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Regional Medical Center

Community Health Needs Assessment

December 12, 2022

Prepared by
ISI Consulting

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Table of Contents

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Executive Summary & Formal Recommendations

Executive Summary

The Regional Medical Center and the Tri-County Health Network responded to the needs of the communities and organizations wanting to enhance the overall quality of life for residents living in Bamberg, Calhoun and Orangeburg counties in South Carolina. The Community Health Needs Assessment was created to serve as a key reference document for organizations, and communities implementing data- driven changes.

The 2022 Community Health Needs Assessment was fully funded by the Regional Medical Center and would not have been possible without the help of key individuals and organizations. It is our hope that the findings from this Community Health Needs Assessment will assist leadership in identifying windows of opportunity and stewarding resources.

Both quantitative and qualitative data were collected between April, 2022 to November, 2022. Detailed analysis of well-being indicators (income, poverty, employment, education, health, housing, crime and environment) disaggregated by White and Black race and Hispanic ethnicity provide insight into trends occurring over the last six years. A total of 237 participants completed a comprehensive on-line survey. The survey gives insight into how respondents self-rate their overall health, rank the importance of health services and identify key drivers impacting conditions in which residents live, learn, and play, and their wellness outcomes. In addition, six key informant interviews and various focus groups were conducted to identify root causes of issues that have been identified.

The complexity and nuance of issues surrounding mental health, substance use, and poor health of individuals and families require systems-thinking and a comprehensive and collaborative approach.

The health priorities that emerged across communities from this Community Health Needs Assessment include:
- Access to affordable health care
- Obesity
- Access to healthy foods
- Access to information

Based on these priorities, the following recommendations are made:

- Develop a Community Health Improvement Plan based off the updated community health needs assessment with clear priorities, and strategies that can be tracked over time.

- Launch pilot projects to address root causes in a holistic manner. The complexity and overlap of obesity, access to health care, access to healthy foods and access to information will require a multi-pronged approach.

- Re-imagine ways to motivate various groups (elderly, youth and others) in improving their overall health.

QUANTATIVE WELLBEING INDICATORS DATA: BAMBERG, CALHOUN, ORANGEBURG COUNTIES, SC

Written by
Kathleen Brady, PhD

Notes on Methodology

The following quantitative data describe the primary wellbeing indicators for Bamberg, Calhoun, and Orangeburg Counties in South Carolina. In so far as possible, county-level data are disaggregated by White and Black race and Hispanic ethnicity and are disaggregated by sex and age where appropriate.

The primary factors that influence wellbeing have been included insofar as data exist or can be generated for them. Data are collected from recognized, valid, and reliable sources such as the U.S. Census, South Carolina Department of Health and Environmental Control, state and U.S. Departments of Education, and many more. General information about each indicator and how the three counties fare is provided. It is clearly insufficient to provide a few data points when describing indicators of wellbeing; therefore, multiple measures are reported, and context is provided through longitudinal (trend) measures and state-level comparisons for many measures where helpful and possible.

Because Bamberg, Calhoun, and Orangeburg Counties have relatively small populations, data are typically reported in 5-year average estimates for greater accuracy. Very granular data, such as race disaggregation for certain indicators, may not be available or may require care in interpretation due to small sample sizes and resulting wider margins of error.

Unless otherwise noted, disaggregation by race / ethnicity are:

- o   Black alone (single race), non-Hispanic
- o   White alone (single race), non-Hispanic
- o   Hispanic of any race

The data gathered here, combined with qualitative findings, can promote greater awareness and understanding of the depth and breadth of local wellbeing. The findings are intended to spark important conversations and to inform the work of local individuals, project partners, and organizations. These data, taken together, can inform the design of programs and policies that will improve community conditions and people's lives.

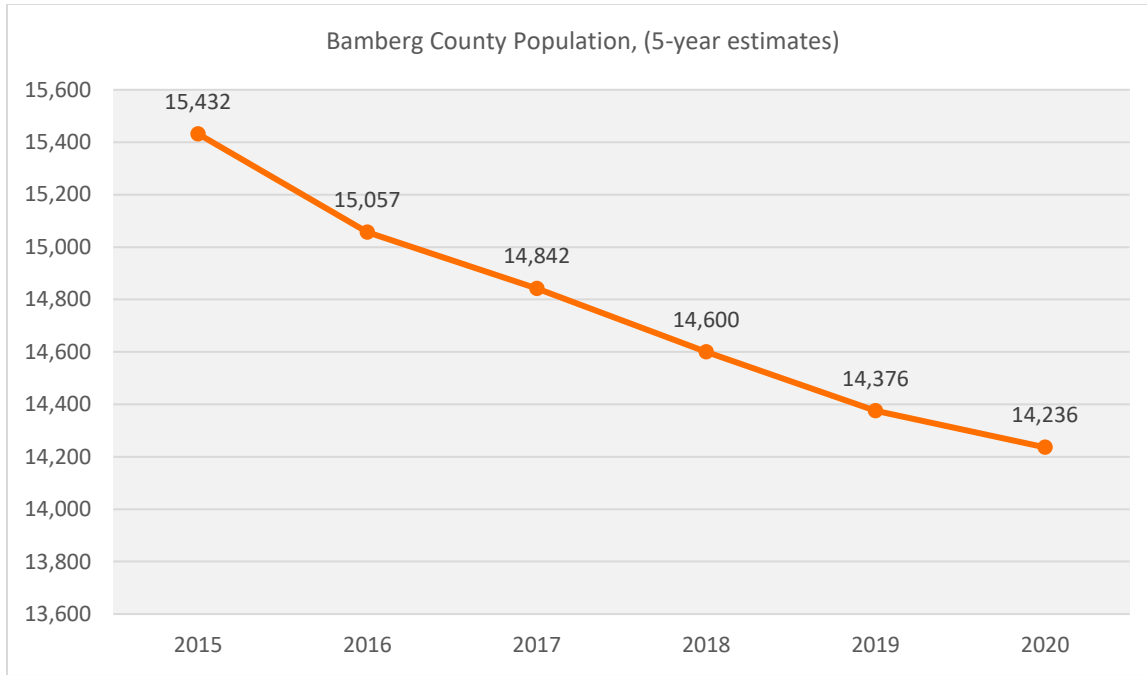# Wellbeing Indicators Table of Contents

Population and Population Demographics

Since 2015, the number of residents in each county, Bamberg, Calhoun, and Orangeburg, has decreased each year, whereas the population of South Carolina has increased by 7% since 2015.

