/>
- State Health Improvement Plan
https://livehealthy.sc.gov/sites/default/files/Documents/SHA%20chapters/sc_rural_health_action_plan_sc_ship.pdf
- SC Rural Health Action Plan
https://scorh.net/wp-content/uploads/2019/04/RECS012219_yellow.pdf
- Medical Guide 2020
<https://www.onlinechester.com/content/medical-guide-2020>

Potential Partners

- Chester County Health Care Providers
- Chester County Health Department
- Mid Carolina Area Health Education Consortium (AHEC)
- Nurse Family Partnership
- SC Office of Rural Health (SCORH)
- Upper Midlands Rural Health Network
[See Appendix A for complete list.](#)

Take Action in Your Community

- **National Diabetes Prevention Program**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Hypertension Management Program**
<https://www.clemson.edu/extension/health/programs/hypertension-control.html>
- **Community Health Workers**
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers>
- **Better Choices Better Health**
<https://www.cdc.gov/arthritis/interventions/programs/better-health.htm>

While bringing in more physicians may not be feasible, giving community members access to chronic condition management programs may reduce their need to seek healthcare services.

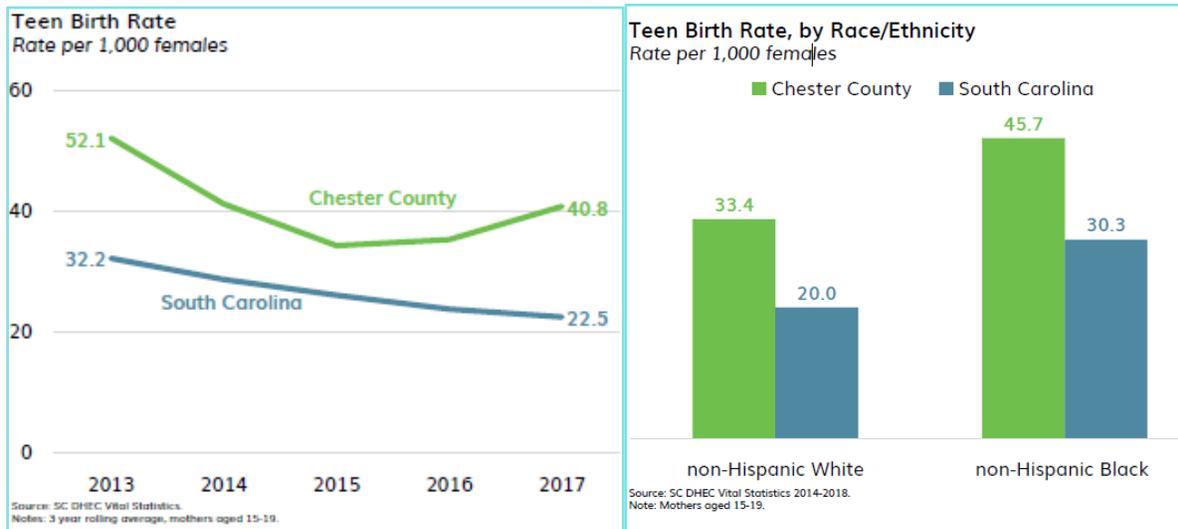
Health Priority 3:

Maternal & Child Health

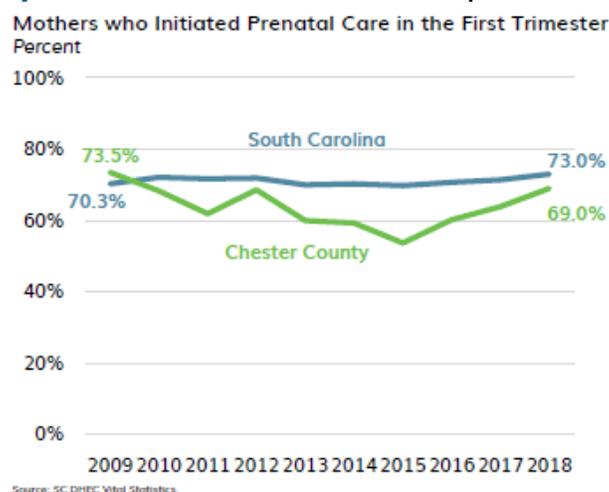
Overview

Maternal and child health is an important public health issue. A mother's health and behaviors during pregnancy greatly affects the child's long-term health. The Maternal and Child Health Committee felt it was important to look at teen birth rates in Chester County and found that despite efforts, rates are increasing. Below are additional data points which led to identifying Maternal and Child Health as a health priority.

Teen Births for Chester County are on the rise and are significantly higher than those for the state. Teen birth rates are **18.8 per 1,000 in the US**, **22.5 per 1,000 in SC**, and **40.8 per 1,000 females in Chester County** aged 15-19 in 2017. In 2018, Chester County ranked **#1 in the state** for teen birth rate.



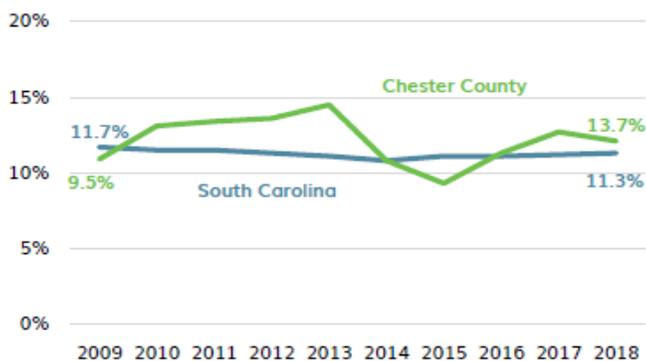
Early and regular prenatal care can help a mother have a **healthy pregnancy and full-term baby**. In Chester County, **only 69.0% of mothers** initiated prenatal care in their first trimester.



Preterm Birth is defined as a baby born **before 37 weeks**.

Babies born too early, **especially before 32 weeks**, have higher rates of death and disability.

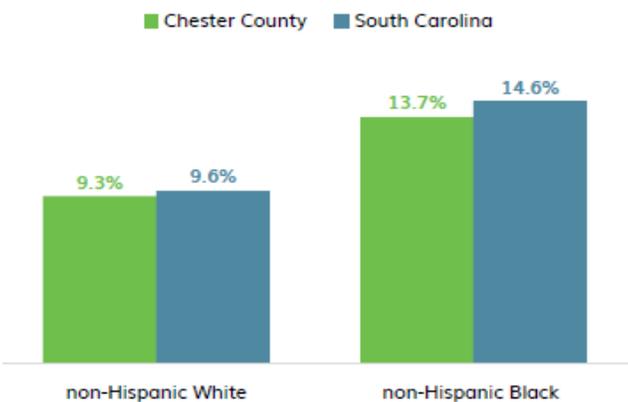
Preterm Birth Percent



Source: SC DHEC Vital Statistics

Note: Infants born <37 Weeks

Preterm Birth, by Race/Ethnicity Percent



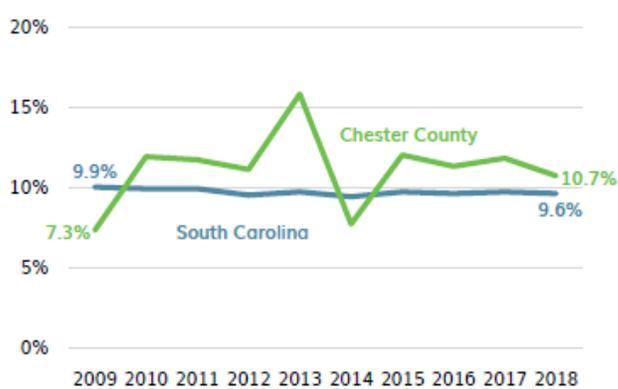
Source: SC DHEC Vital Statistics 2014-2018

Note: Infants born <37 Weeks

Low birthweight is defined as weighing **less than 5 pounds, 8 ounces**.

Some low birthweight babies can have **serious health consequences** that require treatment.

