

YORK COUNTY

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

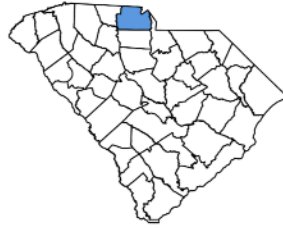


COMMUNITY HEALTH
IMPROVEMENT PLAN
2022-2026

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History of York County



York County was the home of several Native American tribes, particularly the Catawba Indians, before European settlement began in the 1750s. The county was officially established by an act of the South Carolina General Assembly in March 1785 with the county seat at Fergus Crossroads, which became the town of Yorkville and later the city of York. York County is complete with rivers and lakes, country roads and byways, year-round gardens, scenic fields and rolling forested hills. (Visit York County, n.d.)



Early settlement was predominantly by Scotch-Irish Presbyterians, who played a major role in the American Revolution. Two key battles - Huck's Defeat and King's Mountain – were fought in York County in 1780. The county was officially established by an act of the South Carolina General Assembly in March 1785 with the county seat at Fergus Crossroads, which became the town of Yorkville and later the city of York. (Visit York County, n.d.)



The York County Courthouse is a historically registered location. On October 30, 1981, it was added to the National Register of Historic Places. (South Carolina Department of Archives and History, n.d.)



Rock Hill earned its name in 1852, when the Charlotte/Columbia/Augusta Railroad line was being constructed through the area. Rail crews encountered a small, flinty hill and dubbed the spot "Rock Hill." A U.S. Post Office was established during that year, marking the official beginning of the city. The railroad brought business into the area which thrives as a result. The village was incorporated in 1892. (Rock Hill, SC, n.d.)



Fort Mill grew rapidly in the late 1800s as textile mills were established. After the establishment of the Fort Mill Manufacturing Company in 1887, Fort Mill grew into a major center for textile manufacturing. While textiles are no longer the predominant industry in Fort Mill, the region's economy has continued to grow and diversify. (Fort Mill, SC, 2021).



The town of Clover was named by the railroad for the patch of Clover which grew at the railroad stop in the 1800s. Railroad workers began referring to the town as Clover Patch. (Town of Clover, n.d.)



In 1904, electricity first flowed from the old Catawba River in York County. The construction of the dam and creation of Lake Wylie led to the birth of Tega Cay, located on a peninsula on the east side of the lake. The name Tega Cay comes from an unknown Polynesian language and means "Beautiful Peninsula", however, this is unconfirmed. (Tega Cay Living, 2019.)

Geography and Demography of York County

York County lies in a hilly piedmont region in South Carolina between the Broad River and Catawba River, covering almost 700 square miles. The eastern portion is urban, while the western section remains rural (Britannica, 2019). York County offers the advantages of a South Carolina location with adjacent access to the largest metropolitan area in the two Carolina's - Charlotte. York County is part of a region that collectively consists of about 2.3 million people living in 16 counties in two different states, 12 counties in North Carolina and four in South Carolina.

York County had an estimated population of 288,595 in 2021 according to US Census estimates and is comprised of 74.0% Caucasian, 19.5% Black or African American, 6.6% Hispanic, 3.2% Asian, and 2.4% of two or more races.

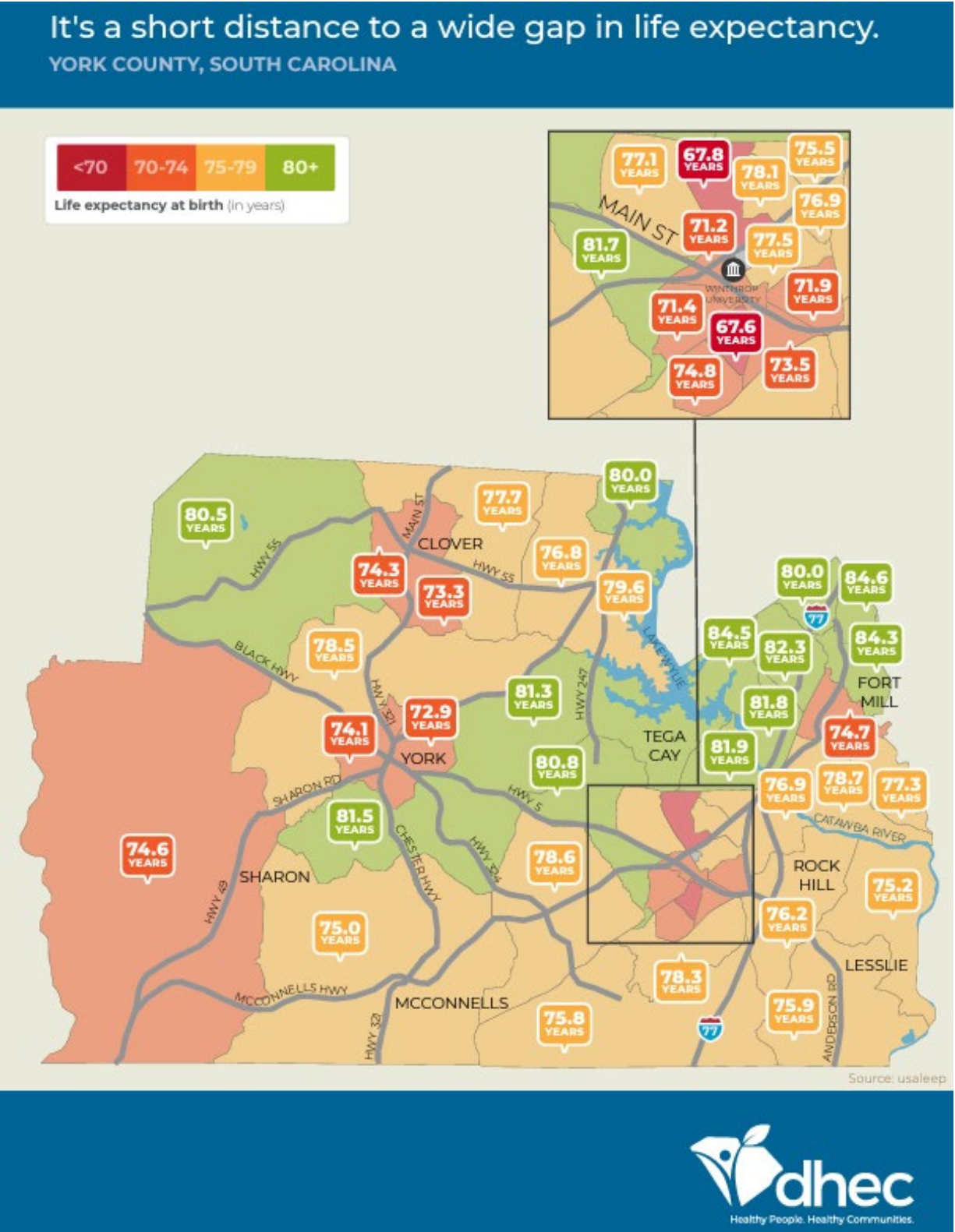
The county seat is the city of York. The largest city in York County is Rock Hill, which is a the fifth-largest city in the state. There are eight other municipalities within York County, including Clover, Fort Mill, Hickory Grove, McConnells, Sharon, Smyrna, Tega Cay, and York.

According to the 2022 County Health Rankings & Roadmaps, York County is ranked among the healthiest counties in South Carolina (see image below). York is ranked 2nd in health outcomes (length and quality of life) and 5th in health factors (influences on health such as environment, behavior, and access to facilities) out of the 46 counties in South Carolina.



Although overall healthy, there are always areas to improve to give people the best quality of life! Throughout the CHIP, there will be evidence of health factors that can be improved throughout the county.

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 image below shows the life expectancy map for York County. The life expectancy of the county ranges from 67.6 to 84.3 years. Where do you live?



What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a long-term, systematic plan (usually 3 to 5 years) 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 York County.

Community Health Assessment

The development of the CHIP began with distribution of Community Health Assessment (CHA) surveys in 2019. This process was led by a steering committee which, is a group of people and organizations invested in health improvement. Surveys were comprised of 20 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 healthcare facilities (North Central Family Medicine, Affinity Health Center), community events, and schools including Winthrop University, as well as other locations. Community partners also assisted in distributing the survey via email list serves and social media.

Due to the COVID-19 pandemic, survey distribution was put on hold in April 2020 and reopened in March 2021. Survey distribution closed in June 2021.

The picture below shows the process involving the community to identify and analyze community health needs and assets, prioritize those needs and then implement a plan to address significant unmet needs.



Association for
Community Health
Improvement, n.d.

Data Walk

Reviewing the Data

A data walk is an interactive method of sharing data with the community. On March 25, 2022, over 50 individuals representing various sectors of 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
8. **Demographics:** Disability, Housing, Population, Education, Employment

Data from each category was displayed on posters (see Appendix B) 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

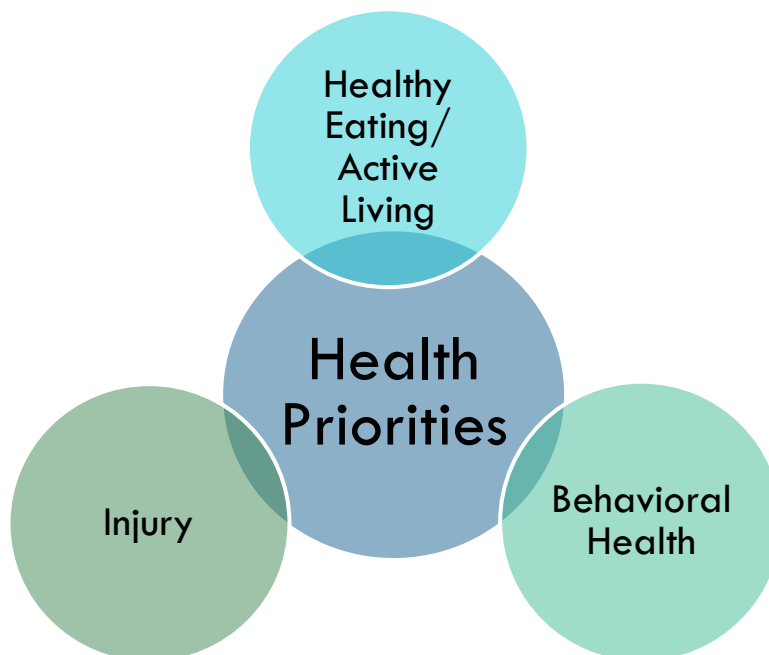
After completing the data walk, participants discussed what they learned, asked questions, and compared this information against their prior view of health in York County. The group was then tasked with collectively identifying three health priorities to address over the next three to five years. A dot-voting 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. Injury
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 York 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 York County the best: the members of its community.



