



**FAIRFIELD COUNTY,  
SOUTH CAROLINA**

# **COMMUNITY HEALTH NEEDS ASSESSMENT**

March 2018

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# I. Background and Introduction

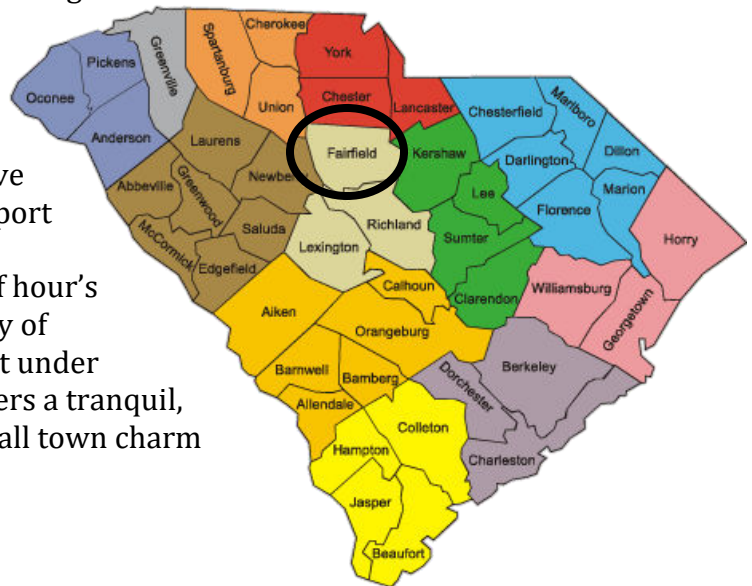
## A. Purpose for conducting community health needs assessment

This document is the first comprehensive community health needs assessment (CHNA) conducted in Fairfield County since 2013. In 2010, the Affordable Care Act required that all 501(c) (3) hospital organizations conduct a community health needs assessment; however, Fairfield Memorial Hospital (FMH) is a critical-access hospital and is exempt from this requirement. The impetus for this CHNA is an active group of volunteers who are concerned with the health and well-being of the county residents. This group is known as the Fairfield Community Coordinating Council (FCCC).

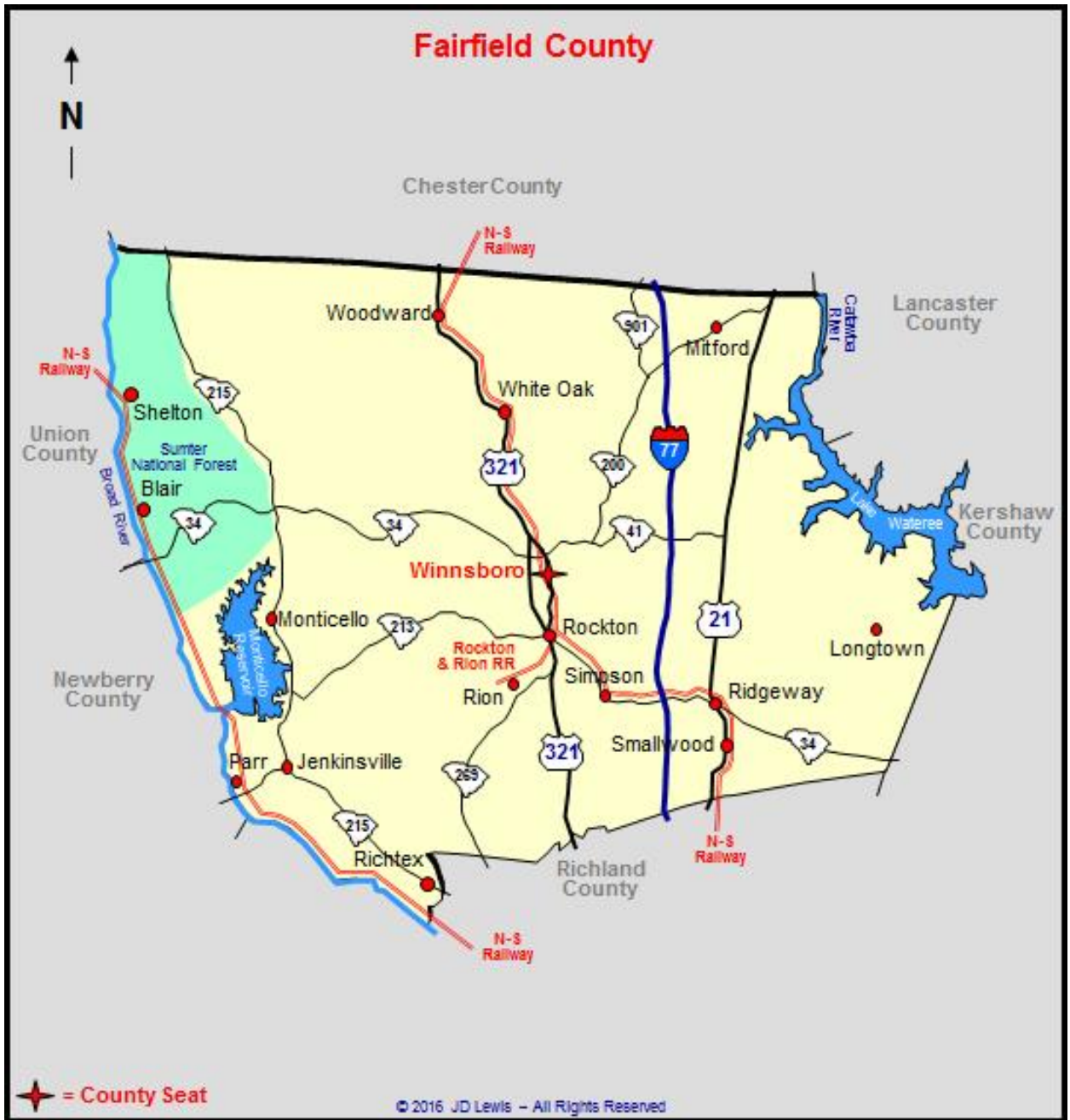
FCCC was formed in 1996 by the merger of the Fairfield Community Coordinating Council and the Fairfield County Interagency Council. In January 2015, FCCC welcomed the merger and new partnership with Fairfield County Health Partners. The mission of FCCC is to: "Provide local resources and opportunities for building a healthy community." The group's vision is: "A Healthy Fairfield County." In January 2017, the group worked collaboratively to apply for a grant from The Duke Endowment. This project, entitled Healthy People, Healthy Carolinas, was awarded and provided the resources to make this CHNA possible, including a new Project Director position.

## B. Geography, history, population indicators, and other demographics

Fairfield County has the unique advantage of being located within close proximity to urban areas and their amenities, while offering all of the benefits of a rural county. Fairfield is less than one hour's drive from the Douglas International Airport and upscale shopping offered in Charlotte, NC and less than one half hour's drive to South Carolina's capital city of Columbia. With a population of just under 23,000 people, Fairfield County offers a tranquil, uncongested environment with small town charm and historical significance.<sup>i</sup>

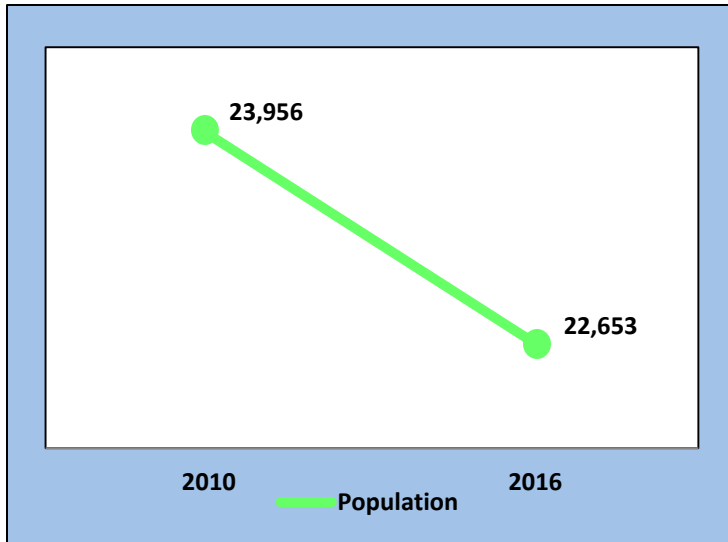


The area encompasses 687 square miles, which includes Lake Wateree on the eastern side, Lake Monticello on the western side, and the Sumter National Forest. The most populated communities within the county include the towns of Ridgeway, Jenkinsville, and the county seat of Winnsboro. The clock tower depicted on the cover of this report is the focal point of Historic Downtown Winnsboro. The clock was erected in 1837. It has run continuously since 1875, thereby distinguishing itself as the longest, continuously running town clock in the United States<sup>ii</sup>.



In 2016, the US Census Bureau estimated various population indicators for Fairfield County including race and ethnicity, age, gender, income and poverty.<sup>iii</sup> The following graphics illustrate these estimates.

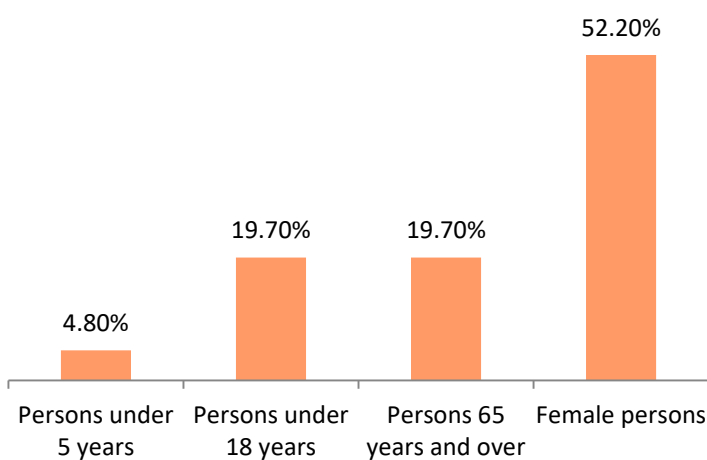
**Figure 1: County Population Shift**



Since 2010, Fairfield County has experienced a 5.4% decrease in population size. Most recent data estimates that the population density for the area is 34.9 persons per square mile. That is much lower than the state average population density of 153.9 persons per square mile. Close proximity to Richland County has contributed to the county's decreasing population. Residents are migrating to the metropolitan area of Columbia, SC for employment opportunities and consumer goods and services.

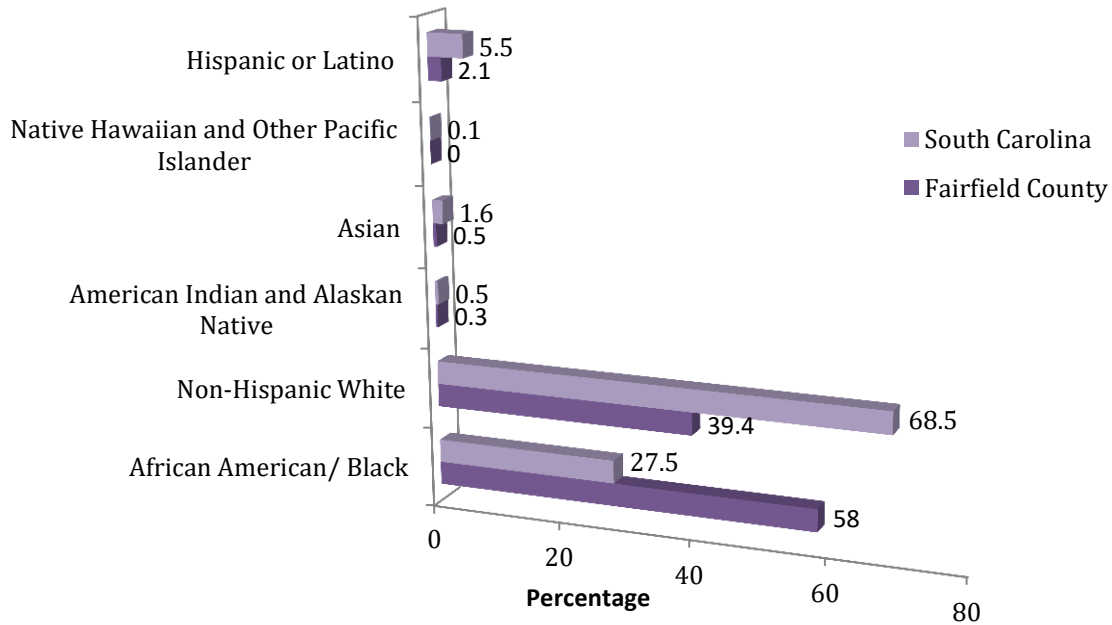
The decrease in the county population over the last decade is also due to the loss of major employers such as DuraFiber Technologies, Walmart, and Mack Trucks. Population size, health outcomes, housing and economy have suffered due to these devastating forces of change.