Bamberg County Population, (5-year estimates)

- 2015: 15,432
- 2016: 15,057
- 2017: 14,842
- 2018: 14,600
- 2019: 14,376
- 2020: 14,236

Source: U.S. Census DP05

Calhoun County Population, (5-year estimates)

- 2015: 14,958
- 2016: 14,886
- 2017: 14,808
- 2018: 14,713
- 2019: 14,663
- 2020: 14,608

Orangeburg County Population, (5-year estimates)
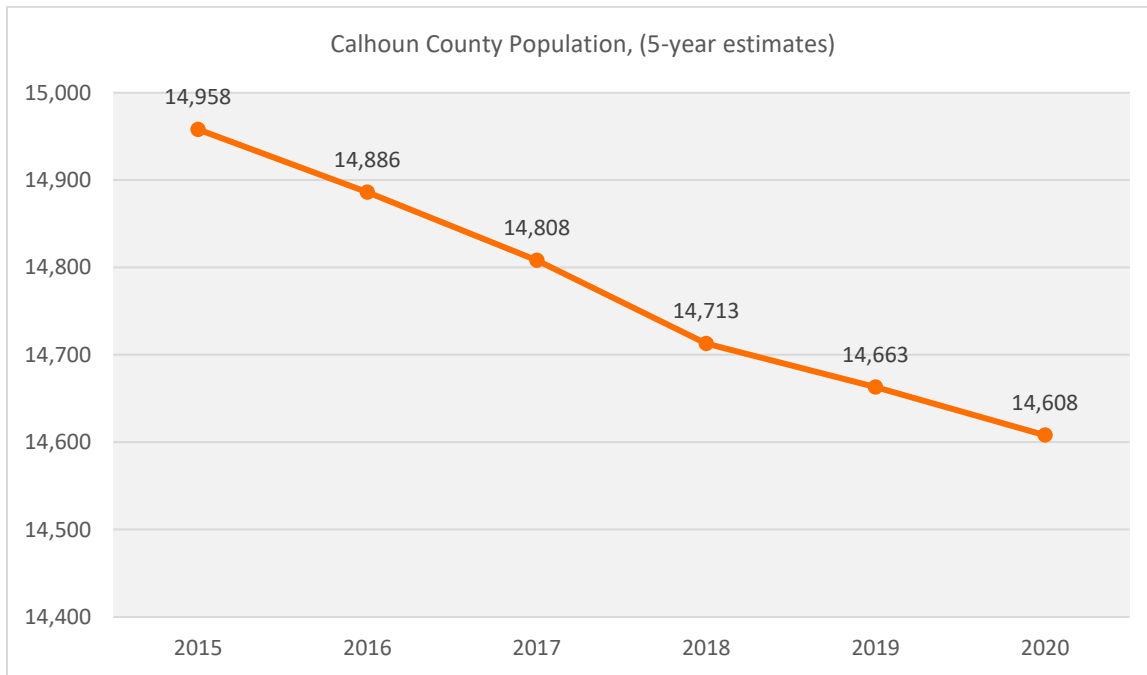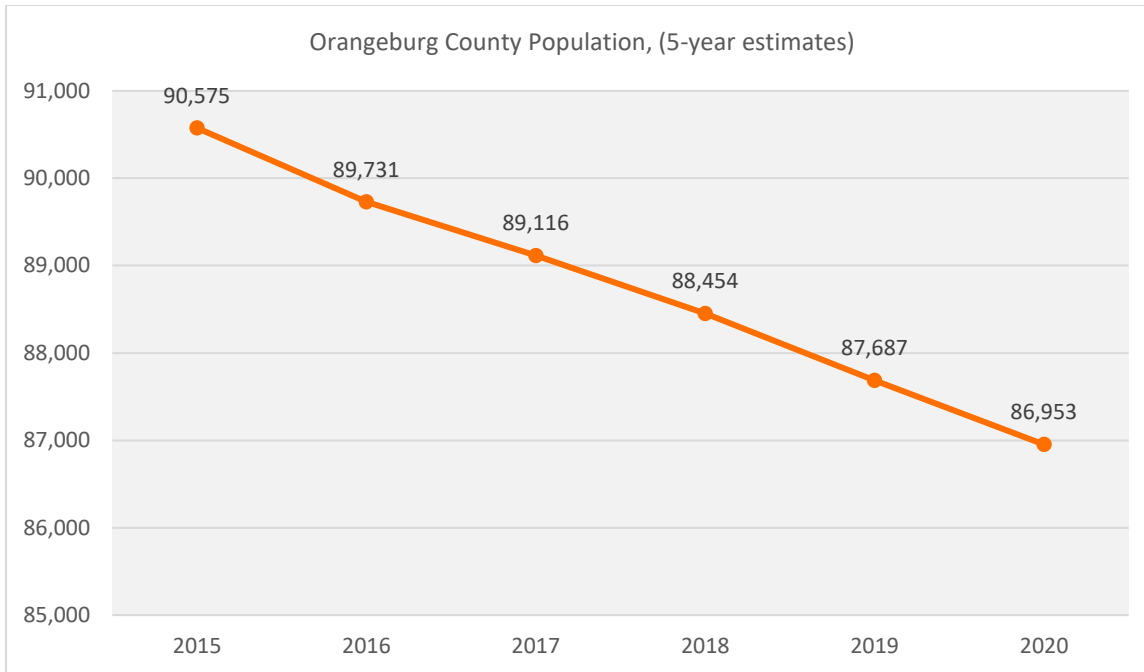
Each of the three counties is more diverse, in terms of Black and White residents, compared to the state average, although the three counties have a lower percentage of Hispanic residents compared to the state average. In Bamberg and Orangeburg, the predominant resident demographic is Black, non-Hispanic.

**Percent Residents by Race and Hispanic Ethnicity
2020 (5-year average estimates)**
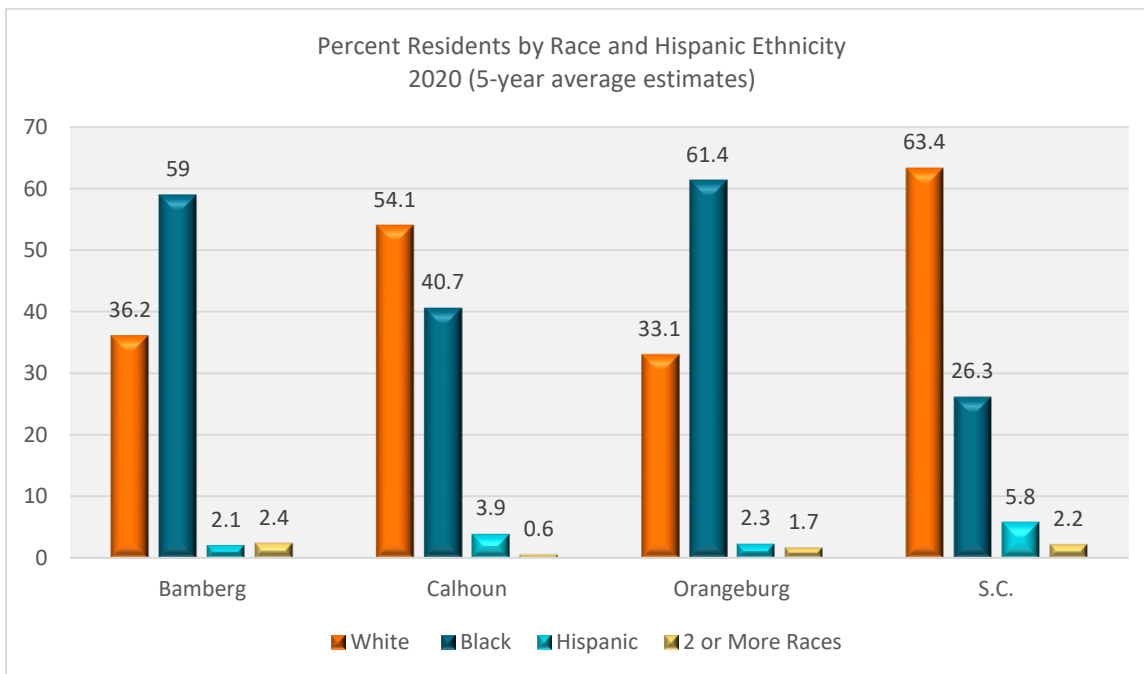
Source: US Census DP05

