FAIRFIELD COUNTY

"Improving the health of people and places across SC."
— Live Healthy South Carolina
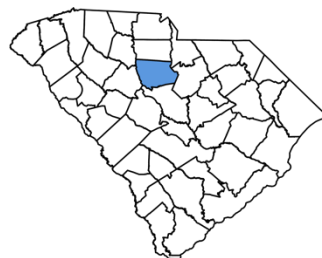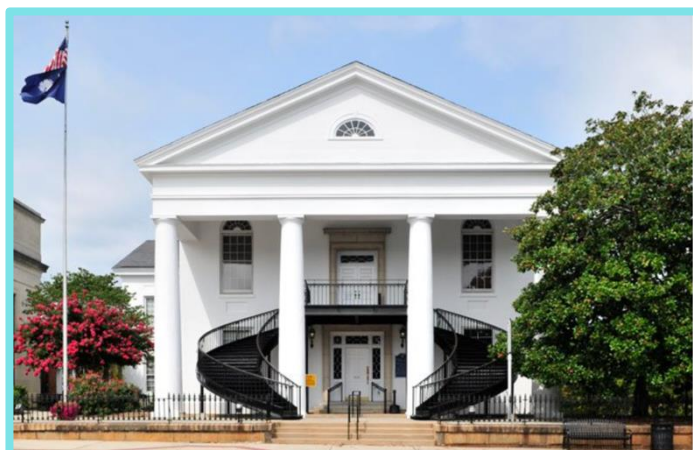
LIVE HEALTHY
SOUTH CAROLINA

COMMUNITY HEALTH
IMPROVEMENT PLAN
2019 – 2023

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About Fairfield County

Above: The Fairfield County Courthouse was constructed in 1822 by Robert Mills, the famous architect of the Washington Monument. Right: The Fairfield County museum is a near exact replica of the Heyward-Washington House in Charleston.

Photos by Bill Fitzpatrick.

Fairfield County is a rural county located in South Carolina, covering 710 square miles. It has a population of 22,402 (2018), comprised of 57.3% African American, 38.2% Non-Hispanic Caucasians, and 2.2% Hispanic. The county seat is Winnsboro. Other towns include Ridgeway, Jenkinsville, and parts of Blythewood.

According to the 2019 County Health Rankings, Fairfield County is ranked 39th in health outcomes (length and quality of life) and 34th in health factors (influences on health such as environment, behavior, and access to facilities) out of the 46 counties in South Carolina. Approximately 23.0% of Fairfield County residents are living in poverty, including 31% of those under 18. The leading causes of death are cancer, heart disease, and unintentional injury.

Fairfield County allegedly acquired its name when General Cornwallis noted "how fair these fields" of the area were during British occupation of the area from 1780-1781. Fairfield hopes to continue to impress by bringing a better quality of life and health equity to the entire county through implementation of their first Community Health Improvement Plan (CHIP).

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 Fairfield County. The life expectancy of the county ranges from 79.2 in Jenkinsville to 71.8 in Winnsboro. Where do you live?

It's a short distance to a wide gap in life expectancy.
FAIRFIELD COUNTY, SOUTH CAROLINA

<70   70-74   75-79   80+
Life expectancy at birth (in years)

Source: usaleep

dhec
Healthy People. Healthy Communities.

CR-012234

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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 Fairfield County.

The above collage features some notable sites in Fairfield County including Town Hall (Photo by Bill Fitzpatrick). The McCrorey-Liston School of Technology, Lake Monticello Park facilities, Fortune Springs Park, and the M.H. Boykin Community Center, and the Community Center Park. When looking to improve the community, everyone has a role!

Community Health Assessment

The development of the CHA began in 2016 with the Fairfield Community Coordinating Council (now Fairfield Forward) conducting a Community Health Assessment (CHA) of Fairfield County. The funding for the assessment was made possible through the Duke Endowment's Healthy People, Healthy Carolinas grant. Five different forms of assessments were done to provide an opportunity for all voices to be heard. These assessments included key informant interviews, archival data from County Health Rankings, a community health survey, a SWOT analysis and a Fairfield County resource inventory. Conclusions were drawn from each section and common themes emerged from each of the methodologies used for the CHA.

The five methodologies were carried out between November 2016 and December 2018 beginning with the SWOT analysis and ending with the collection of community health surveys.

At the conclusion of the assessment period, the Fairfield Community Coordinating Council had the opportunity to participate in a data walk with technical assistance from SC DHEC. Partners saw a data walk as a great way to engage with the community and develop a roadmap to improve the health of Fairfield County residents. Keep reading for an outline of the data walk.

"Use this area to insert quotes and/or pictures from key informant interviews or focus groups."

-Name or Anonymous

"Use this area to insert quotes and/or pictures from key informant interviews or focus groups."

-Name or Anonymous

The Little River Church of Jenkinsville is more commonly known as the Old Brick Church. The bricks were made by the Scots-Irish immigrants and were an unconventional material for meeting houses of the day. During the civil war, Union soldier dismantled the floorboards to create a bridge to cross Little River. A soldier left the following apology etched into the wall: *"Citizens of this community: Please excuse us for defacing your house of worship, so much. It was absolutely necessary to effect a crossing over the creek, the Rebs had destroyed the bridge. A Yankee."*

Photo by Bill Fitzpatrick.
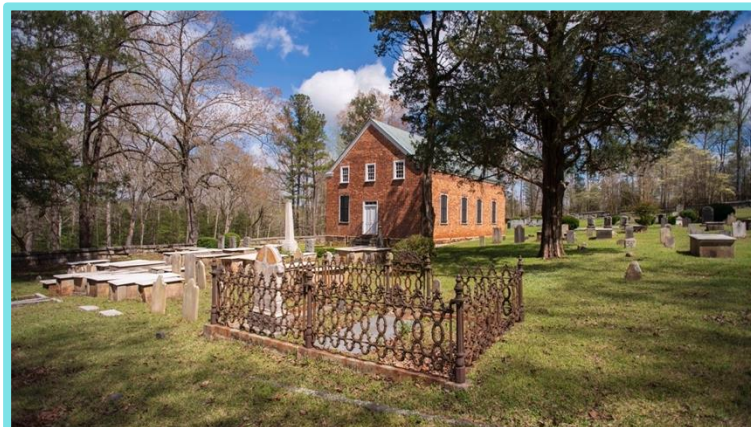
Data Walk

Reviewing the Data

A data walk is an interactive method of sharing data with the community. On November 6, 2019, several individuals representing various sectors of Fairfield County gathered at the Fairfield campus of Midlands Technical College to engage in 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 Disease & Risk Factors:** Cancer, Associated Chronic Diseases, Healthy Eating/Active Living

4. **Infectious Disease:** 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.

The Fairfield Campus of Midlands Technical College.

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 Fairfield 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) & Associated Chronic Diseases (ACDs)
2. Behavioral Health
3. Infectious Disease with a focus on Sexually Transmitted Infections (STIs)

HE/AL & ACDs tied for the highest number of votes, so participants chose to combine these indicators because of their similarities. This choice allowed the community to focus on two additional priorities: Access to Care and Behavioral Health. Participants signed up for workgroups 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 Fairfield 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 Fairfield County the best: the members of its community.
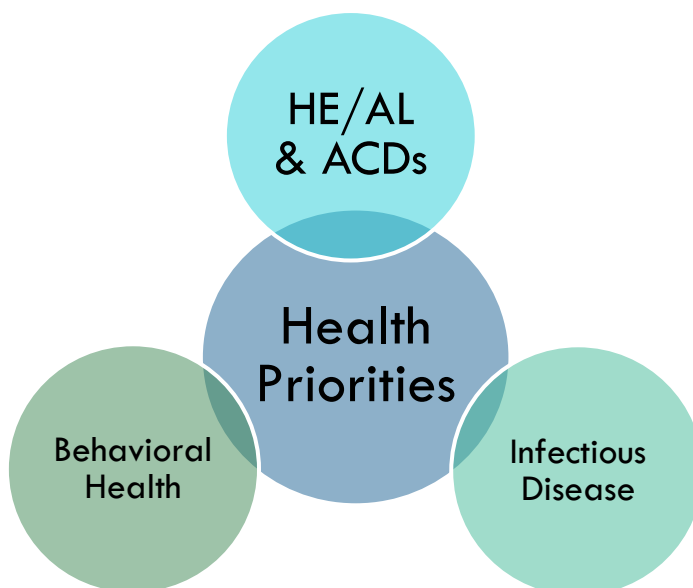
From Plan to Action

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.

2019 Design in Tech Report | Addressing Imbalance
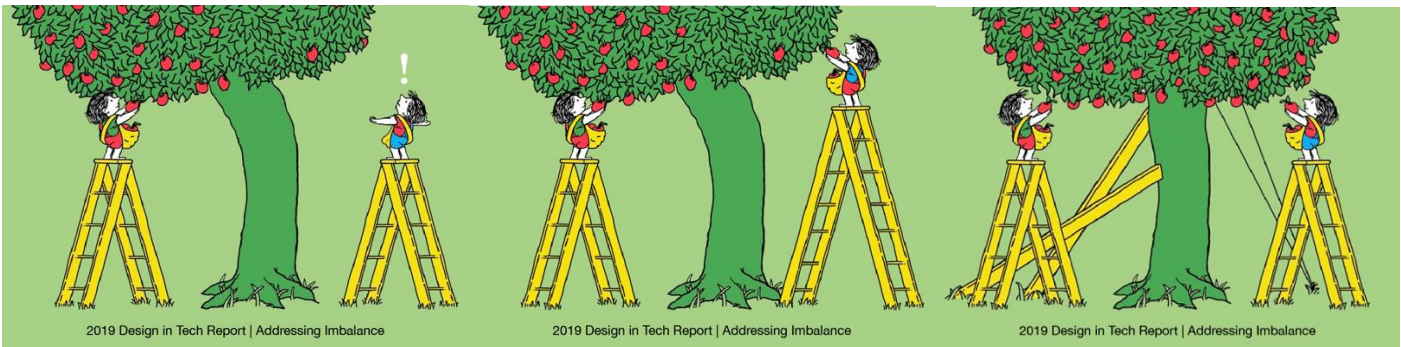
Equality	Equity	Justice
Provide each person with the same resources or opportunities.	Recognize that each person experiences different circumstances and provide the resources or opportunities needed to reach equal outcomes.	Build on equity and fix systems to ensure equitable access for generations to 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 Fairfield 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 Fairfield 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 EBIs 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 Fairfield 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://eatsmartmovemoresc.org/pdf/Documents_Reports/esmmsc-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 wellbeing 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_Capactiy_Building.pdf

Health Priority 1:
Healthy Eating/Active Living & Associated Chronic Diseases
Overview

A workgroup was created for the HE/AL priority and was eventually combined with the Eat Smart Move More Fairfield County group. This workgroup addresses topics including access to healthy food, places to be active, as well as ways to reduce/prevent chronic diseases. Poor nutrition and sedentary lifestyles are the main risk factors for obesity and other chronic conditions, so efforts will look to target and alter these behaviors. Efforts will focus on the areas and populations identified to be most impacted by chronic health conditions and lack of access to healthy foods and physical activity. Below are the data points which led to this decision.

