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INTRODUCTION AND OVERVIEW

This report presents an overview of the current community conditions for the following areas:

- Chester County, South Carolina
- Lancaster County, South Carolina
- York County, South Carolina

Piedmont Medical Center is located in Rock Hill, South Carolina and has been serving York, Chester, Lancaster and surrounding counties for over 30 years. The hospital is a 288-bed, acute care facility that offers a variety of comprehensive medical services from advanced cardiac and stroke care, cancer care, and orthopedics to an array of specialized women and children’s services.

Piedmont Medical Center has been recognized for multiple healthcare awards throughout the state, including American College of Surgeons Commission of Cancers Accreditation with Commendations, which is issued in three-year increments from the last date of survey. Piedmont Medical Center has held the Oncology accreditation for 9 consecutive years, with the next accreditation being held in 2015.
RECOGNIZED FOR EXCEPTIONAL CARE

Named the 2010 & 2013 South Carolina Distinguished Hospital of the Year by the South Carolina Department of Health and Environmental Control.

RECOGNIZED FOR HOSPITAL SAFETY

Awarded “A” Grade (Fall 2013/Spring 2014) by the Hospital Safety Score/The Leapfrog Group.

Certified Zero Harm Award (For Surgical Site Infection Hip) by the South Carolina Hospital Association.

RECOGNIZED FOR CANCER CARE

National Accreditation with Commendations by the American College of Surgeons Commission on Cancer.

RECOGNIZED FOR CARDIAC CARE

Get With The Guidelines® Gold Plus Achievement Award for Heart Failure by the AHA/ASA.

Mission: Lifeline® STEMI-Receiving Hospital Designation Bronze by the AHA.

Accredited Chest Pain Center, Cycle IV with PCI (Percutaneous Coronary Intervention) by the SCPCC.

Joint Commission Disease Specific Care Certification in Heart Failure by The Joint Commission.

Accredited Facility in Vascular Testing (accredited in: Extracranial Cerebrovascular, Peripheral Venous and Peripheral Arterial Testing) by the IAC.

Nationally Certified Cardiac Rehabilitation Program by the AACVPR.

Designated as a Blue Distinction® Center for Cardiac Care by BCBS of SC.

2013 Centers of Excellence (Heart Attack, Irregular Heartbeat, Heart Failure, Cardiac Care) by Cigna.

RECOGNIZED FOR DIABETES MANAGEMENT

National Accreditation Outpatient Diabetes Management by the AADP.

RECOGNIZED FOR EMERGENCY MEDICINE

South Carolina State Level III Trauma Center by the SCDHEC.

RECOGNIZED FOR GYNECOLOGICAL SURGERY

Designated as a Center of Excellence in Minimally Invasive Gynecology (COEMIG)” by the AAGL.

RECOGNIZED FOR DEDICATED LACTATION SUPPORT PROGRAM

Recognized International Board Certified Lactation Consultant Care Facility by IBCLC.

RECOGNIZED FOR IMAGING CARE

Accreditation Nuclear/PET Imaging Services by the IAC.

ACR Accredited Facility (Breast MRI, Computed Tomography, MRI Breast Ultrasound, Mammography and Ultrasound) by the ACR.

RECOGNIZED FOR ORTHOPAEDIC CARE

Designated as a Blue Distinction® Center for Knee and Hip Replacement by BCBS of SC.

RECOGNIZED FOR PNEUMONIA PREVENTION

2013 Center of Excellence (Pneumonia) by Cigna.

RECOGNIZED FOR STROKE CARE

Get With The Guidelines® Gold Plus and Target: Stroke Achievement Award by the AHA/ASA.

Advanced Primary Stroke Center Certification by The Joint Commission.

2013 Center of Excellence (Stroke) by Cigna.

RECOGNIZED FOR SURGICAL CARE

2013 Center of Excellence (Gall Bladder Removal and Laparoscopy) by Cigna.

RECOGNIZED FOR WORKSITE HEALTH AND PREVENTION

WorkHealthy America Excellence Recognition by Working Well and Prevention Partners.
AACVPR: AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION

Nationally Certified Cardiac Rehabilitation Program

The AACVPR Cardiac and Pulmonary Rehabilitation Program Certification process is the only peer-review accreditation process designed to review individual facilities for adherence to standards and guidelines developed and published by AACVPR and other professional societies.

AADE: AMERICAN ASSOCIATION OF DIABETES EDUCATORS

AAGL: ADVANCING MINIMALLY INVASIVE GYNECOLOGY WORLDWIDE

Designated as a Center of Excellence in Minimally Invasive Gynecology (COEMIG)™

AAGL Center of Excellence in Minimally Invasive Gynecology™ and the COEMIG seal are trademarks of the AAGL. All rights reserved.

ACR: AMERICAN COLLEGE OF RADIOLOGY

AHA/ASA: AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION

1) Get With The Guidelines® Gold Plus Achievement Award for Heart Failure

The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Heart Failure Performance Achievement indicators for consecutive 12 month intervals and 75% or higher compliance with 4 of 9 Get With The Guidelines Heart Failure Quality Measures to improve quality of patient care and outcomes.

2) Mission: Lifeline® STEMI-Receiving Hospital Designation Bronze

The American Heart Association recognize this hospital for achieving 85% or higher composite adherence to all Mission: Lifeline STEMI Referral Center Performance Achievement indicators for consecutive 90-day intervals and 75% or higher compliance Mission: Lifeline STEMI Referral Center quality measures to improve the quality of care for STEMI patients.

3) Get With The Guidelines® Gold Plus and Target: Stroke Achievement Award

The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Stroke Performance Achievement indicators for consecutive 12 month intervals and 75% or higher compliance with 5 of 8 Get With The Guidelines Stroke Quality Measures to improve quality of patient care and outcomes in addition to achieving Time to Intravenous Thrombolytic Therapy ≤ 60 minutes in 50% or more of applicable acute ischemic stroke patients (minimum of 6) during one calendar quarter.

BCBS of SC: BLUECROSS BLUESHIELD OF SOUTH CAROLINA

Designated as a Blue Distinction® Center for Cardiac Care

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

IAC: INTERSOCIETAL ACCREDITATION COMMISSION

IBCLC: INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT

Recognized IBCLC Care Award Facility

The IBCLC Care Directory lists recognized hospitals, birthing facilities, birthing services, and community-based health agencies that hire currently certified International Board Certified Lactation Consultant (IBCLC) certificants and have a dedicated lactation support program.

SCDHEC: SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

1) Named the 2010 & 2013 South Carolina Distinguished Hospital of the Year

2) South Carolina State Level III Trauma Center

SCPC: SOCIETY OF CARDIOVASCULAR PATIENT CARE FORMERLY KNOWN AS THE SOCIETY OF CHEST PAIN CENTERS

Accredited Chest Pain Center, Cycle IV with PCI (Percutaneous Coronary Intervention)
Piedmont Medical Center's mission is to deliver exceptional healthcare to every person we have the privilege to serve, and we do so by addressing barriers to treatment and services provided. After the barriers are identified specialized quality improvement measures are developed to improve the previously established services to the community. Piedmont Medical Center also takes pride in addressing areas of treatment that may be an opportunity for services, and developing those new service lines to improve the care of the patient population within the tri-county area; when appropriate. Following the recommendations of the American College of Surgeons is one of the many ways that the hospital provides exemplary cancer care. The accreditation with American College of Surgeons provides set guidelines with goals and benchmarks to help those hospitals achieve exceptional cancer care for the community. The accreditation addresses the following but is not limited to: prevention of cancer, screening, diagnosis, treatment and survivorship.

Standard 3.1: The Patient Navigation Process requires that a Community Needs Assessment be performed to ascertain the needs of the population served by Piedmont Medical Center, and to identify ways to improve cancer health disparities and gaps in resources. This assessment is to be done once every 3 years.
POPULATION SPECIFIC PROFILE

YORK, CHESTER, LANCASTER: Age and Gender Demographics

Population by gender within the 3 county report area is shown in Table 1. According to ACS 2008-2012 5 year population estimates for the report area, the female population comprised 51.65% of the report area, while the male population represented 48.35%.

### Table 1. Population by Gender, 2008 - 2012

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>0 TO 4</th>
<th>5 TO 17</th>
<th>18 TO 64</th>
<th>OVER 64</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Chester County, SC</td>
<td>1,057</td>
<td>1,063</td>
<td>3,065</td>
<td>2,765</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>2,704</td>
<td>2,314</td>
<td>6,435</td>
<td>6,216</td>
</tr>
<tr>
<td>York County, SC</td>
<td>7,821</td>
<td>7,632</td>
<td>21,544</td>
<td>20,672</td>
</tr>
<tr>
<td>Report Area</td>
<td>11,582</td>
<td>11,009</td>
<td>31,044</td>
<td>29,653</td>
</tr>
<tr>
<td>South Carolina</td>
<td>152,199</td>
<td>147,620</td>
<td>396,548</td>
<td>381,455</td>
</tr>
<tr>
<td>United States</td>
<td>10,291,124</td>
<td>9,846,760</td>
<td>27,554,024</td>
<td>26,287,952</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.
POPGULATION SPECIFIC PROFILE

YORK, CHESTER, LANCASTER: Race Demographics

Population by race and gender within the 3 county report area is shown in Table 2. According to the American Community Survey 5 year averages, white population comprised 74.32% of the report area, black population represented 22%, and other races combined were 1.75%. Persons identifying themselves as mixed race made up 1.93% of the population.

