



Lansford Canal State Park

COMMUNITY INDICATORS TOOLKIT

Signs of Health in Lancaster & Chester Counties

1st Edition | January 2019



Building a culture of health in Lancaster & Chester Counties

We want to live in a place where all voices matter and where **all people** have an opportunity to thrive. And yet, in order for **all people** to live healthy lives, essential resources must be readily available for everyone. We all benefit when residents come together to make our community stronger and more vibrant. We challenge you to expand your definition of what ‘health’ really means. Health is more than what happens at the doctor’s office. It could mean access to quality early childhood education, affordable housing, or having more parks and recreational opportunities. It could also mean building greater social bonds with your neighbors, coworkers, and family.

Improving the community’s health takes strong partnerships, lots of time, and commitment. Improving the health of **all people** means innovative, sustainable changes to our habits, policies, and social systems. We all want to be a part of the solution, and it will take all of us working together toward a shared goal. To address the breadth of community health factors, we not only need people from the health care sector, but expertise from business, education, local government, local neighborhoods, the faith community, and many more.

Partners from both USC Lancaster & USC Upstate have joined together to highlight key indications of health and vitality that can shed light on what impacts **all people** living in Lancaster and Chester Counties. In addition, this data can help to inform where we as a region might want to improve.

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WHAT ARE COMMUNITY INDICATORS?

When you go to the doctor's office, a nurse will often assess your vital signs. This may include checking your blood pressure, your respiratory rate, your heart rate, and your temperature. The purpose of taking your vital signs is to assess the general status of your health. These four signs are indications -- they can give clues to possible diseases and can show progress towards recovery.

In a similar way, communities can look at their own vital signs. Community Indicators speak to how well the community is functioning as a whole.



Chester Farmers & Artisans Market

Data can help to provide a snapshot of the health of the community and *should be used as a starting point* for engaging partners and residents on what matters most to their health, as well as exploring effective ways to improve their health for the long haul.

We have the potential to articulate our values as a community and the type of quality of life we all want for ourselves and our neighbors. *Data can also be a rallying cry* – an opportunity to bring together community partners working in silos together towards a common agenda. As social change begins to happen, data can be used to monitor and improve the likelihood for measurable community change.

In this first edition of a Community Indicators Toolkit, we are defining a healthy community using 11 broad themes. These themes speak to the layers of influential factors that shape our health.

FIVE CRITERIA were established to select data within this Community Indicators Toolkit. The data must be:

1. Collected by a national organization or a federal/state agency.
2. Collected on a frequent and systematic basis.
3. Drilled down to county, zip-code, or census-tract level.
4. Publicly accessible without any firewalls or additional fees.
5. A unique perspective that supports the vision statement of at least 1 Community Indicator Theme.

Much of the information in this Toolkit is from scientifically rigorous social science surveys such as the U.S. Census' American Community Survey (ACS) and the U.S. Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) survey.

COULD WHERE WE LIVE INFLUENCE HOW LONG WE LIVE?

It's true. People living just a few miles apart may have vastly different opportunities to live a long life in part because of the resources available within or accessibly near their neighborhood. Unfortunately, significant gaps in life expectancy at birth persist across many neighborhoods throughout the United States.

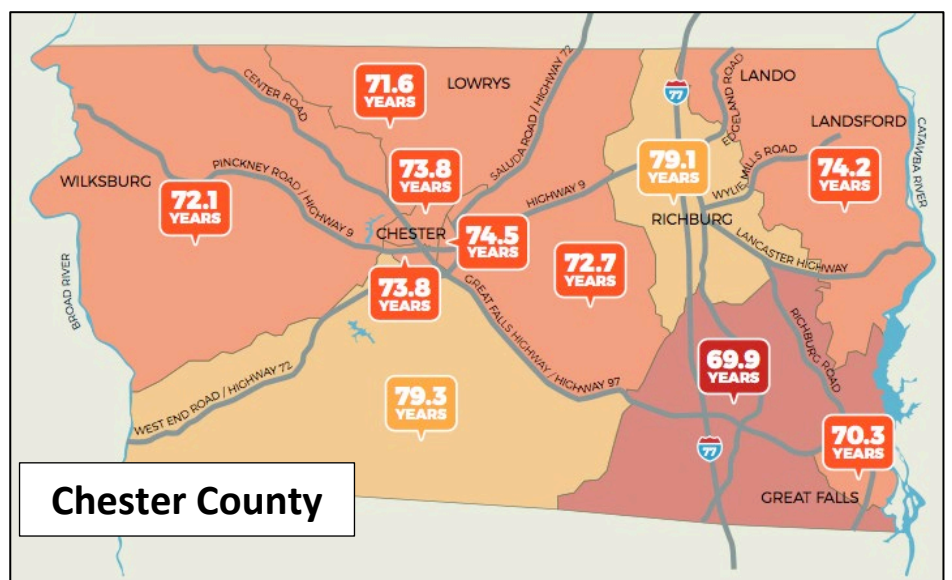
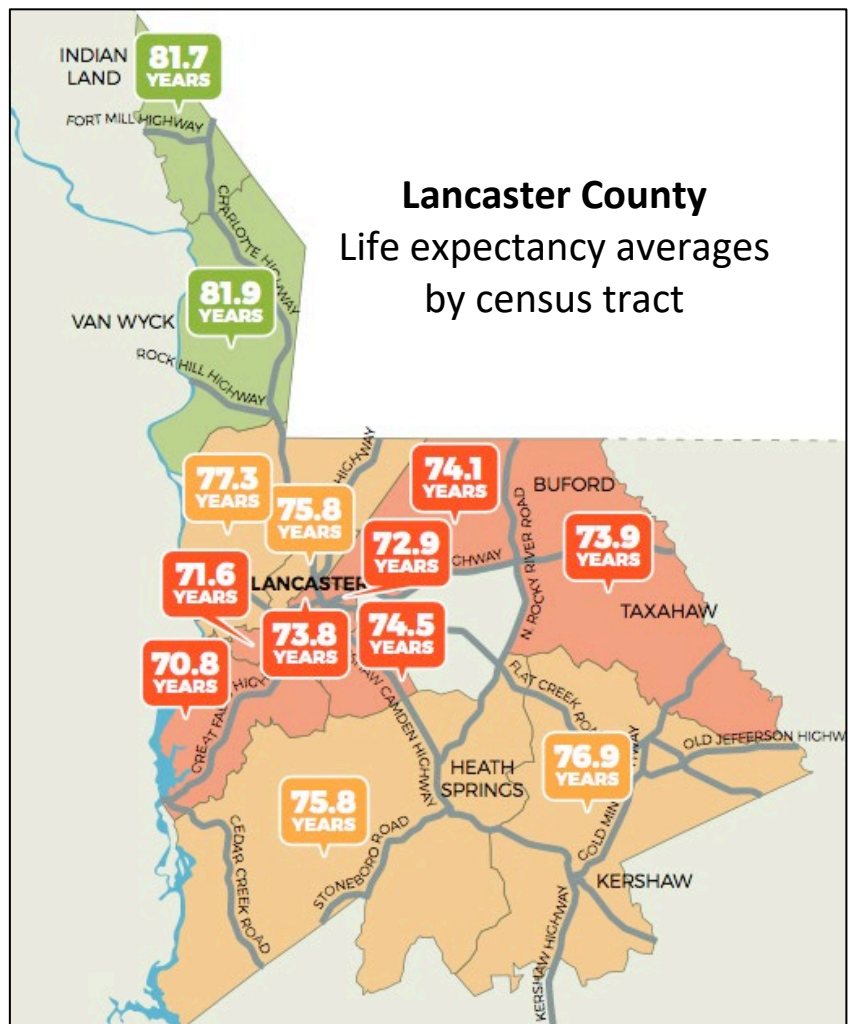
For the first time in the United States' history, children born today have a shorter life expectancy than their parents, and where you live matters. Life expectancies vary greatly by census tract, and factors such as poverty, access to health care, and educational attainment, among others, can contribute to this disparity.

The National Center for Health Statistics, with support from the Robert Wood Johnson Foundation, has recently released census tract level data on life expectancies across the United States. The following chart and maps show the life expectancies for the census tracts in Chester and Lancaster Counties.

If a long and healthy life for all people in our community is ultimately the goal, then we have a great deal of work ahead of us. Being informed by data will help us discern how to allocate our resources wisely.

Average Age of Life Expectancy	
Chester County	73.64 years
Lancaster County	76.8 years
South Carolina	76.8 years
United States	78.8 years

Source: [RWJF Life Expectancy](#)



WHAT REALLY DRIVES COMMUNITIES TOWARDS HEALTH?



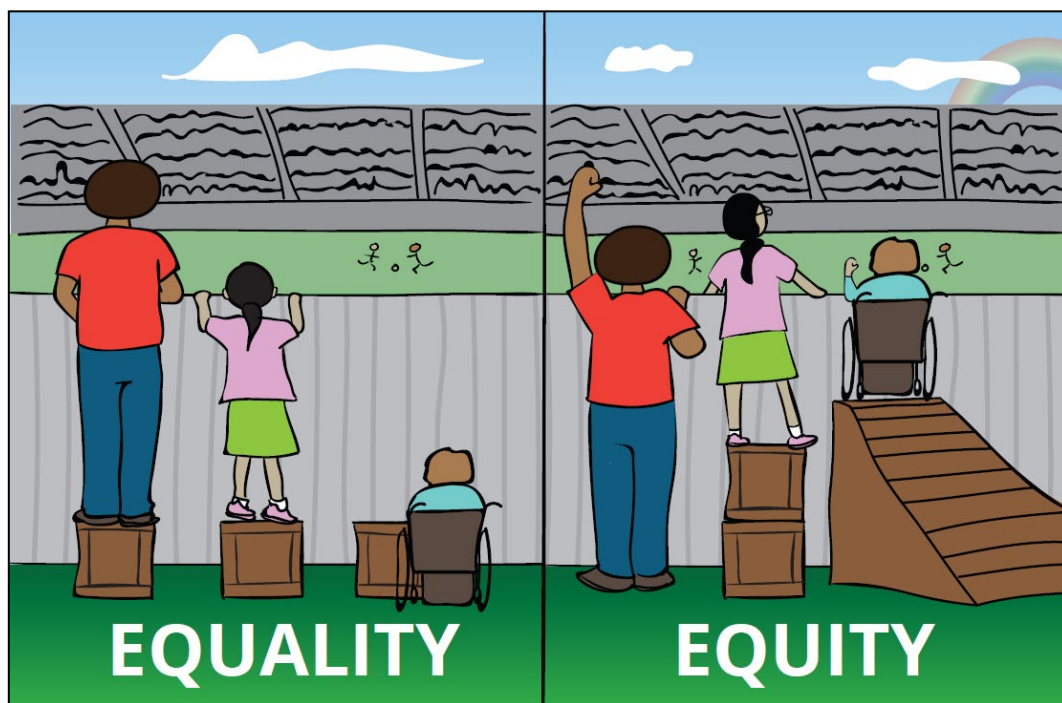
Education Economic Stability Built Environment Social Cohesion Healthcare

We know that it's important to take care of our bodies by eating well and staying active, seeing a doctor when we are sick, getting the recommended immunizations and screenings, and not smoking or abusing other drugs and alcohol. And yet, our communities are not always conducive to making these health behaviors an easy choice. **Our health is determined in part by the resources available to us.** These resources might include: the quality of our schooling, the location of our workplace, the availability of safe and affordable housing, or the nature of our social interactions with our family, friends, and neighbors.

The community's social and physical environment can either promote good health to happen OR it can hinder good health from happening. This is often referred to as the '**social determinants of health.**' These community conditions can explain in part why some Lancaster and Chester County residents are healthier than others.

Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socio-economic opportunities. In order for all people in Lancaster and Chester Counties to have the opportunity to reach their full potential, we must consider health equity as the goal. We must pay close attention to the root causes of health disparities, and give particular attention to those who have experienced major barriers in their health journeys, so that **we all can better discern how to allocate resources in an equitable way** that reduces, and ultimately eliminates health disparities.

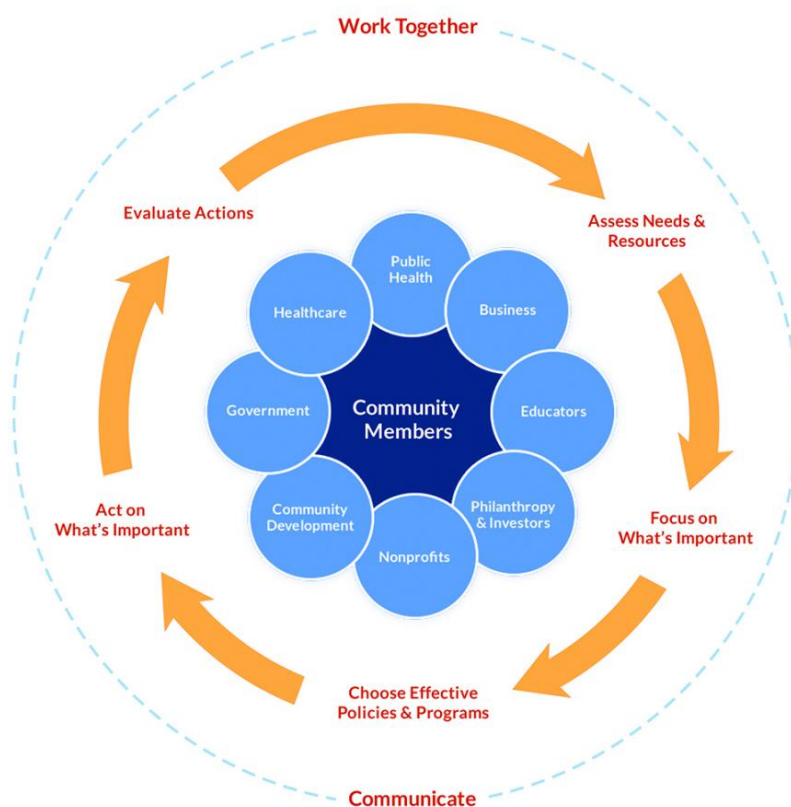
This kind of community work demands that all people join together to build a culture of health.



HOW CAN WE MEANINGFULLY WORK TOGETHER?

TAKE ACTION CYCLE: This is a great visual to understanding the step-by-step process in how to work with other residents and partners to improve your community's health.

- Collaborate with other community partners who have a shared vision for health for all people.
- Gather information (researching the data & asking residents questions) to assess needs and resources.
- Set priorities, so you can focus your resources (time, energy, funding) on what's important.
- Find the most effective strategies (policies & programs) to address these specific priorities, and then ...
- Implement strategies that make sense for your community.
- Create an emphasis of continuous learning throughout the cycle by evaluating what works & what does not.



Source: Robert Wood Johnson Foundation

COLLECTIVE IMPACT: Community transformation can happen when partners organize themselves in a structured manner, rather than operating in isolation. Isolated work often leads to organizations competing for the same resources. Successful collective impact initiatives are often structured with the following five conditions:

1. **COMMON AGENDA:** All partners must have a shared vision for change, a common understanding of the issue or concern, and a strongly held agreement that addressing the issue together is critical for success.
2. **SHARED MEASURES:** All partners must agree to collecting data, measuring results, and sharing these results with one another (positive or negative).
3. **MUTUALLY REINFORCING ACTIVITIES:** Working together does not necessarily mean that all partners should do the exact same thing. Rather, collaboration works best when partners are coordinating activities, programs, or policies in a way that support one another's work and supports the shared vision.
4. **CONTINUOUS COMMUNICATION:** All partners should be willing to invest the time to develop and maintain trust with one another. With enough time and consistently attending regularly held meetings, partners can genuinely appreciate each other's shared motivation behind their work.
5. **BACKBONE SUPPORTIVE ORGANIZATION:** Planning, managing, and supporting a community-wide multi-component initiative takes dedicated time and resources.

Source: Stanford Social Innovation Review

VISION STATEMENTS –WHO DO WE ASPIRE TO BECOME?

1. **ARTS & CIVIC ENGAGEMENT:** We envision communities where individuals and community groups can convene, identify, and address shared values, for the purposes of good governance, community development, and public artistic expression.
2. **K12 SCHOOLS & EDUCATION:** We envision communities that offer ample support to our students and educators so that quality education and academic success can be achieved by all people.
3. **TRANSITIONS TO ADULTHOOD:** We envision communities where young adult have the social and economic capacity to live, work, learn, and become engaged citizens.
4. **HEALTHY ECONOMY:** We envision communities where people and businesses are willing and encouraged to work, invest, donate, and spend their resources locally.
5. **STRENGTHENING & SUPPORTING FAMILIES:** We envision resilient communities that offer empowering supports for family wellbeing, safe neighborhoods, and community trust.
6. **ACCESS TO HEALTHCARE:** We envision communities where residents can easily access quality medical support and prevention services.
7. **EARLY CHILDHOOD EDUCATION:** We envision communities that offer health and educational supports for early learning and integral development of young children.
8. **HEALTHY LIVING:** We envision communities that are designed so that residents can easily make healthy lifestyle decisions, like eating nutritious food and being physically active.
9. **GREEN SPACE, CLEAN AIR & WATER:** We envision inclusive communities that offer parks, preserve green spaces, and protect the environment for all people to enjoy the outdoors.
10. **TRANSPORTATION ACCESS:** We envision interconnected communities where residents have a variety of safe, affordable, and reliable transportation options.
11. **FAITH COMMUNITY:** We envision communities where residents can experience a sense of belongingness and can practice their faith in ways that inspire social connectedness and transformation.



WHAT STRATEGIES SEEM TO WORK?

Evidence-based strategies are tried-and-true programs or policies that have shown to have improved community health outcomes in places across the United States. This Toolkit highlights a sample of strategies that focus on changes in health behaviors, access to clinical care, social and economic factors, or the physical environment by using [Robert Wood Johnson Foundation's What Works for Health](#) clearinghouse.

While this is not an exhaustive list of strategies, the sampling of strategies is to be used as a conversation starter for community action. The strategies listed in this Toolkit are either grounded in social science theory and have shown statistically significant favorable findings OR have been studied multiple times in multiple settings.

How do we know if a strategy will work? Nothing is for certain. However, the hope is that once community partners have narrowed down a community health issue to tackle, a coalition of partners will work together to choose effective policies and programs (preferably, a heavy dose of evidence-based strategies) that make the most sense. When deciding whether or not to implement an evidence-based strategy, it is important to consider the community's culture, priorities, local sphere of influence, and available resources. There are a great deal of reflective questions that could be learned:

- Is the community ready to adopt the strategy?
- What community resources (ex. volunteers, organizations, funding) are available to support the change?
- How feasible is it to implement the evidence-based strategy in the community?
- What barriers (ex. physical, social, legal) exist that may hinder this potential change?
- How have you involved a wide range of community partners and residents?
- Are your goals aligned with the specific outcomes the evidence-based strategy has shown to change?

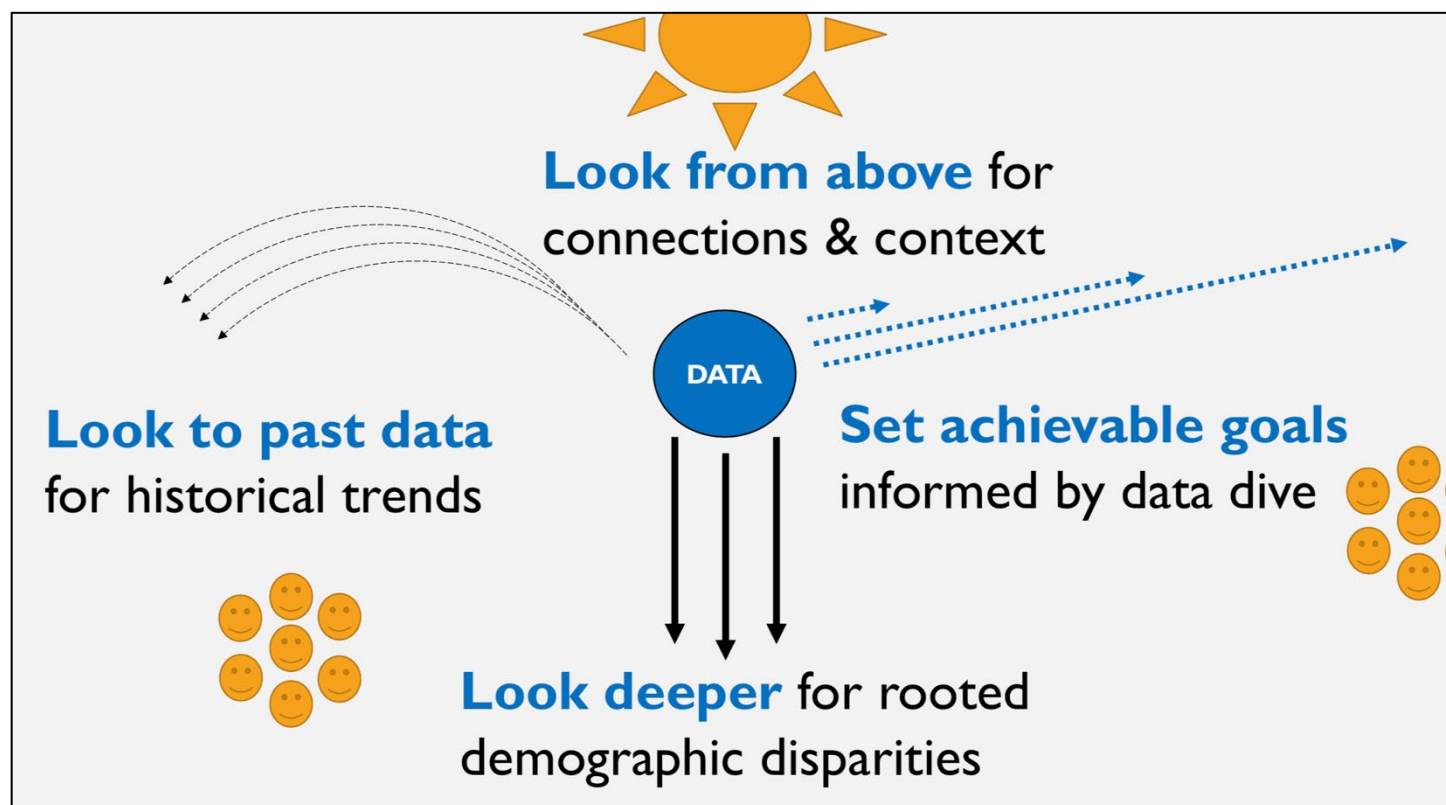


Twelve Mile Creek Trail

HOW CAN WE DIG DEEPER INTO THE DATA?

Data reveals a story of the challenges and successes of the communities of Lancaster and Chester Counties. Before setting goals for the community, it's critical to make sure all partners are deeply aware and empathetic to the history of the people you intend to serve.

- **LOOK TO PAST DATA FOR HISTORICAL TRENDS.** Contact local historians, archivists, or speak with residents who have lived their lives in the community to learn more about their realities.
- **LOOK DEEPER FOR ROOTED DISPARITIES** (race, ethnicity, class, gender, ZIP code, for example). Appendix II can help shed light on which Indicator data can be teased out based on sub-groups. Speak with residents who may be reflected in these disparities. Ask them more about the challenges they may face in improving their own sense of health, safety, and well-being.
- **REFLECT ON YOUR PERSONAL CONNECTION** to the data. If you are a resident, the data is describing your experience as much as it is describing the people whom you serve. Do the findings surprise you? What do your assumptions tell you about what you might need to learn? What groups could you interact with to listen to and understand the story behind the data? What societal factors might be at play that lead to these results?
- **LOOK TO THE METHODOLOGY** if you have questions about how the data were collected. There are always limitations to research. Digging deeper into the research methods can help you understand how the findings were gathered and organized.



WHERE DID WE FIND THE DATA?

- [US Census & the American Community Survey](#): The American Community Survey is conducted every year by the US Census Bureau and is a nationwide survey designed to provide communities a fresh look at how they are changing socially and economically. It is a critical element in the Census Bureau's re-engineered 10-year census program.
- [SC Election Commission \(SC Votes\)](#): The state election commission reports data related to voter registration and election results using a statewide voter registration system.
- [Annie E. Casey Foundation \(KIDS Count\)](#): The KIDS COUNT Data Center maintains the best available data and statistics on the educational, social, economic and physical well-being of children.
- [SC Department of Education](#): Data from the state education agency includes elementary and secondary graduation information that is useful for education planning, policymaking, and management decision making to improve outcomes for students. The state shares this information with the US Department of Education.
- [Centers for Disease Control \(SC Behavioral Risk Factor Surveillance System\)](#): The federal health agency conducts a national random digit dial telephone survey and collects data on actual health behaviors that would be especially useful for planning, initiating, supporting, and evaluating health promotion programs.
- [Centers for Disease Control \(WONDER\)](#): CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) provides access to a wide array of public health information, including data on mortality and air quality, and makes information available to public health professionals and the public at large.
- [SC Revenue and Fiscal Affairs](#): This state agency maintains health utilization information including billing data on inpatient discharges, emergency department visits, and outpatient services from short term acute care hospitals and freestanding centers. These



databases contain healthcare-related information that is helpful for planning, interventions, and evaluation of programs.

- [SC Department of Health & Environmental Control \(Division of Vital Records\)](#): The state public health agency collects and certifies all vital events that occur among residents and distributes vital, morbidity and mortality statistics in South Carolina.
- [Centers for Disease Control \(National Environmental Public Health Tracking Network\)](#): The federal health agency utilizes the tracking network to bring together health data and environment data from national, state, and local sources. This data is helpful to make meaning on the connection between environment and hazards, health effects, and population health.
- [SC Law Enforcement Division](#): The state law enforcement agency collects in-depth information on criminal incidents from local agencies through the state using the SC Incident Based Reporting System. Reporting agencies submit monthly files with coded information on each criminal incident that occurs within their local jurisdiction. These data are validated, corrected, and stored at SLED.
- [SC Department of Juvenile Justice](#): This state agency collects information related to juvenile crime and all of the stages of the juvenile justice process. This data is helpful for planning, implementation, evaluating strategies that can help to improve community safety for the state.
- [US Housing & Urban Development](#): This federal agency receives housing data from the US Census Bureau that demonstrates the extent of housing problems and housing needs, particularly for low-income households. This data, called the Comprehensive Housing Affordability Strategy (CHAS), is used by local governments to plan how to spend HUD funding and other resources.
- [National Association of Counties](#): This organization represents county governments in the United States, and provides municipal service-related data to improve public understanding of the role of county-level government.
- [Americans for the Arts](#): This national organization serves as a network to advance the arts and arts education. In addition, they engage in action-oriented research to make a case for better arts policy on the local, regional, and national level.
- [County Business Patterns](#): This series of data collection is conducted by US Census and provides economic data by industries using NAICS and SIC industry codes given to all business establishments. For the purposes of Community Indicators, industry codes related to fitness, arts, entertainment, and recreation were pulled.
- [Bureau of Labor Statistics](#): This federal agency (part of the US Department of Labor) is responsible for measuring labor market activity, working conditions, and prices changes in the economy.
- [The Association of Religion Data Archives](#): Coinciding with the US Census, the US Religion Census is conducted by the Association of Statisticians of American Religious Bodies and is housed online with the ARDA. The US Religion Census reports the numbers of congregations in every county for 236 faith-based groups.
- [Measure of America](#): The Social Science Research Council conducts research on human develop data at the national, state, and county levels and provides data analysis and data visualization tools.



I WANT TO LEARN MORE ABOUT ...