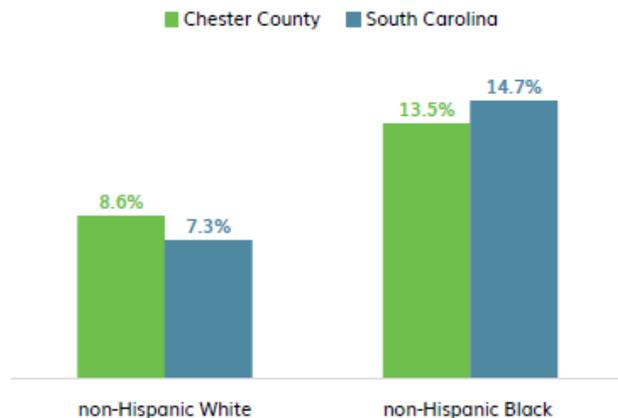
Low Birthweight Percent



Source: SC DHEC Vital Statistics

Note: Infants born <5 pounds, 8 ounces

Low Birthweight, by Race/Ethnicity Percent



Source: SC DHEC Vital Statistics 2014-2018

Note: Infants born <5 pounds, 8 ounces

See Appendix C for Chester County's Fact Forward Profile that provides additional information on **teen sexual health behaviors**.

Goal 1: Improve the health and well-being of women, infants, children, and families by increasing the proportion of pregnant women who receive quality early prenatal care.

Strategies

- Assess current services and initiatives.
- Identify gaps and barriers to access.
- Coordinate efforts to increase access to prenatal care.

Resources

- Fact Forward
<https://www.factforward.org/>
- County Health Rankings and Roadmaps
https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies?keywords=mental+health+&sort_by=best_match

Potential Partners

- Chester County First Steps
- Chester County Health Department
- Chester County School District
- Nurse Family Partnership
See Appendix A for complete list.

Take Action in Your Community

- **Women, Infants and Children (WIC) Program**
<https://scdhec.gov/health/wic-nutrition-program>
- **Nurse Family Partnership**
<https://www.nursefamilypartnership.org/locations/south-carolina/>
- **Summary & Recommendations for Preventing Low Birthweight**
<https://www.ncbi.nlm.nih.gov/books/NBK214456/>
- **Community Guide Recommendations for Pregnancy Health**
<https://www.thecommunityguide.org/topic/pregnancy-health>

Goal 2: Support positive youth development to reduce teen pregnancy rates.

Strategies

- Assess current services and initiatives in the community that support youth development.
- Assess current services and initiatives in place for pregnant teens.
- Engage stakeholders and community members to coordinate efforts.
- Identify & implement evidence-based interventions to support youth development and reduce teen pregnancies.

Resources

- Fact Forward
<https://www.factforward.org/>
- County Health Rankings and Roadmaps
https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies?keywords=mental+health+&sort_by=best_match

Potential Partners

- Chester County First Steps
- Chester County Health Department
- Chester County School District
- Nurse Family Partnership
See Appendix A for complete list.

Take Action in Your Community

- **Draw the Line/Respect the Line**
<https://www.factforward.org/education-and-training/curriculum/draw-linerespect-line>
- **Making Proud Choices**
<https://www.factforward.org/education-and-training/curriculum/making-proud-choices>
- **HHS Teen Pregnancy Prevention Evidence Review**
<https://tppevidencereview.youth.gov/EvidencePrograms.aspx>
- **CDC Teen Pregnancy Communitywide Initiatives**
[https://www.cdc.gov/teenpregnancy/projects-initiatives/communitywide.html#:~:text=Evidence%2Dbased%20teen%20pregnancy%20prevention%20\(TPP\)%20programs%20are%20programs,infections%2C%20or%20sexual%20risk%20behaviors.](https://www.cdc.gov/teenpregnancy/projects-initiatives/communitywide.html#:~:text=Evidence%2Dbased%20teen%20pregnancy%20prevention%20(TPP)%20programs%20are%20programs,infections%2C%20or%20sexual%20risk%20behaviors.)

Acknowledgements

We would like to thank everyone for their support, patience, assistance, and hard work during this process. There is no I in team, and we know without all of us joining forces together we would not have completed our first Community Health Improvement Plan. Community improvement starts within the community and we can now honorarily consider all of you a proud member of Chester County. We will never forget your input and impact as we continue this journey.

Arras Foundation

Chester County First Steps

Chester County School District

Chester Healthcare Foundation

Chester Residents, Partners, and Organizations

Eat Smart Mover More (ESMM) Chester County

Fort Lawn Community Center (FLCC)

Great Falls Referral & Assistance Service Project (GRASP)

Hazel Pittman Center

SC Department of Health and Environmental Control (DHEC)

Upper Midlands Rural Health Network (UMRHN)

Special thanks to Ann Helms and Bill Fitzpatrick for providing consent for use of original photographs.

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<https://sustainingcommunity.wordpress.com/2014/03/10/ccb/>
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https://ebi.missouri.edu/?page_id=52

Appendix A

Community Partners

- Catawba Farm and Food Coalition
- Chester County 4-H
- Chester County Community Coalition
- Chester County Elected Officials
- Chester County First Steps
- Chester County Health Department
- Chester County School District
- Chester County Sheriff's Department
- Clemson Extension
- Department of Juvenile Justice
- DHEC Snap-Ed
- Eat Smart Move More Chester County
- Fort Lawn Community Center
- Hazel Pittman Center
- Mid-Carolina AHEC
- Medical University of South Carolina (MUSC) Health – Chester Medical Center
- Nurse Family Partnership
- Parks and Recreation
- SC Office of Rural Health
- Upper Midlands Rural Health Network
- Upper Palmetto YMCA

Appendix B

Data Posters

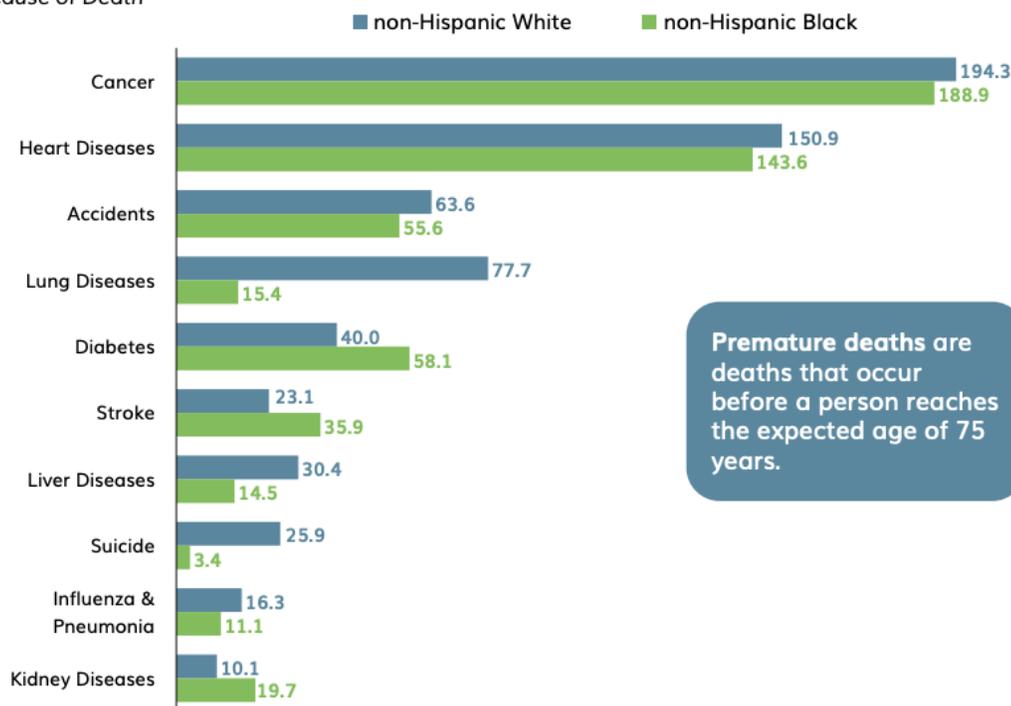


Cross-Cutting Chester County Health Equity



Leading Causes of Premature Death Before Age 75, by Race/Ethnicity

Cause of Death



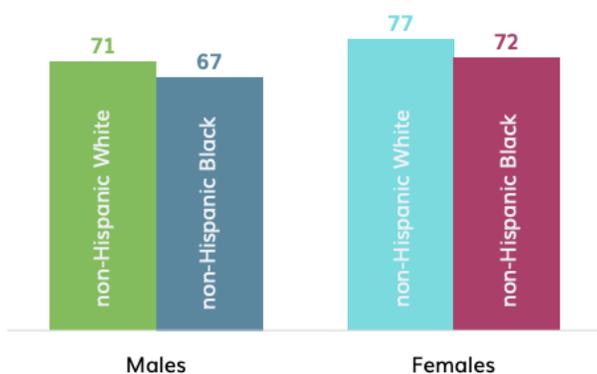
Premature deaths are deaths that occur before a person reaches the expected age of 75 years.

Rate per 100,000 population

Source: SC DHEC Vital Statistics, 2009-2018.