TABLE 2. POPULATION BY RACE, 2008 - 2012

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>WHITE</th>
<th></th>
<th>BLACK</th>
<th></th>
<th>AMERICAN INDIAN</th>
<th></th>
<th>ASIAN</th>
<th></th>
<th>NATIVE HAWAIIAN</th>
<th></th>
<th>MIXED RACE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Chester County, SC</td>
<td>9,708</td>
<td>10,001</td>
<td>5,870</td>
<td>6,662</td>
<td>83</td>
<td>113</td>
<td>70</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>209</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>27,568</td>
<td>28,205</td>
<td>9,048</td>
<td>9,274</td>
<td>161</td>
<td>149</td>
<td>276</td>
<td>196</td>
<td>0</td>
<td>22</td>
<td>381</td>
</tr>
<tr>
<td>York County, SC</td>
<td>83,858</td>
<td>88,245</td>
<td>19,497</td>
<td>22,953</td>
<td>709</td>
<td>865</td>
<td>1,317</td>
<td>1,821</td>
<td>28</td>
<td>13</td>
<td>2,573</td>
</tr>
<tr>
<td>Report Area</td>
<td>121,134</td>
<td>126,451</td>
<td>34,415</td>
<td>38,889</td>
<td>953</td>
<td>1,127</td>
<td>1,663</td>
<td>2,023</td>
<td>33</td>
<td>35</td>
<td>3,163</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1,528,029</td>
<td>1,580,437</td>
<td>605,309</td>
<td>685,395</td>
<td>7,754</td>
<td>7,368</td>
<td>26,424</td>
<td>31,211</td>
<td>870</td>
<td>921</td>
<td>39,405</td>
</tr>
<tr>
<td>United States</td>
<td>113,159,432</td>
<td>116,139,472</td>
<td>18,509,428</td>
<td>20,316,420</td>
<td>1,258,126</td>
<td>1,270,974</td>
<td>7,055,679</td>
<td>7,804,116</td>
<td>257,706</td>
<td>256,696</td>
<td>4,128,988</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.
YORK, CHESTER, LANCASTER: Poverty 2012

2012 poverty estimates show a total of 53,389 persons living below the poverty rate in the report area. In 2012, Chester County, South Carolina, had the highest poverty rate (24.8 percent), while York County, South Carolina, had the lowest poverty rate (13 percent).

![Graph showing poverty rates in different geographic areas]

### TABLE 3. POVERTY, 2012

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>ALL AGES</th>
<th>AGE 0-17</th>
<th>AGE 5-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Persons</td>
<td>Poverty Rate</td>
<td>Number of Persons</td>
</tr>
<tr>
<td>Chester County, SC</td>
<td>8,019</td>
<td>24.8</td>
<td>2,740</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>15,295</td>
<td>19.9</td>
<td>5,162</td>
</tr>
<tr>
<td>York County, SC</td>
<td>30,075</td>
<td>13.0</td>
<td>10,006</td>
</tr>
<tr>
<td>Report Area</td>
<td>53,389</td>
<td>15.7</td>
<td>17,908</td>
</tr>
<tr>
<td>South Carolina</td>
<td>837,327</td>
<td>18.3</td>
<td>285,674</td>
</tr>
<tr>
<td>United States</td>
<td>48,760,123</td>
<td>15.9</td>
<td>16,396,863</td>
</tr>
</tbody>
</table>

YORK, CHESTER, LANCASTER: Households in Poverty by Family Type

Table 4 shows the number of households in poverty by type in the 3 county report area. At 1,031 households, Chester County, South Carolina, had the lowest number of female-headed households in poverty while York County, South Carolina, had the largest number of female-headed households in poverty. The U.S. Census Bureau estimates that there were 11,227 households living in poverty within the report area.

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>TOTAL HOUSEHOLDS, 2007-2011</th>
<th>HOUSEHOLDS IN POVERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Married Couples</td>
</tr>
<tr>
<td>Chester County, SC</td>
<td>8,569</td>
<td>1,758</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>20,501</td>
<td>3,208</td>
</tr>
<tr>
<td>York County, SC</td>
<td>61,167</td>
<td>6,261</td>
</tr>
<tr>
<td>Report Area</td>
<td>90,237</td>
<td>11,227</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1,192,051</td>
<td>157,553</td>
</tr>
<tr>
<td>United States</td>
<td>76,595,552</td>
<td>8,363,024</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is an average of data collected from 2008 through 2012.

Note: The poverty rate for Household type is based on the total number of households for that household type.
INCOME LEVELS, 2008 - 2012

Two common measures of income are Median Household Income and Per Capita Income, based on U.S. Census Bureau estimates. Both measures are shown for the 3 county report area in Table 13. Household incomes ranged from $32,718 in Chester County, South Carolina, to $52,571 in York County, South Carolina. The average Per Capita income for the 3 county report area is $21,725, as compared to a national average of $28,051.

![Income Levels by County, 2008 - 2012]

**TABLE 13. INCOME LEVELS BY COUNTY, 2008 - 2012**

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>MEDIAN HOUSEHOLD INCOME, 2012</th>
<th>PER CAPITA INCOME, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>32,718</td>
<td>17,927</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>42,107</td>
<td>20,899</td>
</tr>
<tr>
<td>York County, SC</td>
<td>52,571</td>
<td>26,350</td>
</tr>
<tr>
<td>Report Area</td>
<td>42,465</td>
<td>21,725</td>
</tr>
<tr>
<td>South Carolina</td>
<td>44,623</td>
<td>23,906</td>
</tr>
<tr>
<td>United States</td>
<td>60,119</td>
<td>29,733</td>
</tr>
</tbody>
</table>


The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.
HOUSEHOLD INCOME

Median annual household incomes in the 3 county report area are shown in Table 14. According to the U.S. Census, Median Annual Household Incomes ranged from a low of $33,718 in Chester County, South Carolina, to a high of $51,427 in York County, South Carolina, in 2012.

TABLE 14. 2012 MEDIAN ANNUAL HOUSEHOLD INCOME

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>MEDIAN HOUSEHOLD INCOME ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>33,718</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>43,479</td>
</tr>
<tr>
<td>York County, SC</td>
<td>51,427</td>
</tr>
<tr>
<td>South Carolina</td>
<td>43,290</td>
</tr>
<tr>
<td>United States</td>
<td>51,371</td>
</tr>
</tbody>
</table>

CURRENT UNEMPLOYMENT

Labor force, employment, and unemployment data for each county in the 3 county report area is provided in Table 6. According to the U.S. Department of Labor in December 2013, unemployment in the report area varied from 6.9 percent in York County, South Carolina to 9.3 percent in Chester County, South Carolina. Overall, the report area experienced an average 7.3 percent unemployment rate in December 2013.

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>LABOR FORCE</th>
<th>EMPLOYMENT</th>
<th>UNEMPLOYMENT</th>
<th>UNEMPLOYMENT RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, South Carolina</td>
<td>14,525</td>
<td>13,179</td>
<td>1,346</td>
<td>9.3</td>
</tr>
<tr>
<td>Lancaster County, South Carolina</td>
<td>31,908</td>
<td>29,464</td>
<td>2,444</td>
<td>7.7</td>
</tr>
<tr>
<td>York County, South Carolina</td>
<td>112,945</td>
<td>105,132</td>
<td>7,813</td>
<td>6.9</td>
</tr>
<tr>
<td>Report Area</td>
<td>159,378</td>
<td>147,775</td>
<td>11,603</td>
<td>7.3</td>
</tr>
<tr>
<td>South Carolina</td>
<td>2,138,614</td>
<td>2,004,540</td>
<td>134,074</td>
<td>6.3</td>
</tr>
<tr>
<td>United States</td>
<td>155,613,662</td>
<td>145,443,949</td>
<td>10,169,713</td>
<td>6.5</td>
</tr>
</tbody>
</table>

EMployment: Thirteen Month Unemployment Rates

Unemployment change within the 3 county report area from December 2012 to December 2013 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen month period fell from 11.3 percent to 7.28 percent. For December, the thirteen month unemployment change for the report area varies from 3.9 percent in Chester County, South Carolina to 4.1 percent in York County, South Carolina.