Income and Earnings

Several measures must be considered to obtain a full picture of income in any geography. Although a mean (the statistical average) is often used to describe income, a median is considered a better descriptor since it controls for outlier data (the very rich or the very poor). Median income is the amount which divides the income distribution into two equal groups, half having incomes above the median, half having incomes below the median.

Across all of these aggregated measures, income is lower in the three counties compared to the state average. Calhoun County has the highest income of the three counties on aggregated measures and all but one disaggregated measure.

Income demonstrates significant disparity by race with White income significantly higher than Black income and Hispanic income on every measure.

Median household and median family incomes are higher for Blacks in Bamberg and Calhoun Counties compared to the state average. Income for Whites is lower in the counties than the state average on every measure. Note that the numbers of Hispanic households and families are too small in Bamberg and Calhoun Counties to yield meaningful data.

Select Income Measures, Three Counties and S.C. (2020 5-year average estimates)				
	Bamberg	**Calhoun**	**Orangeburg**	**S.C.**
Per Capita Income (mean)	$19,814	$26,492	$21,337	$30,727
* Black	$17,063	$19,842	$17,741	$20,618
* White	$25,959	$32,317	$29,380	$36,474
* Hispanic	$7,382	$15,455	$9,360	$18,790
Median Household Income	$42,830	$49,844	$36,802	$54,864
* Black	$36,765	$38,691	$30,940	$36,271
* White	$55,744	$57,038	$47,767	$64,102
*Hispanic	N/A	N/A	$30,631	$45,778
Median Family Income	$54,210	$66,027	$50,281	$68,813
* Black	$51,486	$48,613	$43,058	$45,751
* White	$64,180	$77,639	$61,965	$79,757
* Hispanic	N/A	N/A	$31,213	$49,733
Mean Family Income	$62,178	$77,923	$66,258	$90,694

Source: US Census, S1901, S1902, B19113(IHB), B19013(IHB)

Per Capita Income

Per capita income is the mean income in the last twelve months computed for every man, woman, and child in a particular group including those living in group quarters such as colleges or prisons.

- Per capita income in Bamberg County is 36% lower than the state average.
- Per capita income in Calhoun County is 14% lower than the state average.
- Per capita income in Orangeburg County is 31% lower than the state average.

Per capita income of Black and Hispanic residents of all three counties are significantly lower than per capita income of White residents.

Median Income

Household income includes the income in the last twelve months of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Family income includes the income in the last twelve months of two or more people 15 years old and over (one of whom is the householder) related by birth, marriage, or adoption residing in the same housing unit.

Median household and median family income in all three counties fall below the state averages. Of the three counties, Calhoun has the highest income, and Orangeburg has the lowest.
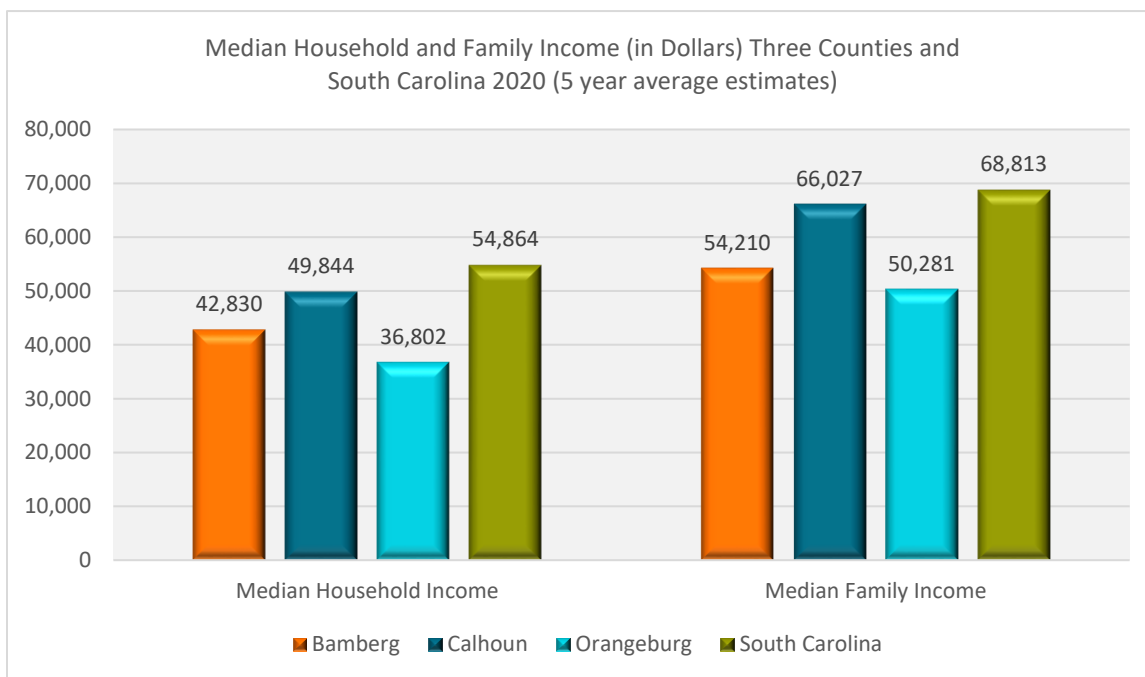
Source: US Census S1901

- Median household income in Bamberg County is 22% lower, and median family income is 21% lower, than the state average.
- Median household income in Calhoun County is 9% lower, and median family income is 4% lower, than the state average.
- Median household income in Orangeburg County is 33% lower, and median family income is 27% lower, than the state average.

Mean Family Income

Mean family income in all three counties is lower than the mean South Carolina family income.

- Mean family income in Bamberg County is 31% lower than the state average.
- Mean family income in Calhoun County is 14% lower than the state average.

- Mean family income in Orangeburg County is 27% lower than the state average.