Median Age of Death, by Sex and Race/Ethnicity

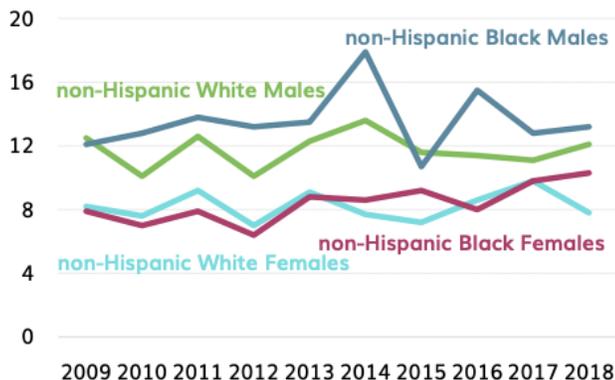
Age in Years



Source: SC DHEC Vital Statistics, 2016-2018.

All Cause Mortality, by Race/Ethnicity and Sex

Rate per 100,000 population



Source: SC DHEC Vital Statistics.
Note: Age-adjusted.

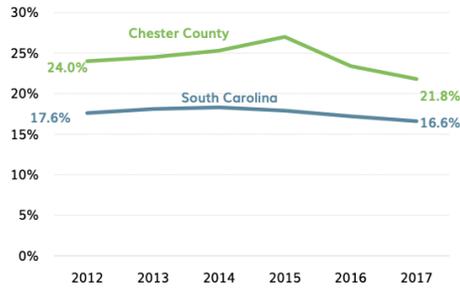


Cross-Cutting Chester County



Poverty Status

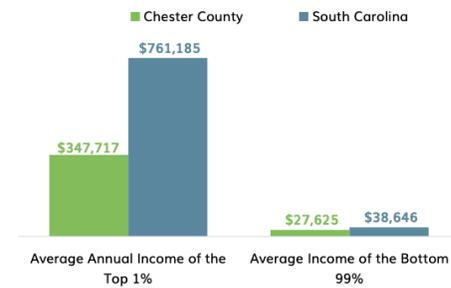
Population Living Below the Poverty Line
Percent



Source: American Community Survey, 2013-2017.
Note: 5-year estimates.

Income Inequality

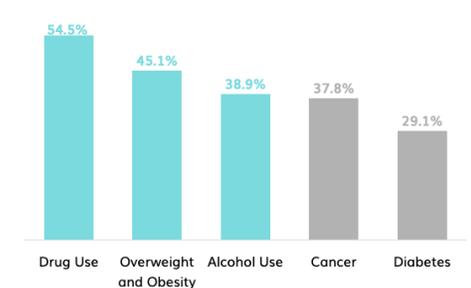
Income Inequality
Dollars



Source: Economic Policy Institute, 2018.
Note: Data is based on tax units.

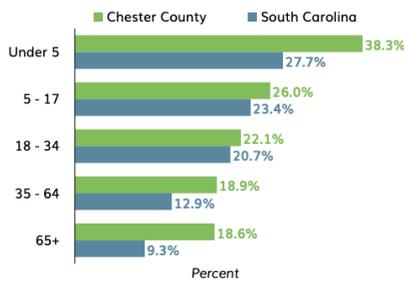
Community Survey

Top Community Health Concerns
Percent



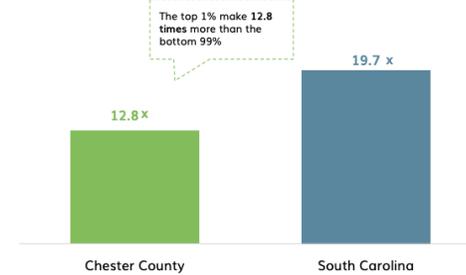
Source: Community Engagement Survey distributed from July 2018 - July 12, 2019.

Population Living Below the Poverty Line, by Age Group
Age Group



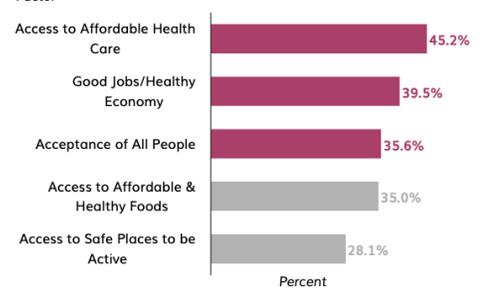
Source: American Community Survey, 2013-2017.
Note: Poverty status is based on total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition.

Top-to-Bottom Ratio
Number



Source: Economic Policy Institute, 2018.
Note: Data is based on tax units.

Top Factors for a Healthy Community
Factor



Source: Community Engagement Survey distributed from July 2018 - July 12, 2019.

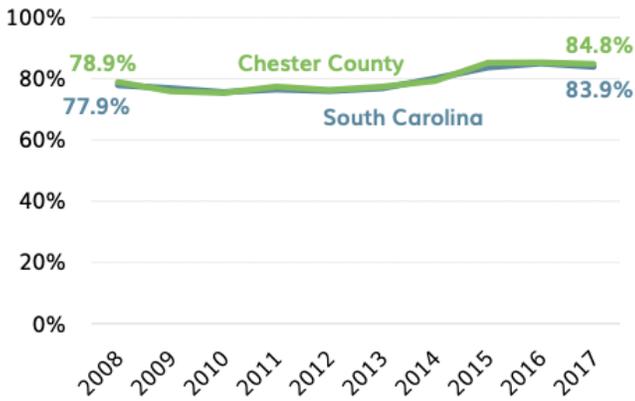


Access to Care Chester County



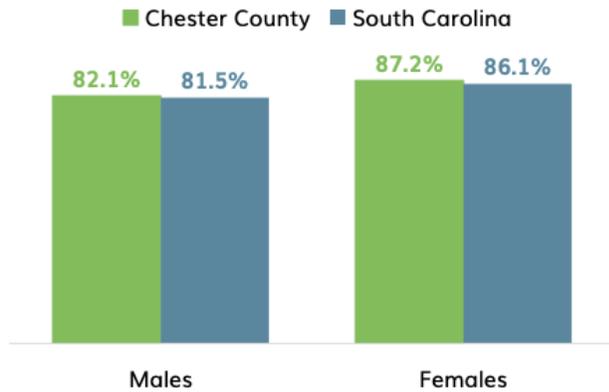
Insurance Status

Health Care Insurance Among Adults
Percent



Source: US Census Bureau Small Area Health Insurance Estimates.
Note: Adults 18-64.

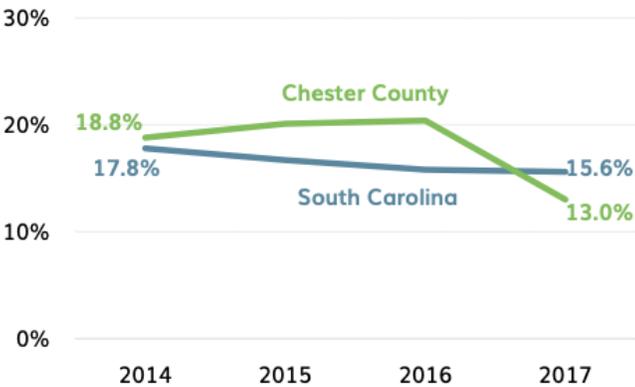
Health Care Insurance Among Adults, by Sex
Percent



Source: US Census Bureau Small Area Health Insurance Estimates.
Note: Adults 18-64.

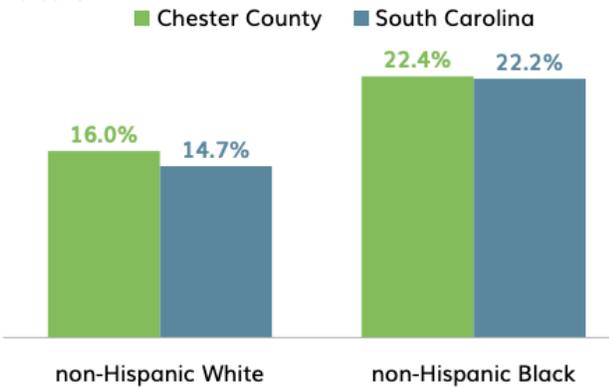
Delayed Medical Care

Delayed Medical Care due to Cost
Percent



Source: SC DHEC BRFS.
Notes: 3-year rolling average, adults 18+.

Delayed Medical Care due to Cost, by Race/Ethnicity
Percent



Source: SC DHEC BRFS, 2011-2018.
Note: Adults 18+.





