The Lowcountry Responds...
Community Movement and Opportunities

Community Health Improvement Process (2016):
As of May 2016, 11 of 11 counties are using the Community Health Improvement Toolkit.
Phase 3: 1 county (Dorchester)
Phase 4: 1 county (Bamberg)
Phase 6: 9 counties (Allendale, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Hampton, Jasper, & Orangeburg)

Healthy Eating Initiatives

● Lack of access to healthy foods
● Farmer’s markets
● Expanded community gardens

In Focus:
Colleton County - Doodle Hill Community Garden

In 2012, more than 40 percent of adults in Colleton County, SC reported that they were obese, according to the CDC. For many Colleton County residents, access to fresh fruits and vegetables is challenging. According to the USDA’s food desert map, most of the county’s residents live more than 10 miles from the nearest supermarket and many have limited access to transportation, and twenty-one percent of the population live below the poverty line.

Through funding from the Healthy South Carolina Initiative (HSCI) in 2013, a network of 15 community gardens were established in Colleton County. The gardens reach across the county and have been sustained through a partnership with the agriculture department of a local vocational school. Gardens can be found at many types of places around the county including at schools, churches and even at the county’s only hospital. To date, the community gardens have provided fresh produce to at least 500 residents. Due to the success of the gardens, the City of Walterboro adopted a resolution to support a garden in the Doodle Hill community, an underserved neighborhood.

Dedicated in May 2012, the Doodle Hill Garden provides fresh produce to the neighborhood in a location convenient to the residents. Other far-reaching effects are anticipated as well. The gardens have created a sense of community cohesiveness and have taught leadership skills to those who participate in tending the gardens. Community gardens are recognized by many police departments as an effective community crime prevention strategy as well.

Dedicated in May 2012, the Doodle Hill Garden provides fresh produce to the neighborhood in a location convenient to the residents. Other far-reaching effects are anticipated as well. The gardens have created a sense of community cohesiveness and have taught leadership skills to those who participate in tending the gardens. Community gardens are recognized by many police departments as an effective community crime prevention strategy as well.

South Carolina Public Health Region
Snapshot: Lowcountry 2016

Population by Race/Ethnicity in the Lowcountry (2014):
- Non-Hispanic White: 61%
- Non-Hispanic Black: 31%
- Non-Hispanic Other: 6%
- Hispanic: 2%
- State: 10%
- LOWCOUNTRY: 32%

Age-Adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+)
in the Lowcountry (2011-2014):
- Obesity: 24.8% (Beaufort) - 47.6% (Allendale)
- Current smoking: 17.6% (Beaufort) - 27.8% (Colleton)
- Physical inactivity: 18.0% (Beaufort) - 38.4% (Allendale)

Age-adjusted* Adult (ages 20+)
Health Risk Factors (2011-2014):

- Age-adjusted prevalence based on the 2000 U.S. Population

Leaders of the Lowcountry:
- Cancer
- Heart disease
- Cerebrovascular disease (stroke)

Lowcountry Communities’ Leading Health Concerns:
- Obesity
- Tobacco use
- Mental and maternal/child health

Other expressed regional concerns:
- Lack of access to healthy foods
- Economic recovery, unemployment
- Lack of coordinated approach to chronic diseases
- Lack of access to safe places to be active
- Access to health care

REFERENCES:
1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
3. County Health Rankings.
4. CDC. Chronic Disease Cost Calculator.
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina.
8. SC Tobacco-Free Collaborative
10. SCDHEC. Behavioral Risk Factor Surveillance System (BRFSS).
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC: Division of Biostatistics.