![Monthly Unemployment Rate, December 2012 - December 2013](chart.png)

### Table 8. Change in Unemployment Rates, December 2012 - December 2013

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancaster County, SC</td>
<td>11.60</td>
<td>12.40</td>
<td>11.50</td>
<td>10.20</td>
<td>9.90</td>
<td>10.20</td>
<td>10.80</td>
<td>10.20</td>
<td>10.00</td>
<td>9.10</td>
<td>8.80</td>
<td>8.10</td>
<td>7.70</td>
</tr>
<tr>
<td>York County, SC</td>
<td>11.00</td>
<td>12.50</td>
<td>11.70</td>
<td>9.90</td>
<td>9.60</td>
<td>9.70</td>
<td>9.10</td>
<td>8.50</td>
<td>8.20</td>
<td>7.70</td>
<td>7.70</td>
<td>6.90</td>
<td>6.90</td>
</tr>
<tr>
<td>South Carolina</td>
<td>8.80</td>
<td>9.30</td>
<td>8.70</td>
<td>7.90</td>
<td>7.40</td>
<td>7.80</td>
<td>8.70</td>
<td>8.10</td>
<td>8.10</td>
<td>7.50</td>
<td>7.20</td>
<td>6.60</td>
<td>6.30</td>
</tr>
<tr>
<td>United States</td>
<td>7.70</td>
<td>8.60</td>
<td>8.10</td>
<td>7.70</td>
<td>7.20</td>
<td>7.30</td>
<td>7.80</td>
<td>7.70</td>
<td>7.40</td>
<td>7.10</td>
<td>7.00</td>
<td>6.70</td>
<td>6.50</td>
</tr>
</tbody>
</table>

Total housing units, median year built, and median age in 2012 for the 3 county report areas are shown in Table 11. According to the U.S. Census Bureau, the median age of housing ranged from 21 years in York County, South Carolina to 35 years in Chester County, South Carolina.

### TABLE 11. MEDIAN HOUSING UNIT AGE, 2012

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>TOTAL HOUSING UNITS</th>
<th>MEDIAN YEAR BUILT</th>
<th>MEDIAN AGE (IN 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, South Carolina</td>
<td>14,706</td>
<td>1977</td>
<td>35</td>
</tr>
<tr>
<td>Lancaster County, South Carolina</td>
<td>32,381</td>
<td>1984</td>
<td>28</td>
</tr>
<tr>
<td>York County, South Carolina</td>
<td>94,007</td>
<td>1991</td>
<td>21</td>
</tr>
<tr>
<td>Report Area</td>
<td>141,094</td>
<td>1984</td>
<td>28</td>
</tr>
<tr>
<td>South Carolina</td>
<td>2,134,456</td>
<td>1985</td>
<td>27</td>
</tr>
<tr>
<td>United States</td>
<td>131,642,456</td>
<td>1975</td>
<td>37</td>
</tr>
</tbody>
</table>

The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.
HOUSING

NUMBER OF UNSAFE, UNSANITARY HOMES

The number and percentage of occupied housing units without plumbing are shown in the 3 county report area in Table 12. U.S. Census data shows 411 housing units in the report area were without plumbing in 2000, and ACS five year estimates show 864 housing units in the report area were without plumbing in 2012.

![Bar chart showing percent of housing units without plumbing, 2008-2012.]

TABLE 12. HOUSING UNITS WITHOUT PLUMBING, 2000 AND 2008 - 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>12,880</td>
<td>93</td>
<td>0.65</td>
<td>14,706</td>
<td>24</td>
<td>0.19</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>23,178</td>
<td>106</td>
<td>0.42</td>
<td>32,381</td>
<td>229</td>
<td>0.79</td>
</tr>
<tr>
<td>York County, SC</td>
<td>61,051</td>
<td>212</td>
<td>0.32</td>
<td>94,007</td>
<td>611</td>
<td>0.71</td>
</tr>
<tr>
<td>Report Area</td>
<td>97,109</td>
<td>411</td>
<td>0.42</td>
<td>141,094</td>
<td>864</td>
<td>0.61</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1,533,854</td>
<td>9,521</td>
<td>0.54</td>
<td>2,134,456</td>
<td>8,012</td>
<td>0.45</td>
</tr>
<tr>
<td>United States</td>
<td>1,737,080</td>
<td>11,005</td>
<td>0.56</td>
<td>2,172,647</td>
<td>9,528</td>
<td>0.52</td>
</tr>
</tbody>
</table>

LITERACY AND EDUCATION

EDUCATIONAL ATTAINMENT

Table 9 shows the distribution of educational attainment levels in the 3 county regions. Educational attainment is calculated for persons over 25, and is an average for the period of 2008 to 2012.

![Educational Attainment Pie Chart]

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>% NO HIGH SCHOOL DIPLOMA</th>
<th>% HIGH SCHOOL ONLY</th>
<th>% SOME COLLEGE</th>
<th>% ASSOCIATES</th>
<th>% BACHELORS</th>
<th>% GRADUATE OR PROFESSIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>22.67</td>
<td>39.0</td>
<td>18.1</td>
<td>9.2</td>
<td>7.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>18.35</td>
<td>33.7</td>
<td>21.3</td>
<td>8.2</td>
<td>12.9</td>
<td>5.6</td>
</tr>
<tr>
<td>York County, SC</td>
<td>13.01</td>
<td>28.4</td>
<td>21.4</td>
<td>9.3</td>
<td>18.8</td>
<td>9.0</td>
</tr>
<tr>
<td>Report Area</td>
<td>15.25</td>
<td>30.7</td>
<td>21.1</td>
<td>9.0</td>
<td>16.3</td>
<td>7.6</td>
</tr>
<tr>
<td>South Carolina</td>
<td>15.94</td>
<td>30.3</td>
<td>20.6</td>
<td>8.6</td>
<td>15.8</td>
<td>8.8</td>
</tr>
</tbody>
</table>


The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.
LITERACY AND EDUCATION

ADULT LITERACY

The National Center for Education Statistics (NCES) produces estimates for adult literacy based on educational attainment, poverty, and other factors in each county. Estimated literacy rates for the 3 county report area ranged from 11 in York County, South Carolina to 20 in Chester County, South Carolina in 2003.

![Percentage of Adults over 16 with Low Literacy Skills, 2003](chart.png)

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Estimated Population Over 16</th>
<th>Percent Lacking Literacy Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>25,437</td>
<td>20</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>46,770</td>
<td>17</td>
</tr>
<tr>
<td>York County, SC</td>
<td>133,140</td>
<td>11</td>
</tr>
<tr>
<td>Report Area</td>
<td>205,347</td>
<td>13</td>
</tr>
<tr>
<td>South Carolina</td>
<td>3,098,822</td>
<td>15</td>
</tr>
<tr>
<td>United States</td>
<td>15,058,111</td>
<td>22</td>
</tr>
</tbody>
</table>

DEATH RATE RELATED TO ALL CANCERS IN 2012

Based on Department of Health and Environmental Control, Bureau of Community Health and Chronic Disease Prevention, the 3 county area shown on the table below includes deaths associated with cancer in 2012, ranging from 86 deaths in Chester County, to 449 deaths in York County. The age adjusted report ranges from 144.4 per 100,000 deaths in Lancaster County, to 207.1 per 100,000 deaths in Chester County. In 2012, South Carolina had a total of 9668 cancer related deaths, with an average age adjusted death rate of 177.7 per 100,000. By comparison, the cumulative 3 county report area had 676 cancer related deaths, with an average age adjusted death rate of 180.3 per 100,000.

TABLE 11. DEATH RATE RELATED TO CANCER, 2012

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>NUMBER OF DEATHS RELATED TO CANCER, 2012</th>
<th>AGE ADJUSTED DEATH RATE (PER 100,000), 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>86</td>
<td>207.1</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>141</td>
<td>144.4</td>
</tr>
<tr>
<td>York County, SC</td>
<td>449</td>
<td>189.5</td>
</tr>
<tr>
<td>Report Area</td>
<td>676</td>
<td>180.3</td>
</tr>
<tr>
<td>South Carolina</td>
<td>9668</td>
<td>177.7</td>
</tr>
</tbody>
</table>

State of South Carolina, Department of Health and Environmental Control, Bureau of Community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet November 2013 http://scdhec.gov/hs/epidata/county_reports.htm
DEATHS RELATED TO CANCER CLASSIFIED ACCORDING TO RACE/SEX

Based on Department of Health and Environmental Control, Bureau of Community Health and Chronic Disease Prevention, The 3 county area shown on Table 3 shows deaths related to cancer classified according to race/sex. In the 3 county report area, Whites experienced the highest rate of death related to cancer with 533 deaths, compared to 138 for Blacks. The male population experienced the highest rate of death related to cancer with 359 deaths, compared to 317 for females. According to the 2010 United States Census Bureau Report¹, there are 246,761 Whites and 73,115 Blacks in the 3 county report area, or 3.47 Whites per 1 Black.

TABLE 12. DEATHS RELATED TO CANCER CLASSIFIED ACCORDING TO RACE/SEX

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>BLACKS</th>
<th>WHITES</th>
<th>FEMALES</th>
<th>MALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, South Carolina</td>
<td>33</td>
<td>53</td>
<td>36</td>
<td>50</td>
</tr>
<tr>
<td>Lancaster County, South Carolina</td>
<td>38</td>
<td>103</td>
<td>68</td>
<td>73</td>
</tr>
<tr>
<td>York County, South Carolina</td>
<td>67</td>
<td>377</td>
<td>213</td>
<td>236</td>
</tr>
<tr>
<td>Report Area</td>
<td>138</td>
<td>533</td>
<td>317</td>
<td>359</td>
</tr>
</tbody>
</table>

CANCER RELATED STATISTICS

Table 13 shows age adjusted specific cancer occurrences within the 3 county report area. Table 14 shows how cancer impacts the 3 county report area in relation to all 46 South Carolina Counties. The highest rate of cancer is 1, the lowest is 46. These findings are based on studies released in 2012 from data obtained during the years 2005-2009.

