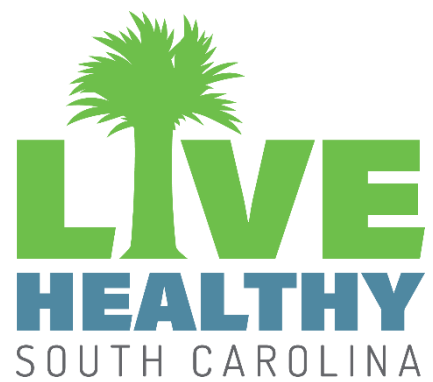


LANCASTER COUNTY

*“Improving the health of people and places across SC.”
— Live Healthy South Carolina*



COMMUNITY HEALTH
IMPROVEMENT PLAN
2019 – 2023

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About Lancaster County



Top: The original Lancaster County Courthouse, built in 1848, is the site of the last witch trials to occur in the United States. This image was taken prior to the 2008 fire that caused extensive damage. The building was restored and now serves as a free museum.
Right: A new courthouse sits adjacent to its predecessor.

Photos by [Bill Segars](#).

Lancaster County is a rural and urban county located in South Carolina, covering 555 square miles. As a part of the Charlotte metropolitan area, the county has seen tremendous growth over the last ten years. It is bordered in the north by North Carolina, in the west by the Catawba River and Sugar Creek, and on the east by the Lynches River. Lancaster County had an estimated population of 98,012 in 2019 according to US Census estimates and is comprised of 21.9% African American, 70.0% Non-Hispanic Caucasians, 5.9% Hispanic, 1.6% Asian, and 1.6% of two or more races.

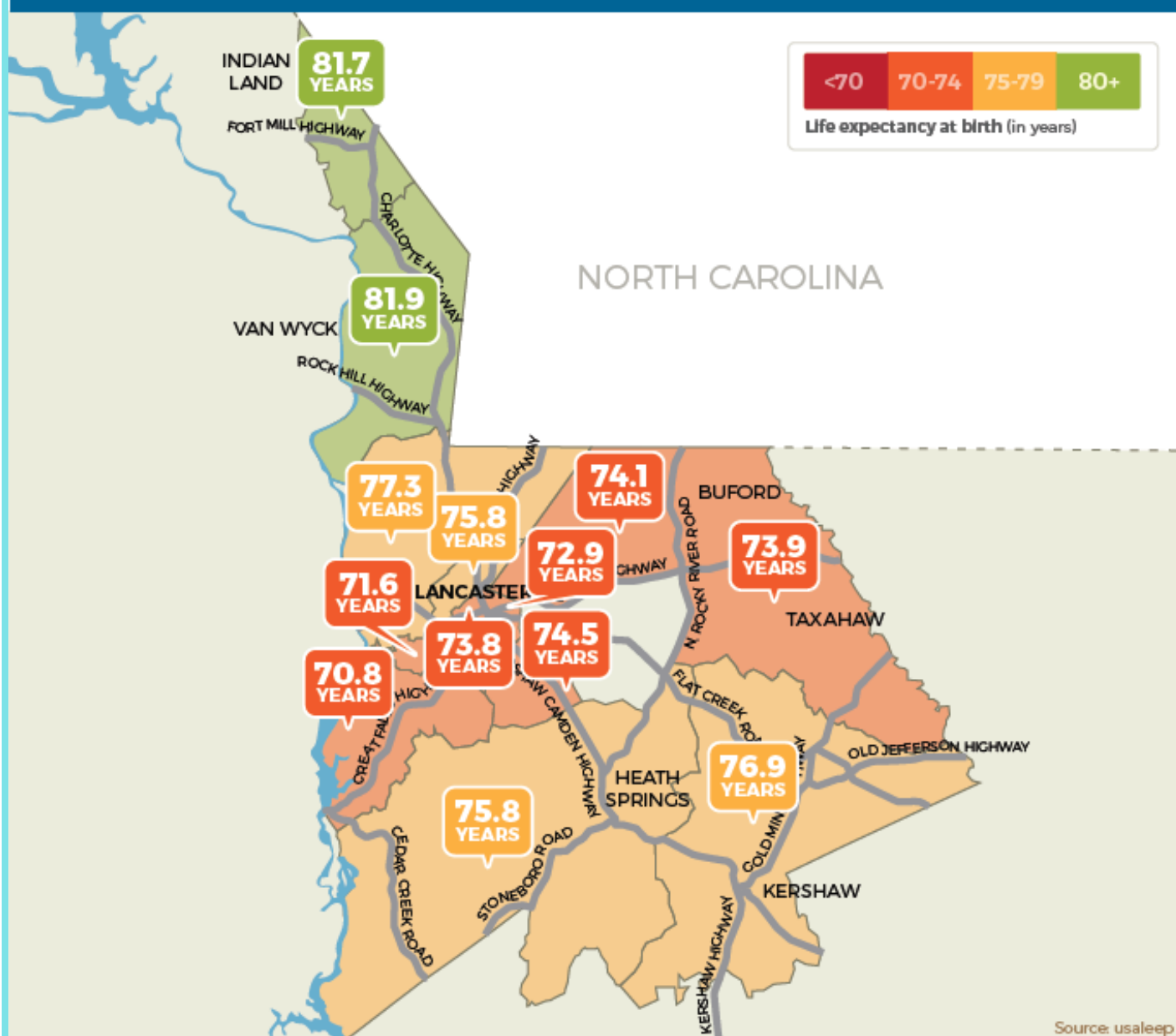
The county seat is Lancaster, which is known as the Red Rose City. Other cities and towns include Van Wyck, Heath Springs, Kershaw, Indian Land, Elgin, Irwin, Springdale, and Lancaster Mill.

According to the 2019 County Health Rankings & Roadmaps (CHR), Lancaster County is ranked 14th in health outcomes (length and quality of life) and 18th in health factors (influences on health such as environment, behavior, and access to facilities) out of the 46 counties in South Carolina. Approximately 15.5% of Lancaster County residents are living in poverty, including 19% of those under 18 which is lower than the state average. Other areas of strength include flu vaccination (48%) and sexually transmitted infections (353.0 per 10,000). The leading causes of death are cancer, heart disease, and unintentional injury.

Opportunities to lead a long and healthy life can vary dramatically by neighborhood and community. This variation is influenced by multiple factors including education, economic opportunities, housing conditions, and access to hospitals and primary care services. The next page shows the life expectancy map for Lancaster County. The life expectancy of the county ranges from 81.9 in Van Wyck to 70.8 years southwest of Lancaster. Where do you live?

It's a short distance to a wide gap in life expectancy.

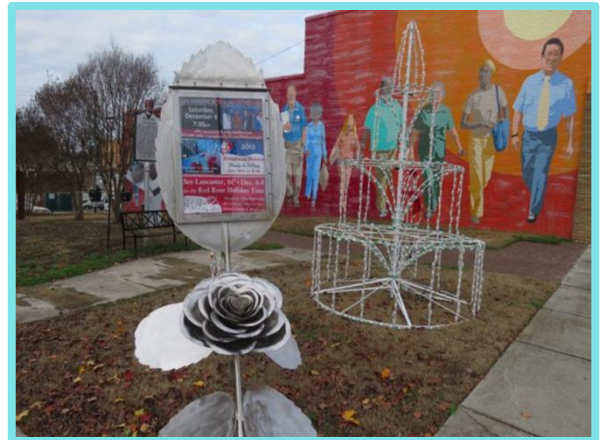
LANCASTER, SOUTH CAROLINA



What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a three- to five-year strategic plan for addressing public health issues faced by a community. The community identifies and prioritizes their top concerns and come together to work to improve health conditions of residents.

The CHIP is designed as a guide to engage partners and stakeholders from a variety of organizations as well as members of the community. The goal is to leverage resources and build relationships that will help the community reach goals outlined in the plans by carrying out action-based strategies. It allows for a diverse group of people to build a collaborative effort with a common goal in creating a healthier Lancaster County.



The above collage features some notable sites in Lancaster County including Robert Mill's 1823 Lancaster County Jail (Photo by [Bill Segars](#)), Olde Presbyterian Church (Photo by [Bill Segars](#)), the Kershaw Depot (Photo by [Ann Helms](#)), the Mural of Lancaster County Residents (Photo by Cherry Doster), the Bob Doster Rose Kiosk (Photo by Cherry Doster), and Mt. Carmel AME Zion Campground (Photo by [Bill Segars](#)). When looking to improve the community, everyone has a role!

Community Health Assessment

The development of the CHIP began with distribution of Community Health Assessment (CHA) surveys in August 2018. This process was led by a steering committee which, is a group of people and organizations invested in health improvement. Surveys were comprised of 27 questions asking residents about demographic information as well as their thoughts regarding a variety of issues affecting health. Both paper and electronic surveys through SurveyMonkey were distributed at public buildings and schools including the University of South Carolina Lancaster, as well as other locations. Community partners also assisted in distributing the survey via email list serves and social media.

Interviews with key stakeholders in Lancaster County, including mayors, council members, and the school superintendent, were conducted to gather more information on how leaders viewed health in their community.

After survey collection was complete, community members were invited to review the results on March 20th, 2019. Individuals concerned with the health of Lancaster County gathered to view county-level data, review community member input, and compare this data to their own personal concept of health in Lancaster County. Participants conducted a SWOT analysis which examined the strengths, weaknesses, opportunities, and threats that exist in Lancaster County and could contribute to or interfere with making progress towards better health.

At the conclusion of this meeting, lingering questions prompted the scheduling of a second meeting on April 17th, 2019. At this meeting DHEC epidemiologist dove deeper into the data and facilitated discussions that provided community members with a more thorough understanding and supported more confident preparation for next steps. A date was proposed for reconvening these individuals, as well as those who individuals felt needed to be there, to participate in a data walk. Keep reading for an outline of the data walk process.

The Great Wall of China is found on the exterior wall of sculptor Bob Doster's Backstreet Studios. The Great Wall of China was created by neighborhood kids as a public arts outreach program and has since become a well-loved landmark in the county. Doster has been working and teaching people of all ages in his studio and gallery for over 40 years.

Photo by Cherry Doster.

"This community-wide collaborative allowed us to come together and better understand how various determinants of health affect our community. Using a data-driven approach and wholesome community engagement, we are better equipped to address the needs of our community."

*- Irini Guda-McCarthy
Upper Midlands Rural Health Network*



Data Walk

Reviewing the Data

A data walk is an interactive method of sharing data with the community. On September 10th, 2019, over 50 individuals representing various sectors of Lancaster County gathered at the University of South Carolina Lancaster to carry out the process. Data under consideration was collected from health care organizations, Community Health Assessments, and other sources. The data was sorted and presented in the seven categories of health indicators listed below:

1. **Access to Care:** Community Health Improvement Survey, Insurance Status, Primary Care, Dental Care, Delayed Medical Care
2. **Maternal & Infant Health:** Entry Prenatal Care, Infant Mortality, Preterm Birth, Low Birthweight, Teen Births, Breastfeeding Initiation
3. **Chronic Diseases & Risk Factors:** Associated Chronic Diseases, Healthy Eating/Active Living, Cancer
4. **Infectious Diseases:** Hepatitis, HIV/AIDS, Sexually Transmitted Infections
5. **Behavioral Health:** Mental Health, Depression, Suicide, Alcohol, Tobacco, Drug Overdose
6. **Injury:** Heat Related, Homicide, Assault, Traumatic Brain Injury, Motor Vehicle Accidents
7. **Cross Cutting:** Leading Causes of Death and Hospitalizations, Transportation, Adverse Childhood Experiences, Poverty Status, Income Inequality, Life Expectancy

Data from each category was displayed on posters (see Appendix) around the meeting room. At each of these stations, SC DHEC epidemiologists engaged with groups of participants to discuss the data being presented.



Identifying Health Priorities

After completing the data walk, participants discussed what they learned, asked questions, and compared this information against their prior view of health in Lancaster County. The group was then tasked with collectively identifying three health priorities to address over the next three to five years. A dot-voting method was used where each participant received three dots—one for each of their top three choices—and got to place their dots onto the health indicators of their choosing. Voting revealed the following health priorities as focus areas for the Community Health Improvement Plan:

1. Healthy Eating / Active Living (HE/AL)
2. Access to Care
3. Behavioral Health

Participants signed up for committees that will begin strategizing and developing action plans to address issues related to each health priority.

Reflecting on the Process

Starting with the Community Health Assessments, community members were consulted to ensure that the people and places where data was collected was representative of the county. The data walk empowered community members with the information they needed to make informed decisions for the good of the whole community. Data walk participants were able to merge prior knowledge and experiences with recent county-level data to see the reality of health in Lancaster County like they never had before. While many have been involved throughout this process, this document is ultimately the result of the dedication and decisions made by those who know and love Lancaster County the best: the members of its community.



From Plan to Action

The remainder of this Community Health Improvement Plan outlines specific goals and strategies related to the three chosen health priorities. The goal is to use this plan to inspire action, yet it is important to first understand what these actions could look like and where they should be directed.

Know Your Objectives

When deciding how to act, aiming actions towards the right outcomes can make a world of difference for underserved and vulnerable populations.



Equality


Provide each person with the same resources or opportunities.

Equity

Recognize that each person experiences different circumstances and provide the resources or opportunities needed to reach equal outcomes.

Justice

Build on equity and fix systems to ensure equitable access for generations to come.

 Throughout the CHIP, you will see a magnifying glass anytime the phrase “through a health equity lens” is used. This phrase refers to the intentional action steps that should be taken to identify and address the areas where health inequities exist. Efforts in Lancaster County will be inclusive of all populations across the county. Read more about using a health equity lens: https://www.health.state.mn.us/communities/practice/resources/publications/docs/1609_healthequitylens-conf.pdf

The three chosen health priorities are inspired in part by health disparities present in Lancaster County. To overcome health disparities and give everyone the same chance at living healthy lives, equity is a vital part of the discussion. With these terms in mind, let’s look at the two levels of action that can be taken (Milken Institute of Public Health, 2020).

#1 Provide resources and opportunities to establish equitable conditions.

The first level of action focuses on addressing inequity. Populations facing health inequities must be identified, proper interventions to address these inequities must be determined, and interventions must be sustainably implemented to establish more equitable conditions. Examples of

action at this level would include distributing food in a community lacking a grocery store or providing COVID-19 saliva tests in the homes of those who are disabled or without transportation. This level of action can be immediate but is often temporary. To be successful, there must be continuous effort and resources dedicated by the program or organization that is providing the interventions.

#2 Identify and reform factors that cause inequitable conditions.