Collective Impact

Coalitions use the collective impact framework for collaboration. The collective impact model brings people together in a structured way, to achieve social change. Collective Impact has five essential conditions:

1. Common agenda
2. Shared measurement
3. Mutually reinforcing activities
4. Continuous communication
5. Strong backbone organization

Conditions of Collective Impact	What does that mean?
Common agenda	Coming together to collectively define the problem and create a shared vision to solve it.
Shared measurement	Agreeing to track progress in the same way, which allows for continuous improvement.
Mutually reinforcing activities	Coordinating collective efforts to maximize results.
Continuous communication	Building trust and relationships among all participants.
Strong backbone organization	Having a coordinator dedicated to orchestrating the work of the group.



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

The assumption that everyone benefits from the same supports. This is equal treatment.



Equity

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



Justice

Dismantle barriers to resources and opportunities in society so that all individuals and communities can live a full and dignified life.



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 York County will be inclusive of all populations across the county. Read more about using a health equity lens:

https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html#:~:text=What%20is%20a%20health%20equity,and%20effectively%20reach%20intended%20audiences.

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 those 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 legislative advocacy, changing policies and practices, and political action.

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:

- Healthy People 2030
<https://health.gov/healthypeople/tools-action/browse-evidence-based-resources>
- 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

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 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 (Rural Health Information Hub, 2018).

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, crosswalks, 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 needed to make a difference in York County. Actions that require little or no funding include conducting community assessments of walkability or bike ability, 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.

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.).

The following resources from Grant.gov can be used to find 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 health priorities, the community must build its capacity to respond. Every community, group, and person offer unique skills and strengths and can think creatively, problem solve, and work together for the benefit of others. *Community capacity* refers to the ability of community members to make a difference over time and across different issues. Capacity isn't a one-time thing and is not something that disappears once you've experienced it (Center for Community Health and Development, n.d.). 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 create change
Promoting inclusion, social justice, and health equity

(Stuart, 2014)

- What is Community Capacity Building?
<https://sustainingcommunity.wordpress.com/2014/03/10/ccb/>
- Building Capacity for Community and System Change
<https://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement/building-capacity/main>
- Measuring Community Capacity Building: A Workbook-in-Progress for Rural Communities
https://www.aspeninstitute.org/wpcontent/uploads/files/content/docs/csg/Measuring_Community_Capacity_Building.pdf

Advocacy in Public Health

To appropriately address the health priorities, advocacy must be included in everything that is done. Successful advocacy is not only defined by policy change, but also the way in which that policy affects communities (Shah, 2018). Target audiences tend to be those that can influence actions that affect many people concurrently, which can include decision-makers, policymakers, managers, etc. Engaging in public health advocacy acknowledges the political features of public health and the importance of addressing social determinants of health as a vital element of a strategy for enhancing the health of populations (NYU, n.d.).

- Why Advocate?
<https://www.apha.org/policies-and-advocacy/advocacy-for-public-health>
- What are Social Determinants of Health?
<https://health.gov/healthypeople/priority-areas/social-determinants-health>
- Addressing Social Determinants of Health
<https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/social->

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 a top 3 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 to collectively leverage resources, increase collaboration, and reduce duplication of efforts. Below are the data points which led to this decision.

In York County, 34.2% 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.

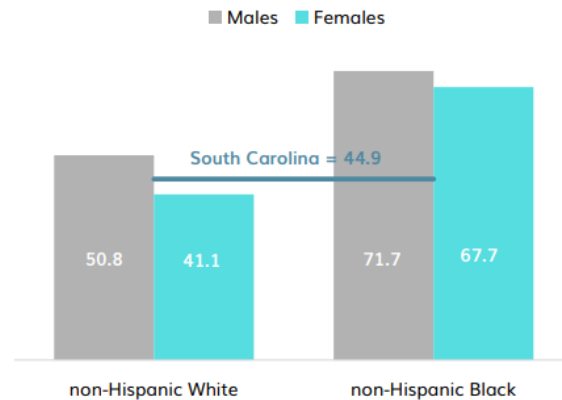
Healthy eating is also an issue of concern.

44.6% of adults do not eat a fruit at least once a day & 18.3% of adults do not eat a vegetable at least once per day.

In York County, the stroke death rate is higher overall than in South Carolina for **non-Hispanic White males, non-Hispanic Black males, and non-Hispanic Black females**. Only non-Hispanic white females in York County have lower rates than in South Carolina. Being overweight or obese and physical inactivity, among other things, increase the risk of stroke.

Stroke

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

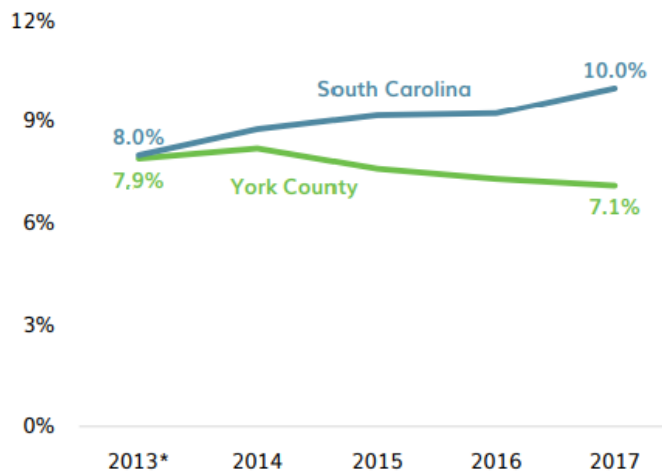


Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

In York County, overall, **7.1% have prediabetes and 12.3% of adults have diabetes**. Rates are shown below.

Adults with Prediabetes

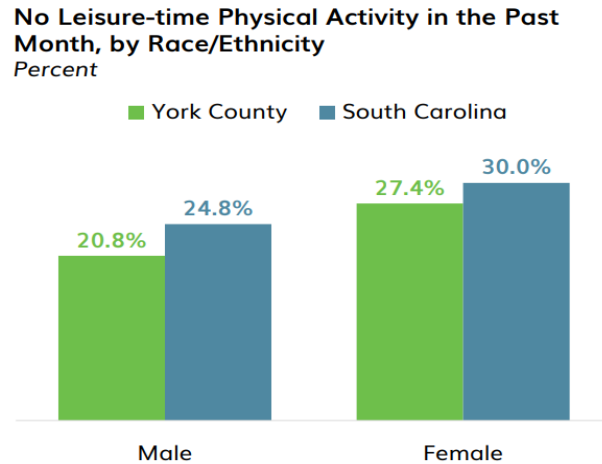
Percent



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

Sedentary lifestyles are lower in York County when compared to South Carolina.

In York County, 20.8% of male residents and 27.4% of female residents of York report no leisure time physical activities in the past month, compared to overall higher rates in South Carolina (24.8% of males and 30.0% of females, respectively). (See Appendix B).



Source: SC BRFSS, 2016-2020.
Note: Adults 18+.

Goal 1: To be adaptable to the needs of the community, encompassing all topics related to HEAL (chronic conditions, activity, healthy eating, prevention, etc.)

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

- Alliance for a Healthier Generation
<https://www.healthiergeneration.org/>
- Healthy People 2030
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity>
- Impact York County
<https://impactyorkcounty.wixsite.com/impactyorkcounty>
- Live Healthy South Carolina
<https://livehealthy.sc.gov/>
- Wholespire York County
<https://www.wholespire.org/yorkcounty/>

Potential Partners

- American Cancer Society
- County Council
- Federally Qualified Health Centers (FQHC)/Medical Providers

- Food Policy Council
 - Heart to Heart Foundation
 - Parks, Recreation, and Tourism
 - Pathways Community Center
 - United Way
 - YMCA
 - York County Community Health Workers (CHWs)
- 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/>
- **Healthy Eating/Active Living & Positive Mental Health**
<https://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>

Goal 2:  **Through a health equity lens, help seniors live as comfortably, safely, and independently as possible by raising awareness of resources available to maximize health-related quality of life.**

Strategies

- Identify resources in the county that are available for seniors.
- Identify organizations that provide senior resources.
- Engage seniors to address needs in the community.
- Monitor our county’s aging population demographics.
- Promote Food Equity/Mobile Market

Resources

- AARP
<https://www.aarp.org/health/>
- 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>
- Healthy People 2030
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/older-adults>
- Victory Gardens
<https://www.growwithvictory.org/community-gardens>

Potential Partners

- AARP
 - Adult Enrichment Center
 - Council on Aging
 - County/City Government
 - CIN Senior Center
 - Parks, Recreation, and Tourism
 - Retirement Groups
 - Senior Exercise/Dance Groups
 - Senior Community Gardens
 - Veterans, Veterans of Foreign Wars (VFW), American Legion
- See Appendix A for complete list.

Take Action in Your Community

- **Better Choices Better Health**
<https://www.cdc.gov/arthritis/interventions/programs/better-health.htm>
- **Open Community Use**
<http://eatSMARTmoveMoreSC.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://foodshareSC.org/>
- **Cooking Matters**
<https://cookingmatters.org/>

Goal 3: Through a health equity lens, increase policy, systems, and environmental (PSE) approaches that promote HEAL in the workplace.

Strategies

- Identify employers in the county that can benefit from developing a healthier workplace culture that encourages movement and healthy eating.
- Engage with employers and employees to address needs to improve the workplace environment to support HE/AL
- Encourage employers to integrate movement and healthy eating into the workday.
- Identify & implement evidence-based interventions (EBIs) that bring sustainable PSE change to the organization.
- Collaborate with HR departments to provide resources to promote HEAL policy change within the organization.
- Perform a cost benefit analysis to show company saving to support HEAL policy change.

Resources

- **The Community Guide**
<https://www.thecommunityguide.org/findings/obesity-worksite-programs.html>
- **Live Healthy South Carolina**
<https://livehealthy.sc.gov/>
- **SC Health Planning Toolkit**
<https://scdhec.gov/sites/default/files/Library/SCHealthPlanningToolkit.pdf>
- **Healthy People 2030**
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/workplace>
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/workforce/evidence-based-resources>

Potential Partners

- Rotary Club (York, Rock Hill, etc.)
- Working Well- Affiliated with the SC Hospital Association
- Warehouse (Ross, Galleria, US Foods, Riverwalk, PFG) and other large employers
- York County Hospital Systems
- York County School Districts

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/>
- **Healthy Eating/Active Living & Positive Mental Health**
<https://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>

Health Priority 2:

Injury

Overview

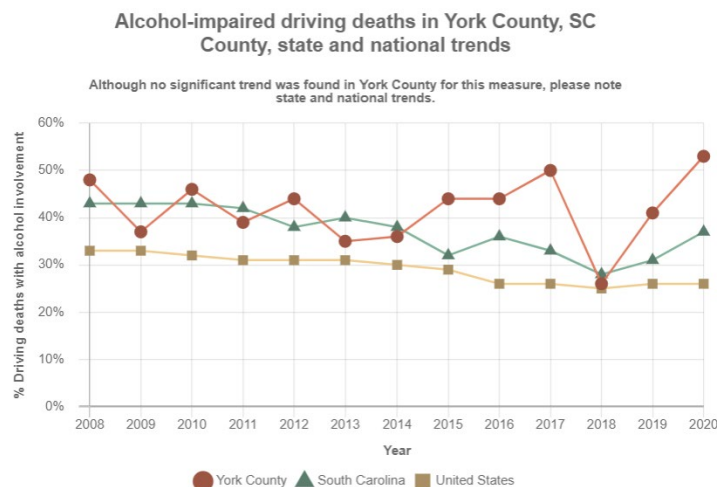
The CDC defines injury as fatal or nonfatal and includes intent of injury, cause, and other statistics. The cause of injury is the way in which the person sustained the injury; how the person was injured; or the process by which the injury occurred. Intent of injury includes unintentional injury, violence-related, homicide/assault, legal intervention, suicide/intentional self-harm.