In Fairfield County, 39.2% 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.
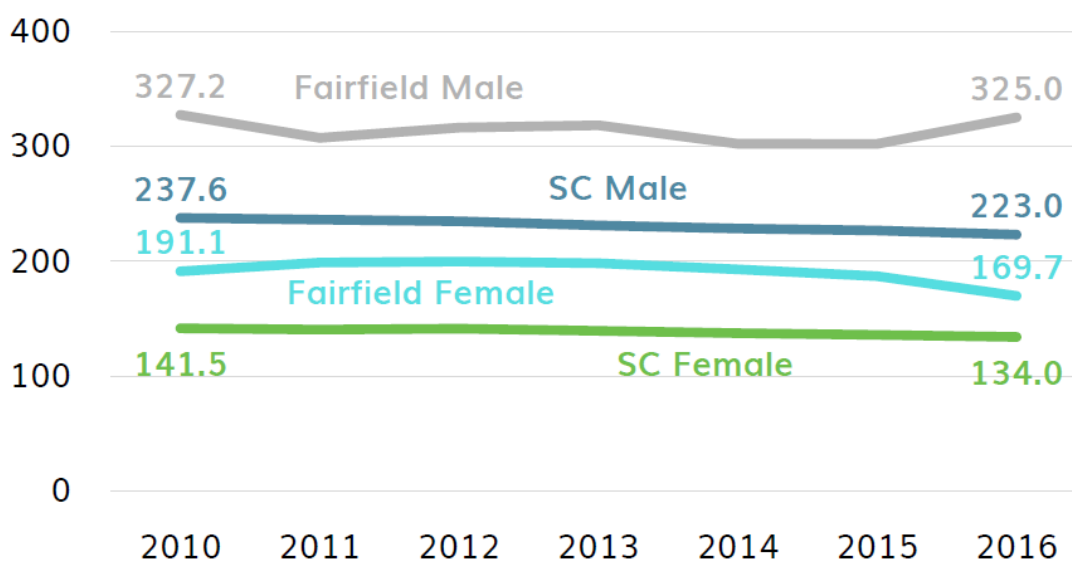
Healthy eating is also an issue of concern.

47.7% of adults do not eat a fruit at least once a day & 33.9% of adults do not eat a vegetable at least once per day.

Heart disease deaths are higher in Fairfield County when compared to the state of South Carolina.

Heart Disease Deaths, by Sex
Rate per 100,000 population

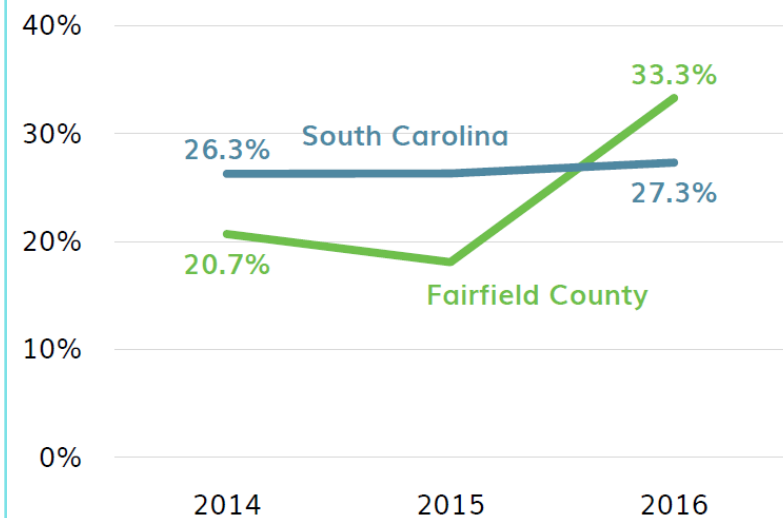|	2010						2016
Fairfield Male	327.2						325.0
SC Male	237.6						223.0
Fairfield Female	191.1						169.7
SC Female	141.5						134.0

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

Though men are not more sedentary in Fairfield (19.1%) compared to the South Carolina average (23.8%), 33.3% of women report no leisure time physical activities in the past month.
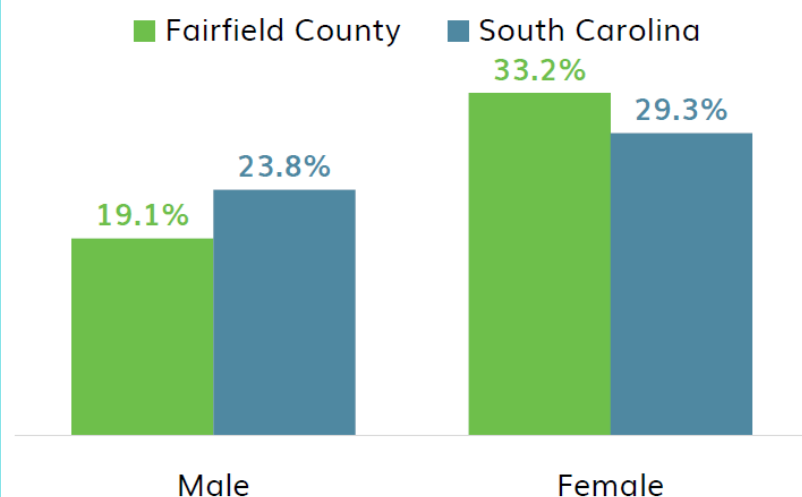
No Leisure-time Physical Activity in the Past Month
Percent

- 40%
- 33.3%
- South Carolina
- 30%
- 26.3%
- 27.3%
- 20%
- 20.7%
- Fairfield County
- 10%
- 0%
- 2014
- 2015
- 2016

No Leisure-time Physical Activity in the Past Month, by Sex
Percent

■ Fairfield County ■ South Carolina

- 33.2%
- 29.3%
- 23.8%
- 19.1%
- Male
- Female

Goal 1: Through a health equity lens, increase countywide capacity for coordinated efforts related to HE/AL & chronic disease risk reduction.

Strategies

- Promote capacity building efforts countywide.
- Assess local initiatives addressing HE/AL & chronic disease.
- 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://eatsmartmovemoresc.org/
- American Heart Association Healthy School Meals
  https://www.heart.org/en/get-involved/advocate/federal-priorities/school-meals
- South Carolina Cancer Alliance
  https://www.sccancer.org/initiatives/mens-cancer/
- Alliance for a Healthier Generation
  https://www.healthiergeneration.org/

Partners

- Fairfield Forward
- Eat Smart Move More Fairfield County
- FoodShare SC
- USC Prevention Research Center
- John A. Martin Primary Healthcare Center
- Healthy People Healthy Carolinas
  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 & reduce chronic disease risk.

Strategies

- Identify underserved areas with gaps in access to HE/AL.
- Implement new or increase engagement with existing programs & resources for chronic disease risk reduction.
- Implement & coordinate evidence-based interventions to encourage policy, systems and environmental changes.
- Evaluate implementation & plans for sustainability of initiatives.

Resources

- Live Healthy South Carolina
  https://livehealthy.sc.gov/
- Eat Smart Move More SC
  http://eatsmartmovemoresc.org/
- County Health Rankings – EBI Resource Guide
  https://www.countyhealthrankings.org/take-action-to-improve-health
- SNAP-Ed Toolkit
  https://snapedtoolkit.org/classification/evidence-based/
- The CDC Guide to Strategies to Increase Physical Activity
  https://www.cdc.gov/obesity/downloads/pa_2011_web.pdf

Potential Partners

- Fairfield Forward
- Eat Smart Move More Fairfield County
- Parks and Recreation
- Fairfield Community Food Bank

- FoodShare SC
- USC Prevention Research Center
- Blair Coalition of Churches
- Healthy People Healthy Carolinas
 See Appendix A for complete list.

Rural Point, also known as the Robertson-Doty House, is located in Winnsboro and was built in 1852 for South Carolina Statesman William Ross Robertson.

Photo by Bill Fitzpatrick

Take Action in Your Community

- **Faithful Families**
  https://faithfulfamilies.com/
- **National Diabetes Prevention Program**
  https://www.cdc.gov/diabetes/prevention/index.html
- **FAN: Faith, Activity and Nutrition Program**
  https://www.cdc.gov/prc/study-findings/research-briefs/fan.html
- **FoodShare South Carolina**
  https://foodsharesc.org/
- **Cooking Matters**
  https://cookingmatters.org/
- **Open Community Use Playbook**
  https://scdhec.gov/sites/default/files/Library/CR-011555.pdf
- **Better Choices Better Health**
  https://www.cdc.gov/arthritis/interventions/programs/better-health.htm
- **The Daily Mile US**
  https://www.thedailymile.us/
- **SC Health + Planning Toolkit**
  https://scdhec.gov/sites/default/files/Library/SCHealthPlanningToolkit.pdf
- **Eat Smart Move More SC – HYPE Project**
  http://eatsmartmovemoresc.org/our-work/youth-engagement/
- **Working Well**
  https://scha.org/initiatives/workforce-development/working-well/#:~:text=Working%20Well%20is%20a%20comprehensive,population%20health%20in%20South%20Carolina
- **SNAP at the Farmers Market**
  https://farmersmarketcoalition.org/advocacy/snap/
- **Food Distributions**
  https://sc.edu/study/colleges_schools/public_health/documents/oct_distributor_brief_final.pdf
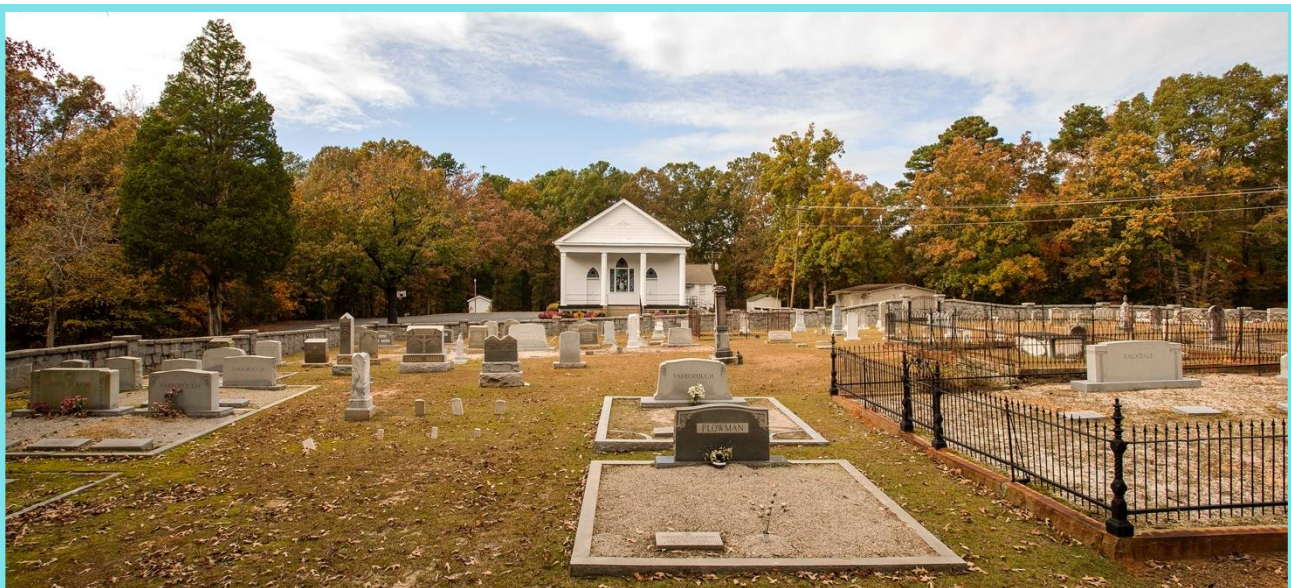
Little River Baptist Church in Jenkinsville was the site of a Patriot victory in the Revolutionary War in 1780.
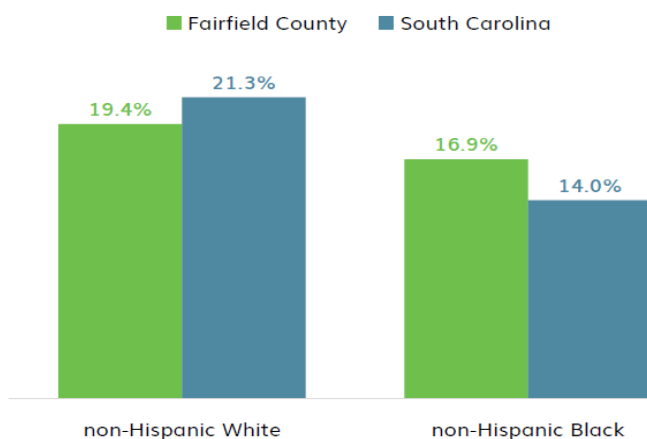
Photo by Bill Fitzpatrick

Health Priority 2:
Behavioral Health
Overview

Disparities and challenges brought to light in the data walk supported residents' Community Health Improvement Survey responses stating that behavioral health and behavioral health services are important to Fairfield County. Behavioral health is the connection between an individual's emotions, behaviors and biology and in turn how these affect a person's mental health and their ability to function in everyday life.

Depression among black adults is higher in Fairfield County than the state.

