

# The Lowcountry Responds...

Community Movements and Opportunities

## Community Health Improvement process<sup>1</sup>:

As of October 2015, 11 of 12 counties are using the Community Health Improvement Toolkit.

- Phase 3: ..... 2 counties (Berkeley & Colleton)
- Phase 4: ..... 2 counties (Hampton & Allendale)
- Phase 5-6: ..... 6 counties (Bamberg, Beaufort, Calhoun, Charleston, Jasper, & Orangeburg)
- Not yet engaged: ..... 1 county (Dorchester)

## Eat Smart, Move More Initiatives in Allendale and Hampton Counties



## REFERENCES:

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4. CDC. Wide-ranging Online Data for Epidemiologic Research (WONDER).
5. CDC. Youth Risk Behavior Surveillance System (YRBSS).
6. Fatality Analysis Reporting System.
7. Federal Bureau of Investigation (FBI). Uniform Crime Reports.
8. Feeding America. Current Population Survey (2001-2013).
9. Finkelstein et al. (2014). Lifetime direct medical costs of childhood obesity. Pediatrics, 133, 854-62. doi:10.1542/peds.2014-0063
10. Medical University of South Carolina. Burden of Diabetes Report 2012.
11. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
12. RWJF. County Health Rankings & Roadmaps.
13. Trust for America's Health - http://healthyamericans.org/report/93/.
14. United States Census Bureau.
15. United States Department of Agriculture. Food Environment Atlas.
16. United States Department of Education. Institute of Education Sciences & National Center for Education Statistics.
17. SC Hospital Discharge Data, SC Revenue and Fiscal Affairs Office.
18. DHEC reports.

## In Focus:

### Colleton County - Doodle Hill Community Garden

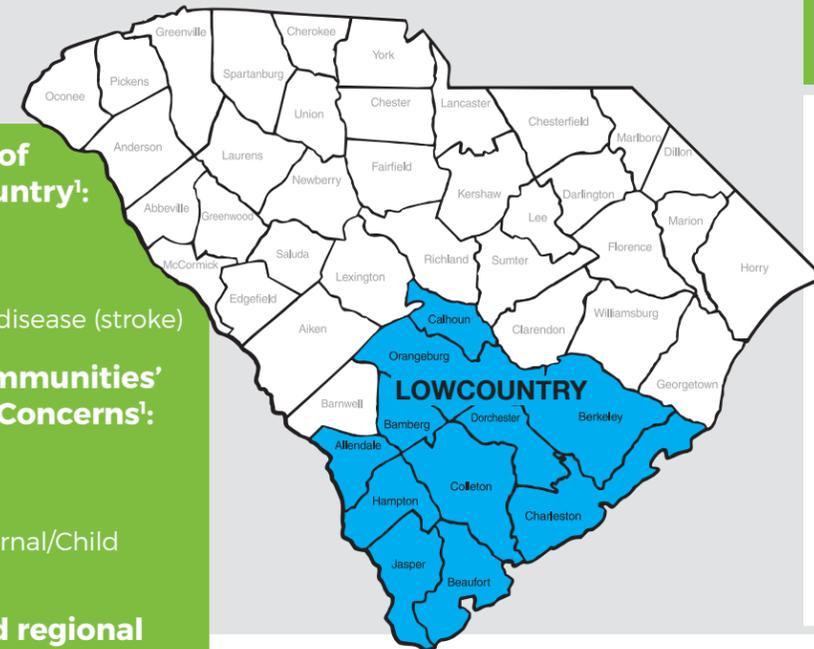
In 2012, more than **40 percent of adults** in Colleton County, SC reported that they were **obese**<sup>3</sup>. For many Colleton County residents, **access to fresh fruits and vegetables is challenging**. According to the USDA's food desert map, most of the county's **residents live more than 10 miles from the nearest supermarket** and many have limited access to transportation, and 21 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 late May, the Doodle Hill Garden will **serve to provide 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 2015

