



**Anderson County, SC
Twenty Year Vision Plan
2006 - 2026**

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Executive Summary

Anderson County, South Carolina's Vision Plan – *Imagine Anderson – Creating A Plan For Our County* – will serve as a catalyst for improving Anderson County over the next twenty years. In 2026, Anderson County will be celebrating its Bicentennial. This plan is being developed as part of the foundation for a great community. Anderson County is taking charge of its own destiny and creating a road map to its historic Bicentennial. This plan was developed by citizens throughout the county under the guidance of the Anderson Area Chamber of Commerce and its steering committee. A special note of thanks is extended to the steering committee members and to the vision investors. Members are listed in appendix 1 on pages 34 - 35. Vision investors are listed in appendix 2 on page 36. Carpe Diem Community Solutions, Inc. from Florida served as the consultant for this visioning process.

Through a nine-step process, this vision plan stands ready to support community-building in five goal areas in Anderson County. The five goal areas are:

- Growth Management
- Education
- Economic Development
- Health and Human Services
- Leisure and Recreation

The goal areas were developed from the Vision Input Process (VIP), step number four, which consisted of twelve individual interviews, eighteen focus group sessions, seven town hall meetings, mail-in citizen input forms, and online-based input. The goals and their corresponding objectives are presented in priority order based on the number of times the topic was mentioned. The public input process began in August 2006 with the kickoff, which featured visioning facilitation. Following the kickoff, individual interviews were conducted. The individuals interviewed represented the diversity within the county. An integral part of the VIP process was to meet with experts in areas targeted as essential to the county's growth and prosperity.

While *Imagine Anderson - Creating A Plan For Our County* is citizen-based, the dialogue among those who have an intimate stake and passion in their fields provided a pulse of the county and provided areas in which to probe deeper during the town hall meetings. The fact that these professionals were willing to meet for ninety minutes is evidence of their commitment to make *Imagine Anderson* a success. The focus group sessions followed the same format as the town hall meetings with one exception: after discussing "what needs to be done," the attendees broke out into smaller groups to discuss the five prioritized items regarding "how to facilitate the completion of the top five

prioritized items.” The steering committee established the following focus group topics:

- Arts & Culture
- Business
- Diversity/Unity
- Economic Development/Planning
- Education
- Environment/Natural Resources
- Emergency Management
- Faith
- Government/Public Facilities
- Health Care
- High School Students
- Human Services
- Law Enforcement/Courts
- Minority Communities
- Senior Adults
- Sense of Place
- Young Professionals
- Youth & Recreation

In order to carry the vision process to the people and to keep the town hall meetings in easily accessible locations, meetings were hosted in area high schools and recreation facilities in all five districts throughout the county. The town hall meetings gave citizens an opportunity to express their aspirations, dreams, and vision for the next twenty years. The format of the town hall meetings consisted of discussions about what should be done to make Anderson County a better place to live. After listing all aspects brought forward, each participant was given five sticker dots to prioritize all responses. After determining the two most prioritized items, the discussion moved toward how the two prioritized items could be accomplished, including listing stakeholders, existing resources, and obstacles.

The prioritized objectives information will be given to the Implementation Leadership Team to use in developing Vision Partnerships and Vision Alliances, and in supporting the implementation of the *Imagine Anderson* Vision Plan.

At the conclusion of each interaction with Anderson County citizens, they were asked if there was anything left unsaid. Those attending and those unable to attend still had a chance to contribute to this dynamic process by using the citizen input forms distributed throughout the county, or they were able to go to www.imagineanderson.com to have their voices heard.

Thousands of comments were received from area residents. Based on these comments, 102 objectives were created within the five goal areas.

Idealistic? Absolutely, but it is the capturing of the people's ideals, developing them into a working plan of action, with an accuracy and clarity that best describes the purpose of *Imagine Anderson – Creating A Plan For Our County*.

Occurring simultaneously with the Vision Input Process, the United Way of Anderson County, under the direction of SE Consulting, Inc. from Simpsonville, SC, was leading the county through the development of a *Community Impact Agenda*, which is designed to support the United Way as it moves forward in improving the lives of the citizens of Anderson County. The *Community Impact Agenda* and its goals complement the Anderson County Vision Plan. As with the Vision Plan, the *Community Impact Agenda* was developed by the citizens of Anderson County for the people of Anderson County. The *Community Impact Agenda* is attached – see Appendix 3 on pages 37 - 86.

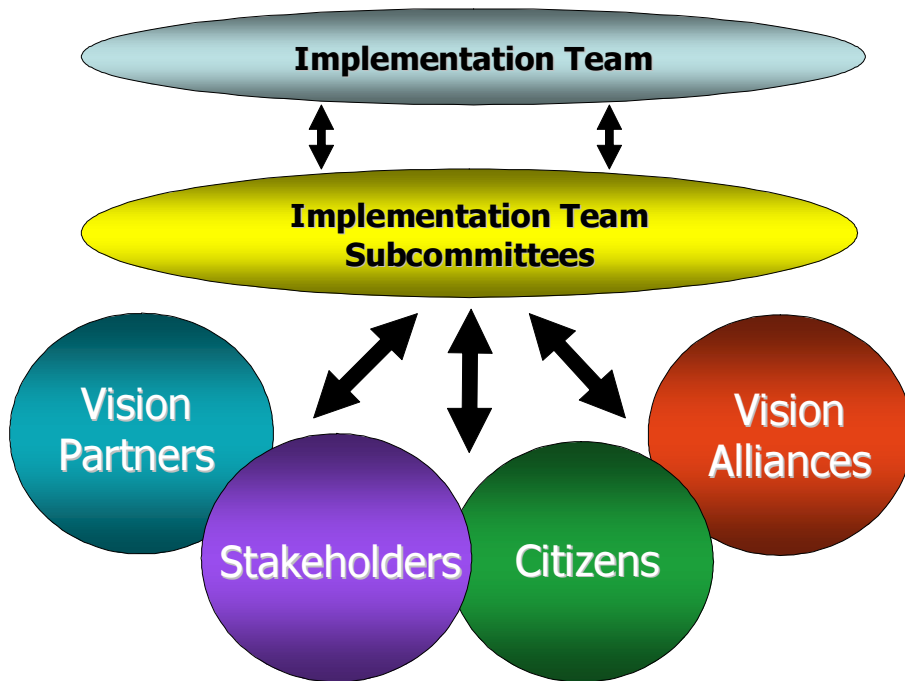
A crucial portion of the work has been completed, but another has only just begun. The initiative must now move forward to the implementation phase. The implementation phase is outlined on pages 6 - 8.

The visioning process has given the citizens of Anderson County a vehicle for their voices to be heard regarding shaping the future of the community and a vehicle to make it happen. The pages that follow provide benchmarks for the five goals areas, a vision statement for each goal area, and objectives to support each goal area in priority order.

Implementation

Overview

For the *Imagine Anderson – Creating A Plan For Our County* Vision Plan to become a reality, area businesses, clubs, citizens, and organizations must embrace it. Citizens must cross the threshold of commitment, accept responsibility for the county’s future, and take action to ensure it. To that end, citizens and organizations are encouraged to serve as Vision Partners to support the implementation of each objective within this plan. Vision Partners will be tasked to design and implement plans of action to move forward so that objectives may be brought to fruition. Below is an illustration depicting the relationships between the Implementation Team, its subcommittees, and the community.



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The Implementation Leadership Team will set purpose and direction, as well as coordinate and guide the implementation of the Vision Plan. They will create opportunities to bring diverse groups of Anderson citizens together. The team will accomplish this by carrying out the following tasks:

1. Determine priorities
2. Develop Vision Partners/Alliances action teams
3. Seek Vision Partners/Alliances to develop action plans
4. Vision Partners/Alliances implement action plans
5. Develop community indicators & progress measures

Who are Vision Partners?

Any organization, business, civic group, government entity, church, individual, etc., that has volunteered to collaborate with other community members to implement the Vision Plan.

Vision Partners make individual objectives a reality.

Vision Partner Responsibilities:

- Adopt objectives
- Form strategic alliances where appropriate
- Create strategy benchmarks
- Develop action steps to accomplish the objective and meet the strategy benchmarks
- Allocate resources required for implementation
- Include in all printed and advertising material, affiliation with Vision Plan and link to web page
- Generate progress reports
- Review, revise, and refocus action steps when needed

How are Vision Alliances formed?

- When individuals/organizations come together to support the implementation of at least one objective
- An organized approach to developing partnerships without creating another bureaucracy

Benchmarks

The following benchmarks can be used by citizens and policymakers in Anderson County as the implementation of this vision plan unfolds. Additionally, Vision Partners and Alliances who embrace objectives within this plan will create additional or entirely new benchmarks and indicators to measure progress. Vision Partners and Alliances will be asked to provide documentation regarding their progress on an annual basis. The Implementation Leadership Team, Vision Partners, and Alliances should communicate progress to the community on a regular basis.

I. Growth Management:

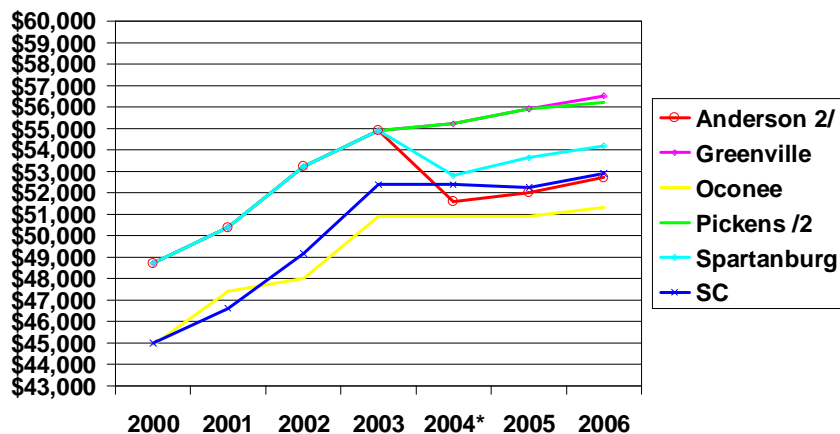
Ia. Income:

In 2005, the median income of households in Anderson County was \$37,955. The median income for the county in 1999 was \$36,807.

In 2005, 76 percent of the households received earnings and 19 percent received retirement income other than Social Security. Thirty-five percent of the households received Social Security. The average income from Social Security was \$12,942. These income sources are not mutually exclusive; that is, some households received income from more than one source.

Figure Ib.

Median Family Income Estimates for Anderson and Selected Counties



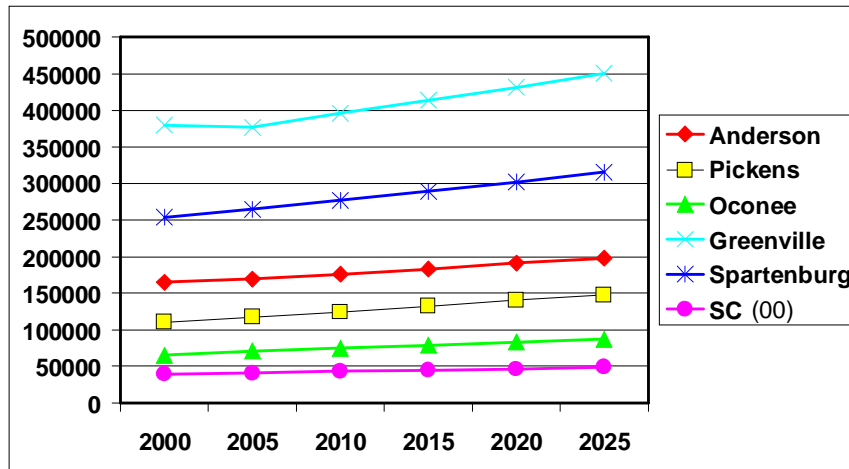
Note: 2/ are estimates for metropolitan statistical areas with two or more counties
 Source: U.S. Department of Urban Development, Economic Analysis Division
 * Metropolitan Statistical Areas changed in June 2003

Ic. Population:

According to the US Department of Commerce, South Carolina’s population is expected to grow an average 40,000 each year from the year 2005 through 2025. The growth rate over the same period will average just under 1.0 percent per year. This is lower than the 1.5 percent annual growth rate experienced in the 1990’s.

Figure Id.

Population projections for Anderson and Selected Counties



Source: US Department of Commerce, Bureau of the Census and SC Office of Research and Statistical Services

Figure Ie.

Population Change 1900 – 2000

	Anderson County		South Carolina		United States	
	#	% Change	#	% Change	#	% Change
Population Change 1900-1910	13,840	24.8	175,084	13.1	15,977,691	21
Population Change 1910-1920	6,781	9.7	168,324	11.1	13,738,354	14.9
Population Change 1920-1930	4,600	6	55,041	3.3	17,064,426	16.1
Population Change 1930-1940	7,763	9.6	161,039	9.3	8,894,229	7.2
Population Change 1940-1950	1,952	2.2	217,223	11.4	19,028,086	14.5
Population Change 1950-1960	7,814	8.6	265,567	12.5	28,625,814	19
Population Change 1960-1970	6,996	7.1	208,119	8.7	23,888,751	13.3
Population Change 1970-1980	27,761	26.3	530,016	20.5	23,333,879	11.5
Population Change 1980-1990	11,961	9	365,974	11.7	22,164,068	9.8
Population Change 1990-2000	20,544	14.1	525,309	15.1	32,712,033	13.2

Source: US Census Bureau, Population Division, Population of Counties by Decennial

Figure If.
Annual Population Change 2004-2005

	July 1, 2005 Estimate	July, 1 2004 Estimate	Population Change 2004-2005	Percent Population Change 2004-2005
Anderson County	175,514	173,547	1,967	1.1
South Carolina	4,255,083	4,197,892	57,191	1.4
United States	296,410,404	293,656,842	2,753,562	.9

Source: US Census Bureau, Population Division

Figure Ig.
Anderson County Race Comparisons
2000 compared to 2005

Race	2000 Anderson County	% Population	2005 Anderson County	% Population	% Change
Total Population	167,187		173,976		4
White	136,325	82	142,638	82	5
African American	28,045	17	29,024	17	3
American Indian & Alaska Native	811	.004	976	.006	20
Asian	963	.005	1,338	.008	40
Native Hawaiian & other Pacific Islander	90	.0005	0	--	
Other	953	.005	0	--	
Hispanic or Latino (duplicate count)	1,832	--	2,845	--	55

Source: US Census Bureau, Population Division

Figure Ih.
Estimated Resident Population by Selected Age Groups 2005

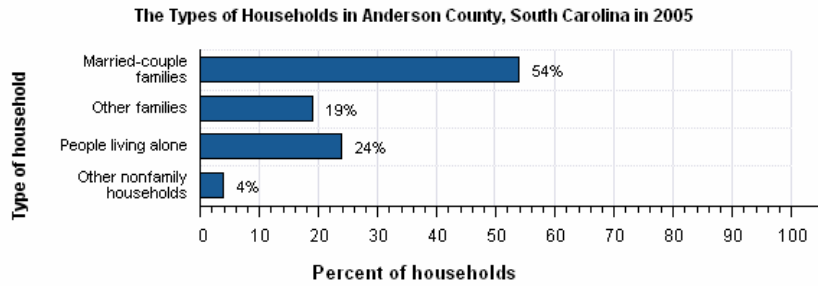
	Anderson County		South Carolina		United States	
	#	%	#	%	#	%
Total Population	175,514	100	4,255,083	100	296,410,404	100
Under 5 years	11,130	6.3	281,299	6.6	20,303,724	6.8
5 to 13 years	20,919	11.9	501,421	11.8	36,087,091	12.2
14 to 17 years	9,899	5.6	244,482	5.7	17,079,169	5.8
18 to 24 years	14,306	8.2	425,948	10	29,307,125	9.9
16 years and older	138,380	78.8	3,347,854	78.7	231,323,688	78
18 years and older	133,566	76.1	3,227,881	75.9	222,940,420	75.2
15 to 44 years	70,845	40.4	1,797,426	42.2	126,082,225	42.5
45 to 64 years	45,850	26.1	1,078,584	25.3	72,837,806	24.6
65 years and over	24,361	13.9	534,960	12.6	36,790,113	12.4
85 years and over	2,777	1.6	63,570	1.5	5,095,938	1.7

Source: US Census Fact Finder

Ii. Households and families:

In 2005, there were 69,000 households in Anderson County. The average household size was 2.5 people. Families made up 73 percent of the households in Anderson County. This figure includes both married-couple families (54 percent) and other families (19 percent). Non-family households made up 27 percent of all households in Anderson County. Most of the non-family households were people living alone, but some were comprised of people living in households in which no one was related to the householder.

Figure Ij.



Source: American Community Survey, 2005

II. Education:

According to the US Census, in 2005 the high school graduation rate was 78.6 percent of all residents in Anderson County. The state average for 2005 was 83 percent. Graduation rates need to be monitored and programs implemented to encourage an increase from the 2005 benchmark. Additionally, 17.5 percent of Anderson County citizens hold a Bachelor’s degree or higher (state average – 24.2 percent). In relation to the Economic Development benchmarks, job creation in the employment sector that demands higher education requirements will positively affect the per capita personal income. Additionally, monitoring increases in higher education attainment will provide indicators of a growing economy and higher quality of life.

Figure IIa.

Educational attainment for the population aged 25+
2000 compared to 2005

	2000 Anderson County	2005 Anderson County	% Change
Less than 9 th Grade	10,595	7,818	26
9 th -12 th Grade, No Diploma	18,988	17,309	9
High School Graduate	36,219	41,451	14
Some College, No Degree	19,596	21,701	11
Associate Degree	7,930	8,548	8
Bachelor’s Degree	12,254	13,332	9
Graduate or Professional Degree	5,455	7,269	33
% High School Graduate or higher	73.4	78.6	7
% Bachelor’s Degree or higher	15.9	17.5	10

Source: US Census Bureau, American Community Survey

III. Economic Development:

Loss of Anderson County young adults to other communities due to lack of jobs was a major concern expressed during the vision process. A benchmark of the county's ability to create new employment opportunities is critical in stopping the exodus. Employment opportunities affect the county in terms of population growth, poverty rates, home ownership, and funding for local governments. Higher salaries from improved employment opportunities need to be encouraged as the county trails behind both the US and state averages. Stagnant job growth and the proliferation of low-paying jobs will only continue to keep the county from reaching economic prosperity.

Figures IIIa. and IIIb.