**Figure 2: Age and Gender**



A majority of the population is within the 18-64 years age bracket. Roughly 19.7% of the population consists of persons under 18 years old. Additionally, 19.7% of the population are persons 65 years and older. Just over half of the county's population is female (52.2%).

**Figure 3: Race and Hispanic Origin**



Racial demographics within the county include a makeup that is 59% African American, 38% Non-Hispanic White, and less than 1% Asian/Native Hawaiian/Pacific Islander. Of the total population, 2.1% reported being of Hispanic or Latino decent.

**Table 1: Income and Poverty**

	Fairfield County	South Carolina
Median Household Income, in dollars	<b>\$34,004</b>	<b>\$46,898</b>
Persons in poverty, percent	<b>23.0%</b>	<b>15.3%</b>

The median household income for Fairfield County is \$36,004 which is considerably lower than the state median at \$46,898.<sup>iv</sup> Of the county's 22,653

residents, 23% live in poverty.

**Population with a Disability, under 65 years of age**

According to the US Census, it is estimated that 14.9% of Fairfield County residents, compared to 10.4% of South Carolina residents, under the age of 65 are living with a disability.





## II. Methodology

### A. Key Informant Interviews

Interviews were conducted with 20 key informants who were identified as professionals and leaders that serve the community in various capacities. Collectively, these individuals comprise a network of resources for county residents, and thus, are qualified to serve as knowledgeable ambassadors for the needs of the community. Section III includes a summary of these interviews. A list of interview questions can be found in Appendix B.

### B. Archival Data: Fairfield County Health Rankings

It was the consensus of the FCCC to use the County Health Rankings as the primary source of data. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute. Section IV of this report highlights the “Areas of Strength” as well as “Areas to Explore,” as identified by the County Health Rankings website. A section titled “Other Areas of Interest” is included which outlines other important factors for this community.

### C. Community Health Survey

The FCCC drafted a Community Health Survey to be distributed to residents of Fairfield County. The 27-question survey covered a range of topics including demographics, transportation, access to healthy foods and health care, opportunities for physical activity, and chronic condition prevalence. Section V includes the results of this survey, organized into sections addressing demographics, overall rankings, physical activity and healthy eating, drug use, and chronic diseases. A copy of the survey can be found in Appendix C.

### D. SWOT Analysis

Section VI includes an analysis of the Strengths, Weaknesses, Opportunities, and Threats (SWOT) as identified by FCCC members. Strengths and Weaknesses were identified in a group session held in November 2016. Opportunities and Threats were discussed individually among long-term FCCC members and/or current Executive Committee members in November 2017. A complete copy of this analysis is included in Section VI.

### E. Fairfield County Resource Inventory

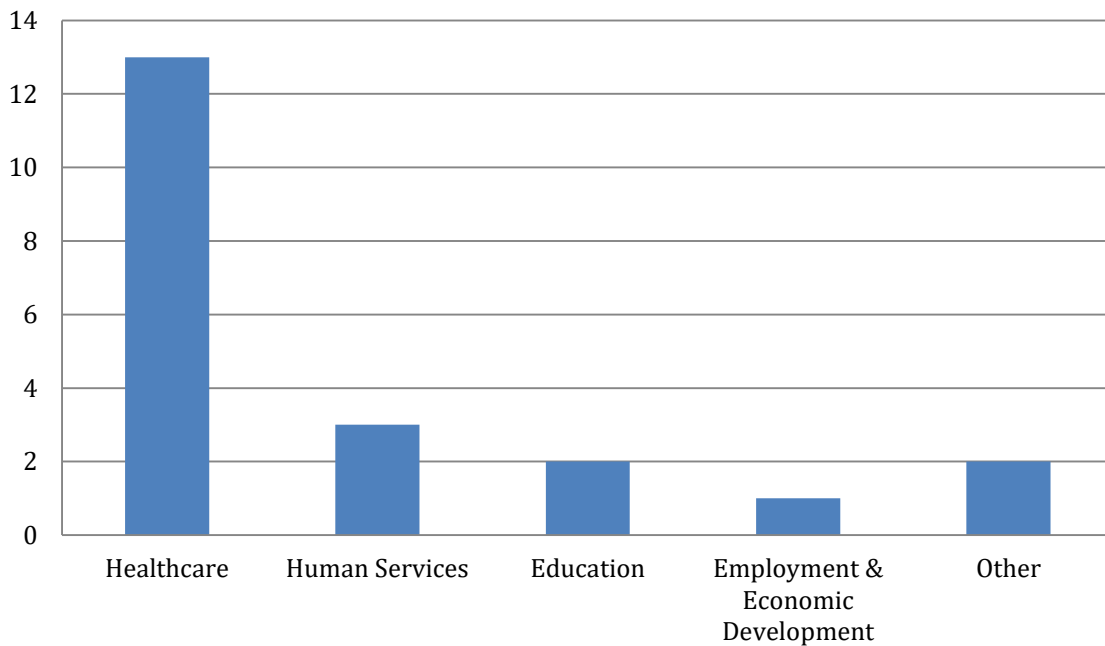
The Fairfield County Resource Inventory is an online directory that provides contact information for various organizations within the county. The inventory covers a wide range of services and is a compilation of medical offices and hospitals, health agencies, human service organizations, centers for education, and more. The resource inventory is maintained by the FCCC and is accessible at [www.fcccouncil.com/resources](http://www.fcccouncil.com/resources). A copy is included in Appendix A.

### III. Key Informant Interviews

Key informants were identified as professionals and community leaders that serve the community in various capacities. These individuals show their devotion to meeting community needs in their daily activities, and thus, are qualified to recognize and advocate for those needs. Interview topics focused on coalition building that would improve the way in which the FCCC effectively addresses unmet community needs. Issue topics included communication and transportation barriers, community engagement, and program sustainability. Twenty (20) key informants were interviewed including FCCC members and community leaders. The interviews were conducted by the Healthy People, Healthy Carolinas Project Coordinator between August 1, 2017 and September 30, 2017.

The selected key informants represent various occupations as detailed in Figure 4.

**Figure 4: Occupations of Key Informants**



Key informants identified a number of strengths within FCCC including:

- Close knit community
- Members are invested in Fairfield County
- Collaboration ensures well rounded services for residents
- Opportunity to network
- Variety of member agencies
- Strong foundation and history



Key informants also identified actions for improvement within FCCC including:

- Develop effective forms of communication
- Enhance the current transit system
- Expand reach of services
- Solicit community engagement
- Rebrand FCCC
- Recruit new partners

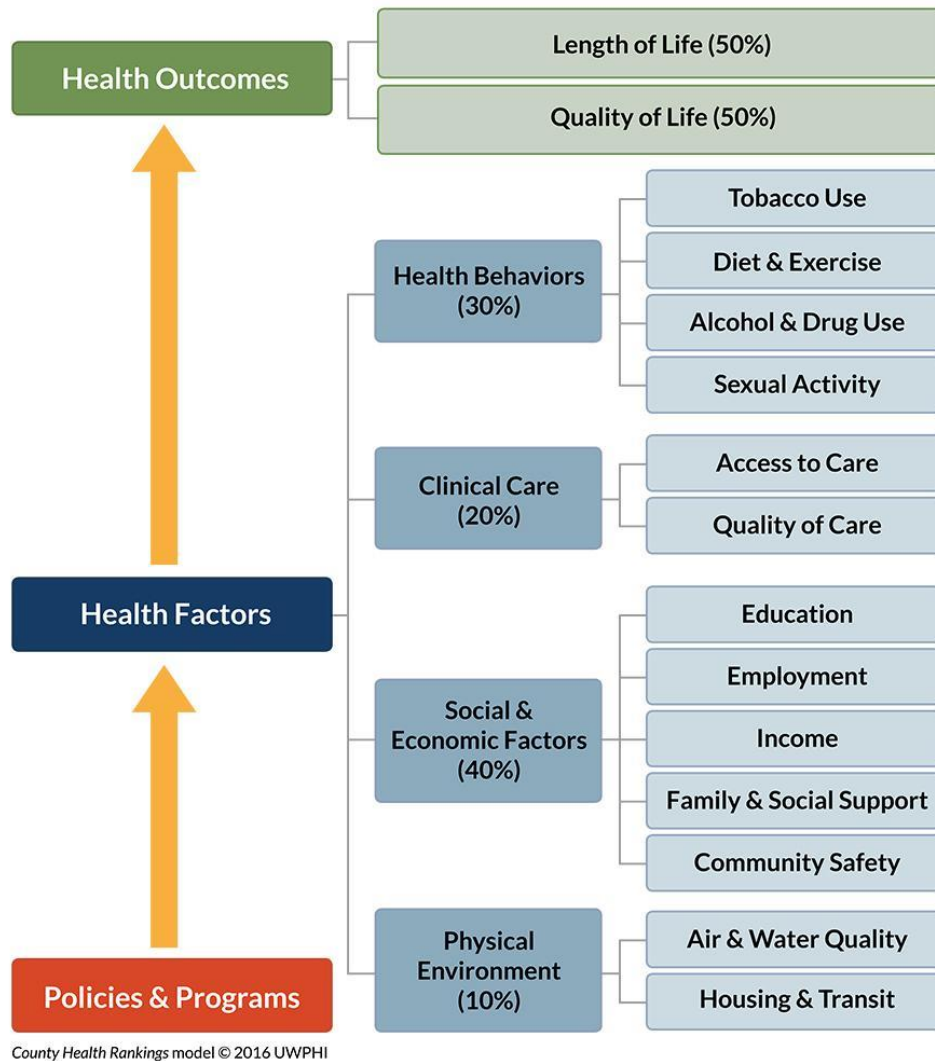
Table 2 characterizes concerns and possible resolutions that were unveiled during the key informant interviews. Ideas were discussed with members during a FCCC monthly meeting, and then transcribed into a list of action items to be addressed by the Council.

**Table 2: Concerns and resolutions from Key Informants**

Concerns/ Suggestions	Resolutions
Mission and goals of FCCC	Create a mission statement and amend it to the Bylaws
Lack of follow through with goals and plans of action	Draft and implement an Action Plan to complement our mission statement
Difficulty expanding FCCC without personnel	Establish sustainability that will support full time employee(s) indefinitely
Participation is unaffordable	<ul style="list-style-type: none"> <li>• Eliminate membership dues</li> <li>• Create sponsorships to cover travel expenses, ticketing/registration costs, etc.</li> </ul>
Bringing value to our membership	Offer agency referrals and staff appreciation events
Lengthy meetings each month	<ul style="list-style-type: none"> <li>• Eliminate networking time and distribute agency updates/communications via email</li> <li>• Limit networking time to monthly meetings with no assigned program</li> </ul>
Poor communication	Support continuous, fluent communication by providing frequent updates and correspondences on behalf of all members regarding events and new services available
Lack of visibility in the community	<ul style="list-style-type: none"> <li>• Represent FCCC as an entity at community events</li> <li>• Sponsor 3-4 signature events per year</li> </ul>
Fostering a welcoming environment	<ul style="list-style-type: none"> <li>• Encourage freedom of expression</li> <li>• Embrace members who serve Fairfield, but are not housed in the county</li> </ul>

## IV. Archival Data: Fairfield County Health Rankings

The County Health Rankings reports the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The County Health Rankings Model is depicted here.<sup>v</sup>



### A. Overall Rankings

The overall measure for the health of a county is called Health Outcomes, which includes both length of life and quality of life. For Health Outcomes in 2018, Fairfield County ranked 34<sup>th</sup> out of 46 counties in the state. Health Factors includes four criteria: health behaviors, clinical care, social and economic factors, and physical environment. In 2018, Fairfield County ranked 29<sup>th</sup> out of 46 counties for Health Factors.