For the purposes of this Community Health Improvement Plan, the workgroup focused on crime and motor vehicle fatalities, specifically domestic violence, alcohol and drug use, and advocacy around drugs laws and charges. Below are data points that led to identifying injury as a priority.

In York County, there were **96 deaths per 100,000 due to injury** such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people, overall higher rates than South Carolina and the United States. Below is the data separated by race in York County.

Disaggregated by Race	Value	Error Margin
Injury Death Rate	96	91-101
Asian	27	13-50
Black	70	60-80
Hispanic	25	15-39
White	111	105-118

South Carolina has the 2nd worst rate for motor vehicle deaths in the country. A contributing factor to motor vehicle deaths is alcohol. In York County, **41% of motor vehicle crash deaths involved alcohol**, much higher than the rate in South Carolina (33%) and the United States (27%).



In York County, there were **13 deaths from motor vehicle crashes per 100,000 people**, overall higher rates than the United States (11 deaths per 100,000 people, respectively). Below is the data separated by race in York County.

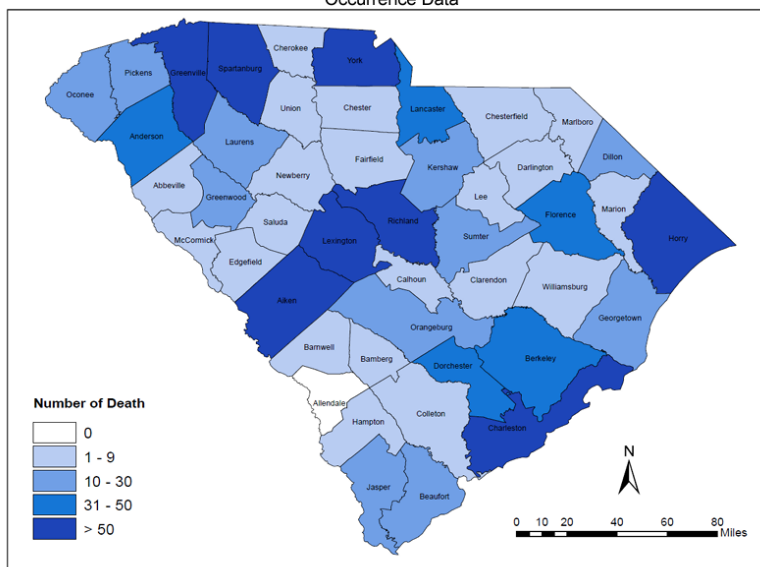
Disaggregated by Race	Value	Error Margin
Motor Vehicle Mortality Rate	13	12-15
Black	16	12-21
White	13	11-15

In York County, there were **23 drug overdose deaths per 100,000 people**, overall higher rates than South Carolina and the United States (21 drug overdose deaths per 100,000 people, respectively). Below is the data separated by race in York County.

Disaggregated by Race	Value	Error Margin
Drug Overdose Mortality Rate	23	20-26
Black	7	3-12
White	30	25-34

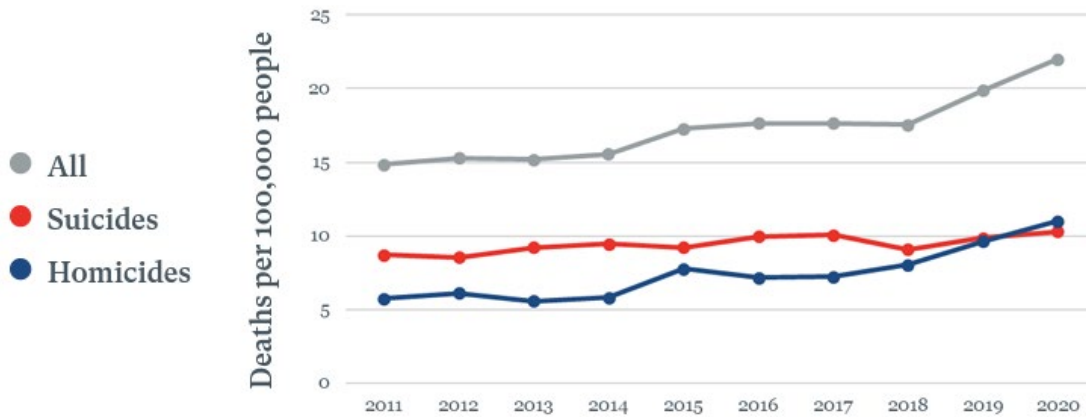
From **2019 to 2020**, the total number of opioid-involved overdoses deaths in York County **increased by 24.5%, from 49 to 61 deaths**. The total number of all drug overdose deaths in York County **increased by 36.8%, from 57 to 79 deaths**.

Number of Opioid-Involved Overdose Deaths by County
South Carolina, 2020
Occurrence Data



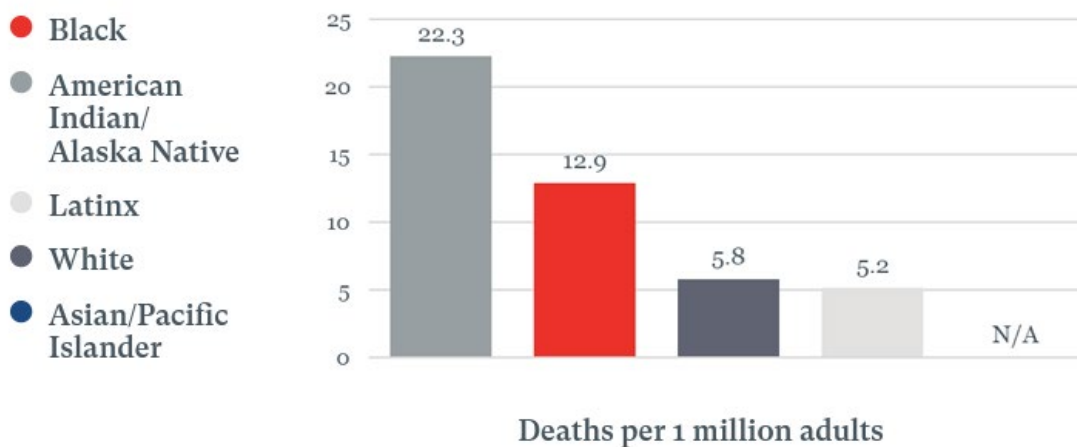
South Carolina has weak gun laws—missing **39 out of 50 key policies**—and suffers the **fifth-highest rate of gun homicides in the nation**. It ranks **#28** in the country for gun law strength and has a high gun violence rate of **22.4 people per 100,000** (Everytown, 2022).

In **South Carolina**, the rate of **gun deaths increased 48% from 2011 to 2020**, compared to a 33% increase nationwide. The rate of gun suicides increased 18% and gun homicides increased 92% compared to a 12% and 70% increase nationwide.



*Guns are the **leading cause of death among children and teens in South Carolina**, where an average of **92 children and teens die** by guns every year. **31%** are suicides and **59%** are homicides (Everytown, 2022). *

In 2019, **26 women** were fatally shot by an intimate partner in **South Carolina**. **81%** of female intimate partner homicide victims were killed with a gun, compared to 67% nationwide.



Goal 1:  **Through a health equity lens, reduce the rate of overall injury occurring in the most at-risk age (15-35 years old) and most at-risk population(s).**

Strategies

- Engage school districts, law enforcement, and mentoring groups that have access to young adults.
- Research interventions that target gun violence and retaliation (hospitals, schools, CDC, etc.)
- Provide preventive interventions and/or education for school-age children.

Resources

- CDC
<https://www.cdc.gov/violenceprevention/firearms/fastfact.html>
- County Health Rankings and Roadmaps
<https://www.countyhealthrankings.org/explore-health-rankings>
- SC Hospital Association
<https://scha.org/about/>
- SC Department of Public Safety
<https://scdps.sc.gov/>.
- SC Department of Justice

Potential Partners

- All Parks and Recreation
- Mothers Against Drunk Driving (MADD)
- Rock Hill Police Department
- Wholespire South Carolina
- York County School Districts
- York County Sheriff’s Office
See Appendix A for complete list.

Take Action in Your Community

- **Turning the Tide**
<https://muschealth.org/medical-services/emergency/trauma/turning-the-tide>
- **Community Violence Intervention**
<https://publichealth.jhu.edu/departments/health-policy-and-management/research-and-practice/center-for-gun-violence-solutions/solutions/strategies-to-reduce-community-gun-violence>
- **SC Department of Public Safety YouTube Page**
<https://www.youtube.com/user/TheSCDPS>

Goal 2: Reduce the number of preventable crashes and fatalities by 8% that occur because of distracted driving and impaired driving (to be in line with state level data).

Strategies

- Define what is considered distracted driving.
- Advocate for enforcing the fine/penalty for texting while driving.
- Engage schools, drivers' education, and drivers' training to see what is being taught in the classes and materials are current.
- Target new/young drivers aged 15-21 years.
- Campaign for free students' drivers' education and insurance reduction
- Find interventions that are student led for campaign effectiveness.

Resources

- County Health Rankings and Roadmaps
<https://www.countyhealthrankings.org/explore-health-rankings>
- Insurance Agency (State Farm-Andrew Brownfield)
- SC Department of Insurance
<https://www.doi.sc.gov/884/Distracted-Driving>
- Live Healthy SC
<https://livehealthy.sc.gov/>
- SC Hospital Association
<https://scha.org/about/>

Potential Partners

- Insurance Agent
- Mothers Against Drunk Driving (MADD)
- SC Hospital Association
- SC Department of Public Safety
- York County Sheriff's Department- Traffic Enforcement Unit
- York County School Districts

See Appendix A for complete list.