Earnings

Overall median earnings for workers age 16+ in Bamberg County are approximately 13% lower than the state average, 4% lower than the state average in Calhoun County, and 18% lower than the state average in Orangeburg County.

Total Median Earnings, All Workers* Age 16+, Three Counties 2020 (5-year average estimates)

County	Median Earnings
Bamberg	$27,876
Calhoun	$30,685
Orangeburg	$26,095
South Carolina	$31,942

Legend: ■Bamberg ■Calhoun ▨Orangeburg ■South Carolina
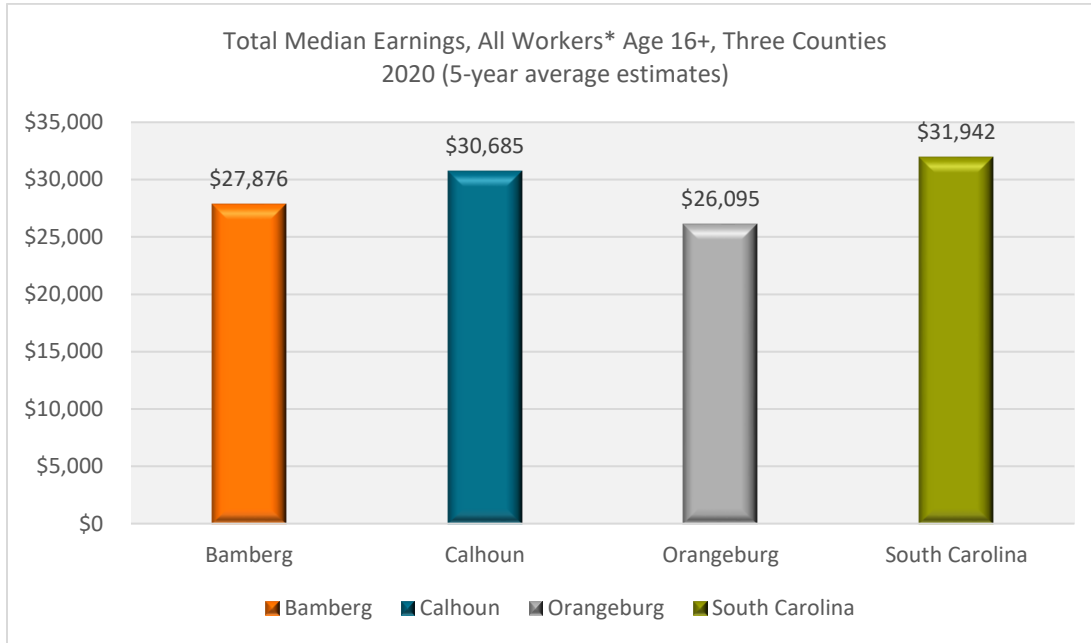
Source: U.S. Census B20017
*male and female, full and part time

In all three counties and the state on average, males earn more than females for full-time, year-round workers. Compared to the state average, earnings are lower in the three counties for males and females.

Median Earnings (in dollars) for Full-Time Year-Round Workers by Sex, Three Counties 2020 (5-year average estimates)

County	Male	Female
Bamberg	43,034	34,565
Calhoun	47,096	36,225
Orangeburg	40,842	34,821
South Carolina	48,718	37,883
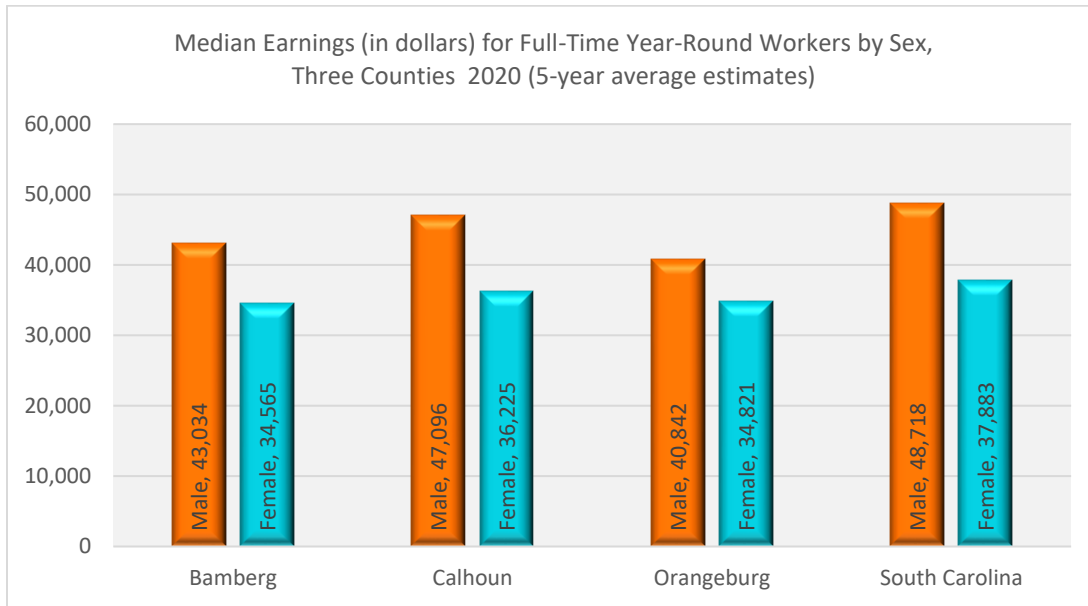
Source: U.S. Census B20017

Although there is significant and persistent race disparity in earnings between Black and White residents in most geographies, the small populations in Bamberg, Calhoun, and Orangeburg counties do not yield meaningful data when disaggregated at this level.

Poverty

Poverty is a multifaceted concept which may also include social, economic, and political elements. At its most basic, poverty is the scarcity or lack of material possessions or money. However, full understanding of poverty requires consideration of asset poverty, an economic and social condition that is more persistent and prevalent than income poverty. Even when income is sufficient to get by, there is frequently the inability to access and build wealth resources such as homeownership, savings, stocks, and business assets. In this case, assets are unavailable to support basic needs in cases of emergency and are unavailable to pass on to children for intergenerational wealth-building.

Poverty rates can (and should) be examined at several levels: individual poverty, family poverty, household poverty, child poverty, and levels of poverty.

Poverty Rates

Currently, 2,808 residents of Bamberg County, 2,708 residents of Calhoun County, and 19,433 residents of Orangeburg County live below the Federal Poverty Level (FPL). All resident poverty rates and child poverty rates are higher in the three counties than the state average. These rates and other demographic disaggregations for poverty are reported in the following table.