The second level of action focuses on achieving justice. Inequities are identified just as before, but now instead of asking what can be provided to help individuals obtain equitable conditions, the focus is what can be fixed to ensure that special help is no longer necessary? Examples of action at this level would include establishing and operating a FoodShare hub to ensure access to produce and creating safe recreational spaces in a neighborhood that was previously lacking a similar space. This level of action is often more difficult to implement but provides long-term and naturally sustainable solutions that do not have to be maintained by any one program or organization (Grant County Health District, n.d.).

With a better understanding of possible objectives, let's look at strategies to help reach these objectives.

Evidence-Based Interventions

When addressing health priorities, it is important to consider evidence-based interventions (EBIs) that have addressed similar concerns in similar populations. EBIs are programs or procedures that have been proven to be effective through outcome evaluation. Their effects have been clearly linked through repeated study and expert opinion to be the result of the activities themselves and not outside events (University of Missouri, n.d.). Looking at the EBIs available for a certain topic may reveal ideas that community members had not considered before, all while saving the time to develop a new intervention and increasing the chances of success.

The following resources are helpful in the search & adaptation of potential EBIs:

- Connecticut State Department of Public Health – Where to find EBIs
<https://portal.ct.gov/DPH/State-Health-Planning/Healthy-Connecticut/Where-to-Find-Evidence-based-Interventions-and-Methods>
- Snap-Ed Toolkit – List of Interventions
<https://snapedtoolkit.org/interventions/list-of-interventions/>
- Scaling up Evidence-Based Interventions in US Public Systems to Prevent Behavioral Health Problems: Challenges and Opportunities
<https://link.springer.com/article/10.1007/s11121-019-01048-8>
- Methods for Translating Evidence-Based Behavioral Interventions for Health Disparity Communities
https://www.cdc.gov/pcd/issues/2013/13_0133.htm

Policy, Systems, and Environmental Change

In order to support health, there must be policy, systems, and environments (PSE) that allow health promotion and disease prevention to successfully take place. EBIs that go beyond influencing individual behavior and provide people with readily available healthy options in their communities are considered to be making PSE changes. The changes take place at a community or population level and most often influence laws, rules, and physical landscapes. PSE changes can be more difficult because they require design, advocacy, and implementation of changes in addition to continued education and enforcement to ensure the best outcomes. However, once in place, their benefits are often self-sustaining (Grant County Health District, n.d.; Rural Health Information Hub, n.d.).

Policy Change

- Includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules.
- Government bodies (federal, state, local), school districts and schools, healthcare organizations (hospitals, health systems), worksites, and other community institutions (daycare centers, senior living centers, faith institutions) can all make policy changes.
- Policies influence the daily decisions people make. Laws that are passed can greatly influence the daily decisions individuals make about their health.

Examples

- Passing a law allowing residents to plant community gardens in vacant lots.
- Establishing a policy that prohibits junk food in school fundraising drives.
- Tobacco-free workplace laws and tobacco-free school campus policies. Tobacco-free encompasses cigarettes, e-cigarettes, and vapes.

Systems Change

- Involves changes made to the rules within an organization. Often works along with policy change.
- Impacts all elements of an organization. Focuses on changing infrastructure within a school, park, worksite, or health setting.

Examples

- Implementing WIC voucher reimbursement procedures for Farmer's Markets.
- Implementing a healthy lunch program across the state school system.
- Ensuring a hospital system is tobacco-free.

Environmental Change

- A change made to the physical environment.
- As simple as installing bike signage on already established bike routes, or as complex as building a sidewalk and pedestrian friendly intersections to promote walking and biking among citizens.

Examples

- Incorporating sidewalks, paths, and recreation areas into community design.

What's the Difference Between PSE change and Programs?

Setting	Program/Events	PSE Change
School	Celebrate a national nutrition month	Add fruits and vegetables to the cafeteria options in schools
Community	Host a community fun run to raise awareness about diabetes	Add sidewalks, cross-walks, and bike lanes to make walking and biking safer and more enjoyable
Worksite	Hold health screenings for staff	Implement a healthy vending machine policy that offers healthy snacks at an affordable price
Hospital	Hold free breastfeeding courses for new moms	Implement steps to become a 'baby friendly hospital'

Tables adapted from *What is PSE? Fairfield*.

For more information and examples of PSE change:

- Rural Health Information Hub – Examples of PSE Change Interventions
<https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental#:~:text=Examples%20of%20PSE%20Change%20Interventions&text=Activities%20include%20a%20public%20education,biking%2C%20and%20improving%20public%20spaces.>
- Action4PSE Change – Real-World PSE Change Examples
<http://action4psechange.org/about-pse-change/pse-examples/>

What About Funding?

Implementing EBLs or creating PSE changes may sound like huge endeavors--and ones that come at a price. However, there are options available whether funding is available or not.

Without Funding

Funding is not a requirement for making a difference in Lancaster County. Actions that require little or no funding include conducting community assessments of walkability or bikeability, providing education to schools or organizations, hosting volunteer events, sharing educational and programmatic information on social media, and meeting with local officials to influence policy. Coalitions across the Midlands have had great success in the absence of funding, so do not feel discouraged by a lack of funds.

Eat Smart Move More SC broke down strategies for addressing common issues without funding:

- Strategies to Improve Access to Healthy Foods & Places to Be Active
https://eatsmartmovemore.org/pdf/Documents_Reports/esmm-sc-reports/PSE_Change_Strategies.pdf

With Funding

The advantage of a CHIP is that it allows a community to have a clear understanding of its health goals and objectives and can use this understanding to locate relevant funding opportunities. Grant funding is a great option for groups looking to implement community health interventions. Grants are funds offered by an individual organization for use by another group to finance an agreed upon program or venture. The money does not have to be repaid, but it may include limitations or requirements as to how the money can be used. Grants can come from corporations, non-profit organizations, and government entities ranging from the county to federal level (Grants.gov, n.d.).

Use the following resources from Grant.gov to get started finding funding:

- Getting Started Checklist
<https://www.grants.gov/web/grants/learn-grants/grants-101/getting-started-checklist.html>
- How to Search Grants
<https://www.grants.gov/help/html/help/SearchGrants/SearchGrantsTab.htm>
- Search Grants
<https://www.grants.gov/web/grants/search-grants.html>

Capacity Building Here, There, & Everywhere

To address any of the aforementioned health priorities, the community must build its capacity to respond. Every community, group, and person offers unique skills and strengths and has the ability to think creatively, problem solve, and work together for the benefit of others. Community capacity is the strategic interaction of human capital, social capital, and organizational resources to improve the health and well-being of a community (Chaskin, 2001). Capacity building promotes the capacity of communities to develop, implement, and sustain solutions to problems using methods that allow them to exercise control over their physical, economic, social, and cultural environments. In some way, every group working to achieve the CHIP's health priorities can benefit from building capacity. Capacity building efforts include:

Developing skills and building confidence of groups and individuals
Enhancing community processes for decision making and problem solving
Defining a common vision for the future
Implementing practical strategies to bring about change
Promoting inclusion, social justice, and health equity

(Stuart, 2019)

- What is Community Capacity Building?
<https://sustainingcommunity.wordpress.com/2014/03/10/ccb/>
- Measuring Community Capacity Building: A Workbook-in-Progress for Rural Communities
https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/csg/Measuring_Community_Capacity_Building.pdf

Health Priority 1:

Healthy Eating/Active Living

Overview

Healthy Eating / Active Living (HEAL) will address topics including nutrition, physical activity, and obesity and overweight. Residents indicated obesity and overweight as the number one health concern via the Community Health Assessment. Poor nutrition and sedentary lifestyles are the main risk factors for obesity, so efforts will look to target and alter these behaviors. Efforts will be led by a committee combined with Eat Smart Move More Lancaster County in order to collectively leverage resources, increase collaboration, and reduce duplication of efforts. Below are the data points which led to this decision.

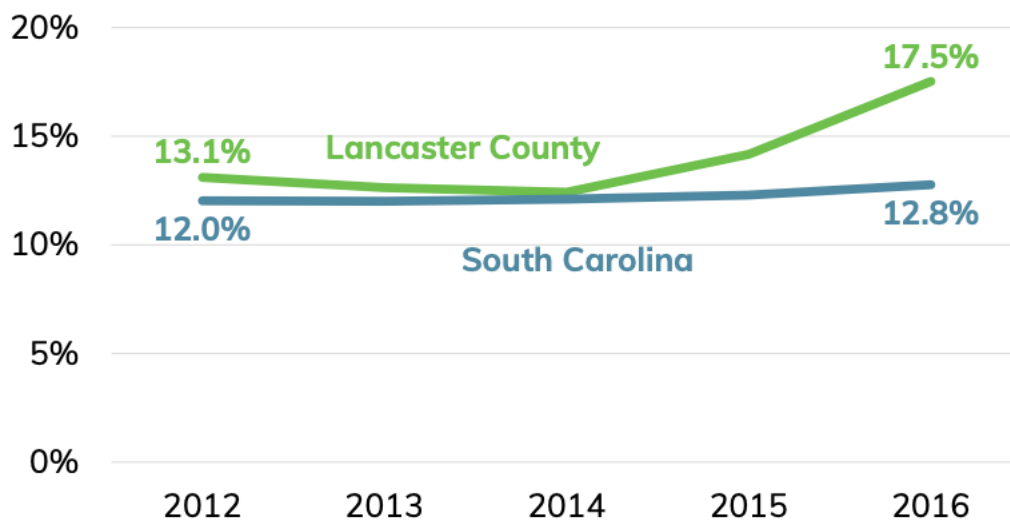
In Lancaster County, 35.9% of adults are obese.

Obesity is linked to a variety of other health issues, including diabetes, stroke, heart disease, high blood pressure, and even some cancers.

Healthy eating is also an issue of concern.

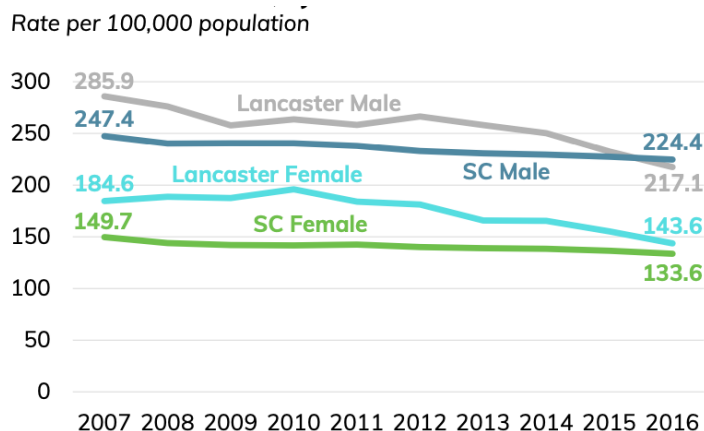
49.6% of adults do not eat a fruit at least once a day & 19.8% of adults do not eat a vegetable at least once per day.

In Lancaster County, **35.9% of adults are obese**. Obesity is linked to a variety of other health issues, including diabetes, stroke, high blood pressure, and even some cancers.



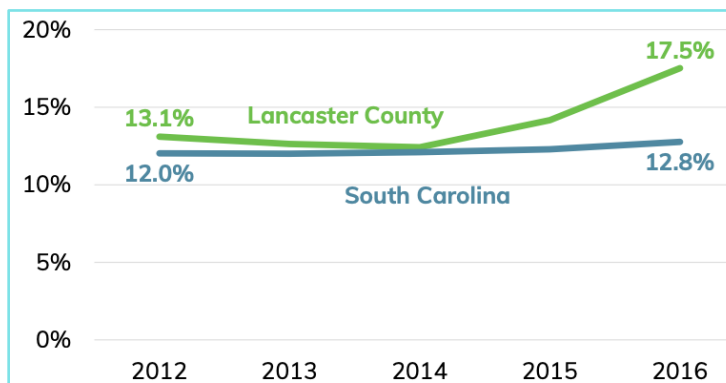
Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.

Heart disease deaths are higher in Lancaster County when compared to the state of South Carolina. Rates according to sex are shown below.

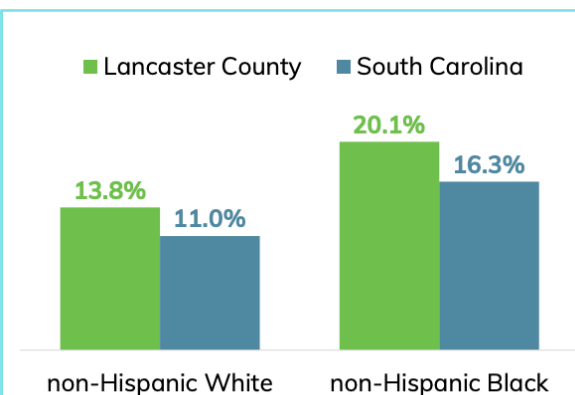


Source: SC DHEC Vital Statistics.
Notes: 3-year rolling average, age-adjusted.

In Lancaster County overall **17.5% of Adults have diabetes** and **9.9% have prediabetes**. Rates according to race and ethnicity are shown below.



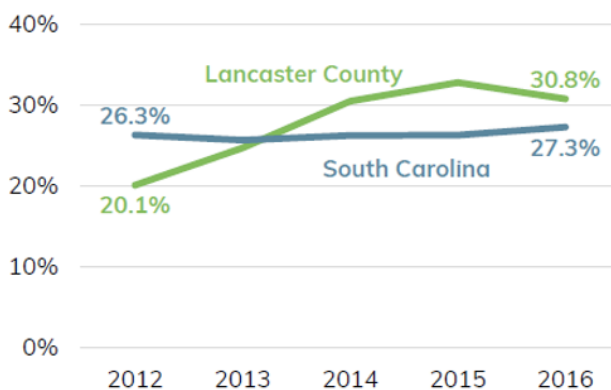
Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.



Source: SC DHEC BRFSS, 2011-2017.
Note: Adults 18+.

Sedentary lifestyles are higher in Lancaster County when compared to South Carolina.

In Lancaster County, 26.9% of non-Hispanic white and 25.5% of non-Hispanic Black residents report no leisure time physical activities in the past month (See Appendix B).



Source: SC BRFSS.
Notes: 3-year rolling average, adults 18+.

Goal 1: Through a health equity lens, increase countywide capacity for coordinated efforts and partnerships to promote HE/AL. 🔍

Strategies

- Promote capacity building to expand efforts countywide.
- Assess local initiatives addressing HE/AL and coordinate efforts.
- Identify underserved areas & assess access to local initiatives.
- Provide educational opportunities for coalition members regarding coalition structure, social determinants of health, and health equity.