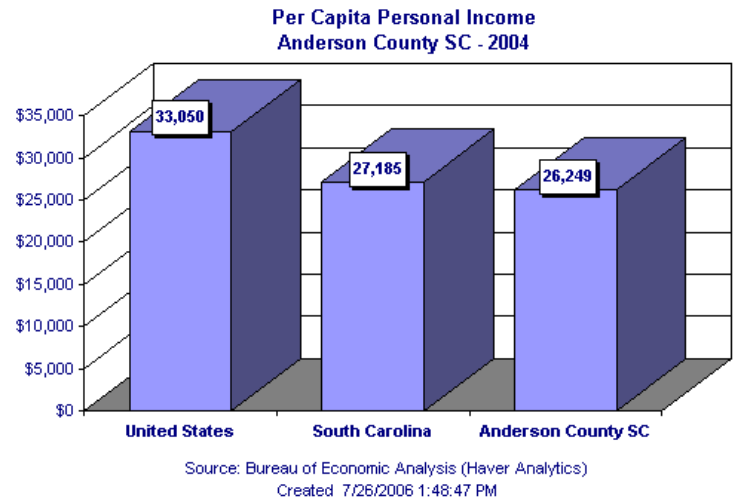
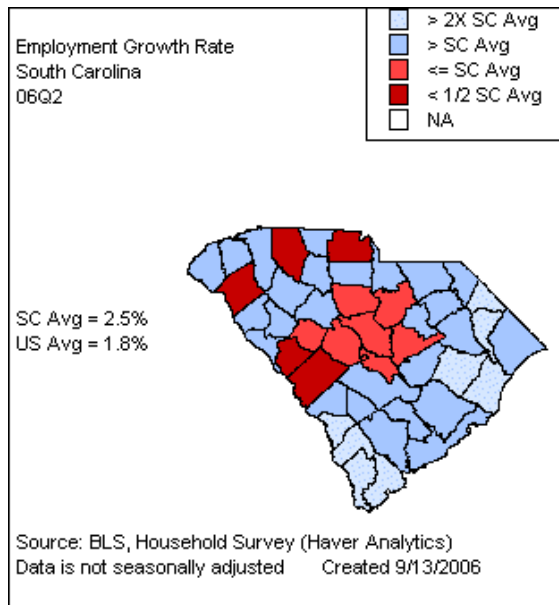
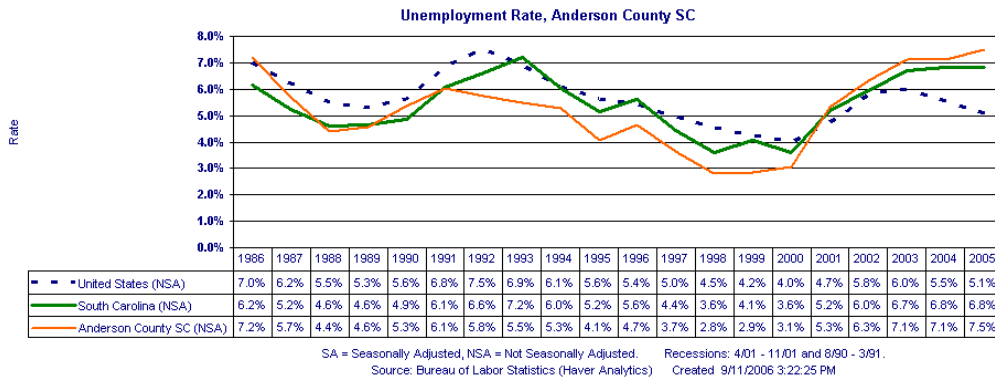


Figure IIIc.



IIIId. Unemployment:

African Americans in South Carolina had the highest percentage of unemployment in 2000. 6.4 percent of the African American population 16 years and over was unemployed in 2000, compared with 2.5 percent of the White population, 4.5 percent of the other race population, and 4.5 percent of the Hispanic population. In Anderson County, 5.3 percent of the African American population was unemployed in 2000, compared with 2.2 percent of the White population, 2.7 percent of the other race population, and 1.9 percent of the Hispanic population.

Figure IIIe.

Unemployed Population 16 Years and Over: 2000

	Anderson County		South Carolina		United States	
	#	%	#	%	#	%
Unemployed White Alone Population	2,388	2.2	54,874	2.5	4,943,342	3.0
Unemployed African American Alone Population	1,054	5.3	54,361	6.4	1,698,417	6.9
Unemployed Other Race Population	58	2.7	4,260	4.5	1,305,527	5.2
Unemployed Hispanic or Latino Population	22	1.9	3,073	4.5	1,371,841	5.7

Source: US Census Bureau, Census 2000. SF3, Tables P150A-G.

IIIIf. Employment Status by Sex in Anderson County:

Looking at the population 16 years and over in South Carolina in 2000, males were more likely than females to be in the labor force. While 69.8 percent of all males were in the labor force in 2000, only 57.5 percent of females were. In Anderson County, 70.9 percent of males and 55.6 percent of females were in the labor force.

**Figure IIIg.
Employment Status by Sex: 2000**

	Anderson County				South Carolina			
	Male		Female		Male		Female	
	#	%	#	%	#	%	#	%
Population 16 Years and Over	61,348	100.0	67,971	100.0	1,487,654	100.0	1,626,362	100.0
In Armed Forces	46	0.1	27	0	29,143	2.0	6,884	0.4
In Civilian Labor Force	43,497	70.9	37,808	55.6	1,009,423	69.8	928,772	57.5
Employed	41,831	68.2	35,901	52.8	955,764	64.2	868,936	53.4
Unemployed	1,620	2.6	1,880	2.8	53,659	3.6	59,836	3.7
Not in Labor Force	17,851	29.1	30,163	44.4	449,088	30.2	690,706	42.5

Source: US Census Bureau, Census 2000. SF3, Table P43.

Figure IIIh.

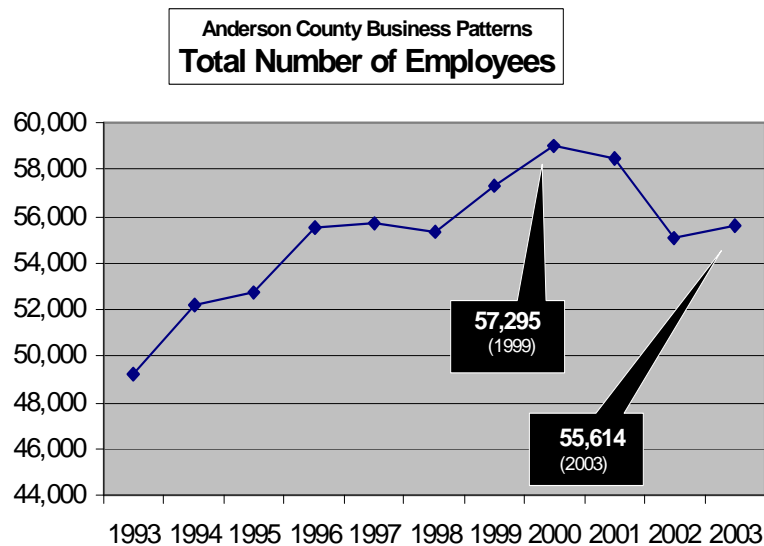
Median Earnings by Sex in Anderson County

Anderson County educational attainment by sex for 25 years and older

2005 Anderson County	Earnings Estimate
Total:	\$26,869
Less than high school graduate	\$15,740
High school graduate (includes equivalency)	\$24,746
Some college or associates degree	\$29,054
Bachelor's degree	\$38,566
Graduate or professional degree	\$45,851
Male:	\$35,951
Less than high school graduate	\$21,454
High school graduate (includes equivalency)	\$32,436
Some college or associates degree	\$36,516
Bachelor's degree	\$51,932
Graduate or professional degree	\$65,249
Female:	\$20,614
Less than high school graduate	\$11,786
High school graduate (includes equivalency)	\$18,874
Some college or associates degree	\$23,511
Bachelor's degree	\$27,370
Graduate or professional degree	\$40,730

Source: US Census Bureau, 2005 American Community Survey

Figure IIIi



Source: US Census County Business Patterns 1993 - 2003

Figure IIIj.

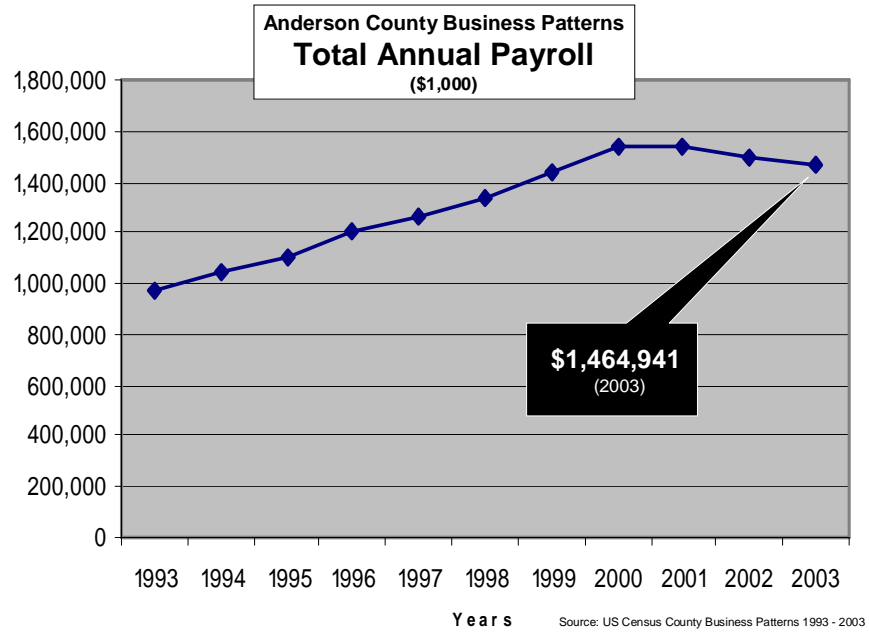
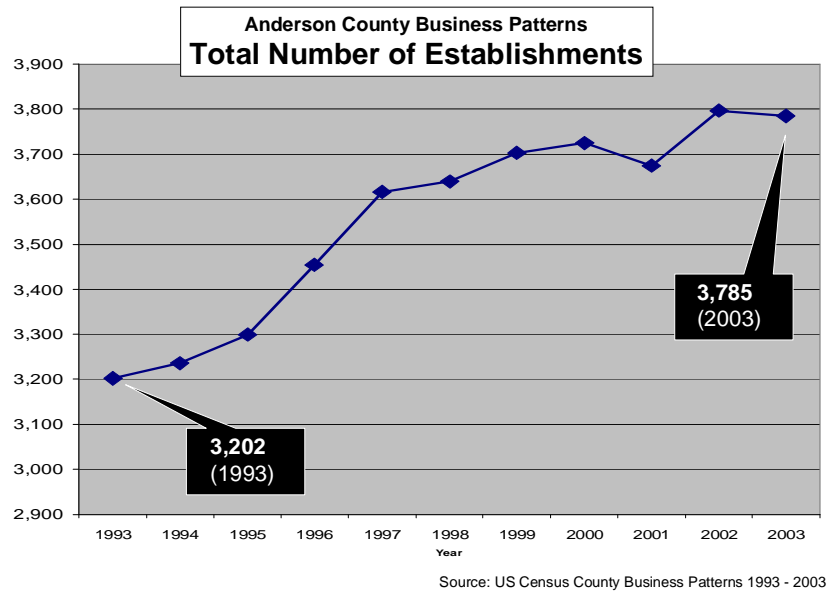


Figure IIIk.

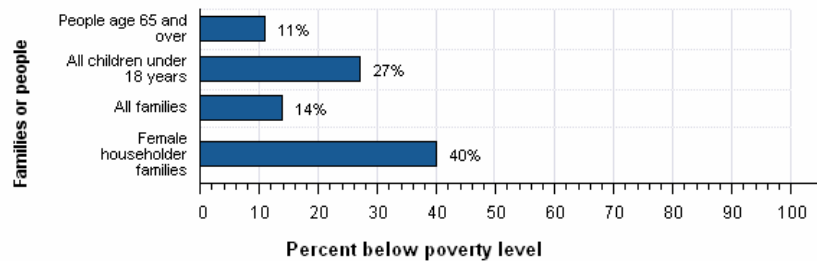


IV. Health and Human Services:

IVa. Poverty and participation in government programs:

In 2005, 17 percent of people were in poverty. Twenty-seven percent of related children under 18 were below the poverty level, compared with 11 percent of people 65 years old and over. Fourteen percent of all families and 40 percent of families with a female householder and no husband present had incomes below the poverty level.

Figure IVb. Poverty Rates in Anderson County, SC in 2005



Source: American Community Survey, 2005

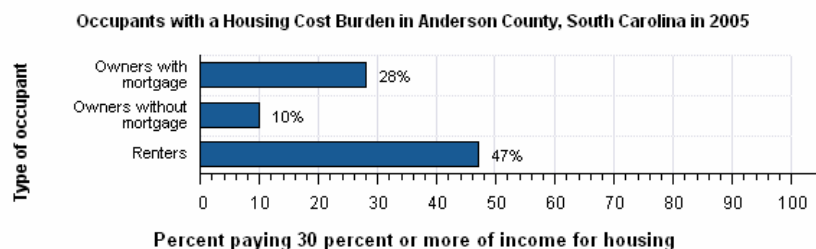
IVc. Housing:

The generally accepted definition of affordable housing is for a household to pay no more than 30 percent of its annual income on housing. Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States. The lack of affordable housing is a significant hardship for low-income households, preventing them from meeting their other basic needs, such as nutrition and healthcare, or saving for the future.

IVd. Housing costs:

According to the US Census, the median monthly housing costs for mortgaged owners was \$964, nonmortgaged owners \$259, and renters \$534. Twenty-eight percent of owners with mortgages, 10 percent of owners without mortgages, and 47 percent of renters in Anderson County spent 30 percent or more of household income on housing.

Figure IVe.

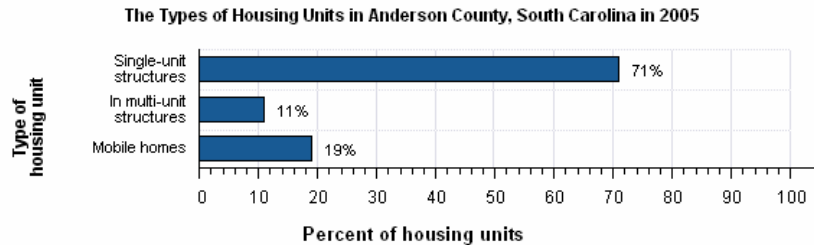


Source: American Community Survey, 2005

IVf. Housing characteristics:

In 2005, Anderson County had a total of 79,000 housing units, 13 percent of which were vacant. Of the total housing units, 71 percent were in single-unit structures, 11 percent were in multi-unit structures, and 19 percent were mobile homes. Thirty-four percent of the housing units were built after 1990.

Figure IVg.



Source: American Community Survey, 2005

Figure IVh.

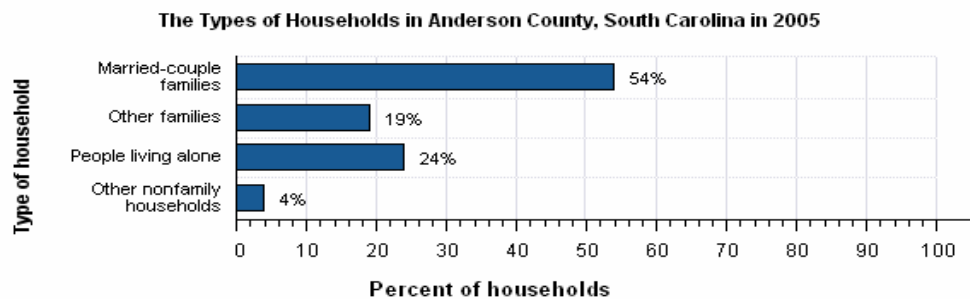
Number of Housing Units 2000 – 2005

	Anderson County	South Carolina	United States
April 1, 2000 Census	73,213	1,753,586	115,904,474
April 1, 2000 Estimates Base	73,213	1,753,586	115,904,474
July 1, 2000	73,515	1,762,410	116,295,167
July 1, 2001	74,793	1,799,383	117,868,606
July 1, 2002	75,830	1,827,782	119,381,715
July 1, 2003	77,209	1,858,004	120,969,394
July 1, 2004	78,354	1,890,684	122,676,668
July 1, 2005	79,350	1,927,864	124,521,886
Change in Housing Units 2000-2005	6,137	174,278	8,617,412
Percent Change in Housing Units 2000-2005	8.4	9.9	7.4

Source: US Census Bureau

Of the 79,000 Anderson County housing units in 2005, 54 percent were owned by married couples, 19 percent by other families, 24 percent from people living alone, and 4 percent from non-family households.

Figure IVi.



Source: US Census, American Community Survey 2005

IVj. Occupied housing unit characteristics:

In 2005, Anderson County had 69,000 occupied housing units - 51,000 (74 percent) owner occupied and 18,000 (26 percent) renter occupied. Eight percent of the households did not have telephone service and 6 percent of the households did not have access to a car, truck, or van for private use. Multi-vehicle households were not rare. Forty-one percent had two vehicles and another 23 percent had three or more. In South Carolina, 12.5 percent of housing units were vacant and 87.5 percent were occupied in 2000. On the national level, just 9.0 percent of housing units were vacant. Only four states in the South, including South Carolina, had vacancy rates exceeding 12 percent. This is in part due to the sizable number of housing units in South Carolina classified as "vacant for seasonal, recreational, and occasional use." Thirty-two percent of vacant housing units (4.0 percent of all housing units) in the state fell into this category.

IVk. Pregnancy:

According to the US Census, 31 percent of all births in Anderson County in 2005 were to unmarried women (widowed, divorced, and never married). Forty percent of families with a female householder, and no husband present, had incomes below the poverty level.

Figure IVl.
2005 Anderson County Births

FERTILITY		
Number of women 15 to 50 years old who had a birth in the past 12 months	3,995	+/-931
Unmarried women (widowed, divorced, and never married)	1,236	+/-566
Per 1,000 unmarried women	74	+/-33
Per 1,000 women 15 to 50 years old	91	+/-21
Per 1,000 women 15 to 19 years old	166	+/-100
Per 1,000 women 20 to 34 years old	168	+/-50
Per 1,000 women 35 to 50 years old	10	+/-9

Source: US Census, American Fact Finder

IVm. Health insurance:

The Small Area Health Insurance Estimates (SAHIE) program provides model-based estimates of health insurance coverage for counties and states. They have developed the following experimental estimates for counties and states for 2000.