## B. Areas of Strength

According to the County Health Rankings, Fairfield County has three areas of strength. Areas of Strength are defined as measures that have meaningful differences, in a more favorable direction, between the county's values and either the state average, the national benchmark, or the state average in the best state.<sup>vi</sup>

### i. Excessive Drinking



Fairfield County's rate for excessive drinking is 14%, compared to the state average of 18%. This is in line with some of the top performers in the United States, at 13%. Excessive drinking is defined as the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men)

alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.<sup>vii</sup> Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>viii</sup>

### ii. Preventable Hospital Stays

Fairfield County's rate for preventable hospital stays is 38 per 1,000, compared to the state average of 46 per 1,000. Some of the top performers in the United States are at 35 per 1,000. Preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.<sup>ix</sup>

### iii. Graduation Rates



Fairfield County's graduation rate is 93%, compared to the state average of 80%. Fairfield County's rate is much closer to the top performers in the United States at 95%. High School Graduation is the percentage of the ninth-grade cohort in public schools that graduates from high school in four years. It has been shown that as education increases, a person's overall health increases.<sup>x</sup> This measure is remarkable considering that in the 2012-2013 school year, the graduation rate for Fairfield County was at 76%, indicating a significant percentage point gain in the County, while state and national averages remained steady.

## C. Areas to Explore

Unfortunately, Fairfield County has thirteen areas to explore. Areas to Explore are defined as measures that have meaningful differences, in a less favorable direction, between the county's values and either the state average, the national benchmark, or the state average in the best state.<sup>xi</sup>

### i. Adult Smoking



This measure is the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Fairfield County's rate is 19%, which is nearly equal to the state's level at 20%. However, top U.S. performing states achieve a level of 14%. Cigarette smoking is identified as a leading cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.<sup>xii</sup>

### ii. Adult Obesity

Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>. Fairfield County's adult obesity rate is 39%, which far exceeds the top performing states at 26% and even the South Carolina average of 32%. Additionally, this measure for the county has gotten worse over time and is increasing faster than both the state and nationwide trends. Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.<sup>xiii</sup>

### iii. Food Environment Index



The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited access to healthy foods and 2) Food insecurity. Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined in rural areas as living less than 10 miles from a grocery store. "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. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.<sup>xiv</sup> Fairfield County's Food Environment Index is equal to the state of South Carolina at 6.0, as compared to 8.6 for top performing states.

**iv. Access to Exercise Opportunities**



This measure is the percentage of individuals in a county who live reasonably close (within a half mile) to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Fairfield County's rate is 23%, as compared to the top performing states at 91% and the South Carolina average of 54%.<sup>xv</sup>

**v. Alcohol Impaired Driving Deaths**

Alcohol-Impaired Driving Deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Fairfield County's rate is 45%, as compared to the South Carolina average of 37% and the top performing states at 13%.<sup>xvi</sup>

**vi. Sexually Transmitted Infections**

Sexually Transmitted Infections (STI) are measured as the chlamydia incidence (number of new cases reported) per 100,000 population. Chlamydia is the most common bacterial STI in North America. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death. STIs also have a high economic burden on society.<sup>xvii</sup> The STI rate for Fairfield County is 648.5 compared to 569.9 for the state and 145.1 for top performing states.

**vii. Some College**

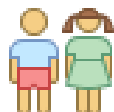


This measure is the percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. The relationship between higher education and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.<sup>xviii</sup> Fairfield County's rate is 47%, which is significantly lower than the South Carolina average of 62% and the top performing states at 72%.

**viii. Unemployment**

Unemployment is the percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide<sup>xix</sup>. Fairfield County's unemployment rate is 7% as compared to the state's rate of 4.8% and top performing states at 3.2%. It is important to note that this rate was calculated prior to significant recent business closures, as described in the SWOT Analysis section of this report.

**ix. Children in Poverty**



Children in Poverty is the percentage of children under age 18 living in poverty. Poverty can result in an increased risk of mortality, morbidity, depression, intimate partner violence, and

poor health behaviors.<sup>xx</sup> Fairfield County's rate is 32%, which is greater than the South Carolina average of 23% and far exceeds the top performing states at 12%.

**x. Income Inequality**

Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.<sup>xxi</sup> Fairfield County's rate is 5.9, as compared to the South Carolina average of 4.8 and the top performing states at 3.7.

**xi. Children in Single Parent Households**



This measure is the percentage of children in family households where the household is headed by a single parent (male or female head of household with no partner present). Fairfield County's rate at 60% exceeds the state's rate at 39%, and is more than double the top U.S. performing states at 20%. 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.<sup>xxii</sup>

**xii. Violent Crimes**

High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. The measure is the number of violent crimes reported per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault. Fairfield County's rate is 629, as compared to the South Carolina average of 521 and the top performing states at 62. Fairfield County has trended down in this measure over the last decade, with the height being 1204 in 2004.<sup>xxiii</sup>

**xiii. Long Commute - Driving Alone**

This measure is the percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day, which contributes to high blood pressure and high body mass index. Fairfield County's rate is 55%, as compared to the South Carolina average of 33% and the top performing states at 15%.<sup>xxiv</sup>



## D. Other Areas of Interest

As mentioned in the introduction, an impetus for this CHNA was the Healthy People, Healthy Carolinas grant, awarded in July 2017. This grant is focused on addressing chronic health issues such as obesity, diabetes, and heart disease. These other areas of interest are explored below.

### iv. Diabetes Prevalence

This measure is not included as an “area of concern” according to the methodology used by RWJF; however, it is an area of concern for Fairfield County residents. This measure is the percentage of adults aged 20 and above with diagnosed diabetes. According to the 2018 County Health Rankings, Fairfield County’s rate was 17%, exceeding the state’s rate at 13% and double that of the top U.S. performing states at 8%<sup>xxv</sup>.

### v. Heart Disease

According to the Fairfield County health profile by the SC Department of Health and Environmental Control (DHEC), Fairfield County’s prevalence of coronary heart disease in 2013-2015 was 3%, compared to the state’s prevalence at 4.7%.<sup>xxvi</sup>

### vi. Hypertension

Findings from the Community Health Survey showed that hypertension is a commonly occurring disease by residents (see Figure 17). According to the Fairfield County health profile by DHEC, Fairfield County’s prevalence of hypertension in 2013-2015 was 43.5%, compared to the state’s prevalence at 38.5%.<sup>xxvii</sup>

### vii. Childhood Obesity and Physical Activity

According to DHEC, the prevalence of obesity among children ages 2-17 in 2013-2015 was 22.8% for Fairfield County, as compared to 16.7% statewide. Only 23.7% of children in the county participate in 60 minutes or more of activity daily, as compared to 28.2% statewide.<sup>xxviii</sup>

### viii. Adult Physical Inactivity

Physical inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Physical inactivity is a risk factor for several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.<sup>xxix</sup> Fairfield County’s rate of physical inactivity is 29%, as compared to the South Carolina average of 25% and the top performing states at 20%.

### ix. Adult Substance Abuse

South Carolina Department of Alcohol and Other Drug Abuse Services (DOADAS) reported that Fairfield County is at a greater risk for alcohol-involved fatal traffic crashes. Of all fatal crashes in the county, 40.5% involve the usage of alcohol. The county also has a high rate of alcohol related hospitalizations and emergency room visits with 774 per 100,000 being alcohol related. The rate of opioid overdose related deaths in Fairfield County is 15 per 100,000, which is comparably greater than other county rates throughout the state. <sup>xxx</sup> Overall, South Carolina has experienced a



widespread increase in opioid usage. EMS personnel have been forced to increase the administration of opioid overdose reversal medication by 67% in the past three years. <sup>xxxi</sup>

**x. Adult and Adolescent Mental Health**

As reported by the Substance Abuse and Mental Health Services Administration (SAMHSA), results of the 2014 National Survey on Drug Use and Health (NSDUH) indicate that roughly 43.6 million adults are living with any mental illness (AMI) in the United States. Adults that have experienced at least one major depressive episode (MDE) in the past year account for 6.6% of the adult population. Of all adult MDE instances, young adults aged 18-25 report the greatest number at 9.3%. Indicators captured by the NSDUH provide estimates of mental illness among adolescents ages 12-17. It was estimated that 11.4% of adolescents experienced an MDE in the past year. The percentage of adolescents who used illegal drugs in the past year was greater among those who experienced an MDE in the past year, as compared to those who did not experience a MDE. <sup>xxxii</sup>

## V. Community Health Survey

The FCCC drafted a Community Health Survey to be distributed to residents of Fairfield County. The survey was developed using a sample survey provided by Eat Smart, Move More of South Carolina. After extensive discussion, FCCC members chose to utilize all questions from the sample survey, in addition to a few survey items from the CDC's Behavioral Risk Factor Surveillance System. Surveys were disseminated from November 8, 2017 to December 12, 2017. Surveys were made available through SurveyMonkey, an online surveying tool, and the link was emailed to FCCC members as well as other community leaders. Recipients were encouraged to complete the survey and to share the web link with staff and peers. Paper surveys were also made available to FCCC members for distribution to their clientele. Surveys were available in Spanish and English.

FCCC staff members also distributed paper surveys to churches enrolled in the Faith, Activity, and Nutrition (FAN) program, a church-based initiative spearheaded by the Prevention Research Center at the University of South Carolina in collaboration with the FCCC and Fairfield Behavioral Health Services.

In total, 845 surveys were collected representing 3.7% of Fairfield County's adult population as estimated by the 2016 census. Seventeen (17) surveys were voided due to being completed by out-of-county residents. Of the 828 valid surveys collected, 753 respondents answered every question or had no missing data. All valid surveys were used in the data below.

## A. Demographics

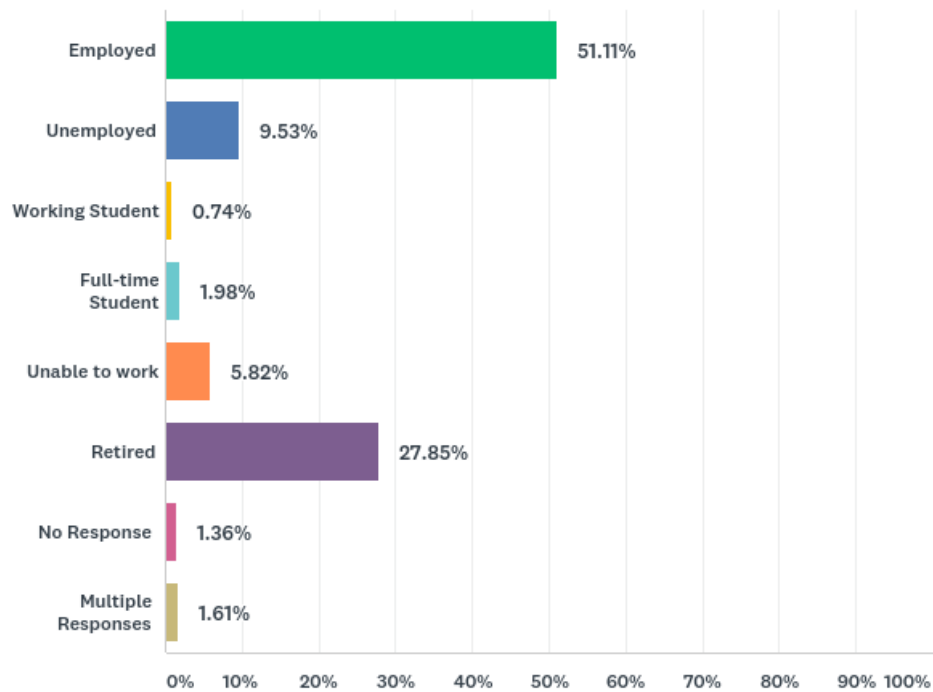
The following data, tables, and figures were generated using the SurveyMonkey data tool.<sup>xxxiii</sup> Descriptive demographics of Community Health Survey respondents are detailed in the table below.