Depression Among Adults, by Race/Ethnicity
Percent

- Fairfield County
- South Carolina

non-Hispanic White: 19.4% (Fairfield County), 21.3% (South Carolina)
non-Hispanic Black: 16.9% (Fairfield County), 14.0% (South Carolina)

Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Males have a **heightened rate of alcohol related emergency room visits** compared to females.

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

- Fairfield County
- South Carolina

Males: 50.9 (Fairfield County), 40.1 (South Carolina)
Females: 11.8 (Fairfield County), 16.0 (South Carolina)
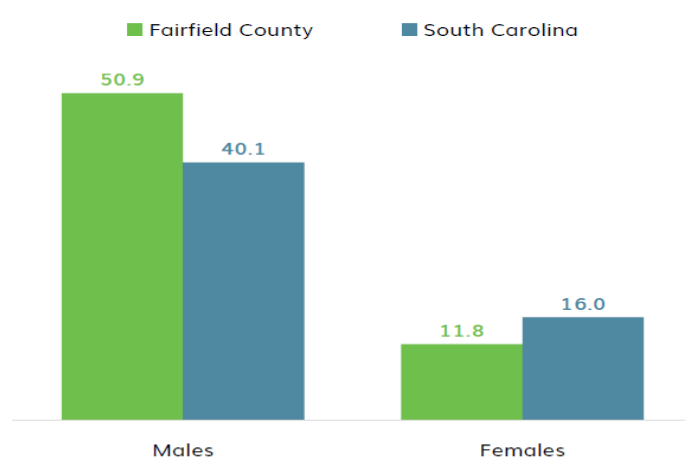
Source: RFA Emergency Room Discharges, 2016-2017.

Naloxone administration for opioid overdose is **almost 4 times higher** in Fairfield County than in the state.

Naloxone Administration for Opioid Overdose
Rate per 10,000 population

Fairfield County: 45.5
South Carolina: 12.4
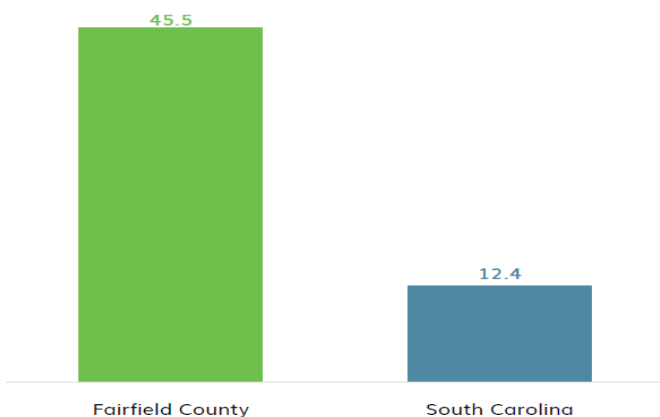
Source: SC Emergency Medical Services, 2018.

Goal 1: Improve behavioral health using prevention and increasing access to behavioral/mental health resources and services.

Strategies

- Create a workgroup of community partners.
- Assess & identify gaps in behavioral/mental health services.
- Connect with available resources & providers in the area to address gaps.

Goal 2: To collectively reduce the impact of opioid overdoses/deaths and stimulant use/abuse in Fairfield County.

Strategies

- To increase the capacity of the Fairfield Opioid Response Team to identify problem areas related to opioids and stimulants in Fairfield County.
- To reduce opioid/stimulant use and impact in Fairfield County.
- To improve outreach and marketing efforts for opioids/stimulant use and impact in Fairfield County.
- To evaluate the impact of the prevention efforts implemented by the Fairfield Opioid Response Team.

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/
- 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
- 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

- Fairfield Behavioral Health Services
- SC Thrive
- Fairfield County School District
- Cooperative Health
- John A. Primary Healthcare Center

- Fairfield County EMS
- Fairfield County Fire Department
- Serve and Connect
- Fairfield DSS
  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/
- **Healthy Eating/Active Living & positive mental health**
  https://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm

Health Priority 3:
Infectious Disease with a focus on Sexually Transmitted Infections (STIs)
Overview

Fairfield County chose infectious disease as a priority based on the responses on the CHA as well as the data provided in the data walk. Preventing and controlling the spread of infectious disease is crucial to community health. One particular type of infectious disease largely affecting Fairfield County are sexually transmitted infections (STIs), formerly known as sexually transmitted diseases (STDs). Fairfield County residents indicated STIs as "very important" on the Community Health Improvement Survey.

The rate of HIV/AIDs has been **steadily higher in Fairfield County.**

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

Fairfield County

South Carolina

	2009		2012		2015		2018
Fairfield County	21.5						22.1
South Carolina	17.1						15.3
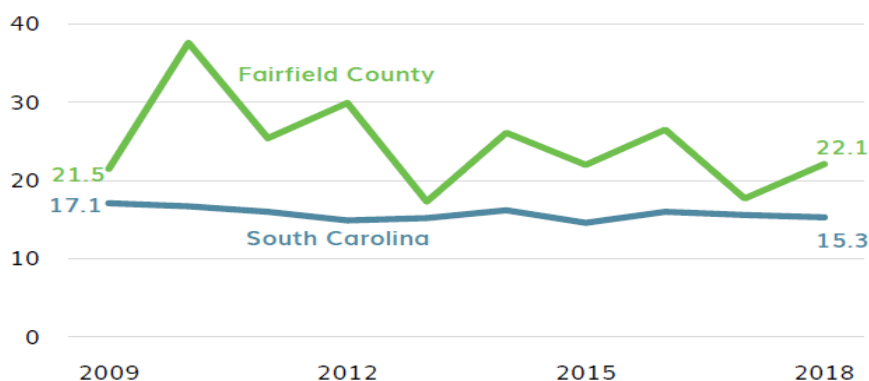
Source: SC DHEC Division of Surveillance and Technical Support.

There is an **HIV/AIDs disparity among Hispanic populations.**

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

■ Fairfield County   ■ South Carolina

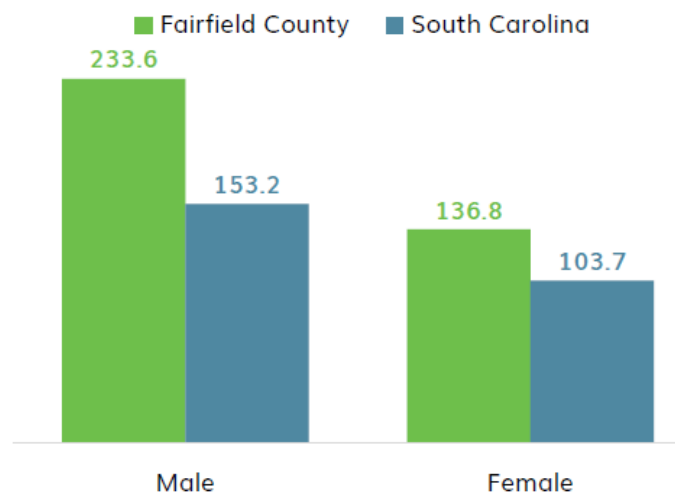|	White	Black	Hispanic/Latino
Fairfield County	205.9	684.3	592.9
South Carolina	151.8	990.6	353.3
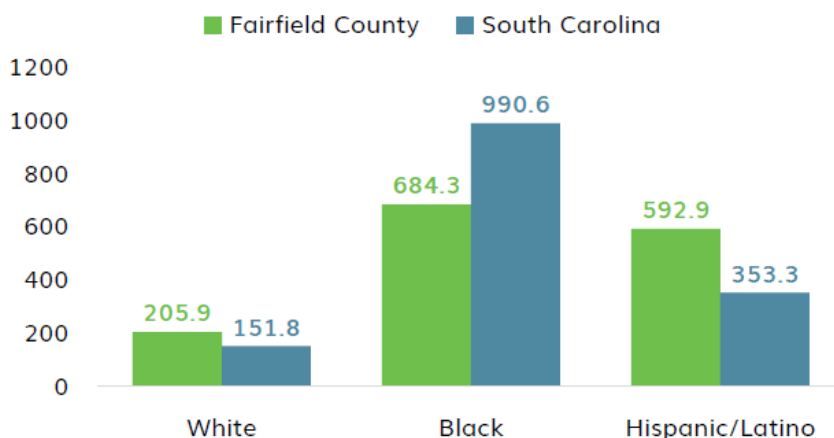
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

The prevalence of hepatitis C is higher in Fairfield County, including both sexes and several age groups when stratified.
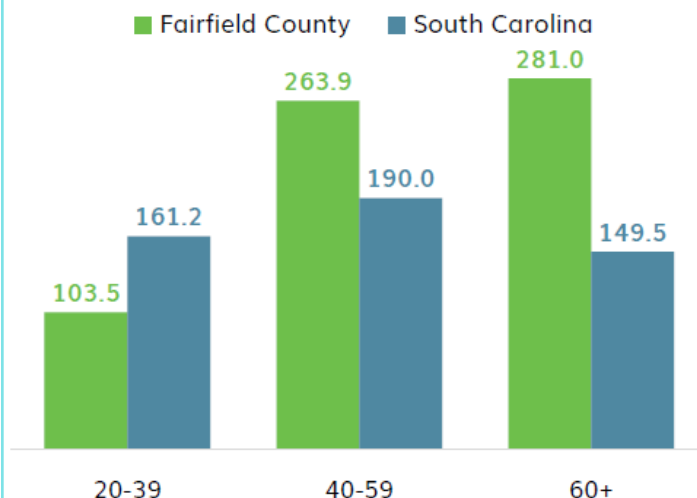
People Living with Hepatitis C, by Sex
Rate per 100,000 population

■ Fairfield County ■ South Carolina

	Male	Female
Fairfield County	233.6	136.8
South Carolina	153.2	103.7

Source: SC DHEC Division of Acute Disease Epidemiology, 2018.
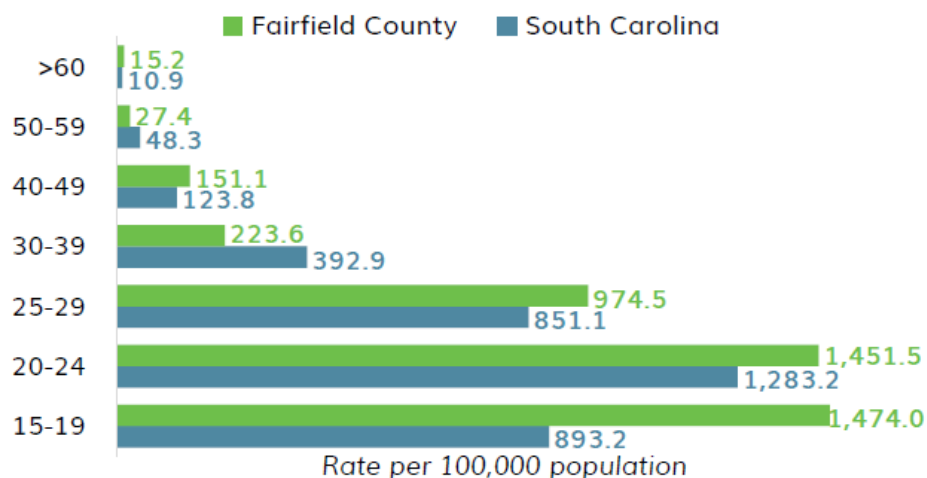
People Living with Hepatitis C, by Age
Rate per 100,000 population

■ Fairfield County ■ South Carolina

	20-39	40-59	60+
Fairfield County	103.5	263.9	281.0
South Carolina	161.2	190.0	149.5

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

Gonorrhea is a particular concern as the **rate of cases is much higher in several age groups.**

New Gonorrhea Infections, by Age (Incidence)
Age Group

■ Fairfield County ■ South Carolina

Age Group	Fairfield County	South Carolina
>60	15.2	10.9
50-59	27.4	48.3
40-49	151.1	123.8
30-39	223.6	392.9
25-29	974.5	851.1
20-24	1,451.5	1,283.2
15-19	1,474.0	893.2

Rate per 100,000 population

Source: SC DHEC Division of Surveillance and Technical Support, 2018.

Goal 1: Increase the number of Fairfield County residents that are vaccinated against infectious diseases.