GENERAL POPULATION ESTIMATES

	South Carolina	Lancaster County	Chester County
Total Population	4,834,605 (ACS 2012-16) 5,024,369 (2017 estimate)	83,704 (ACS 2012-16) 92,550 (2017 estimate)	32,435 (ACS 2012-16) 32,301 (2017 estimate)
Median Age	38.8	41.5	41.3
Foreign Born Population	230,716	3,085	208
Gender			
Male	2,348,338 (48.6%)	40,886 (48.8%)	15,904 (49.0%)
Female	2,486,267 (51.4%)	42,818 (51.2%)	16,531 (51.0%)
Race			
White alone	3,252,252 (67.3%)	61,365 (73.3%)	19,524 (60.2%)
Black or African American alone	1,322,368 (27.4%)	18,755 (22.4%)	12,181 (37.6%)
Hispanic or Latino (of any race)	258,361 (5.3%)	4,132 (4.9%)	588 (1.8%)
American Indian and Alaska Native alone	15,417 (0.3%)	346 (0.4%)	113 (0.3%)
Asian alone	68,552 (1.4%)	732 (0.9%)	39 (0.1%)
Some other race alone	73,149 (1.5%)	1,302 (1.6%)	39 (0.1%)
Two or more races	100,082 (2.1%)	1,150 (1.4%)	539 (1.7%)
Veterans	373,890	5,890	2,103

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov/\)](https://data.census.gov/), 2012-2016



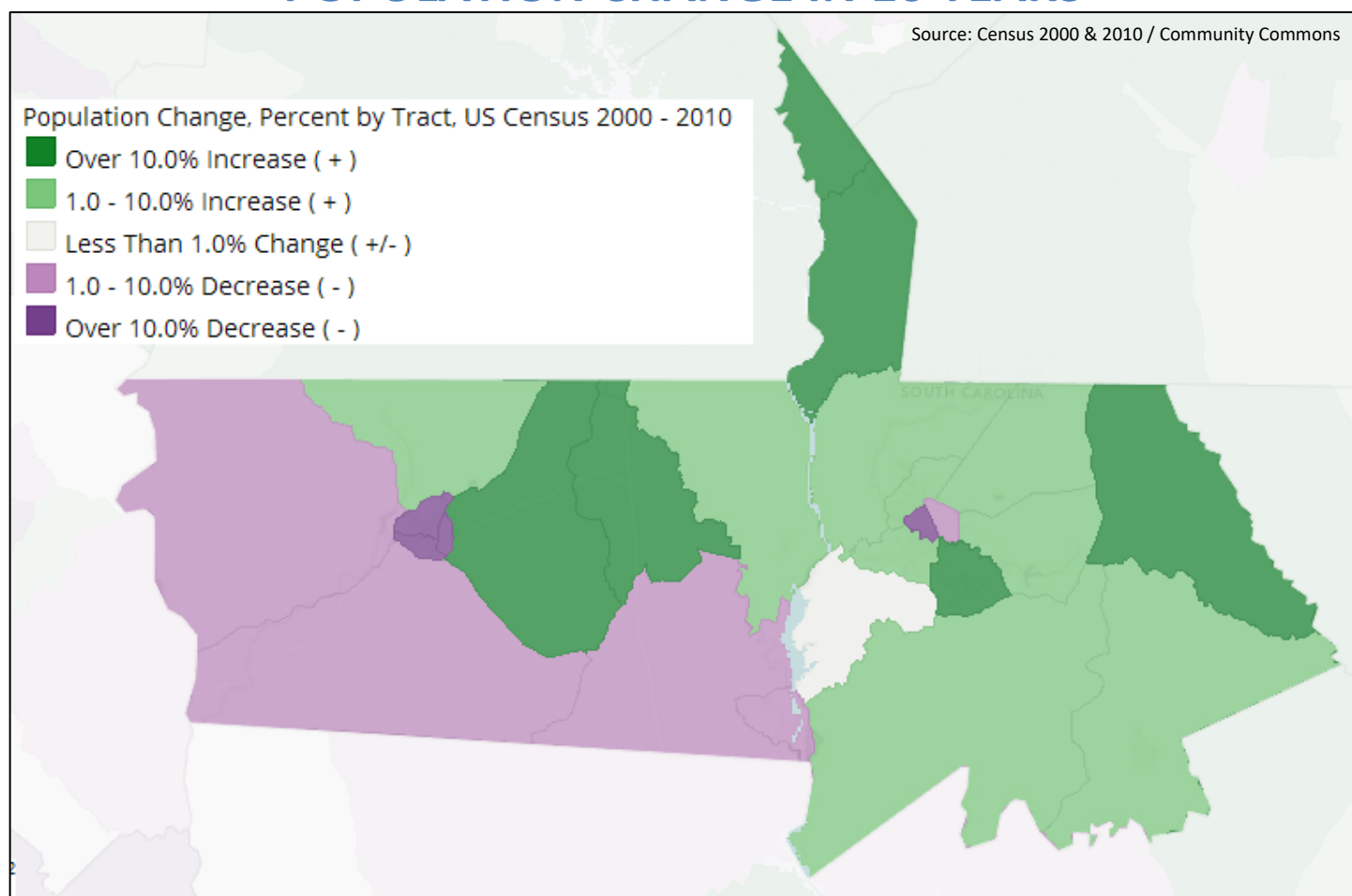
ARTS & CIVIC ENGAGEMENT

WHAT IS OUR VISION? *We envision communities where individuals and community groups can convene, identify, and address shared values, for the purposes of good governance, community development, and public artistic expression.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Population change
- Social associations
- Voter registration & turnout
- Demographics of arts attendees
- Library visits
- Arts-related businesses

POPULATION CHANGE IN 10 YEARS



WHAT DOES THIS MAP TELL US? In 2010, Chester County's population was 33,140 residents, while Lancaster County's was 76,652 residents. Since then, an additional 20% increase in population has occurred in Lancaster County (estimated at 92,550 residents since 2017). This chart illustrates the increase or decrease in the number of residents in a geographic region from the year 2000 to 2010. The impact of rapid, dynamic population growth – including the need for more schools, affordable housing, adequate road systems -- can be difficult to manage without appropriate planning.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Population growth being experienced in the panhandle of Lancaster County and Richburg area of Chester County will likely have an impact on its ability to provide quality services for its low-income residents while simultaneously advancing economic opportunities & prosperity for all.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov), 2000 to 2010

WHAT STRATEGIES SEEM TO WORK?

- [Social media for civic participation](#) (some evidence)
- [Intergenerational mentoring](#) (expert opinion)
- [Community arts programs](#) (expert opinion)
- [Community centers](#) (expert opinion)
- [Open streets](#) (expert opinion)

SOCIAL ASSOCIATIONS

YEAR	2012	2013	2014	2015
South Carolina	12.2	12.0	12.0	11.8
Chester County	16.6	16.9	17.0	16.1
Lancaster County	13.7	13.4	13.5	13.7

WHAT DO THIS CHART TELL US? Social associations is the number of associations per 10,000 population. Social associations is a measure representing social isolation and features of social capital. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. These associations are identified by specific NAICS codes; organizations included in this measure directly enable community interaction.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. This indicator does not account for social support that individuals receive from less structured relationships (such as family relationships or close friendships), and it does not account for perceived support.

WHERE DID WE FIND THIS DATA? [County Business Patterns](#)

WHAT STRATEGIES SEEM TO WORK?

- [Social media for civic participation](#) (some evidence)
- [Intergenerational mentoring](#) (expert opinion)
- [Intergenerational communities](#) (expert opinion)
- [Community arts programs](#) (expert opinion)
- [Community centers](#) (expert opinion)



Chester Rotary Club

VOTER REGISTRATION & TURNOUT

South Carolina		
2016 population	4,834,605	83.5% of voting-age population are registered voters.
Voting-age population (18 and over)	3,746,818	
2016 Voter registration	3,129,467	67.86% of registered voters cast a ballot in the 2016 Election.
Ballots cast in 2016 General election	2,123,584	
Lancaster County		
2016 population	83,704	84.1% of voting-age population are registered voters.
Voting-age population (18 and over)	65,205	
2016 Voter registration	54,859	71.68% of registered voters cast a ballot in the 2016 Election.
Ballots cast in 2016 General election	39,321	
Chester County		
2016 population	32,435	84.2% of voting-age population are registered voters.
Voting-age population (18 and over)	24,910	
2016 Voter registration	20,979	68.22% of registered voters cast a ballot in the 2016 Election.
Ballots cast in 2016 General election	14,311	

WHAT DO THIS CHART TELL US? Both counties boast a high voter registration among the voting-age population, compared to the state rate. The following charts represent the voter registration patterns for Lancaster and Chester Counties. Voter turnout was significantly higher in Lancaster County than in Chester County and South Carolina.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Voter participation is a gauge of interest in and engagement with the political process. Increased civic participation may increase individual political expression (ex. voting) and voter turnout.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) & [SC State Election Commission](#)

WHAT STRATEGIES SEEM TO WORK?

- [Social media for civic participation](#) (some evidence)

DEMOGRAPHICS OF ARTS ATTENDEES

ARTS-RELATED ATTENDEES WHO ...	Greater Charlotte Region (including Lancaster & Chester Counties) residents
Attained a high school degree or less	11.3%
Earned less than \$40,000 household income	14.0%
Are 18 – 34 years old	12.2%
Voted in 2016 US Presidential Election	92.9%

WHAT DO THIS CHART TELL US? This was an audience-intercept survey based on any attendee participating in arts-related events in the multi-county region who was willing to participate in a survey related to the age, educational attainment, and household income, along with other demographic information. Data were collected from 200 eligible nonprofit arts and cultural organizations that are located in the Greater Charlotte Region. The geographic area analyzed in this unique report is defined as Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union Counties in North Carolina; and Chester, Chesterfield, Lancaster, and York Counties in South Carolina (a multi-county region).

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? The path to achieving a Culture of Health encourages cross-sector collaboration, and recognizes the impact of social and economic determinants on health outcomes. Arts-based creativity can bring valuable novelty and innovation to the health sector, and people who work in the arts should be encouraged to examine how their efforts might impact population health. For example, the integration of art into the park makes art more accessible to the public and provides an opportunity to mingle physical activity with cultural appreciation.

WHERE DID WE FIND THIS DATA? [*Americans for the Arts, 2015*](#)

WHAT STRATEGIES SEEM TO WORK?

- [Community arts programs](#) (expert opinion)

LIBRARY VISITS

	Total # population in 2016	# and % of registered borrowers	# of total annual visits	# of print material in circulation
South Carolina	4,652,360	2,525,490 (54.3%)	15,802,934	25,129,015
Chester County	33,140	20,396 (61.5%)	73,455	79,584
Lancaster County	76,652	32,781 (42.8%)	398,879	274,350

WHAT DO THIS CHART TELL US? This chart tells us the total number of persons entering the library for whatever purpose during 2015 (total annual visits); the total number of printed materials including books and duplicates at all library locations.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Libraries and librarians contribute two particular strengths to advance a culture of health: accessibility and trustworthiness. In addition, libraries offer residents a “third place” – meaning those places that are neither one’s home (first place) nor workspace (second place). Third places are informal spaces that are community mainstays where both random and intentional in-person relationships can be made.

WHERE DID WE FIND THIS DATA? [NACo Analysis of Institute of Museum and Library Services](#) - Public Libraries Survey (PLS), 2016

WHAT STRATEGIES SEEM TO WORK?

- [Community centers](#) (expert opinion)

ARTS-RELATED BUSINESSES

	# of arts-related businesses	# of arts-related employees	% of arts-related businesses	% of arts-related employees
Chester County	18	28	1.4%	0.3%
Lancaster County	64	124	2.2%	0.6%
United States	673,656	3.48 million	4.01%	2.04%

WHAT DO THIS CHART TELL US? This chart lists the number of businesses and employees involved in the creation or distribution of the arts – ranging from nonprofit museums, symphonies, and theatres to for-profit film, architecture, and design companies. This particular research has defined creative business as those that have a focus on the arts and have registered with Dun & Bradstreet. This data will not include individual artists, and should be considered a conservative estimate.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? The arts can be a formidable business presence and broadly distributed across communities. Arts businesses and the creative people they employ stimulate innovation, strengthen a community's competitiveness in the global and regional marketplace, and play an important role in building and sustaining economic vibrancy.

WHERE DID WE FIND THIS DATA? National Association of Counties analysis of American for the Arts Creative Industries, 2017

WHAT STRATEGIES SEEM TO WORK?

- [Community arts programs](#) (expert opinion)



EARLY CHILDHOOD EDUCATION

WHAT IS OUR VISION? *We envision communities that offer health and educational supports for early learning and integral development of young children.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- 3-4 year olds enrolled in preschool
- Availability of childcare
- Children living in poverty
- Families where householder lacks a high school diploma
- Children failing 1st, 2nd, or 3rd grades

3-4 YEAR OLDS ENROLLED IN PRESCHOOL

	3-4 year olds enrolled in preschool	Total population of 3- 4 year olds	% enrolled in preschool
Chester County	423	829	51.0%
Lancaster County	918	2040	45.0%
South Carolina	56,973	123,448	46.2%

WHAT DOES THIS CHART TELL US? While many toddlers and young children in Lancaster and Chester Counties are enrolled in preschool, approximately half of Chester County's 3-4 year olds and over half of Lancaster County's 3-4 year olds are not enrolled in preschool.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? For many children, preschool is their first experience in a structured setting with teachers and groups of children. High-quality preschool programs nurture warm relationships among children, teachers, and parents. A young child's language, cognitive, social, and motor skills are strengthened by engaging in a wide range of vocabulary and hands-on activities.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2016

WHAT STRATEGIES SEEM TO WORK?

- [Preschool programs with family support services](#) (scientifically supported)
- [Earned Income Tax Credits](#) (scientifically supported)
- [Childcare subsidies](#) (scientifically supported)
- [Families and Schools Together](#) (scientifically supported)
- [Incredible Years](#) (scientifically supported)
- [Parents as Teachers](#) (some evidence)
- [Reach Out & Read](#) (scientifically supported)
- [Early Head Start](#) (scientifically supported)
- [Universal pre-kindergarten](#) (scientifically supported)
- [Preschool & childcare quality rating and improvement](#) system (some evidence)
- [Smart Start North Carolina](#) (some evidence)

AVAILABILITY OF QUALITY CHILDCARE

		A+	A	B+	B	C	No Grade	TOTAL
Chester County	# of facilities	1	0	0	2	7	13	23
	Total capacity	80	0	0	197	339	529	1145
Lancaster County	# of facilities	0	0	1	4	8	8	21
	Total capacity	0	0	76	556	437	843	1912

WHAT DOES THIS CHART TELL US? This chart sheds light on the number of licensed childcare facilities that have participated in the voluntary ABC Quality program that helps providers achieve higher standards of quality in caring for the children they serve. In addition, this chart sheds light on the maximum capacity of facilities with that particular rank.

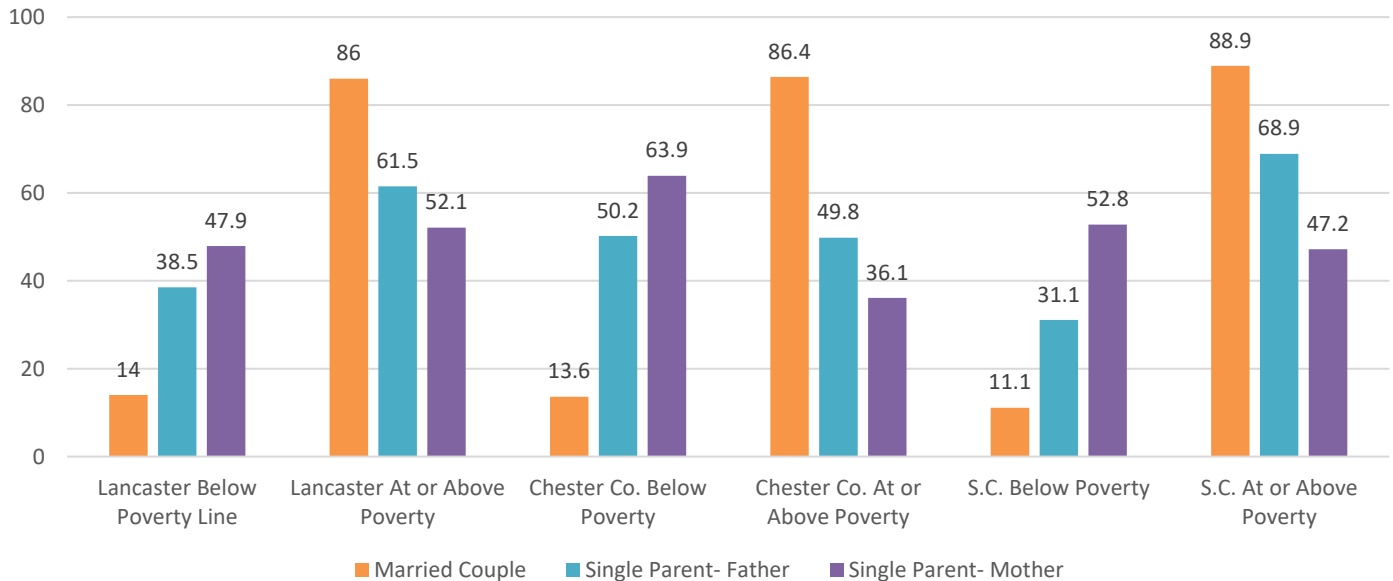
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Quality childcare programs are stimulating environments in which children can thrive. The ABC Quality system helps parents recognize quality standards, including well-lit and clean facilities, skill-building activities, low staff-to-child ratio, well-trained caregivers, clear policies and program structure, opportunities for parent involvement, etc. ABC Quality is a voluntary rating and improvement program that helps South Carolina parents find high quality childcare. Childcare providers who opt to participate in ABC Quality must demonstrate that they meet, exceed or surpass basic childcare standards. The program is administered by the Division of Early Care and Education through SC Department of Social Services.

WHERE DID WE FIND THIS DATA? ABCQuality.org

WHAT STRATEGIES SEEM TO WORK?

- [Preschool programs with family support services](#) (scientifically supported)
- [Early Head Start](#) (scientifically supported)
- [Universal pre-kindergarten](#) (scientifically supported)
- [Preschool & childcare quality rating and improvement](#) system (some evidence)
- [Smart Start North Carolina](#) (some evidence)

CHILDREN LIVING IN POVERTY



WHAT DOES THIS CHART TELL US? The figure above disaggregates 2015 poverty data among children under 18 years of age living in different types of households in Lancaster and Chester Counties as well as South Carolina generally. The chart is segmented by married couple households, single parent-father households, and single parent-mother households. This pattern identifies that children living in single parent households are at a higher risk of living below the poverty line.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Poverty can result in an increased risk of mortality, morbidity, depression, intimate partner violence, and poor health behaviors.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2015

WHAT STRATEGIES SEEM TO WORK?

- [Preschool programs with family support services](#) (scientifically supported)
- [Earned Income Tax Credits](#) (scientifically supported)
- [Childcare subsidies](#) (scientifically supported)
- [Full child support pass-through and disregard](#) (scientifically supported)
- [Attendance interventions for chronically absent students](#) (scientifically supported)
- [Matched dollar incentives for savings tax refunds](#) (some evidence)
- [New Hope Project](#) (some evidence)
- [Living wage laws](#) (some evidence)
- [Supplemental Security Income benefits](#) (expert opinion)
- [Children's savings accounts](#) (expert opinion)
- [Child tax credit expansion](#) (expert opinion)

FAMILIES WHERE HOUSEHOLDER LACKS HIGH SCHOOL DIPLOMA

	2008-12	2012-16
Chester County	19.3%	14.7%
Lancaster County	14.2%	11.8%
South Carolina	13.4%	11.3%

WHAT DO THESE CHARTS TELL US? This chart tells use the percentage of all children under 18 living in households where the head of householder's did not graduate from high school.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Studies have shown that among South Carolina children who have experienced school failure by the 3rd grade, there were several risk factors (or attributes) that many of these children faced. In 2007, a study conducted by the SC Budget and Control Board found that almost 50% of SC children who were most at-risk for early school failure lived in a home where the mother of the household did not have a high school diploma.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov)

WHAT STRATEGIES SEEM TO WORK?

- [Families and Schools Together](#) (scientifically supported)
- [Incredible Years](#) (scientifically supported)
- [Parents as Teachers](#) (some evidence)
- [Reach Out & Read](#) (scientifically supported)

The Children's Council



CHILDREN FAILING 1st, 2nd, OR 3rd GRADE

	2012	2013	2014	2015	2016
South Carolina	4.7%	4.5%	4.8%	4.7%	4.2%
Chester County	5.4%	9.9%	11.1%	11.3%	9.9%
Lancaster County	3.3%	3.4%	5.6%	5.3%	3.9%

WHAT DO THESE CHARTS TELL US? The percentage of students who were designated as "not passing" their grade and required to repeat that grade. Failures for grades one to three is calculated as the sum of failures in grades one, two, and three in a given year. Sadly, many South Carolina children possess one or more risk factors that put them at high risk (greater than a 1 in 3 chance) for "early school failure" – either being retained or scoring below grade level in reading or math – by third grade.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Early childhood development drives success in school and life. A critical time to shape productivity is from birth to age five, when the brain develops rapidly to build the foundation of cognitive and character skills necessary for success in school, health, career and life. Early childhood education fosters cognitive skills along with attentiveness, motivation, self-control and sociability—the character skills that turn knowledge into know-how and people into productive citizens.

WHERE DID WE FIND THIS DATA?

SC Department of Education, sourced by [KIDS Count](#)

WHAT WORKS IN OTHER COMMUNITIES?

- [Families and Schools Together](#) (scientifically supported)
- [Incredible Years](#) (scientifically supported)
- [Parents as Teachers](#) (some evidence)
- [Reach Out & Read](#) (scientifically supported)





K12 SCHOOLS & EDUCATION

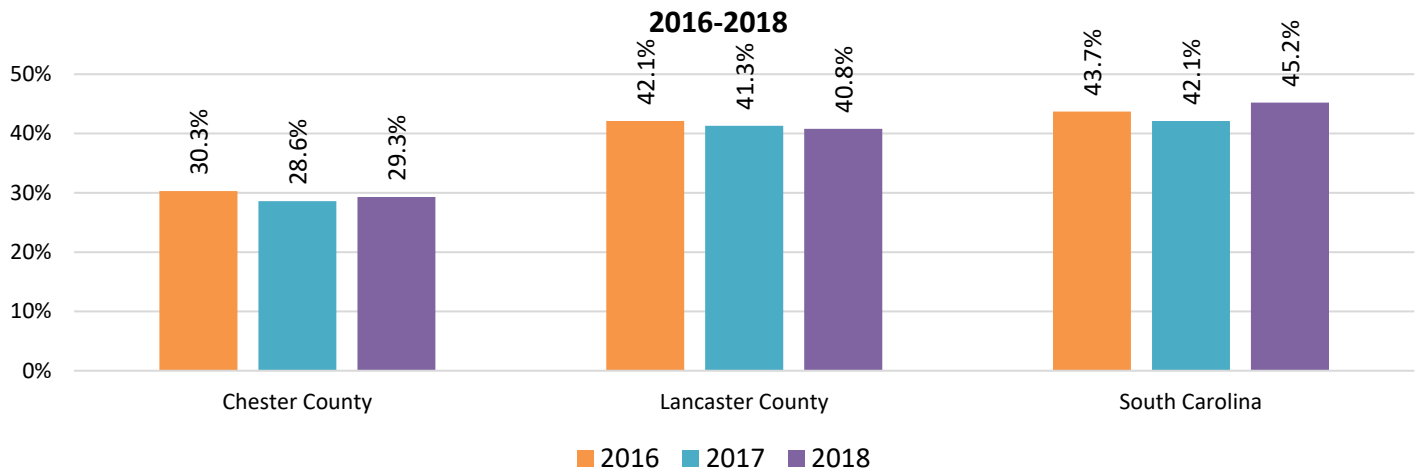
WHAT IS OUR VISION? *We envision communities that offer ample support to our students and educators so that quality education and academic success can be achieved by all people.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- 3rd grade ELA & math standards
- 8th grade ELA & math standards
- High school graduation rates
- Population educational attainment

3rd GRADERS ELA STANDARDS

Percentage of 3rd Graders Meeting & Exceeding ELA Standard



WHAT DOES THIS CHART TELL US? The three year trend data for 3rd graders meeting and exceeding the state ELA standard are shown on the graph above. Since South Carolina has only used the SC Ready assessment since 2016, caution should be used when interpreting this data.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Students who fall behind in reading at grade level are at a higher risk of not graduating high school and have long-term impacts on their future social and economic statuses. Reading proficiency by the end of 3rd grade is a strong predictor of a child’s educational development and a make-or-break benchmark. Prior to 3rd grade, children are “learning to read” whereas 4th grade and beyond is “reading to learn.”

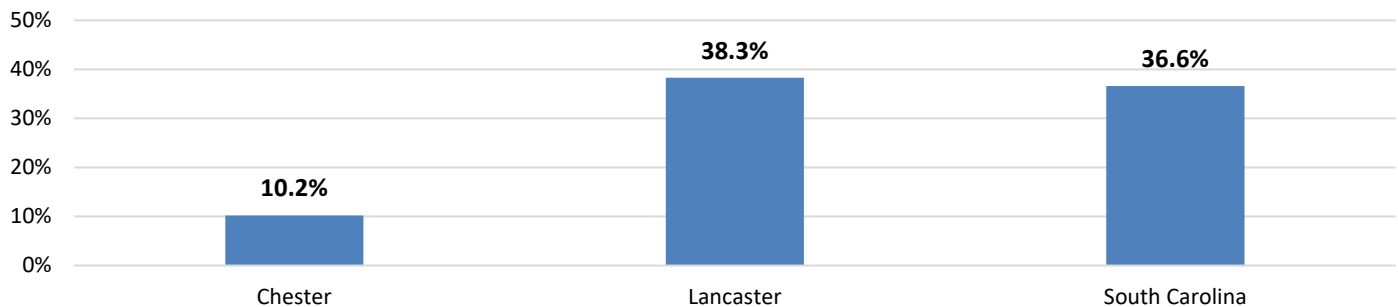
WHERE DID WE FIND THIS DATA? [SC Department of Education – SC Ready Scores](#), 2018

WHAT STRATEGIES SEEM TO WORK?

- [Universal pre-kindergarten](#) (scientifically supported)
- [Reach out and Read](#) (scientifically supported)
- [Chicago Child-Parent Centers](#) (scientifically supported)
- [Preschool programs with family support services](#) (scientifically supported)
- [Preschool education programs](#) (scientifically supported)
- [School breakfast programs](#) (scientifically supported)
- [Early childhood home visiting programs](#) (scientifically supported)
- [Full-day kindergarten](#) (scientifically supported)
- [Group-based parenting programs](#) (scientifically supported)
- [Summer learning programs](#) (scientifically supported)
- [Early Head Start](#) (scientifically supported)
- [Healthy Families America](#) (some evidence)
- [Healthy school lunch initiatives](#) (some evidence)
- [Small elementary classes](#) (some evidence)
- [Father involvement programs](#) (some evidence)
- [Comprehensive school reform](#) (some evidence)
- [Preschool & childcare QRIS](#) (some evidence)

8th GRADERS MATH STANDARDS

Percentage of 8th Graders Meeting and Exceeding Math Standard
2018



WHAT DOES THIS CHART TELL US? Only 10.2% (one out of ten) 8th graders in Chester County met or exceeded the math standard in 2018 while 38.3% of 8th graders in Lancaster County met or exceeded the standard.

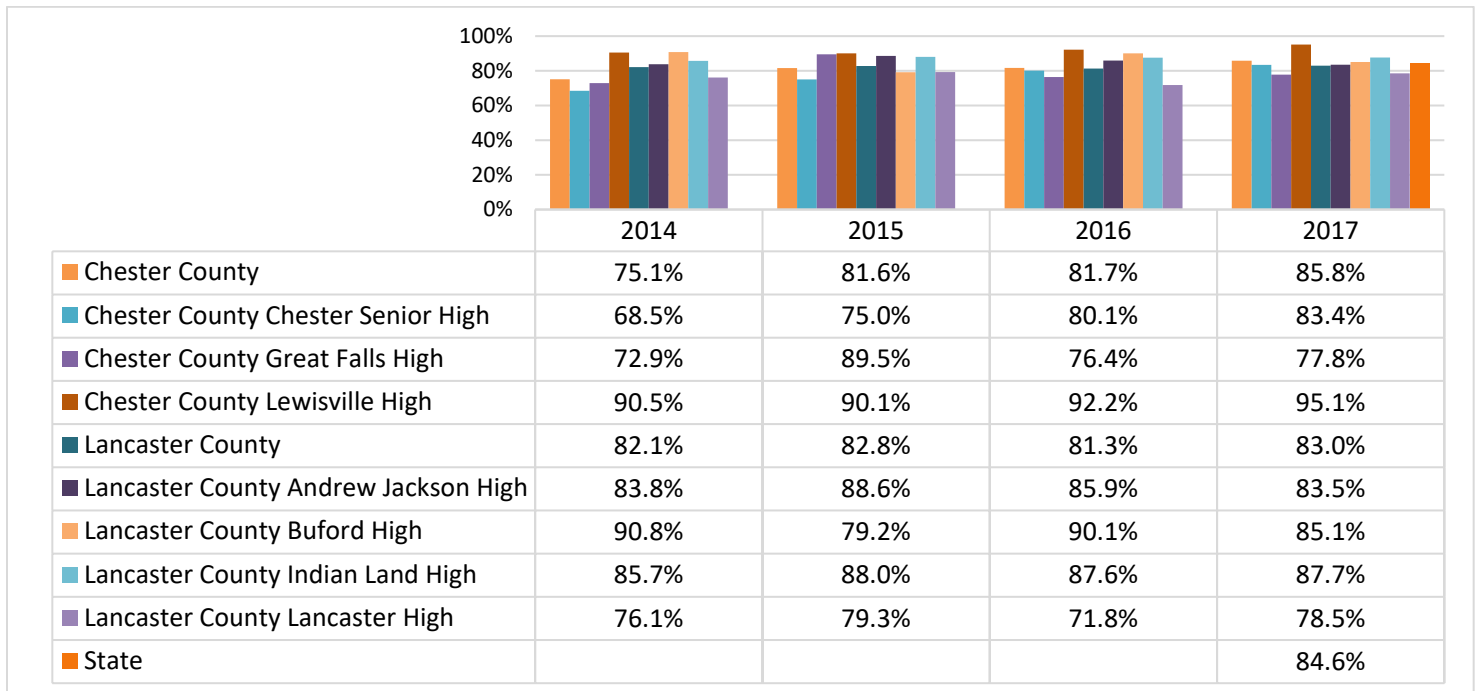
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Math proficiency and taking higher-level mathematics courses in high school are correlated to high school graduation and are considered gatekeeping courses for student's enrollment & completion of college. Higher-level math courses emphasize higher order thinking and complex problem solving skills, both of which are important beyond the academic realm. Individuals who transition into the workforce with limited mathematic skills are likely to find functioning in society challenging, as basic arithmetic skills are required for everyday functions.