Take Action in Your Community

- **Traffic Safety Program Guide**
[Chrome-extension://efaidnbmninnibpcapqqlclefindmkaj/https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/13905_peer2peerbrochure_031519_v4-blankpages-tag.pdf](https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/13905_peer2peerbrochure_031519_v4-blankpages-tag.pdf)
- **SC Department of Public Safety YouTube Page**
<https://www.youtube.com/user/TheSCDPS>
- **MADD South Carolina**
<https://madd.org/south-carolina/>
- **Strategies to Address Drug Overdose Deaths**
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies?f%5B0%5D=goal%3ASupport%20responsible%20marketing%20and%20revision%20of%20alcohol%20and%20other%20legal%20drugs&f%5B1%5D=goal%3ASupport%20active%20travel&f%5B2%5D=goal%3AReduce%20alcohol-impaired%20driving&f%5B3%5D=goal%3ASupport%20safe%20travel&f%5B4%5D=health-factor%3AAcohol%20and%20Drug%20Use&f%5B5%5D=health-factor%3AHousing%20and%20Transit&f%5B6%5D=health-factor%3ACommunity%20Safety>

Goal 3: Advocate for domestic violence and violent crime data

Strategies

- Provide bias training for law enforcement and community members.
- Create a data repository for domestic violence in South Carolina/York County
- Collect specific county level data related to gun violence.

Resources

- Teaching Personal and Social Responsibility Through Physical Activity
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/http://students.aiu.edu/submissions/profiles/resources/onlineBook/a4K2x4_Teaching_Responsibility_Through_Physical_Activity.pdf
- No Sad Story Ministries
<https://mynssm.org/domestic-violence-fast-facts/>

Potential Partners

- No Sad Story Ministries- Valeria Lawson Watkins
- Safe Passage Inc.
- SC Department of Social Services
- York County Sheriff's Office

Take Action in Your Community

- **National Domestic Violence Hotline: 800-799-7233**
- **To report suspected abuse, neglect, or exploitation of a vulnerable act, call 1-888-CARE4US (1-888-227-3487)**
- **Safe Passage Inc.**
 - Phone: 803-329-3336 Hotline: 1-800-659-0977
- **SC State v. Federal Law**
<https://www.womenslaw.org/laws/sc/state-vs-federal-law>

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. At the York County Data Walk, residents identified both mental health and drug use as top community health concerns. Behavioral health can be affected by several factors; in York County, accessibility to healthcare services, tobacco/vaping, opioid overdose and death, and advocacy around mental health are the focus for this Community Health Improvement Plan. Below are the data points that helped lead to this decision.

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

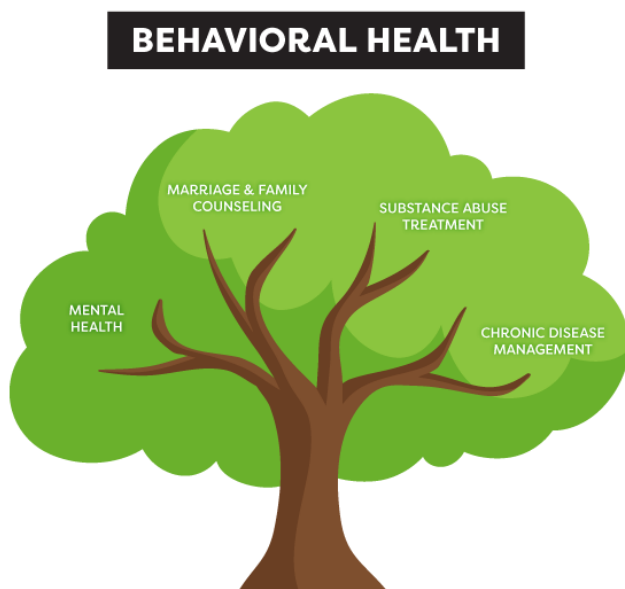
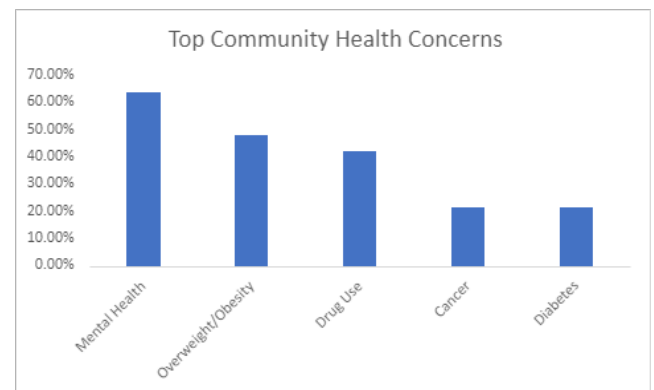


Photo from [inSync Healthcare Solutions](#).

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

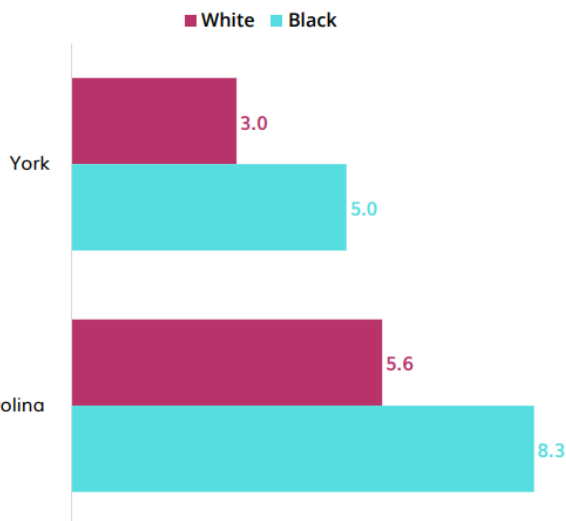


York County has the highest ratio of population to mental health providers, when compared to South Carolina and the United States. There was **one mental health provider per 560 people registered in York County**. There was **one mental health provider per 520 people in South Carolina** and **one mental health provider per 350 people in the United States**.

However, York County’s population has grown 23.9% since 2010 and the growing population means that more providers are needed to accommodate more people in the area.

Substances encompasses drugs like marijuana, opiates, and prescription medicines, but also alcohol. See below for alcohol-related emergency visits by race, in York County. (See Appendix B).

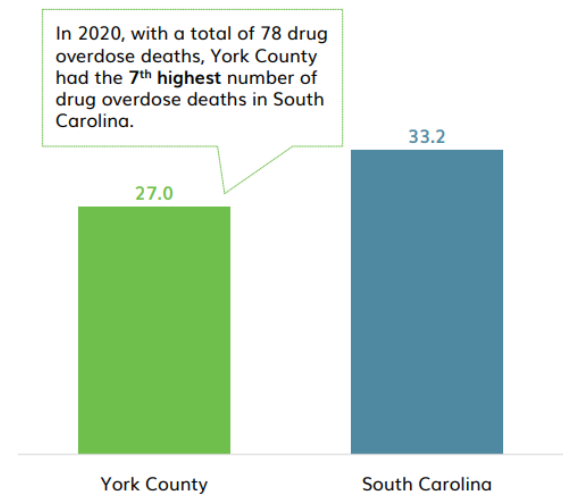
Alcohol Related Emergency Department Visits, by Race
Rate per 1,000 population



Source: SC RFA, 2016-2020.

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 Statistics, 2020.

Goal 1: Ensure clinical behavioral health services are accessible to all York County residents.

Strategies

- Assess behavioral health services and develop a resource inventory.
- Promote evidence-based behavioral health services, including telehealth.
- Enhance training availability for behavioral health providers, partners, and community members.

Resources

- The Difference Between Behavioral Health and Mental Health
<https://www.insynchcs.com/blog/behavioral-health-vs-mental-health>
- Federation of Families SC
<https://fedfamsc.org/>
- Mental Health First Aid
<https://www.mentalhealthfirstaid.org/>
- National Alliance of Mental Illness SC
- <https://namisc.org/>
- 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-satellite-clinics/>

- Telehealth and Health Care

<https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878>

- SC Share

<https://www.sshare.com/about>

Potential Partners

- Catawba Community Mental Health Center
- Community Health Workers (CHWs)
- Federally Qualified Health Centers
- National Alliance on Mental Illness (NAMI)
- Hold Out The Lifeline (HOTL)
- Rebound Behavioral Health
- SC Office of Rural Health
- Piedmont Medical Center
- York County School Districts
- York 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/>

- **The Benefits of Federally Qualified Health Centers in Your Community**

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/federally-qualified-health-centers-fqhcs>

- **SC Department of Mental Health**

Mobile Crisis Line: (833)364-2274

mobilecrisis@scdmh.org

Text Hope4SC to 741741

- **Zero Suicide**

<https://zerosuicide.edc.org/>

Call **988** (suicide and crisis line)

Goal 2:  **Through a health equity lens, increase policy, systems, and environmental (PSE) approaches that reduce substance abuse and stigma.**

Strategies

- Reduce current tobacco/vape use in teen and adults.
- Increase the number of trained Tobacco Treatment specialists in York County by 3 every year.

- Retain treatment specialists.
- Increase awareness and education around the dangers of vaping and nicotine through social media.

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

- Affinity Health Center
- Catawba Area Coalition for the Homeless (CACH)
- Catawba Mental Health
- Keystone Substance Abuse Services
- National Alliance on Mental Illness (NAMI)
- North Central
- North Central Family Medicine
- Pathways Community Center
- Rebound Behavioral Health
- SC Office of Rural Health
- York County School Districts
- York County All on Board
See Appendix A for complete list.

Goal 3:  **Through a health equity lens, reduce the impact and stigma surrounding opioid overdoses/deaths and stimulant use/abuse in York County.**

Strategies

- Focus on all drugs that affect our communities including crack, heroin, meth, etc. (morbidity reduction from all drugs)
- Implement training on Narcan use, including community-based trainings, such as transit driver, school buses, non-traditional places, etc. (increase community awareness/utilization)

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.sshare.com/about>
- Last Day Podcast
<https://www.lemonadamedia.com/show/last-day/>
- Mental Health First Aid
<https://www.mentalhealthfirstaid.org/>

Potential Partners

- Faces and Voice of Recovery (FAVOR)
- Keystone Substance Abuse Services (Good Samaritan Training)
- National Alliance on Mental Illness (NAMI)
- Rock Hill Health Department
- York County All on Board
See Appendix A for complete list.

Take Action in Your Community

- **The Facts About E-Cigarette Use Among Youth and Young Adults**
<https://e-cigarettes.surgeongeneral.gov/takeaction.html>
- **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>
- **EBIs for Preventing Substance Abuse Disorders in Adolescents**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744/>

Goal 4: Continue to and expand collaborative efforts to advocate for and secure funding and shared resources.

Strategies

- Funding for services and providers
- Increase grassroots/community education/local policy makers.
- Increase knowledge of supportive resources and additional targeted education for staff (teachers, counselors, providers, etc.)
- Increase in PSE changes supporting behavioral health.
- Assess current policies and learn how they are being implemented.
- Increase in resources to support students (programs that address MH and tobacco use at the same time)

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 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>
- Last Day Podcast
<https://www.lemonadamedia.com/show/last-day/>
- Mental Health First Aid
<https://www.mentalhealthfirstaid.org/>

Potential Partners

- Affinity Health Services
- City/County Elected Officials
- DHEC Division of Injury and Substance Use Prevention
- Department of Disabilities and Special Needs
- Keystone Substance Abuse Services
- NAMI Piedmont Tri-County
- North Central Family Medicine
- York County All on Board
- York County School Districts
See Appendix A for complete list.