Percent of Residents Living Below Federal Poverty Level by Demographic Three Counties and South Carolina 2020 (5-year average estimates)				
	Bamberg	**Calhoun**	**Orangeburg**	**South Carolina**
All residents	21.0	19.0	23.1	14.7
Children	31.2	28.7	34.9	21.2
Age 18-64	19.9	18.7	20.1	13.8
Age 65+	14.4	12.4	18.7	9.6
White alone, non-Hispanic	14.8	10.1	13.4	9.9
Black alone	24.6	28.2	27.0	24.0
Hispanic, any race	40.6	54.9	66.9	24.4
Less than high school	30.6	23.2	33.7	28.0
Bachelor's or higher	2.4	3.1	9.7	4.3
Worked full-time year-round	2.3	3.1	4.1	3.2
Did not work	30.5	24.8	30.7	21.4

Source: US Census S1701

Poverty rates have decreased significantly over the last several years in South Carolina and in Bamberg County. Poverty has decreased slightly over the same period in Calhoun County and Orangeburg County. Poverty rates are persistently higher in the three counties compared to the state average.

Percent Residents Living Below Federal Poverty Level,
Three Counties and South Carolina (5-year average estimates)
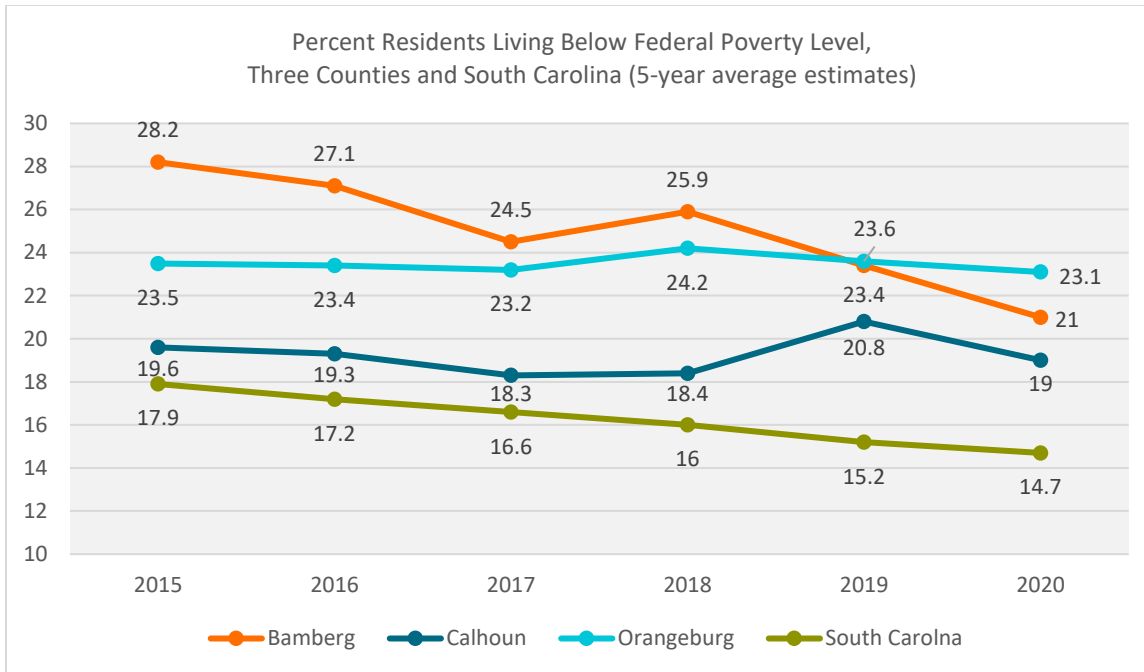
Source: U.S. Census S1701

Race-based inequities are evident in poverty rates in most places, including South Carolina. Inequities are even wider in Bamberg, Calhoun, and Orangeburg Counties, compared to the state average. Whites have significantly lower poverty rates compared to Blacks and Hispanics.

Percent of Residents Living Below Federal Poverty Level by Race / Ethnicity
Three Counties and S.C., 2020 (5-year average estimates)

Source: U.S. Census S1701

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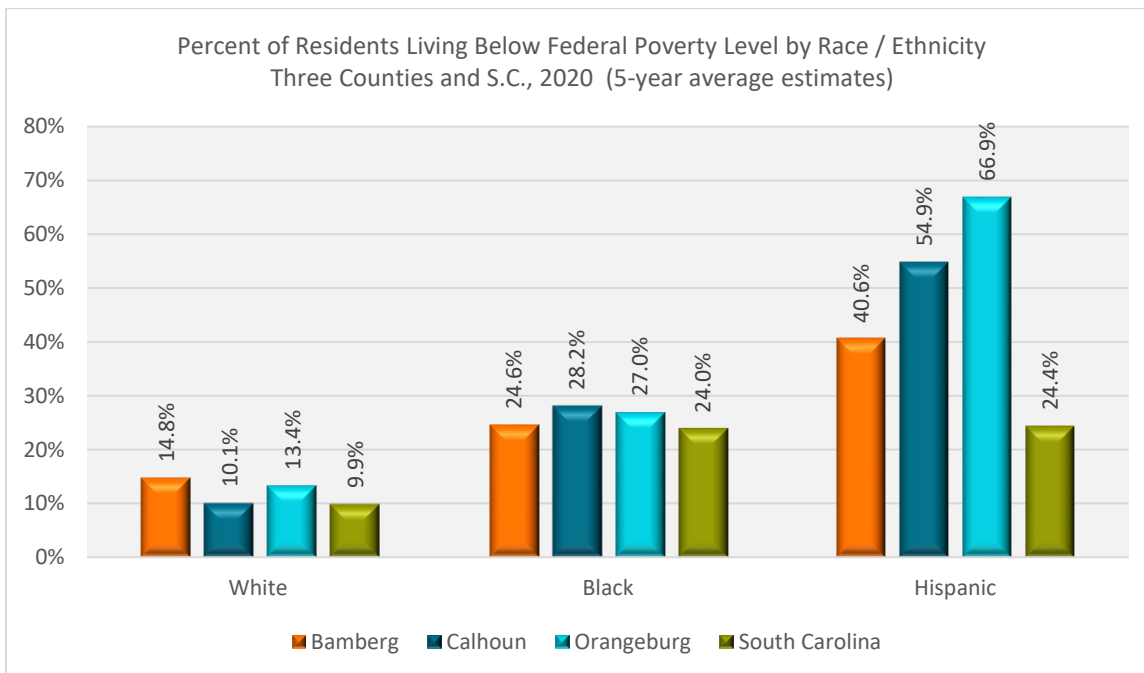
Child Poverty and Opportunity

Child poverty is a function of family and household income. Children who live in poverty often experience chronic, toxic stress that disrupts the architecture of the developing brain, resulting in lifelong difficulties in learning, memory, and self-regulation, and poor health outcomes in adulthood. Children in poverty are much more likely to experience exposure to violence, chronic neglect, and the accumulated and synergistic burdens of economic hardship, or "deprivation amplification".

The rates of child poverty in Bamberg, Calhoun, and Orangeburg Counties have been consistently higher than the state average. Although child poverty has decreased in the state on average, it has increased in Calhoun and Orangeburg Counties. Year-to-year child poverty rates have been highly variable in Bamberg and Orangeburg Counties. Currently (2020), there are 849 children living in poverty in Bamberg County, 727 in Calhoun County, and 6,609 in Orangeburg County.