Snapshot Generated By: Bureau of Community Health and Chronic Disease Prevention
Health Outcomes

### Social & Community Context
- Family/social/cultural influences
- Community safety

### Policy
- Federal
- State
- Local

#### Seven counties (Bamberg, Beaufort, Berkeley, Charleston, Colleton, Dorchester, and Hampton) with **smoke-free policies** (2015).[1]

#### The high school graduation rate (2012-2013) in South Carolina is 78%.

#### Range of high school graduation rates (2012-2013): 68% (Jasper) to 84% (Hampton).

#### Lower rates of educational attainment are linked to poor health outcomes.

#### Economic Issues
- **Employment**
- **Income**

#### Unemployment rates (2013) ranges from 4.3% (Charleston) to 9.1% (Allendale). S.C. unemployment rate is 5.8%.

#### Median household income (2014) ranges from $25,550 (Allendale) to $56,388 (Dorchester). Higher median income is related to better health.

#### Percent of county population who reported being unable to access a PCP due to cost (2006 - 2012): 13% (Beaufort) to 24% (Hampton).

### Health Care
- **Quality of care**
- **Access to care**

#### Health Provider Shortage Areas (2013) (population to Primary Care Physician (PCP) ratio > 3500:1) includes 2 out of 11 counties:
- Calhoun - 5018:1
- Jasper - 3804:1

### Physical Environment
- **Environment quality**
- **Built environment**

#### Counties with better health rankings have relatively more access to **exercise** opportunities (2014).[2]

### Health Behaviors
- **Smoking**
- **Physical activity**
- **Nutrition**
- **Substance use**
- **Risk-taking behavior**

#### HIV prevalence rate (2014) (per 100k) ranges from 95.9 (Berkeley) to 324 (Bamberg), compared to 77.2 in S.C.

#### Alcohol-related driving deaths (2010-14) ranges from 261 (Jasper) to 550 (Hampton), compared to 343 in S.C. in 2014.

#### Youth smoking (2015): 9.6% of high school students currently smoke in S.C. compared to 10.8% nationally.

#### Violent crime rates (2013) (per 10,000 individuals) ranges from 24.3 (Jasper) to 66.9 (Colleton).

### Social & Community Context
- Family/social/cultural influences
- Community safety

#### Food insecurity (2014) is being without access to sufficient quantity or affordable nutritious food and ranges from 11.6% (Beaufort) to 27.9% (Allendale).

#### Lack of access to healthy foods (2010) is limited in 0.2% (Berkeley) to 12% (Charleston).

### Education
- **Federal**
- **State**
- **Local**

#### Seven counties (Bamberg, Beaufort, Berkeley, Charleston, Colleton, Dorchester, and Hampton) with **smoke-free policies** (2015).[1]

#### Seven counties (Bamberg, Beaufort, Berkeley, Charleston, Colleton, Dorchester, and Hampton) with **smoke-free policies** (2015).[1]

#### “Health starts in our homes, schools, workplaces, neighborhoods, and communities.” - Healthy People 2020

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**Notes:** Annual expenditures inflated to 2010 $ following recommendations from the Agency for Healthcare Research and Quality. Costs include expenditures for office based visits, hospital outpatient visits, emergency room visits, inpatient hospital stays, dental visits, home health care, vision aids, other medical supplies and equipment, prescription medicines, and nursing homes. Payer populations are not mutually exclusive. Costs for All Payers are calculated independently of costs for Medicaid, Medicare, and Private Insurers. Sums of the total costs across subpopulations may not equal the overall total costs due to rounding. Treated population is defined as the number of people receiving care for the disease in the previous year. All results generated from the tool are estimates. Actual costs may be larger or smaller than those reported.

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**County Health Rankings (2016):** Beaufort (1), Dorchester (2), Charleston (4), Berkeley (6), Calhoun (10), Jasper (27), Hampton (29), Bamberg (32), Orangeburg (37), Colleton (38), Allendale (39)
The Midlands Responds...
Community Movement and Opportunities

Community Health Improvement Process (2016): As of May 2016, 12 of 12 counties are using the Community Health Improvement Process Toolkit.