Acknowledgements

We would like to thank everyone for their support, patience, assistance, and hard work during this process and extend a special thank you to Impact York County for being the lead coalition and all our workgroup members for the time, insight, and contributions. Without all of us joining forces together, we would not have completed this Community Health Improvement Plan. Community improvement starts within the community, and we can now honorarily consider all of you a proud member of York County. We will never forget your input and impact as we continue this journey.



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Appendix

Appendix A

Community Partners

- Adult Enrichment Center
- Affinity Health Center
- Catawba Area Coalition for the Homeless (CACH)

- Catawba Mental Health
- Council on Aging
- CIN Senior Center
- Department of Disabilities and Special Needs
- DHEC Division of Injury and Substance Use Prevention
- DHEC SNAP-Ed
- Faith-Based Organizations
- Faces and Voice of Recovery (FAVOR)
- Heart2Heart Foundation
- Hold Out The Lifeline (HOTL)
- Keystone Substance Abuse Services
- National Alliance on Mental Health (NAMI)
 - NAMI Piedmont Tri-County
- No Sad Stories Ministries
- North Central Family Medicine
- Parks, Recreation, and Tourism
- Pathways Community Center
- Rebound Behavioral Health
- Rock Hill Health Department
- Rock Hill Police Department
- Rotary Club(s)
- Safe Passage Inc.
- SC Hospital Association
- SC Office of Rural Health
- Veterans of Foreign Wars (VFW)
- Wholespire (South Carolina, York County)
- Working Well
- York County All on Board
- York County Health Department
- York County Providers
- York County School Districts
- York County Sheriff's Department

Appendix B

Data Posters

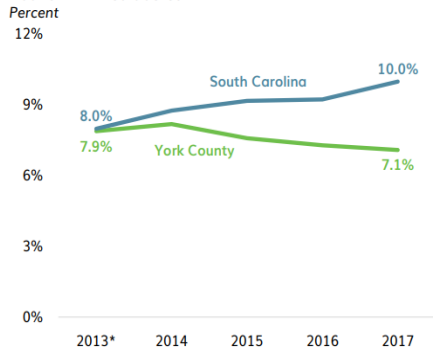


Chronic Disease York County



Prediabetes

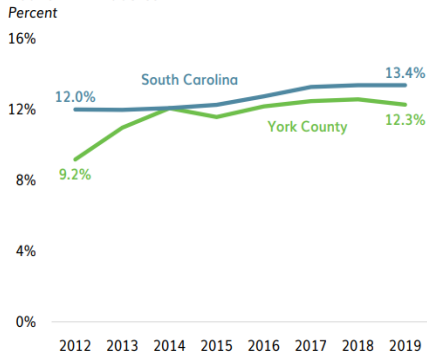
Adults with Prediabetes



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

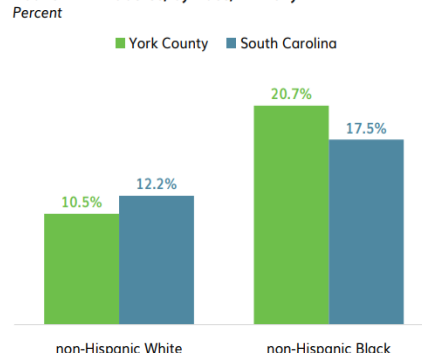
Diabetes

Adults with Diabetes



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

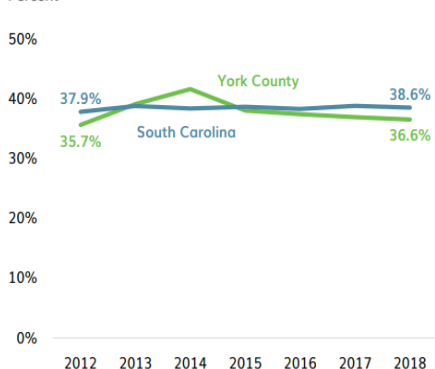
Adults with Diabetes, by Race/Ethnicity



Source: SC DHEC BRFS, 2016-2020. Note: Adults 18+.

Hypertension

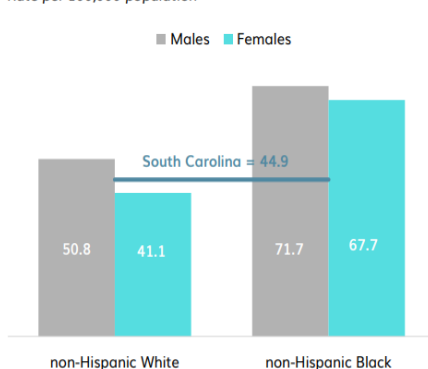
Adults with Hypertension



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

Stroke

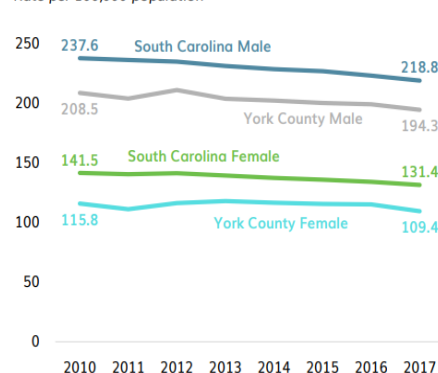
Stroke Deaths, by Sex and Race/Ethnicity



Source: SC DHEC Vital Statistics, 2015-2019. Note: Age-adjusted.

Heart Disease

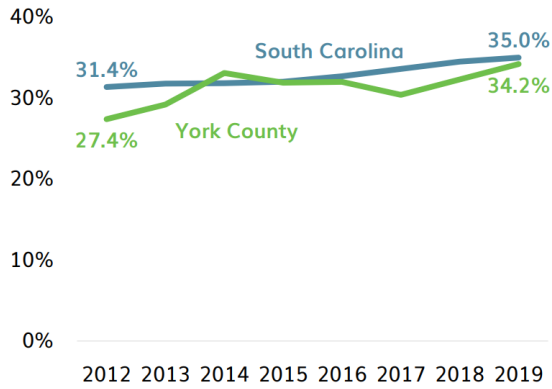
Heart Disease Deaths, by Sex



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

Obesity

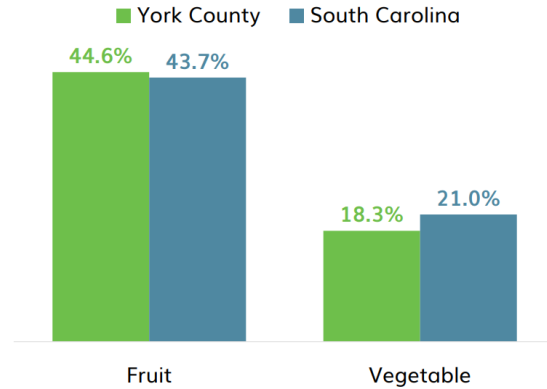
Adults with Obesity
Percent



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

Nutrition

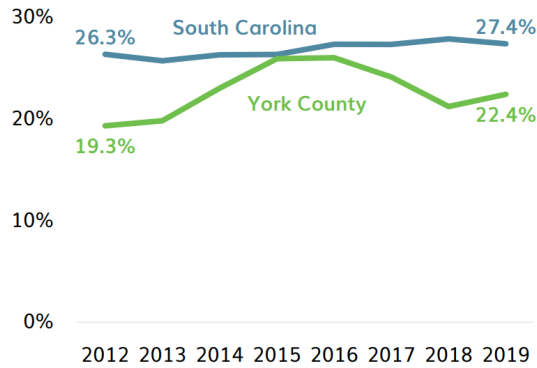
Adults Who Did Not Eat Fruit and Vegetables at
Least Once a Day
Percent



Source: SC BRFSS, 2015, 2017, 2019.
Note: Adults 18+.

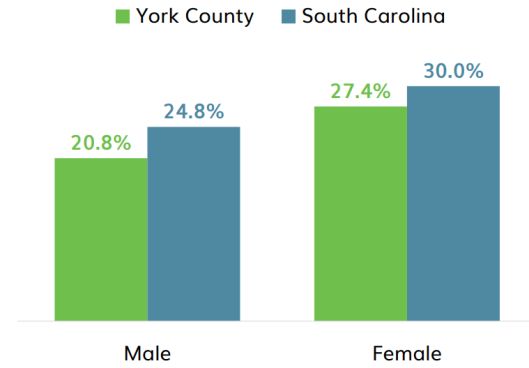
Physical Activity

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, 2016-2020.
Note: Adults 18+.

Associated Chronic Diseases

All Cancers

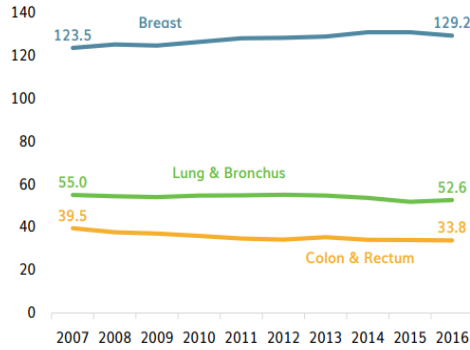
Leading Number of New Cases of Cancer

Site	Rate	Number
Female Breast	130.7	1,021
Lung & Bronchus	65.7	948
Prostate	126.7	896
Colon & Rectum	35.4	504
Melanoma	26.6	302

Source: SC Central Cancer Registry, 2014-2018.
Note: Age-adjusted rate per 100,000 population.

Cancer Among Females

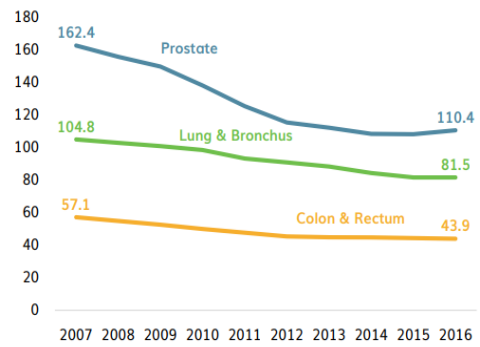
New Cases of Cancer Among Females
Rate per 100,000 females



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

Cancer Among Males

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



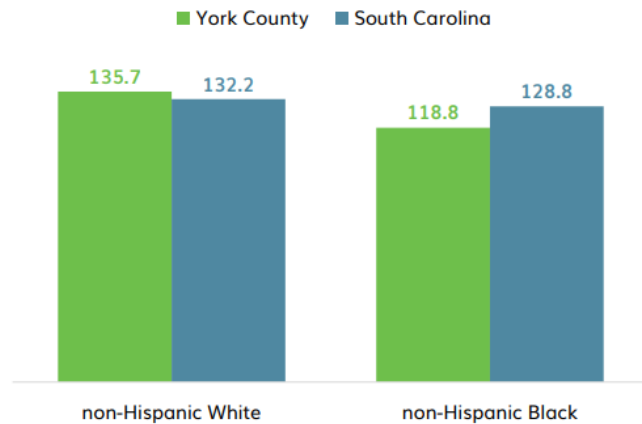
Source: SC Central Cancer Registry.
Notes: 5-year rolling average, age-adjusted.