Figure IVn.

Health Insurance Coverage for the total population 2000

	Anderson County	South Carolina	United States
Number Insured	146,530	3,389,462	239,713,822
Number Uninsured	21,239	583,747	39,803,537
90% Confidence Interval	3,329	24,888	492,720
Percent Uninsured	12.7	14.7	14.2
90% Confidence Interval	2	1	0.2

Source: US Census Bureau

IVo. Disability:

According to the US Census Fact Finder, in 2005, almost 20 percent of Anderson County citizens who were at least five years of age reported having a disability.

Figure IVp.

**Anderson County Disability Population Comparisons
2000 compared to 2005**

Age	2000 % with a disability	2005 % with a disability
5+	23.6	19.6
5 - 20	8.5	--
5 - 15	--	7
21 - 64	23.7	--
16 -64	--	18.6
65+	48.1	38

Source: US Census Bureau, American Fact Finder

IVq. Medicare Enrollment:

Medicare is a federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant).

Figure IVr. Medicare Enrollment: July 1, 2003

	Aged			Disabled			Total: Aged & Disabled		
	HI &/or SMI	HI	SMI	HI &/or SMI	HI	SMI	HI &/or SMI	HI	SMI
Anderson County	22,133	22,042	21,738	6,236	6,236	5,776	28,369	28,278	27,514
South Carolina	485,766	482,380	471,864	120,557	120,510	111,779	606,323	602,890	583,643

Figure IVs. Medicare Enrollment: July 1, 2002

	Aged			Disabled			Total: Aged & Disabled		
	HI &/or SMI	HI	SMI	HI &/or SMI	HI	SMI	HI &/or SMI	HI	SMI
Anderson County	21,810	21,721	21,421	5,957	5,957	5,522	27,767	27,678	26,943
South Carolina	477,233	473,665	463,786	114,806	114,801	106,502	592,039	588,466	570,288

Source: [Centers for Medicare and Medicaid Services](#)

HI (Hospital Insurance): The Medicare program that covers specified inpatient hospital services, post hospital skilled nursing care, home health services, and hospice care for aged and disabled individuals who meet the eligibility requirements. Also known as Medicare Part A.

SMI (Supplemental Medical Insurance): The Medicare program that pays for a portion of the costs of physicians' services, outpatient hospital services, and other related medical and health services for voluntarily insured aged and disabled individuals. Also known as Part B.

HI &/or SMI: Unduplicated count of persons enrolled in either or both parts of the program.

Imagine Anderson

Creating A Plan For Our County

The Anderson County, SC Vision Plan 2006 - 2026

People belong to a place, and place belongs to a people. This visioning plan for the people of Anderson County is a claim stake for the future. It is a collection of voices representing what matters most to the people of Anderson County.

All the ideas expressed during focus groups, interviews, and town hall meetings over the last few months were compiled and then clustered under the key categories that emerged from the commonality of responses. The five key categories are Growth Management, Education, Economic Development, Health and Human Services, Leisure and Recreation. The goals and their corresponding objectives are presented in priority order based on the number of times the topic was mentioned.

Growth Management:

The citizens of Anderson County want managed, reasonable growth, not wild unrestrained growth and not constricted, strangled growth. For economic prosperity, Anderson County must have growth. Citizens believe that growth can be plentiful while preserving history, natural beauty, and overall high quality of life. Governmental organizations need to be accountable for the management of growth.

- GM1 Develop a modern, vibrant downtown Anderson with attention to density issues; transportation and parking; land-use ordinances; coordinated city and county codes; the elimination of empty buildings; the preservation of historical buildings; a flourishing shopping, hotel, and commerce district; the variety of night activities; and appealing cultural events and experiences. Preservation partnership efforts can produce well-managed development. Partner with Anderson University and other educational institutions whenever possible to import quality public events that invigorate downtown economic activity.

- GM2 Preserve more green space. Provide quality-of-life additions, such as bike paths, walking trails, urban-area trails, and dedicated green spaces with high visual appeal, and retain access to clean water.

- GM3 Land-use ordinances, coordinated city and county codes, along with preservation partnership efforts, can produce well-managed development.

- GM4 We must have a land-use plan and a plan for growth, knowing when growth is coming, and being ready with financial resources to meet development that requires additional roads or road capacity; the management of school capacity and location; the expansion of water, utilities, sewerage, waste, storm water capability; as well as maintenance and replacement of aging infrastructure.
- GM5 Transportation for tomorrow should be planned today, including public transportation, maintenance and expansion of roads, thoughtful linkages between Anderson, Williamston, Belton, Iva, Pelzer, West Pelzer, Pendleton, Powdersville, Honea Path, and Starr, as well as agreeable public transport within towns, an integrated mass transit system, and efficient passage through the county to major urban centers beyond the county. To allow for future growth and to ease traffic congestion, widen and improve 252, 76-178 (to Princeton, to Hwy 25), 247-25, north/south Hwy 29, other key arteries, and county roads, e.g., Flat Rock Road, Mayfair Road, and 187.
- GM6 Build on citizen and government pride in communities and in Anderson County to energize growth efforts. Enhance the comprehensive master plan, continuing to solicit involvement from many stakeholders, especially citizens at all levels, civics groups, government officials, and commercial interests. Planning is not a one-time event.
- GM7 Government agencies must continue to present a united front to reach agreement on common goals while continuing to be accountable. Citizens and city-county government officials must enforce zoning regulations and codes while addressing growth opportunities.
- GM8 Revitalize downtown areas countywide by developing modern, vibrant downtowns with attention to diversity issues, transportation and parking, land-use ordinances, coordinated city and county codes, elimination of empty buildings, preservation of historical buildings, flourishing shopping and commerce with a variety of night activities and attractive cultural events and experiences. Preservation partnership efforts can produce well-managed development.
- GM9 Identify road, utility, and sewer needs for growth. Increase access to sewer lines, and decrease septic use. Develop an incremental plan to add infrastructure, e.g., improved roads, water, and in many cases sewerage, for rural areas.
- GM10 Promote and manage quality of growth along the I-85 corridor and provide necessary infrastructure, particularly water and sewerage. Investigate new industrial parks on I-85 and tie-in to CU-ICAR.

- GM11 Citizens want accessible shopping and commerce in stylish urban settings while retaining the feel of the village with flexible gathering spaces for cultural events, with rural vistas, and with productive agricultural lands relatively close at hand.
- GM12 Maintain high quality air standards.
- GM13 Improve visual appeal of county with better landscaping, signage, and improve blighted areas.
- GM14 Develop resources and treasures, such as Lake Hartwell.
- GM15 Reevaluate local tax options to generate funds for improvements, e.g., roads, downtown areas, and expansion of utilities.
- GM16 Clean up and preserve Rocky River Swamp.
- GM17 Identify and preserve conservation-only areas with the county. Preserving nature areas will contribute to community health and quality of life.
- GM18 Preserve farming industry and rural heritage—our sense of connectedness to the land.
- GM19 Develop community and countywide recycling, especially for natural yard materials, providing composting and mulching services.

Education:

The crucial role of education is consistently held up as a beacon of health, prosperity, and good citizenship by the citizens of Anderson County, who believe that all educational institutions, resource managers, and interested citizens must make adjustments to meet the needs of today's learners and those of tomorrow. Education is clearly given a place of importance in what is most valued in life. Education is multi-dimensional. All parties—state and local governments, parents, educators, and children—must value education for it to be successful.

- Ed1 Emphasize that education begins early with good parenting, wholesome childcare, and the school readiness of Anderson's children. Early childhood education should be emphasized.
- Ed2 We must increase the graduation rate and decrease the dropout rate. The citizens of Anderson County want every child to graduate from high school. Current high school curriculum must prepare students for post-secondary education.
- Ed3 Teacher training and pay is a key to success—we must produce and hire quality teachers.

- Ed4 Consider all possible ways to make school districts more efficient, including closer coordination or consolidation, and revenue equalization, so that all children countywide receive equivalent opportunity and access to resources.
- Ed5 All county school districts need to be responsive to population growth in the development of new schools, balancing growth opportunities while being mindful of the need to preserve school history, neighborhood schools, traditions, and uniqueness. Plan for revitalization in those areas where growth has stagnated and deterioration has begun.
- Ed6 Build a quality workforce; bridge the gap between what schools are teaching and what business and industry needs. Vocational education is likely to play an increasingly greater role in building the valuable workforce of the future.
- Ed7 We must be flexible to adapt to the changing face of education, particularly in terms of the use of facilities, awareness of multiple learning styles, the employment of flexible modes of instruction, and the use of technology.
- Ed8 Strengthen community base support for Anderson County's K-12 educational school systems.
- Ed9 Improve the school system. We cannot be satisfied with what we have. Be bold and demand excellence.
- Ed10 Find the appropriate balance between traditional K-12 subject matter, sports, foreign language, citizenship, applied subjects, life skills, cultural and historical studies, and the arts.
- Ed11 As part of school curriculum, improve teen choice-making to reduce the social ills of teen pregnancy, illegal drug use, domestic violence, and crime. Educate children and youth about real-world issues and the positive and negative consequences of those real-world choices.
- Ed12 Strengthen the partnership with Anderson University, Tri-County Technical College, Clemson University, the K-12 systems, and other educational institutions to advance economic development, which leads to higher paying jobs.
- Ed13 Think of education as filling a spectrum of opportunities for all parts of society from infant to senior.
- Ed14 Use citizen volunteers to augment educational offerings and to render assistance to educators and school systems. Develop an energetic mentoring system that uses skilled adults, seniors, and college students.

- Ed15 Provide opportunities and assistance for those who have documented needs so that they can access a quality education, e.g., the poor, single mothers, those who have served time and are rehabilitated.
- Ed16 Use county resources or develop underused areas to partner in education and recreation programs, e.g., Lake Hartwell, Rocky River Swamp, and Old Anderson Mill.
- Ed17 Provide English-as-a-second-language training and education services.
- Ed18 Develop or improve local historical educational opportunities and enhance historical educational programs at area museums.

Economic Development:

The citizens of Anderson County recognize the importance of an adaptable, productive workforce and the necessity of having plenty of jobs available. A diversified economy is the goal, complete with the necessary service jobs, but also with ample employment opportunities in technology, health care, commerce, agriculture, and tourism, among other areas.

- Econ1 Create a climate that welcomes a diversity of new high tech, clean industry jobs and business opportunities, as well as stimulating job growth in areas already present in Anderson County. Partner with private enterprise to strengthen entrepreneurial development.
- Econ2 Continue to emphasize and demand a quality workforce through the emphasis on education. Identify quality workforce needs, and match education and training to those needs. In addition, provide skill building training for the underemployed, senior adults, able bodied, disabled and special needs individuals to better meet the demands of business and industry in the area.
- Econ3 Develop and present family support systems classes, and make quality affordable childcare accessible seven days a week and twenty-four hours a day.
- Econ4 Develop industries and businesses that are best suited for areas of employment: geriatrics, technology, healthcare, pharmaceuticals, telecommunications, sustainable farming, research & development, and tourism, as well as the service industry. Future jobs will come if we prepare for them.

- Econ5 Higher wage jobs from diverse business options will be required to keep the young in Anderson County. Welcome young, skilled professionals. Keep young professionals and youth here by providing the following: jobs with good incomes and growth opportunities, a safe living environment, a variety of recreational activities, quality education opportunities, family activities, and a vibrant community that values diversity while preserving a small town quality of life.
- Econ6 Build an economic base that allows young people to stay in Anderson, while maintaining the atmosphere of being a friendly and caring community, a multi-faceted and diverse city with a small town atmosphere.
- Econ7 Seek out and encourage higher paying, knowledge-based jobs. Provide jobs at all economic levels. Create economic diversity.
- Econ8 Sustain and enhance the tie-in with Anderson University, Clemson University, Tri-County Technical College, as well as other educational institutions, in economic development activities.
- Econ9 Reevaluate transportation between towns and with major nearby urban and educational centers, e.g., Greenville, Clemson, and Charlotte.
- Econ10 Consider marketing Anderson County as a retirement community and then be prepared to provide the necessary transportation, health care, and community flavor to match. Provide a network to support individual aging population needs.
- Econ11 Ensure the sustainability of natural resources, particularly water, air quality, and food supply, as foundations for economic development.
- Econ12 Look to Lake Hartwell to offer conference center facility, recreation, and tourism industry jobs. Develop a plan for its long-term use.
- Econ13 Most jobs will come from small- and medium-sized businesses. Identify what exists now and to find ways to support, and to offer incentives to, those businesses. Be business-friendly. Partner with private enterprise to strengthen entrepreneurial development.
- Econ14 Access the talents, skills, and the mentoring potential of senior citizens, who can provide a match to support Anderson's work force needs.
- Econ15 Consider financial options to fuel economic development, e.g., sales tax, casino revenue tax.
- Econ16 Create or expand industrial parks and commerce zones to provide incentives to business, particularly in the I-85 corridor. Promote expanded use of the Clemson University Advanced Materials Center.

- Econ17 Balance an aging population with promoting and attracting youth and young professionals.

- Econ18 Attract corporate headquarters to area.

- Econ19 Expand regional partners and economic development alliances with Pickens, Abbeville, and Oconee Counties to attract industry, such as auto supply and support, call centers, and distribution centers. Offer incentives for businesses that will stay in our area.

- Econ20 Create vibrant downtown areas for village-style shopping, restaurants, specialty shops, and commerce, as well as night activities and recreation.

- Econ21 Preserve historic downtown for each community and other historic sites in county.

- Econ22 Community would benefit from diversified news coverage and a local television station.

- Econ23 Host an economic development summit. Continue to advance strategies for developing and hosting good paying jobs. Develop an Anderson County portfolio. Market the county to clean industries.

- Econ24 Host a smart growth summit. Citizens need to be more enthusiastic advocates of smart growth.

- Econ25 Eliminate all Blue Laws.

- Econ26 Stimulate economies of Eastside, Westside, Southside, and Morningside, leading to building renewal and creating opportunities for active, local businesses. Improve services and work with citizens to create communities of civic pride.

- Econ27 Strengthen and expand entrepreneurial business development, and promote entrepreneurial opportunities for young professionals.

- Econ28 Support and promote equestrian business as an economic development strategy.

- Econ29 Support the Anderson Regional Airport as an economic development asset and another source for economic growth for the area.

Health and Human Services:

The citizens of Anderson County recognize the central importance of key protective services and an effective healthcare system as fundamental to building safe and healthy lives. Much of the vision of the future is predicated on human vitality, and Anderson County residents are eager to find ways to bring healthcare to those who are without, to fill in present gaps in the network, to improve healthcare resources, and to provide human services for people of all ages.

- HHS1 Increase affordable home ownership rates and increase rental housing development. Upgrade substandard housing, providing transitional and special needs housing. Eliminate vacant substandard condemnable, per codes, houses.

- HHS2 Maintain and, where possible, expand accessible healthcare with 24-hour availability to healthcare providers. Promote widely accessible dental care and mental health. Work throughout Anderson County to help citizens promote wellness and healthy lifestyle while addressing their healthcare needs, e.g., medical, dental, and mental health.

- HHS3 Focus on improved methods to decrease drug use and gang violence. Establish a juvenile justice center. Provide a drug treatment center for youth. Address drug problems through education and appropriate legal system intervention.

- HHS4 Promote preventive healthcare through education, governmental support, and strengthening of the primary healthcare system, educating families to get them to move from health survival to healthy lifestyle choices.

- HHS5 Develop a comprehensive list of medical and health-related organizations and resources available to local citizens.

- HHS6 As the county population changes, adapt to citizens' needs, specifically the senior population and senior adult needs, e.g., in-home care, affordable assisted living, quality compassionate healthcare, supplemental activities that are mentally and physically stimulating. Promote community understanding of end-of-life issues.

- HHS7 Encourage affordable healthcare countywide. Decrease healthcare disparities.

- HHS8 Reduce teen pregnancy, illegal drug use, domestic violence, and crime through education and firm enforcement measures.

- HHS9 Anderson County's excellent health, wellness, and recreational facilities need to be sustained and protected while making them more accessible, affordable, and community oriented.

- HHS10 Secure adequate funding to improve public safety and emergency services for disaster preparedness and response to include a community-wide EMS system, a joint training center, an interoperability 800MHz communication system, and public safety education. Pool current and future public/private resources in Anderson County to support public safety and emergency services.
- HHS11 Provide improved services to the communities of Eastside, Westside, Southside, and Morningside. Establish a revitalization partnership with these communities and the City of Anderson and Anderson County to bring new opportunities. Particularly needed are improved police services, a library, road improvements, recreational facilities, small businesses, greater access to healthcare, and a blighted buildings renewal project.
- HHS12 Expand the hours and services of Westside Community Center and Jim Rice Center, including the availability of services for youth.
- HHS13 Take stock of, and strengthen, the availability of services, including police, EMS, and fire protection, to all areas of the county.
- HHS14 Provide a community network—a safety net—that protects children against abuse and neglect.
- HHS15 Promote school readiness, healthy nutrition, and the nurturing of children.
- HHS16 Guarantee that the disabled have access to healthcare, transportation, and human services.
- HHS17 Increase affordable independent living for the aging through modern facilities and good home health care.
- HHS18 Address community needs with the faith community so that churches create Beacon Resource Centers, each with unique, non-duplicated services.
- HHS19 Provide children with more access to preventative healthcare programs, utilizing all community resources.
- HHS20 Ensure stable and adequate future funding for police agencies.
- HHS21 Develop a comprehensive synergistic plan with all homeless and hunger service providers. The plan should strive to eliminate homelessness and hunger in Anderson County in ten years.
- HHS22 Create a smoke-free environment in public facilities and restaurants.

HHS23 Promote the fair treatment of, and care for, animals, including the enforcement of animal registration and animal treatment laws.

Leisure and Recreation:

Closely related to education, healthcare, and economic development are the considerations and appreciations that the citizens of Anderson County bring to leisure and recreation. Citizens want to protect the quality of life for all. A balanced life in Anderson County includes plentiful opportunities for recreation, relaxation, and the stimulation that comes with experience of culture and art.

