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

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 neighborhood. The gardens reach across the county through funding from the Healthy South Carolina Initiative (HSCI) in 2013. The gardens have created a sense of community cohesiveness and have been sustained through a network of 15 community gardens.

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.

2016 Region Work Plan, Success Story

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 (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).
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

South Carolina Public Health Region
Snapshots: Lowcountry 2016

Colleton Bamberg Berkeley Calhoun Hampton Dorchester Charleston

County Health Rankings (2016):
- Vary from 1 (Beaufort) to 39 (Allendale) out of 46 rankings.
- 5 out of 11 are in the bottom third of the rankings.
- 5 out of 11 are in the top third of the rankings.

Population (2014):
- 1 million people (23%) of the state
- 22% under 18 years old and 18% aged 65 years and older
- 51% female

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

Age-Adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+)
in the Lowcountry (2011-2014)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Lowcountry</th>
<th>S.C.</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>28%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>18% (Beaufort) - 38.4% (Allendale)</td>
<td>20% (Beaufort) - 38.4% (Allendale)</td>
<td>35%</td>
</tr>
<tr>
<td>Current Smoking</td>
<td>17.6% (Beaufort) - 27.8% (Colleton)</td>
<td>17.6% (Beaufort) - 27.8% (Colleton)</td>
<td>20%</td>
</tr>
</tbody>
</table>

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

Leading causes of death in Lowcountry:
- Cancer
- Heart disease
- Cerebrovascular disease (stroke)

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

Population by Race/Ethnicity in the Lowcountry (2014):

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Other
- Hispanic

67% 31% 2% 6%
Health Outcomes

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

Policy
- Federal
- State
- Local

Education

Health Care
- Quality of care
- Access to care

Economic Issues
- Employment
- Income

Physical Environment
- Environment quality
- Built environment

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

HIV prevalence rate (2014) is per 100k, ranges from 95.9 (Berkeley) to 324 (Bamberg), compared to 78.5 in S.C.

Alcohol-related driving deaths (2010-14) ranges from 51% (Jasper) to 50.0% (Hampton), compared to 37% in S.C. in 2014.

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

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

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

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 and active living.

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

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 (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).
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC Division of Biostatistics.

Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+)

Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Midlands</th>
<th>SC</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>20%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>30%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Current smoking</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Population by Race/Ethnicity in the Midlands (2014)

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Other
- Hispanic

Age-adjusted Diabetes in the Midlands by County (2011-2013)

Age-adjusted Diabetes in the Midlands by County (2011-2013)

<table>
<thead>
<tr>
<th>County</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnwell</td>
<td>10%</td>
</tr>
<tr>
<td>Chester</td>
<td>9%</td>
</tr>
<tr>
<td>Fairfield</td>
<td>9%</td>
</tr>
<tr>
<td>Kershaw</td>
<td>10%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>11%</td>
</tr>
<tr>
<td>Lexington</td>
<td>11%</td>
</tr>
<tr>
<td>Newberry</td>
<td>11%</td>
</tr>
<tr>
<td>Saluda</td>
<td>15%</td>
</tr>
<tr>
<td>York</td>
<td>16%</td>
</tr>
</tbody>
</table>

*Age-adjusted prevalence based on the 2000 U.S. Population.
Counties with better health rankings have relatively more access to exercise opportunities (2014).2
Food insecurity (2014) 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) is limited in 1% (Barnwell) to 9% (Chester).
Violent crime rates (2013) per 10,000 individuals ranges from 14.4 (Edgefield) to 79.8 (Richland).3

HIV prevalence rate (2014) (per 100k) ranges from 89.5 (Aiken) to 440.6 (Richland) compared to 178.2 in S.C.4
Alcohol-related driving deaths (2010-14) ranges from 30.8% (Lancaster) to 53.7% (Kershaw), 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.6

The high school graduation rate (2012-2013) in South Carolina is 78%.
Range of high school graduation rates (2012-2013) in S.C. is 65% (Richland) to 84% (York).
Lower rates of educational attainment are linked to poor health outcomes.

Economic Issues
• Employment
• Income
Unemployment rates (2016) ranges from 4.3% (Lexington) to 76% (Barnwell). S.C. unemployment rate is 5.8%.
Median household income (2014) ranges from $32,205 (Barnwell) to $54,196 (York). 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 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) in S.C. is 12% (Fairfield) to 18% (Barnwell).

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. 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.
Community Health Improvement Process (2016): As of May 2016, 11 of 12 counties are using the Community Health Improvement Tool Kit.

- **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**

- Lack of access to healthy foods
- Community Gardens
- Health + Planning training for planners, planning commissioners, government officials, and health advocates
- Lack of opportunity for physical activity

**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 Biostatistics

**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 former health 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 85 percent of the county’s population eats less than 5 servings of vegetables and fruits daily.

**Intervention**

In 2013, Lee County Rural Area Leadership Institute and Interagency Council have created successful community partnerships with various organizations and agencies to improve healthy eating and active living in the county.