Strategies

- Assess current vaccine rates in Fairfield County (COVID-19, influenza, Hepatitis A, Hepatitis B, Tdap, childhood vaccines, etc.).
- Assess access and barriers to vaccines (zip code level).
- Assess current education materials that are available in the community.
- Increase residents' knowledge about vaccinations.
- Increase vaccination rate of residents.

Goal 2: Decrease the prevalence of STIs in Fairfield County through awareness, education, and intervention.

Strategies

- Assess community issues & resources related to infectious disease & sexual health for adolescents & adults.
- Assess current STI rates (zip code level, stratified by age and gender).
- Assess current educational materials and/or programs that are available in the community (zip code, what age groups are targeted, etc.).
- Implement interventions that increase awareness of STIs, prevention, and treatment.

Resources

- SC Department of Health and Environmental Control – Sexual Health
  https://scdhec.gov/health/family-planning
- ASHA – What is Sexual Health?
  https://nationalcoalitionforsexualhealth.org/sexual-health/what-is-sexual-health
- HIV Basics
  https://www.cdc.gov/hiv/basics/index.html
- Gonorrhea Fact Sheet
  https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm
- Hepatitis C Overview
  https://www.cdc.gov/hepatitis/hcv/index.htm

- Fairfield County Health Department
- Fairfield County School Districts
- John A. Martin Primary Healthcare
- Fairfield County First Steps
- Fairfield Behavioral Health Services
  See Appendix A for complete list.

Tips for Your Community

- **Condom Availability Programs**
  https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/condom-availability-programs
- **Project Adult Identity Mentoring (AIM)**
  https://whatworksinyouthhiv.org/strategies/evidence-based-interventions/project-aim-adult-identity-mentoring

Acknowledgements

Thank you to everyone for the support, patience, and hard work that they committed to this process. All of the organizations below helped to add community into this Community Health Improvement Plan and Fairfield County looks forward to continuing to collaborate as this journey continues. Together, we can build healthier, more equitable communities.

Duke Endowment

ESMM Fairfield

Fairfield Residents, Partners, and Organizations

Midlands Technical College – Fairfield Campus

SC Department of Health and Environmental Control

SC Hospital Association

SC Office of Rural Health

Special thanks to Bill Fitzpatrick for consent to use the images that appear in this plan.

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   https://www.grants.gov/web/grants/learn-   grants/grants-101/pre-award-phase.html

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

University of Missouri. (n.d.) *What are evidence-based interventions (EBI)?*

   https://ebi.missouri.edu/?page_id=52

Appendix

Appendix A

Community Partners

- All4SC
- Blair Coalition of Churches
- Cooperative Health
- Duke Endowment
- Eat Smart Move More Fairfield County
- Fairfield Behavioral Health Services
- Fairfield Community Food Bank
- Fairfield County
- Fairfield County DSS
- Fairfield County First Steps
- Fairfield County School District
- Fairfield Forward
- FoodShare SC
- Healthy People Healthy Carolinas
- John A. Martin Primary Healthcare Center

- Midlands Technical College – Fairfield Campus
- National Alliance on Mental Illness
- Parks and Recreation
- Serve and Connect
- SC Council on Aging
- SC Department of Mental Health
- SC Hospital Association
- SC Thrive
- Starting with Me Initiative
- United Way of Fairfield
- USC Prevention Research Center
- United Fairfield
- Upper Midlands Rural Health Network

Appendix B

Data Posters

LIVE HEALTHY SOUTH CAROLINA

dhec

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

■ non-Hispanic White   ■ non-Hispanic Black

Cause	non-Hispanic White	non-Hispanic Black
Cancer	199.8	175.2
Heart Diseases	164.1	151.0
Accidents	60.4	51.6
Diabetes	34.5	36.0
Lung Diseases	50.6	15.6
Stroke	19.7	25.0
Septicemia	13.6	13.3
Homicide	4.9	14.9
Kidney Diseases	6.2	14.1
Suicide	22.2	2.3
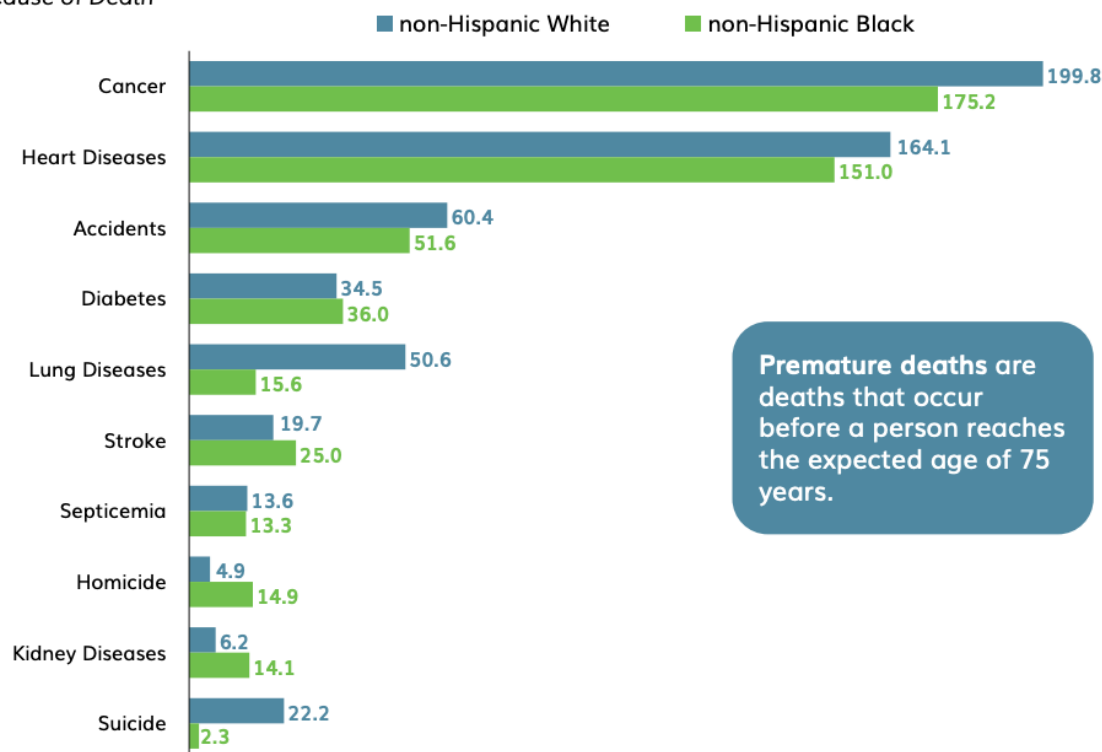
Premature deaths are deaths that occur before a person reaches the expected age of 75 years.

Source: SC DHEC Vital Statistics, 2009-2018.

Rate per 100,000 population

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

	Males		Females	
	non-Hispanic White	non-Hispanic Black	non-Hispanic White	non-Hispanic Black
	71	66	81	74
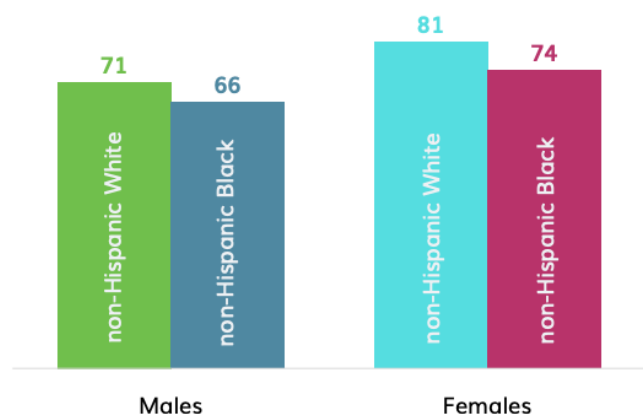
Source: SC DHEC Vital Statistics, 2016-2018.

All Cause Mortality, by Race/Ethnicity and Sex
Rate per 100,000 population

non-Hispanic Black Males
non-Hispanic White Males
non-Hispanic White Females
non-Hispanic Black Females

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018
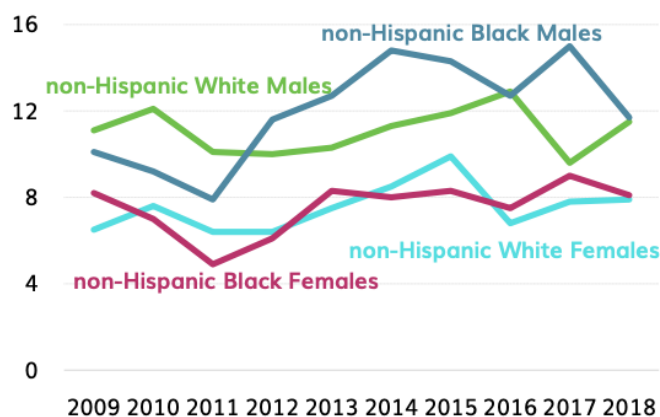
Source: SC DHEC Vital Statistics.
Note: Age-adjusted.

Poverty Status

Population Living Below the Poverty Line
Percent

Fairfield County
South Carolina
23.2%
17.6%
21.3%
16.6%

2012 2013 2014 2015 2016 2017

Source: American Community Survey.
Note: 5-year estimates.

Population Living Below the Poverty Line, by Age
Age Group

■ Fairfield County ■ South Carolina

Age Group		
Under 5	17.2%	27.7%
5 - 17	31.6%	23.4%
18 - 34	27.3%	20.7%
35 - 64	21.2%	12.9%
65+	7.9%	9.3%

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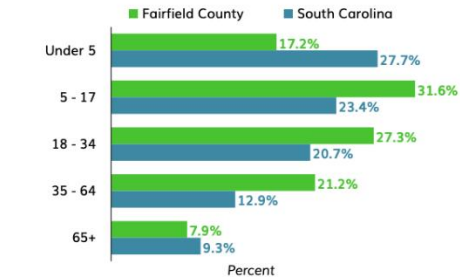
Source: American Community Survey, 2013-2017.
Note: Poverty status is based on total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition.

Income Inequality

Income Inequality
Dollars

■ Fairfield County ■ South Carolina

$761,185
$482,661

Average Annual Income of the Top 1%

$28,116 $38,646

Average Income of the Bottom 99%

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

Top-to-Bottom Ratio
Number

The top 1% make 17.2 times more than the bottom 99%

17.2 x
19.7 x

Fairfield County South Carolina
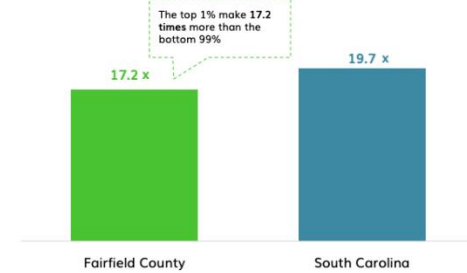
Source: Economic Policy Institute, 2018.
Note: Data is based on tax units.

Housing

Monthly Housing Costs, by Occupant Status
Percent

■ Housing Units With a Mortgage ■ Occupied Units Paying Rent

	Less than 15%	15% - 19.9%	20% - 24.9%	25% - 29.9%	30.0% - 34.9%	35% or More
Mortgage	56.8%	14.0%	5.1%	6.1%	4.3%	13.7%
Rent	11.2%	11.6%	5.2%	7.5%	8.4%	56.1%

Source: American Community Survey, 2013-2017.

Housing, by Occupant Status
Percent

■ Fairfield County ■ South Carolina

74.4%
68.6%

Owner-Occupied

25.6%
31.4%

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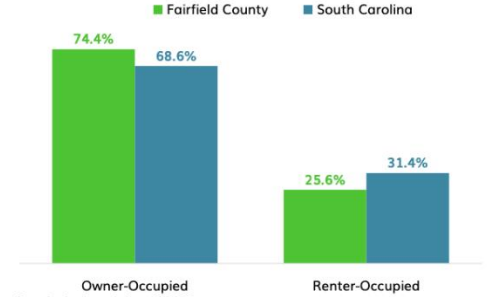
Source: American Community Survey, 2013-2017.
Note: 5-year estimates.