- LR1 Collaborate and coordinate entertainment and recreation programs and services; centralize facilities; and share facilities among diverse, committed groups, churches organizations, and communities.
- LR2 Create a countywide greenway plan that increases the number and quality of green spaces, natural areas, parks with themes, walkable communities, urban-to-rural trails to connect cities within the county, and safe places for leisure.
- LR3 Expand nightlife through a variety of cultural and entertainment activities. Promote use of existing facilities and utilize underused facilities, e.g., the amphitheater and the civic center, to support different types of entertainment events.
- LR4 Improve quality of, and access to, outlying areas' park and recreation venues for families, e.g., ball fields available more in evenings and on weekends, family life centers, and resource centers. Evaluate and centralize recreational services and create more local community centers.
- LR5 Continue to develop the potential of Lake Hartwell as a major recreational asset for the county and guarantee accessibility for all. Considerations for growth should include a resort area, a golf course, beaches, playgrounds, picnic areas, camping facilities, and a water park.
- LR6 Support existing public activities, festivals, and entertainment events in order to provide other events. Seek sponsorship of entertainment activities.
- LR7 Have a variety of recreation available in all communities—more recreation, more entertainment, including plays, concerts, festivals, and large venue events.
- LR8 Increase number and variety of recreational options for all ages: biking, equestrian, walking, and running paths; public gardens; zoo and aquarium; skateboarding park; BMX course; summer youth camps; art and music events.

- LR9 Improve existing facilities for the performing arts to attract more high quality performing arts events. Provide more venues and more opportunities for the performing arts.
- LR10 Through public/private partnerships, create a performing arts center.
- LR11 Increase youth activities and provide more youth outlets, e.g., soccer fields, more sports facilities, including more opportunities for girls. Include community input when designing different youth activities at various recreational locations.
- LR12 Encourage public art within green spaces. Provide for play space and for interactive art for children.
- LR13 Increase inclusion of special needs and disabled participants in use of sports and recreational facilities.

Appendix 1 - Steering Committee Members

The Anderson Area Chamber of Commerce is grateful to these individuals who gave of their time and talent to guide the visioning process.

Imagine Anderson Steering Committee

Name	Company	Vision Sector
Carl Beard	CCBeard & Associates	At-Large
Dr. Ronnie Booth	Tri-County Technical College	Education
Juan A. Brown, MD	Retired	Env/Natural Resources
Martin Brown	City of Anderson, Police Chief	Law Enf/Courts
Jim Broyles	Design South Professionals, Inc.	At-Large
Carol Burdette	United Way of Anderson County	At-Large
Senator Kevin Bryant	Anderson County Legislative Delegation	At-Large
Becky Campbell	Region I Public Health - SCDHEC	Healthcare
Don Chapman	Chapman Design Group, Inc.	Sense of Place
Charles Clary	Elliott Davis, LLC	At-Large
Michael Cunningham	Anderson County	Gov/Public Facilities
Steve Darby	Darby Electric Company, Inc.	Business
Joe Drennon	Anderson Area YMCA	Youth & Recreation
George Ducworth	Anderson University	Law Enf/Courts
Janine Ferra	AnMed Health	Diversity/Unity
Vicki Fletcher	Pendleton District Commission	Sense of Place
Fred L. Foster	Anderson Independent-Mail	At-Large
John Geer, Jr.	Duke Energy Emeritus	At-Large
Larry Greer	Anderson County Council	At-Large
Jake Grove	Anderson Independent-Mail	Coolness
David Harvell	Anderson County Municipal Association	At-Large
Cindy Hopkins	Anderson Area Chamber of Commerce	Adm Contact
Holt Hopkins	Anderson County	Util/Inf/ Transportation
J. Carey Jones	Consolidated Southern Industries, Inc.	Coolness
Taylor Jones	Anderson County Emergency Services	Emg Management
David King	Sullivan-King Mortuary	At-Large
Willis Lee	City of Anderson	Youth & Recreation
Lee R. Luff	Anderson Area Chamber of Commerce	At-Large
John Lummus	Tri-County Technical College	Plan/Ec Development
Bill McAbee	Anderson County Council	At-Large
Linda McConnell	City of Anderson	Gov/Public Facilities
Doug McDougald, Jr.	The McDougald Funeral Home	Chair, Imagine Anderson
Dennis McKee	City of Anderson, City Council	At-Large
Maurice McKenzie	City of Anderson	At-Large
Marshall Meadors, MD	Primary Care Associates, PA	At-Large
Pam Melbourne	Hospice of the Upstate	Senior/Aging Pop
Marshall Mitchell	Anderson County Taxpayers Association	At-Large
Hamid Mohsseni	Tucker's Restaurant	Business
D. Kirk Oglesby	Retired	Human Services
Robert Rainey	Foothills Community Foundation	At-Large
Charles Rice	Medicus	Diversity/Unity
Tom Richie	Young Memorial ARP Church	Arts/Culture/Faith
Jeff Ricketson	Anderson County	At-Large

Shae Rozakos	Anderson County Economic Development	At-Large
Cordes Seabrook, Jr.	Retired	At-Large
Jane Sosebee	BellSouth	Plan/Ec Development
Alex Spainhour	GAMAC	Arts/Culture/Faith
Tony Stewart	City of Anderson, City Council	At-Large
Michelle Strange	Anderson County	Env/Natural Resources
Rep. Michael Thompson	Anderson County Legislative Delegation	At-Large
Mike Tillirson, MD	AnMed Health	Healthcare
Fred Tolly, Jr.	Anderson County Council	At-Large
Louise Trammell	Martin Advertising, Inc.	Chair, PR/Mrktg/Comm
Bowen Wakefield	Retired	At-Large
Dr. Evans Whitaker	Anderson University	Education
Scott Willett	Anderson Regional Joint Water District	Util/Infra/Transport
Libby Winkler	Anderson County Habitat for Humanity	Human Services
Ann Wright	American Red Cross	Emg Management
Doug Wright	SENIOR Solutions	Senior/Aging Population

Appendix 2 - Vision Investors

Special thanks to these organizations whose support has made the development of the Vision Plan possible.

Anderson Area Chamber of Commerce
Anderson Area YMCA
Anderson County
Anderson County Development Partnership
Anderson County Library
Anderson County School District 1
Anderson County School District 2
Anderson County School District 3
Anderson County School District 4
Anderson County School District 5
AnMed Health
Anderson Independent-Mail
Anderson Journal
City of Anderson
Civic Center of Anderson
Design South Professionals, Inc.
Duke Energy
Fairway Outdoor Advertising
Hilton Garden Inn & Conference Center
Hospice of the Upstate
Martin Advertising, Inc.
Piedmont Natural Gas Company
SENIOR Solutions
Tri-County Technical College
Westside Community Center

Appendix 3 – Community Impact Agenda

United Way of Anderson County

COMMUNITY IMPACT AGENDA



Focusing on What Matters Most to Anderson County



A Letter From the Chair

Community Impact – addressing issues that matter most, collectively creating positive, sustainable change in our community and ultimately improving the lives of our residents. That’s the business of the United Way.

In 2005, the United Way of Anderson County’s Board of Directors voted to move forward with the development of a *Community Impact Agenda* and new approach to United Way operations. United Ways across the nation are setting specific goals to address the most important issues in their communities, goals that are designed to create long-term positive changes in the lives of their residents. What is a *Community Impact Agenda*? In short, it is a road map for Anderson on how to meet its most urgent needs and how to connect area strengths and assets with opportunities to improve our community in a measurable way.

In developing Anderson’s *Community Impact Agenda*, the first step was to identify our most pressing needs and then to develop specific goals for improvement, asking ourselves, “Where do we want to be 5-10 years from now as a community?” In doing so, the United Way has worked with civic, business and non-profit leaders, community representatives and donors to drive the development of the *Community Impact Agenda*. Over 100 individuals assisted directly in creating this new approach and many more participated through surveys and focus groups. The *Community Impact Agenda* is not a United Way Agenda, it is the community’s vision, developed and lead by the people of Anderson County.

As goals have been set around issues and indicators, we must ask ourselves “what now?” Now the work begins. This document is not one to sit on the shelf to gather dust. It will be a living piece of work that we continue to focus on and push toward achieving the goals. In this process there are several critical success factors to achieving the goals:

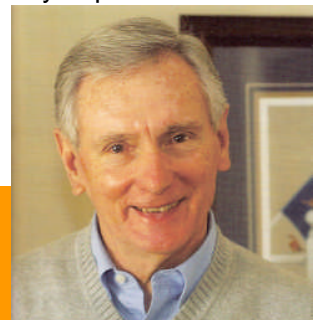
- o Community Involvement & Collaboration – the goals set in the *Agenda* cannot be achieved by just one organization alone. We must work together, utilizing and leveraging our resources in the most efficient and effective way.
- o Community-Wide Strategies – We must look at the goals and begin to develop specific strategies to direct our actions and tasks for achieving our community-wide goals.
- o Tracking Progress & Results – We must continually review our progress and results, identifying what is working well and what we need to improve.
- o Dedication – We need to understand that community-level change takes time and we must be dedicated to continuing to focus and work on achieving impact even though, in some cases, it may take years to see the results.
- o Recognition & Celebration – We must take time to recognize and celebrate our successes and acknowledge the dedication and hard work of our partners that have made those community successes possible.

As Chairman of the Steering Committee that lead the development of the Community Impact Agenda, I want to recognize the commitment of the United Way of Anderson County to this new concept. The United Way will focus its work on Community Impact. We will serve as a facilitator and convener of partners to work on Impact items. We will focus fundraising and program support of agency partners toward achieving results. We will work with the entire community to continue to leverage resources in our efforts to improve Anderson County. As mentioned, Community Impact is the business of the United Way of Anderson County.

I would like to thank the many individuals who have spent time and energy in developing the Community Impact Agenda. As well, I would like to thank everyone in advance for the future work in achieving designated goals in Anderson County.

Sincerely,

Kirk Oglesby
Chair, Community Impact Steering Committee



Acknowledgements

The development of the Community Impact Agenda was a community-wide effort, spearheaded by the participation of various volunteers and leaders in our county. It takes a community of caring individuals to truly achieve IMPACT on issues that matter most.

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(continued)

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Background

In 2005 the United Way of Anderson County Board of Directors voted to move forward with the development of a Community Impact Agenda for Anderson County. The charge was to convene the community and facilitate a process by which community representatives would identify Anderson County's most pressing issues and set long-range targets for positively impacting those issues.

In 2006, a Steering Committee was established to begin the work of developing the Community Impact Agenda. The Agenda was to be research-based and developed by a broad range of representatives from the community. After initial assessment and research was conducted by the Steering Committee, Task Forces were established to lead the development of issue-area priorities, targets and goals. The Task Forces included issue area experts, community representatives, business and community leaders as well as non-profit representatives.

Through this collaboration of community partners, the Agenda was developed. The Agenda focuses on what matters most to the Anderson community. It outlines current conditions, sets visions for a positive future and defines, measurable, desirable community-level outcomes as indicators for success.

The Agenda will help the community focus on specific issues and goals for improvement, will serve as a strategic guide for philanthropic investment, will facilitate collaborative efforts in the community and can assist in linking community strengths and assets to community needs.

About the Research

One of the first steps in developing the Community Impact Agenda was to understand Anderson's strengths, challenges and most pressing issues. This was done through:

- 1) gathering primary data from community surveys,
- 2) reviewing secondary, statistical data, and
- 3) collecting qualitative data by engaging in focus groups and community discussions.

The Steering Committee has used a variety of sources of information in efforts to get a broader, fuller picture of the community, as opposed to relying on just one source of information and data. Data sources included the 2002 Anderson County New Century Needs Assessment (inclusive of community surveys and focus groups), on-line surveys and focus group discussions with United Way partner agencies, volunteers and leadership groups, and statistical data from the SC Office of Research and Statistics, Census Bureau and other reliable sources of community indicators.

Community Impact Focus Areas

After reviewing the primary, statistical and qualitative data gathered, the Steering Committee identified issue areas in which there were common concerns across all community sectors surveyed as well as areas in which statistical data and trends were alarming. In addition, there were some areas in which the community voiced concern, despite recent improvements in statistical data. In these cases, the Steering Committee considered community perception of issues in addition to statistical data sets. Through much review, consideration and discussion of issues that surfaced through the research, the Steering Committee developed the foundation of the Community Impact Agenda, identifying focus areas and specific issues of most pressing concern.

Over the following several months, Task Forces were developed for each of the identified focus areas. The Task Forces were charged with further developing and defining the Community Impact Agenda. The Task Forces included issue area experts, community representatives, and nonprofit, business and community leaders. The job of the Task Forces was to:

- 1) affirm or modify as appropriate the issue areas and visions defined in the foundational plan established by the Steering Committee,
- 2) review research and further define benchmarks, measurements and targets, and
- 3) begin developing a list of community-wide strategies for achieving defined goals.

After months of work from both the Steering Committee and the Task Forces, focus areas and specific issues were identified. Visions for a positive future and measurable targets to indicate success were developed. Those focus areas and issues include:

Developing Self-Sufficient Individuals

- 1) Early Childhood Development and Education
- 2) School Completion
- 3) Literacy
- 4) Job Skills Development

Building Strong Individuals, Children and Families

- 1) Life Skills & Youth Development
- 2) Abuse & Interpersonal Violence
- 3) Health
- 4) Caring for Seniors & Disabled Persons

Strengthening Neighborhoods

- 1) Safety
- 2) Affordable, Adequate Housing
- 3) Community Connection & Civic Involvement
- 4) Infrastructure & Blight

Supporting Basic Needs

Basic needs such as food, shelter, clothing and emergency heating and utility assistance as well as emergency service programs

The Community Impact Agenda defines community visions for a positive future and identifies desirable and measurable community-level outcomes as indicators and targets for success. These indicators and targets serve as long-term goals and provide for measurable ways to determine progress, results and areas for improvement.

Indicators were selected on the basis of availability of data, consistency of measurement tools, reliability and integrity of data sources and ability to link data sources as a viable indicator for the Visions established. In some cases, a consistent data set has not yet been determined for an issue area and therefore no target has been set. In those cases, the task will be to continue to search for a viable indicator or possibly develop a tool for reliable tracking in the future.

Targets were set for the year 2012. This year was chosen with the acknowledgement that it will take time from beginning the work of Community Impact before community-level change can be seen. In addition, several data sets identified are from the Census Bureau. By 2012, updated data shall be available from the next Census.

It is important to note that the indicators and targets identified are community-level indicators, which differ from program-level indicators. Community-level indicators are the result of many facets and environmental conditions all working together to influence a community-level condition. It often takes several years and collective action before one sees significant movement on community-level indicators. No one program and entity can be solely responsible for changing a community-level indicator; it must be through collective action and environmental influence. On the other hand, program-level indicators are those resulting directly from activity of a specific program. Program-level indicators provide information on results, progress and success of a specific program. In theory, combining the positive outcomes and successes of various programs results in collective positive impact on a community-level indicator.

Next Steps for Achieving Impact

As the Community Impact Agenda has set the direction for community improvement and a positive future for Anderson County, the “next steps” will be critical to ensuring that the community works together to achieve positive results. This document is intended to be a “living document” and a continual work in progress. The community must persistently focus on working together to achieve goals and adjust and fine-tune goals and strategies as needed. In order to ensure success, there are critical factors to that must be in place. These include:

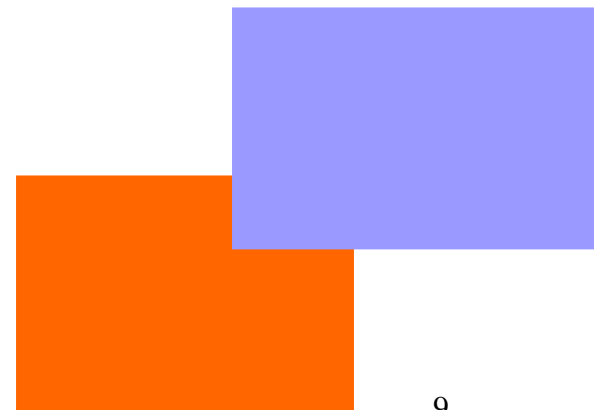
- o **Community Involvement & Collaboration** – The goals set in the Agenda cannot be achieved by one organization alone. Partners must work together, utilizing and leveraging resources in the most efficient and effect way to see results.
- o **Community-Wide Strategies** – A critical next step is to benchmark, develop and implement specific community-wide strategies to guide actions and define tasks for achieving goals.
- o **Tracking Progress & Results** – Reviewing updated data and tracking the selected indicators are integral to measuring progress and results. This will continually focus the

community on Impact issues and help the community identify what is working well and what needs improvement.

- o **Dedication** –Community-level change takes time. Community partners must be dedicated to continuing to focus and work on achieving impact even though, in some cases it may take years to see the community-level change.
- o **Recognition & Celebration** – It is important to take time to recognize and celebrate our successes and acknowledge the dedication and hard work of our partners that have made those community successes possible.

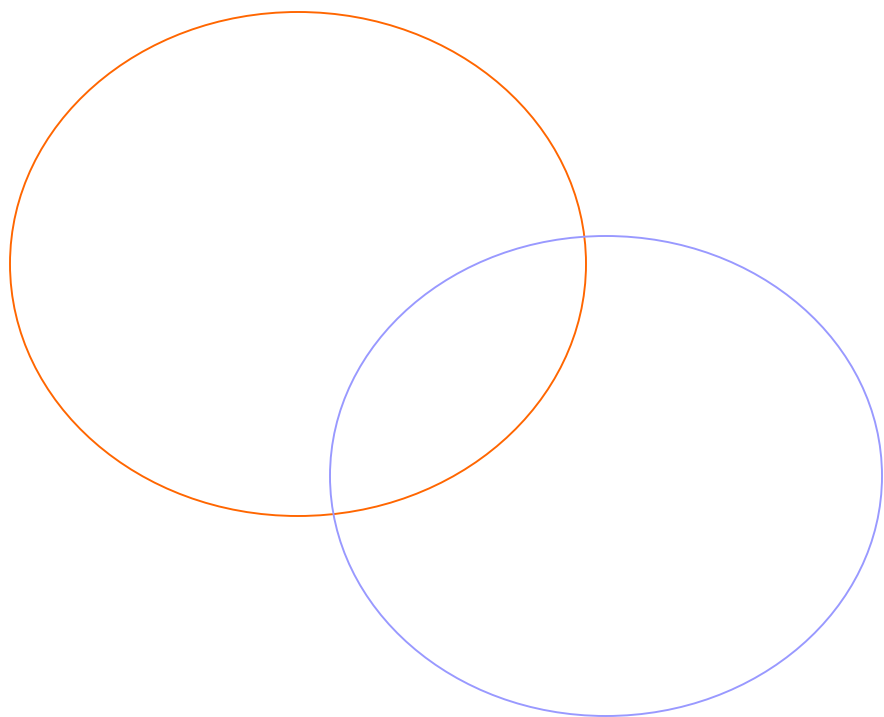
Coordination with *Imagine Anderson*

As one of the critical success factors of Community Impact is *community involvement and collaboration*, through the development process and in moving forward, community partners have been careful to ensure coordination with a concurrent community-level planning process being led by the Anderson Area Chamber of Commerce. This effort, *Image Anderson*, is a broad-ranged community visioning process that will provide the Anderson community with visions and goals for various community sectors to be achieved by the year 2026. While the *Image Anderson* effort is broader in scope, Community Impact focuses primarily on the health and human services sector. There is no doubt that these two efforts complement and support each other and partnerships on common goals will naturally take place as the two processes work together.