**Table 13. Age Adjusted, Specific Cancer Occurrences in Service Area, 2005-2009**

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>BREAST</th>
<th>PROSTATE</th>
<th>COLON/RECTAL</th>
<th>LUNG</th>
<th>ALL CANCERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, South Carolina</td>
<td>115.0</td>
<td>148.7</td>
<td>54.4</td>
<td>101.3</td>
<td>503.4</td>
</tr>
<tr>
<td>Lancaster County, South Carolina</td>
<td>101.7</td>
<td>145.9</td>
<td>45.3</td>
<td>78.2</td>
<td>443.5</td>
</tr>
<tr>
<td>York County, South Carolina</td>
<td>115.9</td>
<td>159.7</td>
<td>44.1</td>
<td>76.2</td>
<td>470.9</td>
</tr>
<tr>
<td>South Carolina</td>
<td>122.0</td>
<td>160.2</td>
<td>45.0</td>
<td>72.3</td>
<td>471.5</td>
</tr>
</tbody>
</table>

Source: State of South Carolina, Department of Health and Environmental Control, County Cancer Profiles, 2012

**Table 14. County Rankings Within State, by Cancer Occurrences in SC, 2005-2009**

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>BREAST</th>
<th>PROSTATE</th>
<th>COLON/RECTAL</th>
<th>LUNG</th>
<th>ALL CANCERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, South Carolina</td>
<td>31</td>
<td>33</td>
<td>9</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Lancaster County, South Carolina</td>
<td>43</td>
<td>36</td>
<td>28</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td>York County, South Carolina</td>
<td>30</td>
<td>24</td>
<td>32</td>
<td>18</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: State of South Carolina, Department of Health and Environmental Control, County Cancer Profiles, 2012

Chester County is ranked number 6 overall in SC for cancer occurrences and number 1 in lung cancers.
Cancer and heart disease are the major causes of death within the 3 county service area of Piedmont Medical Center.

**TABLE 15. TOP TEN LEADING CAUSES OF DEATH IN CHESTER, LANCASTER AND YORK COUNTIES, 2012**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Chester County</th>
<th>Lancaster County</th>
<th>York County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syn and Nephrosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septicemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Liver Disease and Cirrhosis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHRONIC DISEASE FINDINGS

Chronic disease within the 3 county service area impacts morbidity and mortality among the residents. Chronic diseases are among the leading causes of death and hospitalizations in South Carolina.

Common behavioral risk factors contribute to chronic diseases, and have a tremendous impact on the local and national health of communities. According to The Campaign to End Obesity, obesity is linked to more than 60 chronic diseases.

TABLE 16. RISK FACTORS FOR CHRONIC DISEASE

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>REGION 3 INCLUDING SERVICE AREA*</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking %</td>
<td>21.62</td>
<td>22.5</td>
</tr>
<tr>
<td>Sedentary Lifestyle</td>
<td>21.60</td>
<td>25.10</td>
</tr>
<tr>
<td>Overweight or Obese</td>
<td>65.05</td>
<td>66.10</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>39.8</td>
<td>41.63</td>
</tr>
</tbody>
</table>

*DHEC Health Region 3: Chester, Fairfield, Lancaster, Lexington, Newberry Richland and York

State of South Carolina, Department of Health and Environmental Control, Bureau of community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet November 2013 http://scdhec.gov/hs/epidata/county_reports.htm

Over 75 percent of hypertension cases are directly linked to obesity. Approximately two-thirds of U.S. adults with type 2 diabetes are overweight or have obesity.²

TABLE 17. CHRONIC DISEASE PREVALENCE

<table>
<thead>
<tr>
<th>CHRONIC DISEASE PREVALENCE</th>
<th>REGION 3 INCLUDING SERVICE AREA*</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension %</td>
<td>38.54</td>
<td>39.01</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>4.83</td>
<td>5.13</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10.3</td>
<td>11.6</td>
</tr>
</tbody>
</table>

*DHEC Health Region 3: Chester, Fairfield, Lancaster, Lexington, Newberry Richland and York

State of South Carolina, Department of Health and Environmental Control, Bureau of community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet November 2013 http://scdhec.gov/hs/epidata/county_reports.htm

Obesity is a significant public health concern in the United States. If current trends continue, 103 million American adults will be considered obese by 2018.³

TABLE 18: NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

State of South Carolina, Department of Health and Environmental Control, Division of Nutrition, Physical Activity and Obesity.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>OBSE</th>
<th>NOT MEETING PHYSICAL ACTIVITY RECOMMENDATIONS</th>
<th>NOT MEETING FRUIT AND VEGETABLE RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, South Carolina</td>
<td>29.9%</td>
<td>51.0%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Lancaster County, South Carolina</td>
<td>30.0%</td>
<td>58.9%</td>
<td>85.3%</td>
</tr>
<tr>
<td>York County, South Carolina</td>
<td>28.7%</td>
<td>52.5%</td>
<td>86.4%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>30.3%</td>
<td>54.6%</td>
<td>82.6%</td>
</tr>
<tr>
<td>United States</td>
<td>27.7%</td>
<td>49.4%</td>
<td>76.6%</td>
</tr>
</tbody>
</table>

http://www.scdhec.gov/Health/docs/Epi/obesity/Lancaster.pdf
http://www.scdhec.gov/Health/docs/Epi/obesity/Chester.pdf

The results in a recent major study out of the United Kingdom, showed that every 5.5 kg (about 11 lb.)/m² increase in BMI was associated with increases in the risk for the following cancers:⁴ cervical, colon, gallbladder, kidney, leukemia, liver, ovarian, postmenopausal breast cancer, thyroid, and uterine cancers.


Nutritional Resources for the Adult population within the 3 county service area

**YORK COUNTY**

- **Pilgrims’ Inn**
  236 West Main Street
  Rock Hill, SC 29731
  803-327-4227

- **Rock Hill Health Center**
  1070 Heckle Boulevard
  Rock Hill, SC 29732
  803-909-7300

- **York County Council on Aging**
  917 Standard Street
  Rock Hill, SC 29730
  803-327-6694

- **York County Department of Social Services**
  933 Heckle Boulevard
  Rock Hill, SC 29732
  803-684-2315

- **York County Health Department**
  116 North Congress Street
  York, SC 29745
  803-684-7004

- **Piedmont Medical Center**
  Outpatient Nutrition Services
  803-329-6886

**LANCASTER COUNTY**

- **Lancaster County Council on Aging**
  309 South Plantation Road
  Lancaster, SC 29720
  803-285-6956

- **Lancaster County Department of Social**
  1837 Pageland Highway
  Lancaster, SC 29721
  803-286-6914

**CHESTER COUNTY**

- **Senior Services, Inc. of Chester County**
  1197 Armory Road
  Chester, SC 29706
  803-385-3838
Fresh Air Markets available in the areas include but are not limited to:

**LANCASTER COUNTY**

<table>
<thead>
<tr>
<th>Produce</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Griswold’s Family Produce</td>
<td>803-286-4191</td>
</tr>
<tr>
<td>Lancaster County Farmers Market</td>
<td>803-283-3302</td>
</tr>
</tbody>
</table>

**CHESTER COUNTY**

<table>
<thead>
<tr>
<th>Market</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County Farmer and Artisan Market</td>
<td>803-444-4320</td>
</tr>
<tr>
<td>York Road Market</td>
<td>803-581-1436</td>
</tr>
<tr>
<td>Chester Market - Cotton Hills Farm</td>
<td>803-385-4545</td>
</tr>
</tbody>
</table>

**YORK COUNTY**

<table>
<thead>
<tr>
<th>Produce</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks Farm</td>
<td>803-684-2333</td>
</tr>
<tr>
<td>Boyd Farm</td>
<td>803-329-4900</td>
</tr>
<tr>
<td>Bryant's Peaches</td>
<td>803-684-7310</td>
</tr>
<tr>
<td>Bush &amp; Vine</td>
<td>803-684-2732</td>
</tr>
<tr>
<td>The Market at Inman Farms Market</td>
<td>803-206-6682</td>
</tr>
<tr>
<td>Old Town Market</td>
<td>803-329-5562</td>
</tr>
<tr>
<td>Peach Stand</td>
<td>803-547-7563</td>
</tr>
<tr>
<td>Rock Hill Farm</td>
<td>803-328-3746</td>
</tr>
<tr>
<td>York County Farmers Market</td>
<td>803-324-2984</td>
</tr>
</tbody>
</table>
EXERCISE

There are many opportunities for people to exercise in our service area. There are a multitude of gyms, beautiful parks, and peaceful walking trails for everyone to enjoy. In general, these are the areas identified as dedicated to encouraging exercise and wellness for the general public in the 3 county service area.