28

Access to Care
Fairfield County

Insurance Status

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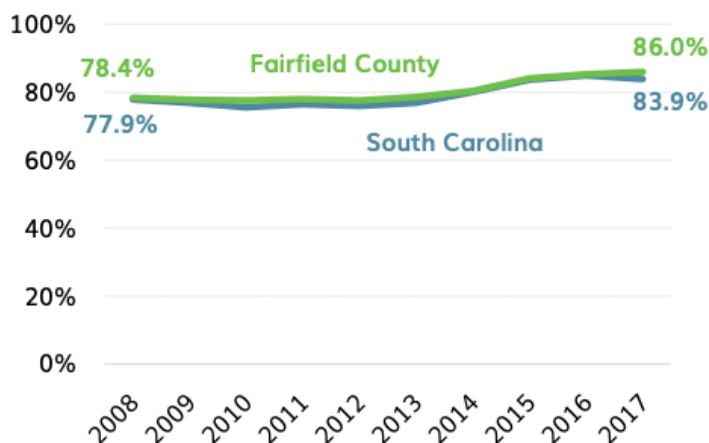
Source: US Census Bureau Small Area Health Insurance Estimates.
Note: Adults 18-64.

Health Care Insurance Among Adults, by Sex
Percent
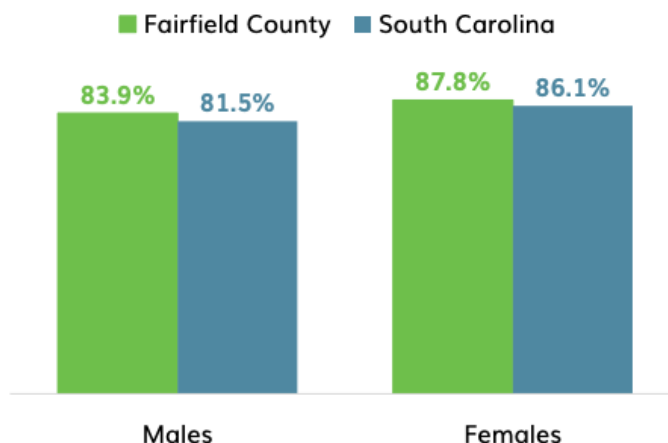
Source: US Census Bureau Small Area Health Insurance Estimate, 2017.
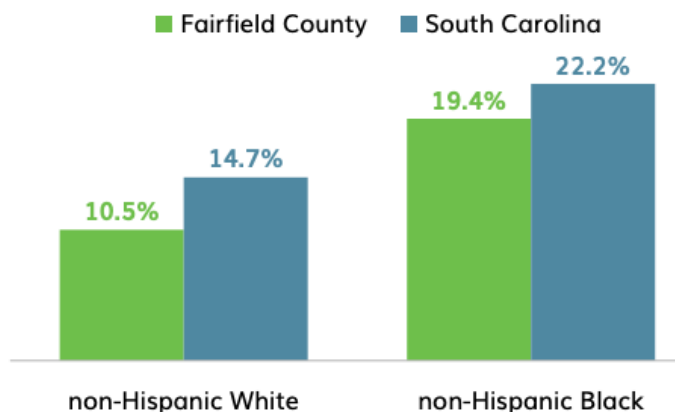Note: Adults 18-64.

Delayed Medical Care

Delayed Medical Care due to Cost
Percent
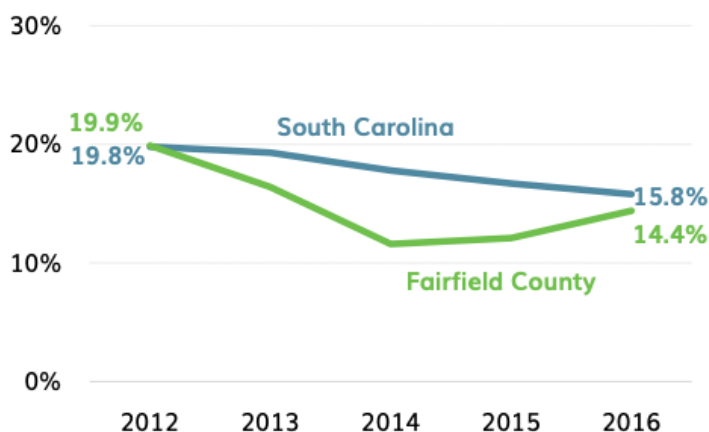
Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.

Delayed Medical Care due to Cost, by Race/Ethnicity
Percent

Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Coverage

29

Primary Care Providers

Dental Care Among Adults

Primary Care Physicians
Rate per 10,000 Population

South Carolina 9.0 → 10.1
Fairfield County 3.0 → 3.5

Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.
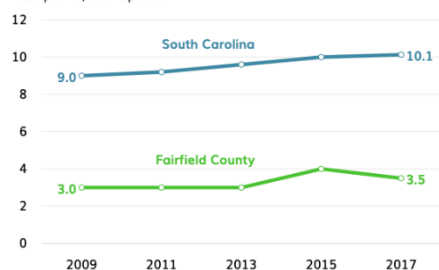
Dentists
Rate per 10,000 Population

South Carolina 4.5 → 4.6
Fairfield County 0.9 → 1.3

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

Dental Care in the Past Year Among Adults
Income Level

Income Level	Percent
$50K+	78.5%
$35K - <$50K	64.0%
$25K - <$35K	54.5%
$15K - <$25K	43.1%
<$15K	34.6%

Percent

Source: SC DHEC BRFSS, 2012, 2014, 2016, 2018.
Note: Adults 18+.
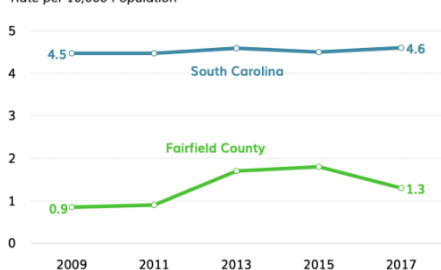
Nurse Practitioners
Rate per 10,000 Population

South Carolina 2.8 → 5.1
Fairfield County 1.3 → 4.9

Source: SC Office of Healthcare Workforce, South Carolina Health Professions Data Book.
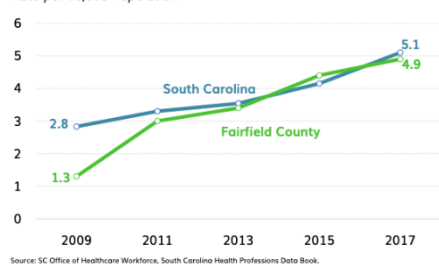
Physician Assistants
Rate per 10,000 Population

South Carolina 1.5 → 2.5
Fairfield County 0.4 → 0.9

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

Dental Care Among Insured Adults
Percent

Fairfield County 55.7%
South Carolina 65.3%

Source: SC DHEC BRFSS, 2012, 2014, 2016, 2018.
Note: Adults 18+.
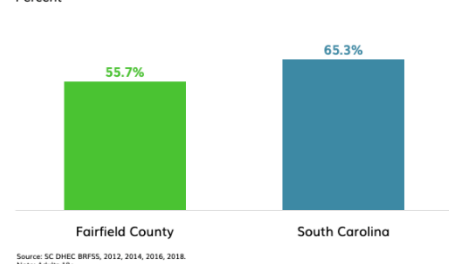
Providers

Infant Mortality

10-Year Infant Mortality Rate
Rate per 1,000 live births
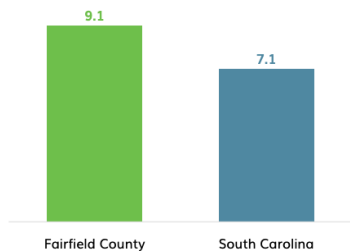
Source: SC DHEC Vital Statistics, 2008-2017.

Leading Causes of Infant Death

| Ranking	Fairfield County	South Carolina
1	Preterm or Low Birthweight	Birth Defects
2	Pregnancy Complications	Preterm or Low Birthweight
3	Sepsis/Infections	Sudden Infant Death Syndrome

Source: SC DHEC Vital Statistics, 2008-2017.

Preterm Birth

Preterm Birth
Percent
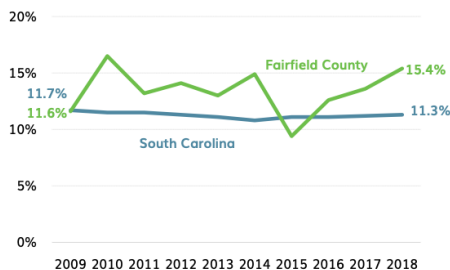
Source: SC DHEC Vital Statistics
Note: Infants born <37 Weeks

Preterm Birth, by Race/Ethnicity
Percent

■ Fairfield County ■ South Carolina
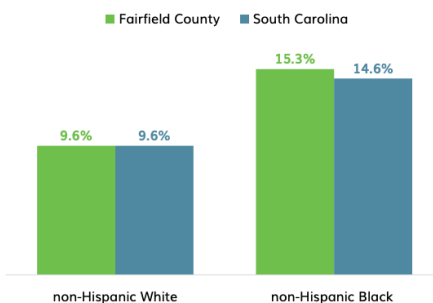
Source: SC DHEC Vital Statistics 2014-2018.
Note: Infants born <37 Weeks

Low Birthweight

Low Birthweight
Percent
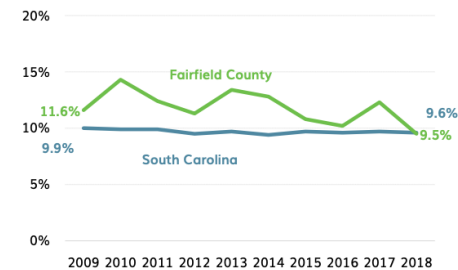
Source: SC DHEC Vital Statistics
Note: Infants born <5 pounds, 8 ounces

Low Birthweight, by Race/Ethnicity
Percent

■ Fairfield County ■ South Carolina
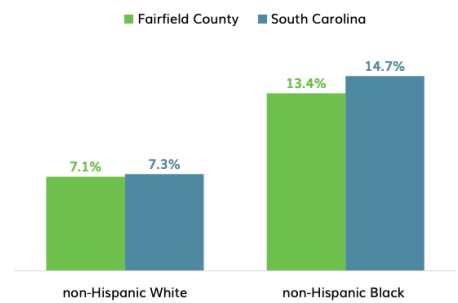
Source: SC DHEC Vital Statistics 2014-2018.
Note: Infants born <5 pounds, 8 ounces

Maternal and Child Health

Prenatal Care Entry

Mothers who Initiated Prenatal Care in the First Trimester
Percent

South Carolina
70.3%
67.6%
73.0%
Fairfield County
60.7%
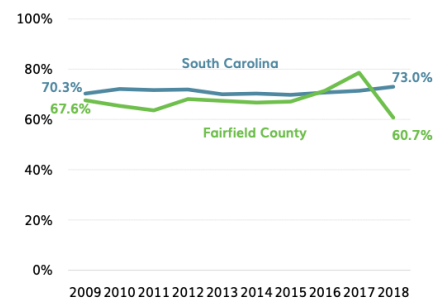
Source: SC DHEC Vital Statistics.

First Trimester Prenatal Care Entry, by Race/Ethnicity
Percent

■ Fairfield County ■ South Carolina

74.2% 76.3% (non-Hispanic White)
66.7% 65.3% (non-Hispanic Black)
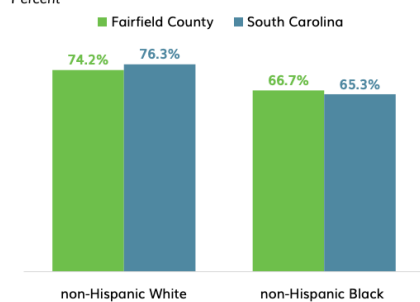
Sources: SC DHEC Vital Statistics, 2014-2018.

Breastfeeding Initiation

Breastfeeding Initiation at Birth
Percent

South Carolina
60.1%
77.9%
74.6%
Fairfield County
47.6%

Source: SC DHEC Vital Statistics.
Note: Among live births.
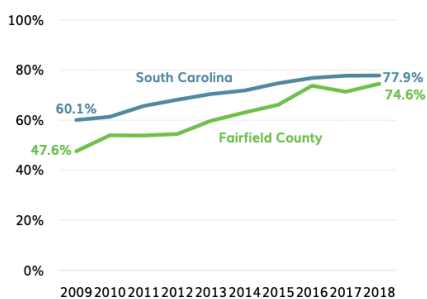
Breastfeeding Initiation, by Race/Ethnicity of the Mother
Percent

■ Fairfield County ■ South Carolina

76.8% 81.0% (non-Hispanic White)
65.4% 62.1% (non-Hispanic Black)
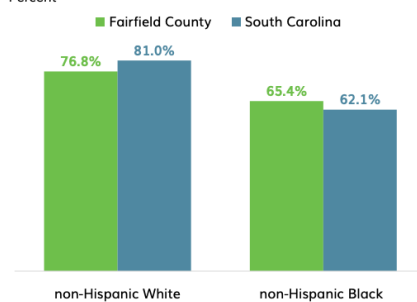
Source: SC DHEC Vital Statistics 2014-2018.
Note: Among live births.