Leading Number of Cancer Deaths

Site	Rate	Number
Lung & Bronchus	42.9	609
Colon & Rectum	13.6	191
Female Breast	22.6	175
Pancreas	10.2	140
Liver	9.1	135

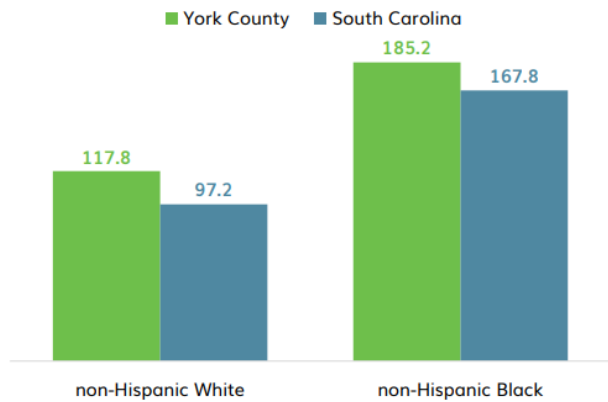
Source: SC DHEC Vital Statistics, 2014-2018.
Note: Age-adjusted rate per 100,000 population.

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



Source: SC Central Cancer Registry, 2014-2018.
Note: Age-adjusted.

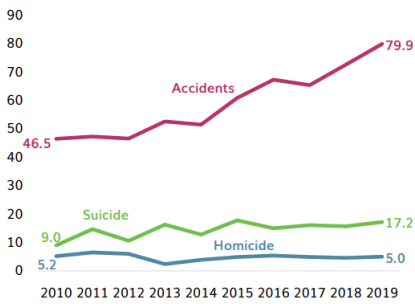
New Cases of Prostate Cancer, by Race/Ethnicity
Rate per 100,000 males



Source: SC Central Cancer Registry, 2014-2018.
Note: Age-adjusted.

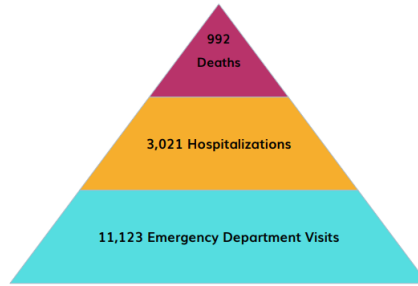
Injury York County Overall Injury

Overall Injury Deaths, by Cause
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2010-2019.
Notes: Age-adjusted.

Injury Pyramid, York County
Number



Source: RFA 2016-2020, SC DHEC Vital Statistics 2016-2019

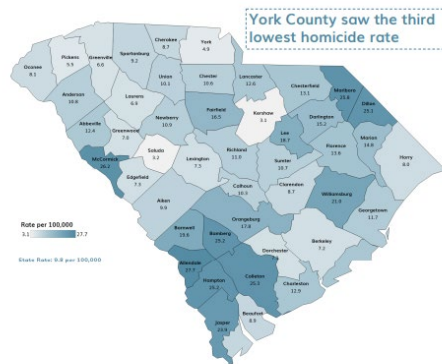
Leading Cause of Injury Deaths, by Age Group

Age Group	Leading Cause of Injury Death	Number of Total Deaths due to Injury
0-9 Years	Other and unspecified non-transport accidents and their sequelae	9
10-17 Years	Motor vehicle crashes Suicides	6 6
18-24 Years	Accidental poisonings and exposure to noxious substances	20
25-34 Years	Accidental poisonings and exposure to noxious substances	45
35-44 Years	Accidental poisonings and exposure to noxious substances	45
45-54 Years	Accidental poisonings and exposure to noxious substances	35
55-64 Years	Accidental poisonings and exposure to noxious substances	26
65-74 Years	Falls	21
75-84 Years	Falls	64
85+ Years	Falls	86
All Ages	Falls	190

Source: SC DHEC Vital Statistics, 2017-2019

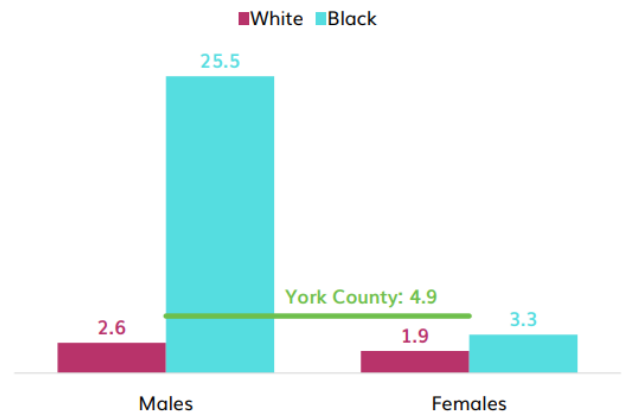
Homicides

Homicides
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

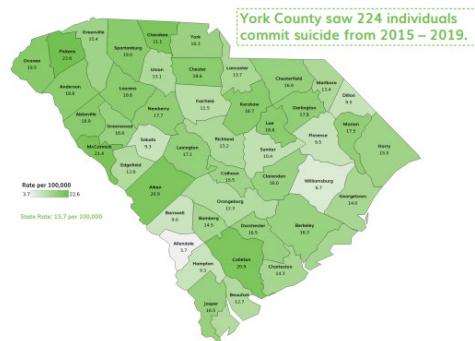
Homicides, by Race and Sex
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

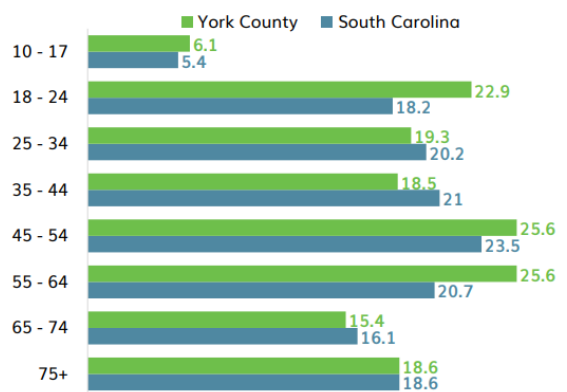
Suicides

Suicides
Rate per 100,000 population



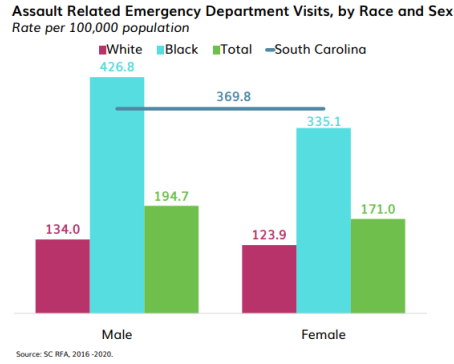
Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

Suicides, by Age Group
Rate per 100,000 population

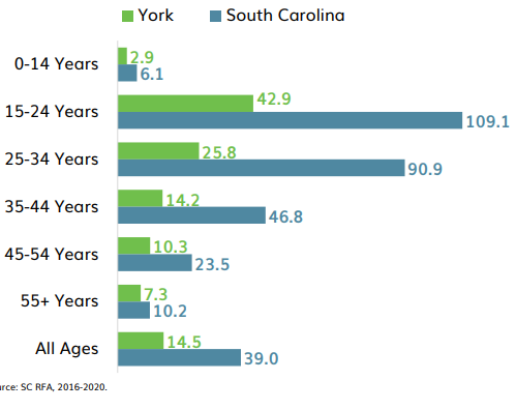


Source: SC DHEC Vital Statistics, 2015-2019.

Violent Injuries

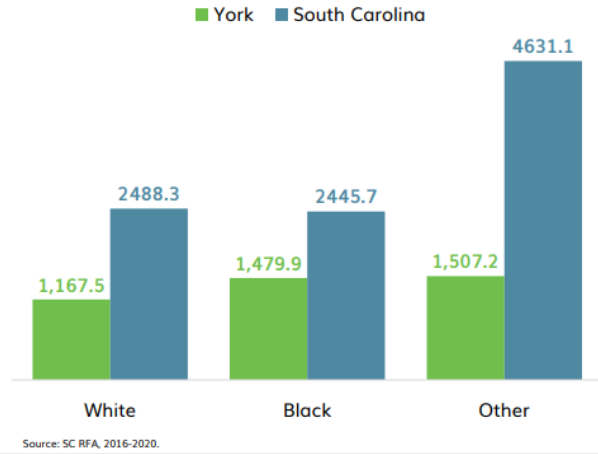


Firearm Related Emergency Department Visits, by Age Group
Rate per 100,000 population

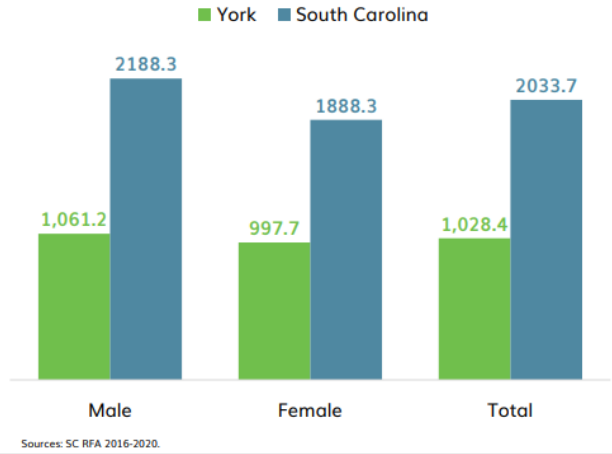


Injury Highlights

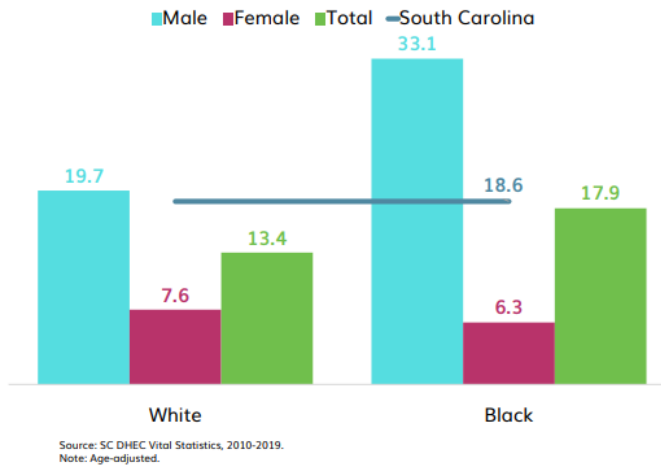
Emergency Department Visits Related to Falls, by Race
Rate per 100,000 population



Traumatic Brain Injury Emergency Department Visits, by Sex
Rate per 100,000 population