YORK COUNTY

York County has over 50 public parks, public areas on Lake Wylie, River Walk areas, and exercise classes offered for a fee. Kings Mountain State Park has over 6,500 acres of open air beauty available to explore. Multiple areas throughout the county have dedicated biking trails and lanes.

York County Parks and Recreation
803-684-3742

YMCA is an active presence within York and Chester counties. There are 9 locations offering a multitude of different opportunities and educational classes for wellness.

Charlotte Avenue Branch  Good Hill Branch  York Branch YMCA
803-329-9622       803-329-9622       803-684-2247

Chester County Branch  Clover Branch  Rock Hill Aquatics Center
803-581-9622       803-222-9622       803-817-Pool

Carolina Crossing  Wellness Center
803-628-9622       803-366-9622

There are approximately 8 gyms in York County offering fee active based services.
EXERCISE

LANCASTER COUNTY
Lancaster County has an active Parks and Recreation Department. There are 4 recreation centers including gyms, pools, fitness programs, and wellness programs, etc. Multiple outdoor public parks are managed through this agency as well.

Lancaster Parks and Recreation
803-684-3742

There are approximately 5 fitness centers offering fees for services opportunities.

CHESTER COUNTY
Chester County offers a variety of public opportunities for fitness and wellness. Most are found within the City of Chester and Town of Great Falls.

Wylie Park Activity Center  Chester County State Park
803-581-7429  803-385-2680

Landsford Canal State Park  Sumter National Forest
803-789-5800  803-276-4810

There are 4 gyms/fitness centers within Chester county offering fee for service opportunities.
ACCESS TO HEALTHCARE

HOSPITALS

CHESTER COUNTY – Chester Regional Medical Center
LANCASTER COUNTY – Springs Memorial Hospital
YORK COUNTY – Piedmont Medical Center

URGENT CARE CENTERS

CHESTER COUNTY – None
LANCASTER COUNTY – at least 5 total
YORK COUNTY – at least 6 total

FREE OR UNDERINSURED CLINICS

CHESTER COUNTY

North Central Family Medicine
803-581-0574

Good Samaritan Medical Clinic
803-385-6332

LANCASTER COUNTY

Care Net of Lancaster
803-285-2273

Kershaw Family Medicine
803-475-4701

YORK COUNTY

York County Free Clinic
803-366-6337

North Central
803-325-7744

Catawba Care
877-647-6363
ACCESS TO HEALTHCARE

SCREENING AND CANCER RELATED PROGRAMS

BEST CHANCE NETWORK –
1-800-277-2345

State screening program in cooperation with the American Cancer Society, for breast and cervical health for uninsured and indigent SC residents.

Mammography Screenings available same day, along with weekend and extended hour clinics offered throughout the calendar year.

BREAST SCREENING SOURCE OF YORK COUNTY –
Non-For-Profit service for York County residents who are uninsured or indigent to obtain financial assistance with breast screening.

LUNG SCREENING –
Piedmont Medical Center—criteria driven, low out of pocket expense.

OPEN COLONOSCOPY SCREENING –
803-324-7607
Program available in Rock Hill and Lancaster for patients who qualify medically.

TRANSPORTATION

No public transportation currently exists in 3 county service area, including buses, trains, light rail or subway service lines. A small taxi service is available but is limited to the urban areas only.

All services noted below require multiple days advance notice to obtain services.

<table>
<thead>
<tr>
<th>York County Access</th>
<th>Chester County Connector</th>
<th>Lancaster Area Ride Service</th>
<th>American Cancer Society Road to Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>803-327-6694</td>
<td>803-385-3838</td>
<td>803-385-3838</td>
<td>800-227-2345</td>
</tr>
<tr>
<td>Offered by York County Council On Aging.</td>
<td>Offered by Senior Services Inc.</td>
<td>Offered by Council on Aging-</td>
<td>Free for cancer patients. Limited availability</td>
</tr>
<tr>
<td>Operates M-F for $2.50 one way</td>
<td>Rates range from $1.50-$3.50 one way</td>
<td>Rates range from $2 one way for local, up to $10 one way for Charlotte</td>
<td></td>
</tr>
</tbody>
</table>
## PROVIDERS BY SPECIALTY

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>YORK</th>
<th>CHESTER</th>
<th>LANCASTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>14</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>23</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>General Dentistry</td>
<td>7</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Gynecology</td>
<td>22</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>6</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Nephrology</td>
<td>10</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Neurology</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>8</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pain Management</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>13</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Surgery, General</td>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Thoracic and Cardiac Surgery</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urology</td>
<td>7</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
TOBACCO CESSATION

Tobacco Cessation Organizations available in the areas include but are not limited to:

**STATEWIDE RESOURCES**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Lung Association</td>
<td>1-800-LUNG-USA</td>
<td>Resource for questions about health questions or smoking cessation</td>
</tr>
<tr>
<td>American Lung Association – Freedom from Smoking</td>
<td>1-800-QUIT-NOW 1-800-784-8669</td>
<td>SC will pay for nicotine replacement for patients without medical insurance.</td>
</tr>
</tbody>
</table>

**CHESTER COUNTY**  Chester Regional Medical Center – Smoking cessation

**LANCASTER COUNTY**  None

**YORK COUNTY**  Piedmont Medical Center Quit Smart – 803-985-4651
INSURED/UNINSURED STATUS

According to Market Expert, the most recent data obtained in 2014 shows the 3 county service area has the following coverage.

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>UNINSURED</th>
<th>MEDICARE</th>
<th>MEDICAID</th>
<th>PRIVATE INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>19.11%</td>
<td>15.42%</td>
<td>22.22%</td>
<td>38.98%</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>14.95%</td>
<td>11.56%</td>
<td>14.67%</td>
<td>56.53%</td>
</tr>
<tr>
<td>York County, SC</td>
<td>12.48%</td>
<td>13.46%</td>
<td>12.06%</td>
<td>59.77%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>14.39%</td>
<td>13.98%</td>
<td>15.01%</td>
<td>53.92%</td>
</tr>
</tbody>
</table>

According to “The South Carolina Indicators, Projects for Health”, lack of insurance compromises the health of the uninsured because they receive less preventive care, and are diagnosed at more advanced disease stages. After diagnoses occur for this at risk population, they tend to receive less therapeutic care and have higher mortality rates than the insured.⁵

⁵ [http://www.ipspr.sc.edu/scip/pubhealth/afford.asp#_edn1](http://www.ipspr.sc.edu/scip/pubhealth/afford.asp#_edn1)
CANCER PATIENT AND SURVIVOR SURVEY RESULTS

METHODOLOGY

Oncology Services at Piedmont Medical Center conducted a cancer patient and survivor survey as part of a community needs assessment. The requirement for the survey was that those who completed it be a survivor of cancer or currently under treatment for cancer. The survey did not require the respondents to have been treated within this 3 county service area, however, it was requested that they be a resident within this service area at the time of the survey.

The following graphs are the results of the community questionnaire that was distributed throughout the tri-county area. The questionnaire was assembled to help determine which services were being utilized the most within the 3 county service area and to establish how to improve the oncology service line. The questionnaires were available at various Relay for Life events, grocery stores, drugstores, YMCAs and doctor’s offices throughout the tri-county, as well as online through social media and the Piedmont Medical Center’s website.

Over 430 surveys were returned to Oncology Services over the 90 days span that the survey was conducted.

Each of the graphs is a compilation of all the replies by the respondents. The answers to the questions from the questionnaire have been placed in either a bar graph or pie chart so it can clearly demonstrate responses. While the results show oncology services have been providing patient services effectively, the graphs also bring awareness to areas that still need further improvement according to the oncology patient population. A sample of the full survey that was distributed to the community is available at the end of this assessment as Appendix A.

RESULTS

Q1 – AGE

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>3%</td>
</tr>
<tr>
<td>30-49</td>
<td>19%</td>
</tr>
<tr>
<td>50-69</td>
<td>51%</td>
</tr>
<tr>
<td>70-99+</td>
<td>27%</td>
</tr>
</tbody>
</table>

Q2 – COUNTY OF RESIDENCE

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester</td>
<td>82%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>12%</td>
</tr>
<tr>
<td>York</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>
CANCER PATIENT AND SURVIVOR SURVEY RESULTS

Q3 – GENDER

- Male: 70%
- Female: 30%

Q4 – EDUCATION

- Doctoral: 0%
- Masters/Other Graduate: 12%
- Bachelors: 17%
- Associate: 9%
- Some College: 25%
- High School: 29%
- Some High School: 7%

Q5 – ANNUAL INCOME

- Less than 40K: 181
- 40K-70K: 5
- 70K-110K: 38
- 110K-139K: 44
- Greater than 139K: 40

Q6 – TYPES OF CANCER

- Bladder: 9
- Breast: 5
- Colorectal: 5
- Kidney: 5
- Lung: 26
- Lymphoma: 14
- Melanoma: 4
- Myeloma: 12
- Pancreatic: 3
- Prostate: 47
- Stomach: 1
- Thyroid: 15
- Uterus: 10
- Other: 13