WHERE DID WE FIND THIS DATA? [SC Department of Education – SC Ready Scores](#), 2018

WHAT STRATEGIES SEEM TO WORK?

- [Knowledge is Power Program \(KIPP\) in middle schools](#) (scientifically supported)
- [School breakfast programs](#) (scientifically supported)
- [School-wide Positive Behavioral Interventions and Supports](#) (scientifically supported)
- [Attendance interventions for chronically absent students](#) (scientifically supported)
- [Dropout prevention programs](#) (scientifically supported)
- [Summer learning programs](#) (scientifically supported)
- [Physically active classrooms](#) (scientifically supported)
- [Technology-enhanced classroom instruction](#) (scientifically supported)
- [Promise Academy](#) (some evidence)
- [Comprehensive school reform](#) (some evidence)
- [Later middle and high school start times](#) (some evidence)
- [Small elementary classes](#) (some evidence)
- [Extracurricular activities for physical activity](#) (some evidence)
- [Father involvement programs](#) (some evidence)

HIGH SCHOOL GRADUATION RATES



WHAT DOES THIS CHART TELL US? The chart describes the percentage of students (as a cohort) who graduate on-time with four years of high schools. This chart above shows that most of the high schools in both Chester and Lancaster Counties have a lower graduation rate in 2017 than the state rate. However, 3 high schools had a higher rate than the state.

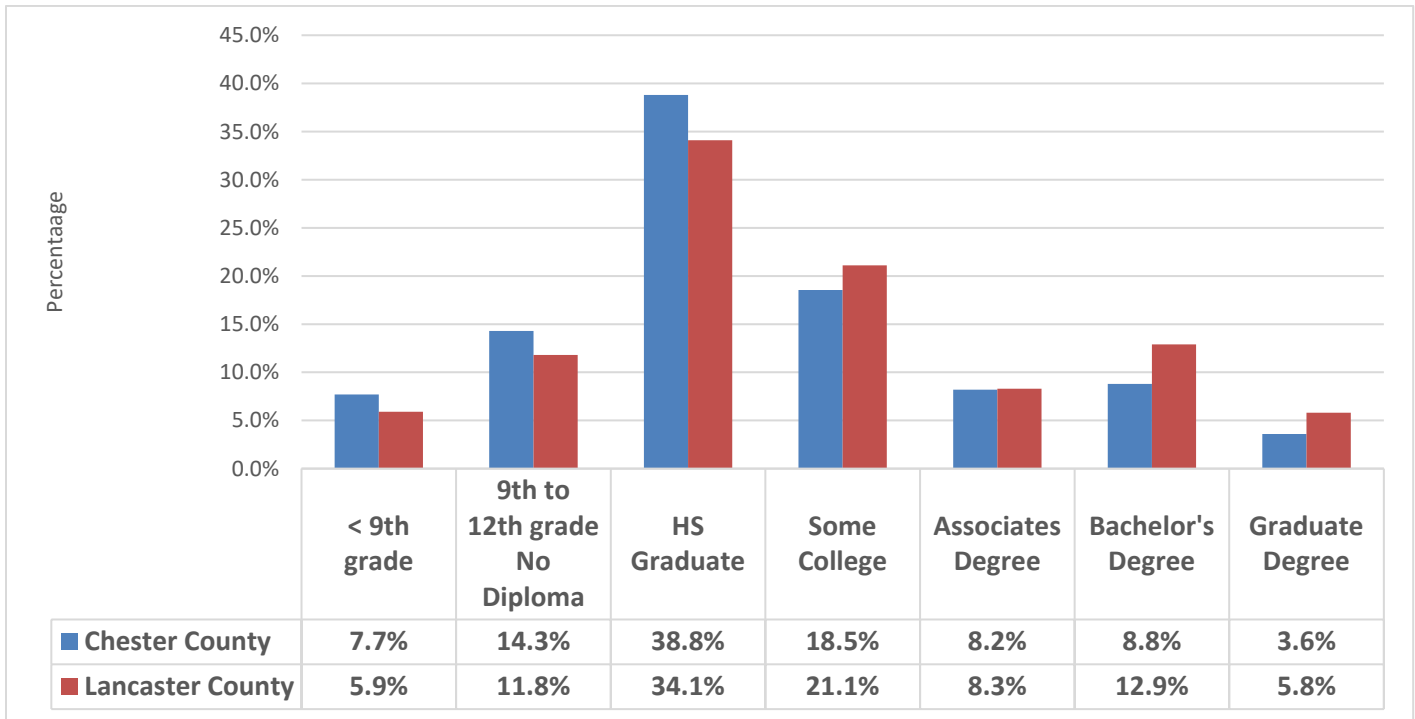
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? High school graduation is the culmination of a successful K12 education and the gateway to college or employment. Students who do not graduate high school face the prospect of unemployment or lower-paying jobs.

WHERE DID WE FIND THIS DATA? [SC Department of Education](#)

WHAT STRATEGIES SEEM TO WORK?

- [Career Academies](#) (scientifically supported)
- [Dropout prevention programs](#) (scientifically supported)
- [Mentoring programs for high school graduation](#) (scientifically supported)
- [College access programs](#) (scientifically supported)
- [School breakfast programs](#) (scientifically supported)
- [No excuses charter school model](#) (scientifically supported)
- [School-wide Positive Behavioral Interventions and Supports](#) (scientifically supported)
- [Health career recruitment for minority students](#) (scientifically supported)
- [School-based social and emotional instruction](#) (scientifically supported)

ADULT EDUCATIONAL ATTAINMENT



WHAT DOES THIS CHART TELL US? The data above suggests that educational attainment levels for Lancaster and Chester counties are relatively similar, with the exception of slightly more individuals with Bachelor's and Graduate degrees in Lancaster County. Since educational attainment is measured for adults age 25 and over, increases in attainment are typically not significant when looking from year to year.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Educational attainment is a powerful predictor of a community's well-being. A higher educational attainment is strongly correlated with higher wages and lower unemployment rates, reduced psychosocial stress, and healthier lifestyles.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2016

WHAT STRATEGIES SEEM TO WORK?

- [GED certificate programs](#) (some evidence)
- [Adult vocational training](#) (scientifically supported)



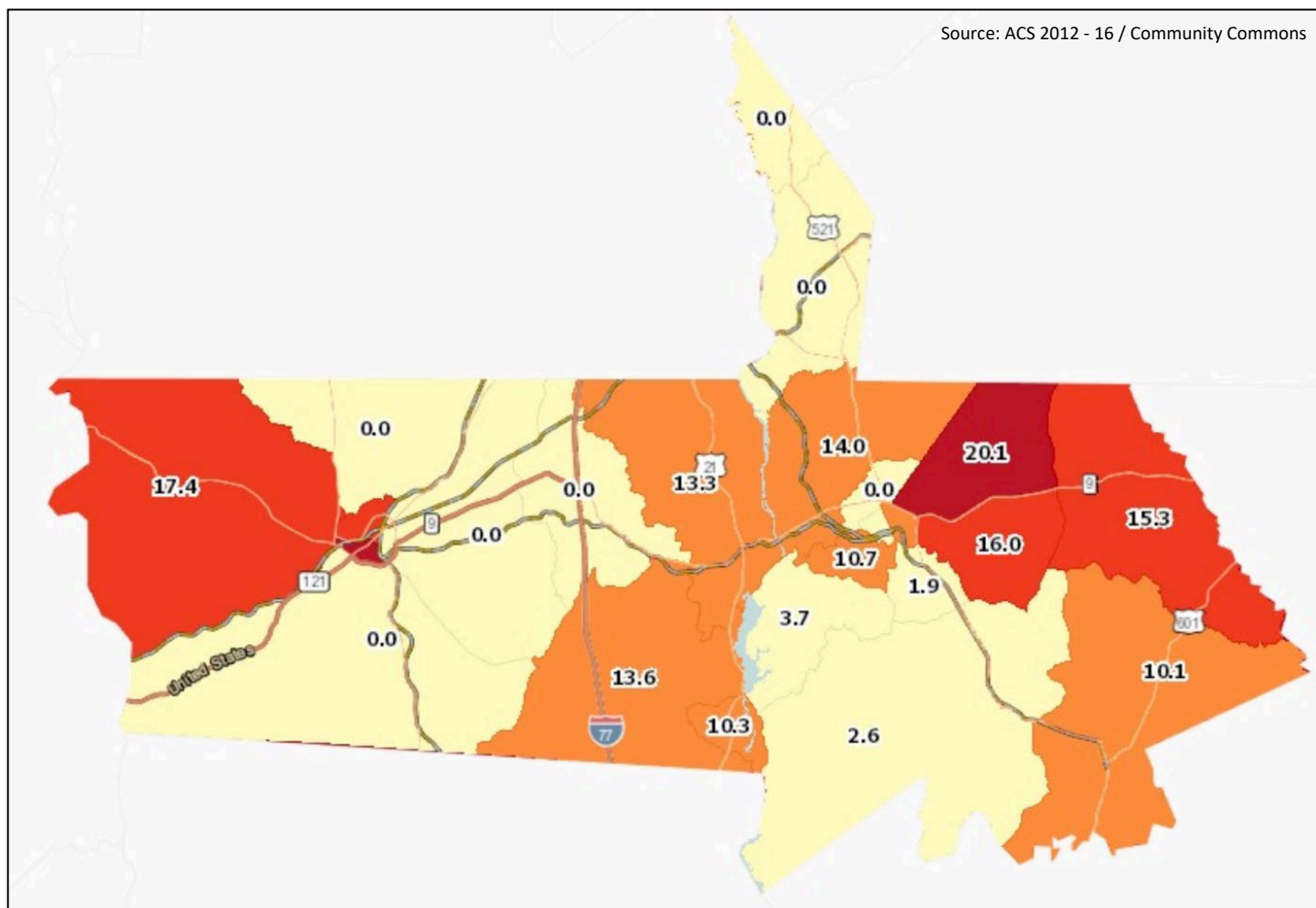
TRANSITIONS TO ADULTHOOD

WHAT IS OUR VISION? *We envision communities where young adults have the social and economic capacity to live, work, learn, and become engaged citizens.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Young people ages 16 – 24 not attending school and not working
- 11th grade – career readiness
- 11th grade – college readiness
- Teenage pregnancies
- High school graduates enrolled in college
- Juvenile detained & committed to DJJ facilities
- Adults (ages 25+) with some college, no degree

YOUNG PEOPLE NOT IN SCHOOL NOR EMPLOYED



WHAT DO THIS MAP TELL US? This data from this map shows the geographic areas where there are higher percentages of young people ages 16 – 19 years old who are neither in school, in the military, nor employed for a consecutive 3 months of time.

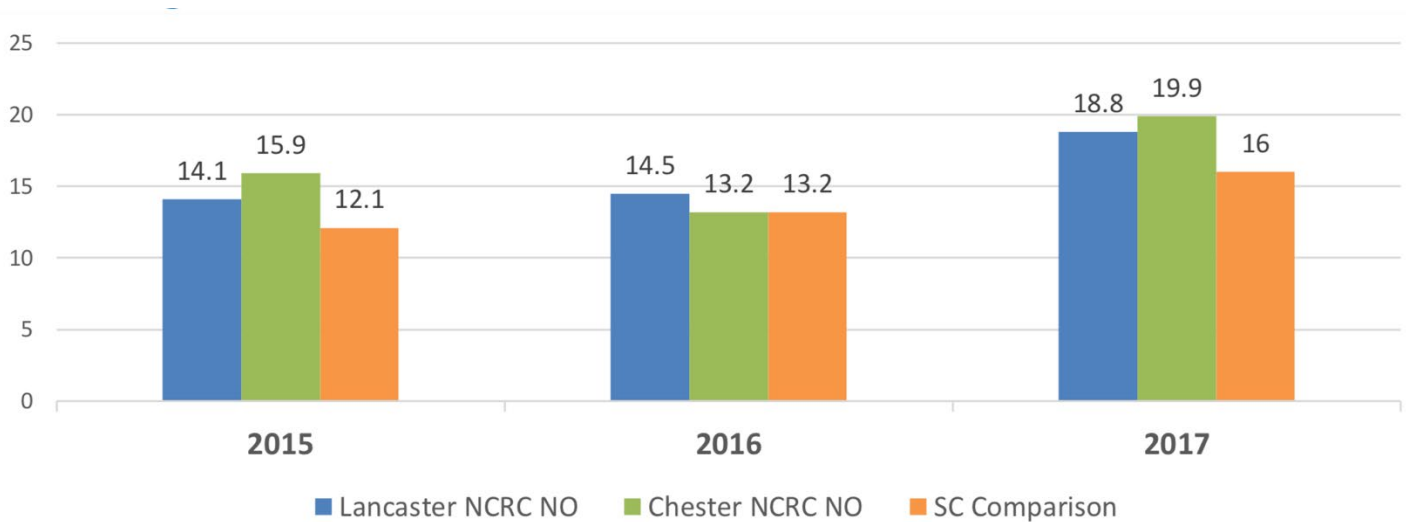
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? A measure of disconnected youth provides a valuable look into for social supports such as: education, employment, income, and family support. This measure calls attention to a critical period of transition from adolescence to adulthood, which can support targeted action at the community level.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2012-2016) & [Community Commons](#)

WHAT STRATEGIES SEEM TO WORK?

- [College access programs](#) (scientifically supported)
- [Career Academies](#) (scientifically supported)
- [Health career recruitment for minority students](#) (scientifically supported)

11th GRADERS – CAREER READINESS



WHAT DOES THIS CHART TELL US? South Carolina requires that all eleventh grade students take ACT WorkKeys®, which is a job skills assessment to determine readiness for a future career. The figure above shows the percentage of students who did not earn a career readiness certificate in one of three levels (silver, gold, platinum) from 2015-2017 in Lancaster and Chester counties compared to South Carolina. Students in Lancaster and Chester counties performed similarly on this assessment in years 2015 and 2016. However, in 2017, both counties underperformed in comparison to South Carolina more generally.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? These results merit further investigation given their value in predicting future unemployment patterns within these counties. In short, if high school juniors are scoring poorly on career readiness, what are the chances they will be prepared for work after high school and beyond?

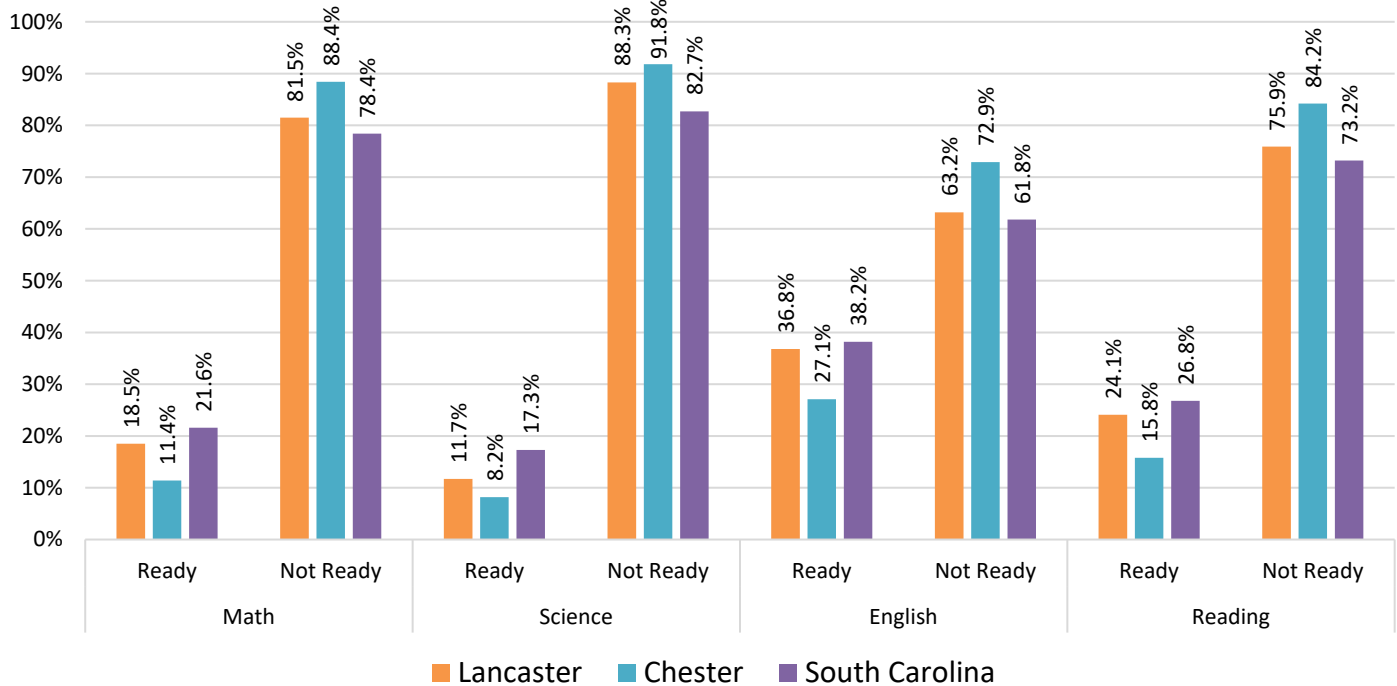
WHERE DID WE FIND THIS DATA? [SC Department of Education](#), 2015-17

WHAT STRATEGIES SEEM TO WORK?

- [Healthy school lunch initiatives](#) (some evidence)
- [Big Brothers Big Sisters](#) (some evidence)
- [Community Schools](#) (some evidence)
- [Career Academies](#) (scientifically supported)
- [Youth apprenticeship initiatives](#) (expert opinion)

11th GRADERS - COLLEGE READINESS

11th Graders Readiness for College - 2017



WHAT DOES THIS CHART TELL US? South Carolina requires that all eleventh grade students take the ACT®, which assesses college readiness with benchmark scores. The ACT® is the average of the ACT English, Mathematics, Reading and Science scores. In both Chester and Lancaster Counties, as well as the state, the majority of 11th graders scored as not ready in all the subject areas on the 2017 ACT test. Both counties' results are like the state averages.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? A student scoring at the benchmark has an approximately 50% chance of receiving a 'B' or better and a 75% chance of receiving a 'C' or better in the corresponding introductory college course. Test scores serve as a link between what students have learned and what they are ready to learn next. Parents, teachers, counselors and students use these standards to communicate widely shared learning goals and expectations.

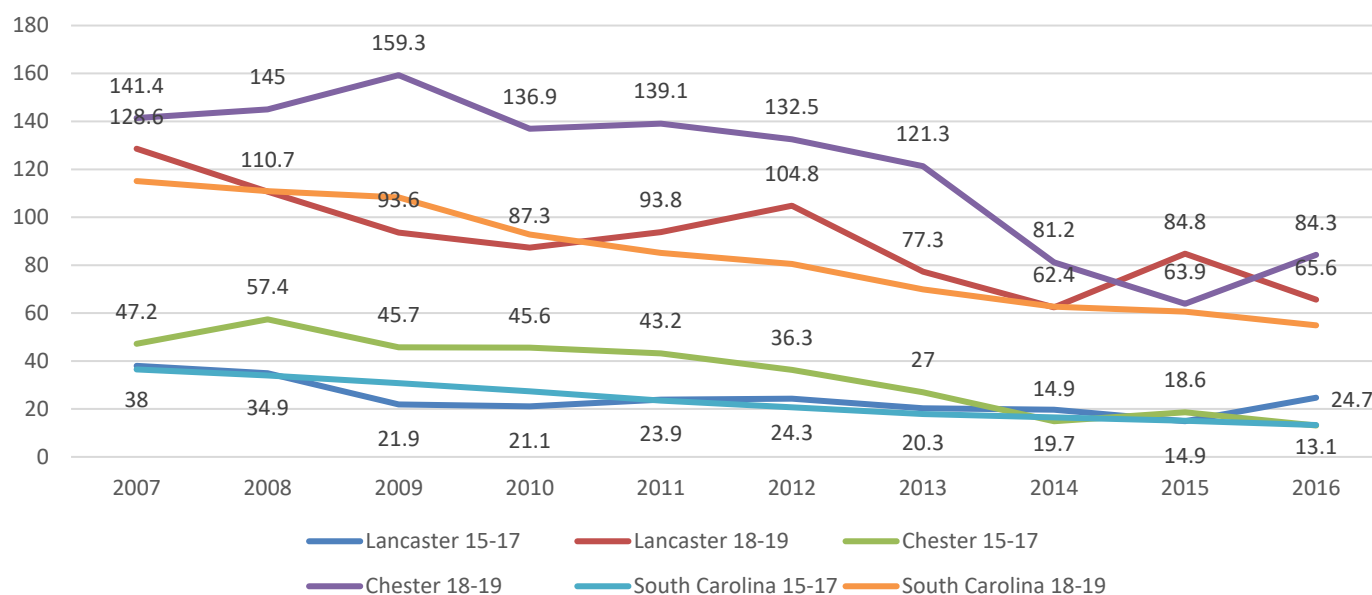
WHERE DID WE FIND THIS DATA? [SC Department of Education](#), 2017

WHAT STRATEGIES SEEM TO WORK?

- [Healthy school lunch initiatives](#) (some evidence)
- [Big Brothers Big Sisters](#) (some evidence)
- [Community Schools](#) (some evidence)
- [Career Academies](#) (scientifically supported)
- [Youth apprenticeship initiatives](#) (expert opinion)

TEENAGE PREGNANCIES

Teen Pregnancy per 1,000 female population, 2007-2016



WHAT DOES THIS CHART TELL US? This chart provides a summary of the percentage of live births to adolescent women by age from 2011-2016 in South Carolina. Teenagers between the ages of 15-17 have lower teen pregnancy rates than their peers between the ages of 18-19. Teenage pregnancy rates for both ages in both the counties has fallen over the past 10 years.

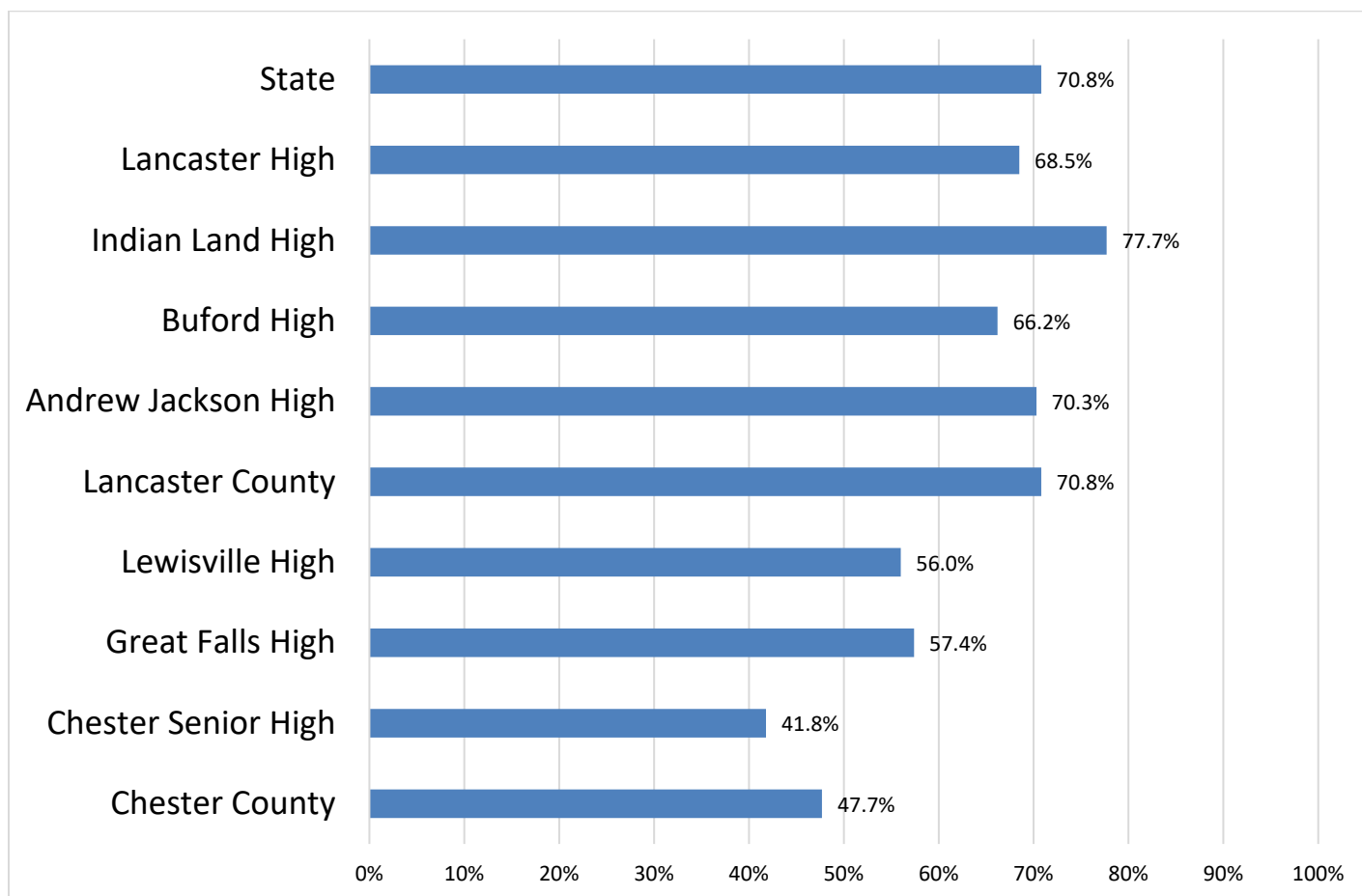
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? In South Carolina, 75% of teen pregnancies are stemming from 18-19 year olds. Teen pregnancy has substantial implications for educational and socioeconomic outcomes for the teen mother. Parenthood is the leading reason that teenage females drop out of school. This is an important point to document because adolescent mothers and their children are likely to be at considerably higher risk for adverse health, educational, and economic outcomes.

WHERE DID WE FIND THIS DATA? [South Carolina DHEC Vital and Mortality Statistics, 2011-2016](#)

WHAT STRATEGIES SEEM TO WORK?

- [Nurse-Family Partnership](#) (scientifically supported)
- [Early Head Start](#) (scientifically supported)
- [CenteringPregnancy](#) (scientifically supported)
- [Patient financial incentives for preventive care](#) (scientifically supported)
- [Early childhood home visiting programs](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [School-based health clinics with reproductive health services](#) (some evidence)
- [Healthy Families America](#) (some evidence)
- [Mobile reproductive health clinics](#) (some evidence)
- [Preconception education interventions](#) (some evidence)
- [School-based health clinics with reproductive health services](#) (some evidence)

HIGH SCHOOL GRADUATES WHO ENROLLED IN COLLEGE



WHAT DOES THIS CHART TELL US? Similar to the graduation rates, only a few of the high schools between each of the counties had a similar or higher percentage of graduates who enrolled in a 2-year or 4-year college the following fall. Interestingly, Lewisville High has consistently had one of the highest graduation rates among all the high schools, but has one of the lowest enrollment rates in 2- or 4-year schools.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Higher education is associated with greater earnings and a standard of living, and the rate of students pursuing further education also provides an indirect measure of the strength of the high schools.