- Allendale
- Bamberg
- Beaufort
- Berkley
- Calhoun
- Charleston
- Colleton
- Dorchester
- Hampton
- Jasper
- Orangeburg



## Leading causes of death in Lowcountry<sup>1</sup>:

- Cancer
- Heart disease
- Cerebrovascular disease (stroke)

## Lowcountry Communities' Leading Health Concerns<sup>1</sup>:

- Obesity
- Tobacco use
- Mental and Maternal/Child Health

## Other expressed regional concerns<sup>1</sup>:

- 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
- Health care access

## County Health Rankings (2015)<sup>1</sup>:

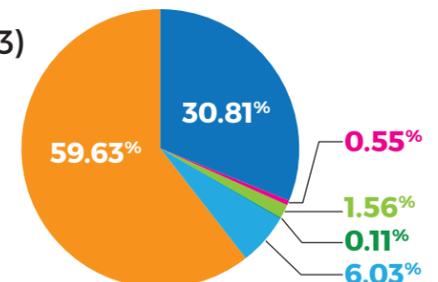
- 3 out of 11 counties are in the top 25th percentile in county health

## Population (2014)<sup>14</sup>:

- 1,100,160 (23.1 percent of the state population)
- 22.2 percent is below 18 years old
- 15.2 percent is 65 years old or older

## Population by Race<sup>14</sup> (2013)

- Non-Hispanic White
- African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic



## Contributing Risk factors in the Lowcountry (2015)<sup>3</sup>

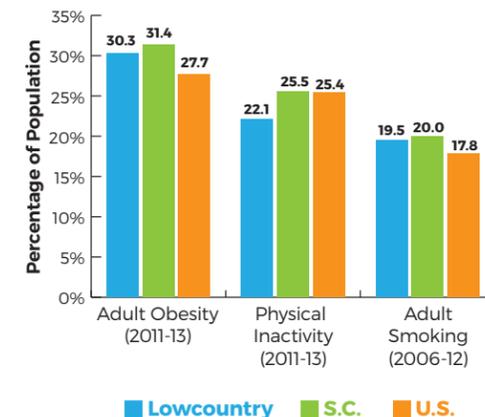
Obesity rates: 23.1% (Beaufort) – 41.7% (Bamberg)

Diabetes rates: 7.9% (Beaufort) – 15.4% (Hampton)

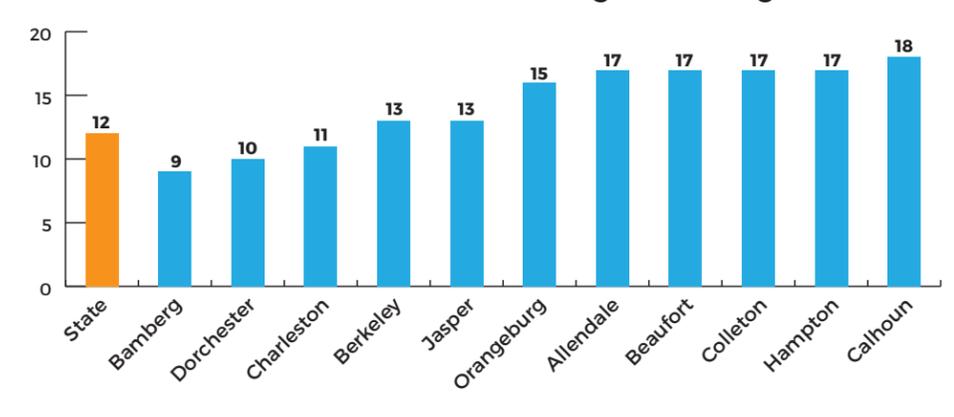
Physical inactivity: 15.2% (Beaufort) – 33.1% (Bamberg)

Adult smoking rates: 16% (Berkley & Calhoun) – 26% (Jasper)