Developing Self-Sufficient Individuals



Developing Self-Sufficient Individuals

VISION

All people in Anderson County, young and old, are self-sufficient, productive members of the community, supported by appropriate education and skills training.

Early Childhood Development and Education

Goal

Increase the number of children in Anderson County receiving a quality early education and development experience as a foundation for later success in life.

Early education, care and development opportunities for our young children have great implications for our community's present and future states. In the present, a family's ability to find and keep affordable, quality childcare in a safe and nurturing environment is key for parents' ability to find and maintain jobs; it is a key factor for our economy.

For the future, providing a child with solid, quality educational and development opportunities sets the foundation for a child's later success in life. Brain development research has indicated that a child's most important learning takes place during the first few years of life. It is critically important that early care and instruction for young children incorporates appropriate educational and developmental components through the child care setting, home and family environment as well as in the early education system in our schools.

Research suggests that indicators of positive early education and development of young children can be measured by tracking the progress a child is making in school by the third grade. If a child has a sound educational foundation, they are more likely to be achieving in the third grade and later on through the educational system.

Measuring Progress

Indicator	Current Data (2005)	2012 Target
% 3 rd grade children in Anderson County testing at or above Basic in English/Language Arts on the PACT (source: SC Department of Education; www.myschools.com/tracks/testscores/pact/2005/)	All Districts: 92.3% District 1: 96% District 2: 96.8% District 3: 86% District 4: 88.6% District 5: 94.2%	Average of All Districts: The percentage of 3 rd graders are testing at or above Basic in English/ Language Arts on the PACT increases to 95%.
% 3 rd grade children in Anderson County testing at or above Basic in Math on the PACT (source: SC Department of Education; www.myschools.com/tracks/testscores/pact/2005/)	All Districts: 87.5% District 1: 93.1% District 2: 94.2% District 3: 77% District 4: 83.9% District 5: 89.3%	Average of All Districts: The percentage of 3 rd graders are testing at or above Basic in Math increases to 91%.

About the Data

The Palmetto Achievement Challenge Test (PACT) is part of South Carolina's statewide assessment program to measure student performance on the state standards. It is administered to all students in grades three through eight each year.

PACT is one component of the statewide assessment program mandated by the South Carolina Education Accountability Act of 1998. The Office of Assessment is responsible for the development and administration of PACT, while the Education Oversight Committee reviews the implementation of PACT and other components of the statewide assessment program.

Four performance levels have been established for the PACT – below basic, basic, proficient and advanced. These levels indicate how an individual student is performing based on the curriculum standards assessed by the PACT. BASIC level means that a student has passed the test and can meet the minimum expectations for student performance and is prepared with the minimum, basic requirements for the next grade level.

School Completion

Goal

Increase the percentage of students in Anderson County who complete high school or earn a high school equivalency.

Receiving and achieving a high school education is another stepping stone toward ensuring self-sufficiency in adulthood. The skills and knowledge received through high school are critical for future success, attainment of further educational opportunities and future employment.

Tracking exact numbers of students who leave school and do not receive a high school education is challenging; however, high schools do measure high school graduation and completion in several different ways in order to get a full understanding of the trends and numbers. The most common measurements used across the state are the *graduation rate* and the *high school drop out rate*. Each is measured differently and are not comparable to each other (see About the Data section below).

According to SC Kids Count, *graduation rates* in Anderson County, during the 2000 – 2003 period, indicated that 35.2% of 8th graders failed to graduate from county schools within four years (this calculation includes state high school diplomas, certificates and local certificates as graduation). This demonstrates an alarming increasing trend, whereas the rate of those not graduating within a four-year period was only 27.3% during the 1980-84 period.

The annual *drop out rate* of all Districts in Anderson County in 2004-2005 was 3.1%. Over the past 4 years approximately 275 to 300 students have dropped out of the educational system each year in Anderson County (source: SC Department of Education *2003-2004 Report on Student Drop Out Rates*).

Fortunately, many dropouts eventually enroll in adult education programs and earn a high school diploma or a General Education Development (GED) certificate. In 2005 191 GEDs were awarded through the five school districts in the county. Of those GED's awarded, 123 were obtained by individuals age 17-21. If one compares the number of GED's awarded to those age 17-21 to the average # of drop outs reported each year (approx. 275), one could estimate that approximately 45% of those who drop out of school go on to obtain a GED before they are 22 years of age.

Over time, adult education high school diplomas and GEDs increase the effective school completion rate substantially. In the 2000 Census, 18.1% of county residents 25 - 34 year-olds said they had not completed either high school or a GED.

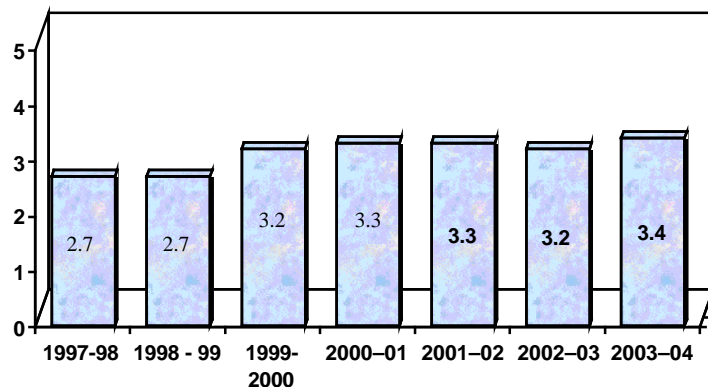
Measuring Progress

Indicator	Current Data (2004-2005)	2012 Target
Annual Drop Out Rate in Anderson County (source: SC Department of Education; http://www.myscschools.com/reportcard/2005/)	All Districts: 3.1% District 1: 1% District 2: 5.3% District 3: 2.8% District 4: 2.2% District 5: 4.8%	The annual drop out rate (average of all districts) decreases to 2% .
Graduation Rate in Anderson County (source: SC Department of Education; http://www.myscschools.com/reportcard/2005/)	All Districts: - 78.52% District 1: 84.4% District 2: 79.1% District 3: -- 68.1% District 4: 84.1% District 5: 76.9%	The graduation rate (average of all districts) increased to 80%.
Estimated % of students in Anderson County who drop out of high school who achieve a GED through the school districts before age 22 (source: Anderson Adult Education Center - # of GEDs obtained; State Education Department - # of students dropping out of schools)	45%	The percentage of those who drop out of school who achieve a GED before age 22 increases to 55%.

About the Data

The *school drop out rates* and the *high school graduation rates*, which are reported annually on each School District Report Card, are not synonymous and have varied definitions and calculations. Definitions/calculations for each follows:

School Drop Out Rate: SC's State Department of Education uses a formula of dividing the number of dropouts for grades 9-12 by the total enrollment for grades 9-12. Using this methodology the annual dropout rates for the state over the last several years follow:



The State Board of Education defines *dropout* as a student who leaves school for any reason, other than death, prior to graduation or completion of a course of studies and without transferring to another school or institution.

The following criteria clarify and expand the above definition by designating a dropout as an individual who

- was enrolled in school during the previous school year but did not reenroll at the beginning of the current school year;
- was enrolled in school during the previous school year and dropped out, reenrolled at the beginning of the current school year, but left prior to October 1;
- leaves an elementary or secondary school and enrolls in adult education or a program preparing for the GED (General Educational Development) exam ; the exception is the case in which the public school system monitors the student's enrollment and reports the student as a dropout if he or she drops out of the program; or
- is not temporarily absent due to suspension, long-term illness, or other emergency.

More detail on how the rate is calculated and definitions and descriptions of “drop outs” can be found in the State’s Policies and Procedures for the Collection of School Dropout Data at http://www.myschools.com/offices/ssys/alternative_education/dropout/ .

School Graduation Rate: Calculated by comparing 12th grade enrollment to 9th grade enrollment four years earlier.

GED Target:

While the primary goal would be for students to complete high school, for those who do drop out of the system for various reasons, the goal would be to identify these individuals early and assist them in completing their education through the GED program to ensure educational attainment of at least a high school level degree.

The GED target above has been set based on the following assumptions and calculations: Over the past 4 years the average number of dropouts has been 275-300 students per year. Using this fact, it has been estimated that about 45% go on to achieve a GED by age 22 -- (123 individuals age 17-21 year olds earning a GED in 2004-05 divided by 275 estimated number of students who drop out). The assumption being that those who have dropped out are those in the 17-22 year old pool now in the GED system.

Literacy

Goal

Increase literacy levels in Anderson County.

Literacy means more than the ability to read and write. The National Institutes on Literacy defines literacy as the “*ability to read, write and speak English proficiently, to compute and solve problems and to use technology in order to become a life-long learner and be effective in the family, workplace and community.*” This level of functional literacy is critical to success in today’s work and economic environment as well as for achieving overall self-sufficiency. A

national literacy assessment tool rates literacy skills on five levels, with a Level 1 being the lowest skill set. A number of national and state organizations in the U.S., including the National Governor's Association, have identified Level 3 proficiency as a minimum standard for success in today's labor market. Findings from the assessment indicate that only half of the U.S. adult population 16-65 years of age reached Level 3. Insufficient literacy skills continue to be a significant problem. According to a special adult literacy survey completed in 1992, approximately 56% of Anderson County's adult population (16-65) was estimated to perform in the two lowest literacy levels (are not achieving at a Level 3) as compared with 52% of all adults in South Carolina and 48% in the United States.

Measuring Progress

Indicator	Current Data (1992)	2012 Target
Anderson County Literacy Rate (source: National Adult Literacy Survey, 1992; http://www.casas.org/lit/litcode/Detail.CFM?census AREAID=2504)	56% Level 1 & 2 44% Level 3+	TBD – Assessment tool to be determined*

About the Data

The National Adult Literacy Survey (NALS) was conducted during 1992 by the Educational Testing Service (ETS) for the U.S. Department of Education. The results are reported in three scales, each ranging from 0-500: a prose scale, a document scale, and a quantitative scale. Each scale is then divided into five levels: Level 1 (0-225), Level 2 (226-275), Level 3 (276-325), Level 4 (326-375), and Level 5 (376-500). Descriptions of each level follow below.

Description of the Document Literacy Levels	
Level 1 0-225	In general, these tasks require examinees to locate a piece of information in a document, where the information sought is identical to the information given in the directive. Other tasks at this level ask examinees to enter information from personal knowledge (e.g., their age) onto a document.
Level 2 226-275	Tasks at this level are varied. Some require examinees to locate a single piece of information in a document, where the information in the directive is identical to that in the document. In others, distracters are present in the document, or the match requires making low-level inferences. Tasks at this level also begin to require examinees to “cycle” through a document (e.g., scan a document several times for different features) or to integrate information from various parts of a document.
Level 3 276-325	Tasks at this level typically require examinees either to integrate multiple pieces of information from a document or to cycle through fairly complex tables or graphs in which distracters are present.
Level 4 326-375	Tasks at this level also involve making matches based on multiple features of information, cycling through documents for different types of information, and integrating information from different parts of a document, but the degree of inferencing is increased. Cycling tasks at this level often require examinees to make multiple responses, but the correct number of responses is not stated. Conditional information may also be present and must be taken into account.
Level 5 376-500	These tasks require examinees to search through detailed displays containing multiple distracters, to make high-level inferences, and to use specialized background knowledge to find and integrate information from complex documents.

* An updated study was completed nationwide in 2003; however, due to financial constraints, some states and counties were not included in the study. South Carolina and Anderson County were not included; therefore, 2003 data specific to Anderson County is not available.

While it is noted that the literacy data is outdated, it is still important to continue to work on and track literacy skills in the county. A target has not been set at this point due to outdated data and uncertainty of availability of updated data and the continuation of the current national survey tool. It is recommended that efforts be made to participate in the next national survey if conducted or to develop means locally or regionally by which literacy rates can be tracked on an on-going basis for Anderson County.

Job Skills Development

Goal

Increase the number of individuals and families in Anderson County that have the opportunities and skills to secure and maintain meaningful, living wage employment ensuring an income level of at least 200% of the poverty level.

Formal post-secondary education, vocational education and job training programs are all important in preparing the people of Anderson County for work. In today's environment of shifting industries, types of jobs available and skill sets needed in the marketplace, it is important to continually address developing job skills sets of individuals in alignment with skills needed in the marketplace. The ability for an individual or family to obtain and maintain employment at a livable wage is critical to self-sufficiency.

Measuring Progress

Indicator	Current Data	2012 Target
% of High School graduates in Anderson County entering post-secondary options (source: SC Statistical Abstract, SC Budget and Control Board, Office of Research and Statistics; http://www.ors2.state.sc.us/abstract/chapter7/education12.asp)	71.6% Anderson County (2003) 68.9% SC (2003)	75% graduates will pursue post-secondary options.
Unemployment Rate in Anderson County (source: SC Employment Security Commission, US Dept. of Labor)	7.2% (May 2006)	Unemployment rate will be 6.5% or less.

Indicator	Current Data	2012 Target
Per Capita Income in Anderson County (source: U.S. Census Bureau, Census 2000, SF3, Table P82; http://factfinder.census.gov/servlet/SAFFacts?_event=Change)	\$18,365 Anderson Co.	Per capita income in Anderson County will be above 200% poverty level. (200% of poverty level per person in 2006 is \$19,600)

Other Data to Track

- Anderson County per capita income as % of Southern Region Average (Census 2000)
 - o 91% of Southern Region (\$20,218)
- Anderson County per capita income as % of US Average (Census 2000)
 - o 85% of US (\$21,587)
- Per capita income SC (Census 2000)
 - o \$18,795 SC
- Per capita *personal* income 10-County Upstate Region (2004 Upstate Alliance data)
 - o \$26,057 Upstate
- Per capita *personal* income Anderson County (2004 Upstate Alliance data)
 - o \$26,249 Anderson Co.
- Household Median Income in Anderson Co. (Census 2000)
 - o \$36,807 Anderson Co.
- Household Median Income in SC (Census 2000)
 - o \$37,082 SC
- Household Median Income in Anderson Co as % of South East Region median income (Census 2000)
 - o 96% of Southern Region (\$38,190)
- Household Median Income in Anderson Co As % of US median income (Census 2000)
 - o 88% of US (\$41,994)

About the Data

Unemployment rates are a good indicator of the state of the economy. Unemployment is measured in different ways. The State Employment Security Commission reports monthly counts only those who are currently obtaining unemployment benefits; the count excludes people whose benefits have run out, who have never applied for benefits, or who have stopped working. US Census data includes all these categories and therefore reports higher unemployment rates than state agencies. In Anderson County, unemployment has not fallen below 7% in the past 3 years.

Per capita income data is obtained from the US Census and is defined as the “average obtained by dividing aggregate income by total population of an area”.

Median income data is obtained from the US Census and is arrived at as stated below: The median income divides the income distribution into two equal groups, one having incomes above the median, and other having incomes below the median. A household includes all the people who occupy a housing unit as their usual place of residence.

**2006 Poverty Guidelines for the 48 Contiguous States
and the District of Columbia**

Poverty
Persons in family unit guideline

1	\$9,800
2	13,200
3	16,600
4	20,000
5	23,400
6	26,800
7	30,200
8	33,600

For family units with more than 8 persons, add \$3,400
for each additional person.

Source: Federal Register, January 24, 2006 (Volume 71, Number 15)

Other Data to Track and Additional Resources

While targets have been set around specific indicators, there are other data points listed above that may be valuable to track over time to get a full picture of the economic health of Anderson County and its residents. Organizations such as the Upstate Alliance and the Appalachian Councils of Government track this information and are valuable resources in the area whose efforts also focus on the economic health and growth of the Upstate Region.

Another tracking measure to be considered in the future includes WorkKeys. In 2004, across the state of South Carolina, WorkKeys® emerged as the tool which serves as an efficient, flexible and meaningful assessment by which workers could be matched to jobs meeting skill demand. WorkKeys® is a multifaceted workforce development product of the American College Testing Program, Inc. (ACT), a nationally-recognized, not-for-profit assessment organization. The backbone of the system is based upon the competency assessment of job seekers and incumbent workers in the three skills relevant to most jobs: Reading for Information, Applied Math, and Locating Information. Skill tests are designed to be completed in less than one hour; competency scores range from one to a high score of five. A variety of training options are available to remediate deficiencies. A job-readiness credentialing system provides a common competency currency recognized by businesses nationally. Competency measurements of a wider range of skills are available to accommodate more complex jobs.



Building Strong Individuals, Children and Families.

Building Strong Individuals, Children and Families

VISION

All residents have nurturing, safe home environments and access to supportive services that lead to healthy, productive, quality lives.

Life Skills & Youth Development

Goal

Ensure that all youth have the opportunity to develop into successful citizens.

To get a glimpse of Anderson County's future, look to its youth. To ensure future leadership, success and self-sufficiency, strategies to develop confidence and character among youth are critical to reducing barriers to potential such as juvenile delinquency, substance abuse and teen pregnancy. Mentoring, after-school programs and other learning opportunities offer encouragement, support and skills needed to grow into healthy, responsible adults. In Anderson County, teen pregnancy and juvenile delinquency are just two of the numerous barriers to youth achieving their full potential. Opportunities for learning and development of character and leadership skills will result in the reduction of poor decision-making that leads to these behaviors and consequences among our youth.

Measuring Progress

Indicator	Current Data	2012 Target
Teen pregnancy rate (source: SC Dept of Health and Environmental Control; http://www.teenpregnancysc.org/pdf/2005_Data_Sheet.pdf)	33.5 per 1,000 (2003)	The teen pregnancy rate decreases to 31 per 1,000.
Rate of repeat pregnancies (source: SC Dept of Health and Environmental Control; http://www.teenpregnancysc.org/pdf/2005_Data_Sheet.pdf)	31% of pregnancies were repeat pregnancies (2003)	The percentage of repeat teen pregnancies decreases to 28.5%.
Rate of age eligible juveniles (10 – 16) processed for delinquency (source: SC Dept. of Juvenile Justice; http://www.state.sc.us/djj/pdfs/2004-2005-County-Datasheets.pdf)	47 per 1,000 (2004-2005)	The rate of age eligible juveniles processed decreases to 45.6 per 1,000.
Percent of juvenile referrals to DJJ with prior referral history. (source: SC Dept. of Juvenile Justice; http://www.state.sc.us/djj/pdfs/2004-2005-County-Datasheets.pdf)	44% (2004-2005)	The percentage of juveniles with prior referral history decreases 42.7%.