Phase 1: 1 county (Edgefield)
Phase 5-6: 6 counties (Aiken, Fairfield, Lancaster, Newberry, Richland, & Saluda)
Completed all phases: 5 counties (Barnwell, Chester, Kershaw, Lexington, & York)

Healthy Eating and Active Living Initiatives

REFERENCEs:
1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
3. County Health Rankings.
4. CDC. High School Youth Risk Behavior Surveillance System (YRBS).
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina
6. Fatality Analysis Reporting System (FARS).
8. SC Tobacco-Free Collaborative.
10. SCDHEC Behavioral Risk Factor Surveillance System (BRFSS).
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC: Division of Biostatistics.

In Focus: Fairfield

The REAL Teen Action/HYPE Project Team was developed by Fairfield Behavioral Health Services during the 2011-2012 school term. REAL Teen Action is a spin-off of the Keepin’ It REAL (Refuse, Explain, Avoid, Leave) evidence-based curriculum that the organization delivers in schools. HYPE, which stands for Healthy Young People Empowerment Project, was added during the 2012-2013 school year as a result of the Healthy South Carolina Initiative (HSCI). Fairfield Behavioral Health Services received a grant under the umbrella of Fairfield Community Health Partners. The group was renamed the REAL Teen Action/HYPE Project Team, created to raise their voices to say NO to drugs and violence and YES to healthy eating and active living.

HYPE is designed to build the skills of youth so that they can become a greater voice in their communities for healthy eating and active living through policy, systems, and environmental (PSE) change. HYPE is a five-phased approach to youth empowerment: Think, Learn, Act, Share and Evaluate. Phase I: Think. A process of critical thinking that will build their awareness and interest in healthy eating/active living, and PSE change. Phase II: Learn. Culturally and age-appropriate training so they can be effective champions for change. Phase III: Act. Identify, plan and actively engage in a grassroots youth-led efforts to create PSE change. Phase IV: Share. Report their projects to community stakeholders and peers. Phase V: Evaluate. Evaluate the process and outcomes of the HYPE project to ensure all goals are met.

2016 Region Work Plan. Success Story

South Carolina Public Health Region
Snapshot: Midlands 2016

Leading causes of death in Midlands:
- Heart disease
- Cancer
- Chronic lung disease

Midland Communities’ Leading Health Concerns:
- Obesity
- Substance abuse
- Diabetes

Other expressed regional concerns:
- Lack of access to healthy foods
- Lack of safe and accessible opportunities for physical activity
- Low educational attainment, literacy and employment
- Poor health literacy

Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+): In the Midlands (2011-2014)

- Obesity: 27.5% (York) - 40.4% (Chester)
- Physical inactivity: 19.3% (York) - 37.0% (Chester)
- Smoking: 15.0% (Fairfield) - 31.7% (Newberry)
- Diabetes: 5.9% (Saluda) - 16.9% (Fairfield)
- Current smoking: 15.0% (Fairfield) - 31.7% (Newberry)

Population by Race/Ethnicity in the Midlands (2014):
- Non-Hispanic White: 63% (York)
- Non-Hispanic Black: 23% (Aiken)
- Non-Hispanic Other: 5% (Aiken)
- Hispanic: 2% (York)
- Non-Hispanic Other: 5% (Aiken)

Population (2014):
- 1.4 million people (29%) of the state
- 23% under 18 years old and 14% aged 65 years and older
- 31% female
Health Outcomes

Social & Community Context
- Family/social/cultural influences
- Community safety

Policy
- Federal
- State
- Local

Economic Issues
- Employment
- Income

Education

Health Care
- Quality of care
- Access to care

Health Provider Shortage Areas (2013)3 (population to Primary Care Physician (PCP) ratio > 3500:1) includes 1 out of 12 counties: Saluda – 10,046:1

Percent of county population who reported being unable to access a PCP due to cost (2006 - 2012)3 - 12% (Fairfield) to 18% (Barnwell).