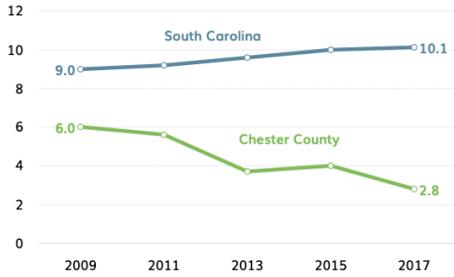
Access to Care Chester County



Primary Care Providers

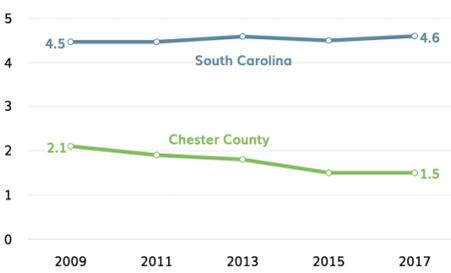
Dental Care Among Adults

Primary Care Physicians
Rate per 10,000 Population



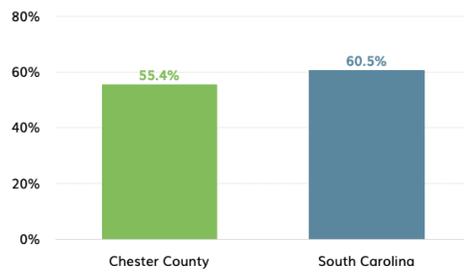
Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

Dentists
Rate per 10,000 Population



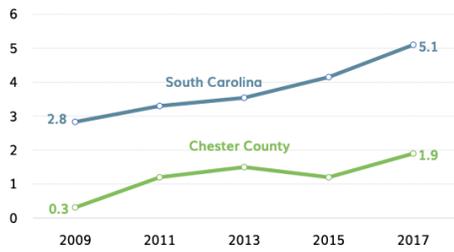
Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

Dental Care in the Past Year Among Adults
Percent



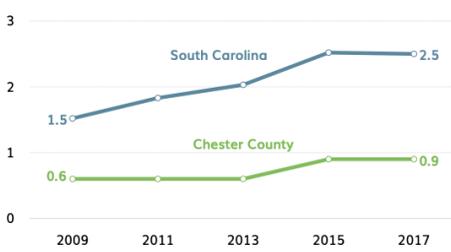
Source: SC DHEC BRFSS, 2014, 2016, 2018.
Note: Adults 18+.

Nurse Practitioners
Rate per 10,000 Population



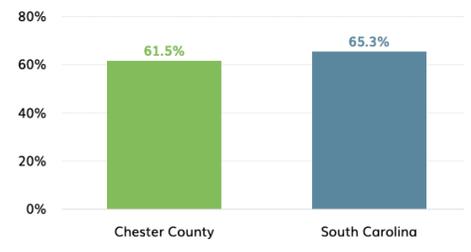
Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

Physician Assistants
Rate per 10,000 Population



Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

Dental Care Among Insured Adults
Percent



Source: SC DHEC BRFSS, 2014, 2016, 2018.
Note: Adults 18+.

Providers

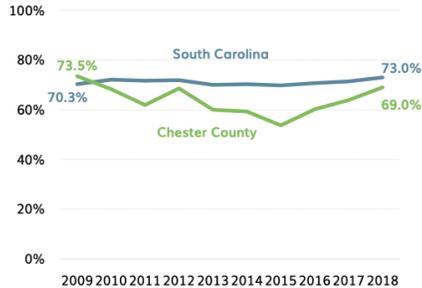


Maternal and Child Health Chester County



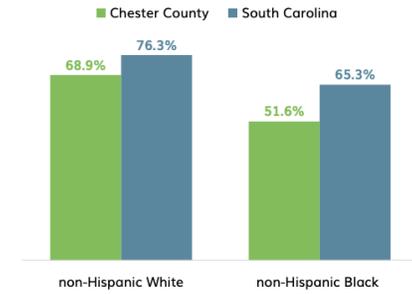
Prenatal Care Entry

Mothers who Initiated Prenatal Care in the First Trimester
Percent



Source: SC DHEC Vital Statistics.

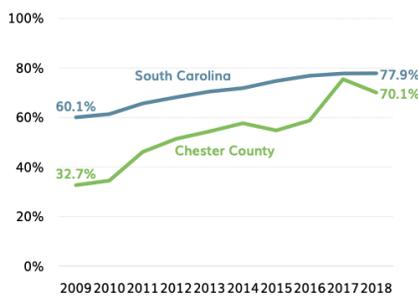
First Trimester Prenatal Care Entry, by Race/Ethnicity
Percent



Sources: SC DHEC Vital Statistics, 2014-2018.

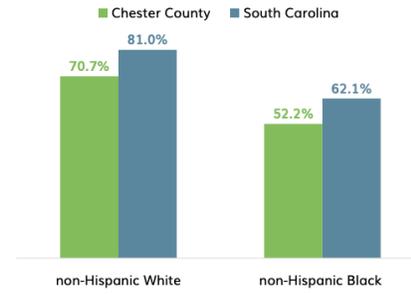
Breastfeeding Initiation

Breastfeeding Initiation at Birth
Percent



Source: SC DHEC Vital Statistics.
Note: Among live births.

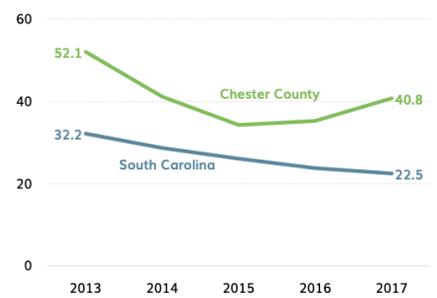
Breastfeeding Initiation, by Race/Ethnicity of the Mother
Percent



Source: SC DHEC Vital Statistics 2014-2018.
Note: Among live births.

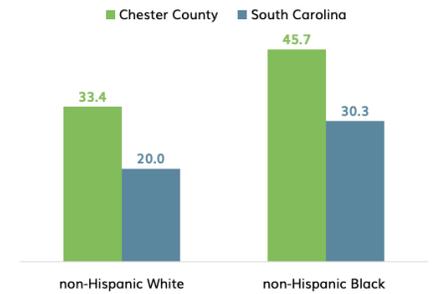
Teen Births

Teen Birth Rate
Rate per 1,000 females



Source: SC DHEC Vital Statistics.
Notes: 3 year rolling average, mothers aged 15-19.

Teen Birth Rate, by Race/Ethnicity
Rate per 1,000 females



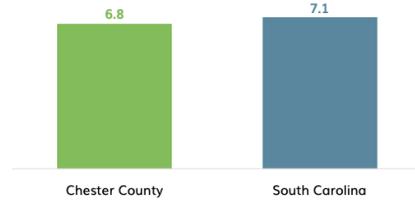
Source: SC DHEC Vital Statistics 2014-2018.
Note: Mothers aged 15-19.

Maternal and Child Health



Infant Mortality

10-Year Infant Mortality Rate
Rate per 1,000 live births



Source: SC DHEC Vital Statistics, 2008-2017.

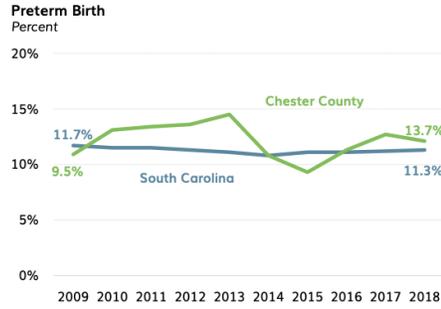
Leading Causes of Infant Death

| Ranking | Chester County | South Carolina |
|---------|----------------------------|------------------------------|
| 1 | Birth Defects | Birth Defects |
| 2 | Preterm or Low Birthweight | Preterm or Low Birthweight |
| 3 | Homicide | Sudden Infant Death Syndrome |

Source: SC DHEC Vital Statistics, 2008-2017.