Resources

- Live Healthy South Carolina
<https://livehealthy.sc.gov/>
- Eat Smart Move More SC
<http://eatsmartmovemore.org/>
- CDC Prevention Status Report for SC
<https://www.cdc.gov/psr/Print/PrintSTReport.aspx>
- South Carolina Cancer Alliance
<https://www.sccancer.org/initiatives/mens-cancer/>
- Alliance for a Healthier Generation
<https://www.healthiergeneration.org/>

Potential Partners

- Faith-Based Organizations
- Lancaster County Health Department
- Lancaster County Parks and Recreation
- Lancaster County School District
- Upper Palmetto YMCA

See Appendix A for complete list.

Take Action in Your Community

- **Fundamentals of Community Coalition Building**
<https://chsolutions.typepad.com/elevation/2010/04/community-coalition-building-part-1-fundamentals.html>
- **Coalition Guide Resource**
<https://www.sophe.org/wp-content/uploads/2016/10/Full-Resource-Guide.pdf>
- **Coalition Building & Partnerships**
<http://plan4health.us/coalition-building/>
- **Blueprint for Health**
<https://scorh.net/blueprint-for-health/>

Goal 2: Through a health equity lens, increase policy, systems, and environmental approaches that improve HE/AL.

Strategies

- Evaluate access to physical activity for residents of all abilities.
- Identify underserved areas with gaps in access to HE/AL and work with communities to address needs.
- Improve environments to support healthy eating, physical activity, and tobacco-free spaces.
- Identify & implement evidence-based interventions (EBIs) that bring sustainable PSE change to the county with a focus on underserved populations.

Resources

- Live Healthy South Carolina
<https://livehealthy.sc.gov/>
- Policy, Systems, and Environmental Change Resource Guide
https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PSE_Resource_Guide_FINAL_05.15.15.pdf
- Eat Smart Move More SC
<http://eatsmartmovemore.sc.gov/>
- Open Community Use Playbook
<https://scdhec.gov/sites/default/files/Library/CR-011555.pdf>
- Creating Active Community Environments in South Carolina: A Grassroots Guide
<https://scdhec.gov/sites/default/files/Library/CR-012013.pdf>
- SC Health Planning Toolkit
<https://scdhec.gov/sites/default/files/Library/SCHealthPlanningToolkit.pdf>
- SC Cancer Alliance
<http://www.sccancer.org/initiatives/prostate-cancer/>
- Safe Routes to School SC
<http://www.scsaferoutes.org/>
- Women, Infants, and Children Nutrition Program
<https://scdhec.gov/health/wic-nutrition-program>

Potential Partners

- DHEC SNAP-Ed
 - Faith-Based Organizations
 - Helping Other People Effectively (HOPE) of Lancaster, Inc.
 - Lancaster County Health and Wellness Commission
 - University of South Carolina – Prevention and Research Center
- See Appendix A for complete list.

Take Action in Your Community

- **Individually Adapted Health Behavior Change Programs**
<https://www.thecommunityguide.org/findings/physical-activity-individually-adapted-health-behavior-change-programs>
- **It's Your Health Take Charge**
<https://scdhec.gov/health/nutrition-obesity-physical-health/nutrition-education-program-snap-ed#Meadowland>
<https://tinyurl.com/y2lw8fsq>
- **Open Community Use**
<http://eatsmartmovemoreesc.org/our-work/advocacy/open-community-use/>
<https://scdhec.gov/sites/default/files/Library/CR-011555.pdf>
- **VeggieRx**
<https://www.freshapproach.org/veggierx/>
- **Faithful Families**
<https://faithfulfamilies.com/>
- **National Diabetes Prevention Program**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Faith, Activity and Nutrition Program (FAN)**
<https://www.cdc.gov/prc/study-findings/research-briefs/fan.html>
- **FoodShare South Carolina**
<https://foodshareesc.org/>
- **Better Choices Better Health**
<https://www.cdc.gov/arthritis/interventions/programs/better-health.htm>
- **The Daily Mile US**
<https://www.thedailymile.us/>
- **Eat Smart Move More SC – HYPE Project**
<http://eatsmartmovemoreesc.org/our-work/youth-engagement/>
- **Cooking Matters**
<https://cookingmatters.org/>

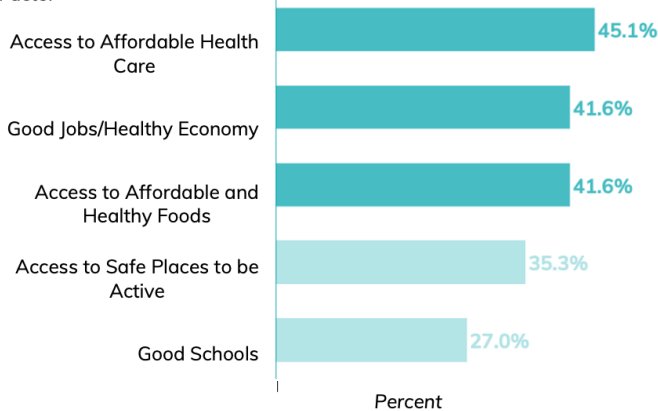
Health Priority 2:

Access to Care

Overview

The Lancaster County Access to Care Committee believed it was important to define what access to care means. The committee agreed that access to care considers insurance costs and coverage as well as the availability and proximity of providers. Through the Community Health Assessment, residents identified access to affordable health care as the number one factor for a healthy community. According to the National Rural Health Snapshot, there are 13.1 Primary Care Physicians (PCP) per 10,000 residents in rural communities. In Lancaster County, there are only 6.5 PCP per 10,000 residents. Issues related to accessing care include financial burdens, delays in receiving necessary care, health literacy, and fear or mistrust of the health care system. Below are data points that led to identifying Access to Care as a priority.

Top Factors for a Healthy Community
Factor

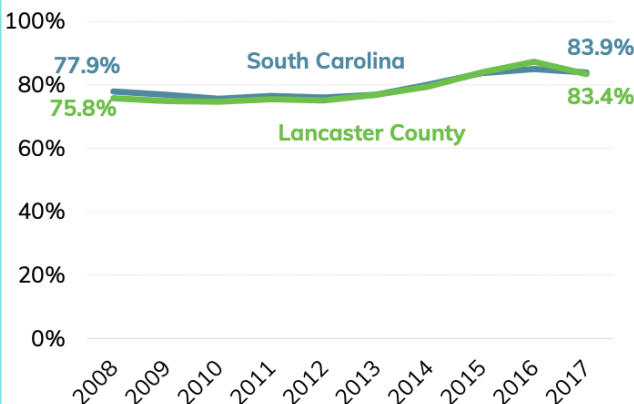


Source: Community Engagement Survey distributed from July 2018 - April 10, 2019.

45.1% of residents designated access to affordable health care as a top factor contributing to the health of a community on the Community Health Assessment. In the rural parts of Lancaster County, accessing care can be very challenging.

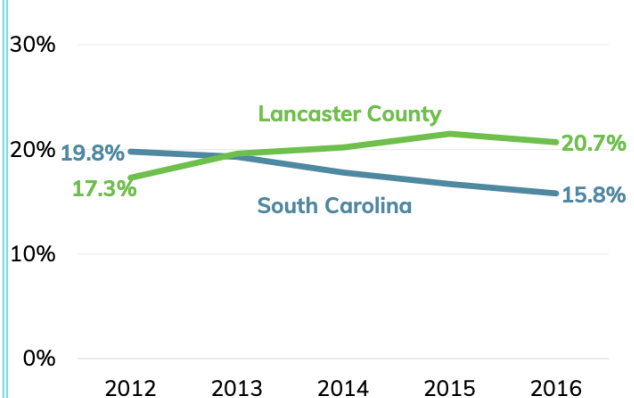
83.4% of Lancaster County residents have health insurance, meaning 16.6% are uninsured. Insurance coverage is a primary determinant for having access to care. An individual's insurance plan and associated costs affect if one chooses to go to the doctor and seek treatment and may lead to delays in care.

Health Care Insurance Among Adults
Percent



Source: US Census Bureau Small Area Health Insurance Estimates.
Note: Adults 18-64.

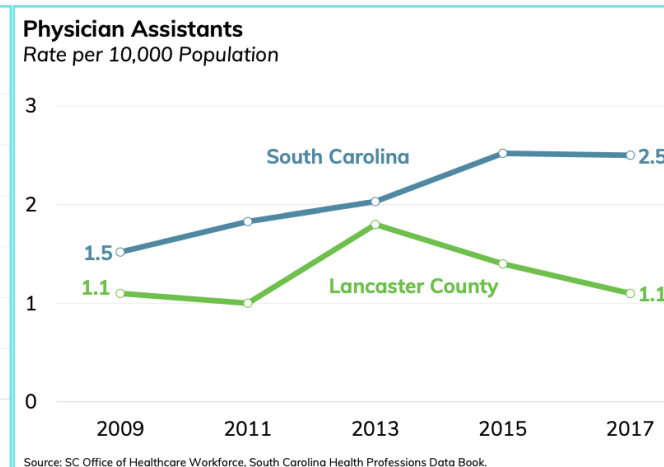
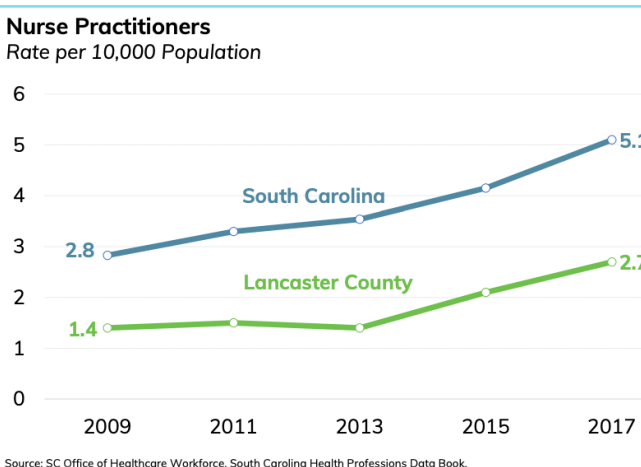
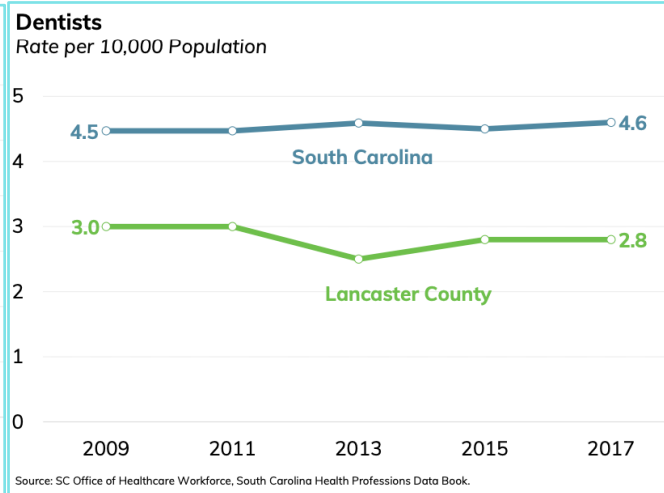
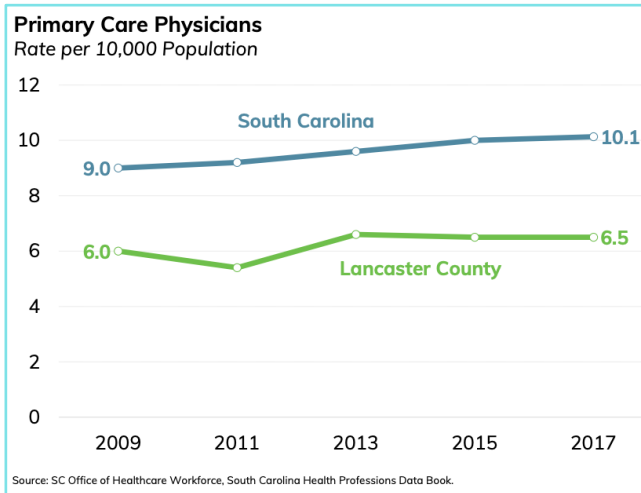
Delayed Medical Care due to Cost
Percent



Source: SC DHEC BRFS.
Notes: 3-year rolling average, adults 18+.

While primary care providers in Lancaster County have not significantly declined and in some cases have even increased in recent years, **the number of providers is still below the state average.**

Having a primary care provider who serves as the usual source of care is associated with **greater patient trust**, better **patient-provider communication**, **increased likelihood of receiving appropriate care**, and **lower mortality from all causes.**



In Lancaster County, providers are concentrated in the city of Lancaster. The Access to Care Committee found that in **Heath Springs and Kershaw** there are limited providers and facilities for care. **Timeliness is the health care system's ability to provide health care quickly after a need is recognized**, and a lack of providers exacerbates problems with chronic disease.

See Appendix C for information on the **leading chronic disease hospitalizations and deaths** in Heath Springs and Kershaw.

Goal 1: Improve access to quality comprehensive health care services.

Strategies

- Assess current availability of health services and identify gaps.
- Work with providers to address areas of need.
- Identify & implement evidence-based interventions (EBIs) that bring sustainable PSE change to the county with a focus on underserved populations.

Resources

- County Health Rankings and Roadmaps
<https://www.countyhealthrankings.org/explore-health-rankings>
- SC Hospital Association
<https://scha.org/about/>
- SC Office of Rural Health
<https://scorh.net/>
- Health Facilities and Services Locator
<https://sc-dhec.maps.arcgis.com/apps/webappviewer/index.html?id=e8b4eea83cab491bb3e3663093e14656>
- National Rural Health Snapshot
<https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>

Potential Partners

- Dr. Afulukwe
- Mackey Family Practice
- Medical University of South Carolina (MUSC) Health Lancaster Medical Center
- Mid Carolina Area Health Education Consortium (AHEC)
- Plexus Health
- Sandhills Medical Foundation
- SC Office of Rural Health
- Sentinel Health
See Appendix A for complete list.

Take Action in Your Community

- **What Works for Health – Access to Care**
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies?f%5B0%5D=health-factor%3AAccess%20to%20Care>
- **National Diabetes Prevention Program**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Hypertension Management Program**
<https://www.clemson.edu/extension/health/programs/hypertension-control.html>
- **Better Choices Better Health**
<https://www.cdc.gov/arthritis/interventions/programs/better-health.htm>

While bringing in more physicians may not be feasible, giving community members access to chronic condition management programs may reduce their need to seek healthcare services.

Goal 2: Through a health equity lens, increase policy, systems, and environmental (PSE) approaches that reduce the risk and burden of chronic disease.

Strategies

- Assess local initiatives addressing chronic disease.
- Coordinate efforts and ensure residents have access to chronic disease management and prevention services.
- Identify & implement evidence-based interventions (EBIs) that bring sustainable PSE change to the county with a focus on underserved populations.