Health Behaviors
- Smoking
- Physical activity
- Nutrition
- Substance use
- Risk-taking behavior

Food insecurity (2014)7 is being without access to sufficient quantity or affordable nutritious food and ranges from 11.6% (Lexington) to 22.1% (Fairfield).

Lack of access to healthy foods (2010)3 is limited in 1% (Barnwell) to 9% (Chester).

Violent crime rates (2013)5 (per 10,000 individuals) ranges from 14.4 (Edgefield) to 79.8 (Richland).

"Health starts in our homes, schools, workplaces, neighborhoods, and communities.” - Healthy People 2020

HIV prevalence rate (2014)9 (per 100k) ranges from 89.5 (Aiken) to 440.6 (Richland) compared to 178.2 in S.C.

Alcohol-related driving deaths (2010-14)6 ranges from 30.8% (Lancaster) to 53.7% (Kershaw), compared to 34% in S.C. in 2014.

Youth smoking (2015)4: 9.6% of high school students currently smoke in S.C. compared to 10.8% nationally.

Unemployment rates (2016)2 ranges from 4.3% (Lexington) to 76% (Barnwell). S.C. unemployment rate is 5.8%.

Median household income (2014)4 ranges from $32,205 (Barnwell) to $54,196 (York). Higher median income is related to better health.

Notes: Annual expenditures inflated to 2010 $ following recommendations from the Agency for Healthcare Research and Quality. Costs include expenditures for office based visits, hospital outpatient visits, emergency room visits, inpatient hospital stays, dental visits, home health care, vision aids, other medical supplies and equipment, prescription medicines, and nursing homes. Payer populations are not mutually exclusive. Costs for All Payers are calculated independently of costs for Medicaid, Medicare, and Private Insurers. Sums of the total costs across subpopulations may not equal the overall total costs due to rounding. Treated population is defined as the number of people receiving care for the disease in the previous year. All results generated from the tool are estimates. Actual costs may be larger or smaller than those reported.
The Pee Dee Responds...

Community Movement and Opportunities

Community Health Improvement Process (2016):
As of May 2016, 11 of 12 counties are using the Community Health Improvement Toolkit.
Not Engaged……….1 county (Darlington)
Phases 1-3 ….……..4 counties (Florence, Georgetown, Marion, & Marlboro)
Phases 4-6 ………….5 counties (Chesterfield, Clarendon, Dillon, Lee, & Sumter)
Completed ALL Phases…2 counties (Horry & Williamsburg)

Healthy Eating and Active Living Initiatives

In Focus: Lee County Residents Rally to Address Obesity
Issue
In 2012, about 70 percent of Lee County’s population was considered overweight or obese. The lack of exercise, poor eating habits, and limited access to healthy foods are partially responsible for health issues such as hypertension, diabetes and other chronic diseases. The Lee County Rural Area Leadership Institute (RALI) realized the impact of chronic disease among residents in Lee County, especially African Americans. Their decision to share their stories about farming and the health benefits of eating fresh fruits and vegetables has encouraged many residents to eat healthier.

Obesity continues to have a devastating impact on residents in rural Lee County. The following statistics are alarming:
- About 69 percent of adults in the county are considered as physically inactive.
- About 83 percent of the county’s population eats less than 5 servings of vegetables and fruits daily.

To address the burden of obesity, Lee County Rural Area Leadership Initiative and Interagency Council have created successful community partnerships with various organizations and agencies to improve healthy eating and active living in the county.

Intervention
In 2013, Lee County Rural Area Leadership Institute and Interagency Council received funding from the Healthy South Carolina Initiative (HSCI) to assess issues focused on healthy eating and active living. This group of representatives from local health and human service agencies, the school district, First Steps, local farmers and other non-profit organizations used the resources provided by the HSCI to make it possible for the group to address local problems through local solutions. The follow strategies were implemented by these groups:
- rallied local farmers to address the need for more access to healthy foods;
- partnered with community organizations to address the need for community gardens;
- conducted a county-wide survey to identify problems surrounding healthy eating and active living;
- partnered with Clemson University Extension Service and the SC Department of Agriculture to identify training needs of local residents and farmers to improve access to healthy foods.