Indicator	Current Data	2012 Target
% of 7 th & 8 th graders reporting using alcohol in the past month (source: SC Kids Count; http://www.sckidscount.org/ctyrank05.asp)	20.1% (2002)	The % of 7 th & 8 th graders who report using alcohol decreases to 17%.
% of high schoolers reporting using alcohol in the past month (source: SC Kids Count; http://www.sckidscount.org/ctyrank05.asp)	34% (2002)	The % of high schoolers who report using alcohol decreases to 30%.
% of 7 th & 8 th graders reporting using illegal drugs in the past month (source: SC Kids Count; http://www.sckidscount.org/ctyrank05.asp)	8.9% (2002)	The % of 7 th & 8 th graders who report using illegal drugs decreases to 6%.
% of high schoolers reporting using illegal drugs in the past month (source: SC Kids Count; http://www.sckidscount.org/ctyrank05.asp)	18.8% (2002)	The % of high schoolers who report using illegal drugs decreases to 15%.

About the Data

Data from the SC Department of Juvenile Justice are compiled annually. Fact sheets are available for each county in the State. Data on teen pregnancy was found through the SC Campaign to Prevent Teen Pregnancy website (compiled by the SC Department of Health and Environmental Control) in a report card format and is provided annually.

2003 Data Trends for Anderson County Juvenile Delinquency

	Number					Percent				
	1982	1990	2002	Change 1982- Present	Change 1990- Present	1982	1990	2002	Change 1982- Present	Change 1990- Present
Total	190	380	371	95.3%	-2.4%	2.7%	5.8%	5.7%	109.5%	-2.5%
White Males	85	171	171	101.2%	0%	3.1%	6.6%	6.6%	112.2%	-0.3%
White Females	54	88	70	29.6%	-20.5%	2%	3.5%	2.8%	40%	-20%
African American & Other Males	31	79	81	161.3%	2.5%	4.2%	11%	11.6%	175.5%	5.2%
African American & Other Females	20	42	49	145%	16.7%	2.5%	5.7%	6.4%	157.9%	13.1%

Copyright © 2006 South Carolina Kids Count

The latest data available for youth alcohol and drug use as reported by SC Kids Count is for 2002. A limited amount of current youth risk behavior data is available. County participation in the Department of Alcohol and Other Drug Abuse Services South Carolina Survey of adolescent substance abuse and risk-taking was not complete. All 5 districts participated, but there was only partial participation by the largest district (District 5). Full participation by all school districts is necessary to track statistics on a regular basis.

Truancy data from each school district are compiled by the SC Department of Education on an annual basis. District data is reported separately and for the purpose of this report, averaged to come up with percentages for all school within the county.

A truant child is counted and defined as follows: A child ages 6 to 17 years meets the definition of a truant when the child has three consecutive unlawful absences or a total of five unlawful absences. A “habitual” truant is a child, ages 12 to 17 years, who fails to comply with the intervention plan developed by the school, the child, and the parent(s) or guardian(s) and who accumulates two or more additional unlawful absences. This child may need court intervention and an initial truancy petition may be filed. The written intervention plan, and documentation of non-compliance, must be attached to the truancy petition asking for court intervention. A “chronic” truant is a child ages 12 to 17 years who has been through the school intervention process, has reached the level of a “habitual” truant, has been referred to Family Court and placed on an order to attend school, and continues to accumulate unlawful absences. Should other community alternatives and referrals fail to remedy the attendance problem, the “chronic” truant may be referred to the Family Court for violation of a previous court order. All school intervention plans existing to this point for this child and family must accompany the Contempt of Court petition as well as a written recommendation from the school to the court on action the court should take. (Source: SC Department of Education)

Abuse & Interpersonal Violence

Goal

Ensure that all individuals live in safe environments.

In order to thrive, individuals must feel confident and safe in their living environment. Positive role modeling and a nurturing home contribute to success in school, work and recreation. Domestic violence and child abuse and neglect threaten self-esteem of children and breaks the trust and respect of family relationships. Since most family violence is not reported, the true incidence of family disruption is much more widespread than even the large number of reported cases would indicate. Abuse and interpersonal violence must be addressed in Anderson County to ensure safe environments in which our residents live.

In 2004, there were 1,876 family assaults in Anderson County. According to the SC Law Enforcement Division (SLED), family assault in South Carolina is defined as “aggravated assault, simple assault, and intimidation involving victims and offenders who are related to one another, including common law spouses.” Of the 1,876 family assaults, 23.1% (1,104) involved a spouse or common law spouse.

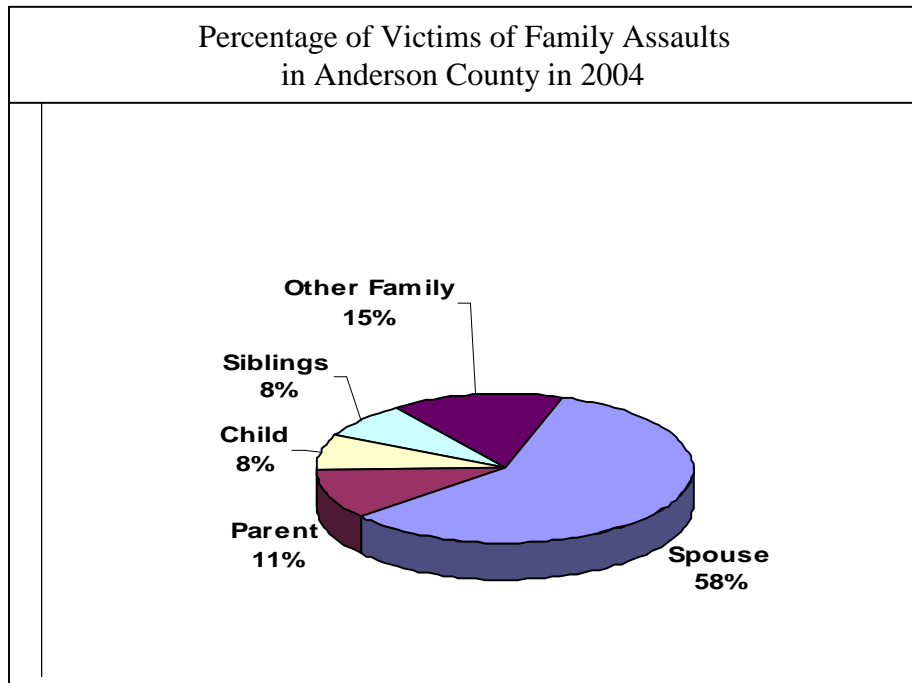
According to the 2004 SC Kids Count report, 419 children age 0 – 17 were victims of child abuse and neglect (2003-04). Strategies must be developed to assist parents and caregivers with coping and parenting skills and the multiple stressors that effect families in order to reduce the number of family assaults and child abuse and neglect in Anderson County.

Measuring Progress

Indicator	Current Data	2012 Target
Rate of family assaults (source: SC Law Enforcement Division; http://www.sled.state.sc.us/default.htm)	10.8 per 1,000 (2004)	The rate decreases to 8.8 per 1,000.
Rate of children who were determined by DSS to be victims of abuse and neglect (Source: SC Kids Count; http://www.sckidscount.org/county05.asp)	10.2 per 1,000 (2003-04)	The rate decreases to 8.2 per 1,000.

About the Data

In recent years, the SC Law Enforcement Division (SLED) has improved data and tracking systems that provide a broader understanding of family violence. The most recent data includes a breakdown of assaults by family member, inclusive of grandparents, grandchildren, step-children and common law spouses. The rate of family assaults was calculated using the number of assaults provided by SLED by the US Census county population estimate for 2004.



The SC Kids Count Kids Count report is compiled annually and is a reliable and consistent source of data from multiple agencies related to child health, education and welfare. Some advantages of using SC Kids Count or other state level agencies are consistency of data collection and comparability to other counties across the state.

Child abuse and neglect are defined by both Federal and State law. The Child Abuse Prevention and Treatment Act is the Federal legislation that provides minimum standards for the definition that States must incorporate in their statutory definitions. Under this act, child abuse and neglect, at a minimum, means any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents a imminent risk of serious harm (National Clearinghouse on Child Abuse and Neglect Information, US Department of Health and Human Services). The data above represents children aged 0 – 17 in Anderson County. A breakdown of the data as reported by SC Kids Count is as follows:

“In 2003-04, there were 845 investigations into reported cases of abuse and neglect involving children. Through its investigations, the Department of Social Services (DSS) determined that 254 of the investigations were indicated for abuse or neglect: 5.6% for physical abuse, 2.7% for sexual abuse, 0% for mental injury, 42.7% for physical neglect, 0.8% for educational neglect, 2.3% for medical neglect, 45.9% for threat of harm for physical/sexual abuse, and 0% for other types of abuse.

In the indicated cases of abuse and neglect, DSS determined that 419 children were victims of abuse or neglect, constituting 1% of children in the county. They were 44.6% male, and 55.4% female; 78.3% were White, 21.7% were African-American and Other. By age, 48.2% were 0 - 5, 32.1% were 6 - 12, and 19.7% were 13 - 17. In 2001 cases, 23.5% of the children lived in two-parent families, 44.3% in single parent families, 26.2% with unmarried couples, and 6% in other circumstances.”

Health

Goal

Ensure that residents adopt and maintain healthy lifestyles and have access to health care resources.

Good health is critical to quality of life. Healthy lifestyles that include being physically active, eating well and maintaining a mental balance are important components of preventing illness and disease. Programs, policies and environments that support healthy lifestyles must be available in communities to prevent premature death and disease. Access to a primary care doctor for preventative care and early detection of illness further supports good health. Specialty care services are in increased demand as more residents are diagnosed with chronic disease. Access to these services must also be available so that residents can manage their health and maintain quality of life.

Measuring Progress

Physical Health

Indicator	Current Data	2012 Target
% of residents 18 years or older that are obese (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	30% (2005)	The percentage of residents who are obese decreases to 28%.
% of residents 18 years or older that are overweight (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	39.9% (2005)	The percentage of residents who are overweight decreases to 37%.
% of population reporting not getting needed medical care because of cost (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	18.2% (2005)	The percentage of residents who could not get care because of cost is decreases to 16%.
% of population that lacks health care coverage (insurance or government plan) (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	20.4% (2005)	The percentage of residents who have no health coverage decreases to 18%.
% of population not having visited a dentist in over 2 years (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	23.3% (2004)	The percentage of residents who have not been to the dentist in over 2 years decreases to 20%.

Mental Health

Indicator	Current Data	2012 Target
% of residents reporting their mental health is not good for 8 or more days within the last 30 days (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	15.5% (2005)	The percentage of residents reporting their mental health was not good for 8 or more days within the last 30 days decreases to 13%.
% of residents reporting they always or usually get the social and emotional support they need (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	78.5% (2005)	The percentage of residents getting the social and emotional support they need increases to 81%.
Rate of suicide in Anderson County (source: SCDHEC; http://scangis.dhec.sc.gov/scannet/tables/death2table.aspx)	17.3 per 100,000 (2004)	The rate of suicide decreases to 15 per 100,000.

Substance Abuse

Indicator	Current Data	2012 Target
% of residents who smoke everyday (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	37.4% (2005).	The percentage of residents who smoke everyday decreases to 32%.
% of residents at risk for binge drinking (drink 5 or more alcoholic beverages in one day within a 30 day period) (source: SCDHEC/BRFSS; http://www.scdhec.gov/hs/epidata/brfss_index.htm)	15.1% (2005)	The percentage of residents at risk for binge drinking decreases to 13%.
DUI arrests for Anderson County (source: SC Law Enforcement Division; http://www.sled.state.sc.us/default.htm)	There were 411 arrests for DUI in 2002, 350 in 2003, and 226 in 2004.	The number of DUI arrests will not exceed 190.

About the Data

South Carolina Behavior Risk Factor Surveillance System (BRFSS) results for "Appalachia I," one of 12 SC health districts, includes Anderson and Oconee counties. Approximately 430 residents were surveyed in Appalachia I for the 2004 BRFSS. While this source of data is a reliable and consistent source, it is not a pure measure of Anderson County resident's health behaviors because Oconee County residents were included in the results. Oconee County makes up about 1/3 of the total population of both counties and therefore it can be assumed that 2/3 of survey respondents live in Anderson County.

There are other sources of data for access to care that can be compared to the BRFSS, but also include surrounding counties within the Metropolitan Statistical Area (Greenville and Spartanburg). Such sources include the Center for Studying Health System Change and the

SC Department of Insurance (A 2003 study by the SCDOI reported that 19% of Upstate residents had no health coverage within the past year). Sources for data specific to Anderson County include the US Census Bureau (reporting that 12.7% of residents and 9.9% of children 18 and under were uninsured in 2000) and the county-wide assessment process spearheaded by Partners for a Healthy Community. These data sources are excellent tracking tools and can provide validity to the annual data provided by BRFSS, but will only be available every 8 to 10 years.

Suicide rates are available on SCDHEC interactive website, for which tables can be generated for leading causes of death by county. Crude suicide rates are reported and a disclaimer states that the reliability and validity of data can be questioned due to the small numbers reported.

DUI arrest data as reported by the South Carolina Law Enforcement Division appears to show progress toward decreasing the number of residents driving under the influence of alcohol or other drugs. However, explanations for the data must be taken into account when interpreting such results. For example, a decrease in law enforcement officers may influence the annual number of DUI arrests.

Caring for Seniors & Disabled Persons

Goal

All seniors have their basic needs met, remain contributing members of the community and maintain a good quality of life for as long as possible.

According to the 2000 Census, the number of persons over the age of 85 in the United States showed the highest population increase. Medical advancements, technology and community support are allowing people to manage chronic illness, remain healthy and receive the support and assistance needed to live longer. These services and medical advancements, however, are quite costly and pose a challenge to communities in their use of resources.

In Anderson County, the percent of persons over the age of 65 is slightly higher than the US (13.7% in Anderson County and 12.4% in the US). Anderson County's geographic location near the mountains and lakes and its cultural environment make it an appealing location for retirement. These retired individuals provide a tremendous asset to the community through volunteerism, trade and reemployment, as they age, the demand for support services, in-home care and institutionalization requires that local resources be utilized to maintain the capacity for caring for these individuals.

In addition to caring for seniors, it is important to maintain services to enhance the quality of life for persons with disabilities. The 2000 Census showed that almost 1 in 4 people (23.6%) in Anderson County have a disability. The range of these disabilities requires local programs that provide skills training and job placement, provide home health care and maintain enough institutional facilities as needed.

Measuring Progress

Indicator	Current Data	2012 Target
# of cases reported to DSS as needing Adult Protective Services due to abuse, neglect or exploitation among adults age 61 and older (source: DSS, SC Mature Adults Count; http://www.scmatureadults.org/how_cty03.asp?COUNTYID=4)	352 (2003)	The number of cases will not exceed 300.
% of elderly who have housing problems (source: Department of Housing and Urban Development, SC Mature Adults Count; http://www.scmatureadults.org/where_cty03.asp?COUNTYID=4)	42% of one and two person elderly rental households have some type of housing problems; 17.2 % of one and two person elderly owner-occupied households	The percent for rental households decreases to 39% and for owner – occupied households decreases to 15%.
% of persons age 21 – 64 with a disability who are employed (source: US Census; www.factfinder.census.gov)	54.2% of persons age 21 – 64 with a disability are employed (2000)	58% of persons age 21 – 64 with a disability will be employed.

Other Data to Track

- % of population 18 years or older who report no exercise or leisure time physical activity within the last 30 days not exercising within the last 30 days (SCDHEC/BRFSS)
 - o 23% (2005)
- % of population that eats 5 or more fruits and per day within the last 30 days (SCDHEC/BRFSS)
 - o 19.9% (2005)
- % of residents who say they have a primary care doctor (SCDHEC/BRFSS)
 - o 83.7% (2005)
- % of seniors living alone (US Census)
 - o Of the 21,400 people over 65 years of age, 29.9% live alone (2000)
- % of seniors age 65 and older who are institutionalized (US Census)
 - o 5% (2000)
- Grandparents responsible for grandchildren (US Census)
 - o 4,308 live w/ grandchildren; 52.8% are responsible for grandchildren (2000)
- % persons with disabilities (US Census)
 - o 23.6%

Other potential indicators for tracking:

- Years potential life lost (premature death)
- Infant Mortality
- Ratios of doctors & dentists for Anderson County population (ratios defined by US Department of Health and Human Services – see Health Professional Shortage Area definitions)
- Ratios of doctors & dentists to low-income patients in Anderson County

About the Data

Demographic data for seniors is available through the US Census Bureau and through the SC Mature Adults Count (compiled through the SC Office of Research and Statistics). Most of the

data included in this section is descriptive data, guiding communities in how to utilize resources for specific sub-groups of seniors. Community Impact activities for this area are typically geared toward maintaining self-sufficiency and quality of life for seniors and persons with disabilities. As Impact activities are identified, additional tracking measures may need to be developed to measure specific community-level outcomes.



Strengthening Neighborhoods

Strengthening Neighborhoods

VISION

Residents & neighborhood partners come together to provide safe neighborhoods, affordable housing and a sense of connection that is vital to improving quality of life in the community.

Safety

Goal

Increase the number of neighborhoods that are safe.

Safety and security affects all aspects of neighborhood and community life. A feeling of safety supports positive relationships with neighbors, a sense of connectedness and promotes civic involvement. Neighborhoods in which there is a high rate of drug abuse, crime and vandalism struggle to maintain a sense of safety. Data from the SC Law Enforcement Division shows that crime rates in Anderson County are slightly higher than those of South Carolina as a whole (525.6 arrests per 10,000). In an effort to create positive impact in neighborhoods and in the community, it will be essential to develop focused strategies to address the various types of crime and safety issues.