Resources

- County Health Rankings and Roadmaps
<https://www.countyhealthrankings.org/explore-health-rankings>
- Live Health SC
<https://livehealthy.sc.gov/>
- SC Hospital Association
<https://scha.org/about/>
- SC Office of Rural Health
<https://scorh.net/>
- Health Facilities and Services Locator
<https://sc-dhec.maps.arcgis.com/apps/webappviewer/index.html?id=e8b4eea83cab491bb3e3663093e14656>
- National Rural Health Snapshot
<https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>

Potential Partners

- Lancaster County Providers
- Lancaster County Health and Wellness Commission
- Medical University of South Carolina (MUSC) Health Lancaster Medical Center
- Mid Carolina Area Health Education Consortium (AHEC)
- SC Hospital Association
- SC Office of Rural Health
- Town of Heath Springs
- Town of Kershaw

See Appendix A for complete list.

Take Action in Your Community

- **What Works for Health – Access to Care**
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies?f%5B0%5D=health-factor%3AAccess%20to%20Care>
- **National Diabetes Prevention Program**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Hypertension Management Program**
<https://www.clemson.edu/extension/health/programs/hypertension-control.html>
- **Better Choices Better Health**
<https://www.cdc.gov/arthritis/interventions/programs/better-health.htm>

While bringing in more physicians may not be feasible, giving community members access to chronic condition management programs may reduce their need to seek healthcare services.

Health Priority 3: Behavioral Health

Overview

According to Substance Abuse and Mental Health Services (SAMSHA), the term “behavioral health” means the promotion of mental health, resilience and wellbeing, the treatment of mental and substance use disorders, and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. In the Lancaster County Health Assessment, residents identified both mental health and drug use as one of their top three community health concerns. Below are the data points that helped lead to this decision.

The following image illustrates the different services that contribute to **positive behavioral health**.

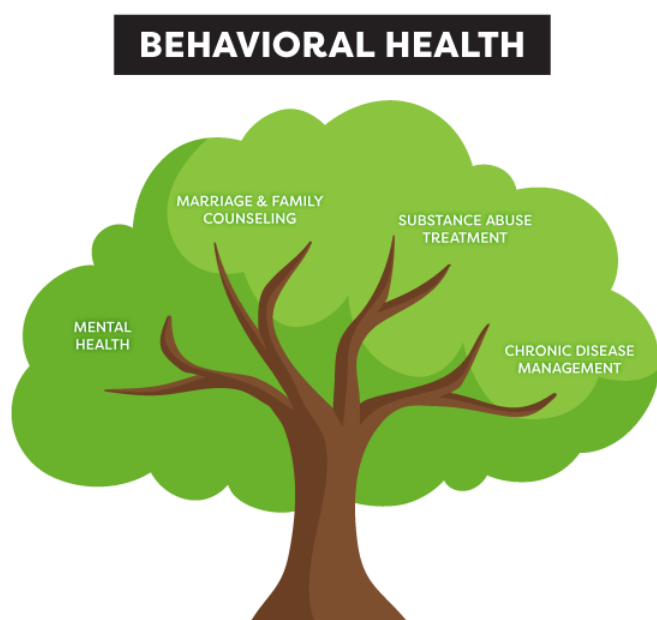
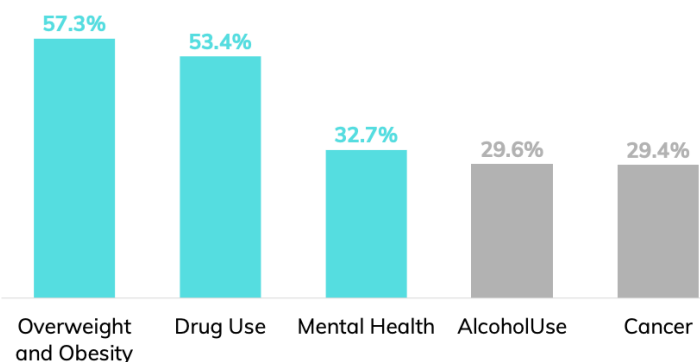


Photo from [inSync Healthcare Solutions](#).

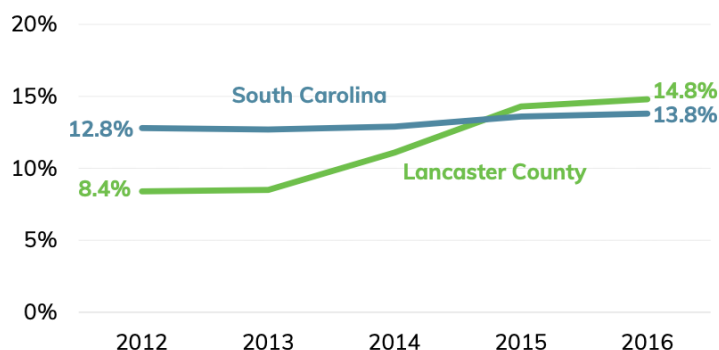
Lancaster County residents identified **substance use and mental health** as a few of their top health concerns. Using SAMSHA’s definition of behavioral health, this priority area encompasses all of these concerns.

Top Community Health Concerns
Percent



Source: Community Engagement Survey distributed from July 2018 - April 10, 2019.

Adults Who Experienced 14 or More Poor Mental Health Days
in the Past Month
Percent

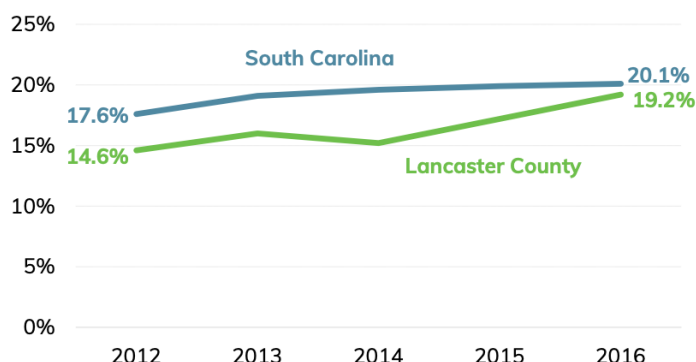


Source: SC DHEC BRFSS.
Notes: 3-year rolling averages, adults 18+.

The Centers for Disease Control and Prevention (CDC) states that mental health is an important part of one’s overall health and well-being **at every stage of life**. In Lancaster County, **14.8% of adults reported experiencing 14 or more poor mental health days in the past month** which is higher than the state average.

Depression is one of the most common mental health disorders. While Lancaster County shows lower rates than the state average, a high percentage of adults are living with depression. Specifically, **12.7% of males and 20.6% of females** (See Appendix B).

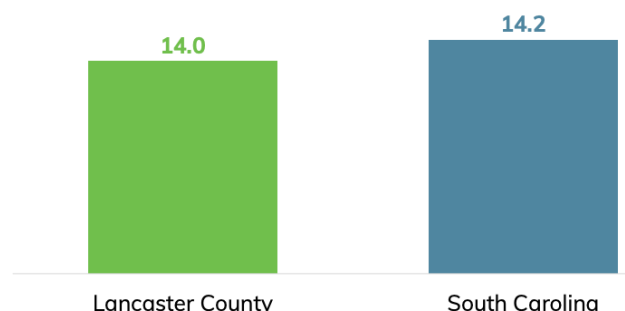
Depression Among Adults
Percent



Source: SC DHEC BRFSS.
Notes: 3-year rolling averages, adults 18+.

Suicide is the **10th leading cause of death in the United States at 13.93 per 100,000 nationally** (American Foundation for Suicide Prevention, n.d.). Lancaster County is close to national and state averages and with behavioral health support could improve further.

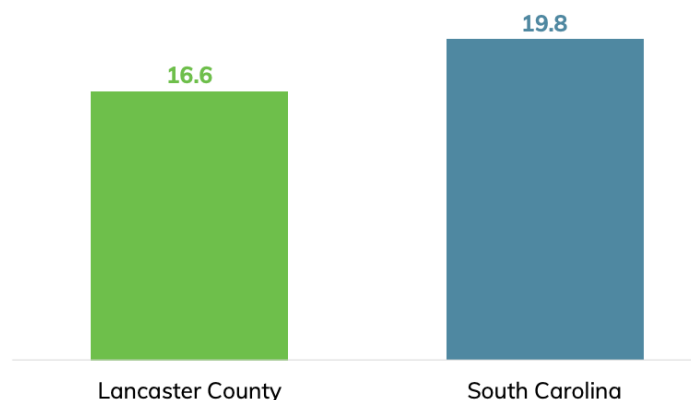
Suicide Deaths
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2008-2017.
Note: Age-adjusted.

According to John Hopkins Medicine, substance abuse is **“the medical term used to describe a pattern of using a substance that causes significant problems or distress”** (John Hopkins Medicine, n.d.). In extreme cases, abuse of substances can lead to overdose.

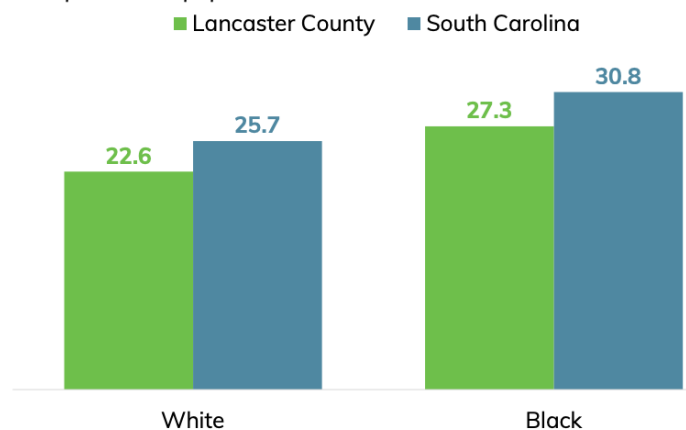
Drug Overdose Deaths
Rate per 100,000 population



Source: SC DHEC Vital Statistic, 2016-2018.

Substances encompasses drugs like marijuana, opiates, and prescription medicines, but also alcohol. Alcohol-related emergency visits in Lancaster County were **11.8 and 35.8 per 10,000 for females and males, respectively** (See Appendix B). See below for numbers by race.

Alcohol-Related Emergency Department Visits, by Race
Rate per 10,000 population



Source: RFA Emergency Room Discharges, 2016-2017.

Goal 1: Through a health equity lens, increase policy, systems, and environmental (PSE) approaches that support behavioral health.

Strategies

- Assess the state of behavioral health & related resources for youth, adults, and seniors.
- Utilize partnerships to provide targeted educational campaigns about behavioral health, including the relationship between health inequity, chronic disease disparities, and mental health.
- Utilize partnerships to increase the knowledge of health care providers, school personnel, and the public regarding suicide warning signs and available support systems.
- Advocate for policy changes and initiatives that improve behavioral health care.

Resources

- Substance Abuse and Mental Health Services Administration Locator <https://findtreatment.samhsa.gov/locator>
- SC Department of Mental Health - Mental Health Centers & Clinics Directory <https://scdmh.net/contact/community-mental-health-centers-and-satelite-clinics/>
- National Alliance of Mental Health SC <https://namisc.org/>
- Federation of Families SC <https://fedfamsc.org/>
- SC Share <https://www.scshare.com/about>
- Mental Health First Aid <https://www.mentalhealthfirstaid.org/>
- Difference between mental health & behavioral health <https://www.brandman.edu/news-and-events/blog/comparing-behavioral-health-vs-mental-health>
- Chronic health conditions & their effect on mental health <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health> <https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf>

Potential Partners

- Faith and Health Connection Ministry
 - Catawba Community Mental Health Center
 - Counseling Services of Lancaster
 - National Alliance on Mental Illness (NAMI)
 - Rebound Behavioral Health
 - Lancaster County School District
 - SC Office of Rural Health
 - Lancaster County Sheriff's Department
- See Appendix A for complete list.

Take Action in Your Community

- **PSE Mental Health Policies & Procedures** <https://campusmentalhealth.ca/wp-content/uploads/2018/03/BTD-PSE-MH-PP-Developing-a-Framework-for-Policies.pdf>
- **Culturally Adapted Mental Healthcare: Evidence, Problems, and Recommendations** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706141/>
- **Statewide Support Line**
1 (844) SC-HOPES (724-6737)
- **Zero Suicide** <https://zerosuicide.edc.org/>
- **Healthy Eating/Active Living & positive mental health** <https://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>

Goal 2: Increase policy, systems, and environmental (PSE) approaches that reduce substance abuse and stigma.

Strategies

- Assess the state of substance abuse education among youth and the availability of substance abuse services for all ages.
- Utilize partnerships to provide targeted educational campaigns to reduce stigma and encourage treatment.
- Identify & implement evidence-based interventions (EBIs) that prevent underage drinking and excessive alcohol consumption and reduce non-medical use of prescription drugs.

Resources

- Substance Abuse and Mental Health Services Administration Locator
<https://findtreatment.samhsa.gov/locator>
- SC Department of Alcohol and Other Drug Abuse Services (DAODAS)
<https://www.daodas.sc.gov/>
- National Alliance of Mental Illness SC
<https://namisc.org/>
- National Alliance for Drug Endangered Children
<https://www.nationaldec.org/training>
- Federation of Families SC
<https://fedfamsc.org/>
- SC Share
<https://www.scshare.com/about>
- Last Day Podcast
<https://www.lemonadamedia.com/show/last-day/>
- Mental Health First Aid
<https://www.mentalhealthfirstaid.org/>

Potential Partners

- Catawba Community Mental Health Center
 - Counseling Services of Lancaster
 - Faith and Health Connection Ministry
 - Lancaster County School District
 - Lancaster County Sheriff's Department
 - National Alliance on Mental Illness (NAMI)
 - Rebound Behavioral Health
 - SC Office of Rural Health
- [See Appendix A for complete list.](#)

Take Action in Your Community

- **PSE Mental Health Policies & Procedures**
<https://campusmentalhealth.ca/wp-content/uploads/2018/03/BTD-PSE-MH-PP-Developing-a-Framework-for-Policies.pdf>
- **Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change**
<https://www.ncbi.nlm.nih.gov/books/NBK384914/>
- **Community Based Solutions for Substance Abuse Treatment and Generational Impact**
<https://nosorh.org/wp-content/uploads/2017/07/Community-Based-Solutions-for-Substance-Abuse-Treatment-and-Generational-Impact-John-Gale.pdf>
- **Evidence-Based Interventions**
<https://adq631j7v3x1shge52cot6m1-wpengine.netdna-ssl.com/wp-content/uploads/2018/08/Evidence-Based-Interventions-2013.pdf>
- **EBIs for Preventing Substance Abuse Disorders in Adolescents**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744/>

Acknowledgements

We would like to thank everyone for their support, patience, assistance, and hard work during this process. There is no I in team, and we know without all of us joining forces together we would not have completed our first Community Health Improvement Plan. Community improvement starts within the community and we can now honorarily consider all of you a proud member of Lancaster County. We will never forget your input and impact as we continue this journey.