Impact
As a result, the following successes have occurred:

More than 25 residents and organization representatives received community garden training provided by Clemson University Cooperative Extension Service;
- developed a comprehensive plan to implement healthy eating and active living strategies in the county and conducted a community survey with over 450 participants;
- established 7 community gardens in Lee County which include two church gardens;
- established a farm and garden committee to share successes, member recruitment and provide linkages to healthy living eating and active living resources in the county.

2016 Region Work Plan. Success Story

REFERENCES:
1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment
2. US Bureau of Labor Statistics
3. County Health Rankings
4. CDC High School Youth Risk Behavior Surveillance System (YRBSS)
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina
6. Fatality Analysis Reporting System (FARS)
8. SC Tobacco-Free Collaborative
10. SCDHEC Behavioral Risk Factor Surveillance System (BRFSS)
11. United States Department of Agriculture. Food Environment Atlas
12. CDC. Chronic Disease Cost Calculator
13. South Carolina Community Assessment Network. SCDHEC: Division of Bioscience

South Carolina Public Health Region
Snapshot: Pee Dee 2016

Chesterfield
Clarendon
Darlington
Dillon
Florence
Georgetown
Horry
Lee
Marion
Marlboro
Sumter
Williamsburg

County Health Rankings (2016):
- Vary from 18 (Horry) to 46 (Marlboro) out of 46 rankings.
- 7 out of 12 are in the bottom third of the rankings.
- 0 out of 12 are in the top third of the rankings.

Population (2014):
- 896,000 thousand people (59%) of the state
- 22% under 18 years old and 18% aged 65 years and older
- 52% female

Leading causes of death in Pee Dee:
- Cancer
- Heart disease
- Chronic lower respiratory disease

Pee Dee Communities’ Leading Health Concerns:
- Obesity
- Hypertension
- Coronary Heart Disease
- Diabetes
- Cancer

Other expressed regional concerns:
- Lack of access to healthy foods
- Lack of safe and accessible opportunities for physical activity

Population by Race/Ethnicity in the Pee Dee (2014):$3

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>59%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6%</td>
</tr>
</tbody>
</table>

Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+ in the Pee Dee (2011-2014):$2

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Age-adjusted Prevalence</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>29.5% (Horry) - 50.2% (Lee)</td>
<td>Pee Dee</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>26.3% (Horry) - 39.8</td>
<td>Pee Dee</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.0% (Horry) - 16.0% (Lee)</td>
<td>Pee Dee</td>
</tr>
<tr>
<td>Current smoking</td>
<td>19.6% (Williamsburg) - 30.7% (Dillon)</td>
<td>Pee Dee</td>
</tr>
</tbody>
</table>

Age-adjusted* Adult (ages 20+) Health Risk Factors (2011-2014):

<table>
<thead>
<tr>
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<th>Age-adjusted Prevalence</th>
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<td>Pee Dee</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.0% (Horry) - 16.0% (Lee)</td>
<td>Pee Dee</td>
</tr>
</tbody>
</table>

Age-adjusted* Adult (ages 20+) Diabetes in the Pee Dee by County (2011-2014):$2

<table>
<thead>
<tr>
<th>County</th>
<th>Age-adjusted Prevalence</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pee Dee</td>
<td>11% (Horry) - 16% (Lee)</td>
<td>12% (Pee Dee)</td>
</tr>
</tbody>
</table>

Age-adjusted* Adult (ages 20+) Smoking in the Pee Dee by County (2011-2014):

<table>
<thead>
<tr>
<th>County</th>
<th>Age-adjusted Prevalence</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pee Dee</td>
<td>11% (Horry) - 16% (Lee)</td>
<td>12% (Pee Dee)</td>
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</tbody>
</table>