**Table 3: Demographics of Community Health Survey respondents**

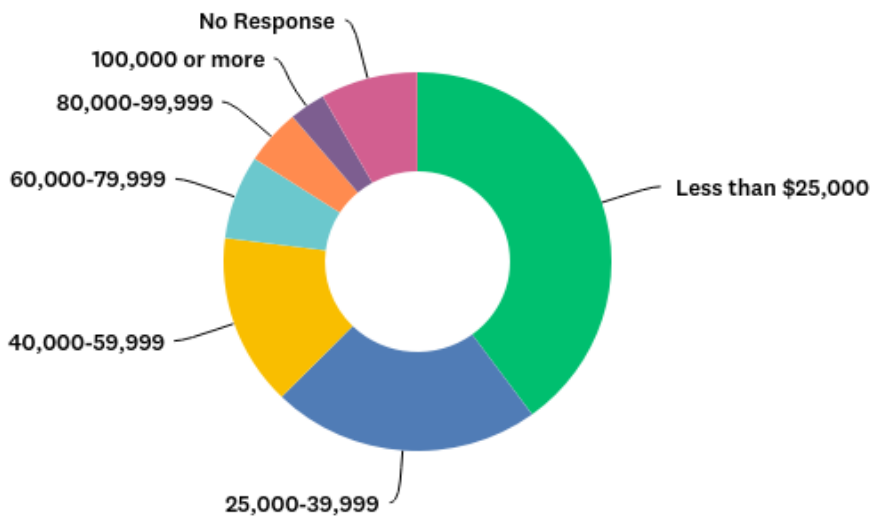
Demographic	Survey Respondents	
	Number	Percentage
<b>Zip Code</b>		
Blair 29015	5	0.6%
Great Falls 29055	21	2.7%
Jenkinsville 29065	15	1.9%
Ridgeway 29130	241	30.9%
Winnsboro 29180	491	62.9%
Straddling zip codes 29014, 29016, 29045, 29132	7	0.9%
<b>Age</b>		
18-25	73	8.83%
26-39	141	17.05%
40-54	163	19.71%
55-64	201	24.30%
65 or older	226	27.33%
<b>Gender</b>		
Female	523	63.16%
Male	259	31.28%
<b>Race</b>		
African American/ Black	678	82.28%
Asian/ Pacific Islander	2	0.24%
Native American	7	0.85%
Caucasian	116	14.08%
More than one	9	1.09%
<b>Ethnicity</b>		
Hispanic	6	0.73%
Non-Hispanic	735	88.88%

As illustrated in Figure 5, a majority of those surveyed are employed or retired. Roughly 1.4% of survey respondents (1.36%, n=11) did not provide an answer to this question or selected “Other” as the most fitting description of their job status. Options detailed as “Other” included self-employed, widowed, disabled, volunteer, and part time. At least 1.6% of survey respondents selected multiple answer choices for this question.

**Figure 5: Job Status**



**Figure 6: Household Income**



Survey respondents were asked to self-report their household income in dollars. Responses are summarized in Figure 6. Of our survey respondents, 39.9% described their household income as less than \$25,000. Household size was not accounted for in this measure. Non-response can be attributed to 8.1% of survey respondents who did not answer the question.

Survey respondents were asked to identify their highest level of education. Nearly 50% of survey respondents (49.5%, n=395) indicated high school as their highest level of education. While 13.4% of respondents did not finish high school, 31.9% of respondents matriculated into higher learning programs following high school. Reflected in Figure 7, 2.3% of respondents did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included military and currently enrolled in college.

**Figure 7: Highest Level of Education**

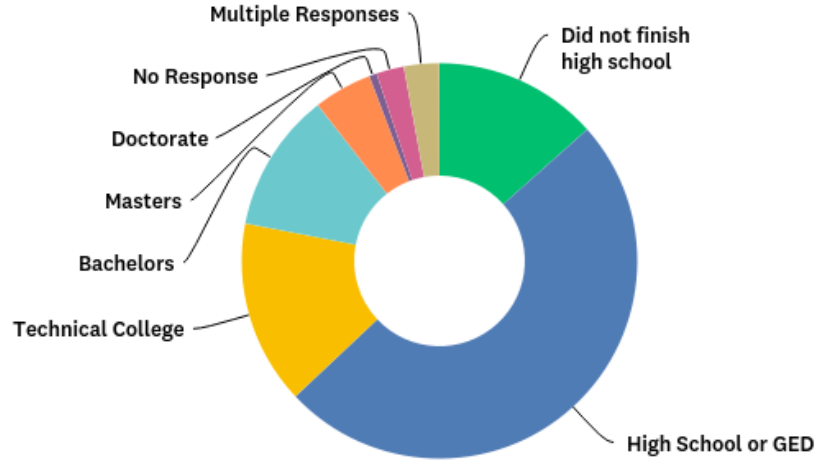
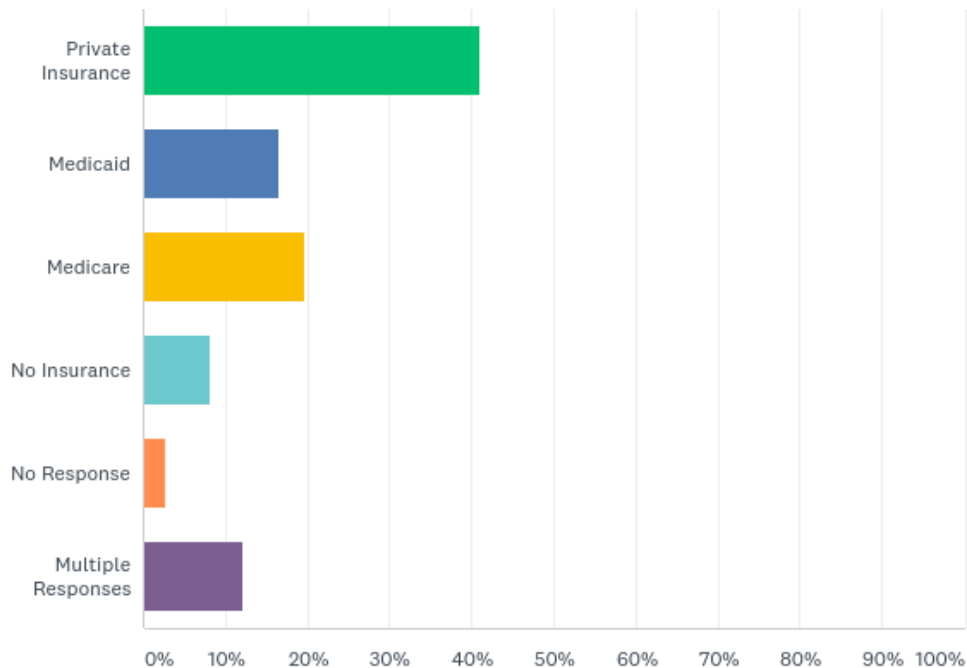


Figure 8 illustrates the spectrum of health care coverage in Fairfield County including private insurance, Medicare, and Medicaid. Non-response can be attributed to 2.6% of survey respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included:

- Employee-based insurance
- PEBA
- Parental insurance
- Insurance provided by the US Department of Veteran’s Affairs

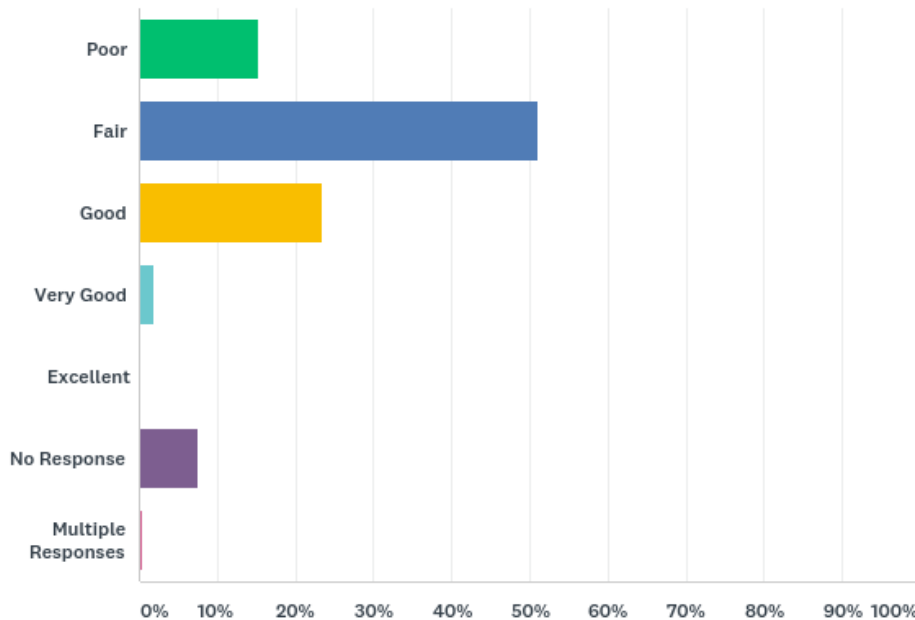
**Figure 8: Healthcare Coverage**



## B. Overall Rankings

When describing the overall health of their community, a majority of survey respondents (51.1%, n=423) selected the descriptive term “Fair.” A small percentage of survey respondents (7.6%, n=63) provided no response to this question. Results are detailed below in Figure 9.

**Figure 9: Overall Health of Fairfield County**



Survey respondents provided information concerning the perception of healthcare accessibility in their community. Respondents were asked to identify no more than three main reasons why people in their community do not seek health care.

“No insurance,” “No way to get there,” and “No family doctor” were the three most frequent reasons respondents gave for why people do not seek healthcare. Non-response can be attributed to 5.3% of survey respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included:

- Generally expensive healthcare services
- Lack of quality care
- Lack of trust in healthcare professionals
- Denial of care due to inability to pay
- Lack of knowledge

Results are detailed in Table 4.

**Table 4: Three Main Reasons for not Seeking Healthcare**

ANSWER CHOICES	RESPONSES	
No insurance	69.17%	561
No way to get there	41.92%	340
No family doctor	37.73%	306
Do not know where to go	32.43%	263
Cannot get time off	22.44%	182
Not sick	22.44%	182
Hours are not convenient	19.36%	157
No one to keep children	10.85%	88
No Response	5.30%	43
<b>Total Respondents: 811</b>		

Survey respondents sought to distinguish the three most important health concerns in their community. Given the options, we asked respondents to select no more than three answers. Having “good jobs/ healthy economy” was the most frequently cite factor and selected by 41.1% of survey respondents. “Access to affordable health care” and “acceptance off all people” were also commonly cited by respondents as identified by 36.5% and 29.5% of the sample, respectively. Non-response can be attributed to 5.2% of survey respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included:

- Personal choice/ commitment
- Education
- Discontinued Medicaid
- Access to an affordable facility

Results are detailed below in Table 5.

**Table 5: Three Most Important Factors for a Healthy Community**

<b>ANSWER CHOICES</b>	<b>RESPONSES</b>	
Good jobs/ healthy economy	41.12%	338
Access to affordable health care	36.50%	300
Acceptance of all people	29.56%	243
Access to healthy and affordable food	27.49%	226
Clean environment	25.91%	213
Strong faith and fellowship	22.38%	184
Neighbors helping neighbors	18.00%	148
Good schools	17.40%	143
Access to safe places to be active	15.69%	129
Access to safe and affordable housing	15.21%	125
Low crime	14.96%	123
Smoke free workplaces	9.25%	76
Low disease rates	8.03%	66
No response	5.23%	43
<b>Total Respondents: 822</b>		

## C. Healthy Lifestyles

A number of questions were used to assess perceptions and behaviors regarding physical activity and healthy eating among survey respondents. Respondents were first asked to identify community-wide barriers that may hinder physical activity and healthy eating. They then self-reported their individual behaviors regarding eating healthy foods and performing physical activity. The following measurements may provide a snapshot of factors that contribute to physical inactivity and poor diet, both of which are often contributors to adult obesity. Results are detailed in the following sections.