Teen Births

Teen Birth Rate
Rate per 1,000 females

38.8
32.2
Fairfield County
South Carolina
23.0
22.5

Source: SC DHEC Vital Statistics.
Notes: 3 year rolling average, mothers aged 15-19.
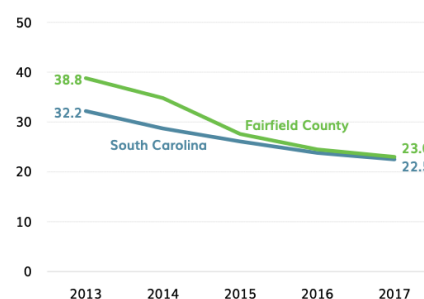
Teen Birth Rate, by Race/Ethnicity
Rate per 1,000 females

■ Fairfield County ■ South Carolina

25.8 20.0 (non-Hispanic White)
25.6 30.3 (non-Hispanic Black)
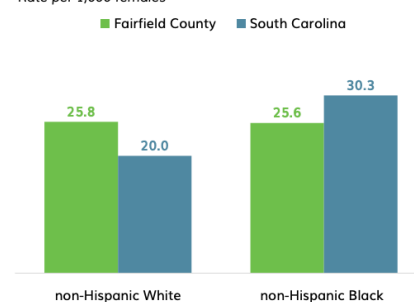
Source: SC DHEC Vital Statistics 2014-2018.
Note: Mothers aged 15-19.

Maternal and Child Health

Chronic Disease
Fairfield County

Obesity

Adults with Obesity
Percent

39.9% Fairfield County 39.2%

32.7% South Carolina 33.2%

2014 2015 2016
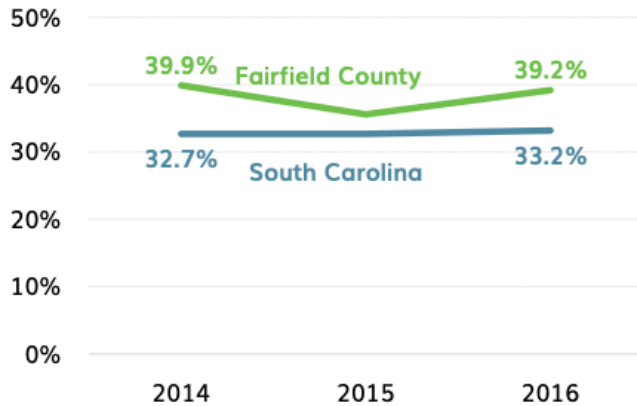
Source: SC BRFSS.
Notes: 3-year rolling average, adults 20+, age-adjusted.

Nutrition

Food Environment
Number

Grocery Stores	1
Farmers Markets	1
Convenient Stores	8
Fast Food Restaurants	6

Sources: SC DHEC Fruit and Vegetable Outlet Inventory, SC DHEC Food Inspections.
Notes: Fast food restaurants categorized based on industry type.

Physical Activity

No Leisure-time Physical Activity in the Past Month
Percent

33.3%

26.3% South Carolina

27.3%

20.7%

Fairfield County

2014 2015 2016
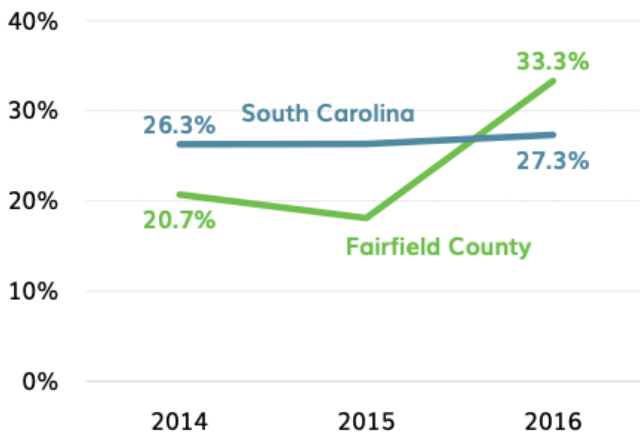
Source: SC BRFSS.
Notes: 3-year rolling average, adults 18+.

No Leisure-time Physical Activity in the Past Month, by Sex
Percent

■ Fairfield County ■ South Carolina

33.2%
29.3%

19.1% 23.8%

Male Female
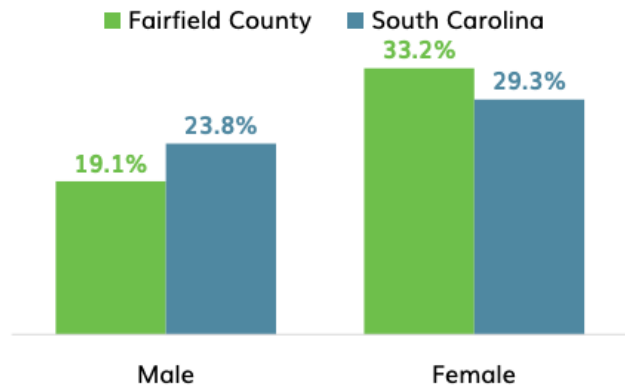
Source: SC BRFSS, 2011-2018.
Note: Adults 18+

Healthy Eating / Active Living

All Cancers

Leading Number of New Cases of Cancer, Fairfield County

Site	Rate	Number
Female Breast	148.2	122
Prostate	135.9	112
Lung & Bronchus	67.9	110
Colon & Rectum	46.1	74
Urinary Bladder	15.0	26

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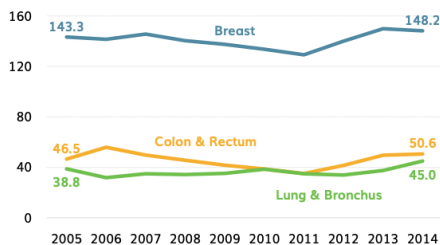Note: Age-adjusted rate per 100,000 population.

Leading Number of Cancer Deaths, Fairfield County

Site	Rate	Number
Lung & Bronchus	46.3	81
Colon & Rectum	18.4	31
Prostate	43.2	28
Female Breast	31.6	27
Pancreas	13.0	22

Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted rate per 100,000 population.

Cancer Among Females

New Cases of Cancer Among Females, Fairfield 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
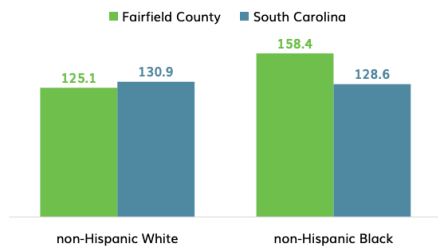
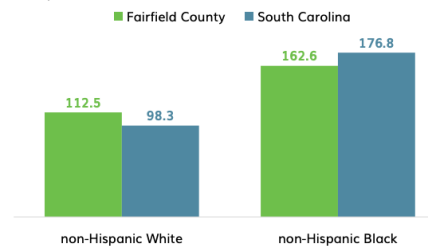Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted.

Cancer Among Males

New Cases of Cancer Among Males, Fairfield County
Rate per 100,000 males
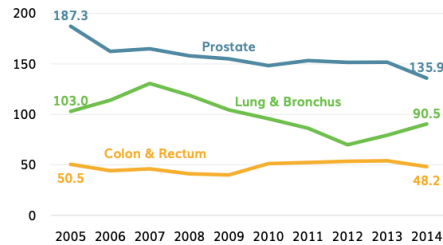
Source: SC Central Cancer Registry.
Notes: 5-year rolling average, age-adjusted.

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

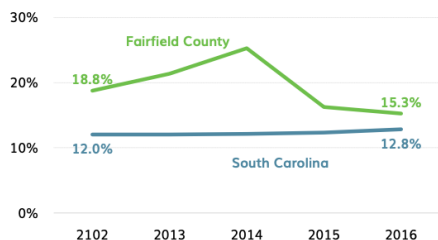Source: SC Central Cancer Registry, 2012-2016.
Note: Age-adjusted.

Cancer

Chronic Disease
Fairfield County

Diabetes

Adults with Diabetes
Percent

Fairfield County 18.8% ... 15.3%
South Carolina 12.0% ... 12.8%

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

Adults with Diabetes, by Race/Ethnicity
Percent

■ Fairfield County ■ South Carolina

non-Hispanic White: 15.4% / 11.2%
non-Hispanic Black: 17.7% / 16.4%
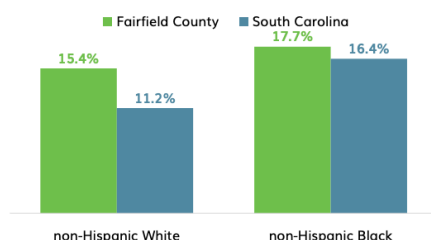
Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Diabetes Deaths, by Race/Ethnicity
Rate per 100,000 population

■ Fairfield County ■ South Carolina

non-Hispanic White: 28.9 / 18.0
non-Hispanic Black: 59.3 / 43.9
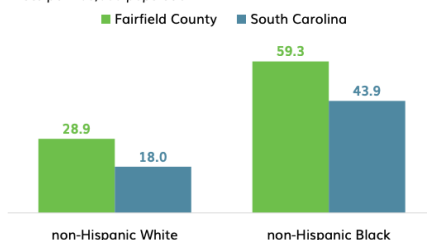
Source: SC DHEC Vital Statistics 2014-2018.
Note: Age-adjusted.

Hypertension

Adults with Hypertension
Percent

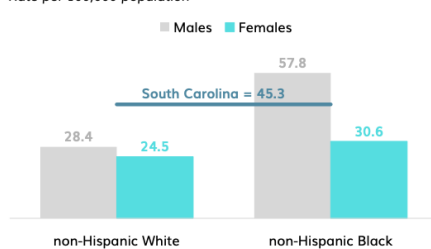Fairfield County 43.7% ... 55.3%
South Carolina 38.5% ... 38.4%
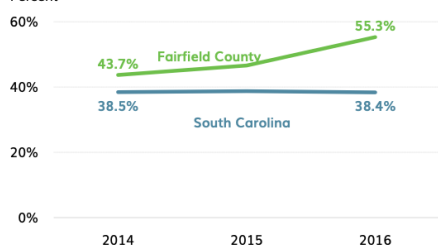
Source: SC DHEC BRFSS.
Notes: 3-year rolling average, adults 18+.

Stroke

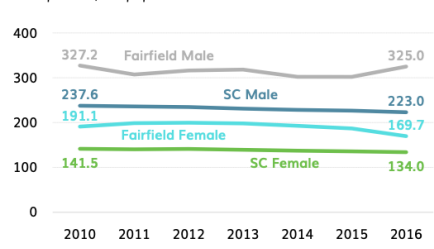**Stroke Deaths, by Sex and Race/Ethnicity**
Rate per 100,000 population

■ Males ■ Females

South Carolina = 45.3

non-Hispanic White: 28.4 / 24.5
non-Hispanic Black: 57.8 / 30.6

Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted.