Percent of Children Living in Poverty, Three Counties and South Carolina (single year estimates)
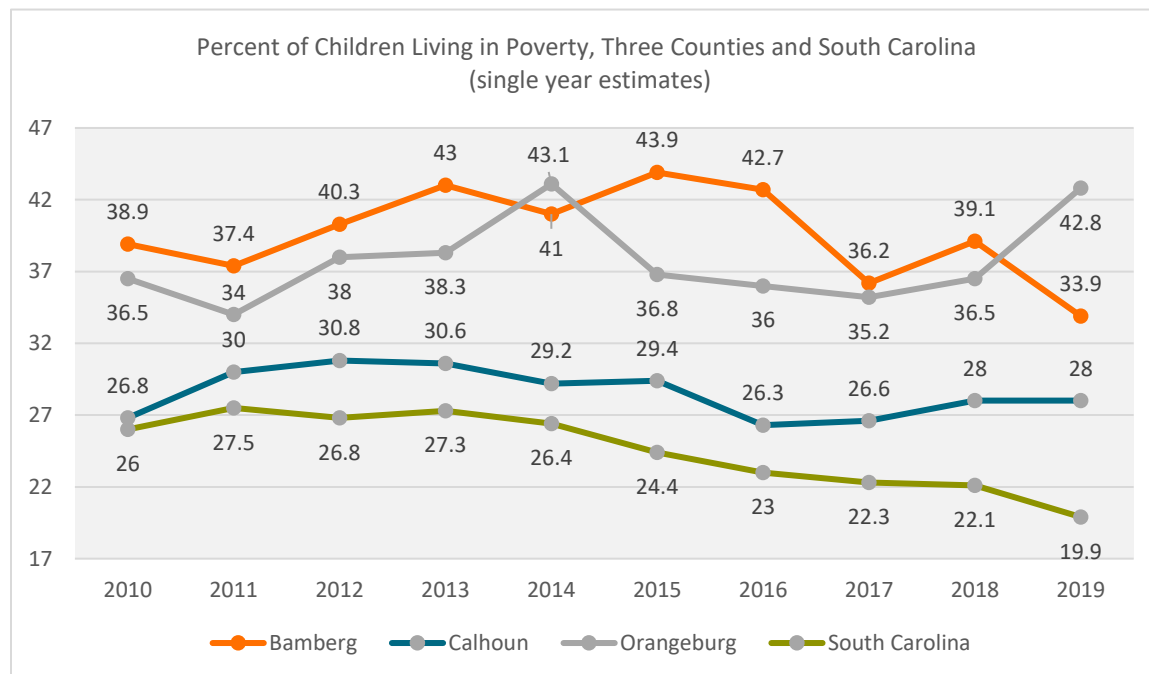
Source: Kids Count Data Center

Opportunity

Where a child grows up in the US has a major impact on his or her financial future. Economic mobility has significant relevance for communities of color since they tend to have the lowest income and fewest opportunities to move up on the economic ladder. In their recent Equality of Opportunity Project,[1] three Harvard economists used "big data" to map upward mobility across the country. The results showed wide variation among the nation's cities and counties in intergenerational mobility, leading the researchers to conclude that some areas provide significantly more opportunity for children to move out of poverty, and other areas offer children few opportunities for escape. Where children are raised has a significant impact

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[1] The Equality of Opportunity Project. http://www.equality-of-opportunity.org/neighborhoods/

on their chances of moving up economically. The research found that communities with high levels of upward mobility tend to have five characteristics:

- lower levels of residential segregation by race
- a larger middle class (lower levels of income inequality)
- stronger families and more two-parent households
- greater social capital
- higher quality public schools

The latest calculations and comparisons of the 2,478 counties in the U.S. show that South Carolina counties rank among the lowest in the country for chances of upward mobility for poor children. As indicated in the heat map that follows:

- Bamberg County is considered to be "extremely bad" in helping poor children up the income ladder. It ranks 114st worst out of 2,478 U.S. counties, better than only about 5% of counties. If a child in a poor family were to grow up in Bamberg County, instead of an average place, he or she would make $3,250 (or 12%) less at age26. Note that some counties in South Carolina fare worse on this measure.
- Calhoun County is considered to be "very bad" in helping poor children up the income ladder. It ranks 227th worst out of 2,478 U.S. counties, better than about only 9% of counties. If a child in a poor family were to grow up in Calhoun County, instead of an average place, he or she would make $2,460 (or 9%) less at age26. Note that other counties in South Carolina fare much worse on this measure.
- Orangeburg County is considered to be "very bad" in helping poor children up the income ladder. It ranks 215th worst out of 2,478 U.S. counties, better than about only 9% of counties. If a child in a poor family were to grow up in Orangeburg County, instead of an average place, he or she would make $2,500 (or 10%) less at age26. Note that other counties in South Carolina fare much worse on this measure.
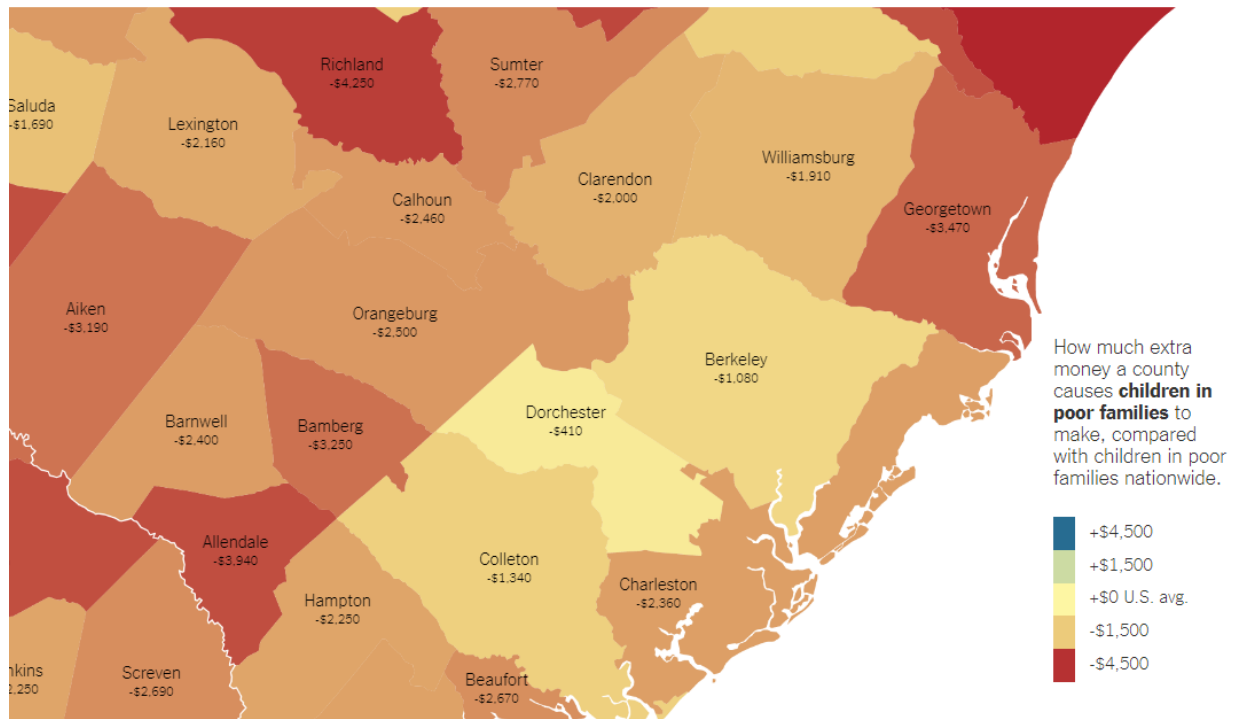
Source: The Upshot[2]

