

# The Midlands Responds...

Community Movements and Opportunities

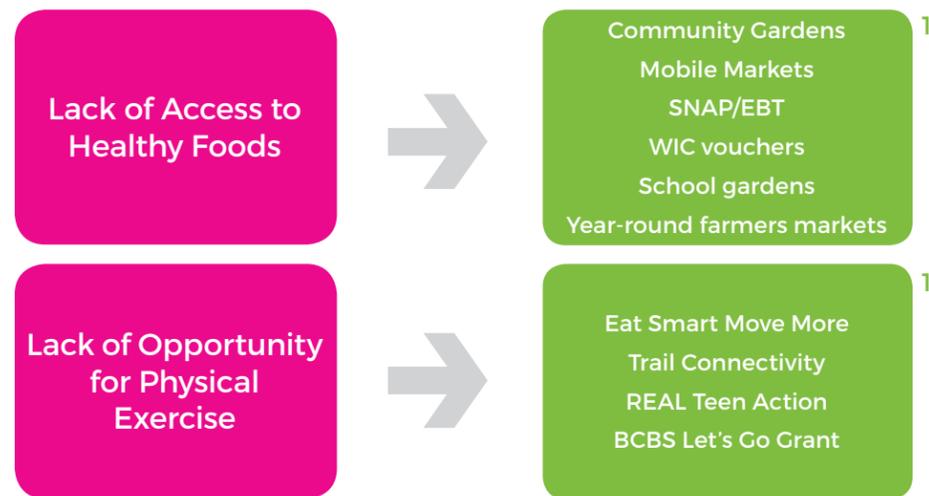
## Community Health Improvement Process<sup>1</sup>:

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

Phase 1-2: .....1 county (Edgefield)

Phase 3-4: .....0 counties

Phase 5-6: .....11 counties (Aiken, Barnwell, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, & York)



## REFERENCES:

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- DHEC reports.

## In Focus:

### Fairfield<sup>11</sup>

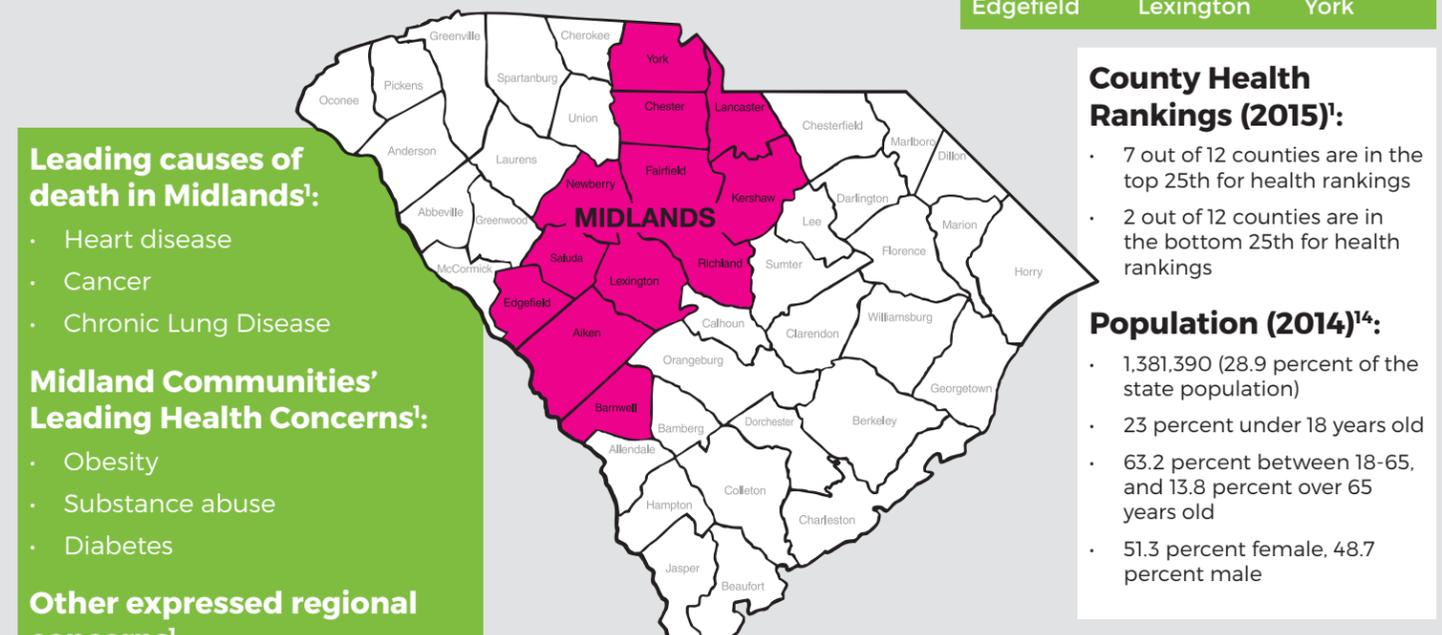
The **REAL Teen Action/HYPE Project Team** was developed by Fairfield Behavioral Health Services during the 2011-2012 school term. REAL Teen Action is a spin-off of the Keepin' It REAL (Refuse, Explain, Avoid, Leave) evidence-based curriculum that the organization delivers in schools. **HYPE**, which stands for *Healthy Young People Empowerment Project*, was added during the 2012-2013 school year as a result of a Community Transformation grant Fairfield Behavioral Health Services received 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) obesity 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.