### i. Physical Activity

Survey respondents were asked to identify no more than three main reasons that prevent people from being physically active in their community. Detailed in Table 6, more than half of respondents (52.2%, n=426) contributed the lack of physical activity to “personal choice.” Respondents also frequently cited “no community events” and “too tired after working” as barriers to physical activity. Non-response can be attributed to 6.8% of survey respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included:

- Lack of recreation centers/gyms
- Psychosocial influences
- Transportation
- Disabilities
- Lack of knowledge
- Poor choices
- Entertainment technology

**Table 6: Respondent Perception of Barriers to Physical Activity**

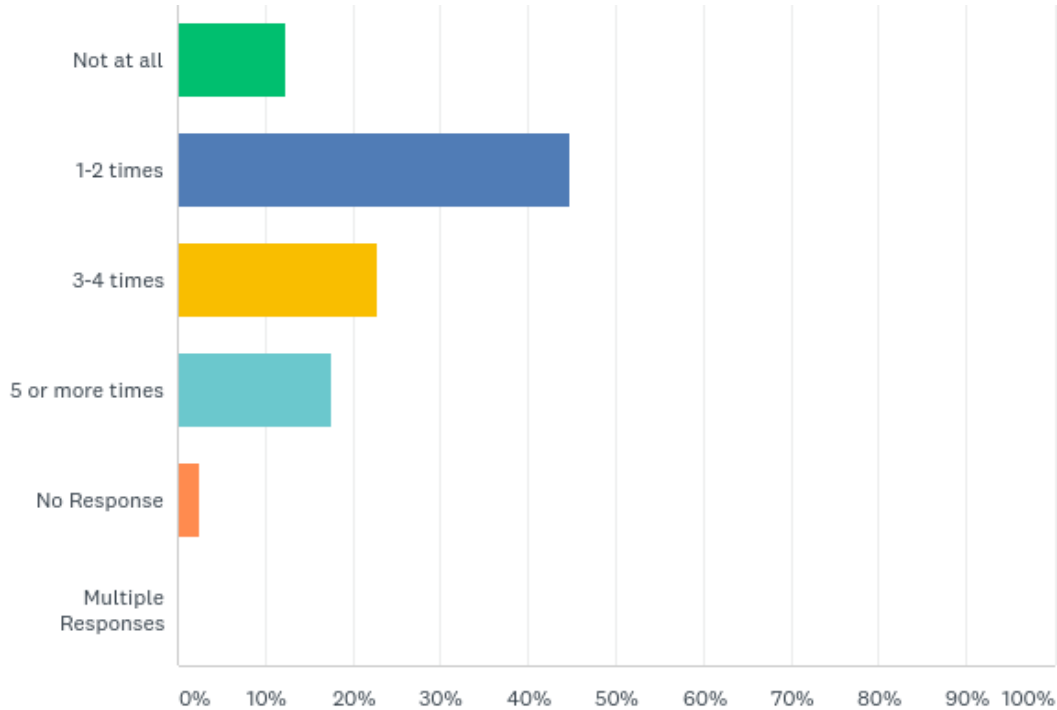
<b>ANSWER CHOICES</b>	<b>RESPONSES</b>	
Personal choice	52.21%	426
No community events	35.66%	291
Too tired after working	34.56%	282
Crime	31.00%	253
Heat/ Cold	25.74%	210
Poorly conditioned parks/ outdoor spaces	18.38%	150
Not enough sidewalks	17.28%	141
No street lights	14.09%	115
Stray dogs/ animals	11.64%	95
No parks/ outdoor spaces	11.64%	95
Traffic	8.33%	68
No Response	6.86%	56
Not enough bike lanes	3.80%	31
<b>Total Respondents: 816</b>		



Results of the following questions are self-reported behaviors provided by the sample concerning physical activity. Of those surveyed, 44.8% acknowledged that they were physically active at least once or twice within the past week. Less than 1% of survey respondents (0.1%, n=1) selected multiple responses to the question. Non-response can be attributed to 2.4% of survey respondents who did not answer the question.

Results are detailed below in Figure 10.

**Figure 10: Respondent Reported Frequency of Physical Activity**



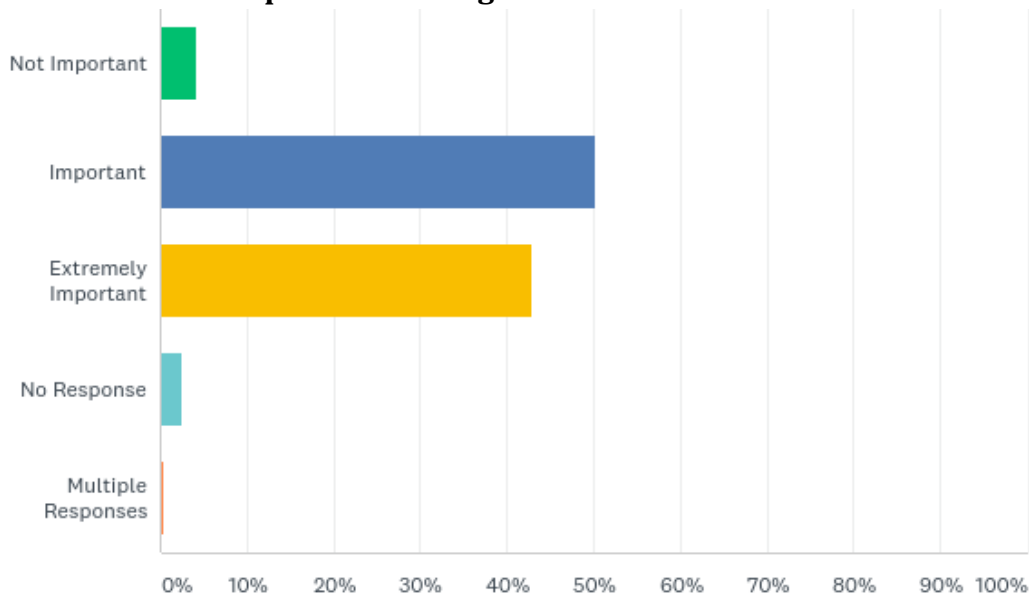
**Table 7: Respondent Reported Duration of Physical Activity**

ANSWER CHOICES	RESPONSES	
20 minutes	32.25%	267
30 minutes	25.36%	210
60 minutes or more	15.10%	125
0 minutes	14.37%	119
45 minutes	9.78%	81
No Response	2.90%	24
Multiple Responses	0.24%	2
<b>Total Respondents: 828</b>		

Respondents were then asked to quantify how much time they spend performing physical activity on a typical day. Table 7 illustrates that a majority of respondents (32.2%, n=267) engage in about 20 minutes of physical activity a day. Less than 1% of survey respondents (0.2%, n=2) selected multiple responses to the question. Non-response can be attributed to 2.9% of survey respondents who did not answer the question.

Respondents had an opportunity to rank the importance of regular exercise as “Not Important,” “Important,” or “Extremely Important.” Half of respondents ranked regular exercise as “Important,” while 42.9% of respondents stressed that exercise is “Extremely Important.” Less than 1% of survey respondents (0.3%, n=3) selected multiple responses to the question. Non-response can be attributed to 2.5% of survey respondents who did not answer the question. Results are detailed below in Figure 11.

**Figure 11: Perceived Importance of Regular Exercise**



**ii. Healthy Eating**

The community health survey measured barriers to eating healthy foods as related to access, affordability, quality, and personal preference. Survey respondents were asked to identify no more than three main reasons that prevent people in their community from eating healthy foods. Most respondents (62.9%, n=516) related the lack of healthy food consumption to “eat fast food regularly.” “Don’t cook at home” and “too expensive” were the next two most commonly cited reasons for not eating healthy foods (reported by 53.2% and 53.1% of the sample, respectively). Non-response can be attributed to 5.2% of survey respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included:

- Lack of knowledge
- Cultural norms and habits
- Outdated food
- Psychosocial influences.

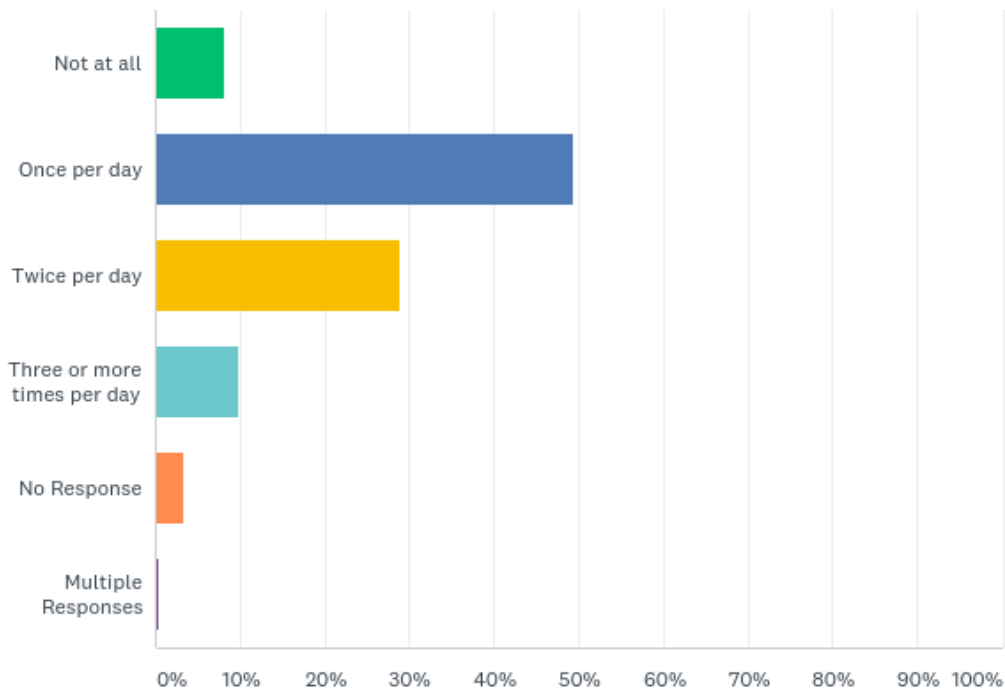
Results are detailed below in Table 8.

**Table 8: Respondent Perception of Barriers to Healthy Food Consumption**

ANSWER CHOICES	RESPONSES	
Eat fast food regularly	62.93%	516
Don't cook at home	53.17%	436
Too expensive	53.05%	435
Too tired after work	25.49%	209
No grocery stores nearby	18.41%	151
No farmer's market	17.68%	145
Stores don't have quality produce	15.61%	128
No community gardens	14.27%	117
No Response	5.24%	43
Stores don't accept SNAP/EBT/WIC	3.90%	32
<b>Total Respondents: 820</b>		

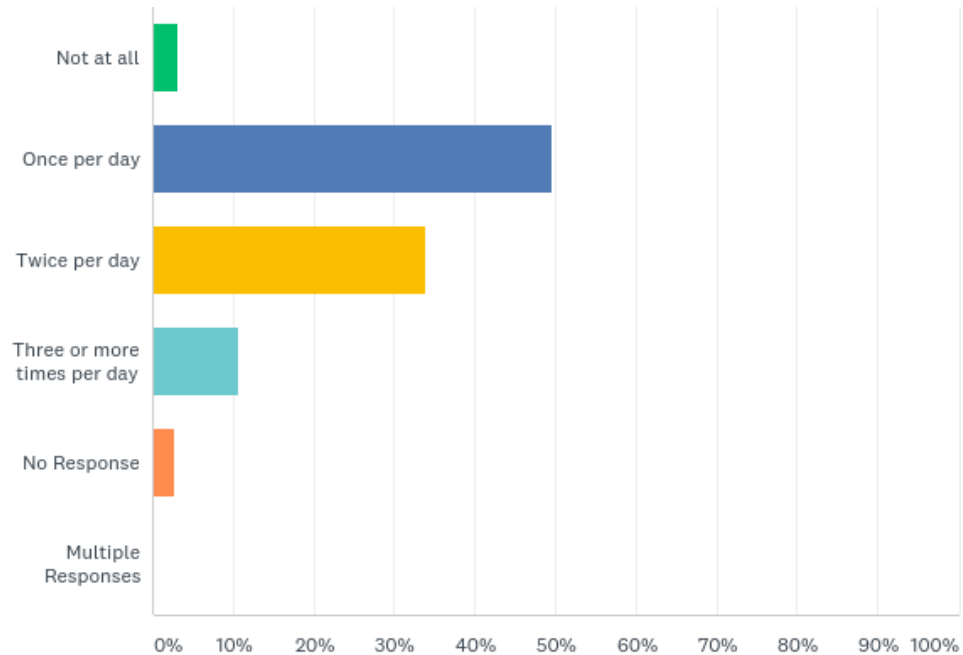
Results of the following questions are self-reported behaviors, provided by the survey population, concerning produce consumption and methods of food preparation. Survey respondents were asked to assess the frequency of their daily fruit consumption. Almost half of respondents (49.4%, n=409) acknowledged eating a serving of fruit at least once per day. Less than 1% of respondents selected multiple responses to the question. Non-response can be attributed to 3.4% of survey respondents who did not answer the question. Results are illustrated below in Figure 12.