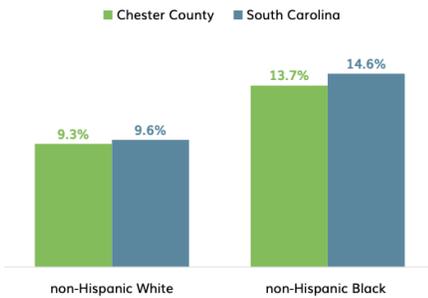
Maternal and Child Health Chester County

Preterm Birth



Source: SC DHEC Vital Statistics
Note: Infants born <37 Weeks

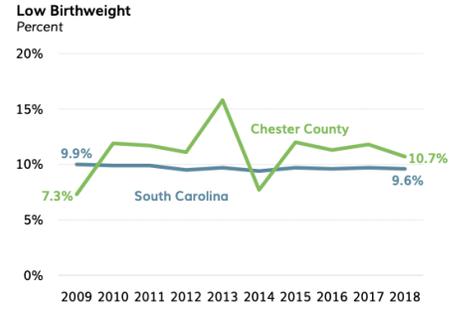
Preterm Birth, by Race/Ethnicity



Source: SC DHEC Vital Statistics 2014-2018.
Note: Infants born <37 Weeks

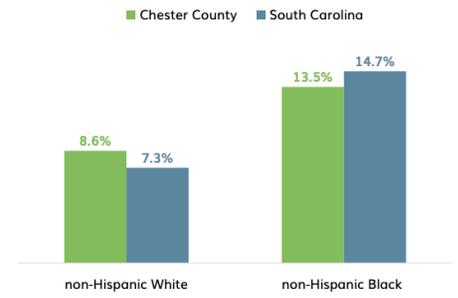


Low Birthweight



Source: SC DHEC Vital Statistics
Note: Infants born <5 pounds, 8 ounces

Low Birthweight, by Race/Ethnicity



Source: SC DHEC Vital Statistics 2014-2018.
Note: Infants born <5 pounds, 8 ounces

Maternal and Child Health

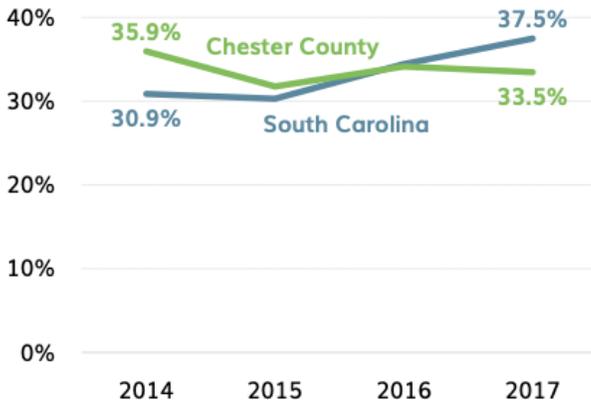


Chronic Disease Chester County



Obesity

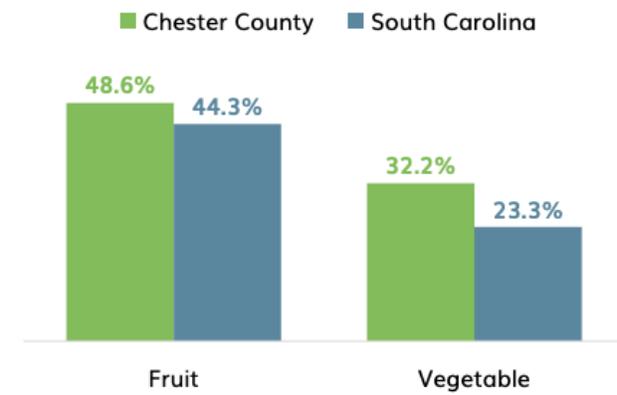
Adults with Obesity
Percent



Source: SC BRFSS.
Notes: 3-year rolling average, adults 18+.

Nutrition

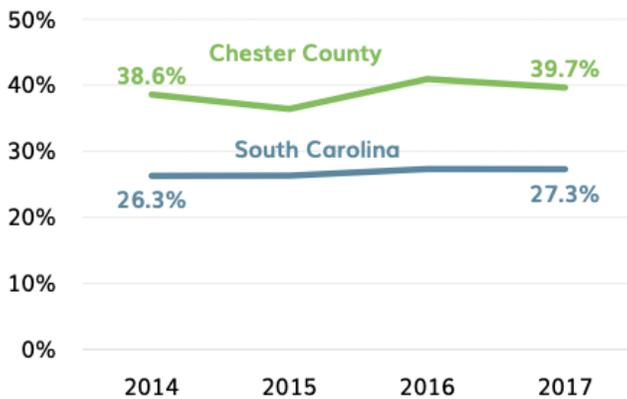
Adults Who Did Not Eat Fruit or Vegetables at Least Once a Day
Percent



Source: SC BRFSS, 2013, 2015, 2017
Note: Adults 18+

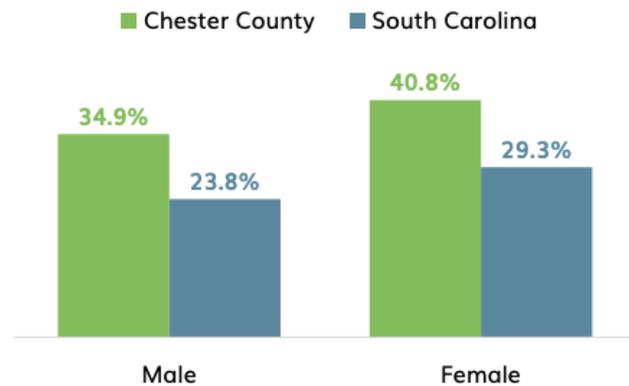
Physical Activity

No Leisure-time Physical Activity in the Past Month
Percent



Source: SC BRFSS.
Notes: 3-year rolling average, adults 18+.

No Leisure-time Physical Activity in the Past Month, by Race/Ethnicity
Percent



Source: SC BRFSS, 2011-2018.
Note: Adults 18+

Healthy Eating / Active Living



Chronic Disease Chester County



All Cancers

Leading Number of New Cases of Cancer

| Site | Rate | Number |
|-----------------|-------|--------|
| Lung & Bronchus | 79.6 | 178 |
| Prostate | 157.4 | 163 |
| Female Breast | 143.2 | 159 |
| Colon & Rectum | 47.7 | 102 |
| Uterus | 37.5 | 46 |

Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted rate per 100,000 population.

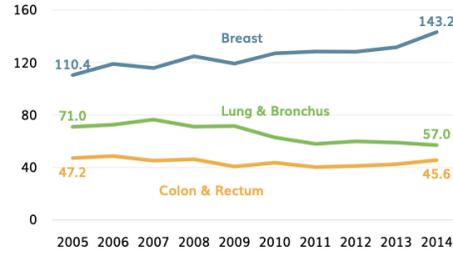
Leading Number of Cancer Deaths

| Site | Rate | Number |
|-----------------|------|--------|
| Lung & Bronchus | 54.3 | 125 |
| Colon & Rectum | 18.6 | 41 |
| Female Breast | 26.5 | 34 |
| Pancreas | 13.3 | 29 |
| Liver | 10.1 | 23 |

Source: SC DHEC, Vital Statistics, 2014-2018.
Note: Age-adjusted rate per 100,000 population.

Cancer Among Females

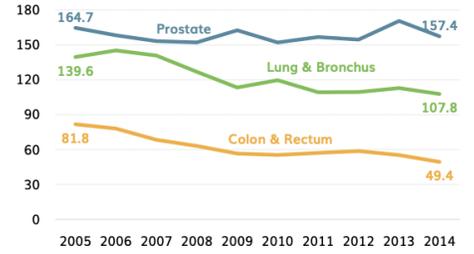
New Cases of Cancer Among Females
Rate per 100,000 females



Source: SC Central Cancer Registry.
Notes: 5-year rolling average, age-adjusted.

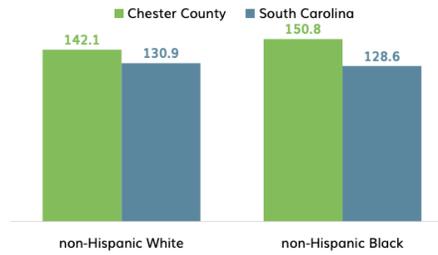
Cancer Among Males

New Cases of Cancer Among Males
Rate per 100,000 males



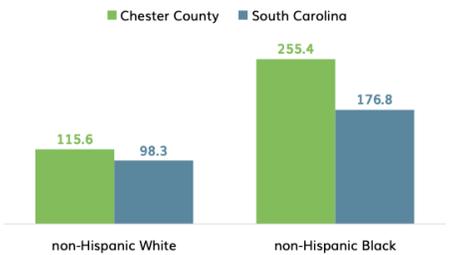
Source: SC Central Cancer Registry.
Notes: 5-year rolling average, age-adjusted.

New Cases of Female Breast Cancer, by Race/Ethnicity
Rate per 100,000 females



Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted.