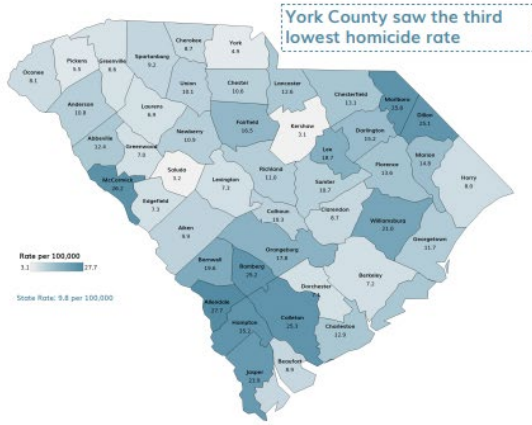


Motor Vehicle Deaths, by Sex and Race
Rate per 100,000 population



Homicides

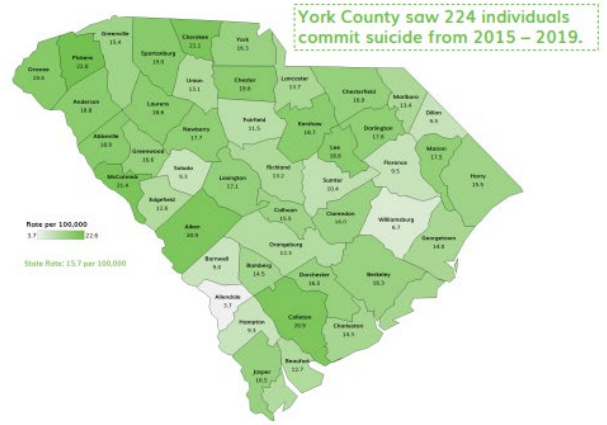
Homicides
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

Suicides

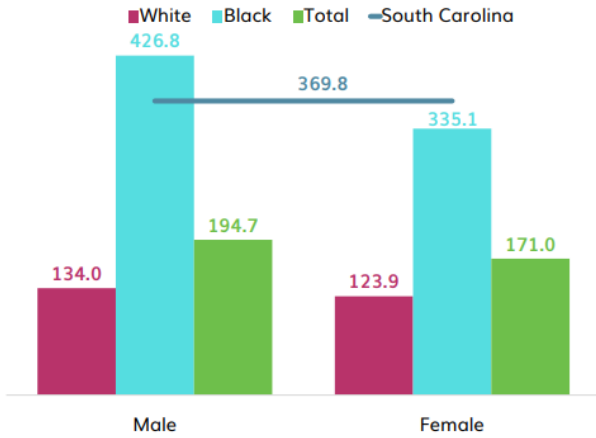
Suicides
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

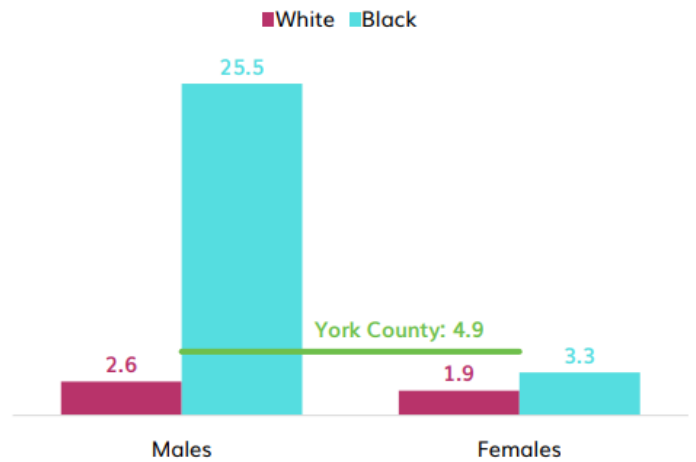
Violent Injuries

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



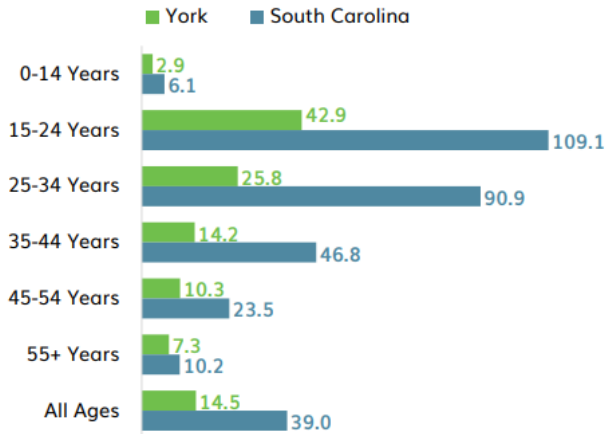
Source: SC RFA, 2016 -2020.

Homicides, by Race and Sex
Rate per 100,000 population



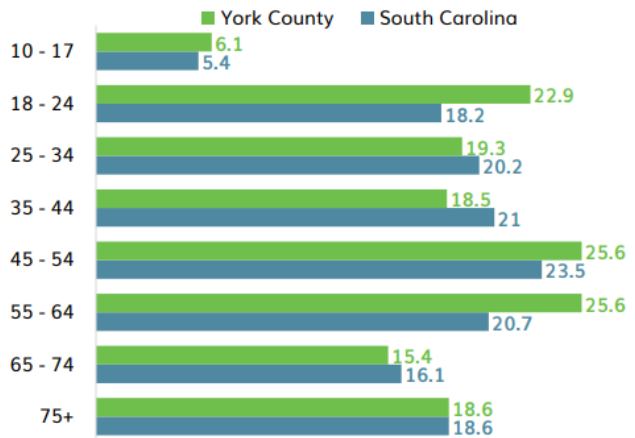
Source: SC DHEC Vital Statistics, 2015-2019.
Note: Age-adjusted.

Firearm Related Emergency Department Visits, by Age Group
Rate per 100,000 population



Source: SC RFA, 2016-2020.

Suicides, by Age Group
Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2015-2019.

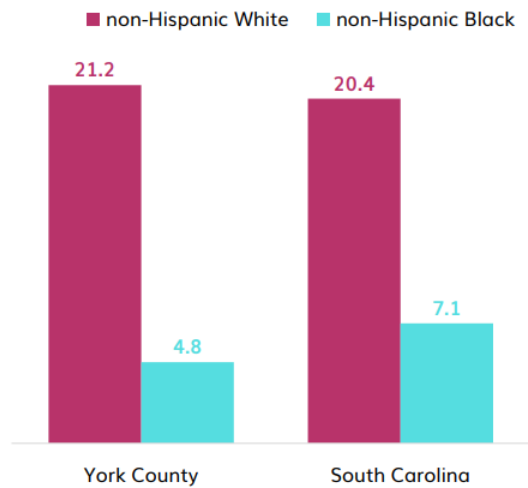


Behavioral Health York County



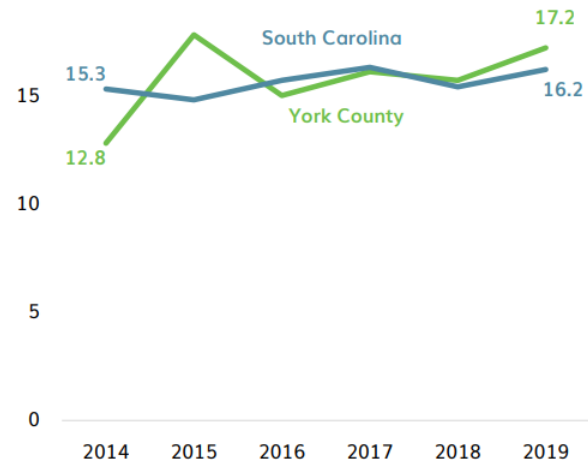
Suicide and Self-Harm

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



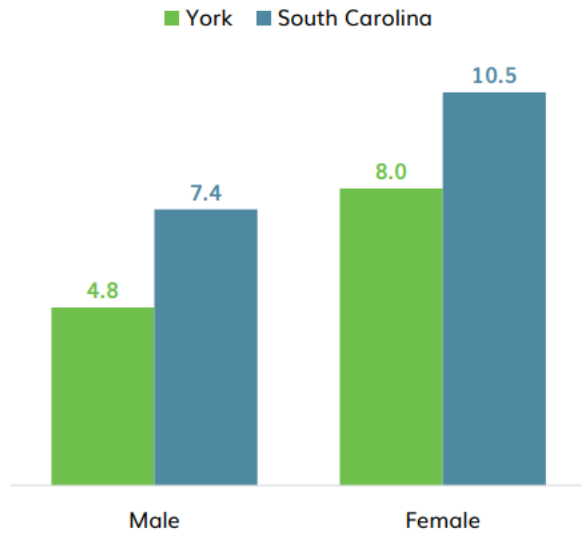
Source: SC DHEC Vital Statistics, 2017-2019.
Note: Age-adjusted.

Suicide Deaths
Rate per 100,000 population



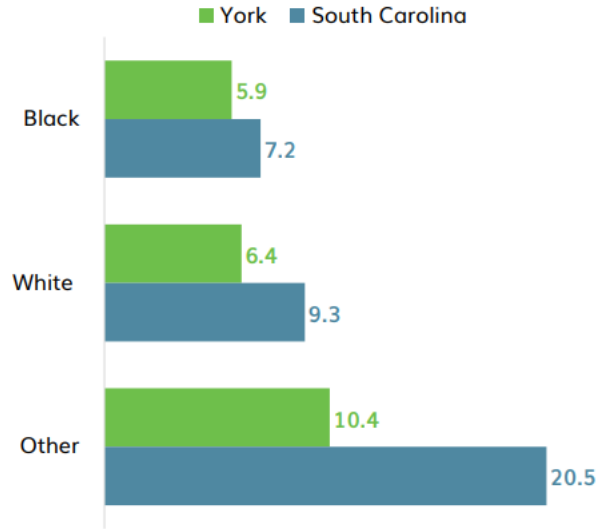
Source: SC DHEC Vital Statistics.
Note: Age-adjusted.

Self Harm Emergency Department Visits, by Sex
Rate per 10,000 population



Source: SC RFA, 2016-2020.

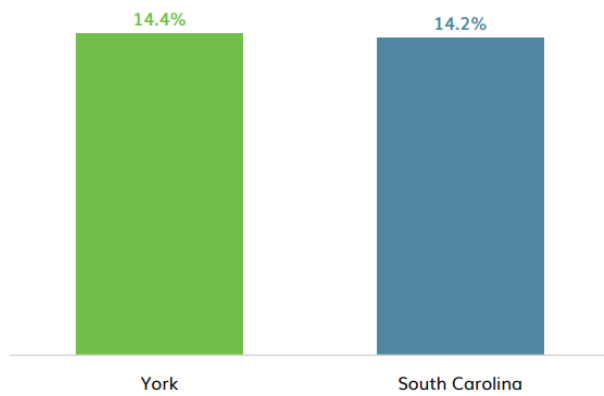
Self Harm Emergency Department Visits, by Race
Rate per 10,000 population



Source: SC RFA, 2016-2020.