Age-adjusted* Adult (ages 20+) Physical Activity in the Pee Dee by County (2011-2014):

<table>
<thead>
<tr>
<th>County</th>
<th>Age-adjusted Prevalence</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pee Dee</td>
<td>11% (Horry) - 16% (Lee)</td>
<td>12% (Pee Dee)</td>
</tr>
</tbody>
</table>
Age-adjusted* Adults (Ages 20+) Binge Drinking in the Pee Dee by County (2011-2014) 10

Food insecurity (2014) is being without access to sufficient quantity or affordable nutritious food and ranges from 14.3% (Horry) to 24.3% (Williamsburg).

Lack of access to healthy foods (2010) is limited in 2% (Clarendon) to 9% (Florence and Sumter).

Violent crime rates (2013) (per 10,000 individuals) ranges from 56 (Williamsburg) to 103.7 (Dillon).

Prevalence

- Environment quality
- Built environment

Health Behaviors

- Smoking
- Physical activity
- Nutrition
- Substance use
- Risk-taking behavior

Unemployment rates (2016) ranges from 5.3% (Chesterfield) to 8.8% (Marion). S.C. unemployment rate is 5.8%.

Median household income (2014) ranges from $29,609 (Williamsburg) to $44,283 (Georgetown). Higher median income is related to better health.

Health Care

- Quality of care
- Access to care

Health Provider Shortage Areas (2013) (population to Primary Care Physician (PCP) ratio > 3500:1) includes 3 out of 12 counties:
  - Lee – 9174:1
  - Marlboro – 3500:1
  - Williamsburg – 11,022:1

Percent of county population who reported being unable to access a PCP due to cost (2006 - 2012) - 16% (Georgetown) to 25% (Marlboro).

Notes: Annual expenditures inflated to 2010 $ following recommendations from the Agency for Healthcare Research and Quality. Costs include expenditures for office based visits, hospital outpatient visits, emergency room visits, inpatient hospital stays, dental visits, home health care, vision aids, other medical supplies and equipment, prescription medicines, and nursing homes. Payer populations are not mutually exclusive. Costs for All Payers are calculated independently of costs for Medicaid, Medicare, and Private Insurers. Sums of the total costs across subpopulations may not equal the overall total costs due to rounding. Treated population is defined as the number of people receiving care for the disease in the previous year. All results generated from the tool are estimates. Actual costs may be larger or smaller than those reported.

"Health starts in our homes, schools, workplaces, neighborhoods, and communities.”
- Healthy People 2020

Counties with better health rankings have relatively more access to exercise opportunities (2014).

HIV prevalence rate (2014) (per 100k) ranges from 99.6 (Chesterfield) to 403.3 (Lee) compared to 178.2 in S.C.

Alcohol-related driving deaths (2010-14) ranges from 30.0% (Clarendon) to 44.7% (Sumter), compared to 34% in S.C. in 2014.

Youth smoking (2015): 9.6% of high school students currently smoke in S.C. compared to 10.8% nationally.

Economic Issues

- Employment
- Income

Unemployment rates (2016) ranges from 5.3% (Chesterfield) to 8.8% (Marion). S.C. unemployment rate is 5.8%.

Median household income (2014) ranges from $29,609 (Williamsburg) to $44,283 (Georgetown). Higher median income is related to better health.
**The Upstate Responds...**
Community Movement and Opportunities

**Community Health Improvement Process (2016):**
As of May 2016, 11 of 11 counties are using the Community Health Improvement Toolkit.

- Phase 1: 2 counties (Abbeville & McCormick)
- Phases 4-5: 2 counties (Pickens & Union)
- Phase 6: 7 counties (Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, & Spartanburg)

### In Focus: Greenville

**Park Hop** is a scavenger hunt developed in partnership between LiveWell Greenville's All Play Workgroup and the parks and recreation agencies throughout Greenville County. It seeks to raise individuals’ awareness, appreciation, and access to parks in Greenville County in order to help reduce the incidence of chronic disease in residents. During the scavenger hunt, children and families visit and answer clues within each park. Using a printed passport or mobile app, families can track their progress in hopes to win one of the many prizes. This year 575 adults and 1200 children registered via mobile application and 2,278 park visits were recorded. The closing celebration takes place on August 16.