WHERE DID WE FIND THIS DATA? [SC Department of Education](#) (2017)

WHAT STRATEGIES SEEM TO WORK?

- [College access programs](#) (scientifically supported)

JUVENILES IN CORRECTIONS

Rate of Juveniles per 1,000 Detained and Committed to DJJ Facilities				
	Rate Detained		Rate Committed	
	2015-16	2016-17	2015-16	2016-17
Chester County	9	11	2	2
Lancaster County	5	8	2	3

WHAT DOES THIS CHART TELL US? The most severe sanction that a juvenile court can impose on a young person is restricting their freedom through the placement of a residential facility. Youth experience a disruption in their normal routines, schooling, and family/social relationships. There is a small number of young people who have detained and committed to correctional facilities. In addition, the rate of detained juveniles has decreased in both counties in recent years.

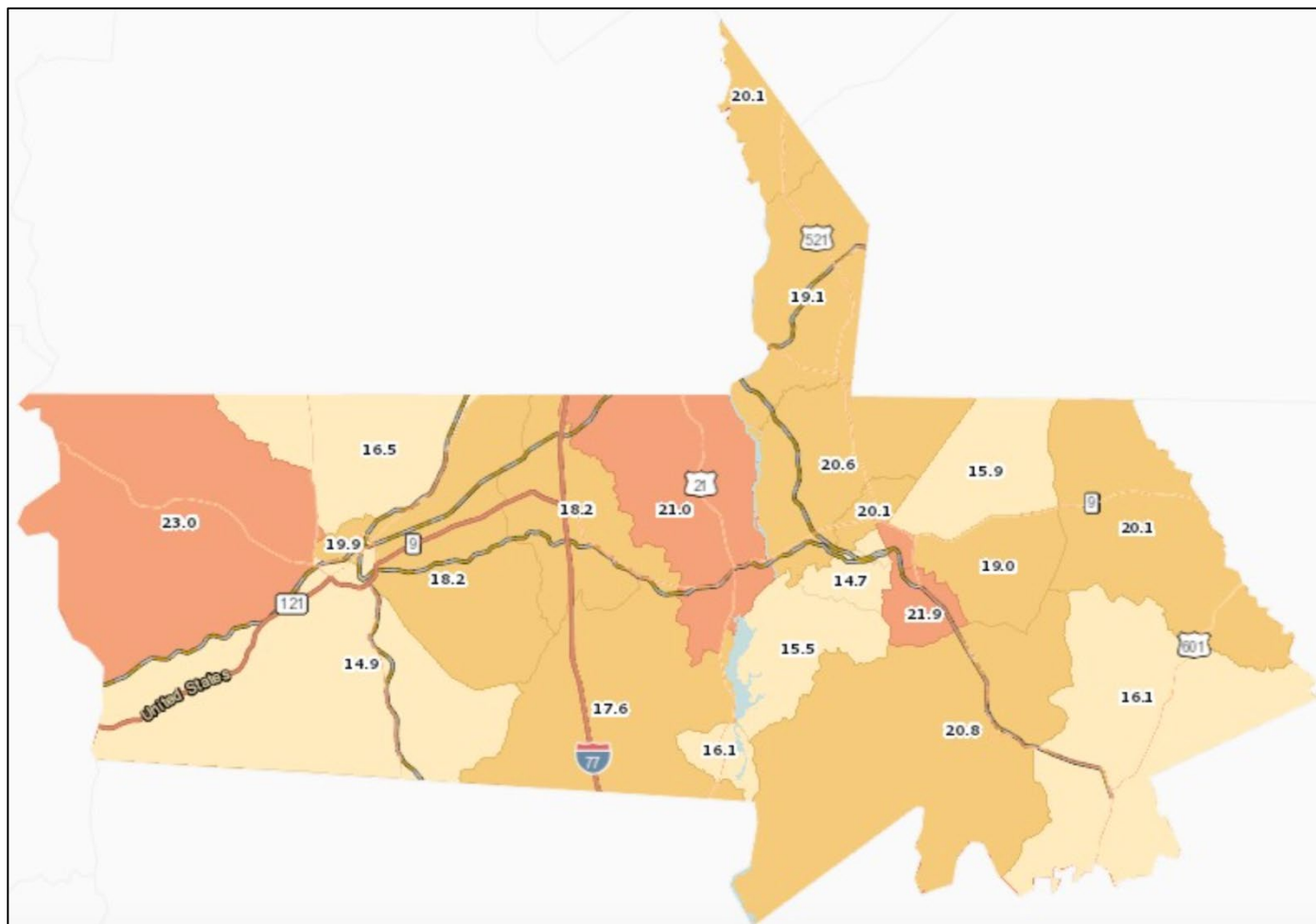
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Negative indicators in a community such as poverty and unemployment are factors that, when coupled with other triggers, may contribute to juvenile crime rates, and may lead to future illegal activities and adversely affect a person's future health and well-being.

WHERE DID WE FIND THIS DATA? [SC Department of Juvenile Justice](#)

WHAT STRATEGIES SEEM TO WORK?

- [Multisystemic Therapy for juvenile offenders](#) (scientifically supported)
- [Cognitive-behavioral therapy for offenders](#) (scientifically supported)
- [Community policing](#) (scientifically supported)
- [Focused deterrence strategies](#) (scientifically supported)
- [Treatment Foster Care Oregon](#) (scientifically supported)
- [Functional Family Therapy](#) (scientifically supported)
- [Mentoring programs: delinquency](#) (scientifically supported)
- [Treatment Foster Care](#) (some evidence)
- [Youth peer mentoring](#) (some evidence)
- [Big Brothers Big Sisters](#) (some evidence)
- [Promise Academy](#) (some evidence)
- [School-based intimate partner violence prevention programs](#) (some evidence)
- [Intergenerational mentoring](#) (expert opinion)
- [Trauma-informed juvenile justice systems](#) (expert opinion)
- [Ban the Box](#) (some evidence)

ADULTS (AGES 25+) WITH SOME COLLEGE, NO DEGREE



WHAT DOES THIS CHART TELL US? This chart provides us with a snapshot of the percentage (%) of adults over the age of 25 who took some post-secondary coursework, and did not complete their degree. Characterizing these individuals as “near-completers,” this data could help point higher education institutions with outreach efforts to facilitate re-enrollment and alternative degree completion programs.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? There is potential value to individuals who attain any amount of college, perhaps without ever seeking a degree. However, there is also significant value in assisting individuals in re-engaging in their college completion goals, including economic gains. This particular data point does not address the critical questions, such as how much college was completed, how long ago, and at what types of post-secondary institutions.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2012-2016) & [Community Commons](#)

WHAT STRATEGIES SEEM TO WORK?



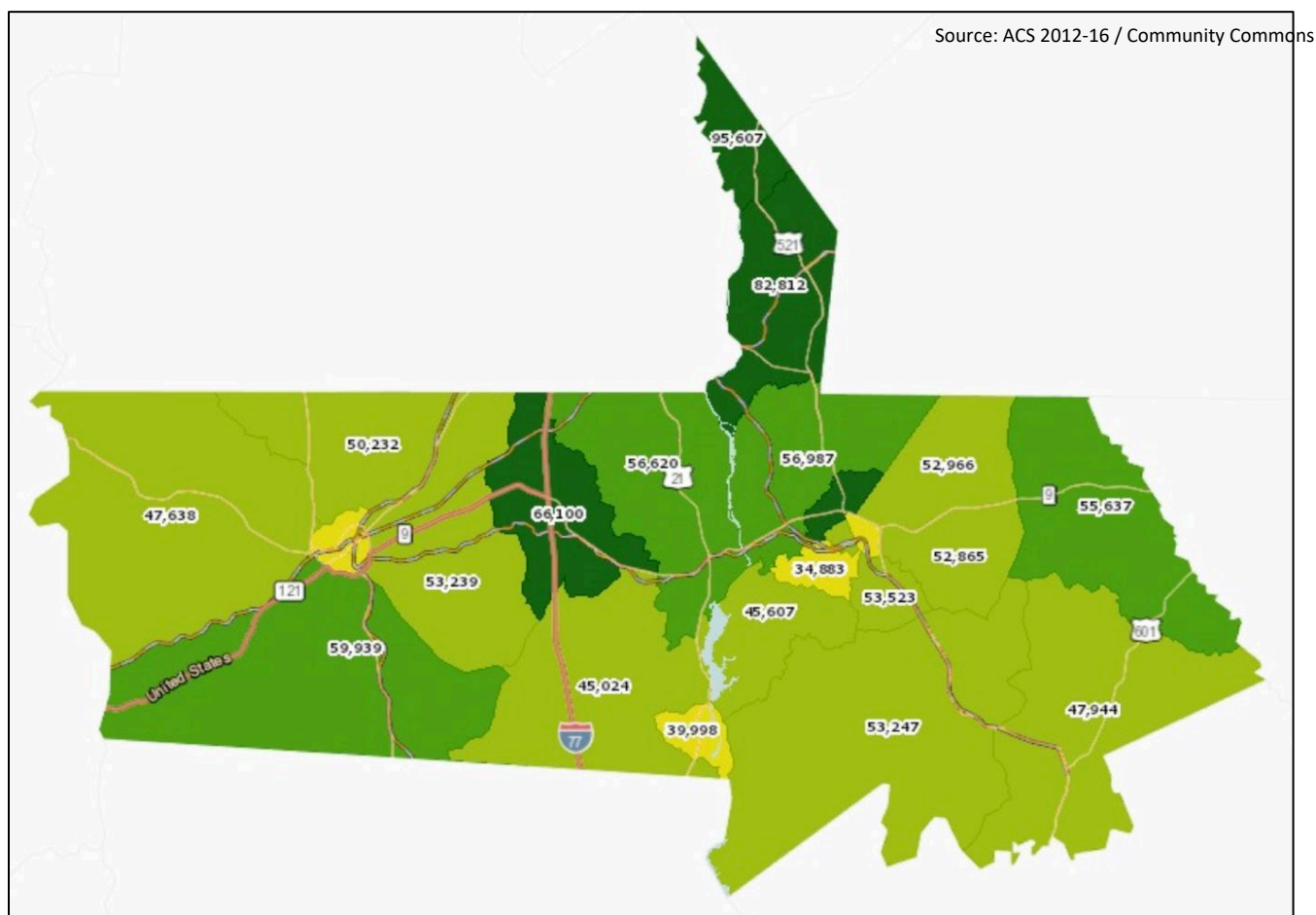
HEALTHY ECONOMY

WHAT IS OUR VISION? *We envision communities where people and businesses are willing and encouraged to work, invest, donate, and spend their resources locally.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Average household income
- Residents place of work
- Population in labor force
- Households living in poverty
- Unemployment rate
- Living in poverty, by educational attainment
- Residents spending 30% of their income on housing

AVERAGE HOUSEHOLD INCOME



WHAT DOES THIS MAP TELL US? The figure above summarizes the median (average) household incomes for Lancaster and Chester Counties. The figure shows that median household income in census tracts marked in yellow are significantly lower than that of census tract areas marked in green.

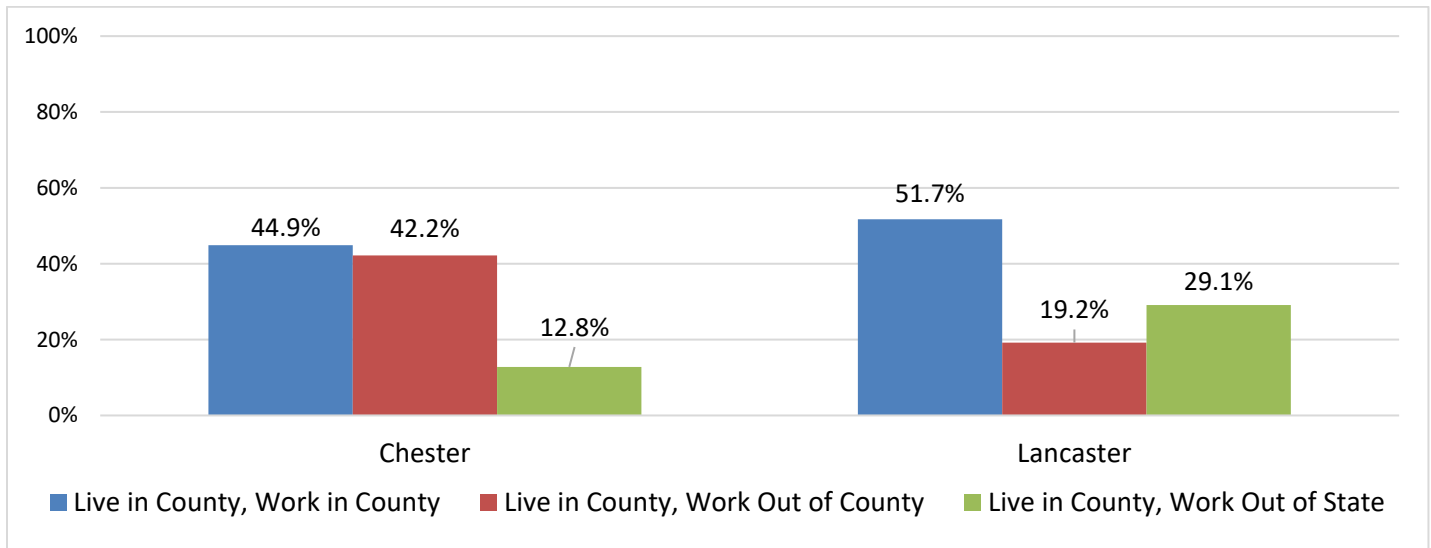
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Median household income is a gauge of the overall economic health of the region and the financial resources of households.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2012 – 2016) & [Community Commons](#)

WHAT STRATEGIES SEEM TO WORK?

- [Child care subsidies](#) (scientifically supported)
- [Earned income tax credit \(EITC\)](#) (scientifically supported)
- [Full child support pass-through and disregard](#) (scientifically supported)
- [Chicago Child-Parent Centers](#) (scientifically supported)
- [Matched dollar incentives for saving tax refunds](#) (some evidence)
- [Living wage laws](#) (some evidence)
- [Unemployment insurance](#) (some evidence)

RESIDENTS PLACE OF WORK



WHAT DOES THIS CHART TELL US? Chester County has a large percentage of residents who work outside of the county, with 42.2% working in another county in the State of South Carolina. In Lancaster County, almost 30% of the residents work outside of the State of South Carolina.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? The flow of workers from place of residence to place of work is an indicator of several economic conditions for a given area. Primarily, these patterns can reflect the availability and quality of work locally and in surrounding counties. In addition to the economic concerns, studies have shown that the farther a person has to commute, the less physical activity the individual tends to participate in.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2015)

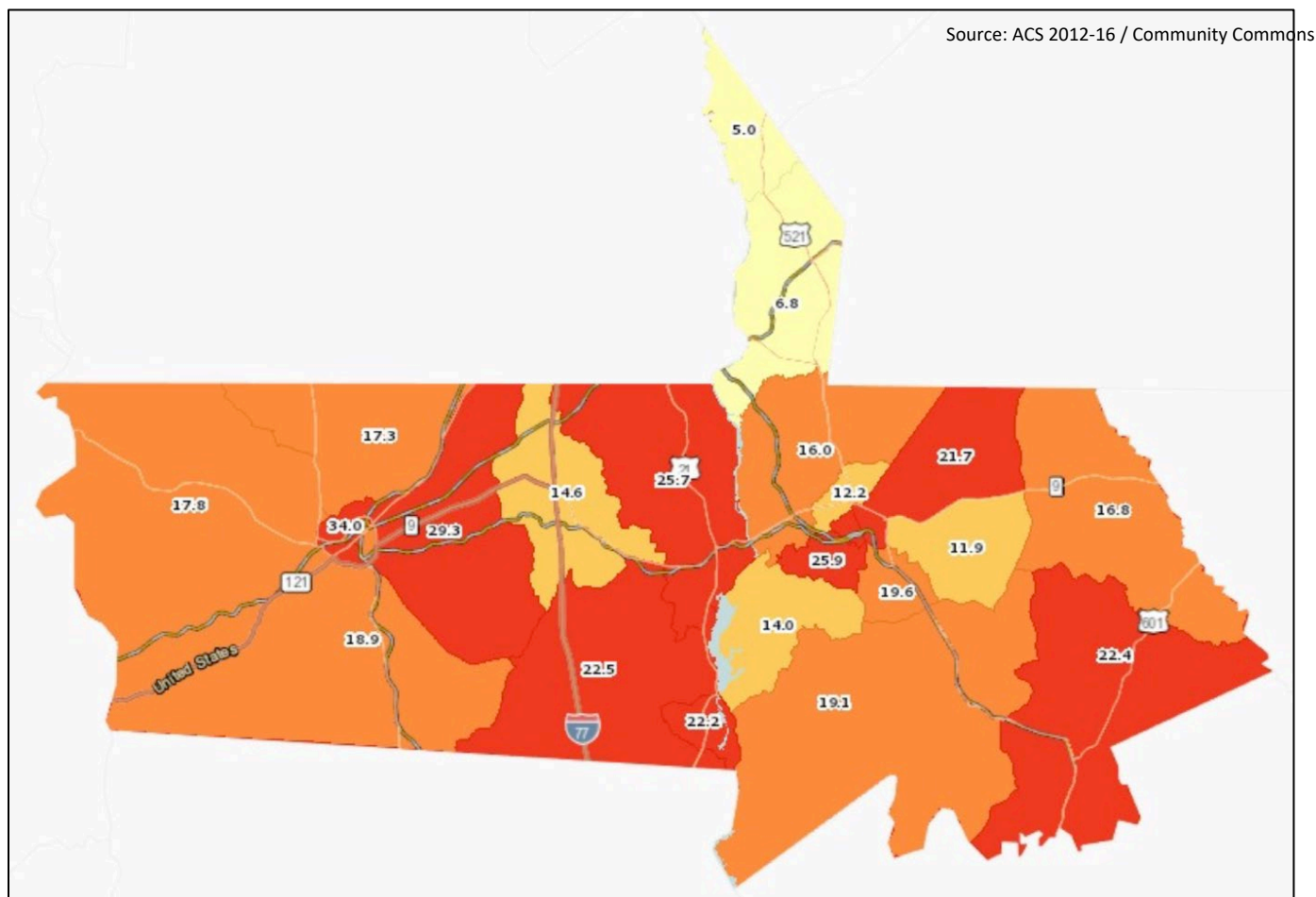
WHAT STRATEGIES SEEM TO WORK?

- [Public transportation systems](#) (scientifically supported)
- [Multi-component workplace supports for active community](#) (some evidence)
- [Mixed-use development](#) (scientifically supported)
- [Individual incentives for public transportation](#) (some evidence)
- [Carpool & rideshare programs](#) (expert opinion)



Job fair in Lancaster

HOUSEHOLDS LIVING BELOW POVERTY



WHAT DOES THIS MAP TELL US? The figure above shows 5-year estimates (2012-2016) from the American Community Survey of the proportion of households living in poverty across Lancaster and Chester Counties. The areas in red and orange are census tracts where there is a higher percentage of households living in poverty.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? It is important to know what percentage of the population falls below the Federal Poverty Levels (FPL) as those who live in poverty are often at higher risk of negative outcomes such as health and socioeconomic mobility. Children who live in poverty often fall behind their peers in educational markers. According to the U.S. Census Bureau 2016 data, the official U.S. poverty rate is **12.7 percent**. According to 2017 Federal Poverty Levels for Affordable Care Act, a household of 4 persons with a total yearly income of \$30,750 meets federal poverty level.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2012-2016) & [Community Commons](#)

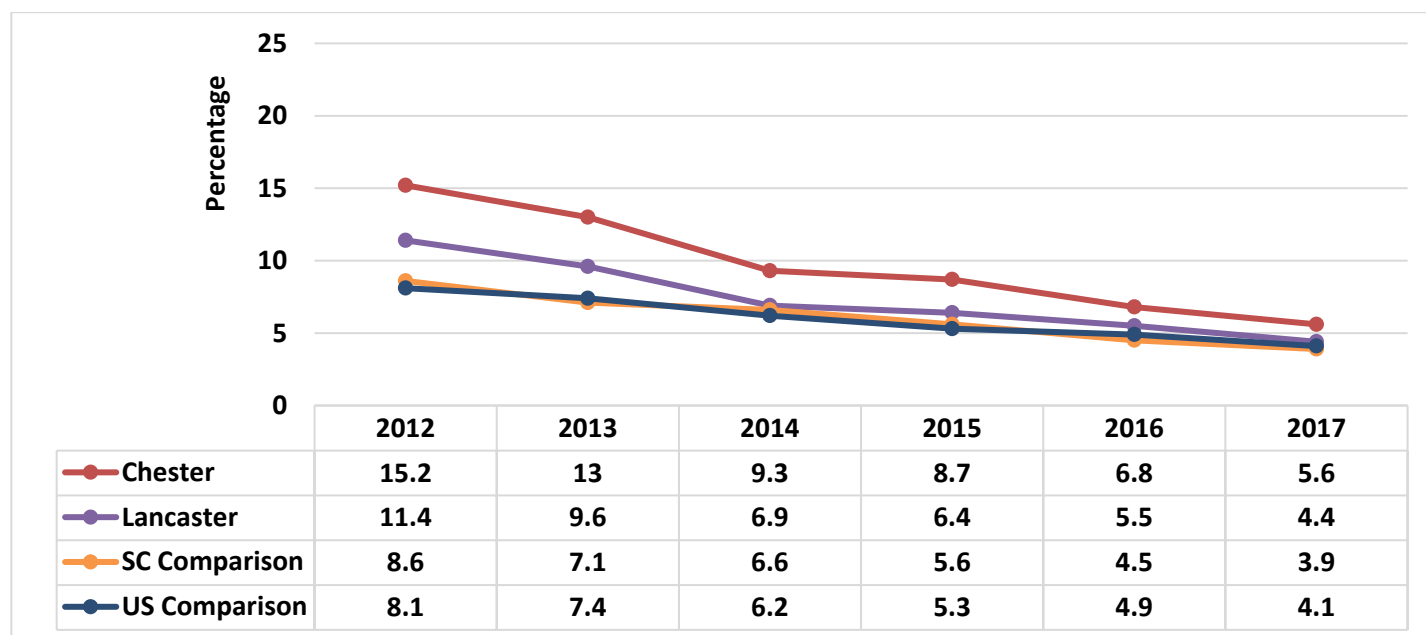
WHAT STRATEGIES SEEM TO WORK?

- [Child care subsidies](#) (scientifically supported)
- [Earned income tax credit \(EITC\)](#) (scientifically supported)



- [Full child support pass-through and disregard](#) (scientifically supported)
- [Chicago Child-Parent Centers](#) (scientifically supported)
- [Matched dollar incentives for saving tax refunds](#) (some evidence)
- [Living wage laws](#) (some evidence)
- [New Hope Project](#) (some evidence)
- [Unemployment insurance](#) (some evidence)
- [Trauma-informed approaches to community building](#) (expert opinion)

UNEMPLOYMENT RATE



WHAT DOES THIS CHART TELL US? The unemployment rate is determined by the percentage of the population that is ages 16+ that are unemployed but seeking work. The chart above compares unemployment rates for Lancaster and Chester counties to South Carolina and the United States. There is a downward trend in the unemployment rate over a six-year period (2012-2017). Lancaster and Chester counties had higher unemployment in 2012-2013 when compared to South Carolina and the U.S. Starting in 2014, the Lancaster unemployment rate is consistent to that of South Carolina and U.S. The Chester County unemployment rate in 2017 remains markedly higher (5.6%).

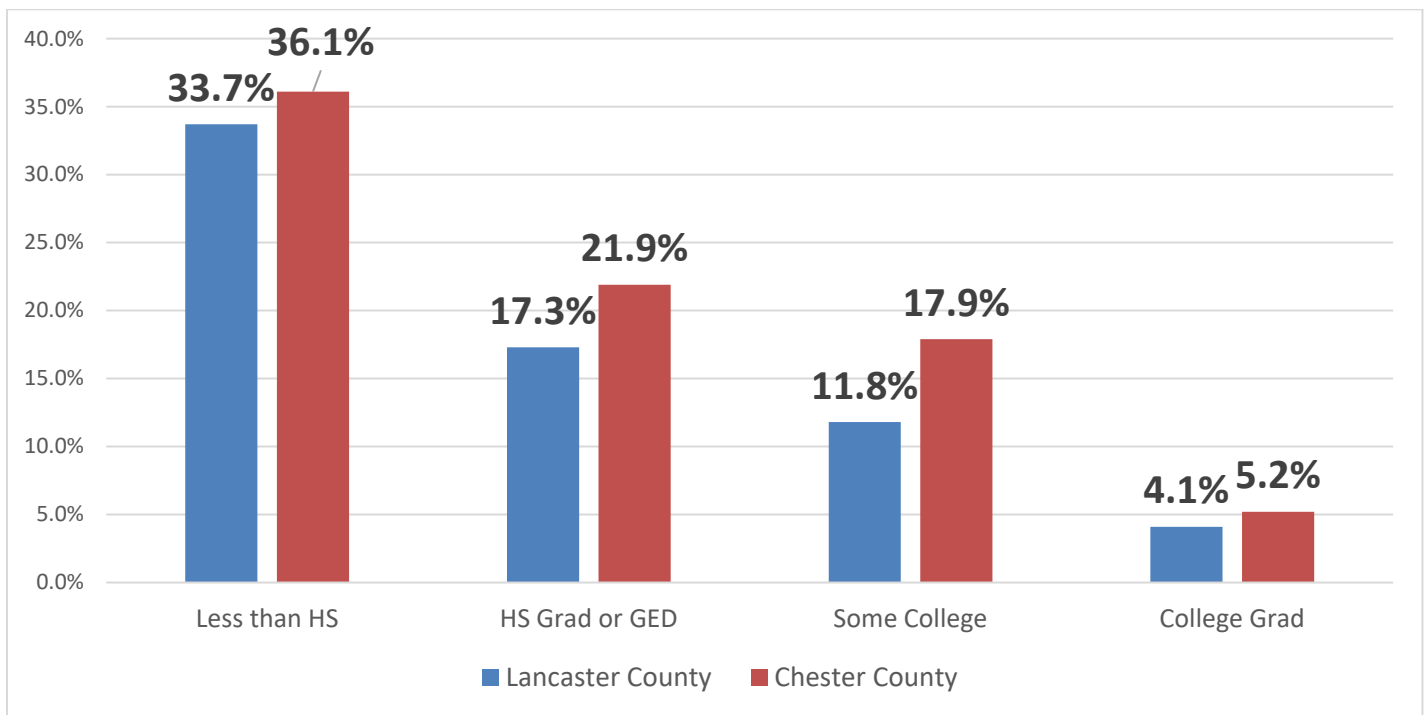
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Unemployment rates are a relatively timely indicator of current local economic conditions, particularly recent changes in the employment landscape that reflect the overall health of the economy. This indicator does not account for underemployed workers who are discouraged and no longer looking for jobs.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2012 – 2017)

WHAT STRATEGIES SEEM TO WORK?

- [Transitional jobs](#) (scientifically supported)
- [Earned Income Tax Credit](#) (scientifically supported)
- [Child care subsidies](#) (scientifically supported)
- [Housing rehabilitation loan and grant programs](#) (scientifically supported)
- [Living wage laws](#) (some evidence)
- [Unemployment insurance](#) (some evidence)
- [Low Income housing Tax Credits](#) (some evidence)
- [Career pathways and sector-focused employment programs](#) (some evidence)
- [Housing Choice Voucher Program, Section 8](#) (some evidence)
- [Supplemental Security Income benefits](#) (expert opinion)
- [Refundable child and dependent care tax](#) (expert opinion)

ADULTS LIVING IN POVERTY, BY EDUCATION LEVEL



WHAT DOES THIS CHART TELL US? This illustrates a strong negative association between poverty level and educational attainment across Lancaster and Chester Counties among adults 25 years and older. In other words, we can expect lower educational levels to be associated with higher poverty levels. Conversely, higher educational levels are associated with lower poverty rates.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? These data provide strong economic support for the promotion of higher educational attainment, at all ages. The more education a resident attains, the less likely this person will live below the federal poverty line.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) (2015)

WHAT STRATEGIES SEEM TO WORK?