- Lack of safe and accessible opportunities for physical activity
- Lack of access to healthy foods
- Lack of safe and accessible opportunities for physical activity

**In Focus:**
Lee County Residents Rally to Address Obesity

**Impact**
As a result, the following successes have occurred:

- 52% female
- 22% under 18 years old and 18% aged 65 years and older
- 52% female

**Leading causes of death in the 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):**

- **Non-Hispanic White**: 59%
- **Non-Hispanic Black**: 35%
- **Non-Hispanic Other**: 4%
- **Hispanic**: 2%

**Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+) in the Pee Dee (2011-2016):**

- **Overweight or obese**: 32%
- **Diabetes**: 9.0% (Horry) - 16.0% (Lee)
- **Current smoking (ages 20+)**: 19.6% (Williamsburg) - 30.7% (Dillon)

**South Carolina Public Health Region**

**Snapshot: Pee Dee 2016**

**County Health Rankings (2016):**
- Vary from 18 (Horry) to 46 (Marlboro) out of 46 counties.
- 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 (99% of the state)
- 22% under 18 years old and 18% aged 65 years and older
- 52% female

**Age-adjusted Adult (ages 20+)**

- **Diabetes (ages 20+)**: 9.0% (Horry) - 16.0% (Lee)
- **Physical inactivity (ages 20+)**: 26.3% (Horry) - 39.8% (Lee)

**South Carolina Initiative (HSCI) to assess issues focused on healthy active living in the county.**

- 35%
- 2%
- 4%
**County Health Rankings (2016)**: Horry (18), Sumter (20), Georgetown (22), Clarendon (25), Florence (28), Chesterfield (33), Lee (40), Darlington (42), Dillon (43), Williamsburg (45), Marion (45), and Marlboro (46)

"Health starts in our homes, schools, workplaces, neighborhoods, and communities."

- Healthy People 2020

**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 36 (Williamsburg) to 103.7 (Dillon).

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

**Policy**
- Federal
- State
- Local

Four counties (Darlington, Florence, Horry, and Sumter) with smoke-free policies (2015).

**Prevalence**

<table>
<thead>
<tr>
<th>State/Region</th>
<th>Binge Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sumter</td>
<td>10%</td>
</tr>
<tr>
<td>Marion</td>
<td>13%</td>
</tr>
<tr>
<td>Horry</td>
<td>16%</td>
</tr>
<tr>
<td>Florence</td>
<td>14%</td>
</tr>
<tr>
<td>Lee</td>
<td>9%</td>
</tr>
<tr>
<td>Marion</td>
<td>13%</td>
</tr>
<tr>
<td>Horry</td>
<td>16%</td>
</tr>
<tr>
<td>Florence</td>
<td>14%</td>
</tr>
<tr>
<td>Lee</td>
<td>9%</td>
</tr>
<tr>
<td>Dillon</td>
<td>12%</td>
</tr>
<tr>
<td>Williamsburg</td>
<td>17%</td>
</tr>
<tr>
<td>Sumter</td>
<td>16%</td>
</tr>
<tr>
<td>Marion</td>
<td>16%</td>
</tr>
<tr>
<td>Horry</td>
<td>12%</td>
</tr>
<tr>
<td>Florence</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Food Security (2016)** (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.

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

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

**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.

**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) ranges from 16% (Georgetown) to 25% (Marlboro).

**Education**

**Health Outcomes**
**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.

**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) ranges from 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.
**Community Health Improvement Process (2016):**

As of May 2016, 11 of 11 counties are using the Community Health Improvement Process 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)

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**In Focus: Greenville**

Park Hop is a scavenger hunt developed in partnership between LiveWell Greenville’s At 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 raise 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.

2016 Region Work Plan, Success Story

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**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

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**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 (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).
12. CDC. Chronic Disease Cost Calculator.
13. South Carolina Community Assessment Network. SCDHEC Division of Biostatistics.

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**Community Movement and Opportunities**

**South Carolina Public Health Region**

**Snapshot: Upstate 2016**

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Non-Hispanic Other</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>73%</td>
<td>19%</td>
<td>6%</td>
<td>2%</td>
</tr>
</tbody>
</table>

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**Age-adjusted Prevalence of Contributing Risk Factors for Adults (Ages 20+):**

- **Obesity:** 28.9% (Spartanburg) - 42.2% (Abbeville)
- **Diabetes:** 10.0% (Cherokee) - 16.2% (McCormick)

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**Quality of Life**

- **Physical inactivity:** 22.5% (Pickens) - 38.2% (McCormick)
- **Smoking:** 19.6% (Pickens) - 30.5% (Cherokee)

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**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:**

- Lack of access to medical care due to cost/insurance, inconvenient hours, lack of transportation
- Aging population
- Education levels
- Poverty/transportation

---

**Age-adjusted Adult (ages 20+)**

- **Risk Factors:**
  - **Obesity:** 16% (Pickens)
  - **Physical inactivity:** 22% (Pickens)
  - **Current smoking:** 19% (Pickens)

**Age-adjusted Adult (ages 20+) Diabetes in the Upstate by County: (2011-2014)**

- **Diabetes rates:**
  - Abbeville: 16.2% (McCormick)
  - Spartanburg: 2% (Abbeville)

---

**Population (2014):**

- 14 million people (29%) of the state
- 23% under 18 years old and 16% aged 65 years and older
- 51% female

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**South Carolina Public Health Region Rankings (2016):**

- Vary from 5 (Greenville) to 36 (Union) out of 46 rankings
- 2 out of 11 are in the top third of the rankings.
- 5 out of 11 are in the bottom third of the rankings.

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**Prevalence (2011-2014):**

- **Age-adjusted prevalence based on the 2010 U.S. Population**

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

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).

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.

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

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 $49,659 (Greenville). Higher median income is related to better health.

Health Care
- Quality of care
- Access to care

All counties in the Upstate have a population to primary care physician (PCP) ratio 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).

S.C. Projected All Payers Cost for 2015 (in Millions)

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. Traded 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.