### Cherokee

**Eat Smart Move More Cherokee County (ESMMCC)**, part of KNOW2 Cherokee County, is working to address the rising childhood obesity rates and unhealthy environments. On March 4, 2015, thanks to the coordinated efforts of the local schools, KNOW2 Cherokee County, ESMMCC, the media, local government and community members, five schools participated in “Walk to School Day.” With more than 400 participants, Alma Elementary School was awarded the first annual KNOW2 Golden Shoe Award. The local city council held a presentation about Walk to School Day to highlight the need for policies to support a healthy and safe environment for children.

### Healthy Eating and Active Living Initiatives

- Lack of access to healthy foods
- Farmer's markets
- Community gardens
- Business incentives
- Lack of opportunity for physical activity
- Local parks
- Safe routes to schools
- Complete streets policies
- Workplace policies

### REFERENCES:
1. South Carolina Department of Health and Environmental Control (SCDHEC) Community Health Assessment.
3. County Health Rankings.
4. CDC High School Youth Risk Behavior Surveillance System (YRBS).
5. SC Law Enforcement Division (SLED) and SC Department of Public Safety. Crime in South Carolina.
6. Fatality Analysis Reporting System (FARS).
8. SC Tobacco-Free Collaborative.
10. SCDHEC. Behavioral Risk Factor Surveillance System (BRFSS).
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC Division of Biostatistics.

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**South Carolina Public Health Region Snapshot: Upstate 2016**

**Leading causes of death in Upstate:**
- Cancer
- Heart disease
- Accidents

**Upstate Communities’ Leading Health Concerns:**
- Cancer
- Heart disease
- Obesity
- Diabetes
- Access to health care
- Maternal/child health
- Tobacco/substance abuse

**Other expressed regional concerns:**
- Limited access to medical care due to cost/insurance. inconvenient hours, lack of transportation.
- Aging population
- Education levels
- Poverty/lack of jobs

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**Population by Race/Ethnicity in the Upstate (2014):**

- Non-Hispanic White: 73%
- Non-Hispanic Black: 19%
- Hispanic: 2%
- Non-Hispanic Other: 6%

**Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Upstate (2011-2014):**

- Obesity: 28% (Spartanburg) - 42% (Abbeville)
- Current smoking: 19% (Pickens) - 30.5% (Cherokee)
- Physical inactivity: 22.5% (Pickens) - 38.2% (McCormick)
- Diabetes: 10% (Cherokee) - 16.2% (McCormick)
- Current smoking: 19% (Pickens) - 30.5% (Cherokee)

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**Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Upstate by County (2011-2014):**

<table>
<thead>
<tr>
<th>County</th>
<th>Obesity</th>
<th>Physical Inactivity</th>
<th>Current Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeville</td>
<td>32%</td>
<td>39%</td>
<td>22%</td>
</tr>
<tr>
<td>Anderson</td>
<td>31%</td>
<td>38%</td>
<td>23%</td>
</tr>
<tr>
<td>Cherokee</td>
<td>29%</td>
<td>38%</td>
<td>24%</td>
</tr>
<tr>
<td>Laurens</td>
<td>30%</td>
<td>39%</td>
<td>23%</td>
</tr>
<tr>
<td>McCormick</td>
<td>31%</td>
<td>39%</td>
<td>24%</td>
</tr>
<tr>
<td>Oconee</td>
<td>33%</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td>Spartanburg</td>
<td>38%</td>
<td>42%</td>
<td>30%</td>
</tr>
</tbody>
</table>

1. Age-adjusted prevalence based on the 2010 U.S. Population.
"Health starts in our homes, schools, workplaces, neighborhoods, and communities."
- Healthy People 2020

Counties with better health rankings have relatively more access to exercise opportunities (2014).†

Food insecurity (2014) is being without access to sufficient quantity or affordable nutritious food and ranges from 12.6% (Oconee) to 19.2% (McCormick).