Arras Foundation

Care Partners LLC

Eat Smart Move More (ESMM) Lancaster County

Lancaster County Residents, Partners, and Organizations

Lancaster County School District

SC Department of Health and Environmental Control

Town of Health Springs

University of South Carolina Lancaster

Upper Midlands Rural Health Network (UMRHN)

Special thanks to Cherry Doster, Ann Helms, and Bill Segars for providing consent for use of original photographs.

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<https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental>

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Appendix

Appendix A

Community Partners

- Catawba Community Mental Health Center
- DHEC SNAP-Ed
- Dr. Afulukwe
- Eat Smart Move More Lancaster County
- Faith and Health Connection Ministry
- Faith-Based Organizations
- Helping Other People Effectively (HOPE) of Lancaster, Inc.
- Lancaster County Health Department
- Lancaster County Providers
- Lancaster County School District
- Lancaster County Sheriff's Department
- Lancaster County Health and Wellness Commission
- Lancaster County Parks and Recreation
- Mackey Family Practice
- Medical University of South Carolina – Lancaster
- Mid Carolina Area Health Education Consortium (AHEC)
- National Alliance on Mental Illness (NAMI)
- Plexus Health
- Rebound Behavioral Health
- Sandhills Medical Foundation
- SC Hospital Association
- SC Office of Rural Health
- Sentinel Health
- Town of Heath Springs
- Town of Kershaw
- University of South Carolina – Prevention Research Center
- Upper Midlands Rural Health Network (UMRHN)
- Upper Palmetto YMCA

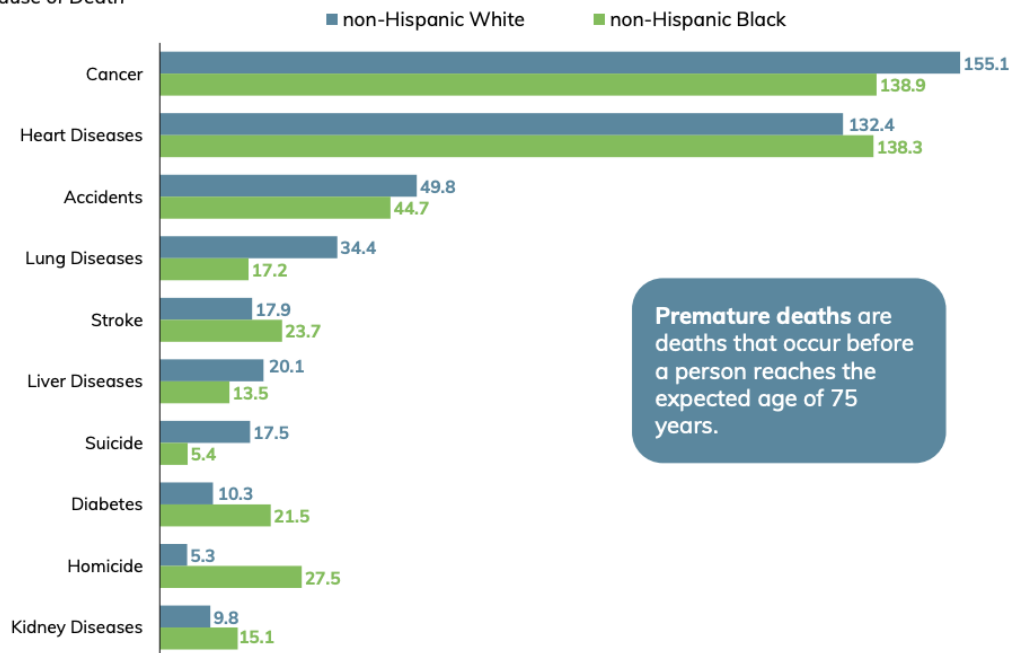
Appendix B

Data Posters



Cross-Cutting Lancaster County Health Equity

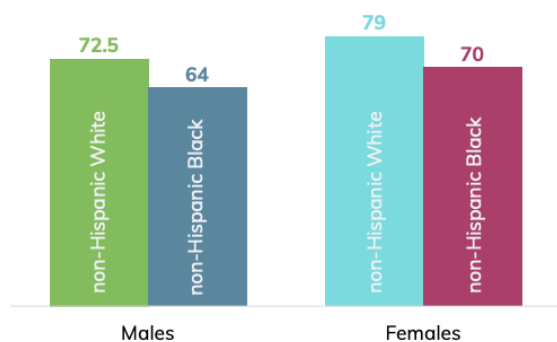
Leading Causes of Premature Death Before Age 75, by Race/Ethnicity
Cause of Death



Premature deaths are deaths that occur before a person reaches the expected age of 75 years.

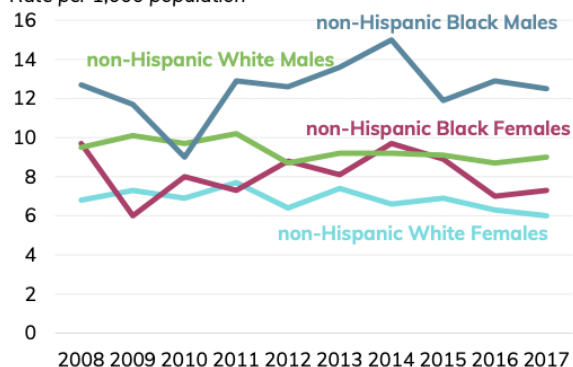
Source: SC DHEC Vital Statistics, 2008-2017.

Median Age of Death, by Sex and Race/Ethnicity
Age in Years



Source: SC DHEC Vital Statistics, 2015-2017.

All Cause Mortality, by Race/Ethnicity and Sex
Rate per 1,000 population



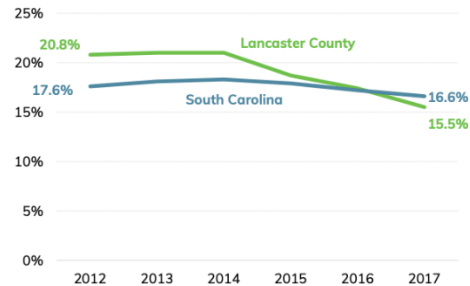
Source: SC DHEC Vital Statistics.
Note: Age-adjusted.



Cross-Cutting Lancaster County

Poverty Status

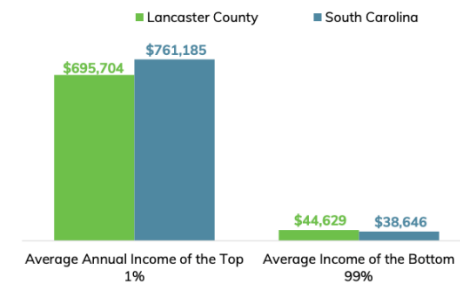
Population Living Below the Poverty Line
Percent



Source: American Community Survey, 2013-2017.
Note: 5-year estimates.

Income Inequality

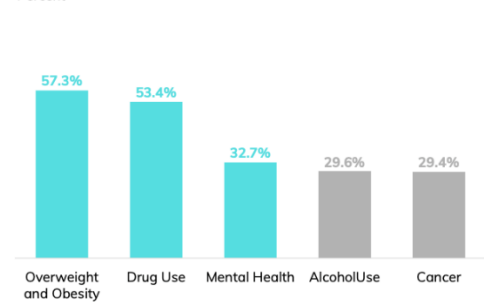
Income Inequality
Dollars



Source: Economic Policy Institute, 2018.
Note: Data is based on tax units.

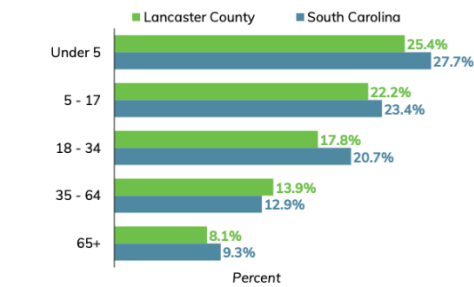
Community Survey

Top Community Health Concerns
Percent



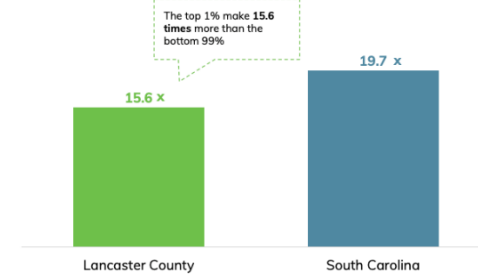
Source: Community Engagement Survey distributed from July 2018 - April 10, 2019.

Population Living Below the Poverty Line, by Age
Age Group



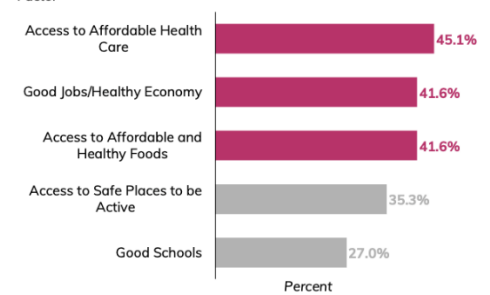
Source: American Community Survey, 2013-2017.
Note: Poverty status is based on total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition.

Top-to-Bottom Ratio
Number



Source: Economic Policy Institute, 2018.
Note: Data is based on tax units.

Top Factors for a Healthy Community
Factor



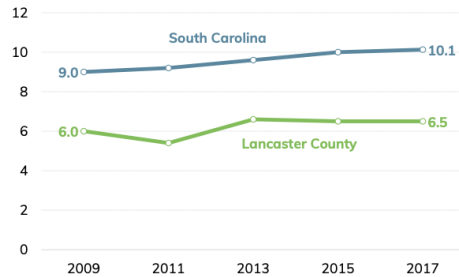
Source: Community Engagement Survey distributed from July 2018 - April 10, 2019.



Access to Care Lancaster County

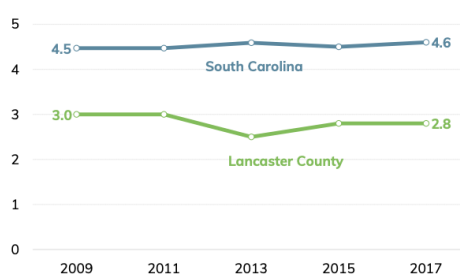
Primary Care Providers

Primary Care Physicians
Rate per 10,000 Population



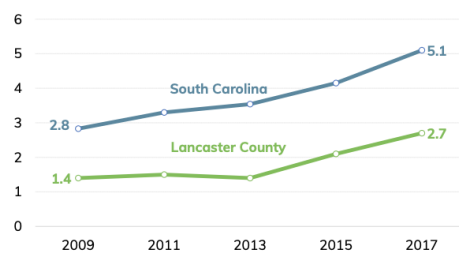
Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

Dentists
Rate per 10,000 Population



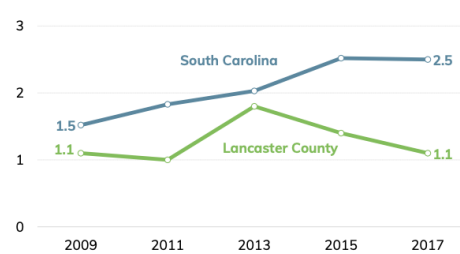
Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

Nurse Practitioners
Rate per 10,000 Population



Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

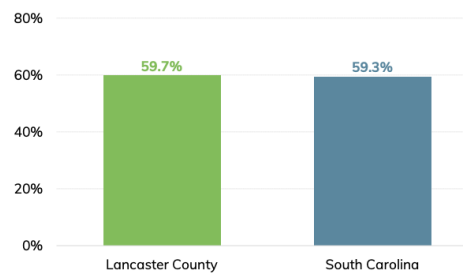
Physician Assistants
Rate per 10,000 Population



Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.

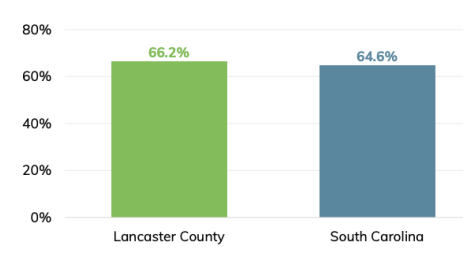
Dental Care Among Adults

Dental Care in the Past Year Among Adults
Percent



Source: SC DHEC BRFSS, 2012, 2014, 2016.
Note: Adults 18+.

Dental Care Among Insured Adults
Percent



Source: SC DHEC BRFSS, 2012, 2014, 2016.
Note: Adults 18+.

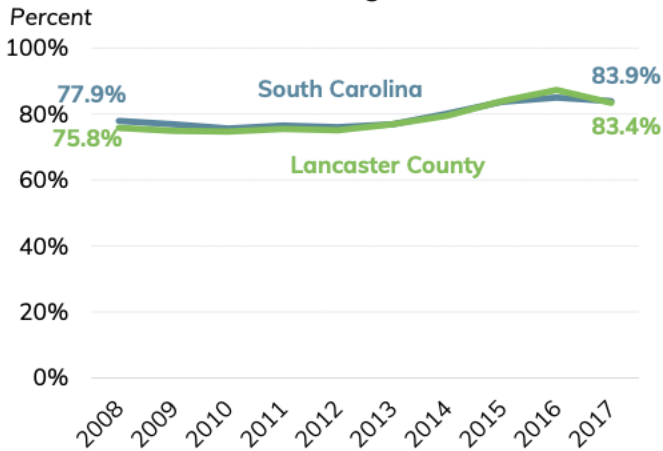
Providers



Access to Care Lancaster County

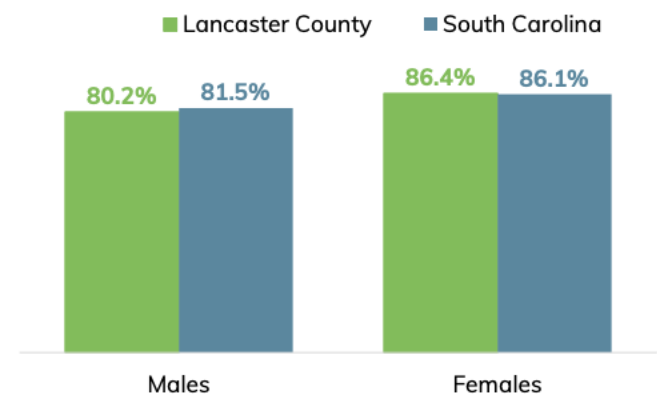
Insurance Status

Health Care Insurance Among Adults



Source: US Census Bureau Small Area Health Insurance Estimates.
Note: Adults 18-64.