Heart Disease

**Heart Disease Deaths, by Sex**
Rate per 100,000 population

Fairfield Male 327.2 ... 325.0
SC Male 237.6 ... 223.0
Fairfield Female 191.1 ... 169.7
SC Female 141.5 ... 134.0

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

Associated Chronic Conditions

LIVE HEALTHY SOUTH CAROLINA
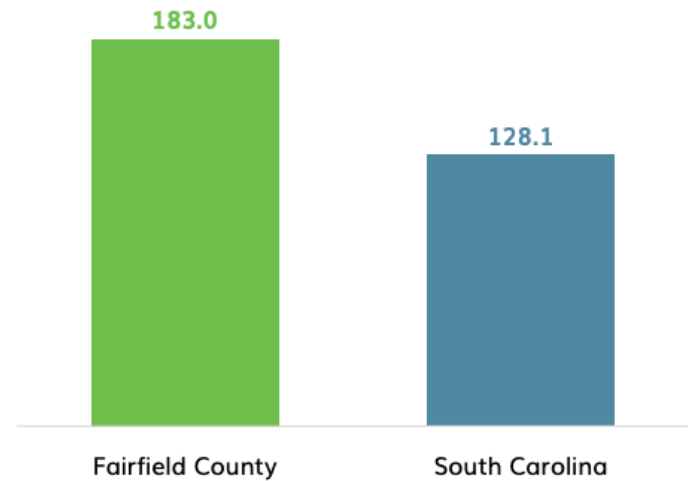
dhec

Confirmed Cases of Hepatitis A
November 1, 2018 – October 19, 2019

Cases
- ☐ 0
- ☐ <5
- ☐ 5-25
- ☐ 26-45
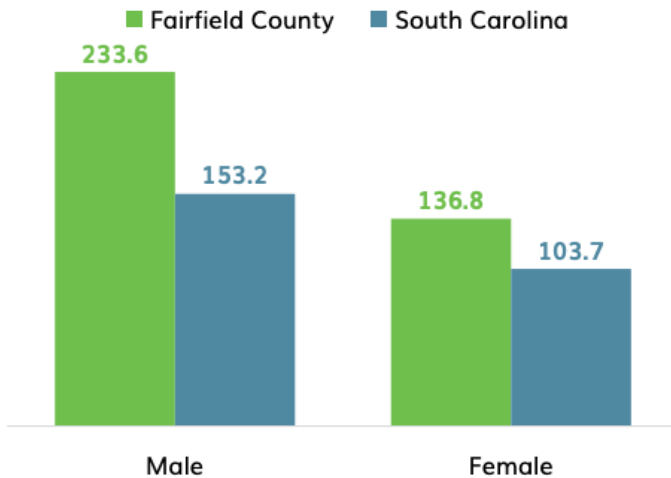- ☐ 46-65
- ☐ 66-85
- ☐ >85
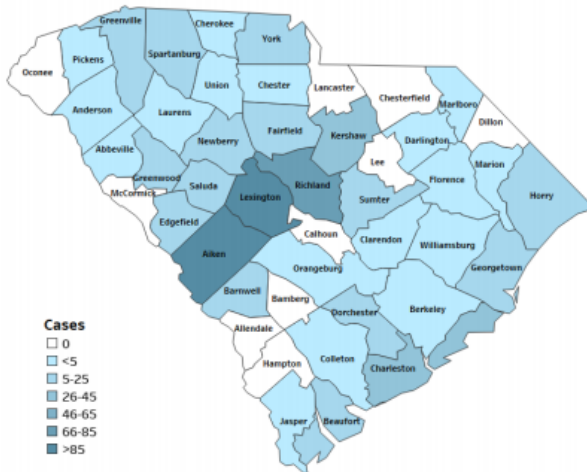
Source: SC DHEC Division of Acute Disease Epidemiology.
Note: 2019 data are preliminary and subject to change.

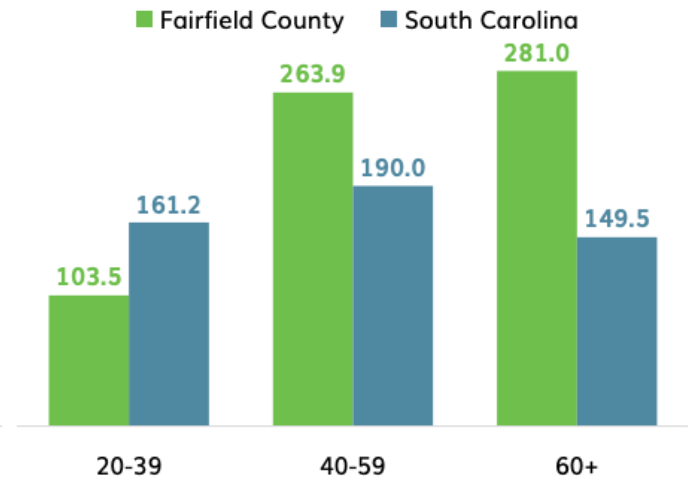## People Living with Hepatitis C
Rate per 100,000 population

- Fairfield County: 183.0
- South Carolina: 128.1

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

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

■ Fairfield County   ■ South Carolina

	Fairfield County	South Carolina
Male	233.6	153.2
Female	136.8	103.7

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

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

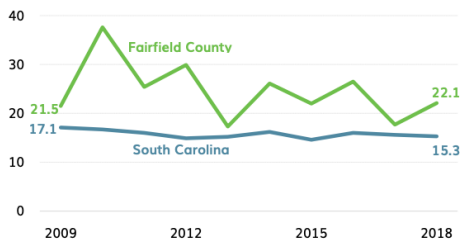■ Fairfield County   ■ South Carolina

	Fairfield County	South Carolina
20-39	103.5	161.2
40-59	263.9	190.0
60+	281.0	149.5

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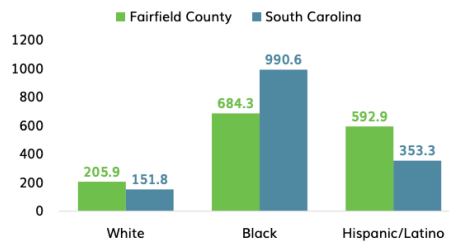
Infectious Disease

HIV/AIDS

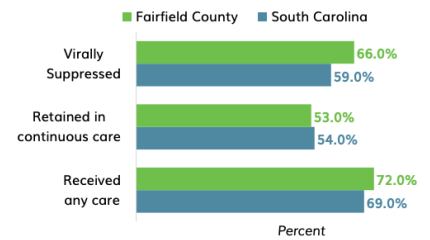**New HIV/AIDS Infections Each Year (Incidence)**
Rate per 100,000 population

Source: SC DHEC Division of Surveillance and Technical Support.

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

Legend: ■ Fairfield County ■ South Carolina

	White	Black	Hispanic/Latino
Fairfield County	205.9	684.3	592.9
South Carolina	151.8	990.6	353.3

Source: SC DHEC Division of Surveillance and Technical Support, 2018.

HIV/AIDS Continuum of Care
Continuum of Care Status

Legend: ■ Fairfield County ■ South Carolina

	Fairfield County	South Carolina
Virally Suppressed	66.0%	59.0%
Retained in continuous care	53.0%	54.0%
Received any care	72.0%	69.0%

Percent
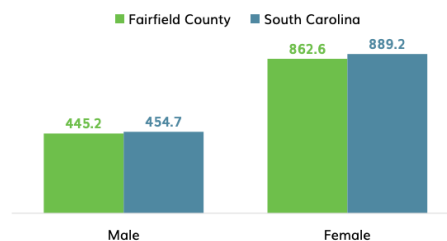
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

Sexually-Transmitted Diseases

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

Legend: ■ Fairfield County ■ South Carolina

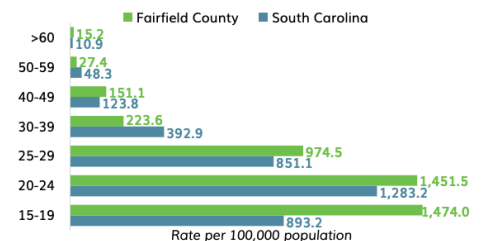|	White	Black	Hispanic/Latino
Fairfield County	137.3	479.1	197.7
South Carolina	169.3	1,049.3	222.4
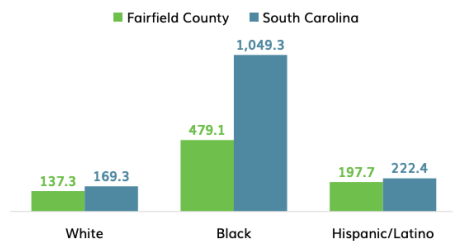
Source: SC DHEC Division of Surveillance and Technical Support, 2018.

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

Legend: ■ Fairfield County ■ South Carolina

	Male	Female
Fairfield County	445.2	862.6
South Carolina	454.7	889.2

Source: SC DHEC Division of Surveillance and Technical Support, 2018.

New Gonorrhea Infections, by Age (Incidence)
Age Group

Legend: ■ Fairfield County ■ South Carolina

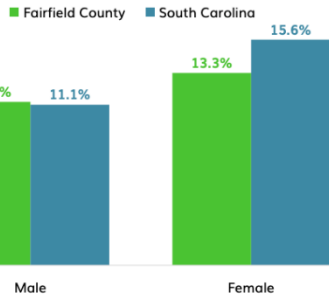| Age Group	Fairfield County	South Carolina
>60	15.2	10.9
50-59	27.4	48.3
40-49	151.1	123.8
30-39	223.6	392.9
25-29	974.5	851.1
20-24	1,451.5	1,283.2
15-19	1,474.0	893.2

Rate per 100,000 population

Source: SC DHEC Division of Surveillance and Technical Support, 2018.

Infectious Disease

Mental Health

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

Legend: Fairfield County, South Carolina

- Male: 11.3%, 11.1%
- Female: 13.3%, 15.6%

Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Adults Who Experienced 14 or More Poor Mental Health Days in the Past Month, by Race/Ethnicity
Percent

Legend: Fairfield County, South Carolina

- White: 14.6%, 13.4%
- Black: 9.6%, 13.1%

Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Depression

Depression Among Adults, by Sex
Percent

Legend: Fairfield County, South Carolina

- Male: 10.9%, 13.8%
- Female: 23.0%, 24.0%

Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Depression Among Adults, by Race/Ethnicity
Percent

Legend: Fairfield County, South Carolina

- non-Hispanic White: 19.4%, 21.3%
- non-Hispanic Black: 16.9%, 14.0%
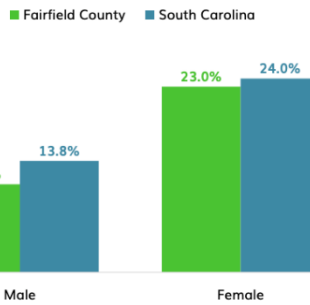
Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

Suicide

10-Year Suicide Death Rate
Rate per 100,000 population

- Fairfield County: 8.1
- South Carolina: 14.5
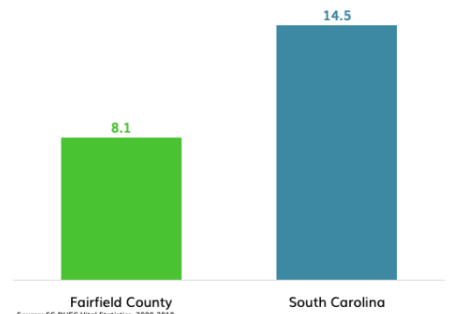
Source: SC DHEC Vital Statistics, 2009-2018.
Note: Age-adjusted.
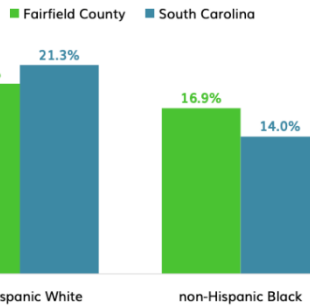
Self Harm Emergency Department Visits, by Sex
Rate per 100,000 population

Legend: Fairfield County, South Carolina
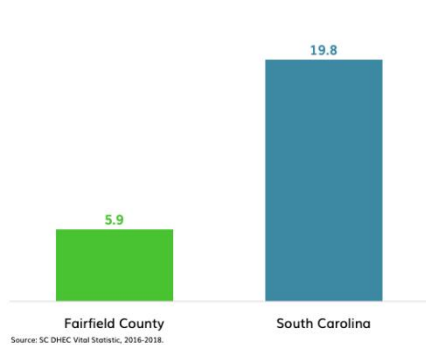
- Male: 18.5, 53.4
- Female: 71.9, 74.6
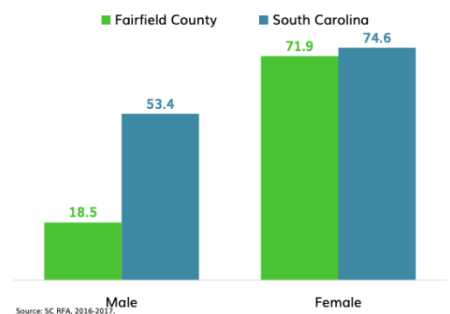
Source: SC RFA, 2016-2017.
Note: Age-adjusted.