New Cases of Prostate Cancer, by Race/Ethnicity
Rate per 100,000 males

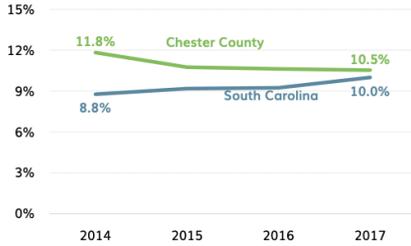


Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted.



Prediabetes

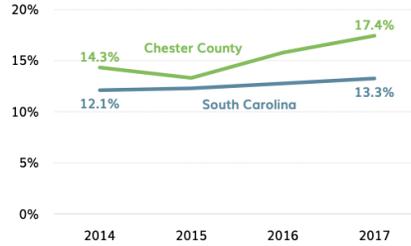
Adults with Prediabetes
Percent



Source: SC DHEC BRFSS. Notes: 3-year rolling average, adults 18+.

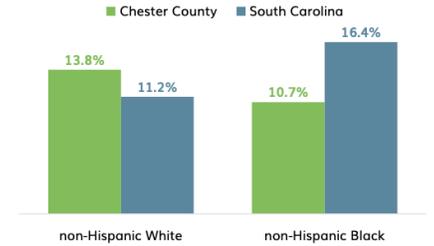
Diabetes

Adults with Diabetes
Percent



Source: SC DHEC BRFSS. Notes: 3-year rolling average, adults 18+.

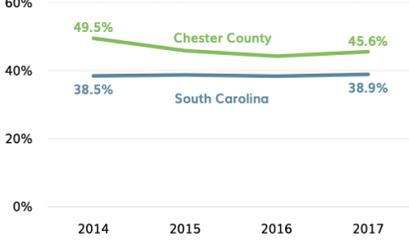
Adults with Diabetes, by Race/Ethnicity
Percent



Source: SC DHEC BRFSS, 2011-2018. Note: Adults 18+.

Hypertension

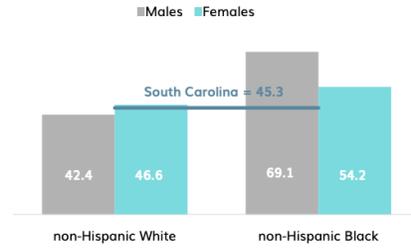
Adults with Hypertension
Percent



Source: SC DHEC BRFSS. Notes: 3-year rolling average, adults 18+.

Stroke

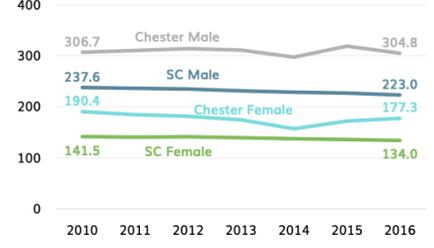
Stroke Deaths, by Sex and Race/Ethnicity
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2014-2018. Note: Age-adjusted.

Heart Disease

Heart Disease Deaths, by Sex
Rate per 100,000 population



Source: SC DHEC Vital Statistics. Notes: 3-year rolling average, age-adjusted.

Associated Chronic Conditions

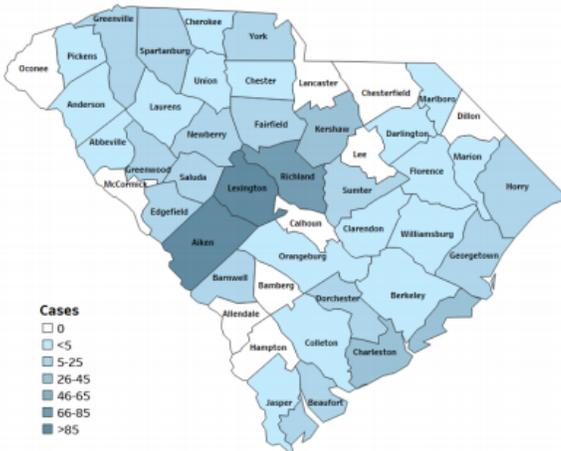


Infectious Disease Chester County



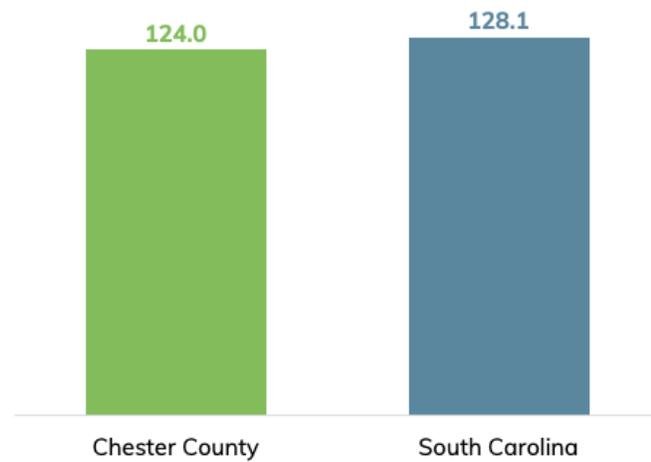
Hepatitis

Confirmed Cases of Hepatitis A
November 1, 2018 – October 19, 2019



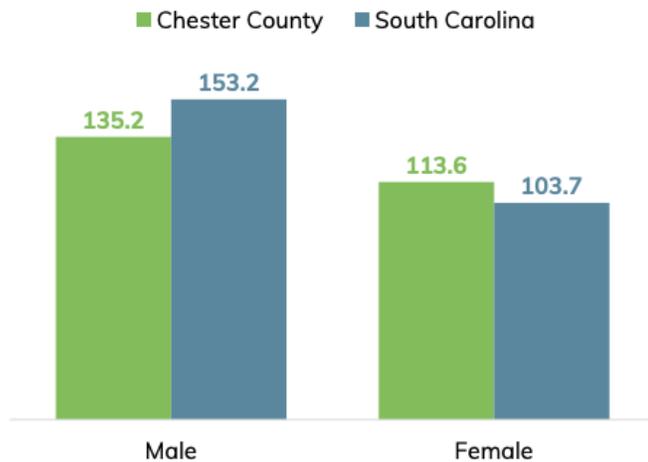
Source: SC DHEC Division of Acute Disease Epidemiology.
Note: 2019 data are preliminary and subject to change.

People Living with Hepatitis C
Rate per 100,000 population



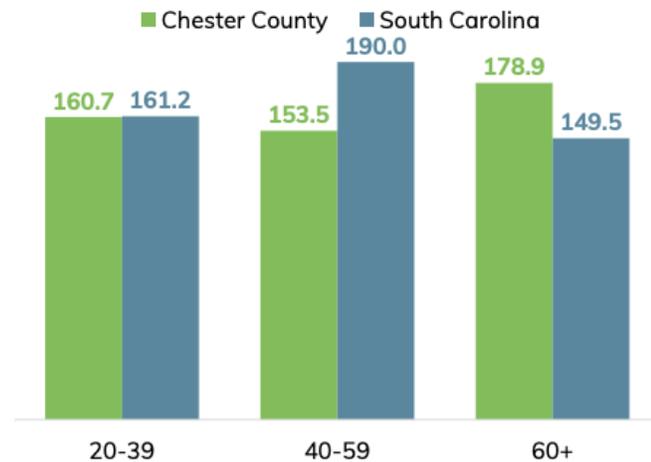
Source: SC DHEC Division of Acute Disease Epidemiology, 2018.

People Living with Hepatitis C, by Sex
Rate per 100,000 population



Source: SC DHEC Division of Acute Disease Epidemiology, 2018.

People Living with Hepatitis C, by Age
Rate per 100,000 population



Source: SC DHEC Division of Acute Disease Epidemiology, 2018.