Lack of access to healthy foods (2010) is limited in 2% (McCormick) to 15% (Abbeville).

Violent crime rates (2013) (per 10,000 individuals) ranges from 19 (Cherokee) to 71.9 (Greenwood).

Age-adjusted* Adults (Ages 20+) Binge Drinking in the Upstate by County (2011-2014) 10

<table>
<thead>
<tr>
<th>County</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
<td>16%</td>
</tr>
<tr>
<td>Greenwood</td>
<td>14%</td>
</tr>
<tr>
<td>Union*</td>
<td>18%</td>
</tr>
<tr>
<td>McCormick</td>
<td>13%</td>
</tr>
<tr>
<td>Pickens</td>
<td>13%</td>
</tr>
<tr>
<td>Spartanburg</td>
<td>15%</td>
</tr>
<tr>
<td>Laurens</td>
<td>14%</td>
</tr>
<tr>
<td>Cherokee</td>
<td>18%</td>
</tr>
<tr>
<td>Spartanburg</td>
<td>15%</td>
</tr>
<tr>
<td>Laurens</td>
<td>10%</td>
</tr>
<tr>
<td>McCormick</td>
<td>12%</td>
</tr>
<tr>
<td>Union*</td>
<td>14%</td>
</tr>
</tbody>
</table>

Prevalence

HIV prevalence rate (2014) (per 100k) ranges from 29.8 (Cherokee) to 169.2 (Greenwood) compared to 178.2 in S.C.

Alcohol-related driving deaths (2010-14) ranges from 30.4 (Cherokee) to 54.5% (McCormick) compared to 34% in S.C. in 2014.

Youth smoking (2015): 9.6% of high school students currently smoke in S.C. compared to 10.8% nationally.

Physical Environment
- Environment quality
- Built environment

Health Behaviors
- Smoking
- Physical activity
- Nutrition
- Substance use
- Risk-taking behavior

Social & Community Context
- Family/social/cultural influences
- Community safety

Policy
- Federal
- State
- Local

Four counties (Anderson, Greenville, Pickens, and Spartanburg) with smoke-free policies (2015).†

The high school graduation rate (2012-2013) in South Carolina is 78%.

Range of high school graduation rates (2012-2013): 75% (Laurens) to 88% (McCormick).

Lower rates of educational attainment are linked to poor health outcomes.

All counties in the Upstate have a population to primary care physician (PCP) ratio (2013) of less than 3500:1.

Percent of county population who reported being unable to access a PCP due to cost (2006 - 2012): 13% (Greenwood) to 22% (Union).

Percent of county population who reported being unable to access a PCP due to cost (2006 - 2012): 13% (Greenwood) to 22% (Union).

Economic Issues
- Employment
- Income

Unemployment rates (2016) ranges from 4.4% (Greenville) to 6.8% (Union). S.C. unemployment rate is 5.8%.

Median household income (2014) ranges from $35,525 (Abbeville) to $49,639 (Greenville). Higher median income is related to better health.

Notes: Annual expenditures inflated to 2010 $. Following recommendations from the Agency for Healthcare Research and Quality. Costs include expenditures for office based visits, hospital outpatient visits, emergency room visits, inpatient hospital stays, dental visits, home health care, vision aids, other medical supplies and equipment, prescription medicines, and nursing homes. Payer populations are not mutually exclusive. Costs for All Payers are calculated independently of costs for Medicaid, Medicare, and Private Insurers. Sums of the total costs across subpopulations may not equal the overall total costs due to rounding. Treated population is defined as the number of people receiving care for the disease in the previous year. All results generated from the tool are estimates. Actual costs may be larger or smaller than those reported.