Measuring Progress

Indicator	Current Data	2012 Target
Crime rates (all crimes) (source: SC Law Enforcement Division; http://www.sled.state.sc.us/default.htm) 2004 Crime and Arrest Data By County Report	594.4 per 10,000 (2004)	The crime rate decreases to 564.7 per 10,000.
Rate of arrests for drug law violations (source: SC Law Enforcement Division; http://www.sled.state.sc.us/default.htm)	44 per 10,000 (2004)	The rate decreases to 41.8 arrests per 10,000.
Rate of arrests for substance use/abuse classifications: drug laws, DUI, liquor laws and drunkenness (source: SC Law Enforcement Division; http://www.sled.state.sc.us/default.htm)	95.4 per 10,000 (2004)	The rate decreases to 90.6 per 10,000.

About the Data

County crime rates per 10,000 population are provided by SLED. The crime rates are for arrests for individuals that were treated as adults (in some cases this may be an individual below the age of 17) and based upon the latest population estimates available from the State Data Center, division of Research and Statistical Services, as of July 1, 2004. County populations are based upon a State population total of 4,177,000 and an Anderson population of 170,800 for 2004 and are rounded to the nearest hundred.

Affordable, Adequate Housing

Goal

Increase home ownership rates and access to affordable, quality rental housing.

Homeownership is an indicator of economic self-sufficiency. According to the Department of Housing and Urban Development (HUD), a household should spend no more than 30% of its income on housing in order to have enough income for food, clothing and other basics. Residents who continually struggle to find and maintain affordable housing and who are spending greater than 30% of their income on housing experience more barriers to economic security, educational attainment, and overall health and well-being. Data from the US Census Bureau shows that in Anderson County, fewer homeowners than renters spend >30% of their income on housing. Renters shoulder significantly more burden of housing cost and little income remains for education, child care, food and basic expenses, including health care. Even so, almost 1 in 5 homeowners also potentially struggle with this issue.

While an increased homeownership may be a desirable goal, it should not result in an increase in foreclosures. Strategies to decrease foreclosures should be considered for any effort to increase homeownership.

Measuring Progress

Indicator	Current Data	2012 Target
Homeownership rate (source: US Census; http://www.census.gov)	76.3% (2000)	Homeownership increases to 80%.
% income spent on housing for homeowners (source: US Census; http://www.census.gov)	17.4% (2000)	17% of homeowners spent > 30% on housing.
% income spent on housing for renters (source: US Census; http://www.census.gov)	32.2% (2000)	30.6% of renters spent >30% of their income on housing.

About the Data

In general, a home purchase requires a high cost for initial purchase and additional expenses association with owning and maintaining a home. Higher homeownership rates suggest the availability of affordable housing within a community. Homeownership and income data is available through the US Census Bureau every 10 years. The Census Bureau is the best source of consistent and thorough analysis of housing characteristics available for tracking progress in this area.

A regular, reliable source for annualized data on foreclosures for Anderson County needs to be identified and data obtained to develop for tracking changes and monitoring progress in this area.

Community Connection & Civic Involvement

Goal

Increase the number of residents who are engaged in neighborhood activities and leadership opportunities in the community.

Civic involvement fosters leadership and a sense of ownership in improving quality of life in neighborhoods and communities. It supports respect and tolerance and the skills necessary to create solutions to community issues. Connections that are developed among active and engaged individuals, whether it be through neighborhood associations, churches, community centers or schools, reduces hopelessness and isolation, which can contribute to poor mental and physical health. Opportunities for civic involvement, volunteerism and strong social supports are critical for improved quality of life in Anderson County.

Volunteerism and participation in local, state and federal elections is often used as an indicator of civic engagement. Half of Anderson County's residents over the age of 18 were registered to vote in 2004. About 71% of those residents voted. Strategies developed to foster community involvement, volunteerism and civic engagement will increase the quality of life among Anderson county residents.

Measuring Progress

Indicator	Current Data	2012 Target
% of individuals registered to vote (source: SC Election Commission; http://www.state.sc.us/scsec/election.html)	50% (2004)	55% of residents were registered to vote.
% individuals who vote (source: SC Election Commission; http://www.state.sc.us/scsec/election.html)	70.5% (2004)	74% of registered voters vote.
% of individuals who volunteer in the community (source: 2002 Community Assessment; kathy.little@anmedhealth.org)	32.6% (2002)	36% volunteer on a weekly basis.

About the Data

Data from the SC Election Commission and population estimates from the US Census Bureau were used to determine the % of residents 18+ registered to vote.

The 2002 Community Assessment was a broad-based collaborative effort to measure health and quality of life issues in Anderson County. The first assessment was conducted in 1995 and plans are to repeat this assessment regularly. In this assessment, the community was surveyed about volunteerism to understand the level of civic involvement among residents. Partners for a Healthy Community is the primary contact organization for data.

Additional measures of civic involvement may need to be identified or developed in order to monitor progress in this area.

Infrastructure & Blight

Goal

Improve infrastructure and address blight.

Adequate infrastructure and beautification contribute to a sense of safety and community pride. Well maintained roads and sidewalks assist residents in getting to places where they live, work and play. Substandard, dilapidated and abandoned housing creates serious blight issues and hinders forward neighborhood progress. Removal of such housing and beautification efforts are key activities that contribute to a decrease in crime and an increase in community engagement and positive neighborhood connectedness.

Measuring Progress

Indicator	Current Data	2012 Target
Vacant housing units (source: US Census; www.factfinder.census.gov)	7,564 vacant units; 28.2% for rent, 13.7% for sale (2000)	The number of vacant housing is reduced by 10%.
% of vacant homes lacking complete kitchen and plumbing facilities (source: US Census; www.factfinder.census.gov)	7.6% lack complete kitchen facilities; 4.6% lack complete plumbing facilities (2000)	5% of vacant homes lack complete kitchen facilities and 3% lack complete plumbing facilities.

Other Data to Track

- % of residents in HUD housing reporting feeling safe from crime in their building (Anderson County Housing Authority, HUD survey)
- % of residents in HUD housing reporting feeling safe from crime in their unit/home (Anderson County Housing Authority, HUD survey)
- Law Enforcement call records – Crime Stoppers (source: Anderson County)
- Percent of vacant housing built in 1939 or earlier (US Census)
 - o 9.4% (2000)

About the Data

Housing data provided by the US Census Bureau is a consistent source of information for tracking vacant housing. While housing structures without kitchen and plumbing facilities may be in good condition, they are not considered adequate for permanent housing. While there is no distinction in the data as to whether the housing built before 1939 is substandard, it is assumed that most *vacant* homes that built during this period are in poor condition. Additional information, preferably data on substandard housing using a rating scale, would be ideal for tracking progress in this area and may need to be developed in the future.

Data related to infrastructure (streets and sidewalks) is a challenge to obtain. Jurisdiction of roads and sidewalks are divided into state, county and municipal levels. New projects, maintenance and replacement is monitored by each individual jurisdiction. It is believed that adequate infrastructure is critical to developing strong neighborhoods and communities, therefore, additional measures and tracking tools (surveys or focus groups) may need to be identified or developed in order to monitor progress in this area.



Supporting Basic Needs

Supporting Basic Needs

VISION

The community remains committed to providing a viable safety net of health and human services to meet the basic needs of families and individuals in time of crisis.

According to the US Census Bureau, in Anderson County 12% of all individuals and approximately 17% of children live in poverty, and according to the South Carolina Council on Homelessness, the annualized estimate of the homeless population in Anderson County is 190 individuals who are estimated homeless at any point in time in the county.

Ensuring a community has a system in place to help people in times of crisis to meet life's basic needs is a basic foundation for a caring community. Anderson remains committed to assisting those who need help with basic such as food, shelter, clothing and other emergency needs.

It is important to note that the nature of Basic Needs/Safety Net services does not lend itself to an Impact model of change and outcome measurement as do the other focus areas. However, it is recognized that ensuring a viable system of services in the community to meet basic needs is critical. While Impact goals and measures are not defined for Basic Need and Safety Net Services in this document, community partners who were involved in the Agenda development are committed to continued support of these much needed services in Anderson County.

About the Data

The annualized estimate calculates the year round population from a one-day count that took place as part of a homeless count in January 2005 by the Upstate Homeless Coalition. (Source: South Carolina Council on Homelessness, Summary Analysis on the South Carolina Homeless Population, September 2005)

Annualized Estimate of Homeless Population: Anderson: 190; Upstate: 4,711; SC: 32,335

Poverty is defined by Federal Poverty Guidelines based on income level and numbers of person in the household. The most Federal Poverty Guidelines are as below:

2006 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

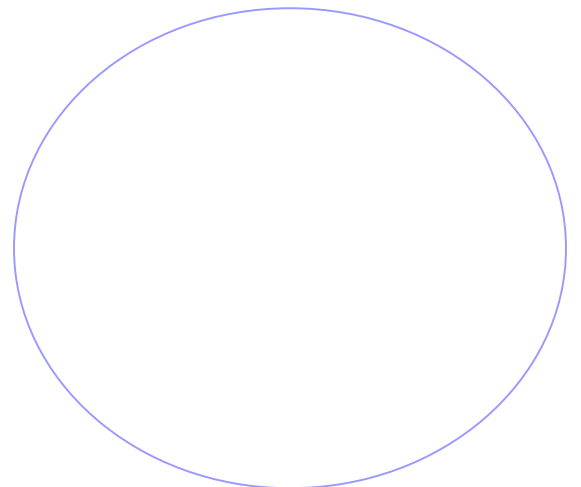
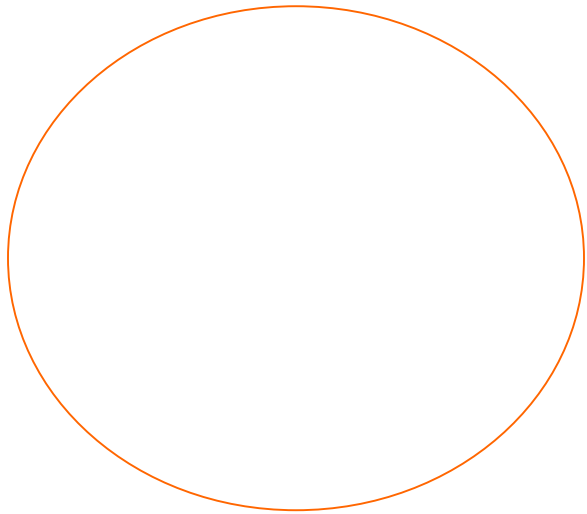
Poverty	
Persons in family unit guideline	
1	\$9,800
2	13,200
3	16,600
4	20,000
5	23,400
6	26,800
7.....	30,200
8	33,600

For family units with more than 8 persons, add \$3,400 for each additional person.

Source: Federal Register, January 24, 2006 (Volume 71, Number 15)



Anderson County Data



Research was conducted to ensure the Community Impact Agenda was research-based through reliable sources of data. The research process included a three-pronged approach of gathering 1) primary data from community surveys, 2) secondary, statistical data, and 3) qualitative data from focus groups and community discussions. A variety of sources of information was used in efforts to get a broader, fuller picture of the community, as opposed to relying on just one source of information and data.

Statistical data from the SC Office of Research and Statistics, Census Bureau and other sources of community indicators is included in the following pages. Data sources for community surveys and focus group discussions included the 2002 Anderson County New Century Needs Assessment and on-line surveys and focus group discussions conducted through United Way of Anderson County. A copy of the 2002 Anderson County New Century Needs Assessment can be obtaining through Partners for a Healthy Community. Data from surveys and focus groups conducted through the United Way can be obtained through the United Way of Anderson County.

Anderson County Profile

Data Source: Office of Research and Statistics, South Carolina Budget and Control Board (unless otherwise noted)

Basic Demographics

In 2000, Anderson County's population was **165,740**, ranking 7th among the 46 South Carolina counties in terms of population size. The population estimate for 2005 is 175,514 (*US Census Bureau*).

	<i>Anderson County</i>	<i>South Carolina</i>
Population, 2004 estimate	173,550	4,198,068
Persons under 5 years old, percent, 2000	6.7%	6.6%
Persons under 18 years old, percent, 2000	24.6%	25.2%
Persons 65 years old and over, percent, 2000	13.7%	12.1%
White persons, percent, 2000	81.6%	67.2%
Black or African American persons, percent, 2000	16.6%	29.5%
American Indian or Alaska Native persons, percent, 2000	.02%	.03%
Asian persons, percent, 2000	.04%	.09%
Persons reporting some other race, percent, 2000	.04%	1.0%
Persons reporting two or more races, percent 2000	.08%	1.0%
Persons of Hispanic or Latino origin, percent, 2000	1.1%	2.4%
Language other than English spoken at home, age 5+, 2000	3.3%	5.2%
Persons with a disability, age 5+, 2000	36,112	810,857

Source: US Census Bureau Census 2000, Quick Facts

2000 Census Facts	Anderson Co.	SC	US
Per Capita Income (1999)	\$18,365	\$18,795	\$21,587
Families Below Poverty (2000)	9.10%	10.70%	9.20%
Individuals Below Poverty (2000)	12%	14.10%	12.40%

Source: US Census Bureau

Poverty

Persons below poverty, percent, 1999

Anderson County
12.0%

South Carolina
14.1%

Poverty Status: 1999

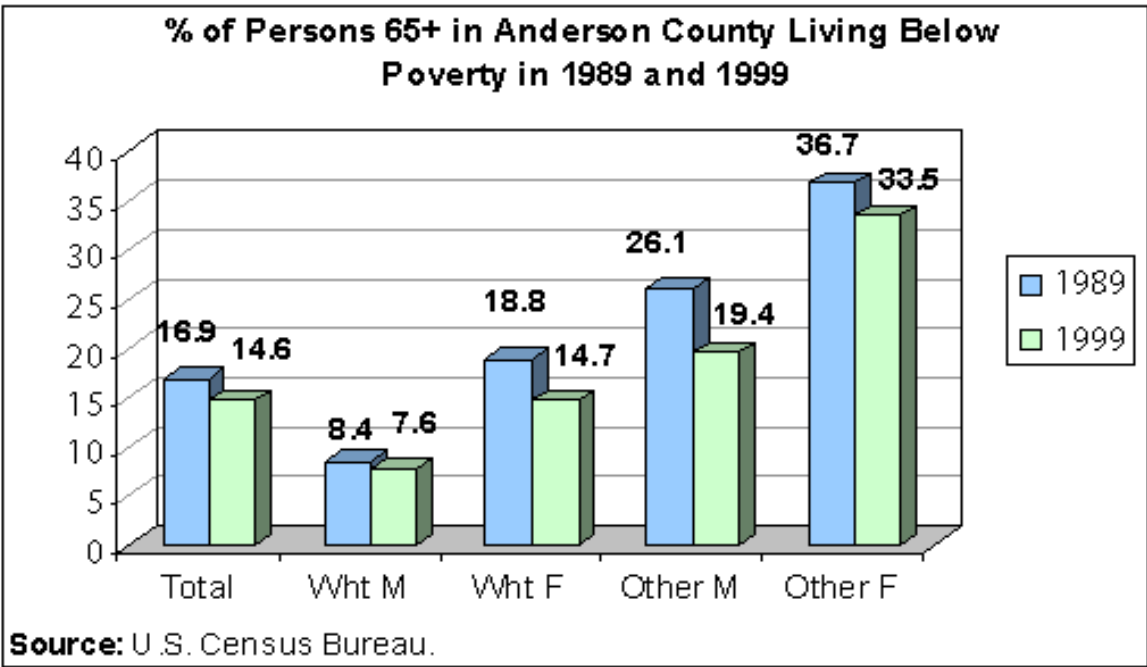
	Anderson County		South Carolina	
	#	%	#	%
White Alone Population for Whom Poverty Status is Determined	132,898	100.0	2,622,582	100.0
Below Poverty	11,972	9	224,339	8.6
African American Alone Population for Whom Poverty Status is Determined	27,249	100.0	1,132,422	100.0
Below Poverty	6,951	25.5	298,418	26.4
Other Race Population for Whom Poverty Status is Determined	3,073	100.0	128,325	100.0
Below Poverty	716	23.3	25,112	19.6
Hispanic or Latino Population for Whom Poverty Status is Determined	1,587	100.0	88,474	100.0
Below Poverty	329	20.7	22,440	25.4

Source: U.S. Census Bureau, Census 2000.

Children in Poverty: A rough estimate of child poverty in 2003 calculated by the Census Bureau was 17.1% for children below age 18.

Children Under 18 in Poverty in 1999

Percent of Poverty	Total		White		African American & Other	
	#	%	#	%	#	%
Under 50%	3,016	7.5%	1,497	4.9%	1,519	15.8%
Under 100%	6,340	15.7%	3,147	10.3%	3,193	33.1%
Under 125%	8,439	20.9%	1,366	14.7%	3,926	40.7%
Under 150%	10,633	26.4%	1,332	19.8%	4,568	47.4%
Under 175%	12,830	31.8%	1,584	25%	5,181	53.8%
Under 185%	14,010	34.8%	965	28.1%	5,396	56%
Under 200%	9,533	39.4%	1,377	32.6%	5,882	61%
Total Children	40,772	-	31,130	-	9,642	-



2006 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Poverty
Persons in family unit guideline

1	\$9,800
2	13,200
3	16,600
4	20,000
5	23,400
6	26,800
7	30,200
8	33,600

For family units with more than 8 persons, add \$3,400 for each additional person.

Source: Federal Register, January 24, 2006 (Volume 71, Number 15)

Economic

Median household income, 1999

Anderson County
\$36,807

South Carolina
\$37,082

Household Income in 1999

	Anderson County		South Carolina	
	#	%	#	%
Total Households	65,690	100.0	3,114,016	100.0
Less than \$10,000	7,708	11.7	181,777	11.8
\$10,000 to \$14,999	5,009	7.6	106,693	7.0
\$15,000 to \$24,999	9,508	14.5	220,065	14.3
\$25,000 to \$34,999	8,899	13.5	213,504	13.9
\$35,000 to \$49,999	11,803	18	269,559	17.6
\$50,000 to \$74,999	12,983	19.8	288,757	18.8
\$75,000 to \$99,999	5,247	8	129,518	8.4
\$100,000 to \$149,999	3,298	5	81,624	5.3
\$150,000 to \$199,999	554	0.8	19,873	1.3
\$200,000 or more	681	1	22,964	1.5

Source: U.S. Census Bureau, Census 2000.

Unemployment Rate: In December 2005, the unemployment rate for Anderson County was 7.1 (7.0 in South Carolina). In March 2006, it was 7.2 (6.5 in South Carolina).