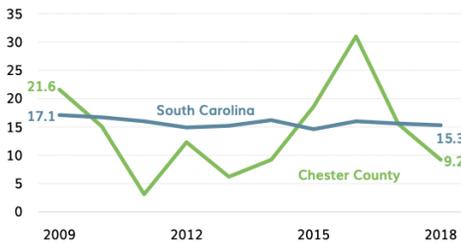


Infectious Disease Chester County



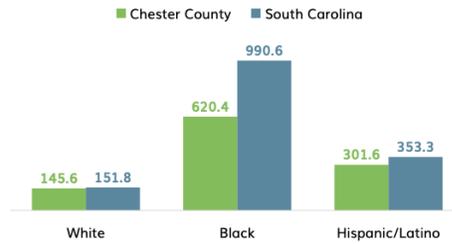
HIV/AIDS

New HIV/AIDS Infections Each Year (Incidence)
Rate per 100,000 population



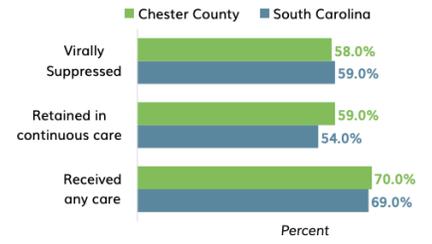
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

People living with HIV/AIDS (Prevalence), by Race/Ethnicity
Rate per 100,000 population



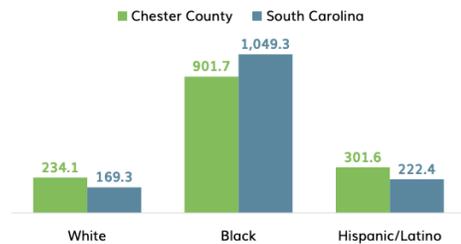
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

HIV/AIDS Continuum of Care
Continuum of Care Status



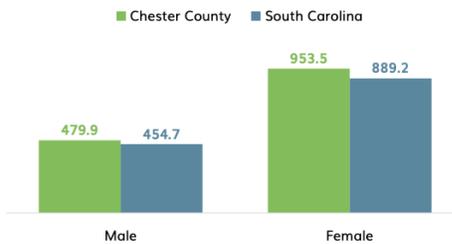
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

New Chlamydia Infections, by Race/Ethnicity (Incidence)
Rate per 100,000 population



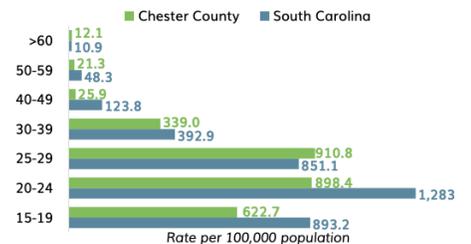
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

New Chlamydia Infections, by Sex (Incidence)
Rate per 100,000 population



Source: SC DHEC Division of Surveillance and Technical Support, 2018.

New Gonorrhea Infections, by Age (Incidence)
Age Group



Source: SC DHEC Division of Surveillance and Technical Support, 2018.

Infectious Disease

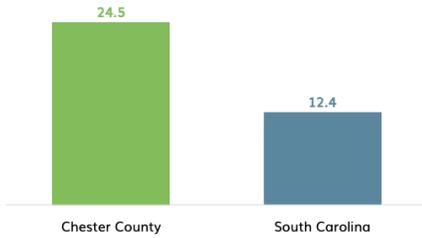


Behavioral Health Chester County



Drug Overdose

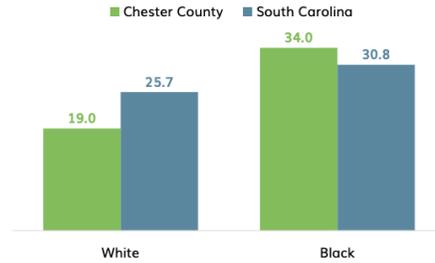
Naloxone Administration for Opioid Overdose
Rate per 10,000 population



Source: SC Emergency Medical Services, 2018.

Alcohol

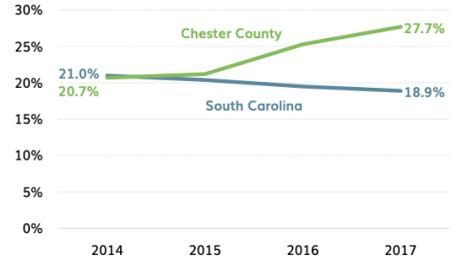
Alcohol-Related Emergency Department Visits, by Race
Rate per 10,000 population



Source: RFA Emergency Room Discharges, 2016-2017.

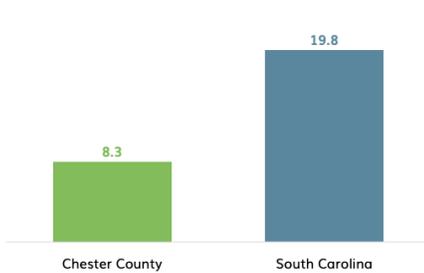
Tobacco

Current Cigarette Smoking
Percent



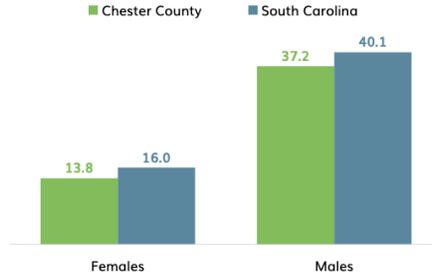
Source: SC DHEC BRFSS.
Notes: Adults 18+, 3-year rolling average.

Drug Overdose Deaths
Rate per 100,000 population



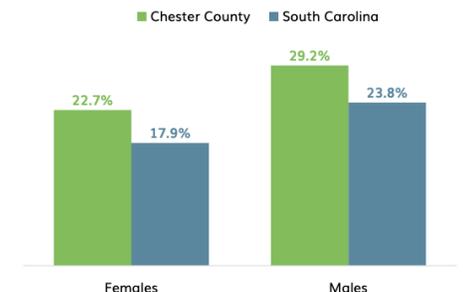
Source: SC DHEC Vital Statistics, 2016-2018.

Alcohol Related Emergency Department Visits, by Sex
Rate per 10,000 population



Source: RFA Emergency Room Discharges, 2016-2017.

Current Cigarette Smoking, by Sex
Percent

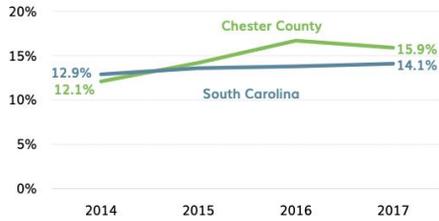


Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Substance Abuse

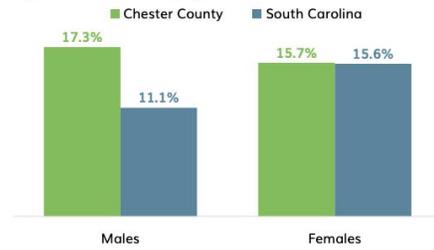
Mental Health

Adults Who Experienced 14 or More Poor Mental Health Days in the Past Month
Percent



Source: SC DHEC BRFSS.
Notes: 3-year rolling averages, adults 18+.

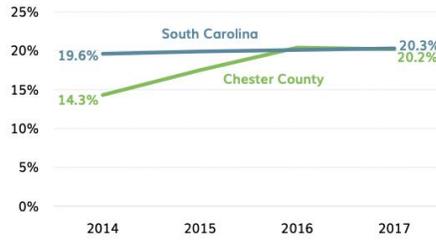
Adults Who Experienced 14 or More Poor Mental Health Days in the Past Month, by Sex



Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

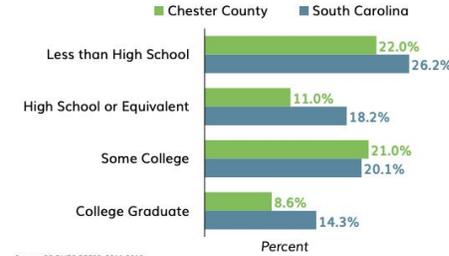
Depression

Depression Among Adults
Percent



Source: SC DHEC BRFSS.
Notes: 3-year rolling averages, adults 18+.

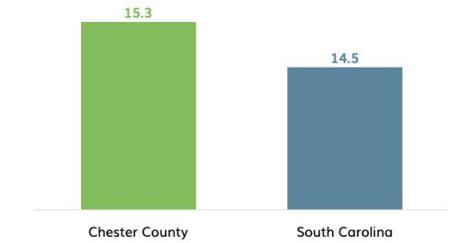
Depression Among Adults, by Education Education Level



Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

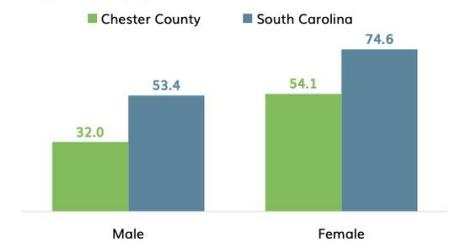
Suicide

Suicide Deaths
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2009-2018.
Note: Age-adjusted.

Self Harm Emergency Department Visits, by Sex
Rate per 100,000 population



Source: SC RFA, 2016-2017.
Note: Age-adjusted.