- [College access programs](#) (scientifically supported)
- [Adult vocational training](#) (scientifically supported)
- [Chicago Child-Parent Centers](#) (scientifically supported)
- [Career pathways and sector-focused employment programs](#) (some evidence)
- [Summer work experience programs](#) (some evidence)
- [Bridge programs for hard-to-employ adults](#) (expert opinion)

COST-BURDENED HOUSEHOLDS

	RENTERS		HOMEOWNERS	
	2007-2011	2012-2016	2007-2011	2012-16
South Carolina	50.6%	50.9%	32.7%	28.8%
Chester County	53.9%	56.9%	35.3%	26.7%
Lancaster County	50.6%	54.4%	35.8%	28.1%

WHAT DO THESE CHARTS TELL US? This chart gives the percentage of owner-occupied and renter-occupied housing units in which householders who have a mortgage or rent spend 30% or more of their income on housing. This quantifies the proportion of residents who devote a large amount of their income to their housing costs (mortgage/gross rent, heat, electricity).

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Housing is a substantial expense, reflecting the largest single monthly expenditure for many individuals and families. Quality housing is not affordable for everyone, and those with lower incomes are most likely to live in unhealthy, overcrowded, or unsafe housing conditions.

WHERE DID WE FIND THIS DATA? *US Census American FactFinder (now located at <https://data.census.gov>)* (2007-2016)

WHAT STRATEGIES SEEM TO WORK?

- [Housing rehabilitation loan and grant programs](#) (scientifically supported)
- [Living wage laws](#) (some evidence)
- [Unemployment insurance](#) (some evidence)
- [Low Income housing Tax Credits](#) (some evidence)
- [Career pathways and sector-focused employment programs](#) (some evidence)
- [Housing Choice Voucher Program, Section 8](#) (some evidence)
- [Trauma-informed approaches to community building](#) (expert opinion)



Hwy 521 in Indian Land. SOURCE: Rock Hill Herald

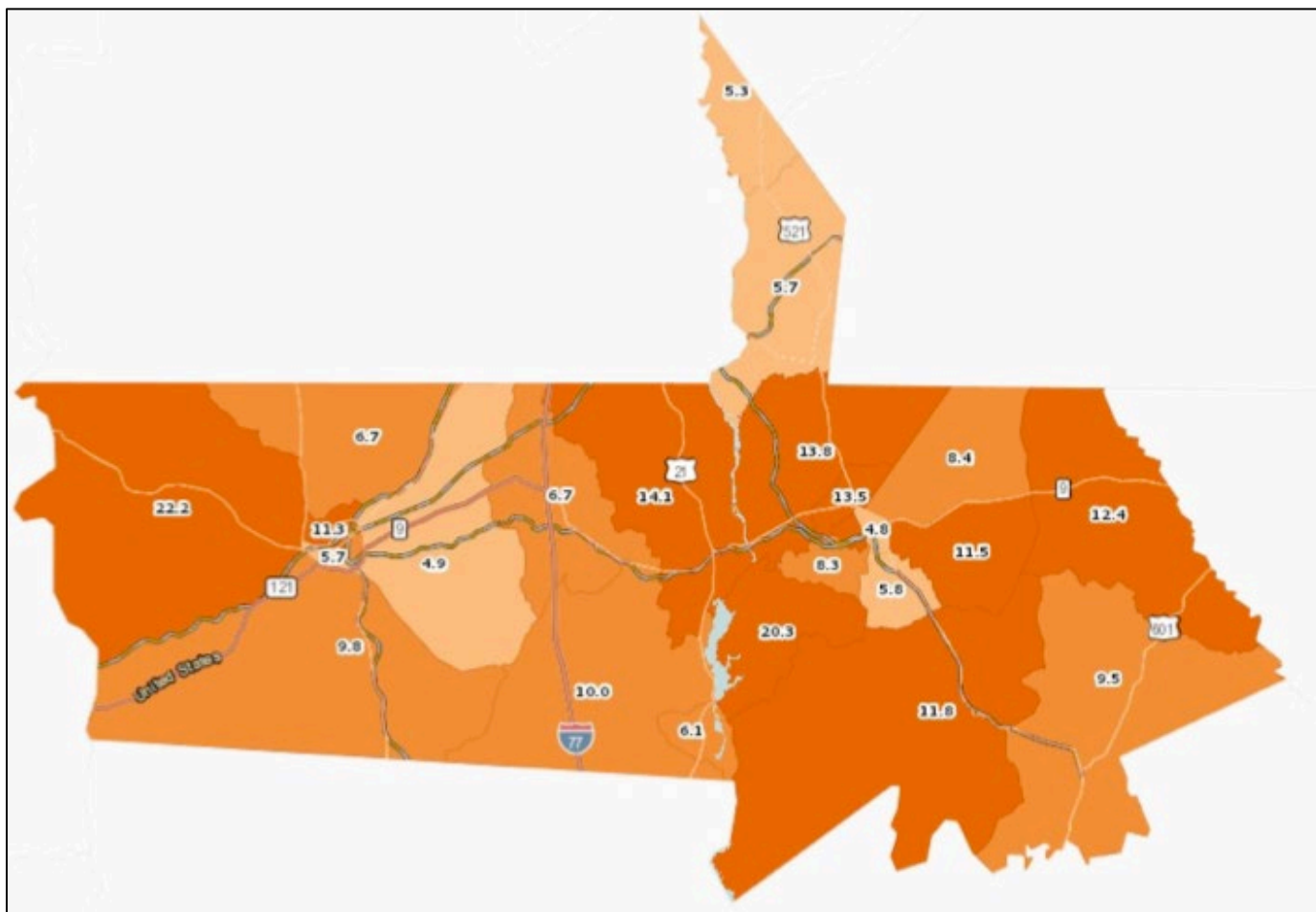
TRANSPORTATION ACCESS

WHAT IS OUR VISION? *We envision interconnected communities where residents have a variety of safe, affordable, and reliable transportation options.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Workers with long commutes
- Means of transportation to work
- Households with no vehicle available
- Motor vehicle fatalities

WORKERS WITH LONG COMMUTES



WHAT DOES THIS CHART TELL US? Pockets of both Lancaster and Chester Counties have a significant number of workers who drive long distances (over 60 minutes one-way) to their workplace.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Commuting patterns, or the flow of workers from place of residence to place of work, is an indicator of several economic conditions for a given area. Primarily, these patterns can reflect the availability and quality of work locally and in surrounding counties. In addition to the economic concerns, studies have shown that the farther a person has to commute, the less physical activity the individual tends to participate in.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2012-2016 via [Community Commons](#)

WHAT STRATEGIES SEEM TO WORK?

- [Public transportation systems](#) (scientifically supported)
- [Multi-component workplace supports for active community](#) (some evidence)
- [Mixed-use development](#) (scientifically supported)
- [Individual incentives for public transportation](#) (some evidence)
- [Carpool & rideshare programs](#) (expert opinion)

MEANS OF TRANSPORTATION TO WORK

	2016			
	Drove Alone	Carpooled	Public Transit	Walked or Biked
South Carolina	82.8%	9.3%	5.8%	2.5%
Chester County	83.3%	10.4%	1.3%	1.7%
Lancaster County	84.8%	8.8%	2.1%	0.9%

WHAT DO THESE CHARTS TELL US? While the vast majority of residents still drive to work, there is a steadily increase in public transit from 2011 to 2016. In addition, since this data does not add up to 100% of residents who commute to work, which leaves the remaining percentage of those workers who work from home.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? How are residents getting to their jobs? No matter where a person lives, commuting can be a challenge. Residents should have a variety of options for getting from home to work. Some commuters must rely on transit, others utilize a formal or informal carpooling, and still others drive alone to work. The choice of how we commute affects everything from traffic congestion to air pollution.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2016

WHAT STRATEGIES SEEM TO WORK?

- [Mixed-use development](#) (scientifically supported)
- [Public transportation systems](#) (scientifically supported)
- [Bike & pedestrian master plans](#) (some evidence)
- [Individual incentives for public transportation](#) (some evidence)
- [Bicycle paths, lanes, & tracks](#) (some evidence)
- [Traffic calming](#) (scientifically supported)
- [Safe Routes to Schools](#) (scientifically supported)

HOUSEHOLDS WITH NO VEHICLE AVAILABLE

	2012	2013	2014	2015	2016
South Carolina	2.7%	2.5%	2.6%	2.5%	2.4%
Chester County	3.1%	3.5%	4.7%	5.1%	5.2%
Lancaster County	1.6%	1.8%	2.1%	2.2%	2.1%

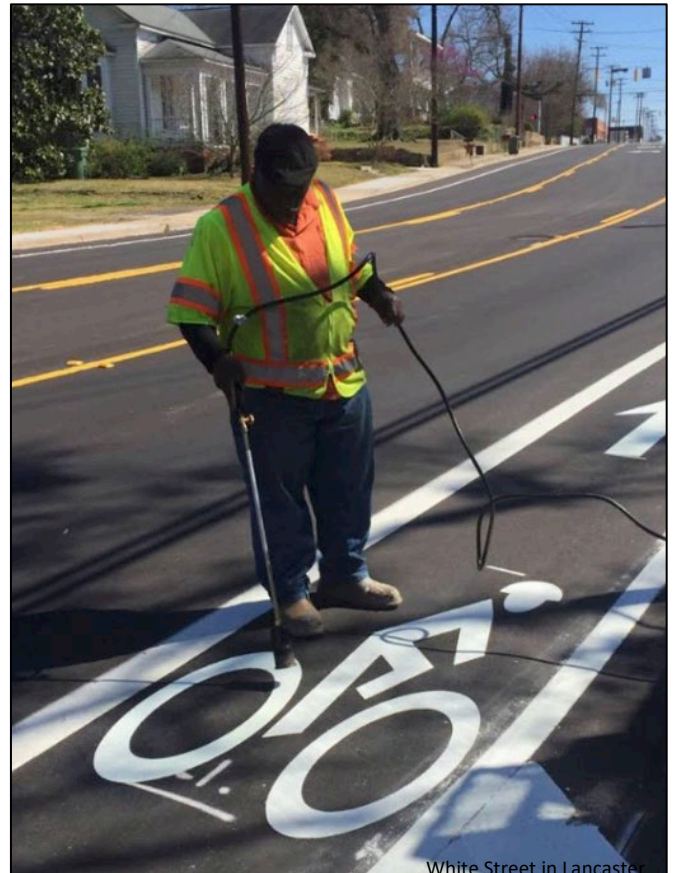
WHAT DO THESE CHARTS TELL US? Among residents ages 16+ who work, this chart represents the percentage of those residents who do not have access to a vehicle in their household. While a small minority of residents do not have access to vehicle, it is worth exploring more localized data (census tracts, ZIP codes) to learn what communities within each county have a larger proportion of residents who work without access to a vehicle.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Understanding and accommodating the particular needs of all working residents is important. Many of these residents face daily challenges to access their job site, and often face the burdensome decision of relying on informal carpooling arrangements or missing work or schedule appointments.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder](https://data.census.gov) (now located at <https://data.census.gov>) 2012-16

WHAT STRATEGIES SEEM TO WORK?

- [Public transportation systems](#) (scientifically supported)
- [Bike & pedestrian master plans](#) (some evidence)
- [Individual incentives for public transportation](#) (some evidence)
- [Bicycle paths, lanes, & tracks](#) (some evidence)
- [Traffic calming](#) (scientifically supported)



White Street in Lancaster

MOTOR VEHICLE FATALITIES

Motor Vehicle Death Rate per 100,000 people						
	2011	2012	2013	2014	2015	2016
Chester County	18.3	18.4	30.7	27.8	52.7	55.9
Lancaster County	30.9	11.4	7.5	20.4	17.4	15.6

WHAT DOES THIS CHART TELL US? Chester County has increased the motor vehicle death rate per 100,000 each of the past six years while Lancaster County had an overall decrease during the same time span.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? The South Carolina Department of Public Safety analyzes all motor vehicle collision reports and produces an annual *Traffic Collision Fact Book* with statewide and local data. Traffic collisions are responsible for billions of dollars in economic loss in the state each year.

WHERE DID WE FIND THIS DATA? [SC Department of Public Safety, Highway Safety & Justice Programs, 2011-16](#)

WHAT STRATEGIES SEEM TO WORK?

- [Traffic calming](#) (scientifically supported)
- [Multi-component community interventions against alcohol-impaired driving](#) (scientifically supported)
- [Car seat incentive and education programs](#) (scientifically supported)
- [Primary seat belt enforcement laws](#) (scientifically supported)
- [Speed enforcement detection devices](#) (scientifically supported)
- [Strong graduated driver licensing laws](#) (scientifically supported)
- [Universal motorcycle helmet laws](#) (scientifically supported)
- [Bicycle paths, lanes, & tracks](#) (some evidence)



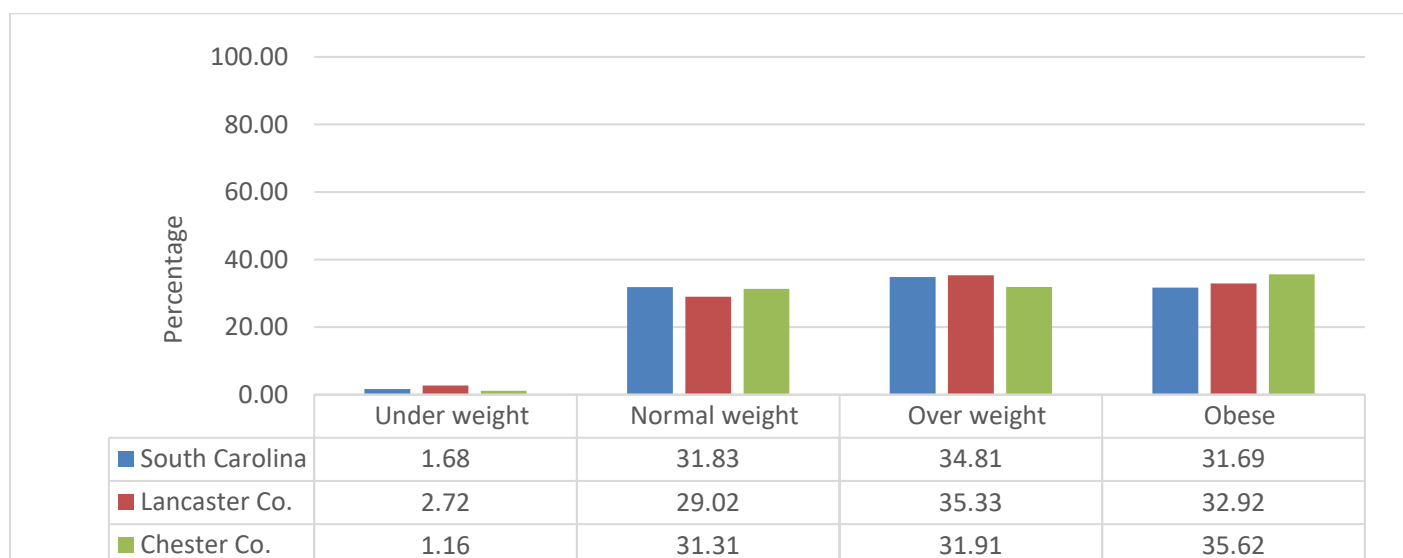
HEALTHY LIVING

WHAT IS OUR VISION? *We envision communities that are designed so that residents can easily make healthy lifestyle decisions, like eating nutritious food and being physically active.*

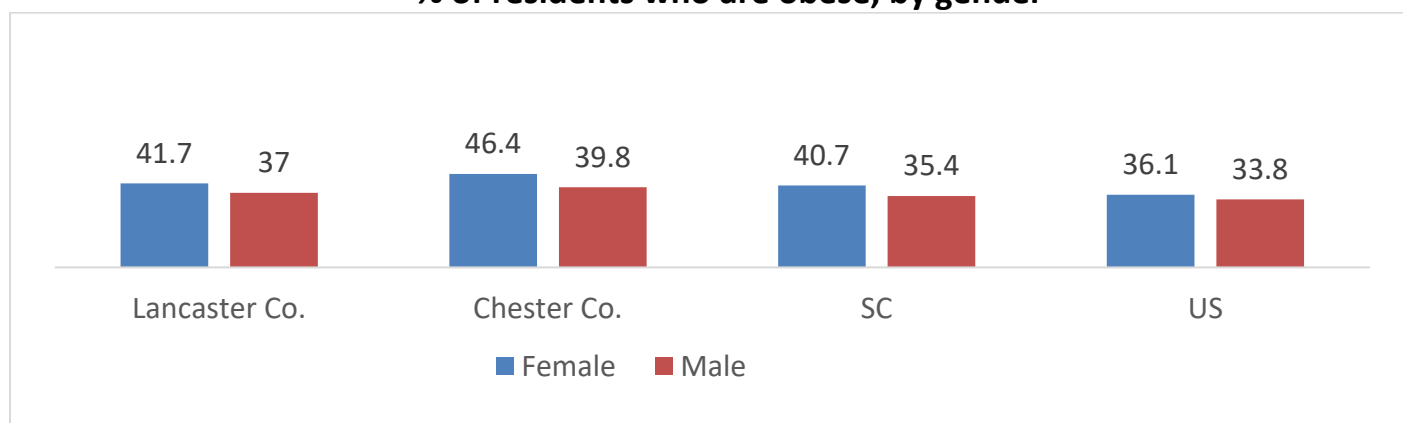
WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Body mass index (obesity rate)
- Physical activity rate
- Food environment index
- Fruit & vegetable consumption rate
- Alcohol use
- Current smokers

BODY MASS INDEX



% of residents who are obese, by gender



WHAT DO THESE CHARTS TELL US? This chart describes the percentage of adults (age 20+) who report their height and weight, and the calculated height and weight is then reported as BMI. Although the exercise data indicate that most residents are engaged in physical activity on a regular basis, roughly two thirds report being in the overweight to obese weight categories. Obesity appears to be more prevalent among women in Lancaster and Chester Counties compared to their female South Carolina and U.S. counterparts and men.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Obesity is often the result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, sleep apnea, respiratory problems, osteoarthritis, and poor health status.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016) for county-level BMI levels and CDC Behavioral Risk Factor Surveillance System, 2012 for obesity by gender data

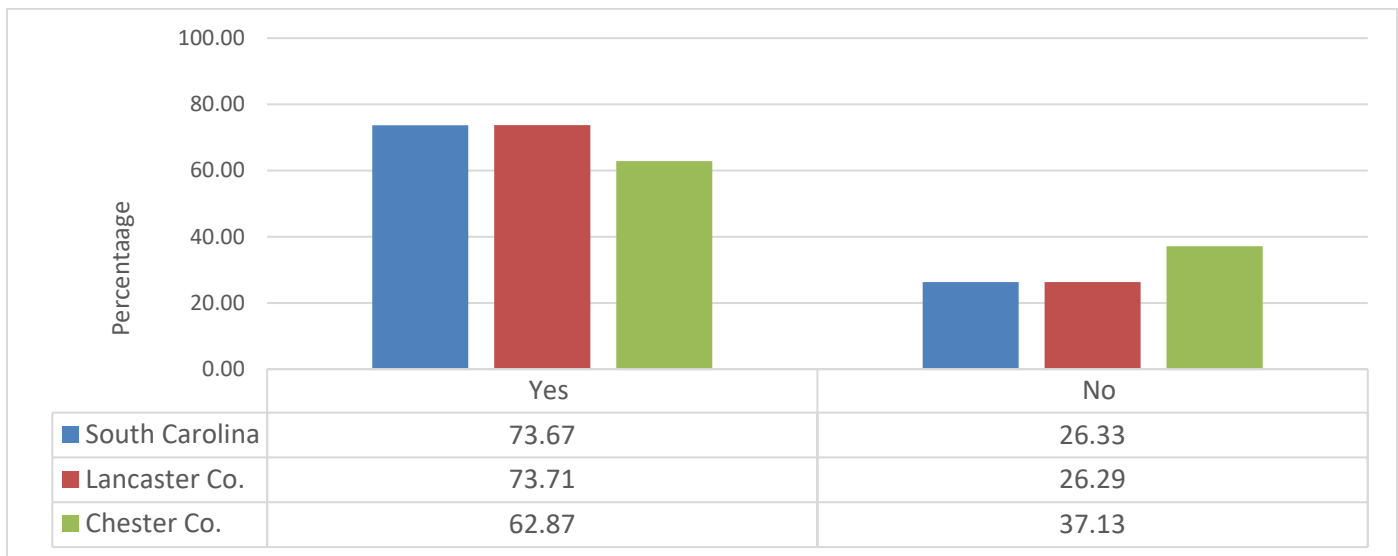
WHAT STRATEGIES SEEM TO WORK?

- [Places for physical activity](#) (scientifically supported)
- [Activity programs for older adults](#) (scientifically supported)
- [Community fitness programs](#) (scientifically supported)
- [Exercise prescriptions](#) (scientifically supported)
- [Individually-adapted physical activity programs](#) (scientifically supported)
- [Multi-component obesity prevention interventions](#) (scientifically supported)
- [Physically active classrooms](#) (scientifically supported)
- [Point-of-decision prompts for physical activity](#) (scientifically supported)
- [Worksite obesity prevention interventions](#) (scientifically supported)
- [Competitive pricing for healthy foods](#) (scientifically supported)
- [Worksite obesity prevention interventions](#) (scientifically supported)
- [Shared use agreements](#) (some evidence)
- [Farmers' markets/stands](#) (some evidence)
- [Healthy food in convenience stores](#) (some evidence)
- [Healthy food initiatives in food banks](#) (some evidence)
- [Healthy vending machine options](#) (some evidence)
- [Community gardens](#) (some evidence)
- [WIC and Senior Farmers' Market Nutrition Programs](#) (some evidence)

Lancaster County Farmer's Market



RESIDENTS GETTING ANY PHYSICAL ACTIVITY



WHAT DOES THIS CHART TELL US? This chart sheds light on the percentage of adults (age 20+) who report any physical activity. Over one-quarter of Lancaster County residents and over one-third of Chester County residents reported not experiencing any sort of physical activity, including outdoor leisure activities (golf, gardening, walking).

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Decreased physical activity has been related to several disease conditions, including type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. In addition, physical inactivity at the county level is related to healthcare expenditures for circulatory system diseases.

WHERE DID WE FIND THIS? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

WHAT STRATEGIES SEEM TO WORK?

- [Community-based social support for physical activity](#) (scientifically supported)
- [Activity programs for older adults](#) (scientifically supported)
- [Individually-adapted physical activity programs](#) (scientifically supported)
- [Mixed-use development](#) (scientifically supported)
- [Multi-component obesity prevention interventions](#) (scientifically supported)
- [Physically active classrooms](#) (scientifically supported)
- [Point-of-decision prompts for physical activity](#) (scientifically supported)
- [Public transportation systems](#) (scientifically supported)
- [Community fitness programs](#) (scientifically supported)
- [Exercise prescriptions](#) (scientifically supported)
- [Bike & pedestrian master plans](#) (some evidence)
- [Individual incentives for public transportation](#) (some evidence)
- [Shared use agreements](#) (some evidence)

FOOD ENVIRONMENT INDEX (0 to 10)

	2010-11	2012	2013	2014	2015
South Carolina	7.0	6.7	6.8	6.9	6.0
Chester	5.7	5.6	5.8	5.8	6.1
Lancaster	6.7	6.6	6.9	7.1	7.1

WHAT DO THESE CHARTS TELL US? Food Environment Index ranges from **0 (worst)** to **10 (best)** and equally weights two measures of the food environment: (1) **Limited access to healthy foods** estimates the percentage of the population that is low income and does not live close to a grocery store. In rural areas, it means living more than 10 miles from a grocery store. In nonrural areas, it means more than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. (2) **Food insecurity** estimates the percentage of the population who did not have access to a reliable source of food during the past year.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.

WHERE DID WE FIND THIS DATA? [USDA Food Environment Atlas, Map the Meal Gap from Feeding America](#)

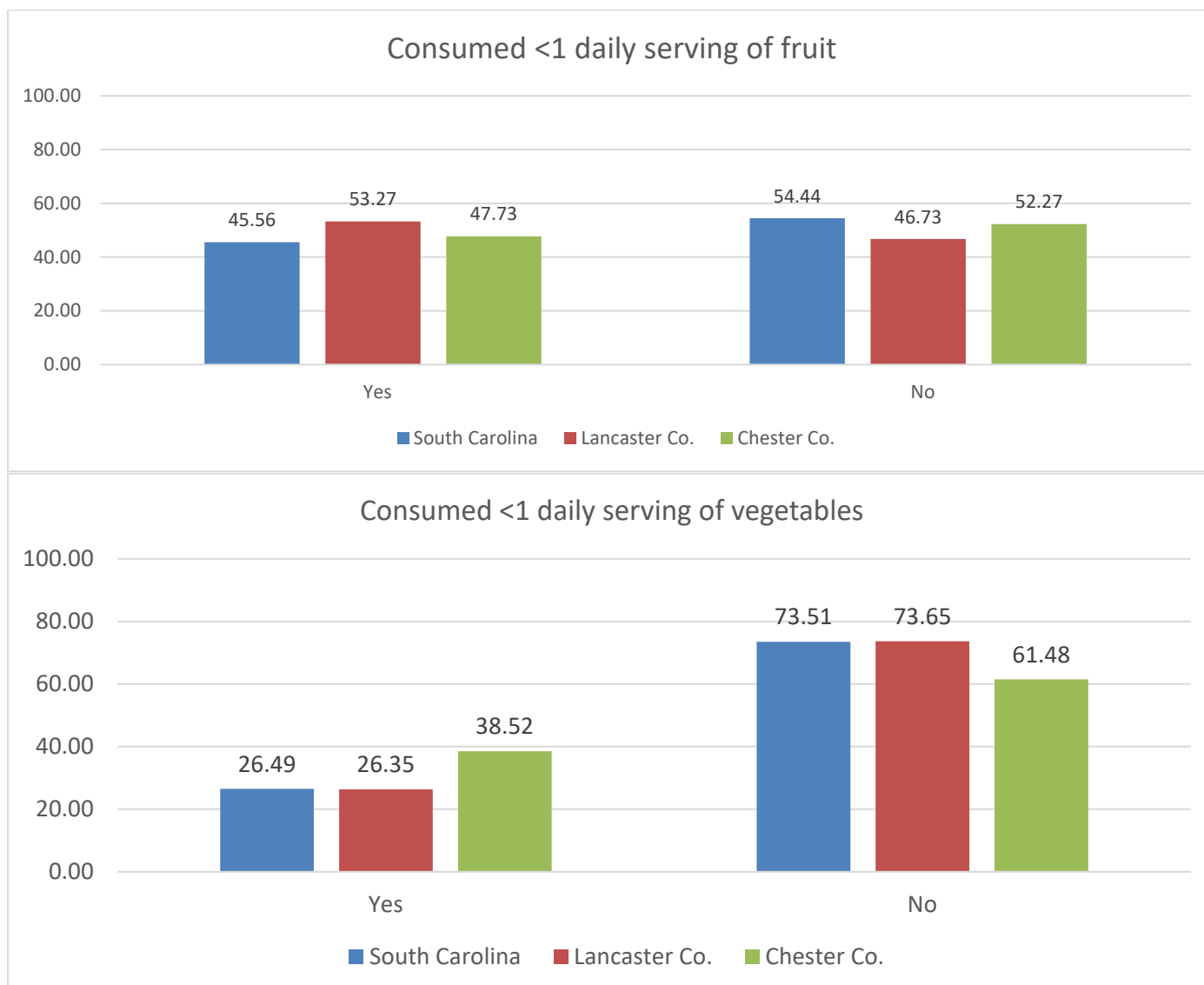
WHAT STRATEGIES SEEM TO WORK?

- [Competitive pricing for healthy foods](#) (scientifically supported)
- [Worksite obesity prevention interventions](#) (scientifically supported)
- [Shared use agreements](#) (some evidence)
- [Farmers' markets/stands](#) (some evidence)
- [Fruit and vegetable taste testing](#) (some evidence)
- [Healthy food in convenience stores](#) (some evidence)
- [Healthy food initiatives in food banks](#) (some evidence)
- [Healthy school lunch initiatives](#) (some evidence)
- [Healthy vending machine options](#) (some evidence)
- [Community gardens](#) (some evidence)
- [WIC and Senior Farmers' Market Nutrition Programs](#) (some evidence)



Howell Specialty Farmz in Indian Land

FRUIT & VEGETABLE CONSUMPTION



WHAT DO THESE CHARTS TELL US? Residents’ dietary consumption of fruit appears to be similar across counties, with Lancaster County residents having a slightly higher fruit intake. Residents who responds “no” report that they are consuming more than one serving per day. Data for both counties indicate that residents at least two thirds are consuming vegetables more than one serving per day.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? An individual’s food habits often rely on the quality of the food environment that surrounds them. A community that has a healthy food environment ensures that healthy foods, like fruits and vegetables, are at a reasonable cost, distance, and are available to residents in multiple community locations. Lacking constant access to healthy food (or food, in general) is related to negative health outcomes such as weight gain and premature mortality.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System \(2011-2016\)](#)

WHAT STRATEGIES SEEM TO WORK?