**Figure 12: Respondent Reported Frequency of Fruit Consumption**

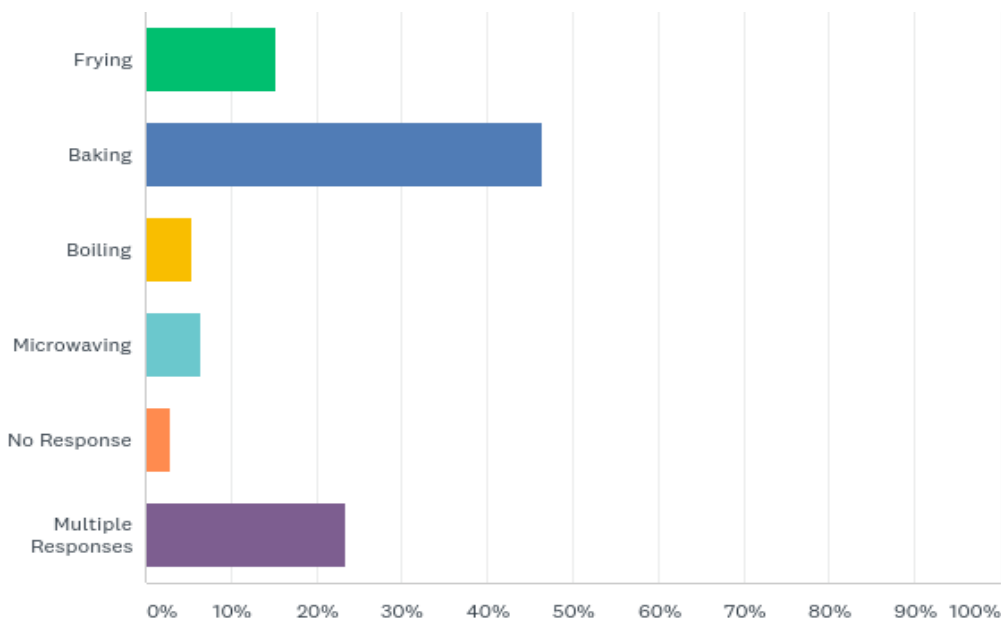


Frequency of daily vegetable consumption was also reported by survey respondents. Almost half of respondents (49.6%, n=411) reported eating a serving of vegetables at least once per day. Results are detailed below in Figure 13.

**Figure 13: Respondent Reported Frequency of Vegetable Consumption**



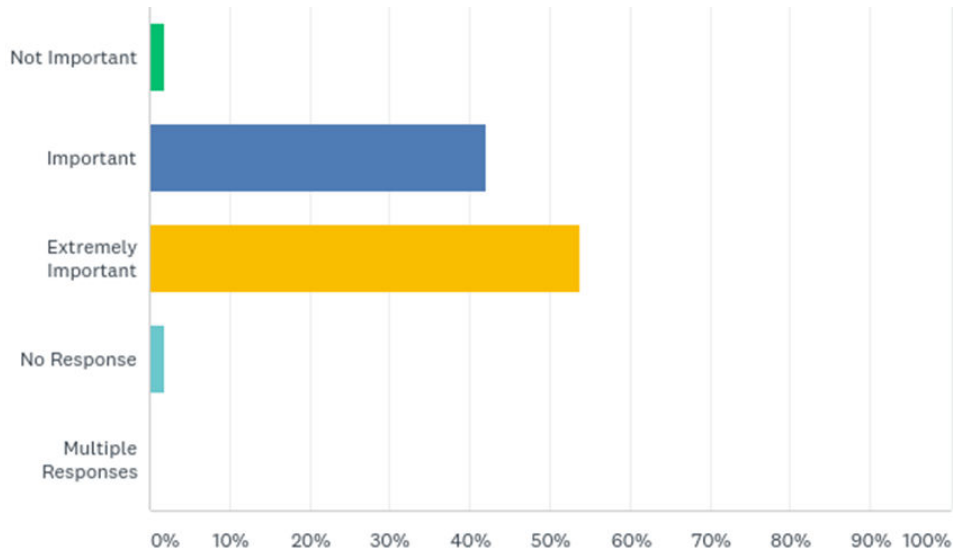
**Figure 14: Respondent Reported Food Preparation**



The health survey also inquired about food preparation. Survey respondents were asked to identify the method most often used to prepare their food given the options of frying, baking, boiling, and microwaving. The largest number of respondents (46.5%, n=385) reported baking as their most frequent method of cooking while 15.2% selected frying. Nearly a quarter of respondents (23.4%, n=194) selected multiple methods of cooking as their answer choice. Results are illustrated in Figure 14.

Survey respondents were asked to rank the importance of eating fruits and vegetables regularly as “Not Important,” “Important,” or “Extremely Important.” More than half of respondents (53.8%, n=446) ranked eating fruits and vegetables as “Extremely Important.” Furthermore, 42% of respondents ranked the item as “Important.” Less than 1% of survey respondents (0.2%, n=2) selected multiple responses to the question. Non-response can be attributed to 1.9% of survey respondents who did not answer the question. Results are illustrated in Figure 15.

**Figure 15: Perceived Importance of Eating Produce Regularly**

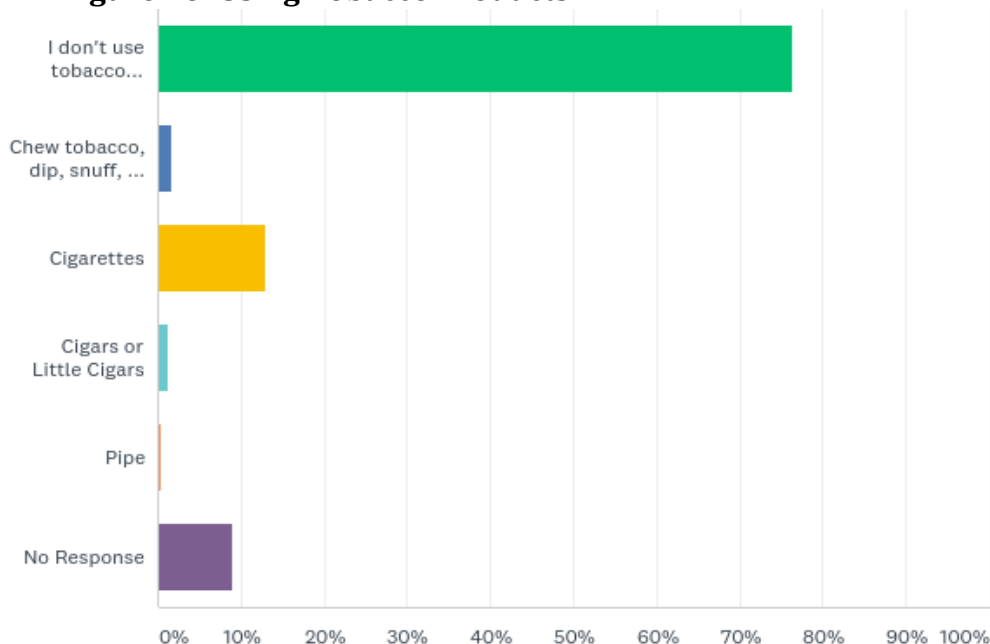


#### D. Tobacco Use

##### i. Adult Smoking

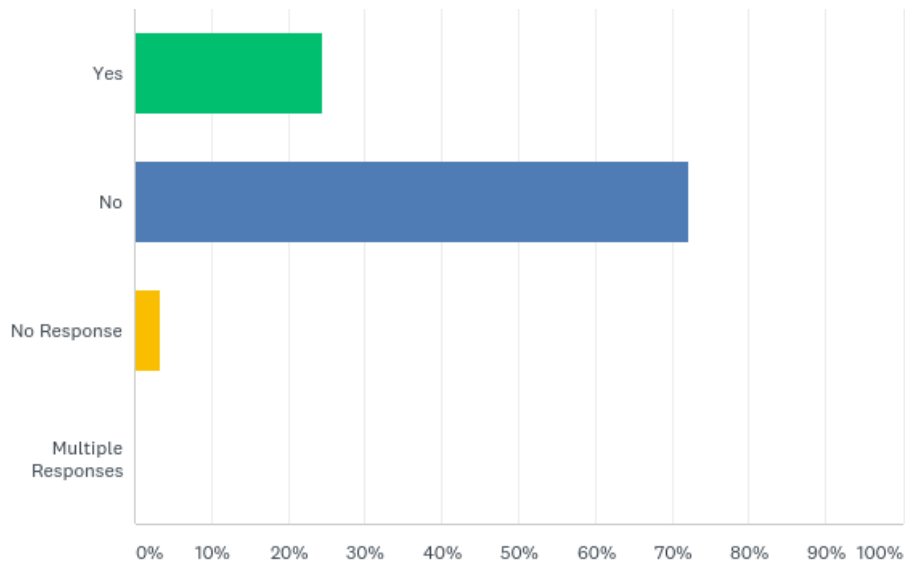
According to survey results, 76.4% of respondents answered that they do not use any tobacco products. A limited number of respondents (16.5%, n=134) reported using some form of tobacco including chew tobacco, dip, snuff, cigarettes, cigars, and pipe. Non-response can be attributed to 8.9% of respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included “occasionally” and “none of the above.” Results are detailed in Figure 16.

**Figure 16: Using Tobacco Products**



Survey questions also inquired about exposure to secondhand smoke. While 72% of survey respondents indicated that they are not exposed to secondhand smoke, a number of respondents (24.4%, n=201) expressed that they experience secondhand smoke exposure. Less than 1% of respondents (0.2%, n=2) selected multiple responses to the question. Non-response can be attributed to 3.3% of survey respondents who did not answer the question. Results are detailed in Figure 17.

**Figure 17: Exposure to Secondhand Smoke**



**E. Chronic Diseases**

A number of questions were used to assess respondents’ perceptions regarding and prevalence of chronic disease among survey respondents. Respondents were asked to identify no more than three compelling health concerns within their community. They then reported whether they have been diagnosed with a specific chronic disease. Results are detailed in the following sections.

**i. Health Conditions Perceived to be of Greatest Concern in Community**

High blood pressure was identified most frequently by survey respondents (41.3%, n=341) as the greatest health concern in their community. Additionally, overweight/ obesity received a significant number of responses at 38.9%. Many respondents also selected diabetes and heart disease, 38.5% and 27.7% respectively, suggesting that these chronic conditions are of great concern to the population as well. Non-response can be attributed to 5.2% of respondents who did not answer the question or selected “Other” as their only response. Responses categorized as “Other” included unaffordability of healthcare, depression, and crime.

Results are detailed below in Table 9.

**Table 9: Three Most Important Community Health Concerns**

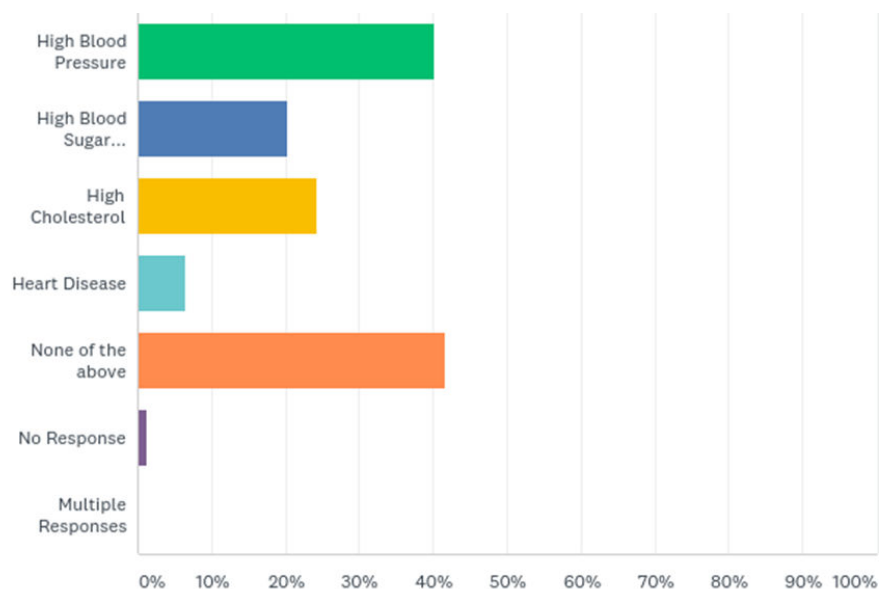
ANSWER CHOICES	RESPONSES	
High Blood Pressure	41.33%	341
Overweight/ Obesity	38.91%	321
Alcohol Use	38.55%	318
Diabetes	38.55%	318
Heart Disease/ Stroke	27.76%	229
Drug Use	24.48%	202
Cancer	24.36%	201
Arthritis	16.00%	132
Tobacco Use	11.76%	97
Alzheimer's/ Dementia	10.06%	83
Mental Health	9.58%	79
HIV/AIDS/STDs	7.76%	64
No Response	5.21%	43
Infant Death	0.36%	3
<b>Total Respondents: 825</b>		

**ii. Self-Reported Chronic Health Conditions**

Survey respondents were asked to report if they have been diagnosed with a chronic disease by a doctor, nurse or other health care provider. Many respondents (41.6%, n=344) expressed having never been diagnosed with a chronic condition. Of all respondents, 40% indicated having been diagnosed

with high blood pressure. Next most frequent was high cholesterol (24.1%, n=200), then high blood sugar (diabetes, 20.3%). Although indications of heart disease were low (6.4%, n=53), high blood pressure, high cholesterol and high blood sugar are all risk factors for developing cardiovascular disease. Results are detailed in Figure 18.