Mental Health

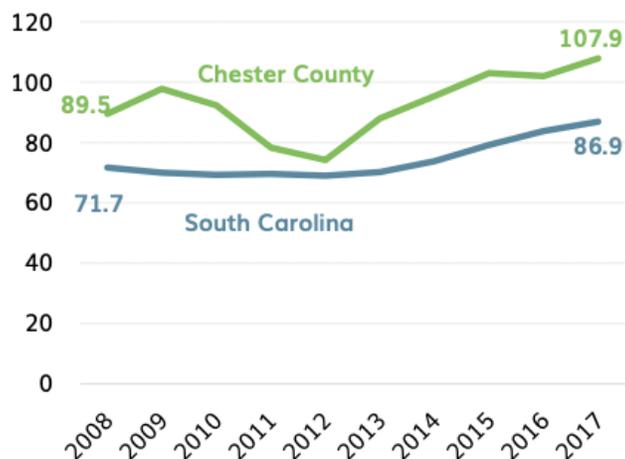


Injury Chester County



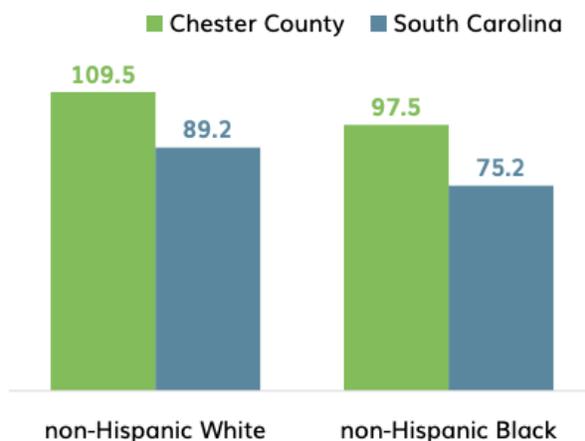
Overall Injury

Overall Injury Deaths
Rate per 100,000



Source: SC DHEC Vital Statistics.
Notes: 3-year averages, age-adjusted.

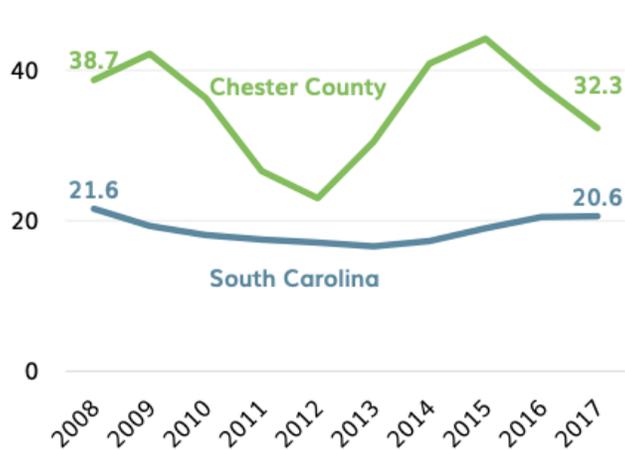
Overall Injury Deaths, by Race/Ethnicity
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted.

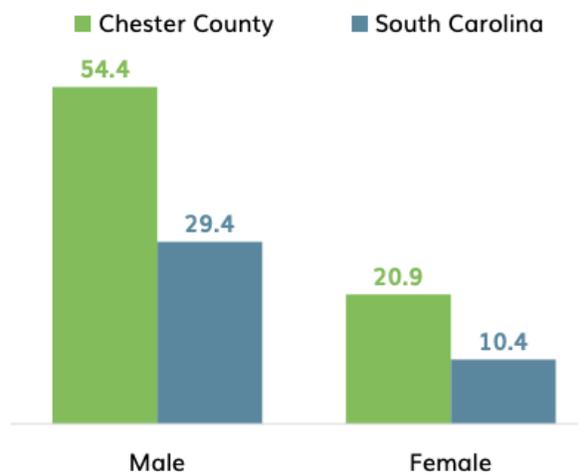
Motor Vehicle Accidents

Motor Vehicle Deaths
Rate per 100,000



Source: SC DHEC Vital Statistics.
Notes: 3-year averages, age-adjusted.

Motor Vehicle Deaths, by Sex
Rate per 100,000 population



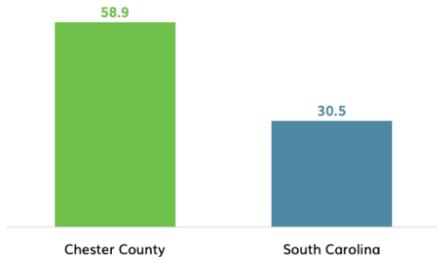
Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted.



Injury Chester County

Heat-Related Injuries

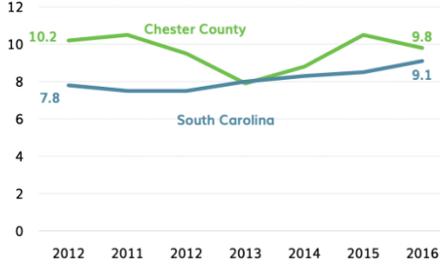
Heat-Related Emergency Department Visits
Rate per 100,000 population



Source: SC RFA, 2016-2017.

Homicide

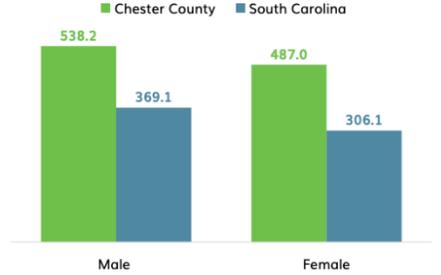
Homicides
Rate per 100,000 Population



Source: SC DHEC Vital Statistics.
Note: 5-year rolling average, age-adjusted.

Assault

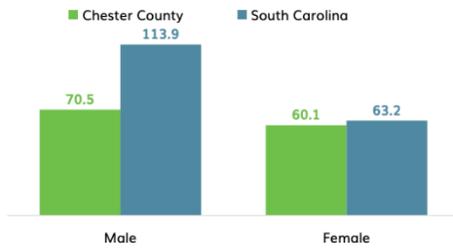
Assault Emergency Room Visits, by Sex
Rate per 100,000 population



Source: SC RFA, 2016-2017.

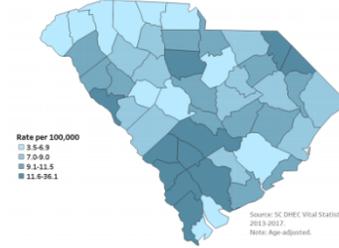
Traumatic Brain Injury

Traumatic Brain Injury Hospitalizations, by Sex
Rate per 100,000 population



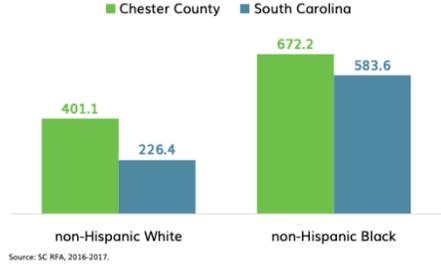
Source: SC RFA, 2016-2017

Homicide Deaths
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2013-2017.
Note: Age-adjusted.

Assault Emergency Department Visits, by Race
Rate per 100,000 population



Source: SC RFA, 2016-2017.



Fact Forward Chester County Profile

CHESTER

SOUTH CAROLINA COUNTY PROFILE



2018 Teen Birth Rate

TEEN BIRTH RATE
AGES 15-19



2017 Rate = 37.7

COUNTY RANKING



2017 Rank = 9

DECREASE SINCE 1991



IN SOUTH CAROLINA

♀ 40%

OF HIGH SCHOOL STUDENTS HAVE EVER HAD SEX

📷 59%

OF SEXUALLY ACTIVE HIGH SCHOOL STUDENTS USED A CONDOM AT LAST SEX

2018 Teen Birth Numbers

| | |
|------------------------------|-------------|
| BIRTHS TO 15-17 YEAR OLDS | = 11 |
| BIRTHS TO 18-19 YEAR OLDS | = 34 |
| TOTAL BIRTHS 15-19 YEAR OLDS | = 45 |



Total number of births to South Carolina teens (ages 15-19) = 3,480.

Community Well-Being

Women in Need of Publicly-Funded Family Planning Services



County Rank* 18

Teens Not Enrolled in School and Not Working



County Rank* 4

People Living in Poverty



County Rank* 18

Sexual Health

Gonorrhea
Ages 15-19

| | |
|--------------------|-------|
| Cases | 12 |
| Rate (per 100,000) | 622.7 |

County Rank* 35

Chlamydia
Ages 15-19

| | |
|--------------------|--------|
| Cases | 81 |
| Rate (per 100,000) | 4203.4 |

County Rank* 15

*Ranking Range = 1 (Worst) - 46 (Best), Data sources available at FactForward.org/statistics