## Health Risk Factors<sup>3</sup>



## Diabetes Prevalence by County (2015)<sup>3</sup>



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

**Violent crime rates<sup>7</sup>** (per 100K of people) ranges from 351 (Jasper) to 845 (Allendale)/577 in SC (2010-12).  
**Injury Death rate<sup>4</sup>** (per 100K people) ranges from 67 (Allendale) to 112 (Colleton)/72 in SC (2008-12).  
**Food insecurity<sup>8</sup>** ranges from 12.2 percent (Beaufort) to 27.7 percent (Allendale)/17.1 percent in SC (2012).  
**Access to healthy foods<sup>15</sup>** limited access ranges from 0.2 percent (Berkeley) to 12.0 percent (Charleston)/1.0 percent in SC (2010).

**Social & Community Context**

- Family/social/cultural influences
- Community safety

**Policy**

- Federal
- State
- Local

Two counties (Bamberg and Charleston) with public tobacco use policies in place<sup>1</sup>.

The lack in educational attainment, access to exercise opportunities, and household income are all directly related to worsening health statuses among individual counties throughout the Lowcountry.

**Education**

**Health Outcomes**

**Physical Environment**

- Environment quality
- Built environment

Percent of people with access to **exercise** opportunities<sup>12</sup> (2010 & 2013) range from Allendale (0.47 percent) to Charleston (82.1 percent)/SC (71 percent).  
Limited access leads to poorer health rankings.

**Health Care**

- Quality of care
- Access to care

Calhoun and Jasper Counties are in primary care shortage area<sup>12</sup> (defined as PCP to person ratio > 3500:1). Calhoun 7455:1 and Jasper 3690:1 (2012).

Percentage of people who could not see doctor due to cost<sup>3</sup> ranges from 13 percent (Beaufort) to 24 percent (Hampton)/16 percent in SC (2006-12).

**Health Behaviors**

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

**HIV prevalence rate<sup>11</sup>** (per 100K people) ranges from 180 (Berkeley) to 700 (Bamberg)/364 in SC (2010).  
**Alcohol-related driving deaths<sup>6</sup>** range from 21 % (Bamberg) to 57 percent (Allendale)/42 percent in SC (2009-13).  
**Youth Smoking<sup>5</sup>** 16 percent of high school students currently smoke (compared to 16.4 percent nationally) (2013).

**Economic Issues**

- Employment
- Income

**Median Household Income<sup>12</sup>** (2013) ranges from \$25,753 (Allendale) to \$56,354 (Beaufort). Higher median income is related to better health.

**Unemployment Rate<sup>2</sup>** ranges from Charleston (6 percent) to Allendale (14 percent), 7.1 percent of the Lowcountry workforce. SC unemployment rate is 7.6 percent (2013).

**Economic Impact on South Carolina**

- Nationally, lifetime direct medical cost of **childhood obesity** estimated to be from \$12,600 to \$19,600 per child<sup>9</sup>.
- In 2009 **smoking-attributable** health care expenditures were estimated at \$2.17 billion dollars<sup>18</sup>.
- Trust for America's Health (Robert Wood Johnson Foundation) publication in September 2012 projected annual obesity-related health spending in SC to reach \$8.5 billion in 2015<sup>13</sup>.
- Total charges for **Diabetes** inpatient and emergency department visits (primary diagnosis) were more than \$367 million in 2013<sup>17</sup>.
- In 2013, **heart disease** was responsible for hospital charges totaling more than \$3.1 billion (primary diagnosis). Total charges for heart disease hospitalizations have increased by 50% in the last ten years<sup>17</sup>.
- In 2013, **stroke** was responsible for hospital charges totaling more than \$690 million (primary diagnosis). Total hospital charges for stroke patients have doubled in the last decade<sup>17</sup>.

**Percent County Population with Excessive Drinking<sup>3</sup> (2006-12)**