Q7 – TREATMENT

- Surgery Only: 16%
- Surgery & Radiation: 25%
- Surgery & Radiation & Chemotherapy: 12%
- Chemotherapy: 4%
- Oral forms of Chemotherapy: 17%
- Chemotherapy Only: 9%

Q8 – RATE YOUR HEALTH

- Excellent: 35%
- Very Good: 31%
- Good: 16%
- Fair: 2%
- Poor: 15%
CANCER PATIENT AND SURVIVOR SURVEY RESULTS

Q9 – DISTANCE OF TRAVEL FOR TREATMENT

- Greater than 60 minutes: 8%
- 41-60 minutes: 12%
- 20-40 minutes: 45%
- Less than 20 minutes: 35%

Q10 – TRANSPORTATION BARRIERS

- Yes: 7%
- No: 92%

Q11 – FORMS OF INSURANCE

- Employer-Based Private: 57%
- Medicaid: 10%
- Medicare: 27%
- Self-Pay: 6%

Q12 – INSURANCE CONCERNS EFFECT TREATMENT DECISIONS

- Yes: 97%
- No: 3%

Q13 – ENVIRONMENT OF CARE

- Other: 3%
- Home: 3%
- Hospital Inpatient: 18%
- Hospital Infusion Center: 13%
- Outpatient Clinic: 64%

Q14 – INFORMATION RECEIVED AT DIAGNOSIS

- Not Enough: 25%
- Too Much: 66%
- Just Right: 9%
CANCER PATIENT AND SURVIVOR SURVEY RESULTS

Q15 – EDUCATION AS TREATMENT PROGRESSED

- Not Applicable: 11%
- Poor: 2%
- Fair: 6%
- Good: 28%
- Very Good: 33%
- Excellent: 20%

Q16 – INDIVIDUALIZED CARE

- Never: 1%
- Rarely: 1%
- Sometimes: 8%
- Usually: 27%
- Always: 63%

Q17A – GIVEN ADVANCE DIRECTIVES

- Living Will: 38%
- Health Care POA: 41%
- Was Not Given Forms: 25%

Q17B – WOULD HAVE DONE ADVANCE DIRECTIVES

- Yes: 35%
- No: 30%
- Maybe: 35%

Q18 – TYPES OF SUPPORT UTILIZED

- Online Support: 9%
- Individual Counseling: 11%
- Hospital Based: 12%
- Community: 16%
- Other: 19%
- None: 36%

Q19 – ENOUGH SUPPORTIVE GROUPS/FUNCTIONS

- Yes: 79.94%
- No: 20.06%
CANCER PATIENT AND SURVIVOR SURVEY RESULTS

For the Community Needs Assessment, this question was of particular interest as we look to improve the cancer services within our 3 county service area. In Q20, the question was written as: What other services would you like to see offered in the service area?” Some chose to say they would be interested in quite a few, while others decided to write personal notes of what would have been more helpful to them as they battled cancer, and a few chose not to answer this question at all. Eleven options were available, and the respondents were asked to pick 4.

The perception and opinion of the patient is vital in understanding what is needed by the community. Support services can have a direct impact on the total well-being of cancer patients during and following active treatment. Knowing which services our cancer patients feel would have benefitted them is paramount to improving cancer care in our area.

Q20 – MORE SERVICES DESIRED-PICK 4

Q21 – RECEIVED QUALITY SURVIVORSHIP/FOLLOW UP CARE

For the Community Needs Assessment, this question was of particular interest as we look to improve the cancer services within our 3 county service area. In Q20, the question was written as: What other services would you like to see offered in the service area?” Some chose to say they would be interested in quite a few, while others decided to write personal notes of what would have been more helpful to them as they battled cancer, and a few chose not to answer this question at all. Eleven options were available, and the respondents were asked to pick 4.

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The perception and opinion of the patient is vital in understanding what is needed by the community. Support services can have a direct impact on the total well-being of cancer patients during and following active treatment. Knowing which services our cancer patients feel would have benefitted them is paramount to improving cancer care in our area.
COMMUNITY HEALTH NEEDS PRIORITIZATION

This Assessment focuses predominantly on cancer patients, care, and services in the tri-county service area. Taking all of the information available and extracting it in an objective fashion should give the surveyors a better understanding of where we excel and where we need to focus future endeavors to improve cancer care to our patients in this area.

Cancer care can be addressed in 3 broad areas: Prevention, Treatment, and Survivorship/Wellness. These are not compartmentalized areas and frequently patients will move among these arenas throughout the care continuum.

PREVENTION

The data regarding chronic disease, smoking, and obesity in the service area (see Tables 16, 17, and 18) supports the continued need focus on cancer prevention, education, and wellness programs. According to the American Cancer Society, 572,000 Americans die of cancer each year, about one-third of these cancer deaths are linked to excess body weight, poor nutrition, and/or physical inactivity.6

Smoking continues to be the number one cancer causing risk factor across our population. In our service area 21.62% are still smoking, compared to 22.5% in the state. Education on the effects of smoking and smokeless tobacco use is vast and readily available, however, direct support for those trying to stop is minimal. State programs are free, but scripted support is not well received by patients dealing with the challenges of withdrawal and behavior abstinence. The social stigma related to smoking appears to have a strong consequence for some smokers. Direct human support is minimal in the tri-county area. No programs at the local level were found in Lancaster County and only 2 small programs exist in York and Chester counties.

Nutritional Services in the service area, especially government run systems, seem to be primarily related to obtaining food as opposed to addressing obesity. Nutritional education programs are available through SC public offices, however these are predominantly focused on children and adolescents, not the adult population. 65.05% of Region 3 in SC, which includes our service area, is considered obese. 85% of citizens in our area admit that they do not receive the recommended fruits and vegetables daily. As obesity continues to escalate to near public health crisis levels across the country, research is proving the direct impact on increasing cancer risks. Second only to smoking, weight control must be addressed as assertively as tobacco cessation if we are to see cancer risks in the area decrease.

There is little to no nutrition education for wellness programs in the service area. Outpatient nutrition counseling has limited availability and is utilized predominantly in the face of illness. It currently is not available to the general public for prevention and wellness.

The availability for exercise or to simply participate in activities that can add to wellness through physical activity is significant in our tri-county service area. Bike riding and walking trails and parks are widely available. Gyms are plentiful; however these include a financial obligation that many may not be able to afford.

Lifestyle choices impact our health as well as increase or decrease cancer risks. Hypertension, diabetes, obesity, smoking, sedentary lifestyles, and poor nutrition all negatively impact mortality and morbidity for our service area. Being aware of and developing plans to address lifestyles that may lead to previously mentioned health issues can help lower the occurrence of cancers in the population. To help compensate for these negative facts, screenings can be utilized. Screenings can help our population by enhancing the early detection rates of cancers and hopefully increase the survival rates for our area by detecting cancers while still in a stage where cure is a realistic goal. Currently breast and cervical screening programs are readily available in the service area for both insured and uninsured. Other screening opportunities are more limited and do not have financial assistance.

A large part of preventative medicine revolves around the primary care physician (PCP). The primary care physician can be of incredible importance to the individual's health, especially in the outlying areas. York and Lancaster counties appear to have at least an adequate number of primary care physicians (at this time). However, Chester County seems to be quite lacking. The PCP is on the forefront of preventative medicine including screening for disease, nutrition, weight management, hypertension, and diabetes management, etc. all begin with him/her. The physician’s education, interventions, monitoring, and referrals to the appropriate next level of care are vital in the health management process. The lack of PCP presence in Chester County is worrisome, with only 5 publicly listed in the county. Many citizens who are under insured or uninsured utilize Urgent Cares and even the emergency room systems for their primary care needs throughout the state. Chester County unfortunately does not have an urgent care office. All patients must either go to the ED in Chester or leave the county to find medical care. Add the lack of oncology services in Chester County to previously mentioned deficits in patient care and the problem mounts.
Active Treatment/Services

Most active oncologic therapy is now performed in the outpatient setting. The benefit to outpatient services is it improves the patient’s quality of life while also attributing to a decrease in financial costs by controlling health care costs for patients as well the State and Federal governments. However, to ensure the best possible outcomes, more therapies historically reserved for the inpatient setting need to move to the outpatient setting as well. There are far more barriers to patient care for patients under active treatment. The barriers to treatment begin to mount as patients continue to live longer with their cancers and strive for some sort of normalcy as they undergo treatment.

Access to Care is the predominant factor when addressing outpatient care. Availability to oncologic services is paramount. As noted in the physician listings there are only 6 Oncologists and 2 Radiation Oncologists in York County, 5 Oncologists in Lancaster County and 0 in Chester County. In the rural service areas, all of which are without public transportation, the simple chore of getting to the doctor can be problematic. According to the survey completed within the service area, 45% of respondents stated they traveled 20-40 minutes to their medical appointments. Only 7% of those surveyed cited that transportation impacted their care, however health care providers note transportation is a daily struggle for many patients, especially those noted to be below the poverty level, without a vehicle, or unable to afford the cost of fuel. Transportation services are limited, with only one organization per county to assist some patients to and from appointments. Patients that require physical assistance are unable to use these services. These fee based services have an impact on the Counties and the State. American Cancer Society does offer “Road to Recovery” for the service area, which is free transportation provided by volunteers. “Road to Recovery” has limited availability and patients cannot require physical assistance greater than needing a driver. Independent distance travel is a deterrent for many cancer patients due to disease and/or treatment symptoms. Traveling long distances when ill can be exceptionally challenging for the severely fatigued, weak and those afflicted with nausea/vomited or diarrhea.