**Figure 18: Chronic Disease Prevalence**





## VI. SWOT Analysis

Fairfield County has experienced a multitude of community changes that have affected its public health system and will continue to have an impact for years to come. Many of these changes have been unforeseen events; however, some forces are trends or patterns that could be optimized for community improvement. It was determined that a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis would be the most effective tool in identifying these dynamic factors as community threats and opportunities.

The analysis incorporated internal strengths and weaknesses from the Community Engagement Measurement Index (CEMix) completed by the FCCC. <sup>xxxiv</sup>

### Strengths

- Faith-based efforts
- Committed members
- Strong partnerships
- Diversity
- Knowledge and expertise
- Membership dues/buy-in
- Organizational structure
- Respected in the community
- 20+ year history
- Members live in the community

### Weaknesses

- Gaining community trust
- Visibility in the community
- Agency identity/ signature event
- Communication
- New member recruitment/ orientation processes
- Community engagement
- Existing silos
- Transportation barrier (refer to question 12 of the community health survey)
- Cannot attract new employers

Community leaders within FCCC who are rooted in the county and submerged in its happenings were recruited to participate in the analysis of external factors, known as opportunities and threats. Six individuals were interviewed to discuss trends, factors, and events that could be categorized as social, economic, political, technological, environmental, scientific, legal, or ethical changes.

## Opportunities

- National legislative focus on rural community problems
- Addition of freestanding emergency room operated by Providence Health
- Focus on health insurance market may foster positive changes
- Proper funding could permit the usage of existing county resources to combat unforeseen consequences of recent events
- Using challenges to recruit new partners
- Funnel all resources through one interagency group

## Threats

- New tax law
- Closing of Fairfield Memorial Hospital
  - Loss of a care provider, information hub, and community advocator
  - Could hinder new physician recruitment
- Discontinued expansion of V.C. Summer Nuclear Station
- Lack of funding and job turnover within local agencies
- Large employers closing businesses
- Uncertainty of healthcare market
- Drug use may increase due to job loss and economic hardships
- Aging primary care provider population

## **VII. Conclusion**

Fairfield County has developed many areas of strength including low rates of excessive drinking and preventable hospital stays and high graduation rates. However, the identified areas to explore are significant risk factors for chronic diseases that plague the county such as obesity, diabetes, and hypertension.

The County's adult obesity rate is increasing faster than both state and nationwide trends. Prevalence rates of diabetes and high blood pressure are greater within the county as compared to the South Carolina and top performing states in the US. Correspondingly, these health conditions were a few of the most frequently cited diagnoses by survey respondents, as well as identified as major health concerns in the community.

The rate of physical inactivity in Fairfield County is higher than the state and top performing states. The county also scored low on the Food Environment Index which may suggest that improvements must be made to the access to healthy foods.

Economic instability has also created a taxing environment for residents in relation to socioeconomic factors and health outcomes. In order to decrease the prevalence of chronic disease and improve overall health outcomes for county residents, prevention and health promotion undertakings must revolve around the needs of this unique rural community.

## Appendix A: Fairfield County Resource Inventory

<b>Medical Offices and Hospitals</b>		
<b>Carolina Podiatry Group, Inc.</b>	<a href="http://www.carolinapodiatry.net/">http://www.carolinapodiatry.net/</a> 803-285-1411	Podiatry
<b>Dr. Philip C. Wilkins, DMD</b>	124 North Congress Street Winnsboro, SC 29180 803-635-6162	Dentistry
<b>Dr. Robert Keroson, Chiropractor</b>	143 US Hwy 321 Bypass Winnsboro, SC 29180 803-635-3211	Chiropractic
<b>Eye Associates of Winnsboro</b>	1007 Kincaid Bridge Road Winnsboro, SC 29180 803-635-6496	Optometry
<b>Fairfield Diabetes Education Center</b>	P.O. Box 620 116 US Hwy 321 Bypass, N Winnsboro, SC 29180 803-712-0364 Fax: 803-712-1384	Earnestine Williams, RD, CDE Provides outpatient information, support and teaching for adults and children diagnosed with diabetes: Type I, Type II, Pre-diabetes, and gestational diabetes
<b>Fairfield Medical Associates</b>	880 West Moultrie Avenue Winnsboro, SC 29180 803-635-6461	Family Practice
<b>Fairfield Memorial Hospital</b>	P.O. Box 620 102 US Hwy 321 Bypass, N Winnsboro, SC 29180 803-635-0233	Suzanne Doscher, CEO
<b>John A. Primary Health Care Center</b>	56 US Hwy 321 Bypass, N Winnsboro, SC 29180 803-635-6099 Fax: 803-635-6343	Family and Obstetrical Care
<b>Lake Monticello Healthcare Center</b>	12 Meadow Lake Road Blair, SC 29201 803-945-7596 Fax: 803-945-7596	Family Practice
<b>Ridgeway Family Practice</b>	755 US Hwy 21 South Ridgeway, SC 29130 803-337-2920	Family Care and Dental Services
<b>Winnsboro Pediatric and Family Medicine</b>	P.O. Box 326 1136 Kincaid Bridge Road, Ste. A Winnsboro, SC 29180 803-635-1052 Fax: 803-635-2297	Non-profit clinic servicing the uninsured, homeless, as well as insured. Medical services include family, pediatrics, podiatry and services for persons having HIV
<b>Health Agencies</b>		
<b>American Cancer Society</b>	128 Stonemark Lane Columbia, SC 29210 803-750-1693	Dedicated to funding and conducting research, sharing expert information, supporting patients, and spreading the

American Red Cross	Toll Free: 1-800-227-2345 219-A North Congress Street Winnsboro, SC 29180 803-635-5779	word about cancer prevention Crisis relief and emergency preparation
Eat Smart, Move More Fairfield County	P.O. Box 620 116 US Hwy 321 Bypass, N Winnsboro, SC 29180 803-712-0364	Earnestine Williams, RD, CDE, Chair Local branch of a statewide coalition that coordinates obesity prevention efforts across the state and leads the implementation of South Carolina's Obesity Prevention Plan
Fairfield Behavioral Health Services	P.O. Box 388 200 Calhoun Street Winnsboro, SC 29180 803-635-2335 Fax: 803-635-9695	Vernon Kennedy, Executive Director Alcohol, tobacco and other drug counseling, behavioral counseling, prevention services, and ADSAP for DUI offenders
Fairfield County Mental Health Clinic/ Dayspring Program	1073 US Hwy 321 Bypass, S Winnsboro, SC 29180 803-635-4689	Greg Oates, Director Outpatient Mental Health Services
Fairfield Healthcare Center	117 Bellfield Road Ridgeway, SC 29130 803-337-2257	A Laurel Baye Healthcare facility skilled in intermediate care
Federation of Families	810 Dutch Square Blvd. Suite 486 Columbia, SC 29210 803-772-5210	Nonprofit organization serving families of children with any degree of emotional, behavioral or psychiatric disorder
PruittHealth- Ridgeway	213 Tanglewood Court Ridgeway, SC 29130 803-337-3211 Fax: 803-337-8124	24-hour nursing care, progressive rehabilitation, Medicare & Medicaid certified, skilled and intermediate care, short or long-term care, private and semi-private accommodations
Sickle Cell Foundation James R. Clark Memorial	96 US Hwy 321 Bypass, N Winnsboro, SC 29180 803-712-9945	Optimizes the social, psychological, and physiological well-being of individuals with sickle cell disease and decrease the incidence of sickle cell disease through genetic screening, counseling and education
South Carolina Department of Health and Environmental Control	P.O. Box 270 1136 Kincaid Bridge Road Winnsboro, SC 29180 803-635-6481 Fax: 803-635-1410	Health Department
South Carolina Vocational Rehabilitation	P.O. Box 266 Winnsboro, SC 29180 803-635-5421	Prepares and assists eligible South Carolinians with disabilities to achieve and maintain competitive employment
Upper Midlands Rural Health Network	P.O. Box 1537 Chester, SC 29706 803-377-8026	Karen Nichols, Executive Director Improves health in Chester, Fairfield and Lancaster counties through a collaboration of a diverse group focused

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on access to care, health promotion, and education

## Human Services

Fairfield County Board of Disabilities and Special Needs	P.O. Box 367 410 West Washington Street Winnsboro, SC 29180 803-635-2154 Fax: 803-635-1064	Disabilities and Special Needs Advocacy
Fairfield County Department of Social Services	P.O. Box 210 1136 Kincaid Bridge Road Winnsboro, SC 29180 803-635-5502 Fax: 803-635-2322	Reese Palmer, Director Promotes the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families
Palmetto Citizens Against Sexual Assault	106 North York Street Lancaster, SC 29720 803-635-8021 Toll Free: 1-800-790-8537	Promotes quality direct services to victims of sexual abuse, and interpersonal violence including, crisis intervention, face to face support, legal advocacy, medical advocacy, transportation, information and referral, and increasing public awareness

## Other Agencies

Boy Scouts of America- Indian Waters Council	715 Betsy Drive Columbia, SC 29210 803-750-9868 Fax: 803-750-9855	Youth program that helps young boys develop academic skills, self-confidence, ethics, leadership skills, and citizenship skills
Central Midlands Council of Governments	236 Stoneridge Drive Columbia, SC 29210 803-376-5390 Fax: 803-376-5394	Assists local governments to develop local and regional plans within the four midlands counties of South Carolina in addition to providing planning and technical support to improve the quality of life
Chameleon Inspirations Learning Center	P.O. Box 205 Cedar Terrace Winnsboro, SC 29180 803-815-0833	Vanessa Hollins, Director Educational organization that provides supplemental academic and enrichment educational opportunities to children in the K-6 <sup>th</sup> grade levels and their family members
Clemson Extension of Fairfield County	96 US Hwy 321 South Winnsboro, SC 29180 803-635-4722 Fax: 803-635-4918	Jennifer Stevens, Fairfield County 4-H Agent Primary public service outreach for Clemson University that improves the economy, environment, and well-being of South Carolinians through the delivery of unbiased, research-based information and education
Department of Juvenile Justice	P.O. Box 60 Winnsboro, SC 29180	Treatment and rehabilitative agency for South Carolina juveniles

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	803-712-6533 Fax: 803-635-2767	
Fairfield Community Food Bank	105 Thornwell Street Winnsboro, SC 29180 803-635-9234	Open Tues & Thurs mornings, 10-12AM Provides a limited supply of free, non-perishable food to persons or families living in Fairfield County who are in need and are referred by partner human service agencies
Fairfield County Adult Education	542 Fairfield Street Winnsboro, SC 29180 803-635-7823 Fax: 803-635-3241	Gordon Odyssey Academy Adult Education Program
Fairfield County Chamber of Commerce	P.O. Box 297 Winnsboro, SC 29180 803-635-4242 Fax: 803-712-2996	Promotes the economic development of Fairfield County to better serve the needs of our community, its citizens and businesses
Fairfield County Council on Aging	210 East Washington Street Winnsboro, SC 29180 803-635-3015	Angela Connor, Executive Director Point of application for home-delivered meals, transportation to medical appointments, and volunteer opportunities. The agency also provides administrative resources for the Winnsboro Senior Center
Fairfield County Economic Development	Ty Davenport, Economic Development Director P.O. Drawer 60 Winnsboro, SC 29180 803-712-1923	Aims to increase economic opportunities for its residents and enhance the quality of life within its communities
Fairfield County Genealogical Society	P.O. Box 93 231 South Congress Street Winnsboro, SC 29180 803-635-9811 Fax: 803-815-9811	Genealogical Education
Fairfield County Library	300 West Washington Street Winnsboro, SC 29180 803-635-4971 Fax: 803-635-7715	Eric Robinson, Director Public Library
Fairfield County Library Ridgeway Branch	175 South Palmer Street Ridgeway, SC 29130 803-337-2068	Mike Poole, Branch Librarian Public Library
Fairfield County Museum	P.O. Box 6 231 South Congress Street Winnsboro, SC 29180 803-635-9811 Fax: 803-815-9811	Pelham Lyles, Curator Preservation of Historic Fairfield County through the collection of significant artifacts and interpretation of the personal stories of its citizens
Fairfield County Recreation Department	P.O. Box 73 1851 US Hwy 321 Bypass, N Winnsboro, SC 29180	Development and maintenance of recreational facilities and programs for Fairfield County residents