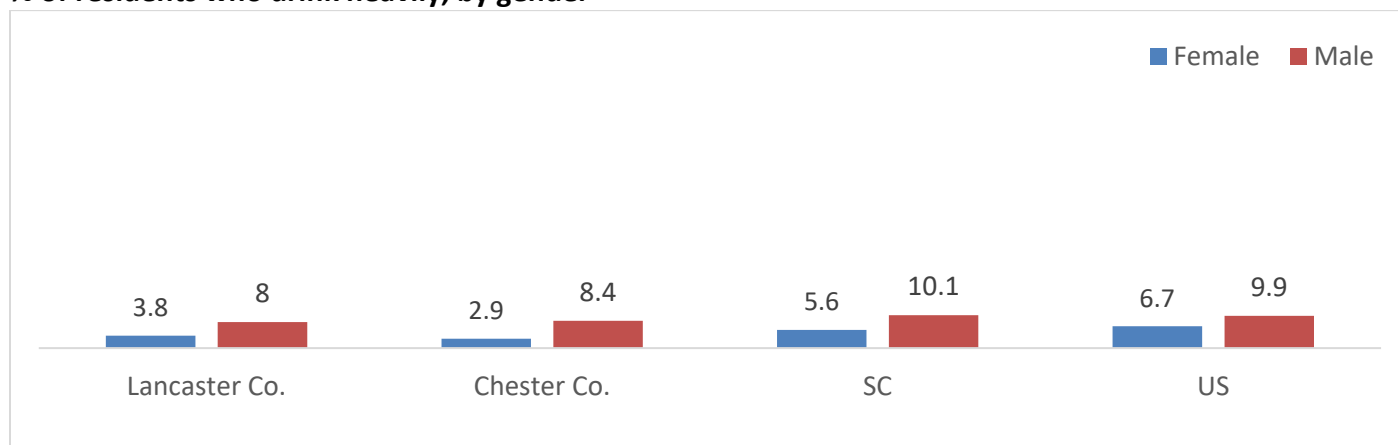
- [Fruit and vegetable gleaning initiatives](#) (expert opinion)
- [Healthy food in convenience stores](#) (some evidence)
- [Healthy food initiatives in food banks](#) (some evidence)
- [Healthy school lunch initiatives](#) (some evidence)
- [Healthy vending machine options](#) (some evidence)
- [Community gardens](#) (some evidence)
- [Farm to school programs](#) (some evidence)
- [Farmers' markets/stands](#) (some evidence)
- [Community supported agriculture](#) (expert opinion)
- [Community weight loss challenges](#) (expert opinion)
- [Food buying clubs and co-ops](#) (expert opinion)
- [Food hubs](#) (expert opinion)
- [Mobile markets](#) (expert opinion)
- [Healthy foods at catered events](#) (expert opinion)
- [Nutrition prescriptions](#) (expert opinion)
- [Urban agriculture](#) (expert opinion)
- [Worksite obesity prevention interventions](#) (scientifically supported)
- [Competitive pricing for healthy foods](#) (scientifically supported)
- [School breakfast programs](#) (scientifically supported)
- [School fruit and vegetable gardens](#) (scientifically supported)
- [School nutrition standards](#) (scientifically supported)
- [Multi-component obesity prevention interventions](#) (scientifically supported)
- [Multi-component school-based obesity prevention interventions](#) (scientifically supported)
- [Nutrition and physical activity interventions in preschool and child care](#) (scientifically supported)
- [Child-focused advertising restrictions for unhealthy foods and beverages](#) (some evidence)
- [New grocery stores in underserved areas](#) (expert opinion)
- [Electronic Benefit Transfer payment at farmers' markets](#) (expert opinion)
- [School-based nutrition education programs](#) (some evidence)
- [WIC and Senior Farmers' Market Nutrition Programs](#) (some evidence)
- [Point-of-purchase prompts for healthy foods](#) (some evidence)



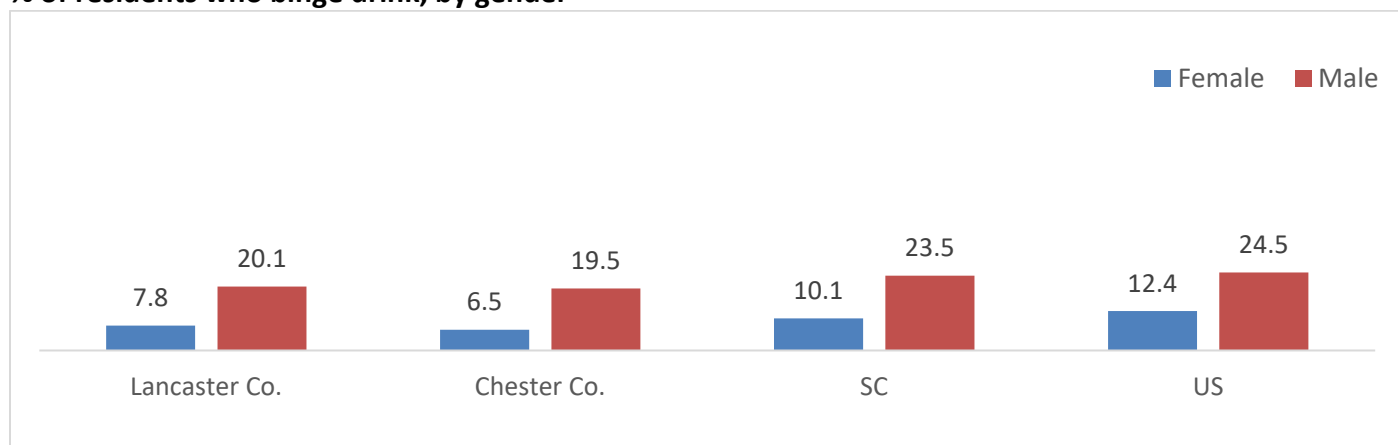
Ag & Art Tour sign in Van Wyck

EXCESSIVE ALCOHOL CONSUMPTION

% of residents who drink heavily, by gender



% of residents who binge drink, by gender



WHAT DO THESE CHARTS TELL US? This chart tells us the percentage of the population that drinks more than 1 alcohol beverages (for women) or 2 alcoholic beverages (for men) on a daily basis, on average. Encouragingly, Lancaster and Chester County population have lower rates of heavy drinking than the state and national average. The second chart documents binge alcohol drinking by gender. Although Lancaster and Chester Counties appear to have lower levels among women, the pattern among males shows greater levels of consumption in keeping with South Carolina and U.S. data for these high risk behaviors.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Excessive drinking is a risk factor for a number of negative health outcomes, including alcohol poisoning, motor vehicle crashes, interpersonal violence, unintended pregnancy, sexually transmitted infections, hypertension, and heart attacks. Binge drinking is a risk factor for a number of negative health outcomes, including alcohol poisoning, motor vehicle crashes, interpersonal violence, unintended pregnancy, sexually transmitted infections, hypertension, and heart attacks.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#), 2012

WHAT HAS WORKED IN OTHER COMMUNITIES?

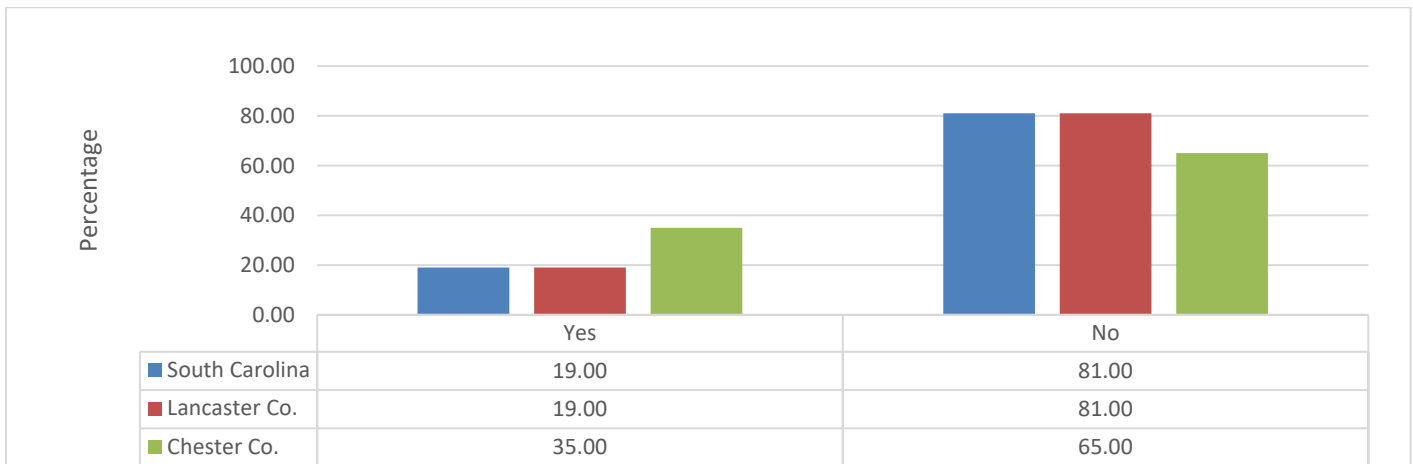
- [Multi-component community interventions against alcohol impaired driving](#) (scientifically supported)

- [Alcohol brief intervention](#) (scientifically supported)
- [Alcohol taxes](#) (scientifically supported)
- [Blood alcohol concentration laws](#) (scientifically supported)
- [Family treatment drug courts](#) (scientifically supported)
- [Drug courts](#) (scientifically supported)
- [Ignition interlock devices](#) (scientifically supported)
- [License suspension/revocation laws](#) (scientifically supported)
- [Breath testing checkpoints](#) (scientifically supported)
- [Mass media campaigns against alcohol-impaired driving](#) (scientifically supported)
- [Dram shop liability laws](#) (scientifically supported)
- [Drink special restrictions](#) (some evidence)

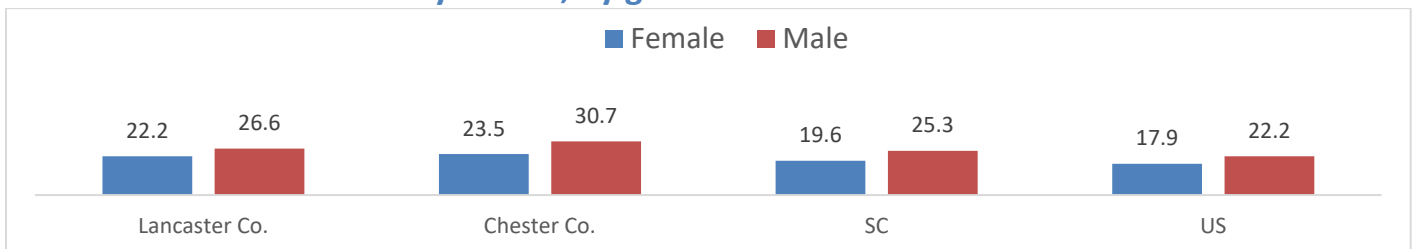
DUI Safety Check in Indian Land



CURRENT SMOKERS



% of residents who currently smoke, by gender



WHAT DO THESE CHARTS TELL US? The charts above documents self-reported data on adult (age 20+) current tobacco use. Adult smoking is categorized as someone who smokes every day or most days, and has smoked at least 100 cigarettes in their lifetime. Frequency of smoking among Chester County residents appears to be greater compared to Lancaster County and South Carolina. Men are more likely to be smokers than women.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight babies and other adverse health outcomes. Measuring the prevalence of tobacco use in a community can alert community leaders to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

WHAT STRATEGIES SEEM TO WORK?

- [Statewide comprehensive tobacco programs](#) (scientifically supported)
- [Tobacco taxes](#) (scientifically supported)
- [Smoke-free policies for indoor areas](#) (scientifically supported)
- [Tobacco cessation therapy affordability](#) (scientifically supported)
- [Mass media campaigns against tobacco use](#) (scientifically supported)
- [Tobacco quitlines](#) (scientifically supported)
- [School-based tobacco prevention skill-building programs](#) (some evidence)

- [Smoke-free policies for outdoor areas](#) (some evidence)
- [Financial rewards for employee healthy behavior](#) (some evidence)
- [Tobacco marketing restrictions](#) (some evidence)
- [Tobacco retailer licensing](#) (expert opinion)
- [Tobacco retailer location restrictions](#) (expert opinion)
- [E-cigarette regulations](#) (expert opinion)
- [Smoke-free policies for multi-unit housing](#) (expert opinion)



Comporium Service Center in Lancaster



GREEN SPACE, CLEAN AIR & WATER

WHAT IS OUR VISION? *We envision inclusive communities that offer parks, preserve green spaces, and protect the environment for all people to enjoy the outdoors.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Access to recreation opportunities
- Outdoor air pollution rate
- Drinking water violations
- Recycling rates

ACCESS TO RECREATION OPPORTUNITIES

	2012	2013	2014	2016
South Carolina	56%	71%	71%	54%
Chester	26%	45%	44%	37%
Lancaster	53%	55%	55%	36%

WHAT DO THESE CHARTS TELL US? Access to Recreational Opportunities measures the *percentage of individuals in a county who live reasonably close to a location for physical activity*. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools. Individuals who reside in a census tract within a half-mile of a public park OR reside within one mile (urban) or within three miles (rural) of a recreational facility are considered to have ‘adequate’ access for opportunities for physical activity.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise. Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.

WHERE DID WE FIND THIS DATA? [RWJF County Health Rankings 2012-16](#)

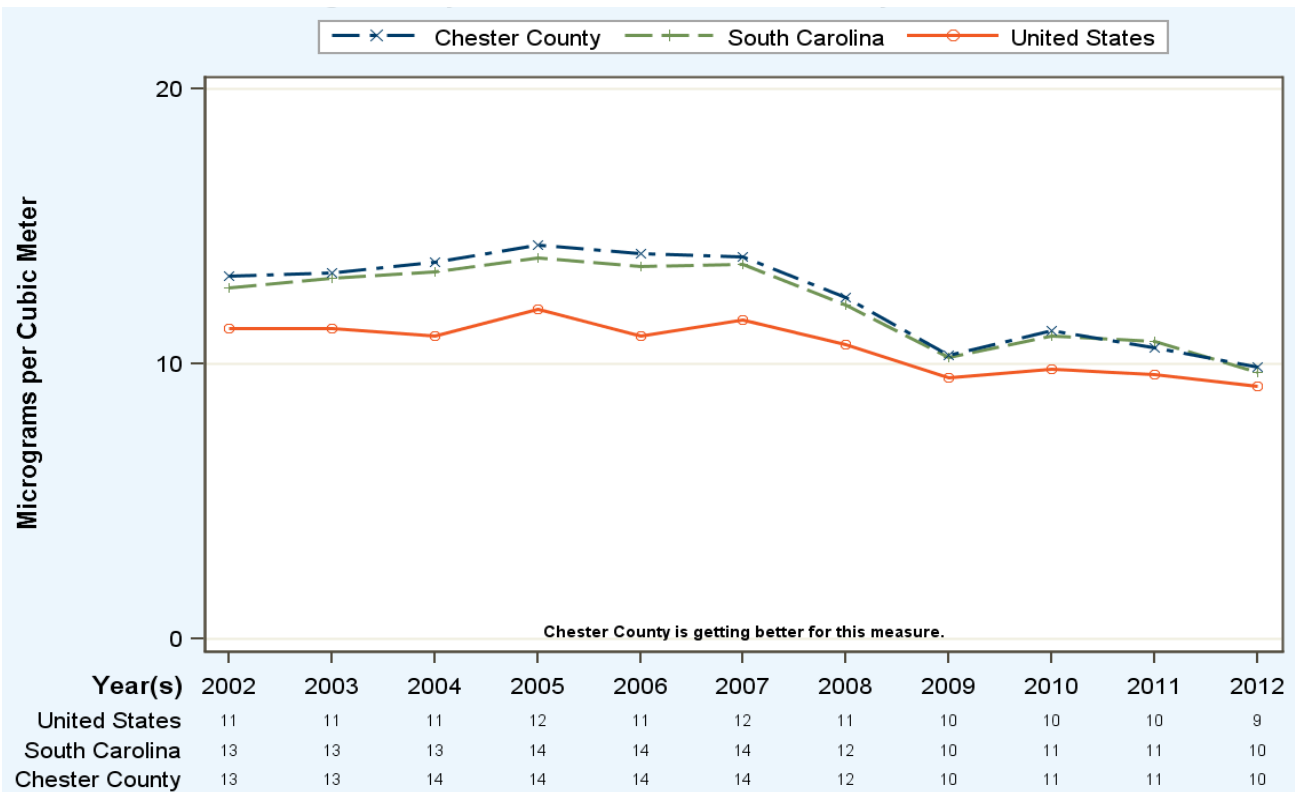
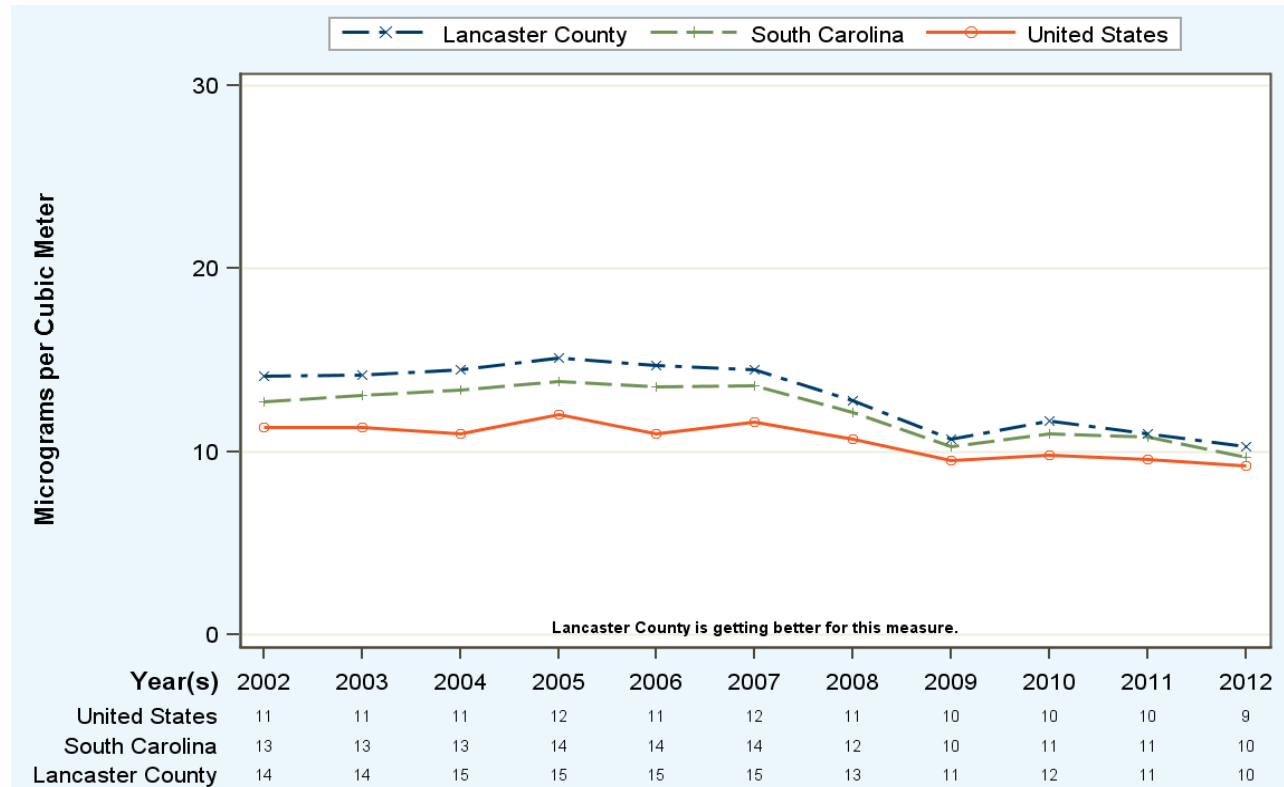
WHAT STRATEGIES SEEM TO WORK?

- [Exercise & park prescriptions](#) (scientifically supported)
- [Bike & pedestrian master plans](#) (some evidence)
- [Shared use agreements](#) (some evidence)
- [Green space & parks](#) (some evidence)
- [Complete Streets & streetscape design initiatives](#) (scientifically supported)
- [Recreational sports leagues for adults](#) (expert opinion)
- [Places for physical activity](#) (scientifically supported)



Carolina Thread Trail

OUTDOOR AIR POLLUTION



WHAT DOES THIS CHART TELL US? This chart measures the density of fine particulate matter (PM 2.5) in the air. Lancaster County has had a slightly higher air pollution rate than the state or US average while Chester County has had a similar rate to the two comparisons.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? A healthy environment contributes positively to the health of the population and the overall well-being of the community. Air pollution can come from a number of sources, including mobile sources (cars, trucks, trains, buses), agricultural areas, cities, fires, factories, power plants, and industrial facilities. This data point can be used to inform policy makers and the public about air quality standards.

WHERE DID WE FIND THIS DATA? [CDC National Environmental Public Health Tracking Network](#)

WHAT STRATEGIES SEEM TO WORK?

- [Clean diesel technology fleet transition programs](#) (scientifically supported)
- [Public transportation systems](#) (scientifically supported)
- [Individual incentives for public transportation](#) (some evidence)
- [Multi-component workplace supports for active community](#) (some evidence)
- [Vehicle anti-idling initiatives](#) (some evidence)
- [Vehicle inspection and maintenance \(I/M\) programs](#) (some evidence)
- [Alternative fuels initiative](#) (expert opinion)
- [Carpool and rideshare programs](#) (expert opinion)
- [CAFO regulations](#) (expert opinion)
- [Community supported agriculture](#) (expert opinion)
- [Scrap programs for old vehicles](#) (expert opinion)
- [Urban agriculture](#) (expert opinion)

DRINKING WATER VIOLATIONS

	FY 2011-12	2012-13	2013-14	2016
Lancaster County	No	Yes	No	No
Chester County	No	No	No	No

WHAT DO THESE CHARTS TELL US? ‘Yes’ indicates the presence of a drinking water violation. ‘No’ indicates there was not a violation during that year.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Drinking water violations include maximum contaminant level, maximum residual disinfectant level, and treatment technique violations in counties served by community water systems. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.

WHERE DID WE FIND THIS DATA? EPA’s [Safe Drinking Water Information System](#)

WHAT STRATEGIES SEEM TO WORK?

- [Proper drug disposal programs](#) (expert opinion)
- [Lead pipe & plumbing material replacement](#) (expert opinion)
- [Permeable pavement projects](#) (scientifically supported)
- [Rain gardens & other bioretention systems](#) (scientifically supported)
- [Rain barrels](#) (some evidence)



RECYCLING RATES

	# of Drop-Off Centers	Curbside Programs	Recycling Rate (%)	Recycled per day per person (POUNDS)	Recycled (TONS)	Disposed per day per person (POUNDS)	Disposed (TONS)
Chester County	12	1	8.49	0.30	1,786	3.27	19,261
Lancaster County	12	1	11.07	0.30	4,663	2.39	37,468
South Carolina	579	85	25.41	1.2	1.09 Million	3.6	3.2 Million

WHAT DO THESE CHARTS TELL US? Recycling data is collected by each county to the state's health department (DHEC). The commodities reported are: glass, metal, paper, plastic, organics, banned items, miscellaneous items, and commingled recyclables. The state's goal is to recycle at least 40% of its municipal solid waste (MSW) and reduce MSW disposal to 3.25 pounds (or less) per person per day by 2020.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Recycling is an essential part of the nation's and South Carolina's economy. By transforming waste into valuable raw material, recycling stimulates economic development, creates jobs and businesses, produces tax revenue, and generates income for businesses and local governments from the sale of recyclables.

WHERE DID WE FIND THIS DATA? [SC DHEC 2016 Annual Solid Waste Management Report](#)

WHAT STRATEGIES SEEM TO WORK?

- [Prevent illegal dumping](#)
- [College and school recycling programs](#)
- [Reduce food waste](#)



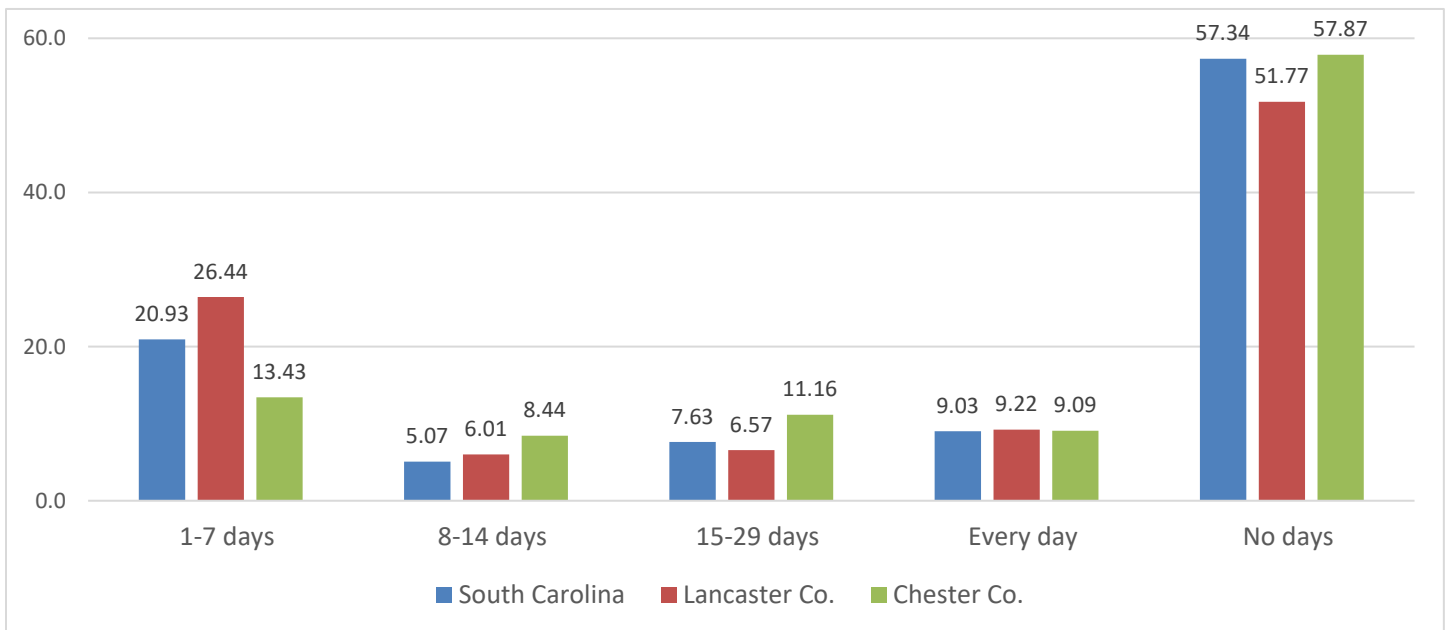
ACCESS TO HEALTHCARE

WHAT IS OUR VISION? *We envision communities where residents can easily access quality medical support and prevention services.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Residents reporting poor physical or mental health
- Residents with health insurance
- Residents with a healthcare provider
- Residents who couldn't see a doctor due to cost
- Time duration since last routine check-up
- Average cost for emergency room visits
- Primary care providers – patient ratio
- Pregnant mothers with less than adequate prenatal care
- Low birth weight babies
- Infant mortality rate

POOR PHYSICAL OR MENTAL HEALTH



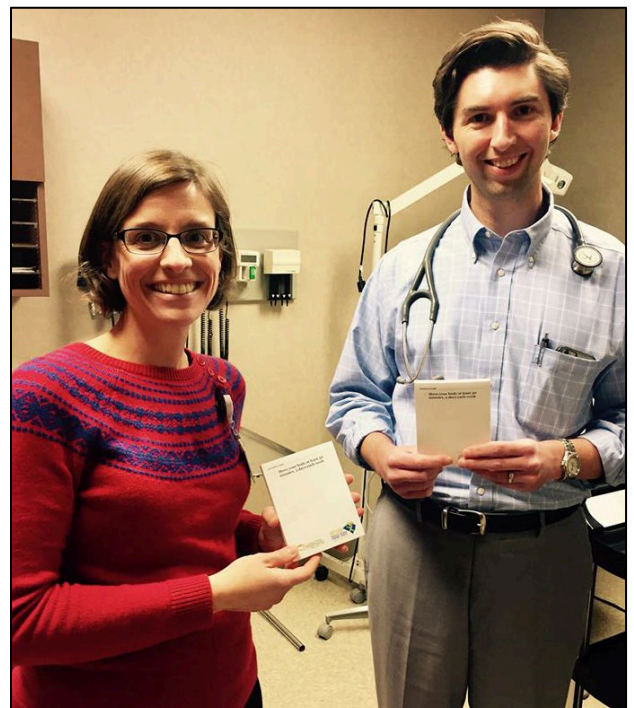
WHAT DOES THIS CHART TELL US? This chart documents the percentage of residents who self-reported the number of days with poor physical or mental health over the past month. Most people show either short-term or no days with complaints. However, roughly 9% of the population reported that their health is poor every day.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? People's reports of days when their physical or mental health was not good are reliable estimates of their recent health. Measuring quality of life helps characterize the burden of chronic diseases and disabilities in a community. Overall health depends on both physical and mental well-being.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

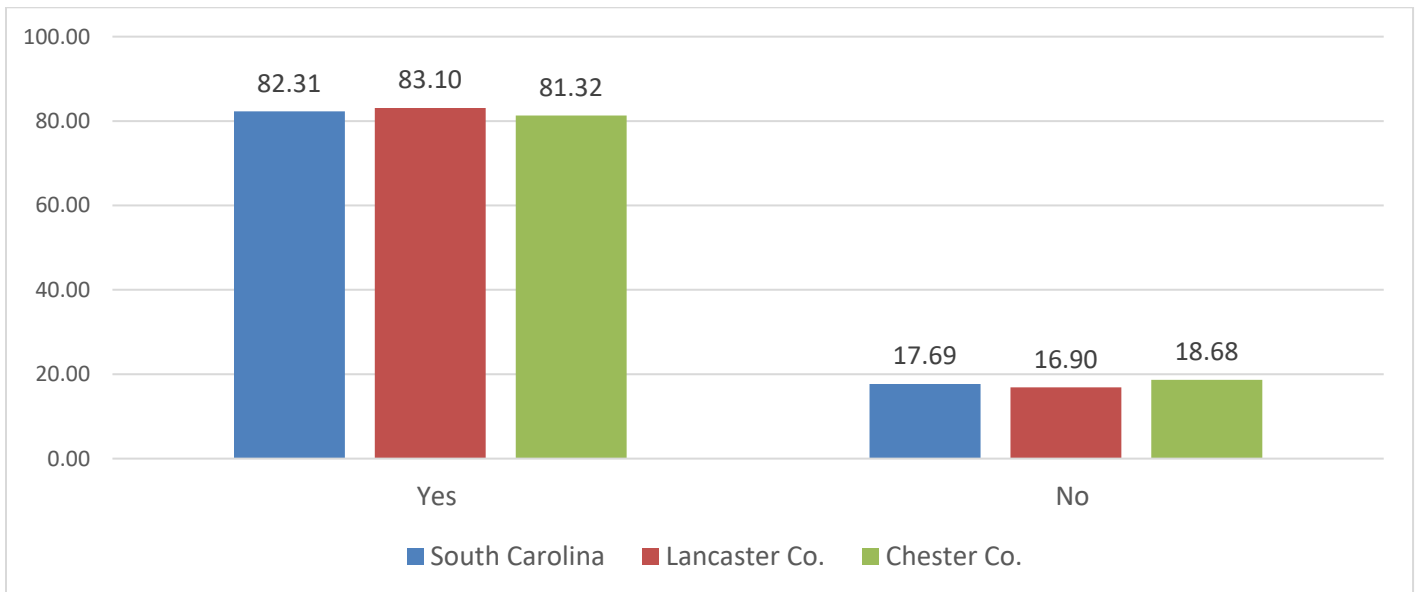
WHAT STRATEGIES SEEM TO WORK?