Integrative services are growing in importance as medical research reinforces the benefits of nutrition, exercise, and emotional support while on active treatment. Therapies like physical and occupation therapy are widely utilized within the service areas and benefit the patient. The availability of integrative services in the outpatient setting is vital to improving patient care.

With physician orders some therapies are covered by insurance such as physical, occupational, and nutritional counselling. However, for patients who do not have an active symptom to ‘justify’ such referrals, access to many of these services are limited. The Survey respondents cited Nutritional Counseling as the number one service that
could improve their care. (Survey, Q20) at 193 of 430. Access to this is extremely limited in the entire service area as noted in the Preventative section of this survey.

Support groups with different approaches were also noted high on the list of services desired by respondents along with therapeutic exercise. Patients or their families, facing life threatening illnesses, will often take an active role in their health. This is encouraged and can have a positive impact on outcomes. The availability of these services without an MD order, or where insurance will off-set cost, such as therapeutic yoga, cancer support groups for patients and caregivers, and counselling, is quite limited. York County has only 4 groups for support of cancer patients; one for prostate cancer, one for breast cancer and two general cancer support group offered through Rock Hill Churches. No support groups could be found in Chester or Lancaster counties. Individual counseling services are available throughout the service area, most at significant cost or are dependent upon insurance benefits. Catawba Mental Health does accept Medicaid patients but is saturated with a high patient load. Yoga is readily available through independent businesses, however this can be cost prohibitive and may not be in an environment comfortable for a patient actively receiving treatment. There are support programs available in York County through the American Cancer Society. Reach to Recovery is specifically designed for support for breast cancer patients. Look Good Feel Better is offered to females dealing with chemotherapy. In York County this is offered every other month. Spiritual care for patients and families facing life threatening illness can be a significant need. Of the over 430 surveyed, 100 noted the increased need for this service. Piedmont Medical Center is actively developing a chaplaincy program for inpatients. Currently, there is no formal community or theological organization designated to address spiritual care for cancer patients in the service area, although, many individual churches offer this for their congregations. Patients or families not affiliated with a church family may not have access to spiritual care in the outpatient setting.

Education throughout the care continuum is a well-documented need for patients and families. Patients and caregivers who understand their disease, and why a treatment is recommended, are far more likely to be compliant with the regimen, and be actively involved with the plan of care. Patient and family teaching is only effective when properly taught. The literacy rates in our service area vary, and teaching must be geared toward the individual patients and their learning ability. Awareness of the literacy barrier in our population is paramount to meeting the needs of the patient population. According to data obtained, 20% of Chester County residents have low literacy skills, and 22.67% did not complete high school. Lancaster County has a lower index with 17% low literacy skills, and York County is at a mere 11%. For comparison sake, SC as a whole has 15% of the population with low literacy. In the Survey, (Q20) 138 out of 430 respondents cited the desire for more education regarding treatment options, and 130 out of 430 cited
the need for more education about their specific cancers. In Q14 of the Survey, 25% of respondents cited not receiving enough education at the time of diagnosis regarding their cancer.

Survivorship/Wellness

More patients are beating cancer than ever before. According to the American Cancer Society, by January 1, 2024, it is estimated that the population of cancer survivors will increase to almost 19 million: 9.3 million males and 9.6 million females. The recognition of the needs of survivors is relatively new in the world of cancer treatment. Survivors, whether just diagnosed or having completed treatment months or many years ago often have many common concerns. They include the risk of recurrence or the development of a new cancer, the impact that treatment has had on their bodies going forward, and how to take control of their own health to help avoid another diagnosis of cancer. The American College of Surgeons has recommended the application of a survivorship plan of care for survivors, and the development of survivorship clinics to enhance the long term follow up of cancer patients. Piedmont Medical Center and oncology groups in the area are developing a program to meet these new standards. According to the survey respondents, only 13% of the 430 stated that they did not receive adequate follow up or survivorship services.

Survivors of cancer should be monitored by the medical community for possible recurrence, side effects of therapy, possible long term complications or secondary cancers. This involves not only the oncology community but their primary care physicians and other medical professionals. Many times patients go from an environment of intensive therapy with tremendous support, in a ‘fight for their life,’ and then back to “normal” very quickly. The lack of transition can be difficult for some. Lymphedema can be a lifelong reminder and hurdle for patients to contend with. Physical therapy may be necessary to assist these patients. Lymphedema clinics are available in York and Lancaster Counties. Emotional support is frequently needed to help patients learn to live as a Survivor. Education and support are frequently needed to help patients learn to monitor their bodies and make the lifestyles changes desired. Many patients become strong advocates of their own health once they have dealt with a cancer diagnosis. Therefore many wellness programs benefit this group: Nutrition classes, exercise, yoga, and other integrative services. The instituting of these programs in the service area, including outlying areas, will be a benefit to our citizens for all three areas: Prevention, Active Treatment and Survivorship.

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Special Attention Area

Overall interpretation of the data from Lancaster and York counties are typical of the state in most areas. Recommendations have been made to improve cancer care to the entire service area. However, Chester County is a special area of concern and warrants special attention. The needs of this county seem to be well above the rest of the service area. While there have been recent health care improvements in Chester County, gaps in care continue to exist. The following is an assessment and a plan to assist this special attention area.

As noted in the 2012 data, Chester County was ranked 6th out of South Carolina’s 46 counties for cancer occurrences. The county ranks number one in lung cancers and number nine in colorectal cancers. For comparison of cancer data, York County was ranked number 20 and Lancaster County was ranked 39 out of 46 counties. These figures alone are enough to elicit a closer look at the data. Chester County has a history of agriculture and textile production. It is considered rural. According to the census in 2012 it had 32,936 residents. The poverty level is 24.8%, compared to 15.7% for the report area. Household income averages $33,718/year versus $43,290/year for the state. 20% of Chester County is rated as having low literacy skills versus 13% in the report area. 22.67% of Chester County residents do not have a high school diploma compared to 15.85% in the report area. Unemployment in Dec 2012 was 9.3% in Chester County versus 6.3% in the state. The latest data obtained from 2014 shows medical coverage in Chester County differs as well vastly from the state with 19.11% uninsured versus 14.39%, 22.2% on Medicaid versus 15.01%, Medicare 15.42% versus 13.98% and private insurance 38.98% versus 53.92%.

Chester County is home to Chester Regional Medical Center, an 82 bed hospital. There are no urgent care facilities in the county and only one group of (5) primary care physicians and two clinics for indigent or underinsured patients. There are no oncologists or radiation oncologists within the county. There is one mammography screening facility. Integrative services for wellness, nutritional counselling, education, etc. are profoundly limited in the area.

For many years, race has been a known disparity in health care. Close inspection of the data within York, Lancaster and Chester County, revealed that although Chester County has much higher numbers with regards to its cancer diagnosis and deaths, in general, this does not appear to be related to race. Table 20 shows the data supports a disparity for all residents within Chester County regardless of race.
COMMUNITY HEALTH NEEDS PRIORITIZATION

<table>
<thead>
<tr>
<th>GEOGRAPHIC AREA</th>
<th>WHITE</th>
<th>CANCER DEATHS</th>
<th>% WHITE</th>
<th>BLACK</th>
<th>CANCER DEATHS</th>
<th>% BLACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester County, SC</td>
<td>19,709</td>
<td>53</td>
<td>0.27%</td>
<td>12,532</td>
<td>33</td>
<td>0.26%</td>
</tr>
<tr>
<td>Lancaster County, SC</td>
<td>55,773</td>
<td>103</td>
<td>0.18%</td>
<td>18,322</td>
<td>38</td>
<td>0.21%</td>
</tr>
<tr>
<td>York County, SC</td>
<td>172,103</td>
<td>377</td>
<td>0.22%</td>
<td>42,450</td>
<td>67</td>
<td>0.15%</td>
</tr>
</tbody>
</table>

As noted in the beginning of this work, the goal of this assessment is to bring together the data regarding the service area, identify gaps in resources and to identify potential ways to improve cancer health disparities and gaps in resources. In general, Chester County appears to be an area of great potential for improvement. Those looking for ways to improve the health and welfare of the area would do well to assist the citizens of Chester County.


“Historical/trend analysis, percent of population without Health insurance” South Carolina Health indicators project health: Retrieved from University of South Carolina Website; 21 Sept. 2014 http://www.ipspr.sc.edu/scip/pubhealth/ afford.asp#_edn1


State of South Carolina, Department of Health and Environmental Control, Bureau of community Health and Chronic Disease Prevention, County Chronic Disease Prevention, County Chronic Disease Fact Sheet November 2013 retrieved http://www.scdhec.gov/hs/epidata/county_reports.htm


http://www.scdhec.gov/Health/docs/SCChesterCountyCancerProfile.pdf

State of South Carolina, Department of Health and Environmental Control, Bureau of community Health and Chronic Disease Prevention, County Chronic Disease Fact Sheet November 2013 retrieved from http://scdhec.gov/hs/epidata/county_reports.htm


APPENDIX A

Appendix A is the survey created for cancer patients and cancer survivors. It was placed strategically throughout the 3 county report area.