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[2] The Upshot. The best and worst places to grow up. https://www.nytimes.com/interactive/2015/05/03/upshot/the-best-and-worst-places-to-grow-up-how-your-area-compares.html

Employment

Employment provides opportunities for economic, physical, and mental wellbeing for individuals. Communities characterized by a thriving workforce, good and equitable jobs, and an "ideal" unemployment rate, tend to have higher education attainment, more social cohesion, greater democratic participation, and longer life expectancy.

Labor Force Participation Rate

The labor force participation rate is the percentage of working age individuals who are employed or are looking for work.

Of residents aged 20-64 in South Carolina, 75.7% are working or looking for work. The percentage is lower than the state average in Bamberg, Calhoun, and Orangeburg Counties. In Bamberg County, which fares worst on this measure, labor force participation is 13% lower than the state average.

Labor Force Participation Rate, Age 20-64 ,
Three Counties and South Carolina, 2020 (5-year average estimates)

Bamberg: 67.2% | Calhoun: 74.8% | Orangeburg: 71.2% | S.C.: 75.7%
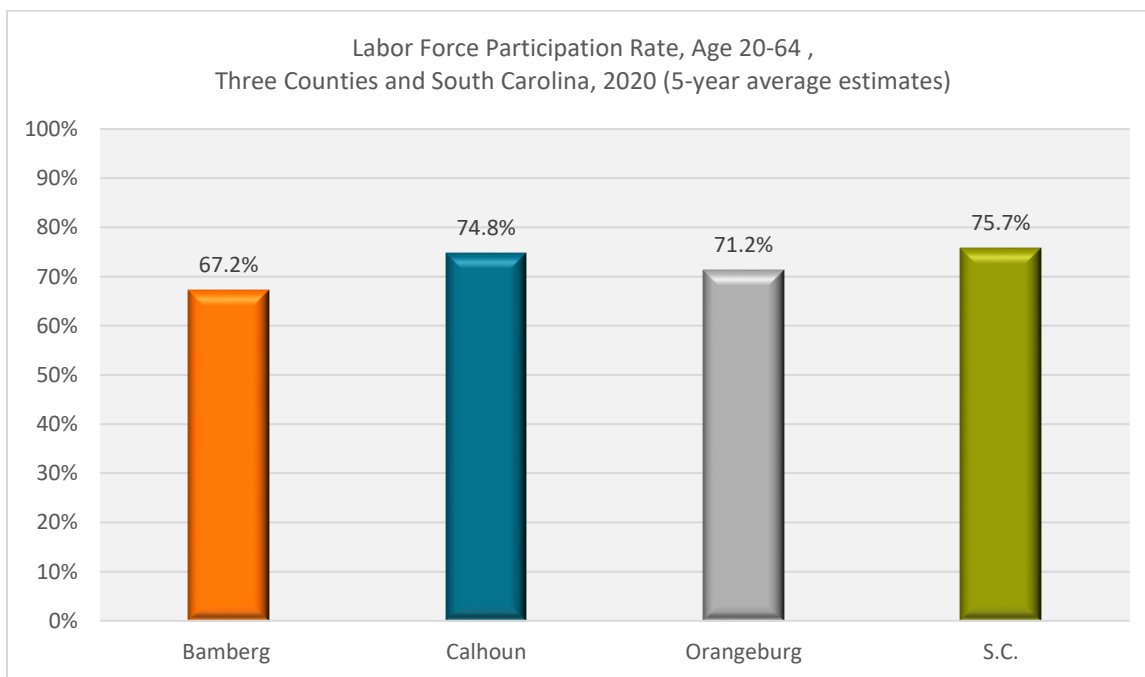
Source: U.S. Census S2301

Employment Rate (Employment-to-Population Ratio)

The employment to population ratio is a measure derived by dividing the total working age population by the number in that population who are working for pay. It is also known as the "employment rate." The employment rate is considered to be a more representative measure of labor market conditions than the unemployment rate. However, the employment rate does not include unpaid family workers.

Of residents aged 20-64 in South Carolina, 70.9% are working for pay. The percentage is lower than the state average in Bamberg, Calhoun and Orangeburg Counties. Bamberg fares worst on this measure.

Employment Rate, Age 20-64
Three Counties and South Carolina, 2020 (5-year average estimates)
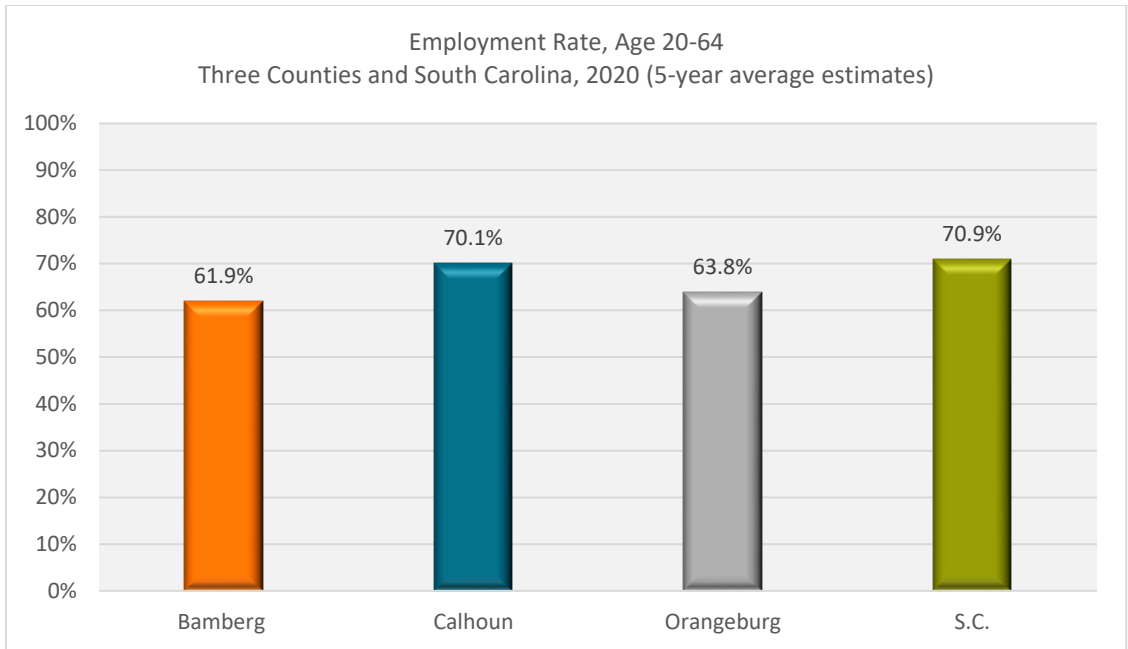
Source: U.S. Census S2301

The employment rate in all three counties has improved over the last six years. Bamberg and Orangeburg Counties have experienced almost annual improvement, but Calhoun County's employment rate has been more variable year to year.