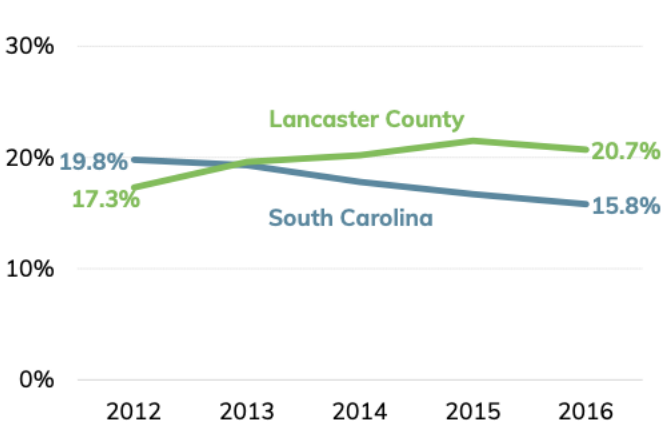
Health Care Insurance Among Adults, by Sex



Source: US Census Bureau Small Area Health Insurance Estimates.
Note: Adults 18-64.

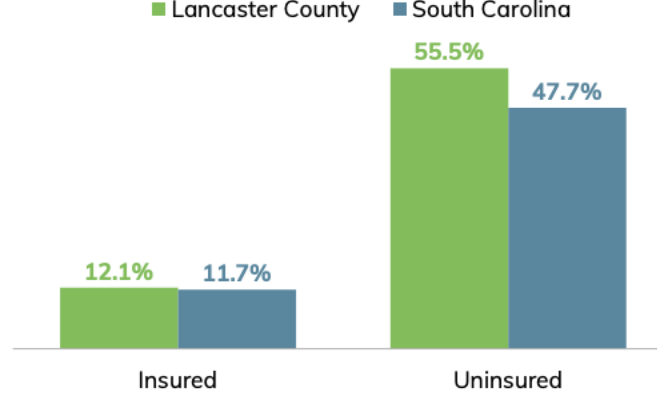
Delayed Medical Care

Delayed Medical Care due to Cost



Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.

Delayed Medical Care due to Cost, by Insurance Status



Source: SC DHEC BRFSS, 2011-2017.
Note: Adults 18+.

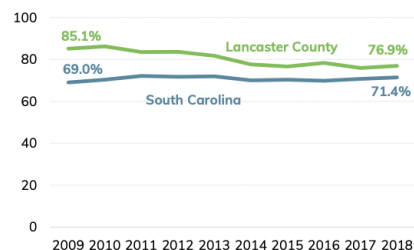
Coverage



Maternal and Child Health Lancaster County

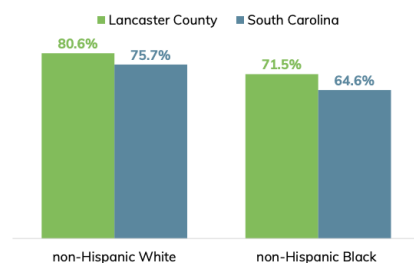
Prenatal Care Entry

Mothers who Initiated Prenatal Care in the First Trimester
Percent



Source: SC DHEC Vital Statistics.

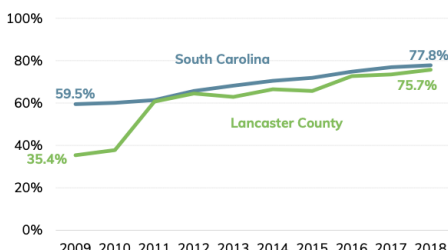
First Trimester Prenatal Care Entry, by Race/Ethnicity
Percent



Sources: SC DHEC Vital Statistics, 2014-2018.

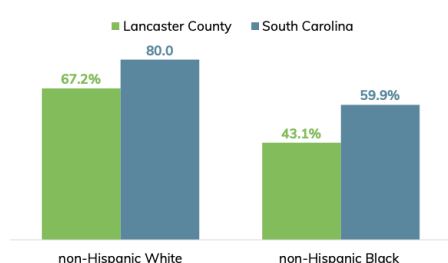
Breastfeeding Initiation

Breastfeeding Initiation at Birth
Percent



Source: SC DHEC Vital Statistics.
Note: Among live births.

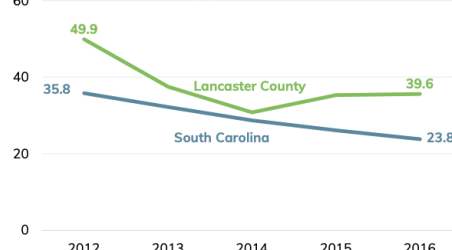
Breastfeeding Initiation, by Race/Ethnicity of the Mother
Percent



Source: SC DHEC Vital Statistics 2014-2018.
Note: Among live births.

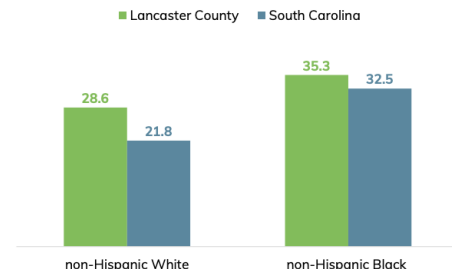
Teen Births

Teen Birth Rate
Rate per 1,000 females



Source: SC DHEC Vital Statistics.
Notes: 3 year rolling average, mothers aged 15-19.

Teen Birth Rate, by Race/Ethnicity
Rate per 1,000 females



Source: SC DHEC Vital Statistics 2014-2018.
Note: Mothers aged 15-19.

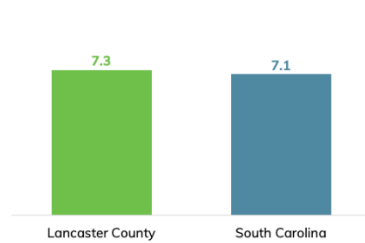
Maternal and Child Health



Maternal and Child Health Lancaster County

Infant Mortality

Infant Mortality Rate
Rate per 1,000 live births



Source: SC DHEC Vital Statistics, 2009-2018.

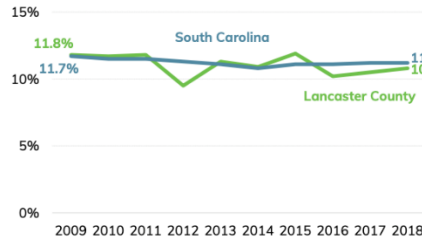
Leading Causes of Infant Death

Ranking	Lancaster County	South Carolina
1	Preterm or Low Birthweight	Birth Defects
2	Sudden Infant Death Syndrome	Preterm or Low Birthweight
3	Birth Defects	Sudden Infant Death Syndrome

Source: SC DHEC Vital Statistics, 2008-2017.

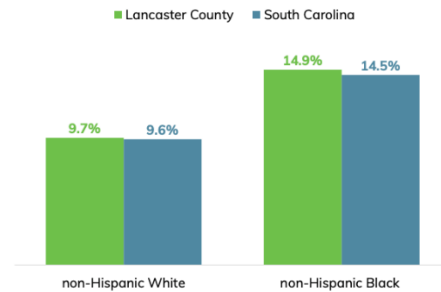
Preterm Birth

Preterm Birth
Percent



Source: SC DHEC Vital Statistics.
Note: Infants born < 37 weeks.

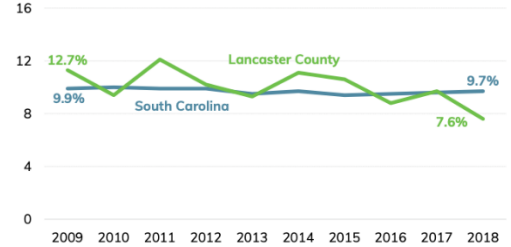
Preterm Birth, by Race/Ethnicity
Percent



Source: SC DHEC Vital Statistics 2014-2018.
Note: Infants born < 37 Weeks

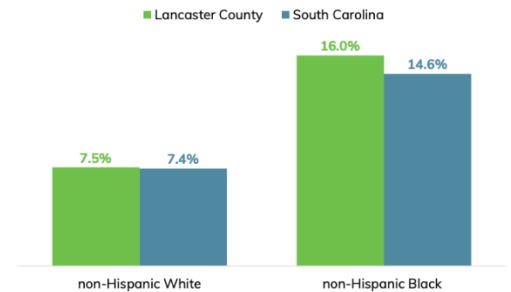
Low Birthweight

Low Birthweight
Percent



Source: SC DHEC Vital Statistics.
Note: Infants born < 5 pounds, 8 ounces

Low Birthweight, by Race/Ethnicity
Percent



Source: SC DHEC Vital Statistics 2014-2018.
Note: Infants born < 5 pounds, 8 ounces

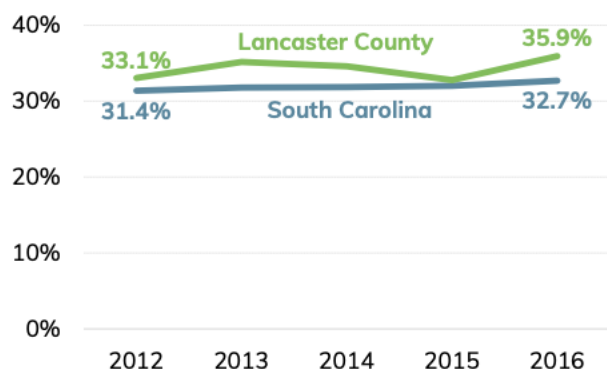
Maternal and Child Health



Chronic Disease Lancaster County

Obesity

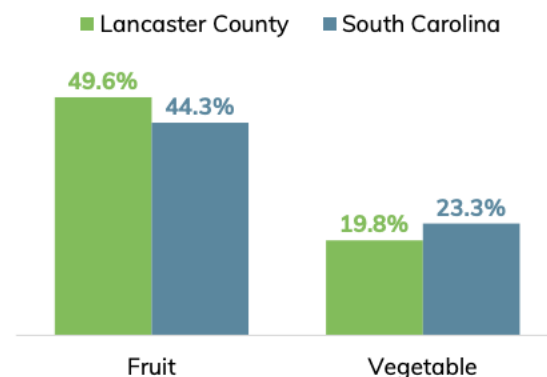
Adults with Obesity
Percent



Source: SC BRFSS.
Notes: 3-year rolling average, adults 18+.

Nutrition

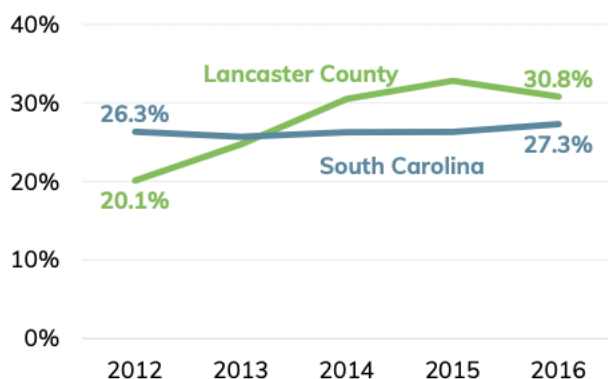
Adults Who Did Not Eat Fruit and Vegetables at Least Once a Day
Percent



Source: SC BRFSS, 2013, 2015, 2017
Note: Adults 18+

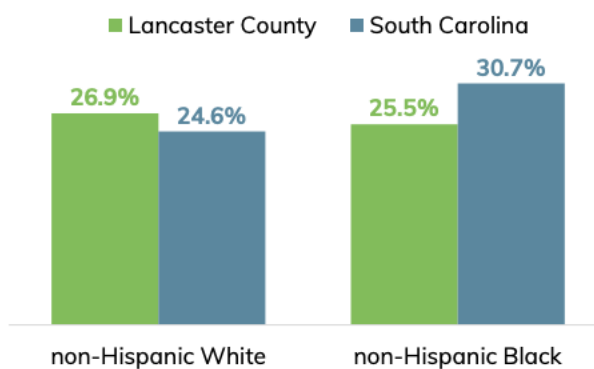
Physical Activity

No Leisure-time Physical Activity in the Past Month
Percent



Source: SC BRFSS.
Notes: 3-year rolling average, adults 18+.

No Leisure-time Physical Activity in the Past Month, by Race/Ethnicity
Percent



Source: SC BRFSS, 2011-2017
Note: Adults 18+

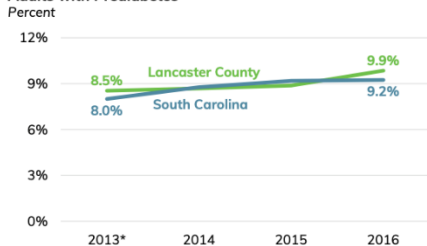
Healthy Eating / Active Living



Chronic Disease Lancaster County

Prediabetes

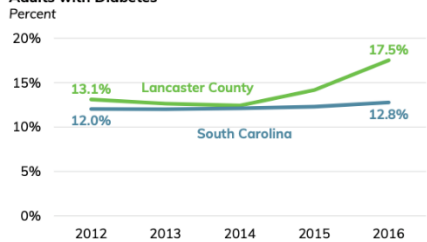
Adults with Prediabetes



Source: SC DHEC BRFSS.
Notes: *2013 = 2011, 2013, 2014, other years are 3-year rolling average, adults 18+.

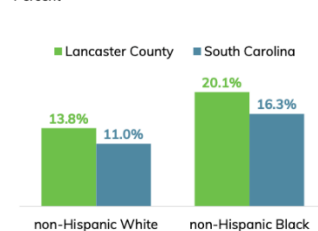
Diabetes

Adults with Diabetes



Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.

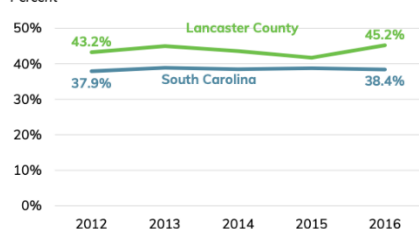
Adults with Diabetes, by Race/Ethnicity



Source: SC DHEC BRFSS, 2011-2017.
Note: Adults 18+.

Hypertension

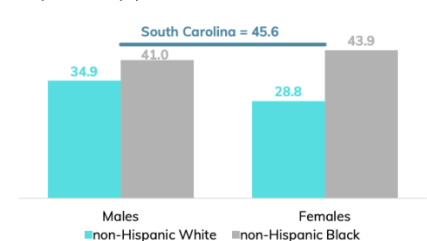
Adults with Hypertension



Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.

Stroke

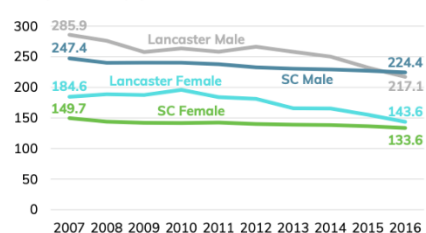
Stroke Deaths, by Sex and Race/Ethnicity



Source: SC DHEC Vital Statistics, 2013-2017.
Note: Age-adjusted.