- [Activity programs for older adults](#) (scientifically supported)
- [Group-based parenting programs](#) (scientifically supported)
- [Alcohol brief interventions](#) (scientifically supported)
- [Flexible scheduling](#) (scientifically supported)
- [Exercise prescriptions](#) (scientifically supported)
- [Housing First](#) (scientifically supported)
- [Telemental health services](#) (some evidence)
- [Crisis lines](#) (some evidence)
- [Green space & parks](#) (some evidence)



Barnett Family Practice

HEALTH INSURANCE COVERAGE



WHAT DOES THIS CHART TELL US? This chart tells us how many people in the community are or are not covered by some sort of health insurance coverage, be it private or public sources (Medicaid or Medicare).

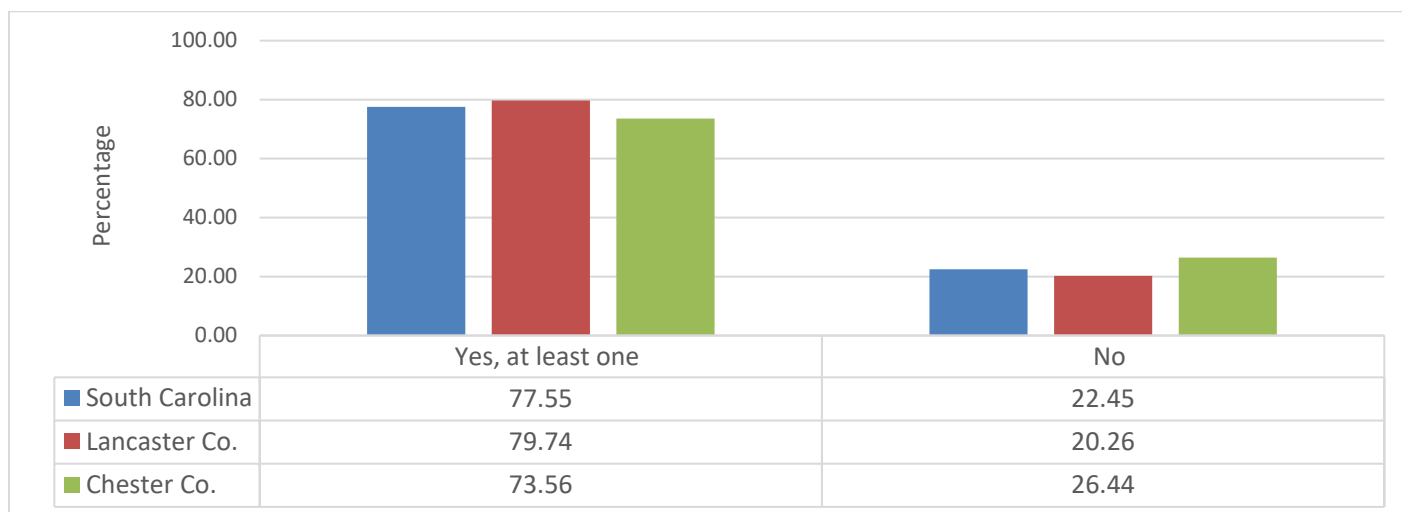
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Health insurance coverage is critical to families' and individuals' access to care, financial security, and peace of mind. Those without insurance may delay needed care and forgo preventive care altogether, which may lead to medical problems that are more serious and expensive to treat. Insurance allows the often-high cost of health services to spread over many years, and financial ruin can result if an uninsured family must cope with a major illness or injury.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

WHAT STRATEGIES SEEM TO WORK?

- [School-based health centers](#) (scientifically supported)
- [Telemedicine](#) (scientifically supported)
- [Patient navigators](#) (scientifically supported)
- [Federally qualified health centers](#) (scientifically supported)
- [Medical homes](#) (scientifically supported)
- [Rural training in medical education](#) (scientifically supported)
- [Health insurance enrollment outreach and support](#) (some evidence)
- [Community health workers](#) (some evidence)
- [Higher education financial incentives for health professionals serving underserved areas](#) (some evidence)
- [Parish nursing](#) (expert opinion)
- [Retail clinics](#) (expert opinion)
- [Rural transportation services](#) (expert opinion)

ACCESS TO PRIMARY CARE PROVIDER



WHAT DOES THIS CHART TELL US? These charts document self-reported data regarding health care access. Most of these data suggest that Lancaster and Chester County residents have access to a primary healthcare provider, but a good portion of the population (20-25%) do not.

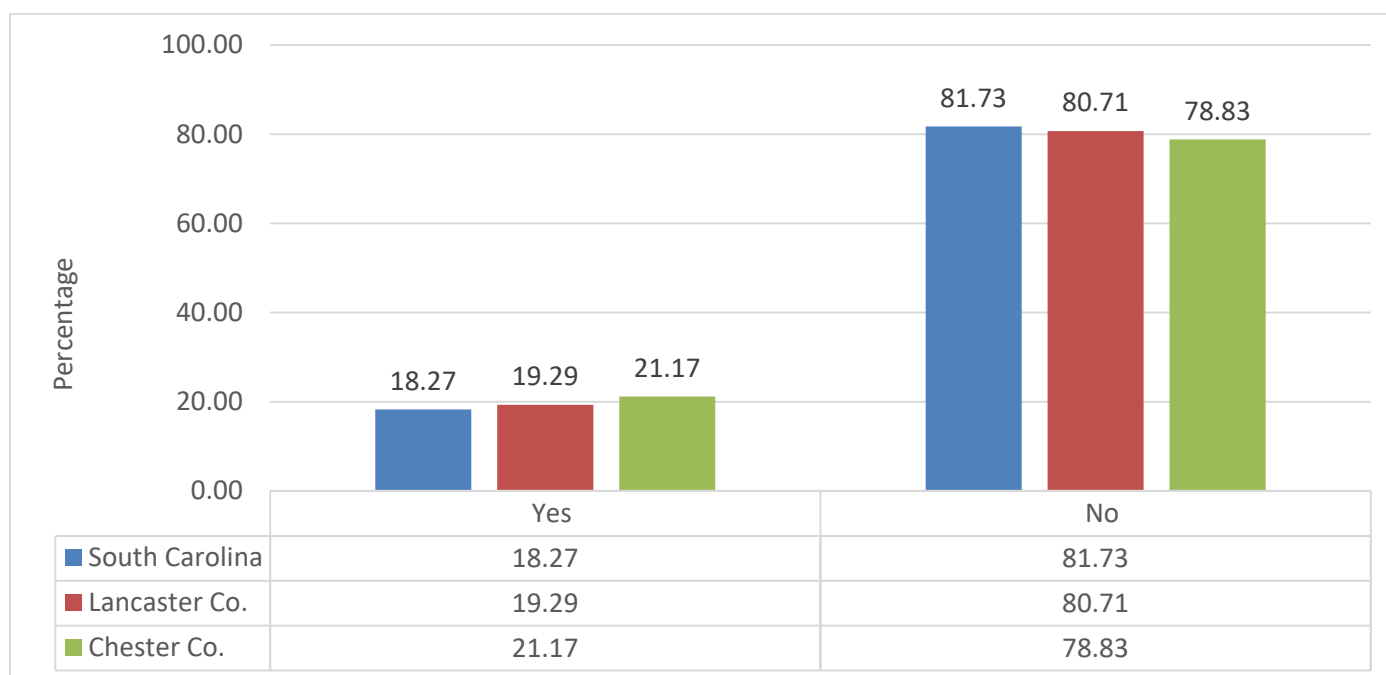
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Access to care requires not only financial coverage, but also access to healthcare providers. Adequate availability of primary care physicians is essential for preventive care, and when needed, referrals to appropriate specialty care.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

WHAT STRATEGIES SEEM TO WORK?

- [Patient navigators](#) (scientifically supported)
- [Culturally adapted health care](#) (scientifically supported)
- [Patient financial incentives for preventive care](#) (scientifically supported)
- [Behavioral health primary care integration](#) (scientifically supported)
- [Case-managed care for community-dwelling frail elders](#) (scientifically supported)
- [Chronic disease management programs](#) (scientifically supported)
- [Federally qualified health centers](#) (scientifically supported)
- [Higher education financial incentives for health professionals serving underserved areas](#) (some evidence)
- [Rural training in medical education](#) (scientifically supported)
- [Medical homes](#) (scientifically supported)
- [Telemedicine](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [Parish nursing](#) (expert opinion)
- [Retail clinics](#) (expert opinion)
- [Rural transportation services](#) (expert opinion)

COULD NOT SEE DOCTOR DUE TO COST



WHAT DOES THIS CHART TELL US? This chart shares that residents who responded “Yes” stated that they couldn’t see a doctor due to the high expense in the past 12 months.

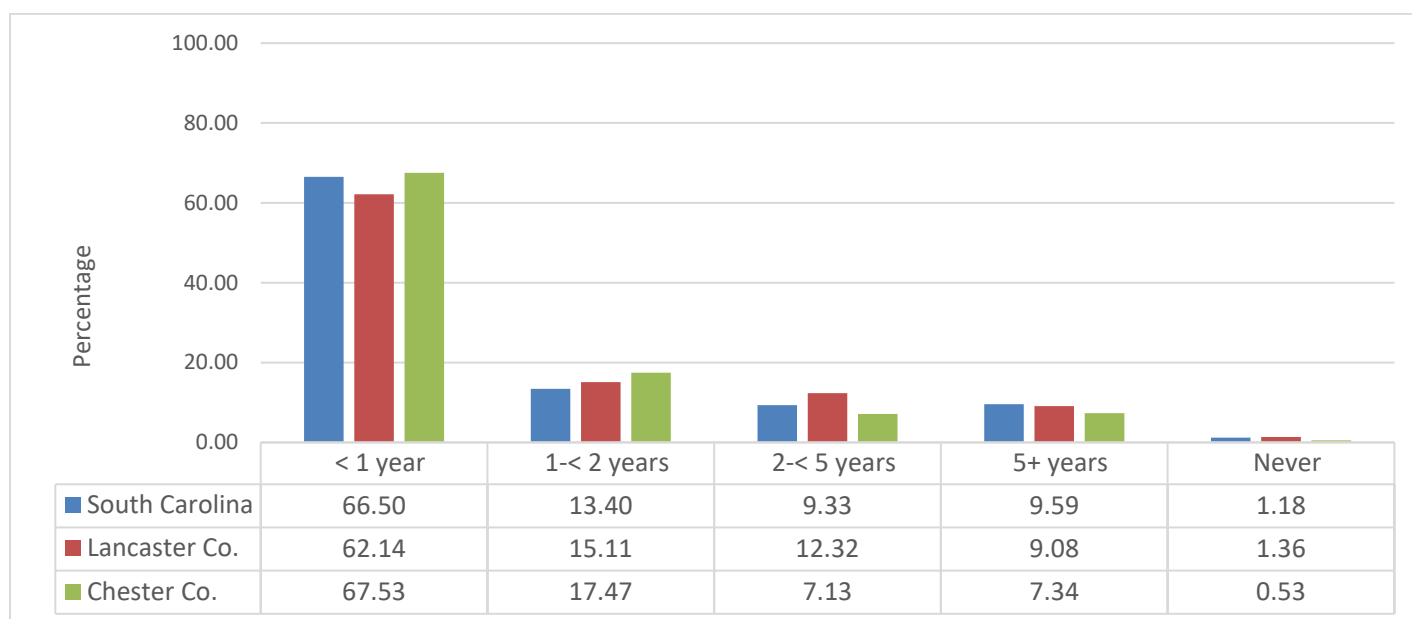
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Healthcare costs have important health implications. Despite the fact that many residents have health insurance, which spreads high-cost health services over many years, the high deductibles and/or premiums are still considered too expensive to justify access a health care provider, in some residents’ minds. Affordable healthcare is critical to families’ and individuals’ access to care, financial security, and peace of mind. Those without insurance may delay needed care and forgo preventive care altogether, which may lead to medical problems that are more serious and expensive to treat.

WHERE DID WE FIND THIS DATA? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

WHAT STRATEGIES SEEM TO WORK?

- [Value-based insurance design](#) (scientifically supported)
- [Patient financial incentives for preventive care](#) (scientifically supported)
- [Patient shared decision making](#) (scientifically supported)
- [Quality improvement practice coaches for primary care](#) (scientifically supported)
- [Telemedicine](#) (scientifically supported)
- [Federally qualified health centers](#) (scientifically supported)
- [Price transparency initiatives for patients](#) (some evidence)
- [Value-based purchasing](#) (some evidence)
- [Health insurance enrollment outreach and support](#) (some evidence)
- [Price transparency initiatives for patients](#) (some evidence)
- [Retail clinics](#) (expert opinion)

TIME SINCE LAST ROUTINE CHECK-UP



WHAT DOES THIS CHART TELL US? The charts above document self-reported data on time since last routine doctor visit. Data for both counties indicate that the majority of residents are getting check-ups on a yearly basis.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Regular health exams and tests can help healthcare providers detect health concerns before they start. They can also increase a patient's chance for treatment and cure. By getting the appropriate health services on a timely basis through screenings and treatment, a patient is taking the appropriate steps to living a longer, healthier life.

WHERE DID THIS DATA COME FROM? [South Carolina Behavioral Risk Factor Surveillance System](#) (2011-2016)

WHAT STRATEGIES SEEM TO WORK?

- [Patient financial incentives for preventive](#) care (scientifically supported)
- [Behavioral health primary care integration](#) (scientifically supported)
- [Medical homes](#) (scientifically supported)
- [Chronic disease management programs](#) (scientifically supported)
- [Telemedicine](#) (scientifically supported)
- [Federally qualified health centers](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [Higher education financial incentives for health professionals serving underserved areas](#) (some evidence)
- [Parish nursing](#) (expert opinion)
- [Retail clinics](#) (expert opinion)
- [Rural transportation services](#) (expert opinion)

EMERGENCY ROOM VISIT COSTS

CHESTER COUNTY 2016	Emergency Room Visits		Mental Health ED Visits	
	#	Average Charge	#	Average Charge
Commercial/HMO	6,308	\$ 2,977	104	\$3,119
Medicaid	8,981	\$ 2,423	165	\$3,247
Medicare	5,520	\$ 3,803	155	\$5,066
Self-Pay	4,864	\$ 2,763	143	\$4,419

LANCASTER COUNTY 2016	Emergency Room Visits		Mental Health ED Visits	
	#	Average Charge	#	Average Charge
Commercial/HMO	7,230	\$7,207	203	\$ 7,777
Medicaid	11,262	\$4,924	385	\$ 7,885
Medicare	5,805	\$9,764	222	\$ 8,466
Self-Pay	6,960	\$6,239	406	\$ 8,659

WHAT DOES THIS CHART TELL US? Average charges for ED visits in Lancaster County are significantly higher than in Chester County and had a higher percentage of the visits in Lancaster County that were self-pay visits. Average charges for mental health-related emergency room visits in Lancaster County are significantly higher than in Chester County.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? The type of emergency department visit can indicate the status of a community's economy and health insurance coverage. The best gauge of mental health morbidities and access to treatment is the number of visits to Lancaster and Chester County hospital emergency departments for mental health diagnoses, and the disposition of those visits. Note: Morbidities that include substance use diagnoses are referred to collectively as "behavioral health." High rates of visits to emergency departments for behavioral health diagnoses indicate that preventative or outpatient options may not be available or sufficient.

WHERE DID WE FIND THIS DATA? [SC Revenue and Fiscal Affairs Office, 2016](#)

WHAT STRATEGIES SEEM TO WORK?

- [Patient navigators](#) (scientifically supported)
- [Chronic disease management programs](#) (scientifically supported)
- [Behavioral health primary care integration](#) (scientifically supported)
- [Medical homes](#) (scientifically supported)
- [Mental health benefits legislation](#) (scientifically supported)
- [Electronic health information exchange](#) (some evidence)
- [Retail clinics](#) (expert opinion)

PATIENT TO PRIMARY CARE PROVIDER RATIO

	2010	2011	2012	2013	2014	2015
South Carolina	1,545:1	1,535:1	1,521:1	1,500:1	1,490:1	1,480:1
Chester	3,011:1	3,657:1	4,068:1	3,260:1	3,230:1	3,230:1
Lancaster	2,332:1	2,435:1	2,236:1	2,010:1	2,310:1	2,040:1

WHAT DO THESE CHARTS TELL US? Primary Care Physicians is the ratio of the population to total primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. This measure does not include nurse practitioners, physician assistants or other practitioners available for primary care services. In addition, this chart classifies primary care physicians by county, but physicians living on the edge of counties or who practice in multiple locations may see patient populations that reside in surrounding counties.

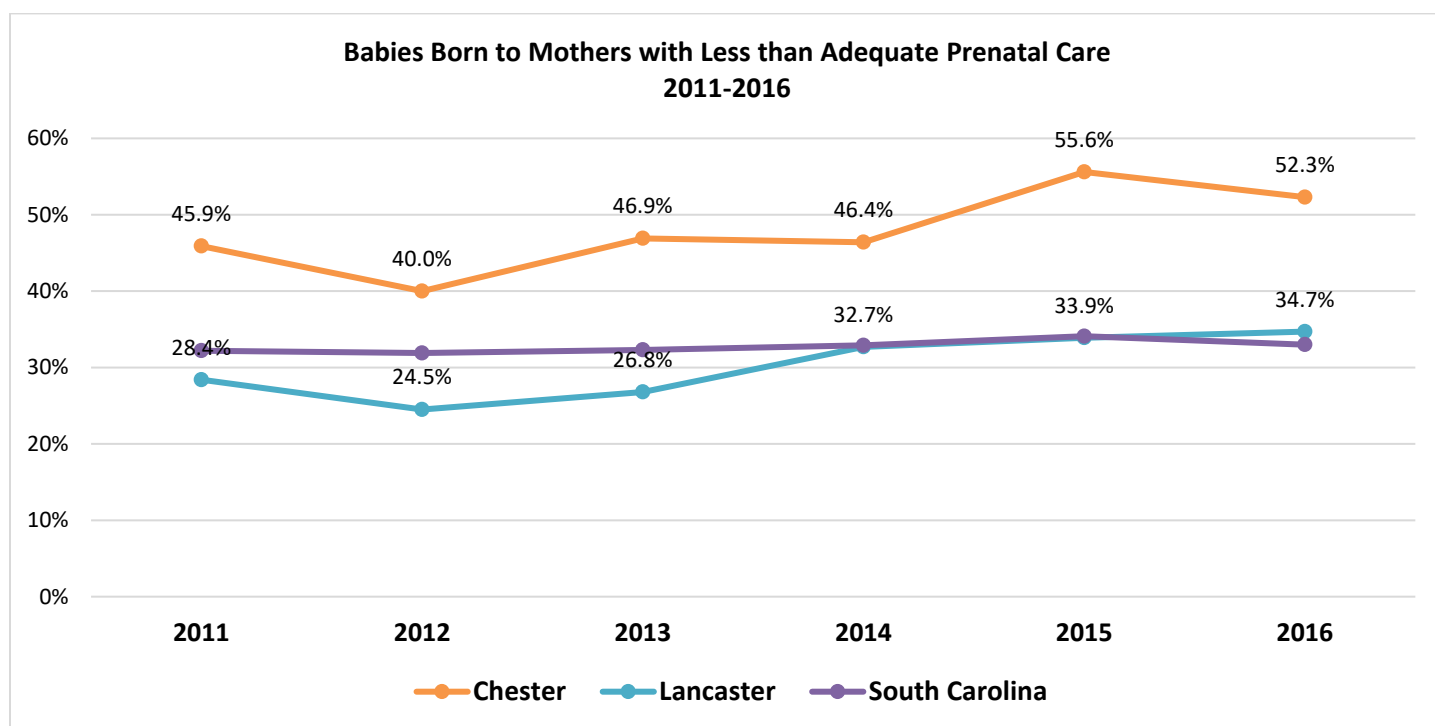
WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

WHERE DID WE FIND THIS DATA? [Health Resources & Services Administration Data Warehouse](#)

WHAT STRATEGIES SEEM TO WORK?

- [Patient financial incentives for preventive care](#) (scientifically supported)
- [Behavioral health primary care integration](#) (scientifically supported)
- [Medical homes](#) (scientifically supported)
- [Chronic disease management programs](#) (scientifically supported)
- [Telemedicine](#) (scientifically supported)
- [Federally qualified health centers](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [Higher education financial incentives for health professionals serving underserved areas](#) (some evidence)
- [Parish nursing](#) (expert opinion)
- [Retail clinics](#) (expert opinion)
- [Rural transportation services](#) (expert opinion)

PREGNANT WOMEN WITH LESS THAN ADEQUATE PRENATAL CARE



WHAT DOES THIS CHART TELL US? The percentage of babies born to mothers with less than adequate prenatal care in Lancaster County was below the state percentage until 2016 and has had an upward trend since 2011. The percentage of babies in Chester County has consistently been higher than the state with 52.3% of all babies being born to mother with less than adequate prenatal care in 2016.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Access to prenatal care is a primary determinant of birth weight and, therefore, infant mortality. Adequate prenatal care includes timely care, which can be difficult if there are multiple systemic barriers that exist in a community (education, income, insurance coverage, age of mother) that would hinder patient from receiving prenatal care.

WHERE DID WE FIND THIS DATA? [South Carolina DHEC Vital and Mortality Statistics](#)

WHAT STRATEGIES SEEM TO WORK?

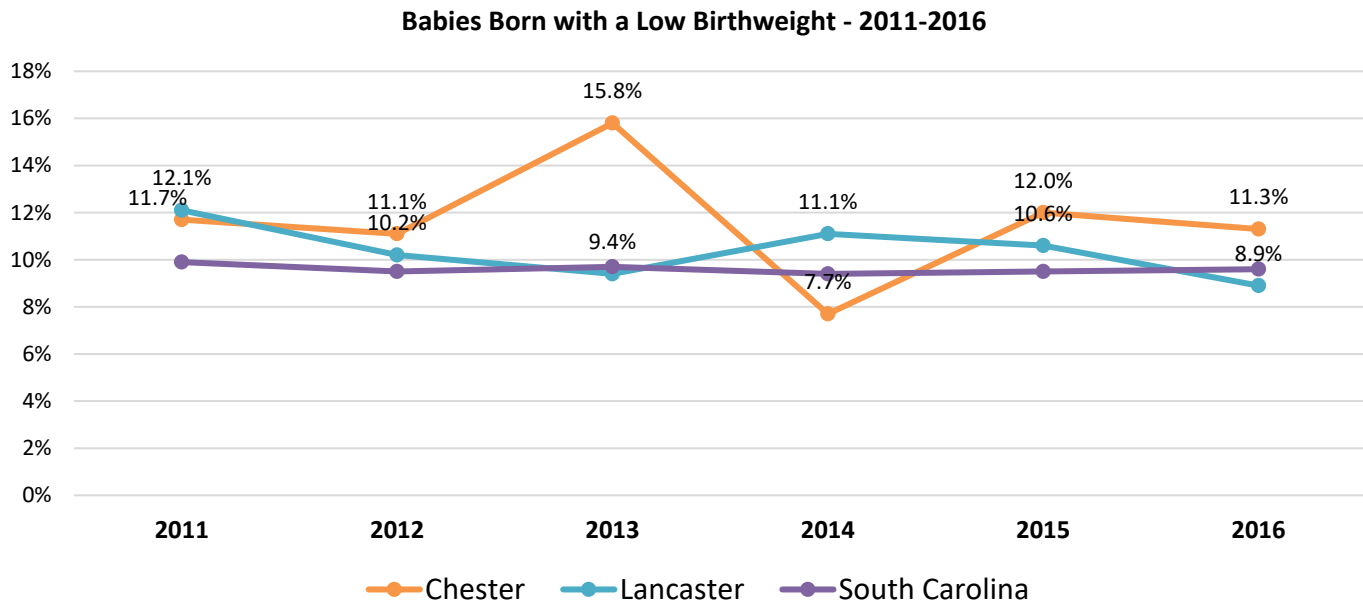
- [Nurse-Family Partnership](#) (scientifically supported)
- [Early Head Start](#) (scientifically supported)
- [CenteringPregnancy](#) (scientifically supported)
- [Patient financial incentives for preventive care](#) (scientifically supported)
- [Early childhood home visiting programs](#) (scientifically supported)
- [Breastfeeding promotion programs](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [Healthy Families America](#) (some evidence)
- [Mobile reproductive health clinics](#) (some evidence)

- [Preconception education interventions](#) (some evidence)
- [School-based health clinics with reproductive health services](#) (some evidence)
- [Grady Memorial Hospital Interpregnancy Care Program](#) (expert opinion)
- [Reproductive life plans](#) (expert opinion)
- [Magnolia Project](#) (expert opinion)



University of South Carolina Lancaster's Lactation Room

LOW-BIRTH WEIGHT BABIES



WHAT DOES THIS CHART TELL US? This chart documents the prevalence of low birth weight babies (less than 5lbs, 8 oz) for Lancaster County and Chester County from 2011-2016. Lancaster County had a lower percentage of babies born with a low birthweight than the state in 2016 and has consistently had lower percentages than Chester County for the past 6 years. Both counties have had an overall downward trend in the percentage of babies born with a low birthweight.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Low birthweight is defined as a baby weighing less than 5 lb. 8 oz at birth. Low birth weight is a primary predictor of infant mortality, and children who had a low birth weight have higher incidences of ongoing physical disabilities, behavior problems, poor cognitive performance, and learning disabilities.