CANCER PATIENTS and SURVIVORS SURVEY
Community Needs Assessment

If you are currently a cancer patient or a cancer survivor, please consider completing this survey. This survey is for ALL cancer patients and survivors—regardless of where they were treated. The information you provide will be kept confidential and only used for the purposes of this survey. All completed surveys will be collected by July 31, 2014.

Thank you so very much for taking the time to give us this very important information!

DEMOGRAPHIC INFORMATION

1. Age:
   - □ 18-29
   - □ 30-49
   - □ 50-69
   - □ 70-99+

2. County you currently live in:
   - □ York
   - □ Lancaster
   - □ Chester
   - □ Other (please specify):____________

3. Gender:
   - □ Male
   - □ Female
APPENDIX A

4. Education:

☐ Some High School  ☐ High School Diploma  ☐ Some College
☐ Associate Degree  ☐ Bachelor’s Degree  ☐ Doctoral Degree
☐ Master's/Other Graduate Degree

5. Household income:

☐ less than $40,000  ☐ $40,000-$70,000  ☐ $70,000-$110,000
☐ $110,000-$139,000  ☐ greater than 139,000

GENERAL HISTORY/HEALTH

6. Type of Cancer Have Currently/Have Had (check all that apply):

☐ Bladder  ☐ Leukemia  ☐ Pancreatic  ☐ Uterus
☐ Brain  ☐ Lymphoma  ☐ Prostate  ☐ Breast
☐ Melanoma  ☐ Sarcoma  ☐ Colorectal  ☐ Myeloma
☐ Stomach  ☐ Kidney  ☐ Ovarian  ☐ Thyroid
☐ Other (Please specify) : _______________________

7. Treatment:

☐ Surgery Only  ☐ Surgery + Radiation  ☐ Chemotherapy Only
☐ Surgery + Radiation + Chemotherapy  ☐ Chemotherapy + Radiation
☐ Oral (pill) forms of chemotherapy used at any time during treatment

8. Rate how you feel your health is currently:

☐ Excellent  ☐ Very Good  ☐ Good  ☐ Fair  ☐ Poor

IMPACTS ON TREATMENT

9. How far did you travel for the majority of your treatment?

☐ less than 20 mins  ☐ 20-40 mins  ☐ 41-60 mins  ☐ more than 60 mins
10. Was transportation a problem for you to get to and from treatments?
   - Yes
   - No

11. During treatment, what form of insurance did you have?
   - Self-Pay
   - Medicare
   - Medicaid
   - Employer-based/private

12. Did insurance concerns or problems affect your treatment decisions or choices?
   - Yes
   - No

13. In what environment did you receive the majority of your treatment?
   - Outpatient Clinics (i.e. doctor’s office)
   - Hospital Infusion Center
   - Hospital (as an inpatient)
   - Home
   - Other (please specify): ________________________________

14. At the time of your initial diagnosis, how much information about the disease, treatments, and available resources do you feel was given to you?
   - Not enough (I had to find more information myself)
   - Too much (I was overwhelmed by information)
   - Just right

15. As your treatment progressed, how would you rate the education you received about your chemotherapy regimen and medications (the effects, side-effects and goals of each)?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - Not applicable

16. Do you feel you were given individualized, personalized care?
   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never
17. Were you given forms for Advance Directives (i.e. Living Will, Power of Attorney) at any time during your treatment process?
   - [ ] Living Will
   - [ ] Health Care Power of Attorney
   - [ ] I was not given any forms about Advance Directives

   If you had been given these forms, would you have been more likely to complete an Advanced Directive?
   - [ ] Yes
   - [ ] No
   - [ ] Maybe

19. What types of support do you utilize if any? (check all that apply)
   - [ ] Community Support Groups
   - [ ] Online Support
   - [ ] Individual Counseling
   - [ ] Other (please specify): ______________________
   - [ ] Hospital-Based Support Groups
   - [ ] None

20. Do you feel that there were enough supportive groups/functions/meetings and other support resources available to you?
   - [ ] Yes
   - [ ] No

21. What services would you like to see more of for cancer patients and their family? (select your top 4)
   - [ ] Nutritional Counseling
   - [ ] Transportation Services for Treatments
   - [ ] Social Support Groups
   - [ ] More Information About Treatment Options
   - [ ] Individual Counseling
   - [ ] Spiritual Care
   - [ ] Caregiver Support Groups
   - [ ] Educational Classes on Specific Cancers
   - [ ] Therapeutic Exercise Groups
   - [ ] Genetic Counseling
   - [ ] Individual Financial Advice Regarding Cost of Care

22. After your treatment was completed, did you feel you had adequate follow-up from your healthcare team for monitoring the risks of cancer recurrence and/or possible long-term side effects of cancer treatments?
   - [ ] Yes
   - [ ] No
   - [ ] Not applicable at this time
OPTIONAL: Please share with us any comments, ideas or suggestions you have to improve the lives of the cancer patients in our community:

Once again, Piedmont Oncology Services thanks you for your time and opinions. They are extremely important to us as we actively strive to improve our cancer services to meet the needs of the people in our community.

Who better to ask, than the ones who have been walking this path and know the journey personally?
POSSIBLE INTERVENTIONS TO CONSIDER

The data gathered and analyzed for this Community Needs Assessment identified problems and potential solutions. The following is a summary of ideas that could benefit the communities in our 3 county report area.

The service area of York, Chester and Lancaster counties is predominately rural, therefore outreach is vital. Transportation and distance are contributing barriers to success. The collaboration with and utilization of community locations such as community centers, YMCAs, schools and churches, etc. could help increase the success of many of these ideas.

PREVENTION

**Smoking:** Assistance with other wellness focused groups could enhance the availability of programs to decrease tobacco use.

1. Support groups
2. Behavior therapy
3. If appropriate, nicotine replacement could be an effective smoking cessation tool.

**Nutrition:** There is a well-documented connection to poverty and obesity. Education, counseling, and support should be made available for free or at a reduced fee to help ensure that this population is able to participate. Nutrition and/or weight management educational classes could be offered across the service area.

1. Community ‘Gardens For Health’
2. State programs/classes on weight control and nutrition as part of SNAP, and independent programs not only emphasizing infant/child but adults as well.

**Exercise:**

1. Public campaigns on the benefits of even minimal exercise and weight control could be beneficial.

**Access to Care:**

1. Increased PCPs in the service area, particularly in Chester County, could improve care on the “front-lines” for citizens.
2. Increased Urgent Care facilities, particularly in Chester County, which has no such resource.
3. Increased free or sliding scale operations that emphasize preventative care and wellness.
4. Increased Oncology specialists in all 3 counties could benefit patients. Easier access improves compliance and therefore improves outcomes.
**APPENDIX B**

**Screening Services:**
1. Educate the public about the most recent screening recommendations and payment options. Include information targeting those with low literacy.
2. Increased Breast Cancer Screening programs, special events, education and payment programs like Best Chance and Breast Screening Source of York County.
3. Lung Cancer Screening pilot program launched this year at Piedmont Medical Center. Education, advertising in the community as well as in the medical circles is needed to advance the program.
4. Colorectal Screening programs, more special events, and education. Payment programs are needed for the indigent or uninsured.
5. Prostate Cancer Screening special programs and education. Payment programs are needed for the indigent or uninsured.
6. Cervical Screening
7. Skin Screening

**ACTIVE TREATMENT/SERVICES**

**Access to Care: Specialty Physician**
1. Recruitment of Oncologist to Piedmont Medical Center
2. Recruitment of more Oncologists to service area in general, particularly Chester County
3. Satellite oncology office in Chester County for cancer care

**Access to Care: Transportation**
1. Increased transportation services with handicap or wheelchair assistance
2. Increased volunteers especially in outlying areas with Road To Recovery

**Integrative Therapies:**
1. Nutrition classes for patients or caregivers currently under cancer care offered throughout the service area
2. Yoga programs designed and exclusively offered to cancer patients
3. General cancer support groups offered throughout service area
4. Specialty exercise programs offered for patients currently under cancer care
5. Development in the theological community for spiritual support to cancer patients in the outpatient setting. Outreach in the rural setting for patients and caregivers

**Education:**
1. Specific cancer classes, with treatment options discussed
2. Integrative therapy education
3. Written material education geared toward low literacy groups
APPENDIX B

SURVIVORSHIP/WELLNESS

Access to care:
1. Development of disease specific lifetime clinics
2. Recruitment of Nurse Practitioner to assist in clinic

Integrative Therapies:
1. Nutritional Classes
2. Exercise and wellness
3. Support groups

Education:
1. Quarterly disease specific meetings and education for survivorship/wellness
2. Community outreach to churches and community groups for supportive educational opportunities