Heart Disease

Heart Disease Deaths, by Sex



Source: SC DHEC Vital Statistics.
Notes: 3-year rolling average, age-adjusted.

Associated Chronic Conditions



Chronic Disease Lancaster County

All Cancers

Leading Number of New Cases of Cancer, Lancaster County

Site	Rate	Number
Lung & Bronchus	67.3	398
Female Breast	131.2	373
Prostate	116.1	334
Colon & Rectum	42.2	233
Melanoma	31.4	141

Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted rate per 100,000 population.

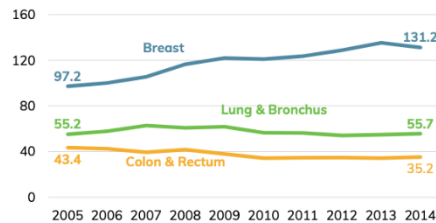
Leading Number of Cancer Deaths, Lancaster County

Site	Rate	Number
Lung & Bronchus	46.0	278
Colon & Rectum	17.6	97
Pancreas	13.3	75
Female Breast	18.6	53
Liver	8.8	53

Source: SC DHEC Vital Statistics, 2013-2017.
Note: Age-adjusted rate per 100,000 population.

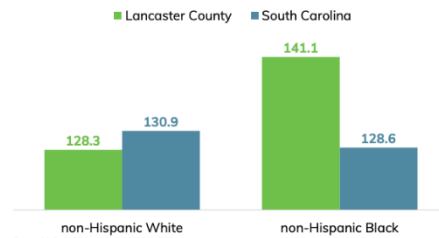
Cancer Among Females

New Cases of Cancer Among Females, Lancaster County
Rate per 100,000 females



Source: SC Central Cancer Registry.
Notes: 5-year rolling average, age-adjusted.

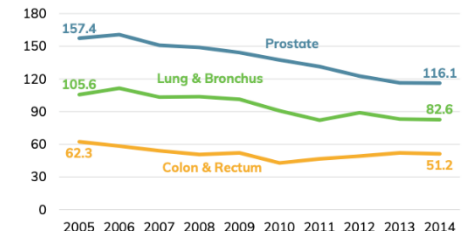
New Cases of Female Breast Cancer, by Race/Ethnicity
Rate per 100,000 females



Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted.

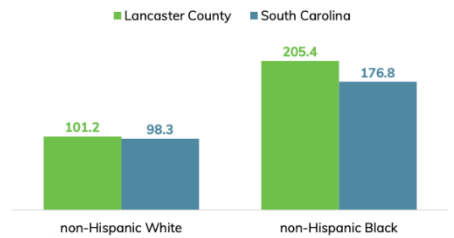
Cancer Among Males

New Cases of Cancer Among Males, Lancaster County
Rate per 100,000 males



Source: SC Central Cancer Registry.
Notes: 5-year rolling average, age-adjusted.

New Cases of Prostate Cancer, by Race/Ethnicity
Rate per 100,000 males



Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted.

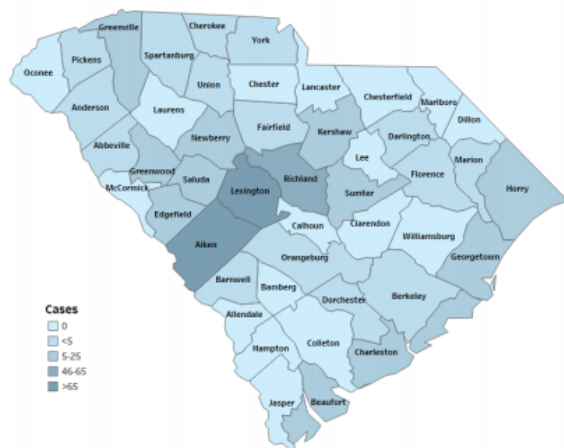
Cancer



Infectious Disease Lancaster County

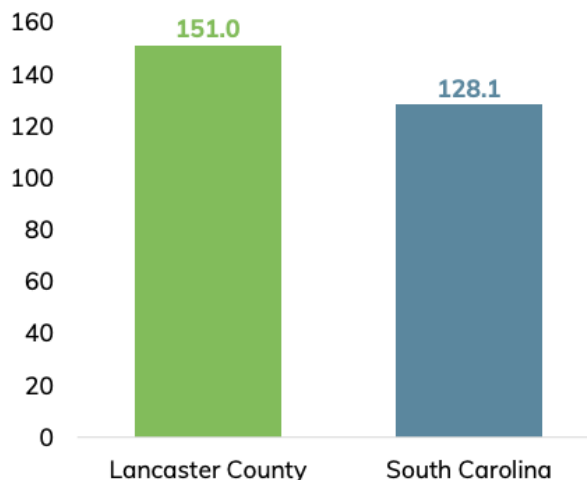
Hepatitis

Confirmed Cases of Hepatitis A
November 1, 2018 – August 30, 2019



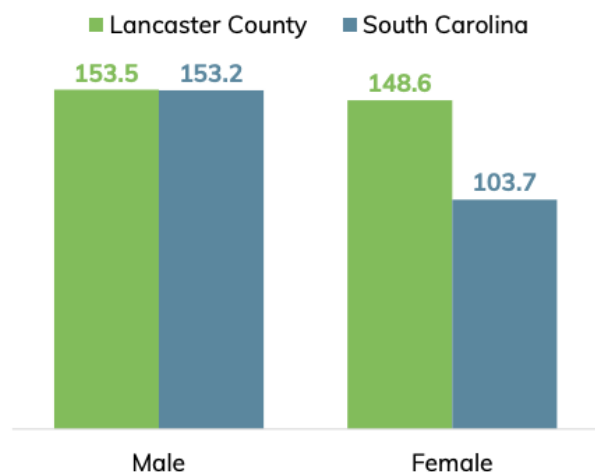
Source: SC DHEC Division of Acute Disease Epidemiology.
Note: 2019 data are preliminary and subject to change.

People Living with Hepatitis C
Rate per 100,000 population



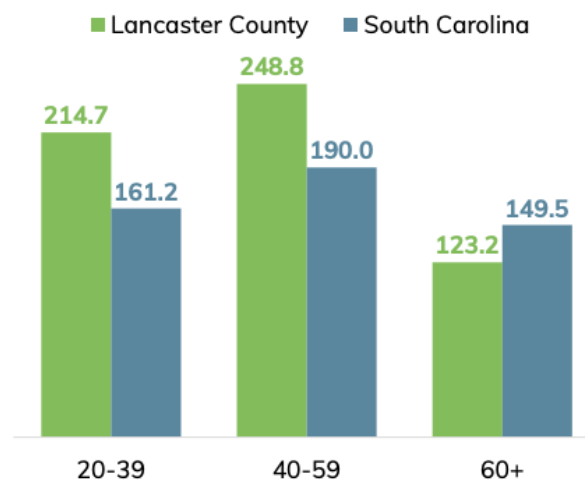
Source: SC DHEC Division of Acute Disease Epidemiology, 2018.

People Living with Hepatitis C, by Sex
Rate per 100,000 population



Source: SC DHEC Division of Acute Disease Epidemiology, 2018.

People Living with Hepatitis C, by Age
Rate per 100,000 population

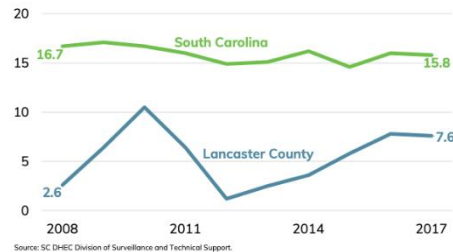


Source: SC DHEC Division of Acute Disease Epidemiology, 2018.

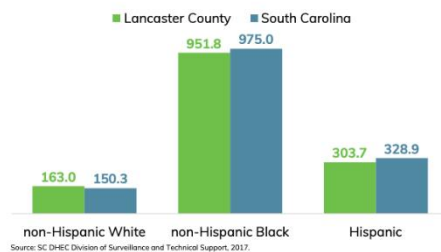
Infectious Disease



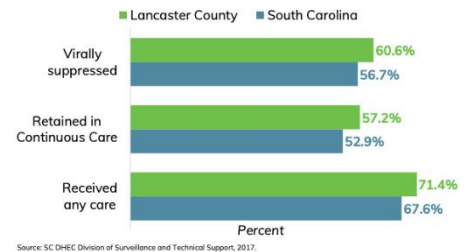
New HIV/AIDS Infection Each Year (Incidence)
Rate per 100,000 population



People living with HIV/AIDS (Prevalence), by Race/Ethnicity
Rate per 100,000 population

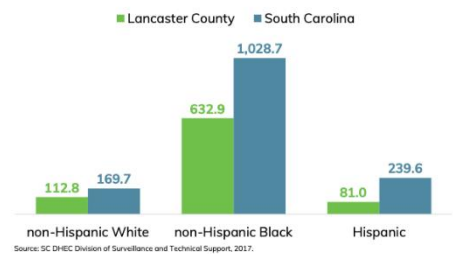


HIV/AIDS Continuum of Care
Continuum of Care Status

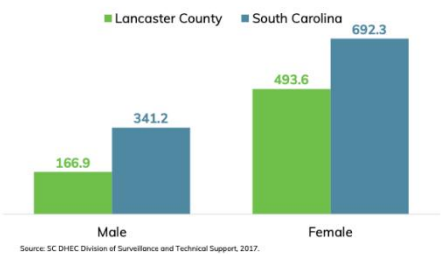


Sexually-Transmitted Diseases

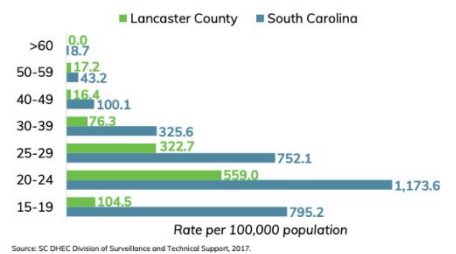
New Chlamydia Infections, by Race/Ethnicity (Incidence)
Rate per 100,000 population



New Chlamydia Infection, by Sex (Incidence)
Rate per 100,000 population



New Gonorrhea Infections, by Age (Incidence)
Age Group



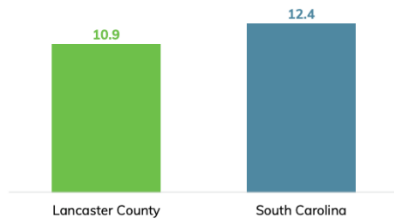
Infectious Disease



Behavioral Health Lancaster County

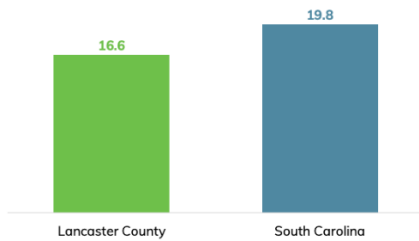
Drug Overdose

Naloxone Administration for Opioid Overdose
Rate per 10,000 population



Source: SC Emergency Medical Services, 2018.

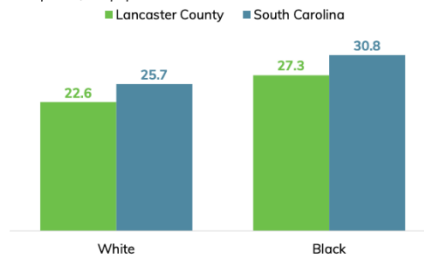
Drug Overdose Deaths
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2016-2018.

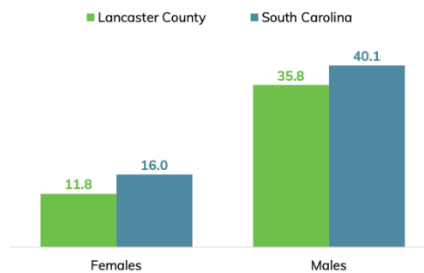
Alcohol

Alcohol-Related Emergency Department Visits, by Race
Rate per 10,000 population



Source: RFA Emergency Room Discharges, 2016-2017.

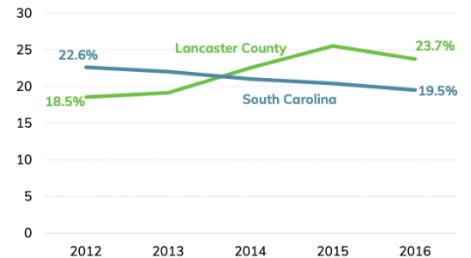
Alcohol Related Emergency Department Visits, by Sex
Rate per 10,000 population



Source: RFA Emergency Room Discharges, 2016-2017.

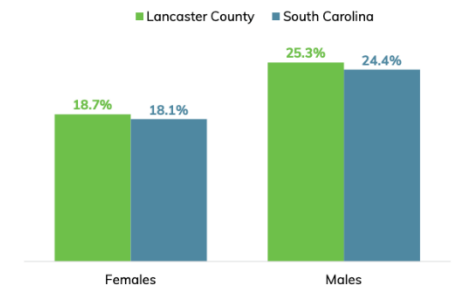
Tobacco

Current Cigarette Smoking
Percent



Source: SC DHEC BRFSS.
Notes: Adults 18+, 3-year rolling average.

Current Cigarette Smoking, by Sex
Percent



Source: SC DHEC BRFSS, 2011-2017.
Notes: Adults 18+.

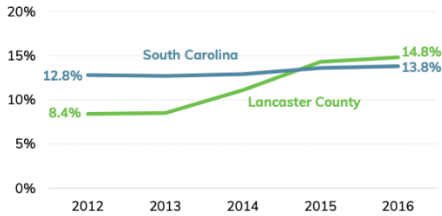
Substance Abuse



Behavioral Health Lancaster County

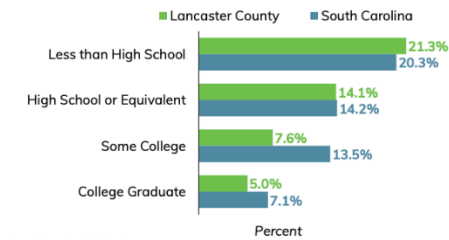
Mental Health

Adults Who Experienced 14 or More Poor Mental Health Days in the Past Month
Percent



Source: SC DHEC BRFSS.
Notes: 3-year rolling averages, adults 18+.

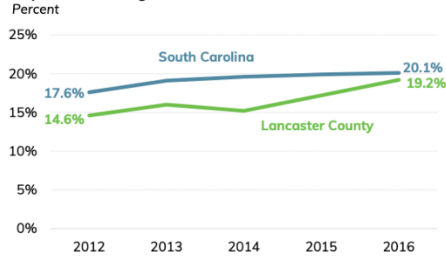
Adults Who Experienced 14 or More Poor Mental Health Days in the Past Month, by Education
Education Level



Source: SC DHEC BRFSS, 2011-2017.
Note: Adults 18+.