	803-635-9114 Fax: 803-635-5132	
Fairfield County School District	836 US Hwy 321 Bypass, S Winnsboro, SC 29180 803-635-1441	Dr. J. R. Green, Superintendent Public Education
Fairfield County Sheriff's Office	P.O. Box 387 350 Columbia Road Winnsboro, SC 29180 803-635-4141 ext. 130 Fax: 803-635-3325	Will Montgomery, Sheriff Law Enforcement
Fairfield Gleamns Head Start	Winnsboro, SC 29180 803-635-1175 or 803-712-1115	Education
First Steps of Fairfield County	P.O. Box 215 101 North Congress Street Suite 1 Winnsboro, SC 29180 803-635-1590 Fax: 803-635-6873	Patti Wilkes, Executive Director Public-private partnership to increase school readiness outcomes for children
Girl Scouts of SC- Mountains to Midlands, Inc.	P.O. Box 23889 130 Pinnacle Point Court Suite 100 Columbia, SC 29223 803-461-3738 Toll Free: 1-800-849-4475 ext. 3788	Shamieka Sims, Community Development Manager Builds girls of courage, confidence, and character, who make the world a better place
Good Samaritan House	205 South Congress Street Winnsboro, SC 29180 803-635-6986	Jimmy Burroughs, Executive Director Social Service and Welfare agency that offers food, shelter and assistance
Midlands Fatherhood Coalition	P.O. Box 1032 201 Moultrie Street Winnsboro, SC 29180 803-815-0447 Fax: 803-815-0451	Rudolph Walker, Director Nonprofit with a mission to help fathers overcome the barriers to being a responsible and involved father
Rotary Club of Winnsboro	Meetings: Every Tuesday at 1PM Fairfield Motel Meeting Room 56 US Hwy 321 Bypass, N Winnsboro, SC 29180	Civic Organization
SisterCare, Inc.	P.O. Box 1029 Columbia, SC 29202 803-635-0505 Fax: 803-794-0098 Crisis line: 803-765-9428	Chris Johnson, Asst. Coordinator of Community Intervention & Prevention Provides services and avocation for domestic violence survivors and their children, and promoting the prevention of domestic violence through community awareness and training
Social Security Administration	1111 Broad Street Camden, SC 29020	Financial Protection



	803-635-1490 Toll Free: 1-800-772-1213	
South Carolina Legal Services	214 Johnston Street Rock Hill, SC 29731 803-327-9001 Fax: 803-327-7105 Toll Free: 1-800-922-3853	Provides free legal services in a wide variety of non-criminal legal matters to eligible low income residents of South Carolina
South Carolina National Guard	1 National Guard Road Columbia, SC 29201 803-299-4200	Military
South Carolina Railroad Museum	110 Industrial Park Road Winnsboro, SC 29180 803-712-4135 or 803-635-9893	Historic preservation of Fairfield County railroads
South Carolina Trails	<a href="http://www.sctrails.net">www.sctrails.net</a>	Provides technical assistance, awards and manages grants. Serves as a clearinghouse for the variety of trail related activity across the State
South Carolina Works	414-A South Congress Street Winnsboro, SC 29180 803-635-2292	Wendy Wright, Center Operations Manager Provides employment assistance to South Carolinians
United Way of the Midlands	P.O. Box 152 Columbia, SC 29202 803-733-5400	Connects and inspires all sectors of society to create long-term social change that produces healthy, well-educated and financially-stable individuals and families
Veteran's Affairs	P.O. Box 456 96 US Hwy 321 South Winnsboro, SC 29180 803-635-4131 Fax: 803-815-0585	Assists veterans and their dependents with accessing federal benefits and assistance programs that are in place to support military veterans and their families
Winnsboro Department of Public Safety	P.O. Box 209 117 West Washington Street Winnsboro, SC 29180 803-635-4511 Fax: 803-635-1301	Law Enforcement
Winnsboro Lions Club	Meetings: 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesday Location: China Buffet, 60 US Hwy 321 Bypass, N Winnsboro, SC 29180	Civic Organization

## Appendix B: Key Informant Interview Script

### Key Informant Interview Questions – FCCC Members

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Committees: \_\_\_\_\_

1. Please tell me about your organization and the services you provide.
2. Please describe your position within your organization and how long you have held it.
3. How long have you been involved with the FCCC?
4. How would you rate FCCC's collaboration on a scale from 1-5, (5 being the highest)?
5. What are areas of strength of FCCC?
6. What are areas of weakness for FCCC?
7. Are your organizational needs being met through your work with FCCC? If not, how can the FCCC bring value to your organization?
8. What are your thoughts/ideas about the new Healthy People Healthy Carolinas grant?
9. Are there other organizations the FCCC could partner with? Can you facilitate an introduction for me?

### Discussion Topics

1. FCCC building trust within the community
2. FCCC establishing visibility within the community
3. Express opinions on difficulty to engage citizens in a rural community
4. Express concerns about the communication barrier
5. Ideas on soliciting more community involvement in FCCC (individual and organizational—broader range of representatives)
6. Is your organization a 501 (c) (3)?
7. Have you ever considered participating in Midlands Gives?

## Appendix C: Community Health Survey



### Community Health Survey

The purpose of this survey is to obtain information regarding the community perception of health conditions in Fairfield County. The results of this survey will be used in a Community Health Needs Assessment being conducted by the Fairfield Community Coordinating Council. Your individual responses will remain confidential. This survey is optional. If you have already completed this survey, please do not complete again.

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1. What county do you live in?                   **FAIRFIELD**

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2. What is your zip code?

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3. Age:     18-25         26-39         40-54         55-64         65 or older

---

4. Gender:     Male     Female

---

5. Race:

African American/ Black         Asian/ Pacific Islander         Native American

Caucasian                             More than one                     Other (5a) \_\_\_\_\_

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6. I am Hispanic/ Latino.                     Yes         No

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7. My job status is:

Employed         Unemployed         Working Student         Full-time Student

Unable to work         Retired                     Other (7a) \_\_\_\_\_

---

8. My household income (in \$) is:

Less than \$25,000     25,000-39,999     40,000-59,999     60,000-79,999     80,000-99,999     100,000 or more

---

9. Highest level of education:

Did not finish high school     High School or GED     Technical College     Bachelors     Masters

Doctorate                             Other (9a) \_\_\_\_\_

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10. I have this type of health care coverage:

Private Insurance     Medicaid     Medicare     No Insurance     Other (10a) \_\_\_\_\_

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11. I have been diagnosed by a doctor, nurse, or other health care provider with the following: (Check all that apply.)

High Blood Pressure     High Blood Sugar (Diabetes)     High Cholesterol     Heart Disease

None of the above

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12. My main form of transportation is:

- Bicycle    Bus    Car    Taxi    Walk    Other (12a) \_\_\_\_\_
- 

13. I think these are the 3 main reasons why people in our community do not seek health care:

- Cannot get time off    Do not know where to go    Hours not convenient    No family doctor  
 No insurance    No one to keep children    No way to get there    Not sick  
 Other (13a) \_\_\_\_\_
- 

14. I think these are the 3 main reasons that prevent people from being physically active in our community:

- Crime    Heat/Cold    No community events    No street lights    NO parks/outdoor spaces  
 Not enough bike lanes    Not enough sidewalks    Personal Choice    Stray dogs/animals  
 Traffic    Too tired after working    Poorly conditioned parks/outdoor spaces  
 Other (14a) \_\_\_\_\_
- 

15. I think these are the 3 main reasons that prevent people in our community from eating healthy foods:

- Don't cook at home    Eat fast food regularly    No community gardens    No farmer's market  
 No grocery stores nearby    Stores don't accept SNAP/EBT/WIC  
 Stores don't have quality produce    Too expensive    Too tired after work  
 Other (15a) \_\_\_\_\_
- 

16. I think these are the 3 most important health concerns in our community:

- Alcohol Use    Alzheimer's/ Dementia    Arthritis    Cancer    Diabetes    Drug Use  
 Heart Disease/ Stroke    High Blood Pressure    HIV/AIDS/STDs  
 Infant Death    Mental Health    Overweight/Obesity    Tobacco Use  
 Other (please specify) (16a) \_\_\_\_\_
- 

17. I think these are the 3 most important factors for a healthy community:

- Acceptance of all people    Access to affordable health care    Access to healthy and affordable food  
 Access to safe and affordable housing    Access to safe places to be active  
 Clean environment    Good jobs/healthy economy    Good schools  
 Low crime    Low disease rates    Neighbors helping neighbors  
 Smoke free workplaces    Strong faith and fellowship    Other (17a) \_\_\_\_\_
- 

18. I would rate the overall health of our community as:    Poor    Fair    Good    Very Good    Excellent

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19. I use the following tobacco products (Check all that apply).

- I don't use tobacco products    Chew tobacco, dip, snuff, or snus    Cigarettes    Cigars or Little Cigars  
 Pipe    Other tobacco product(s) (19a) \_\_\_\_\_
-

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20. I am exposed to secondhand smoke:

Yes     No

20a. If yes, where (check all that apply)?

Vehicle     Home     Work     Other

---

21. Thinking about the last 30 days, not including juices, how often did you eat fruit?

Not at all     Once per day     Twice per day     Three or more times per day

---

22. Thinking about the last 30 days, not including juices, how often did you eat vegetables?

Not at all     Once per day     Twice per day     Three or more times per day

---

23. In the last week, how many times were you physically active?

Not at all     1-2 times     3-4 times     5 or more times

---

24. How much time do you spend doing physical activity on a typical day?

0 minutes     20 minutes     30 minutes     45 minutes     60 minutes or more

---

25. How important is it to exercise regularly?

Not Important     Important     Extremely Important

---

26. When I cook at home, I am most likely to prepare my food by:

Frying     Baking     Boiling     Microwaving

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27. How important is it to eat fruits and vegetables regularly?

Not Important     Important     Extremely Important

---

**Thank you for taking time to complete this survey.**

## Endnotes

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- <sup>i</sup> <http://www.fairfieldsc.com/secondary.aspx?pageID=190>
- <sup>ii</sup> <https://www.oldeenglishdistrict.com/points-of-interest/winnsboro-town-clock>
- <sup>iii</sup> <https://www.census.gov/quickfacts/fact/table/fairfieldcountysouthcarolina/PST045216>
- <sup>iv</sup> <https://www.census.gov/quickfacts/SC>
- <sup>v</sup> University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps* 2018. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).
- <sup>vi</sup> <http://www.countyhealthrankings.org/faq-page#t83n12094>
- <sup>vii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/49/description>
- <sup>viii</sup> Centers for Disease Control and Prevention. Sociodemographic differences in binge drinking among adults-14 states, 2004. *MMWR Morb Mortal Wkly Rep.* 2009;58:301-304
- <sup>ix</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/5/description>
- <sup>x</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/21/description>
- <sup>xi</sup> <http://www.countyhealthrankings.org/faq-page#t83n12094>
- <sup>xii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/9/description>
- <sup>xiii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/11/description>
- <sup>xiv</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/133/description>
- <sup>xv</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/132/description>
- <sup>xvi</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/134/description>
- <sup>xvii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/45/description>
- <sup>xviii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/69/description>
- <sup>xix</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/23/description>
- <sup>xx</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/24/description>
- <sup>xxi</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/44/description>
- <sup>xxii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/82/description>
- <sup>xxiii</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/43/description>
- <sup>xxiv</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/137/description>
- <sup>xxv</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/outcomes/60/data>
- <sup>xxvi</sup> <https://gis.dhec.sc.gov/chp/>
- <sup>xxvii</sup> <https://gis.dhec.sc.gov/chp/>
- <sup>xxviii</sup> <http://www.scdhec.gov/Health/docs/Epi/obesity/Fairfield.pdf>
- <sup>xxix</sup> <http://www.countyhealthrankings.org/app/south-carolina/2018/measure/factors/70/description>
- <sup>xxx</sup> [https://www.daodas.sc.gov/wp-content/uploads/2019/09/2018\\_County\\_Profiles\\_Updated\\_9.3.19.pdf](https://www.daodas.sc.gov/wp-content/uploads/2019/09/2018_County_Profiles_Updated_9.3.19.pdf)
- <sup>xxxi</sup> <https://www.daodas.sc.gov/wp-content/themes/daodas/assets/docs/DAODAS-Opioid-Fact-Sheet-6-2017.pdf>
- <sup>xxxii</sup> <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>
- <sup>xxxiii</sup> <https://www.surveymonkey.com/>
- <sup>xxxiv</sup> Fairfield Community Coordinating Council. (2016). Fairfield Community Coordinating Council Community Engagement Measurement Index. Winnsboro, SC.