Drug Overdose

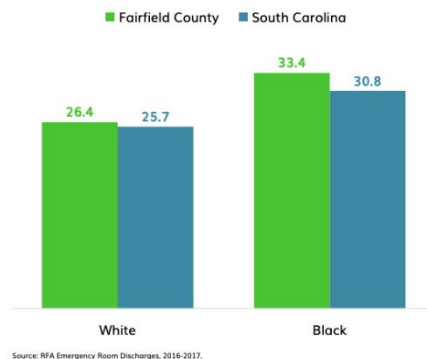**Naloxone Administration for Opioid Overdose**
Rate per 10,000 population

- Fairfield County: 45.5
- South Carolina: 12.4

Source: SC Emergency Medical Services, 2018.
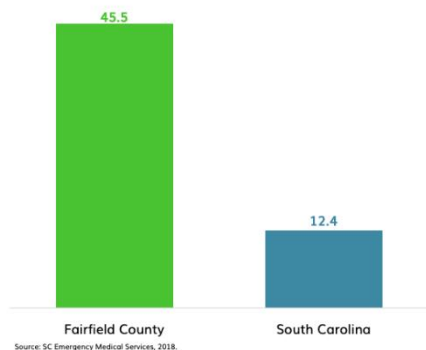
Drug Overdose Deaths
Rate per 100,000 population

- Fairfield County: 5.9
- South Carolina: 19.8

Source: SC DHEC Vital Statistic, 2016-2018.

Alcohol

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

■ Fairfield County ■ South Carolina

- White: Fairfield County 26.4, South Carolina 25.7
- Black: Fairfield County 33.4, South Carolina 30.8

Source: RFA Emergency Room Discharges, 2016-2017.

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

■ Fairfield County ■ South Carolina

- Males: Fairfield County 50.9, South Carolina 40.1
- Females: Fairfield County 11.8, South Carolina 16.0

Source: RFA Emergency Room Discharges, 2016-2017.
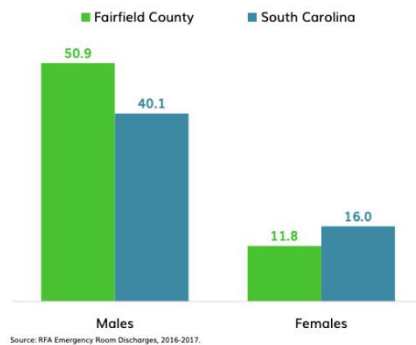
Tobacco

Current Cigarette Smoking
Percent

- South Carolina: 22.6% ... 19.5%
- Fairfield County: 20.8% ... 16.8%

Source: SC DHEC BRFSS.
Notes: Adults 18+, 3-year rolling averages.
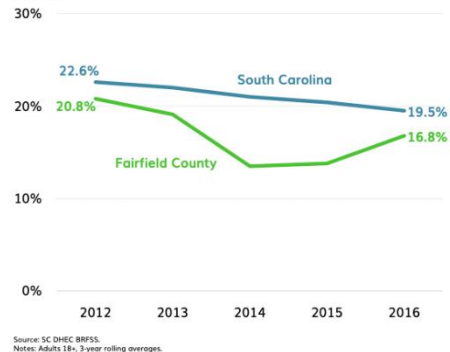
Current Cigarette Smoking, by Sex
Percent

■ Fairfield County ■ South Carolina

- Male: Fairfield County 26.0%, South Carolina 23.8%
- Female: Fairfield County 14.4%, South Carolina 17.9%

Source: SC DHEC BRFSS, 2011-2018.
Note: Adults 18+.

39

Injury
Fairfield County
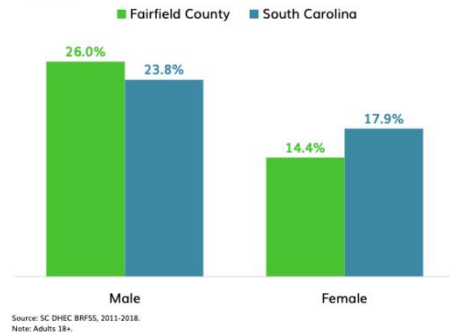
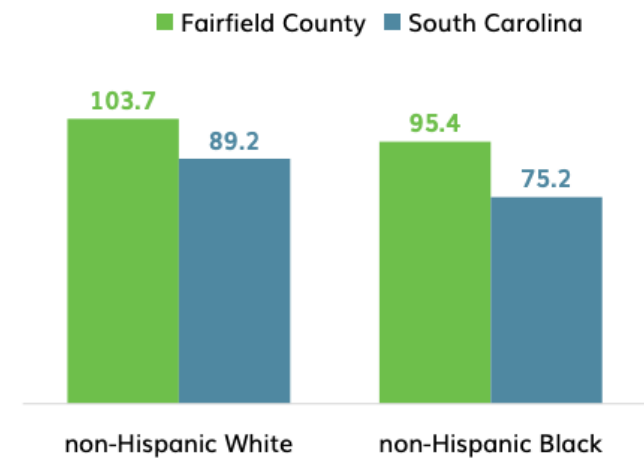## Overall Injury

Overall Injury Deaths
Rate per 100,000
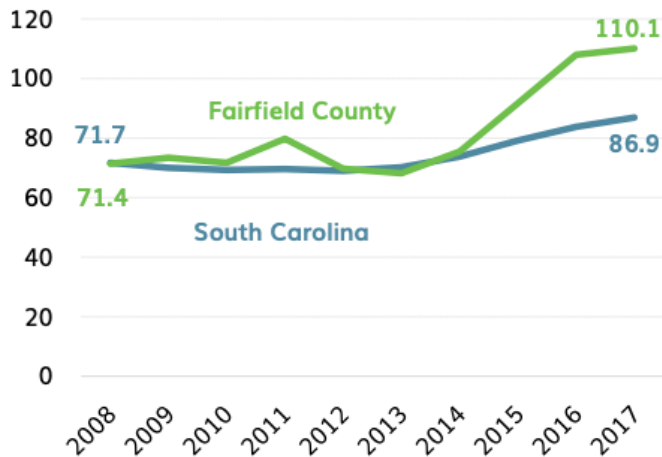
Source: SC DHEC Vital Statistics.
Notes: 3-year averages, age-adjusted.

Overall Injury Deaths, by Race/Ethnicity
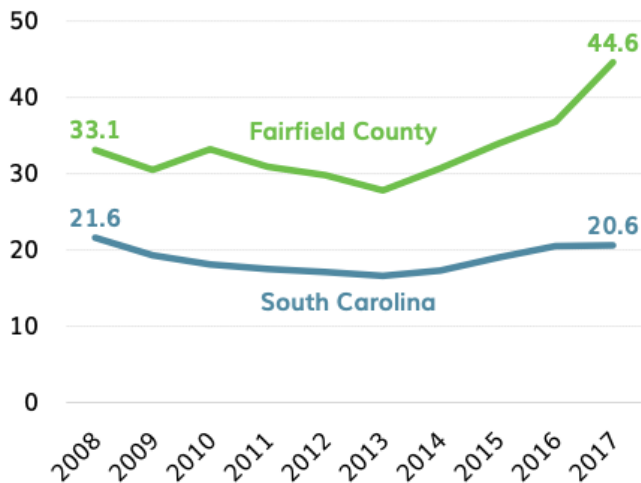*Rate per 100,000 population*

Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted.

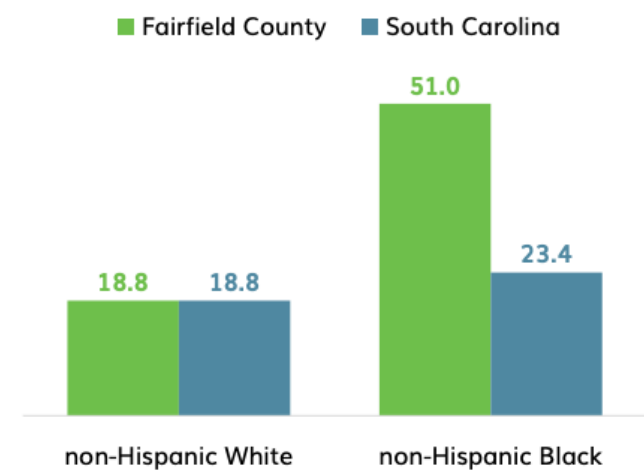## Motor Vehicle Accidents

Motor Vehicle Deaths
Rate per 100,000

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

Motor Vehicle Accidents, by Race/Ethnicity
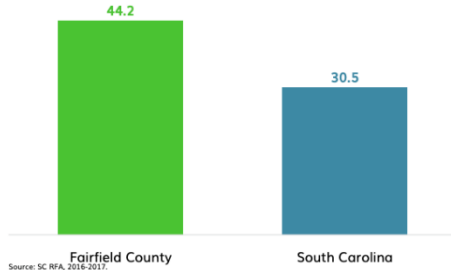*Rate per 100,000 population*

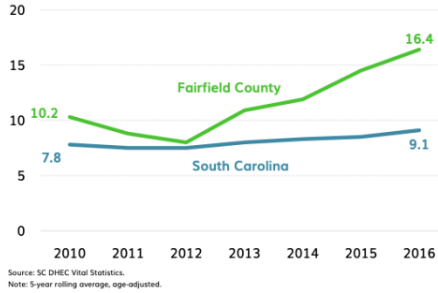Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted.

Injury

Heat-Related Injuries

Heat-Related Emergency Department Visits
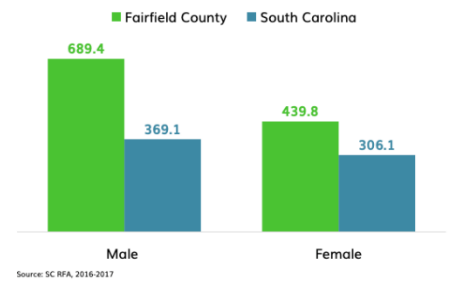*Rate per 100,000 population*

- Fairfield County: 44.2
- South Carolina: 30.5

Source: SC RFA, 2016-2017.

Homicide

Homicides
Rate per 100,000 Population

- Fairfield County: 10.2 → 16.4
- South Carolina: 7.8 → 9.1

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

Assault

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

■ Fairfield County ■ South Carolina

- Male — Fairfield County: 689.4, South Carolina: 369.1
- Female — Fairfield County: 439.8, South Carolina: 306.1

Source: SC RFA, 2016-2017

Traumatic Brain Injury

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

■ Fairfield County ■ South Carolina

- Male — Fairfield County: 180.5, South Carolina: 114.0
- Female — Fairfield County: 59.2, South Carolina: 63.2

Source: SC RFA, 2016-2017.
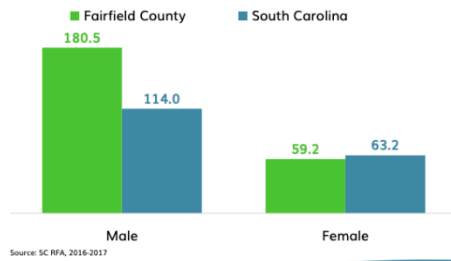
Homicide Deaths
Rate per 100,000 population

Rate per 100,000
- 3.5-6.9
- 7.0-9.0
- 9.1-11.5
- 11.6-36.1

Source: SC DHEC Vital Statistics,
2013-2017.
Note: Age-adjusted.
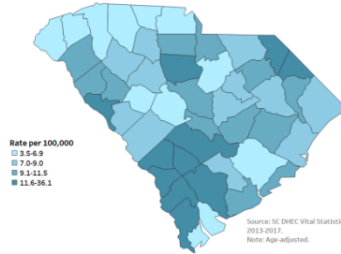
Assault Emergency Department Visits, by Race
Rate per 100,000 population

■ Fairfield County ■ South Carolina

- non-Hispanic White — Fairfield County: 341.3, South Carolina: 226.4
- non-Hispanic Black — Fairfield County: 713.2, South Carolina: 583.6

Source: SC RFA, 2016-2017.

Injury