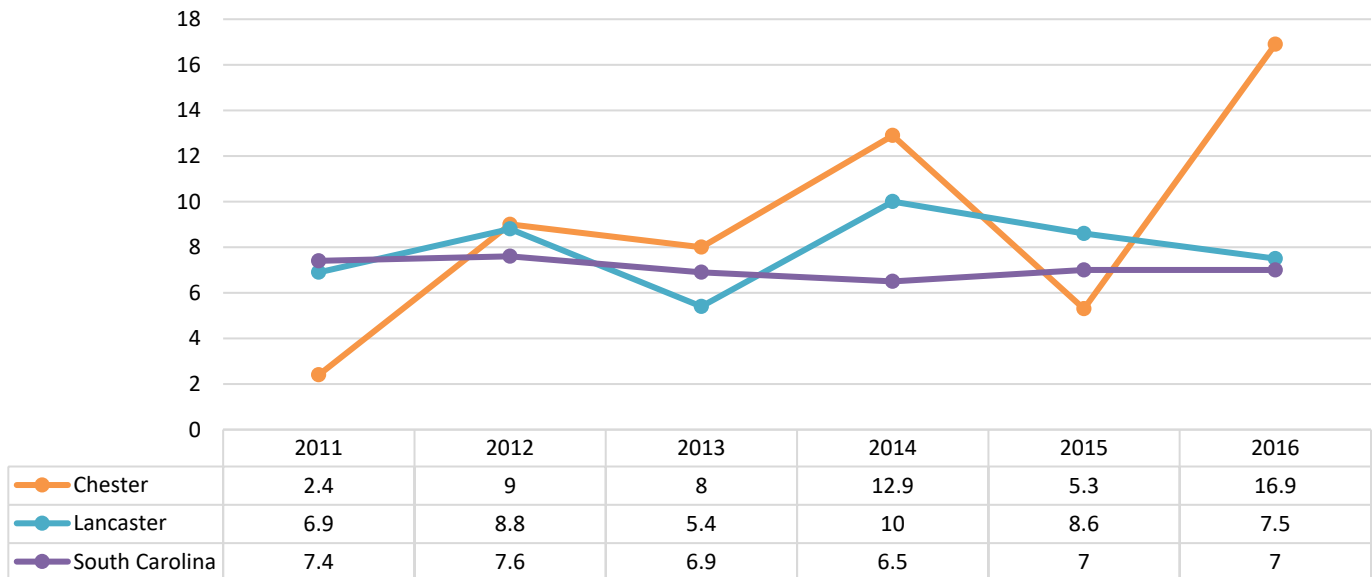
WHERE DID WE FIND THIS DATA? [South Carolina DHEC Vital and Mortality Statistics](#), 2011-16

WHAT STRATEGIES SEEM TO WORK?

- [Nurse-Family Partnership](#) (scientifically supported)
- [CenteringPregnancy](#) (scientifically supported)
- [Early childhood home visiting programs](#) (scientifically supported)
- [Smoke-free policies for indoor areas](#) (scientifically supported)
- [Healthy Families America](#) (some evidence)
- [Mobile reproductive health clinics](#) (some evidence)
- [Community health workers](#) (some evidence)
- [Preconception education interventions](#) (some evidence)
- [School-based health clinics with reproductive health services](#) (some evidence)
- [Synthetic progesterone \(17P\) access](#) (expert opinion)
- [Reproductive life plans](#) (expert opinion)

INFANT MORTALITY

Infant Mortality Rates (per 1,000 live births)
2011-2016



WHAT DOES THIS CHART TELL US? Infant mortality is the measure of death within the first year of life and is reported as a rate per 1,000 live births. Both counties have had an increase in the infant mortality from 2011 to 2015 and Lancaster County had a higher rate than the state rate (7) in 2015.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Infant mortality rates are important indicators of health for the whole population, reflecting that the factors affecting the health of the whole population have an impact on the mortality rate of infants in each community. Infant mortality is the measure of death within the first year of life and is reported as a rate per 1,000 live births. Because there is a historic racial disparity in infant mortality, it is important to dig deeper and examine the data for both blacks and whites.

WHERE DID WE FIND THIS DATA? [South Carolina DHEC Vital and Mortality Statistics](#), 2011-16

WHAT STRATEGIES SEEM TO WORK?

- [Nurse-Family Partnership](#) (scientifically supported)
- [CenteringPregnancy](#) (scientifically supported)
- [Early childhood home visiting programs](#) (scientifically supported)
- [Smoke-free policies for indoor areas](#) (scientifically supported)
- [Breastfeeding promotion programs](#) (scientifically supported)
- [Paid family leave](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [Synthetic progesterone \(17P\) access](#) (expert opinion)
- [Magnolia Project](#) (expert opinion)
- [Reproductive life plans](#) (expert opinion)
- [Grady Memorial Hospital Interpregnancy Care Program](#) (expert opinion)



STRENGTHENING & SUPPORTING FAMILIES

WHAT IS OUR VISION? *We envision resilient communities that offer empowering supports for family wellbeing, safe neighborhoods, and community trust.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Children living in areas of concentrated poverty
- Substandard housing units
- Single parent households
- Grandparent supports
- Domestic violence victimization
- Drug overdose deaths
- Property & violent crime

CHILDREN LIVING IN CONCENTRATED POVERTY

Location	Race	2007-11	2012-16
South Carolina	White Non-Hispanic	5.6%	5.5%
	Black or African American	26.3%	24.8%
	Some Other Race	13.4%	11.5%
	Hispanic or Latino	17.7%	18.7%
	Total Population	13.3%	12.7%
Chester County	White Non-Hispanic	9.8%	3.2%
	Black or African American	36.4%	14.8%
	Some Other Race	-	8.9%
	Hispanic or Latino	-	-
	Total Population	21.1%	8.2%
Lancaster County	White Non-Hispanic	8.3%	2.8%
	Black or African American	48.1%	27.1%
	Some Other Race	16.0%	-
	Hispanic or Latino	29.9%	6.8%
	Total Population	21.2%	9.2%

WHAT DO THESE CHARTS TELL US? Children living in concentrated poverty, which is defined as an area in which the census tract has a poverty rate of 30 percent or more. For the purposes of categorizing ethnic and racial groups, Non-Hispanic Black and African American is not available from the Census Bureau's American Community Survey Summary tables. Therefore, race/ethnic groups represented in this table are not mutually exclusive. The category of white includes only non-Hispanic white.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, and diabetes than children living in high income households.

WHERE DID WE FIND THIS DATA? [American Community Survey](#), analyzed by Kids Count

WHAT STRATEGIES SEEM TO WORK?

- [Nurse-Family Partnership](#) (scientifically supported)
- [Early Head Start](#) (scientifically supported)
- [Patient financial incentives for preventive care](#) (scientifically supported)
- [Early childhood home visiting programs](#) (scientifically supported)
- [Community health workers](#) (some evidence)
- [Healthy Families America](#) (some evidence)

SUBSTANDARD HOUSING UNITS

	2006-10	2007-11	2008-12	2009-13	2010-14
South Carolina	15%	16%	16%	16%	16%
Chester	15%	16%	15%	16%	16%
Lancaster	14%	15%	14%	13%	13%

WHAT DO THESE CHARTS TELL US? This chart provides the percentage of residential households with at least 1 severe housing problem. Severe housing problems is the percentage of households with at least one or more of the following housing problems: (1) housing unit lacks complete kitchen facilities, (2) housing unit lacks complete plumbing facilities, (3) household is severely overcrowded, OR (4) household is severely cost burdened. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development.

WHERE DID WE FIND THIS DATA? [US Department of HUD's Comprehensive Housing Affordability Strategy](#)

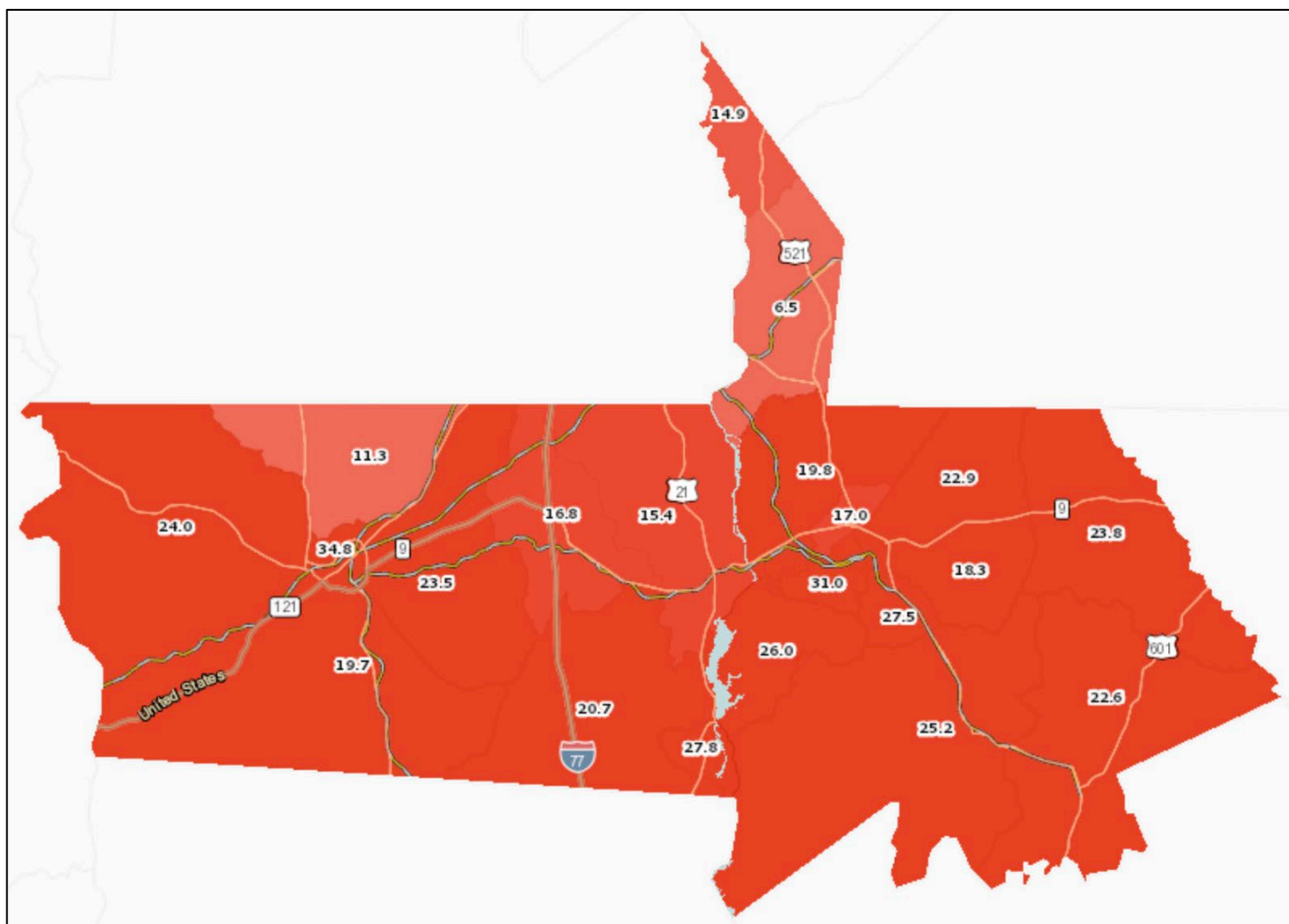
WHAT STRATEGIES SEEM TO WORK?

- [Housing rehabilitation loan & grant programs](#) (scientifically supported)
- [Housing First](#) (scientifically supported)
- [Healthy home environment assessments](#) (scientifically supported)
- [Lead paint abatement programs](#) (scientifically supported)
- [Rapid re-housing programs](#) (some evidence)
- [Inclusionary zoning](#) (some evidence)
- [Land banking](#) (some evidence)
- [Community land trusts](#) (some evidence)



Lancaster YouthBuild

SINGLE PARENT HOUSEHOLDS



WHAT DO THESE CHARTS TELL US? This chart provides the total % of single adult family households in Lancaster and Chester Counties. This includes families where there is either a male or female head of household, with no spouse present. This chart provides insights into only households where there is a parent and at least one child, by birth or adoption. It does not provide insight into what Census describes as ‘non-family’ households with unrelated people.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use). Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2012-16

GRANDPARENT SUPPORTS

	# of grandchildren under 18 years living with a grandparent			% of children who live with grandparent	Total # of children under 18 years in households
	Grandparent is responsible for child	Grandparent is not responsible for child	Total # of grandchildren		
Chester County	895	589	1,484	19.7%	7,529
Lancaster County	1,103	706	1,809	9.8%	18,542
South Carolina	64,105	47,735	111,840	10.3%	1,081,707

WHAT DO THESE CHARTS TELL US? This chart provides the total # and % of grandchildren in Lancaster and Chester Counties that live with a grandparent. There are significantly more children in Chester County that live with their grandparents, compared to Lancaster County and the state. This chart also provides insight into how many grandparents take on custodial responsibility for raising the child.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Grandparents caring for grandchildren provide a critical service for both the children and the children's parents. Like other caregiving work, this service has public, as well as private benefits; relying on grandparents to care or raise grandchildren conserves public resources. However, concerns have arisen that these benefits may come at the cost of grandparents' well-being.

WHERE DID WE FIND THIS DATA? [US Census American FactFinder \(now located at https://data.census.gov\)](https://data.census.gov) 2012-16

DOMESTIC VIOLENCE

Lancaster County, 2012			Chester County, 2012	
	Number	Rank* Among 46 Counties	Number	Rank
Domestic violence victimization total	499	26	871	20
<i>The numbers below are rate**, not totals</i>				
Domestic violence victimization	153.3	6	110.1	22
Domestic homicide	0.31	11	0.13	24
Domestic sexual violence	4.0	9	3.7	12
Domestic aggravated assault	17.5	20	19.8	12
Domestic simple assault	114.9	5	108.0	8
Domestic intimidation	16.6	14	10.9	24
Criminal domestic violence proxy	29.8	16	22.8	33
Ex-spouse violence victimization	3.4	8	3.8	6
Family violence victimization	63.9	6	40.3	19
Marital violence victimization	26.4	19	19.1	38
Romantic relationship violent victimization	6.5	7	48.9	15

*1 = highest rank (worst), 46 = lowest rank (best)

**Rate per 10,000 population

WHAT DOES THIS CHART TELL US? Both counties are ranked high (1=highest rank [worst]) in ex-spouse violence victimization and domestic simple assault. Chester County has a high rank in family violence victimization and romantic relationship violence victimization.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? South Carolina has long had one of the highest rates of homicide by domestic violence in the country. The most recent year data available for county level domestic violence rates is 2012. Domestic violence is strongly correlated with income, poverty, and alcohol/drug abuse, and can have negative outcomes for a child's educational development and future.

WHERE DID WE FIND THIS DATA? [SC Law Enforcement Division](#)

Palmetto Citizens Against Sexual Assault

WHAT STRATEGIES SEEM TO WORK?

- [Community policing](#) (scientifically supported)
- [Comprehensive firearm background checks](#) (some evidence)
- [Health care screening and follow-up for intimate partner violence](#) (some evidence)
- [School-based intimate partner violence prevention programs](#) (some evidence)
- [Trauma-informed approaches to community building](#) (expert opinion)



DRUG OVERDOSE DEATHS

Total number of Drug Overdose Deaths in Chester and Lancaster Counties 2014-2017				
	2014	2015	2016	2017
Chester County	3	1	0	5
Lancaster County	9	7	8	24

WHAT DO THESE CHARTS TELL US? Deaths due to drug poisoning is defined by having ICD-10 underlying cause-of-death codes X40-44 (unintentional), X60-X64 (suicide), X85 (homicide), or Y10-Y14 (undetermined intent). The following charts show opioid statistics in Chester and Lancaster Counties. Because they are counts and not rates, numbers cannot be directly compared. An important note, however, is that both counties have had a significant increase in the number of drug overdose deaths between 2016 and 2017.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? Many deaths due to poisonings are unintentional – meaning, these deaths did not mean to happen and perhaps could have been prevented. This includes unintentional overdose from legal or illegal substances, or a wrong drug was given or taken in error. Most drug overdose deaths in Chester and Lancaster Counties involved prescription drugs.

WHERE DID WE FIND THIS DATA? [SC DHEC Vital Statistics – Detailed Mortality Statistics Report](#)

WHAT STRATEGIES SEEM TO WORK?

- [Medication-assisted treatment access enhancement initiatives](#) (expert opinion)
- [Family treatment drug court](#) (scientifically supported)
- [Drug court](#) (scientifically supported)
- [Good Samaritan drug overdose laws](#) (expert opinion)

PROPERTY & VIOLENT CRIME

Property Crime per 10,000 population by County in 2016

	Property Crime Total		Breaking and Entering		Larceny		Motor Vehicle Theft	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*
Chester County	1,031	320.4	271	84.2	682	211.9	68	21.1
Lancaster County	1,844	205.8	500	55.8	1,254	140	82	9.2
South Carolina		333.2		67.3		235.2		29.3

Violent Crimes per 10,000 population by County in 2016

	Violent Crime Total		Sexual Battery**		Murder		Robbery		Aggravated Assault	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*	#	Rate*
Chester County	221	68.7	12	3.7	1	0.3	25	7.8	183	56.9
Lancaster County	254	28.4	25	2.8	5	0.6	30	3.3	194	21.7
South Carolina		50.8		5.2		0.7		8.2		36.7

WHAT DOES THIS CHART TELL US? Chester County had a higher rate in property crime in 2016 than the state rate. Chester and Lancaster Counties both have a lower motor vehicle theft and larceny rate than the state rate in 2016. Rates highlighted in red indicate the 2016 rates were higher than the state average.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? High levels of crime compromise physical safety and psychological wellbeing. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders.

WHERE DID WE FIND THIS DATA? [SC Law Enforcement Division](#)

WHAT STRATEGIES SEEM TO WORK?

- [Community policing](#) (scientifically supported)
- [Focused deterrence strategies](#) (scientifically supported)
- [Cognitive-behavioral therapy for offenders](#) (scientifically supported)
- [Neighborhood watch](#) (scientifically supported)
- [Health care screening and follow-up for intimate partner violence](#) (some evidence)
- [School-based intimate partner violence prevention programs](#) (some evidence)
- [Trauma-informed approaches to community building](#) (expert opinion)



FAITH COMMUNITY

WHAT IS OUR VISION? *We envision communities where residents can experience a sense of belongingness and can practice their faith in ways that inspire social connectedness and transformation.*

WHAT DATA REFLECTS THIS VISION? The following data may offer measurable insight into where we are and how far we have to go to reach our vision.

- Regularly attending religious services

REGULARLY ATTENDING RELIGIOUS SERVICES

	Total # of Congregations	Total # of Adherents	Total Population*	Adherence Rate
Chester County	109	17,560	34,068	53.0%
Lancaster County	166	39,704	76,652	51.8%
South Carolina	8,051	2,413,443	4,625,364	52.2%
United States	344,894	150,596,792	308,745,538	48.8%

*In 2010

WHAT DO THESE CHARTS TELL US? Formally, this indicator is called ‘congregational adherence rate,’ which includes all full members, their children, and others who regularly attend services with a religious body located in a geographical area. The **adherence rate** provides the number of adherents of a particular group per 1,000 population. Congregations could include 236 religious groups that exist in the United States and are not limited to one particular faith or denomination. The 2010 Religious Congregations and Membership Study was conducted by representatives of the Association of Statisticians of American Religious Bodies. This study is the most complete census available on religious congregations and their members.

WHY IS THIS DATA IMPORTANT TO A HEALTHY COMMUNITY? A substantial body of research suggests that greater involvement in religion is associated with better health. A number of different aspects of religion have been linked with better health, including the use of positive religious coping responses, forgiveness, and feeling grateful.

WHERE DID WE FIND THIS DATA? Association of Statisticians of American Religious Bodies (ASARB)

WHAT STRATEGIES SEEM TO WORK?

- [Parish nursing](#) (expert opinion)
- [Shared use agreements](#) (some evidence)
- [Intergenerational mentoring](#) (expert opinion)
- [Community centers](#) (expert opinion)
- [Trauma-informed approaches to community building](#) (expert opinion)



Transformation Church in Indian Land



APPENDIX



APPENDIX I

COMMON MEASURES CROSS-REFERENCED WITH OTHER INDICATOR THEMES

COMMON MEASURE	Page #	K12 Schools & Education	Faith Community	Healthy Living	Healthy Economy	Arts & Civic Engagement	Access to Healthcare	Transitions to Adulthood	Strengthening & Supporting Families	Green Space, Clean Air & Water	Early Childhood Education	Transportation Access
Life expectancy	7	x	x	x	x	x	x	x	x	x	x	x
Population change in 10 years	18				x	x			x			
Social associations	19		x		x	x						
Voter registration & turnout	20					x						
Demographics of arts attendees	21	x			x	x						x
Library visits	22	x				x					x	
Arts-related businesses	23				x	x						
3-4 year olds in preschool	25											
Availability of quality childcare	26											
Children living poverty	27	x			x				x		x	
Families where householder lacks a high school diploma	28	x			x				x		x	
Children failing 1 st , 2 nd , or 3 rd grade	29	x							x		x	
3 rd grade ELA standards	31	x							x		x	
8 th grade math standards	32	x							x			
High school graduation rates	33	x			x			x				
Population educational attainment	34	x			x			x				
Young people not in school nor employed	36	x			x			x	x			x
11 th grade career readiness	37	x			x			x				
11 th grade college readiness	38	x			x			x				
Teenage pregnancies	39	x		x					x		x	
High school graduates who enrolled in college	40	x			x			x				
Juveniles in corrections	41	x				x		x	x		x	
Adults (25+) with some college, no degree	42											
Average household income	44				x				x			
Residents place of work	45			x	x				x			x
Households living in poverty	46				x				x			
Unemployment rate	48				x				x			
Adults living in poverty, by educational attainment	49	x			x				x			
Cost burdened households	50				x		x		x		x	x
Workers with long commutes	52			x	x				x			x
Means of transportation to work	53			x	x				x			x

COMMON MEASURE	Page #	K12 Schools & Education	Faith Community	Healthy Living	Healthy Economy	Arts & Civic Engagement	Access to Healthcare	Transitions to Adulthood	Strengthening & Supporting Families	Green Space, Clean Air & Water	Early Childhood Education	Transportation Access
Households with no vehicle available	54			X	X				X			x
Motor vehicle fatalities	55				x							x
Body mass index & obesity rate	57			x			x					
Residents getting any physical activity	59			x						x		
Food environment index	60			x	x							
Fruit & vegetable consumption rates	61			x	x							
Excessive alcohol consumption	63			x								
Current smokers	65			x								
Recreation spending per capita	68	x		x	x	x			x	x		
Outdoor air pollution	69			x						x		x
Drinking water violations	71			X						x		
Recycling rates	72			x	x	x				x		
Poor physical or mental health	74			x	x		x					
Health insurance coverage	75				x		x					
Access to a healthcare provider	76						x					
Could not see a doctor due to cost	77				x		x					
Time since last routine check-up	78			x			x					
Emergency room visit costs	79						x					
Patient to primary care provider ratio	80			x	X		X		X			X
Pregnant mothers with less than adequate prenatal care	81			x			x		x		x	
Low birth weight babies	83								x		x	
Infant mortality rate	84								x		x	
Children living in concentrated poverty	86		x	x	x	x	x	x	x	x	x	x
Substandard housing units	87	X		X	X				X	X	X	
Single parent households	88											
Grandparent supports	89											
Domestic violence	90	x							x		x	
Drug overdose deaths	91											
Property & violent crime	92			x					x			
Regularly attending religious services	94		x	x		x			x			

APPENDIX II

DIGGING DEEPER INTO THE DATA BY ANALYZING DEMOGRAPHIC DISPARITIES

The Community Indicators Toolkit offers a starting place for understanding quality of life in Lancaster and Chester Counties. A resident's life experience can differ by age, gender, race, education level, income level, ethnicity, ability, and sexual orientation among many other characteristics. Within counties, differences can also exist from one ZIP code to the next. Understanding the differences can inform community efforts to target resources where they are most needed and create more equitable access to a higher quality of life for all people.

Y= Yes, this indicator may offer subgroup data. **N = No**, this indicator may not offer subgroup data. **- = Not applicable**.

COMMON MEASURE	PAGE #	AGE	GENDER	RACE	EDUCATION	INCOME	SUBCOUNTY AREA
Life expectancy	7	-	Y	-	-	-	Y
Population change in 10 years	18	Y	Y	Y	Y	Y	Y
Social associations	19	-	-	-	-	-	Y
Voter registration & turnout	20						
Demographics of arts attendees	21						
Library visits	22						
Arts-related businesses	23						
3-4 year olds in preschool	25						
Availability of quality childcare	26						
Children living poverty	27						
Families where householder lacks a high school diploma	28						
Children failing 1 st , 2 nd , or 3 rd grade	29						
3 rd grade ELA standards	31						
8 th grade math standards	32						
High school graduation rates	33	-	N	Y	-	Y	Y
Population educational attainment	34						
Young people not in school nor employed	36						
11 th grade career readiness	37						
11 th grade college readiness	38						
Teenage pregnancies	39	Y	-	Y	Y	N	N
High school graduates who enrolled in college	40						
Juveniles in corrections	41						
Adults (25+) with some college, no degree	42						
Average household income	44						
Residents place of work	45						
Households living in poverty	45						
Unemployment rate	46	N	Y	Y	Y	N	Y

COMMON MEASURE	PAGE #	AGE	GENDER	RACE	EDUCATION	INCOME	SUBCOUNTY AREA
Adults living in poverty, by educational attainment	47						
Cost burdened households	50						
Workers with long commutes	52	N	N	N	N	N	Y
Means of transportation to work	53						
Households with no vehicle available	54						
Motor vehicle fatalities	55						
Body mass index & obesity rate	57						
Residents getting any physical activity	59	Y	Y	Y	Y	Y	Y
Food environment index	60	-	-	-	-	-	Y
Fruit & vegetable consumption rates	61						
Excessive alcohol consumption	63	Y	Y	Y	Y	Y	Y
Current smokers	65	Y	Y	Y	Y	Y	Y
Recreation spending per capita	68						
Outdoor air pollution	69	-	-	-	-	-	N
Drinking water violations	71						
Recycling rates	72						
Poor physical or mental health	74						
Health insurance coverage	75	Y	Y	Y	N	Y	Y
Access to a healthcare provider	76						
Could not see a doctor due to cost	77						
Time since last routine check-up	78						
Emergency room visit costs	79						
Patient to primary care provider ratio	80	-	-	-	-	-	Y
Pregnant mothers with less than adequate prenatal care	81						
Low birth weight babies	83	Y	-	Y	Y	N	N
Infant mortality rate	84						
Children living in concentrated poverty	86						
Substandard housing units	87	N	N	Y	N	N	Y
Single parent households	88						
Grandparent supports	89						
Domestic violence	90						
Drug overdose deaths	91						
Property & violent crime	92	N	N	N	N	N	Y
Regularly attending religious services	94						

APPENDIX III

TOP LEADING INDICATORS TO MONITOR

The University of South Carolina Upstate's Metropolitan Studies Institute has recommended several indicators to monitor quality of life throughout Lancaster and Chester Counties. These indicators were selected to draw attention to potential priorities for ongoing community dialogue and to reduce the likelihood of '*data paralysis by analysis*.' This approach also helps community partners to focus their efforts towards common, over-arching goals.

1. Educational attainment
2. Median household income
3. Unemployment rate
4. Poverty
5. 3rd grade ELA
6. 8th grade math
7. High school graduation rates
8. Teenage pregnancy
9. Risk factors for healthy living (BRFSS data)
10. Birth outcomes (Infant Mortality, Low birthweight babies, Adequate access to prenatal care)

APPENDIX IV

CONTRIBUTIONS TO THE COMMUNITY INDICATORS TOOLKIT

Becoming informed and equipped by data is no easy task. We want to give our sincere thanks to the many individuals across Lancaster and Chester Counties, and throughout the state of South Carolina, who contributed their skills and wisdom into making this toolkit stronger. ‘Big data’ will always have its’ limitations, and it should never replace the valuable insight and stories of residents. We’re proud to have partners who see the value in using data as a tool to inform community decision-making.

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