# South Carolina Public Health Region

## Snapshot: Midlands 2015

Aiken	Fairfield	Newberry
Barnwell	Kershaw	Richland
Chester	Lancaster	Saluda
Edgefield	Lexington	York



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

- Heart disease
- Cancer
- Chronic Lung Disease

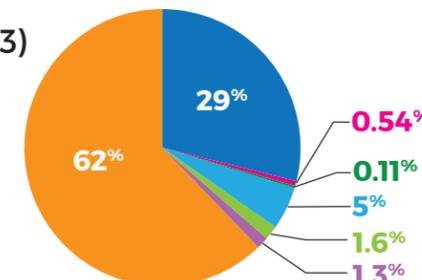
### Midland Communities' Leading Health Concerns<sup>1</sup>:

- Obesity
- Substance abuse
- Diabetes

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

- Lack of access to healthy foods
- Lack of safe and accessible opportunities for physical activity
- Low educational attainment, literacy and employment
- Poor health literacy
- Low political will

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



## Contributing Risk Factors in the Midlands (2015)<sup>3</sup>

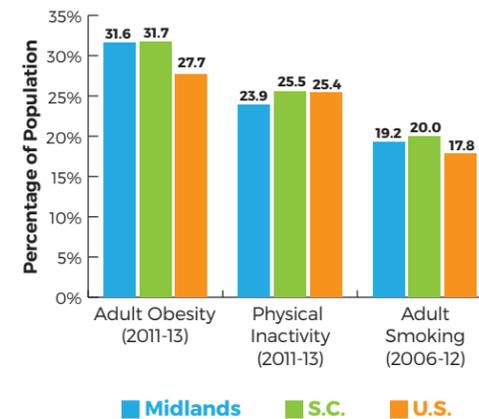
Obesity rates: 28.3 percent (York) - 40.3 percent (Fairfield)

Diabetes rates: 9.7 percent (Lexington) - 14.2 percent (Fairfield)

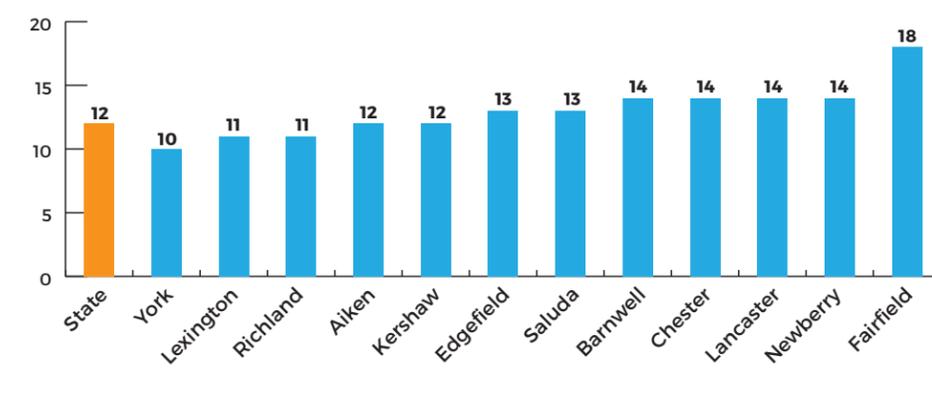
Physical inactivity: 21.6 percent (York) - 31 percent (Barnwell)

Adult smoking rates: 16 percent (Fairfield) - 25 percent (Newberry)

### 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

**Food insecurity<sup>8</sup> (2012)** ranges from 12.1 percent (Lexington) to 22 percent (Barnwell).  
**Access to healthy foods<sup>15</sup> (2010)** is limited in 1 percent (Barnwell) to 9 percent (Richland and Chester) of persons.  
**Violent crime rates<sup>7</sup> (2010-12)** vary from a high of 182 per 100k (Edgefield) to 947 per 100k (Richland).  
**Injury-related deaths per 100k<sup>4</sup> (2008-12):** 54 (Edgefield) to 88 (Chester).

**Social & Community Context**

- Family/social/cultural influences
- Community safety

**Policy**

- Federal
- State
- Local

9 out of 12 counties have tobacco policies<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 Midlands.

The **high school graduation rate<sup>12</sup>** (2011-12) in South Carolina was 75 percent.  
**Range of population lacking basic prose literacy skills<sup>16</sup>** (2003): 10 percent (Lexington) to 23 percent (Fairfield and Saluda).  
Lower rates of **educational attainment** are linked to poorer health outcomes.

Counties with better health rankings have relatively more access to **exercise opportunities<sup>12</sup>** (2010-13).

**Physical Environment**

- Environment quality
- Built environment



**Health Care**

- Quality of care
- Access to care

**Health Provider Shortage Areas<sup>12</sup> (2012)** (population to PCP ratio - 3500:1) include 4 out of 12 counties  
Richland - 9947:1  
Chester - 4068:1  
Edgefield - 3764:1  
Barnwell - 3702:1

**Percent of county population who reported being unable to access a PCP due to cost<sup>3</sup>** (2006-12): 12 percent (Fairfield) to 18 percent (Barnwell and Edgefield).

**STD rate (HIV prevalence<sup>11</sup> (2010) per 100k):** 207 (Lancaster) to 860 (Richland).  
**Alcohol-impaired driving death rates<sup>6</sup> (2009-13):** 37 percent (Lancaster) to 56 percent (Kershaw and Lexington).  
**Youth smoking<sup>5</sup> (2013):** 16 percent of high school students in South Carolina currently smoke (National rate is 16.4 percent).

**Health Behaviors**

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

**Economic Issues**

- Employment
- Income

**Unemployment Rates<sup>2</sup> (2013):** 7.5 percent of the Midlands labor force.

Counties with higher **median household income<sup>12</sup>** (2013) have better county health rankings.

**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 percent 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)**