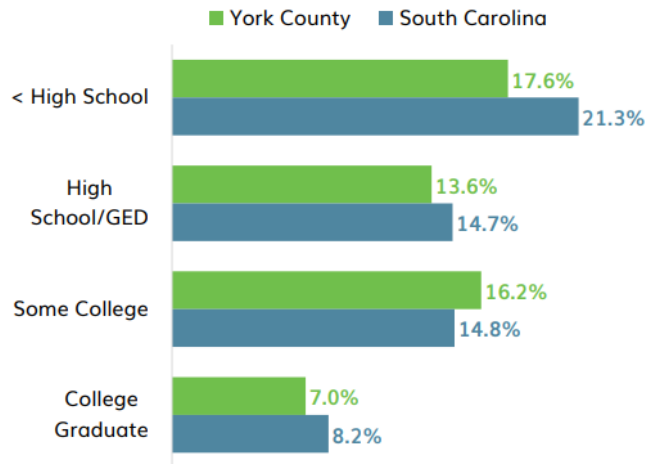
Mental Health

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



Source: SC DHEC BRFSS, 2020.
Notes: Adults 18+, 3-year rolling averages.

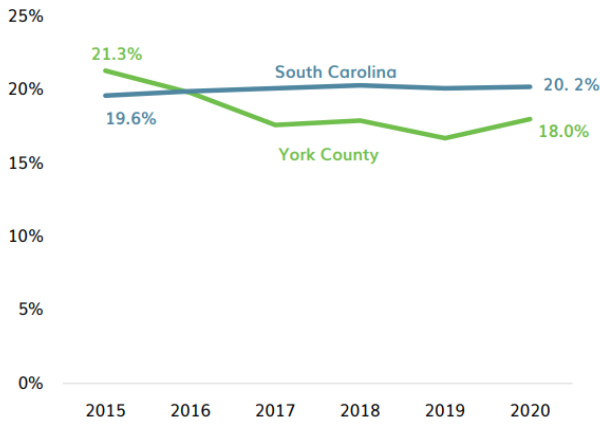
Adults Who Experienced 14 or More Poor Mental Health Days in the Past Month, by Education
Education Level



Source: SC DHEC BRFSS, 2016-2020.
Note: Adults 18+.

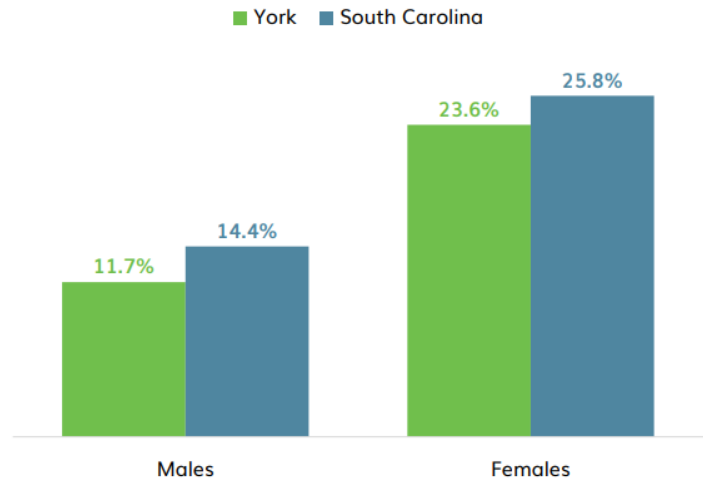
Depression

Depression Among Adults
Percent



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

Depression Among Adults, by Sex
Percent



Source: SC DHEC BRFSS, 2016-2020.
Note: Adults 18+.

Hospitalizations

Leading Causes of Mental Illness Emergency Department Visits Among Children Aged 18 and Under

Ranking	York County	Frequency of Visits
1	Mental Health Overall	2375
2	Major Depressive Disorder	844
3	ADHD	459
4	Anxiety Disorders	425
5	Stress Related Disorders	270

Source: SC RFA, 2016-2020.
Note: Federal Fiscal Year.

Leading Causes of Mental Illness Emergency Department Visits Among Adults Aged 18+

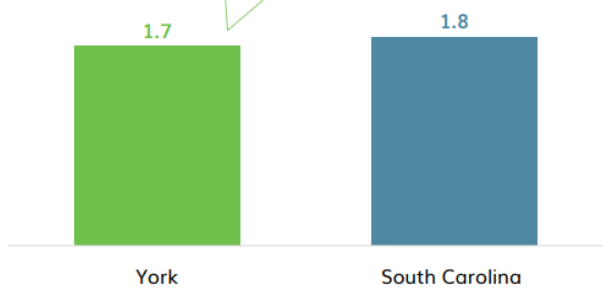
Ranking	York County	Frequency of Visits
1	Mental Health Overall	33081
2	Nicotine Related Disorders	11398
3	Anxiety Disorders	7873
4	Major Depressive Disorders	5476
5	Alcohol Related Disorders	4381

Source: SC RFA, 2016-2020.
Note: Federal Fiscal Year.

Drug Overdose

Naloxone Administration for Opioid Overdose
Rate per 100,000 population

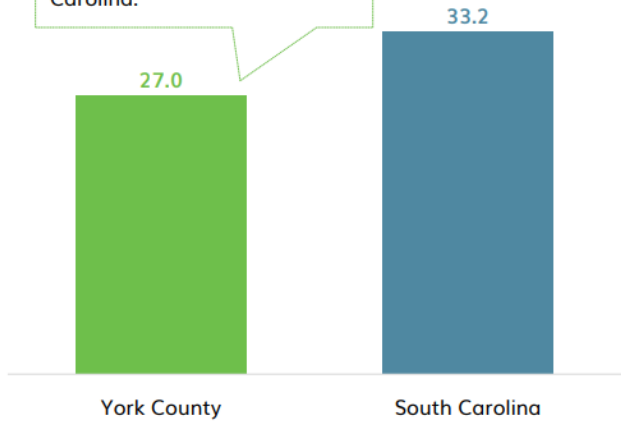
In 2020, York County had the **6th highest** number of Naloxone administrations in the state with 501 administrations.



Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2020.

Drug Overdose Deaths
Rate per 100,000 population

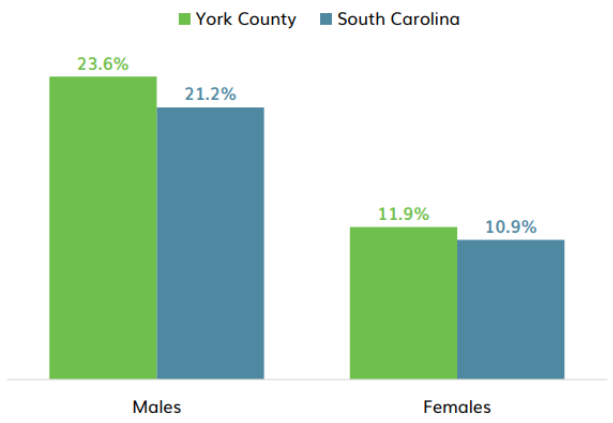
In 2020, with a total of 78 drug overdose deaths, York County had the **7th highest** number of drug overdose deaths in South Carolina.



Source: SC DHEC Vital Statistics, 2020.

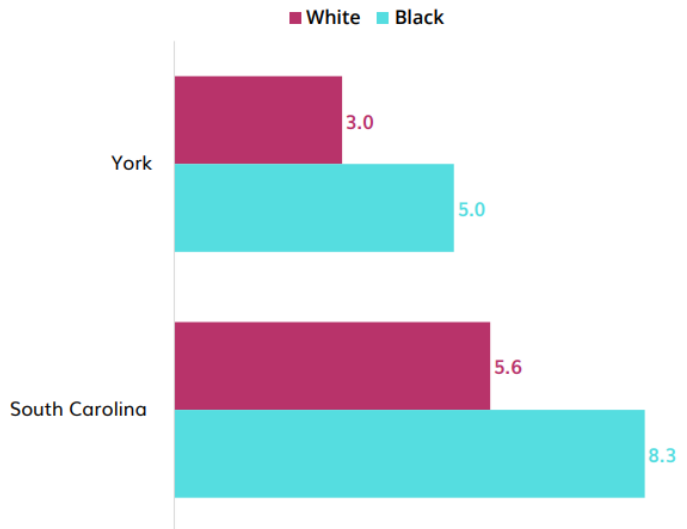
Alcohol

Binge Drinking, by Sex
Percent



Source: SC DHEC BRFSS. Notes: Adults 18+, 2018-2020.

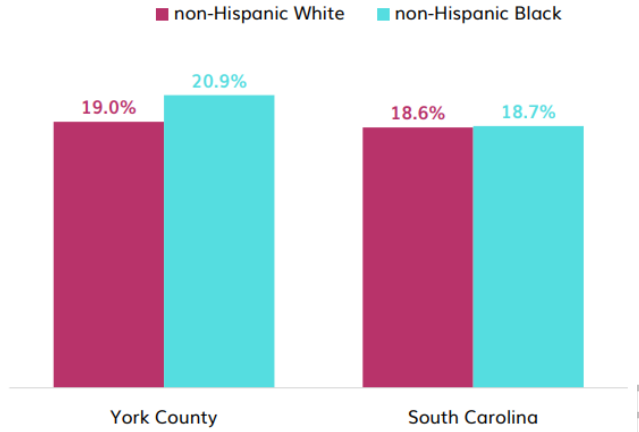
Alcohol Related Emergency Department Visits, by Race
Rate per 1,000 population



Source: SC RFA, 2016-2020.

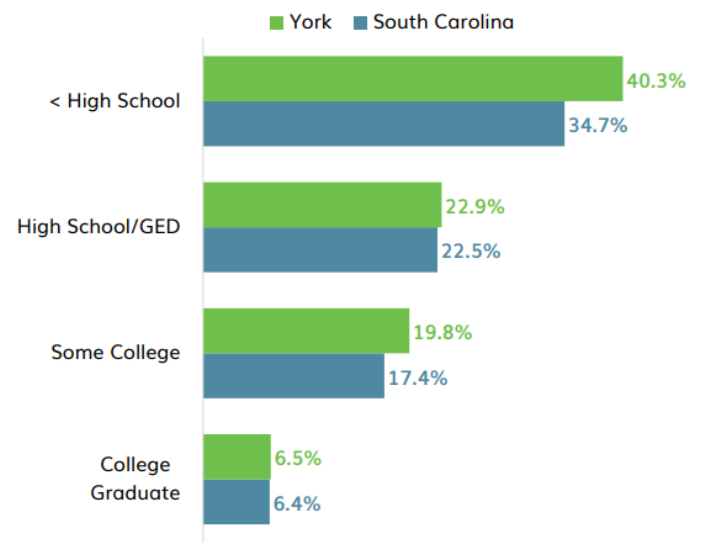
Tobacco

Current Cigarette Smoking, by Race
Percent



Source: SC DHEC BRFSS.
Notes: Adults 18+, 2016-2020.

Current Cigarette Smoking, by Educational Attainment
Education Level



Source: SC DHEC BRFSS, 2016-2020.
Note: Adults 18+.