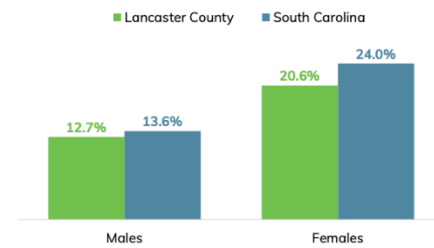
Depression

Depression Among Adults



Source: SC DHEC BRFSS.
Notes: 3-year rolling averages, adults 18+.

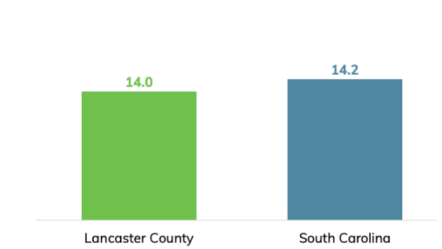
Depression Among Adults, by Sex
Percent



Source: SC DHEC BRFSS, 2011-2017.
Note: Adults 18+.

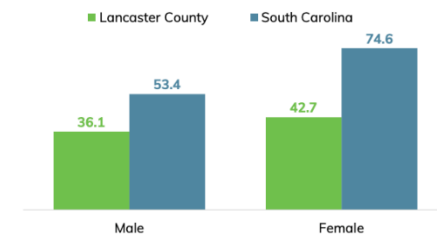
Suicide

Suicide Deaths
Rate per 100,000 population



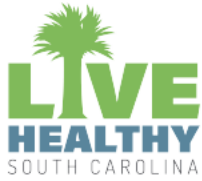
Source: SC DHEC Vital Statistics, 2008-2017.
Note: Age-adjusted.

Self Harm Emergency Department Visits, by Sex
Rate per 100,000



Source: SC RFA, 2016-2017.
Note: Age-adjusted.

Mental Health

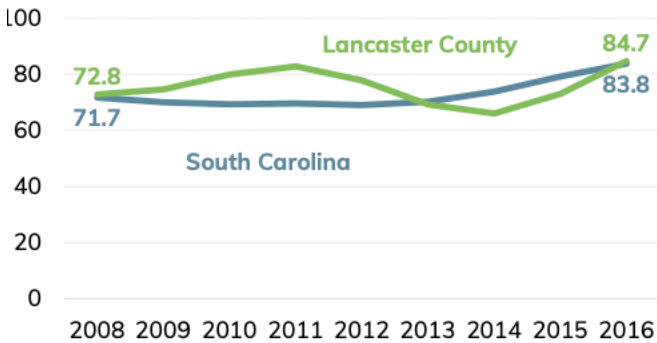


Injury Lancaster County

Overall Injury

Overall Injury Deaths

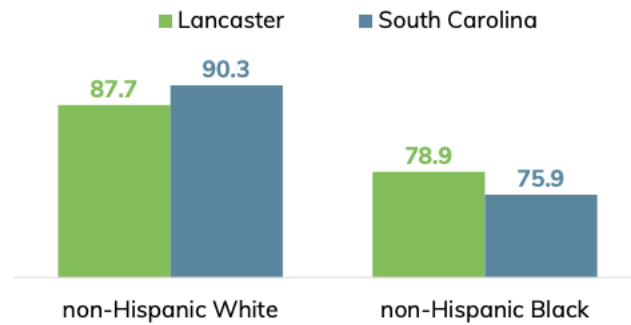
Rate per 100,000 population



Source: SC DHEC Vital Statistics.
Notes: 3-year averages, age-adjusted.

Overall Injury Deaths, by Race/Ethnicity

Rate per 100,000 population

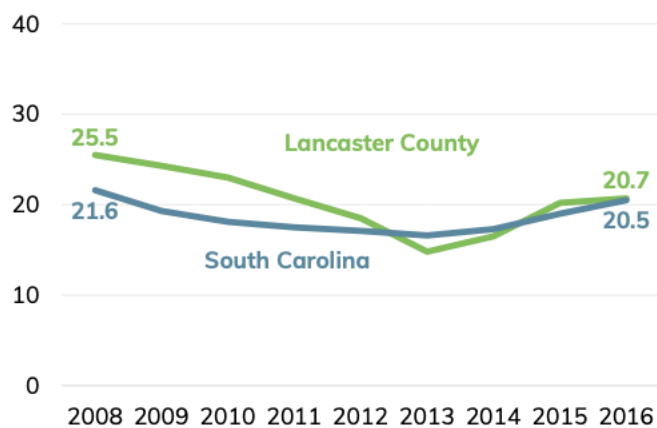


Source: SC DHEC Vital Statistics, 2015-2017.
Note: Age-adjusted.

Motor Vehicle Accidents

Motor Vehicle Deaths

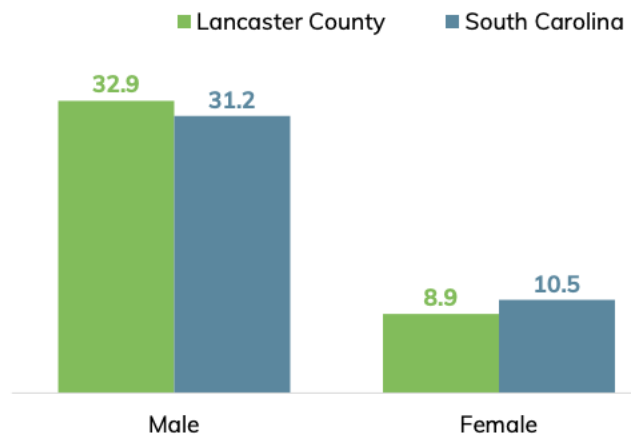
Rate per 100,000 population



Source: SC DHEC Vital Statistics.
Notes: 3-year averages, age-adjusted.

Motor Vehicle Deaths

Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2015-2017.
Note: Age-adjusted.

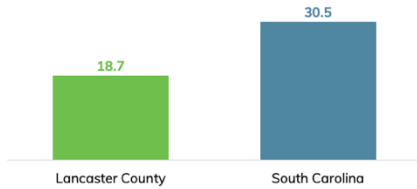
Injury



Injury Lancaster County

Heat-Related Injuries

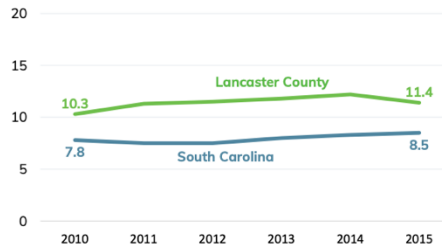
Heat-Related Emergency Department Visits
Rate per 100,000



Source: SC RFA, 2016-2017.

Homicide

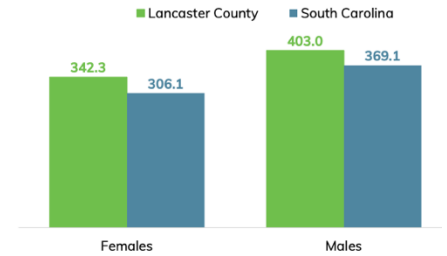
Homicides
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2010-2017.
Note: 5-year rolling average, age-adjusted.

Assault

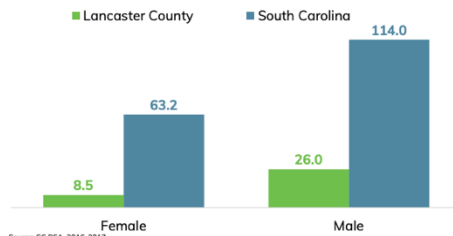
Assault Emergency Department Visits, by Sex
Rate per 100,000 population



Source: SC RFA, 2016-2017.

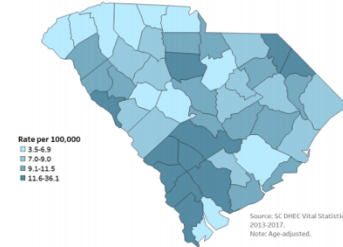
Traumatic Brain Injury

Traumatic Brain Injury Hospitalizations, by Sex
Rate per 100,000 population

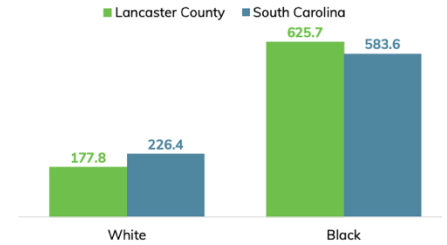


Source: SC RFA, 2016-2017.

Homicide Deaths
Rate per 100,000 population



Assault Emergency Department Visits, by Race
Rate per 100,000 population



Source: SC RFA, 2016-2017.

Injury

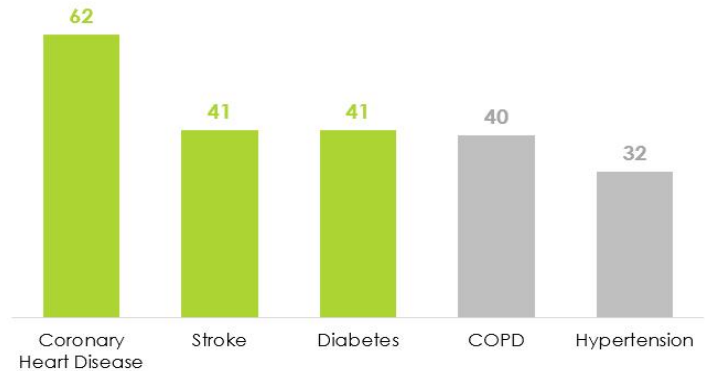
Appendix C

Heath Springs & Kershaw Chronic Disease Data

Leading Chronic Disease Hospitalizations for Heath Springs, South Carolina (zip=29058)

- ▶ The leading hospitalizations due to chronic conditions:
 - ▶ **Coronary Heart Disease**
 - ▶ **Stroke**
 - ▶ **Diabetes**
- ▶ Involves all inpatient hospitalizations from 2016-2017
- ▶ Primary diagnoses

Leading Chronic Disease Hospitalizations
Number of hospitalizations

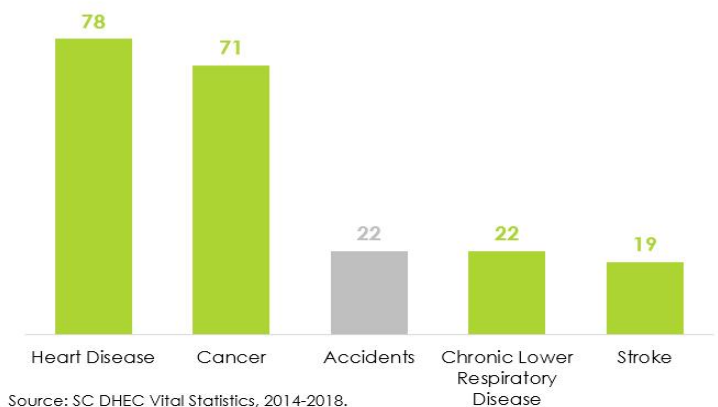


Source: SC RFA Inpatient Hospitalizations, 2016-2017.
Note: Primary diagnoses only.

Leading Chronic Disease Deaths for Heath Springs, South Carolina (zip=29058)

- ▶ Four out of five leading causes of death were from chronic diseases
- ▶ The leading causes of death due to chronic diseases:
 - ▶ **Heart Disease**
 - ▶ **Cancer**
 - ▶ **Chronic Lower Respiratory Disease**
 - ▶ **Stroke**
- ▶ Involves all deaths from 2014-2018
- ▶ Cause of death as reported on death certificate
- ▶ Other causes of death were suppressed due to small numbers

Leading Chronic Disease Deaths
Number of deaths



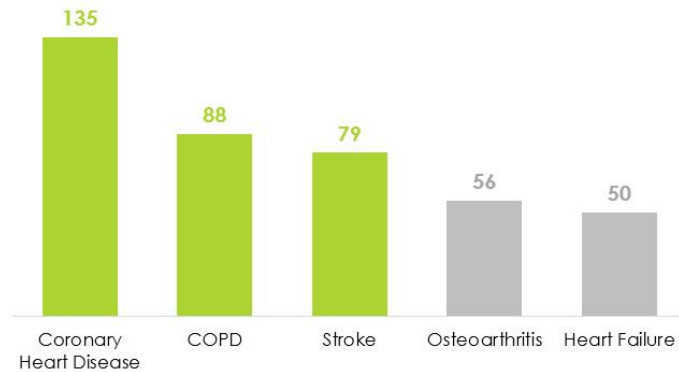
Source: SC DHEC Vital Statistics, 2014-2018.

Leading Chronic Disease Hospitalizations for Kershaw, South Carolina (zip=29067)

- ▶ The leading hospitalizations due to chronic conditions:
 - ▶ **Coronary Heart Disease**
 - ▶ **Chronic Obstructive Pulmonary Disease (COPD)**
 - ▶ **Stroke**
- ▶ Involves all inpatient hospitalizations from 2016-2017
- ▶ Primary diagnoses

Leading Chronic Disease Hospitalizations

Number of hospitalizations



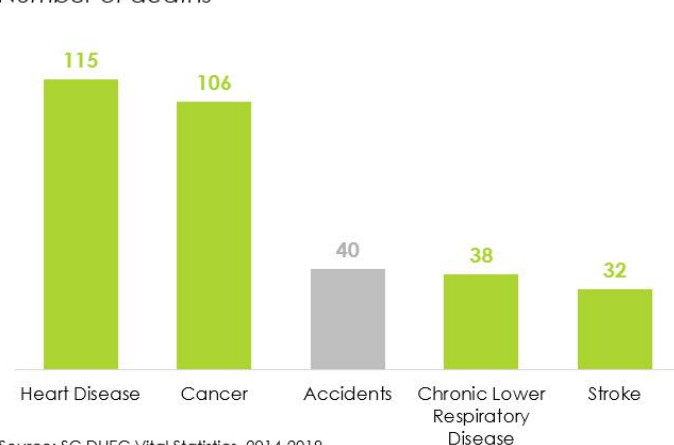
Source: SC RFA Inpatient Hospitalizations, 2016-2017.
Note: Primary diagnoses only.

Leading Chronic Disease Deaths for Kershaw, South Carolina (zip=29067)

- ▶ Four out of five leading causes of death were from chronic diseases
- ▶ The leading causes of death due to chronic diseases:
 - ▶ **Heart Disease**
 - ▶ **Cancer**
 - ▶ **Chronic lower respiratory disease**
 - ▶ **Stroke**
- ▶ Involves all deaths from 2014-2018
- ▶ Cause of death as reported on death certificate

Leading Chronic Disease Deaths

Number of deaths



Source: SC DHEC Vital Statistics, 2014-2018.