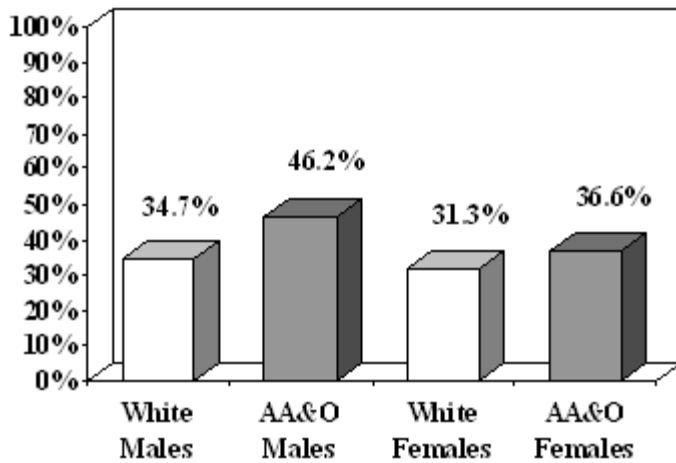
Source: SC Employment Security Commission

Education

School Readiness Summary: A serious problem exists in terms of student readiness and school success in the early grades. With 26.3% assessed not consistently ready for the 1st grade, 18.9% over age in grade 3, and 18.5% of eight and nine year-olds placed in special education, unacceptably large numbers of students still begin school without good prospects of success in future school achievement and graduation.

Graduation and Dropout Rates: Distressing numbers of students drop out and fail to graduate. An average of 27.3% of 8th graders failed to graduate** from county schools four years later during the period 1980-84, 30.4% during 1985-89, 29.9% during 1990-94, 30.4% during 1995-99 and 35.2% during 2000-2003. These calculations include state high school diplomas and certificates and local certificates as graduation.

Figure 9: High School Dropout Rate*, 2001-2003

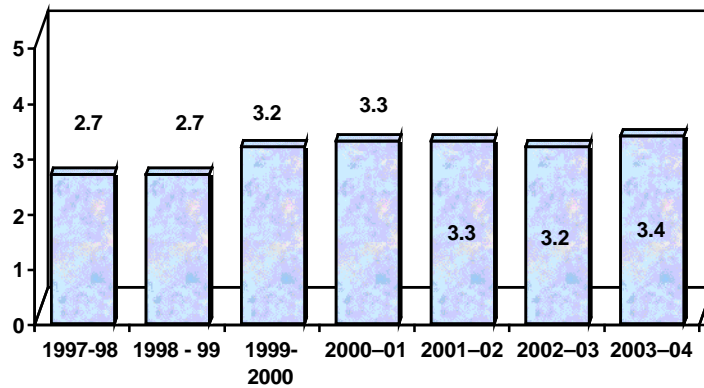


2004 Graduation Rates for each school district are as follows:

Anderson School District One: 84.4%	Anderson School District Four: 84.1%
Anderson School District Two: 79.1%	Anderson School District Five: 76.9%
Anderson School District Three: 0% (error?)	

Source: 2004 District Report Cards

School Drop Out Rate: SC's State Department of Education uses a formula of dividing the number of dropouts for grades 9-12 by the total enrollment for grades 9-12. Using this methodology the annual dropout rates for the state over the last several years follow:



Educational Attainment in Anderson County: Anderson County showed an increase in its percentage of high school graduates, from 64 percent in 1990 to 73.4 percent in 2000. The percentage of the population holding a bachelor's degree in Anderson County increased from 12.9 percent in 1990 to 15.9 percent in 2000.

2000 Educational Attainment for the Population Aged 25+

	Anderson County		South Carolina	
	#	%	#	%
Less Than 9th Grade	10,595	9.5	215,776	8.3
9th to 12th Grade, No Diploma	18,988	17.1	398,503	15.4
High School Graduate	36,219	32.6	778,054	30.0
Some College, No Degree	19,596	17.6	500,194	19.3
Associate Degree	7,930	7.1	173,428	6.7
Bachelor's Degree	12,254	11	351,526	13.5
Graduate or Professional Degree	5,455	4.9	178,529	6.9

Source: U.S. Census Bureau, Census 2000. SF3 Demographic Profiles, Table DP-2.

Literacy: Insufficient literacy skills continue to be a significant problem. According to a special adult literacy survey completed in 1992, approximately 56% of Anderson County's adult population was estimated to perform in the two lowest literacy levels as compared with 52% of all adults in South Carolina and 48% in the United States. In S.C., 48% of 19-24 year olds and 44% of 25-39 year olds are in the lowest two levels, only a little better than for all adults.

Source: National Adult Literacy Survey (NALS), 1992.

Health

Health Insurance Coverage for the Total Population: 2000

	Anderson County	South Carolina	United States
Number Insured	146,530	3,389,462	239,713,822
Number Uninsured	21,239	583,747	39,803,537
90% Confidence Interval* (±)	3,329	24,888	492,720
Percent Uninsured	12.7	14.7	14.2
90% Confidence Interval* (±)	2	1	0.2

Source: U.S. Census Bureau, Housing and Household Economic Statistics Division, [Small Area Estimates Branch](#).

Medicare Enrollment: July 1, 2003

	Total Aged & Disabled
Anderson County	28,369
South Carolina	606,323

Medicaid Eligible:

In Anderson County the following are eligible for Medicaid:

Low Income Families	10,947
Pregnant Women and Infants	2,349
Children	12,777
Elderly	7,179
Disabled	<u>5,082</u>
Total	38,334

Source: SCDHHS 2004 Annual Report

Inadequate Healthcare: No county level data is routinely collected regarding the number of children and youth with inadequate healthcare. According to estimates for 2002-04 by the Bureau of the Census through the annual Current Population Survey, the statewide average rate of uninsured children and youth under age 18 was 7.9%; for children under age 6 it was 5%; and for those 6-17 it was 9%. For children in families with incomes under 200% of poverty in South Carolina the rate was 11.2%, and 4.1% above 200% of poverty.

Medicaid: In late 1997, South Carolina implemented its version of the State Children's Health Insurance Program, Partners for Healthy Children (PHC), and aggressively pursued outreach enrollment for PHC and Medicaid. As a result, enrollment of children ages 0 through 18 in county has increased by 149.8% from June 1997 to June 2004; thus Medicaid and PHC in 2004 were serving 46.7% of all children in that age range. In June 2004, the total number of children, birth through 18, enrolled in Medicaid was 19,196. The total can be broken down into the following age and race groupings:

	White	African American	Hispanic	Other	Total
Children Under 1	856	329	11	73	1,269
Children 1 - 5	3,783	1,707	76	378	5,944
Children 6 - 14	5,304	2,913	62	443	8,722
Children 15 - 18	2,046	1,123	13	79	3,261
Total	11,989	6,072	162	973	19,196

Nutrition and Weight: The 2003 National Survey of Children's Health reported that many youth ages 10-17 in South Carolina are overweight (18%), or at risk of overweight (17%), or are underweight (6%). The 1999 BRFSS found that overall 45% of young adults ages 18 to 29 were overweight. The 2000 BRFSS found 37% of 18-34 year olds overweight and an additional 25% were obese (17% of 18-24 year olds and 33% of 24-34 year olds were obese).

In 1998, young adults ages 18 to 29 in South Carolina reported that on a typical day only 17.4% ate the 5 servings of fruits and vegetables as recommended by national nutritional guidelines. The 2000 BRFSS indicated that only 16% of 18-24 year olds and 24% of 25-34 year olds ate 5 or more fruits or vegetables daily. In 2000, 52.9% of young adults ages 18 to 29 reported a sedentary lifestyle, while 23% of 18-34 year olds said that they did not participate in a leisure time physical activity (2000 BRFSS).

Substance Use Teens: In the county during 2002 among all students 15 and older, 20.3% first smoked by age 11, 40% by age 13, and 54.7% by age 15. In a typical month, 17.6% of 7th and 8th graders and 26.6% of high school students smoked cigarettes. In the county during 2001-02, 20.1% of 7th and 8th graders and 34% of high schoolers said they had used alcohol in the past month. Many youth first used alcohol at an early age: 13.3% had used alcohol by age 11 or younger, 33% by age 13, and 61.5% by age 15. In 2001-02, 8.9% of 7th and 8th graders and 18.8% of high schoolers in the county reported using illegal drugs during the previous month. Some young people initiated drug use at an early age: 6.3% had experienced their first use by age 11 or sooner; 17.9% had used a drug by age 13, and 36.2% by age 15.

Substance Use Adults: In 1999, young adults in South Carolina reported: 27.6% of 18-24 year olds and 24.5% of 25-34 year olds smoked cigarettes. Survey data in 1999 for the South showed that of persons 19 to 32, 16% of males and 11% of females used illegal drugs, declining from 23% of 19-20 year olds to 16% of 21-24 year olds, 12% of 25-26 year olds, and 10% of 27-32 year olds. Approximately 3% to 4% report using illegal drugs daily.

Emotional and Behavioral Disorders: While national data indicate that over 20% of 9-17 year olds meet diagnostic criteria for some form of mental disorder, the number with serious emotional disturbance and impaired functioning in family, school, or community activities is: 9-13% for substantial functional impairment and 5-9% for extreme functional impairment. The rates among poor children are at the higher end of these ranges. Based on a federal formula for estimating prevalence, in the county there are 12% or 2,471 seriously emotionally disturbed 9-17 year olds with substantial functional impairment and 8% or 1,647 with extreme functional impairment during the course of a year.

Seniors & Limitations on Independent Living: In Anderson County, 8 percent of persons 65-74 and 19 of those 75 and over have self-care disabilities.

Housing

	<i>Anderson County</i>	<i>South Carolina</i>
Homeownership rate, 2000	76.3%	72.2%
Homeowners who pay greater than 30% of their income	17.4%	19.5%
Renters who pay greater than 30% of their income	32.2%	33.3%

Housing for Seniors & Persons with Disabilities: With 12.5 percent of homeowners and 32.8 percent of renters age 60 and older in South Carolina living below the poverty level in 1999, the cost of housing becomes a critical issue. In Anderson County, 13 percent of homeowners and 37.6 percent of renters age 60 and over lived below the poverty level in 1999.

As of June 30, 2003 in South Carolina, 2,891 disabled individuals lived with parents ages 55 or over, and 1,302 lived with parents ages 65 or over. 105 disabled individuals in Anderson County lived with parents ages 55 or over, and 35 lived with parents ages 65 or over.

Homeless Population: According to the South Carolina Council on Homelessness, the annualized estimate of the homeless population in Anderson County is 190. The annualized estimate calculates the year round population from a one-day count that took place as part of a homeless count in January 2005 by the Upstate Homeless Coalition. (Source: South Carolina Council on Homelessness, Summary Analysis on the South Carolina Homeless Population, September 2005)

Homeless Population:

Anderson: 190; Upstate: 4,711 South Carolina: 32,335

(Annualized estimate of homeless population)

Safety

Family Violence: In 2003, 1,697 domestic assaults were recorded by law enforcement officials. These domestic assaults comprised 40.6% of all assaults, which include aggravated assaults, simple assaults, and intimidation. Overall, 58.2% of all domestic assaults involve spouse abuse.

Abuse and Neglect: In 2003-04, there were 845 investigations into reported cases of abuse and neglect involving children. Through its investigations, the Department of Social Services (DSS) determined that 254 of the investigations were indicated for abuse or neglect.

Juvenile Delinquency: In 2003-04, there were 801 juvenile cases in the county were referred to the Solicitor for delinquency; of these, 12.4% were age 12 or younger, 34.3% were 13 or 14, and 53.3% were 15 or older. Of the referrals to the family court, 8.6% (69) of all referrals were for violent and serious crimes which include drug trafficking, acts against persons for murder, rape, robbery, and aggravated assault, and serious property offenses for arson and burglary. There were 76 final commitments to the Department of Juvenile Justice. (SCDJJ, County Data Sheets, 2003-04).

Transportation

In Anderson County, 15 percent of householders 65 and over had no vehicle available. The cost of maintaining a vehicle or an impairment that prevents someone from driving can force an older worker to rely on public transportation. A public transportation system is in place in Anderson County.

Transportation	Anderson Co.	SC
No vehicles available (2000)	7.70%	9%

Source: US Census Bureau

Other Social

Births to Teen Mothers: In 2003, 96 babies were born to mothers younger than age 18. Of the babies born to these teens in 2003, 91.7% were born to single mothers, including babies whose fathers formally acknowledged paternity but had not married the mothers. In 2003, 299 babies were born to mothers younger than age 20; of these 94 were not the first births to the teen mothers. Of the babies born to these mothers in 2003, 81.6% were born to single mothers, including paternity acknowledged babies.

Parents Working and Child Care: Increasingly, parents must divide their time between children and employers. In order to meet family financial needs, most parents must work and thus have less time for family life. In 2000, 64% of mothers with children under 6 and 72% with children 6 - 17 were in the labor force. This has increased substantially from 1960 when 44% of mothers with children under 6 were in the labor force. Most fathers also work: 61.3% of children under 6 are in families where both parents or the single parent work; 38.5% of children under 6 have both their parents or their single parent working 35 hours or more. Caring for children is a problem for parents unable to obtain quality, affordable daycare while they are at work 35+ hours per week.

Overall, there are 4,325 spaces in state-regulated childcare facilities in Anderson County; 89.3% of these are in licensed programs and 10.7% are in registered programs. Of the spaces, 82.2% are in licensed childcare centers serving more than 12 children, 8.6% are in registered or licensed family childcare homes serving six or fewer children, 4.4% are in licensed group childcare homes serving 7-12 children, and 4.8% are in registered or licensed church programs.

In Anderson County there are approximately 1,792 poor preschool children ages 0-4 and 4,211 preschool children in families with incomes below twice the poverty level, there are 441 Headstart slots, 413 four-year old school students, and 201 children receiving subsidized child care at a point in time.

Caregiving and Mature Adults: In Anderson County, there were 4,308 grandparents living in the same household as at least one grandchild under the age of 18. Of these, 52.8 percent (2,276 people) were responsible for their grandchildren. 48.2 percent of these grandparents (1,097 people) had been responsible for their grandchildren for five years or more. Many mature adults spend their older years unexpectedly raising young children long after they thought their parenting days were over.

Teen Pregnancy:

2003 Data Trends for Anderson County Births to Mothers Less than 18 Years Old

	Number				
	1980	1990	Most Recent (2001)	Change 1980- Present	Change 1990- Present
Total	185	152	125	-32.4%	-17.8%
White	118	94	80	-32.2%	-14.9%
African American & Other	67	58	45	-32.8%	-22.4%

In 2003, 96 babies were born to mothers younger than age 18. Of the babies born to these teens in 2003, 91.7% were born to single mothers, including babies whose fathers formally acknowledged paternity but had not married the mothers.

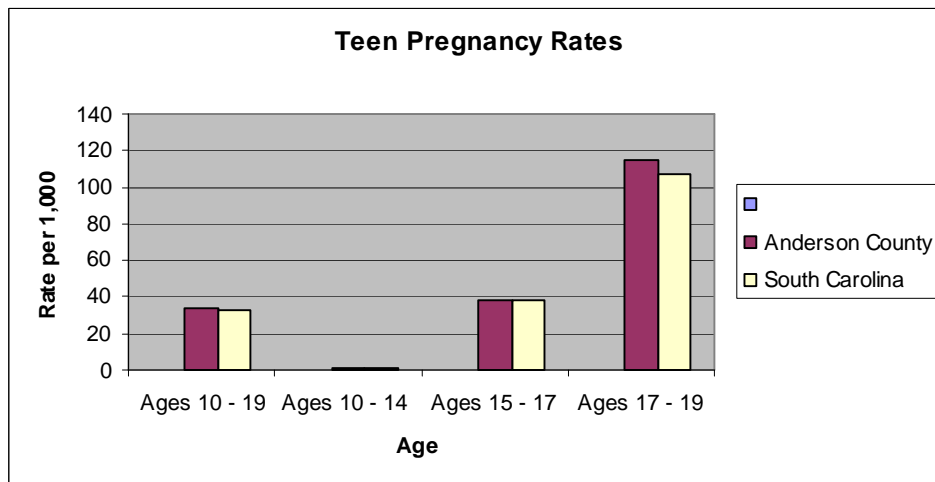
2003 Data Trends for Anderson County Births to Mothers Less than 20 Years Old

	Number				
	1980	1990	Most Recent (2001)	Change 1980- Present	Change 1990- Present
Total	418	387	324	-22.5%	-16.3%
White	291	263	216	-25.8%	17.9%
African American & Other	127	124	108	-15%	12.9%

In 2003, 299 babies were born to mothers younger than age 20; of these 94 were not the first births to the teen mothers. Of the babies born to these mothers in 2003, 81.6% were born to single mothers, including paternity acknowledged babies. Trend: Births to teens is decreasing.

Teen Pregnancy Rates	Ages 10 - 19	Ages 10 - 14	Ages 15 - 17	Ages 17 - 19
Anderson County	33.5	1.4	38.7	115.1
South Carolina	33	1.6	38.2	107.2

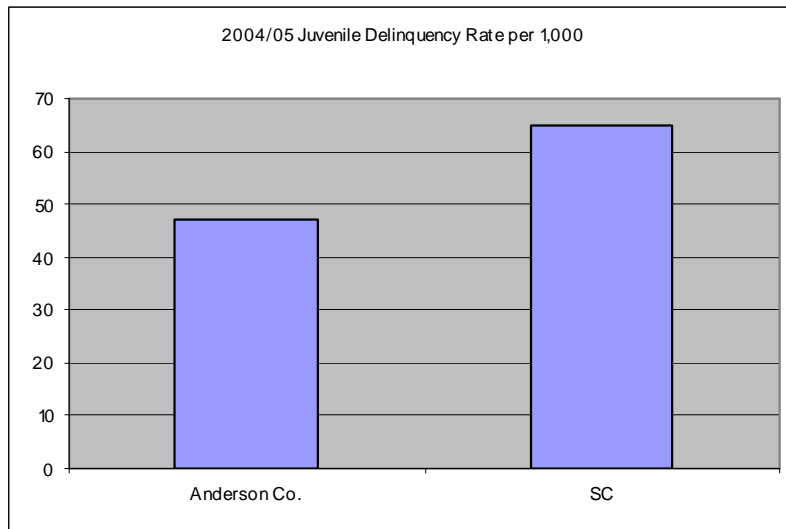
Source: SC Campaign to Prevent Teen Pregnancy, SCDHEC, 2003



Juvenile Delinquency:

Juvenile Delinquency	Anderson Co.	SC
Juveniles (age 10 - 16)	15,986	402,964
# Cases of Juvenile Delinquency	852	26,213
Juvenile Delinquency Rate per 1,000	47	65

Source: SC Dept. of Juvenile Justice, 2004-1005 Report





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