Employment Rate Trend, Thre Counties, Age 20-64 (5-year average estimates)
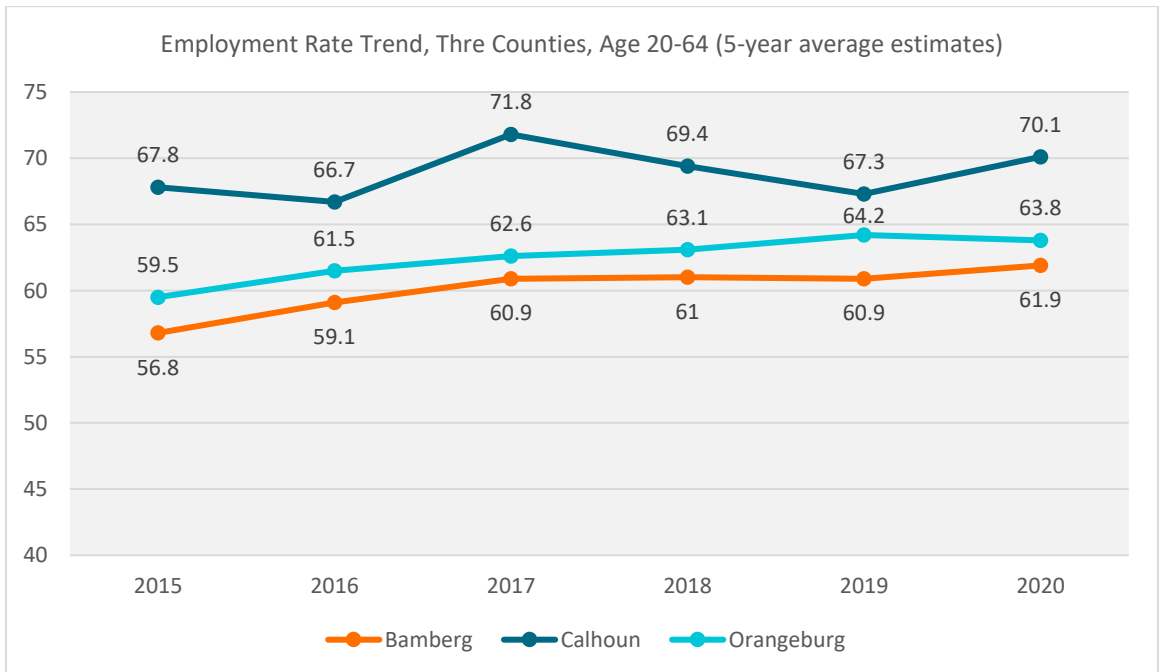
Source: U.S. Census S2301

Labor Force Unemployment Rate

The labor force unemployment rate is that portion of the labor force that is unemployed. One drawback of this measure is that it does not include "discouraged workers" – people who have removed themselves from the labor force but still need work.

In South Carolina, just over 5% of the labor force is unemployed which is within the "healthy" range of 4% to 6%. All three counties have unemployment rates in excess of 6% which is outside the "healthy" unemployment range. The unemployment rate in Orangeburg is more than double the state average.

Labor Force Unemployment Rate, Age 20-64
Three Counties, 2020 (5-year average estimates)

County	Rate
Bamberg	7.2%
Calhoun	6.3%
Orangeburg	10.3%
S.C.	5.1%
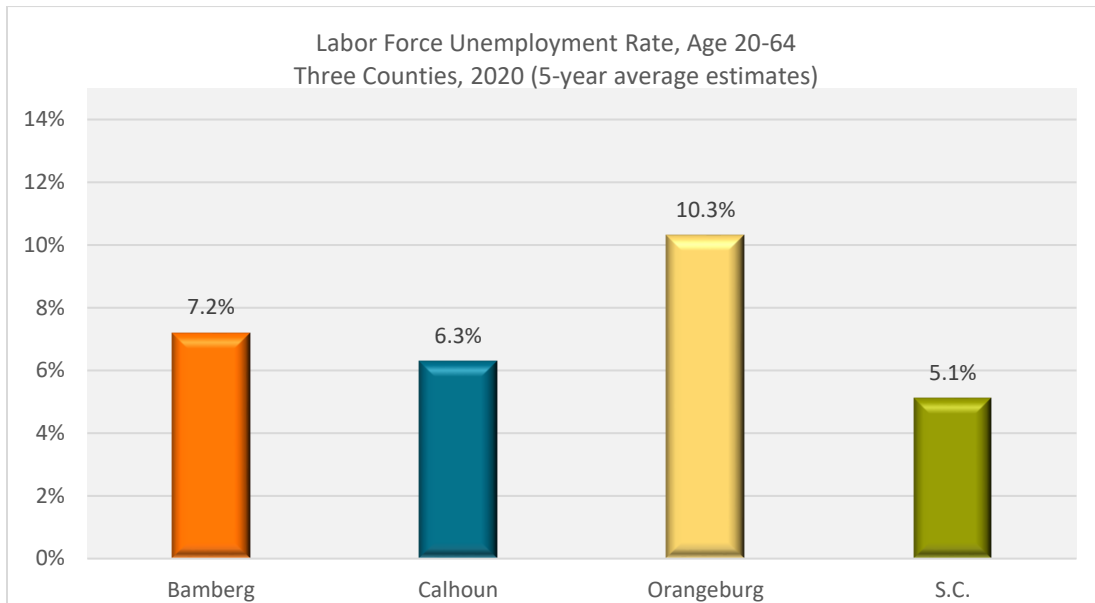
Source: U.S. Census S2301

Education

Education has multiple purposes but is always at the foundation of societies characterized by economic wealth, social prosperity, and political stability. Education strengthens democracy by providing citizens the tools that allow them to participate in the governance process. It is an integrative force to foster social cohesion and supports critical thinking, skill development, and life-long knowledge acquisition.

The Children's Trust of South Carolina ranks Bamberg County 34th among the state's 46 counties for education in 2020 based on the variables identified in the following graphic.[3]
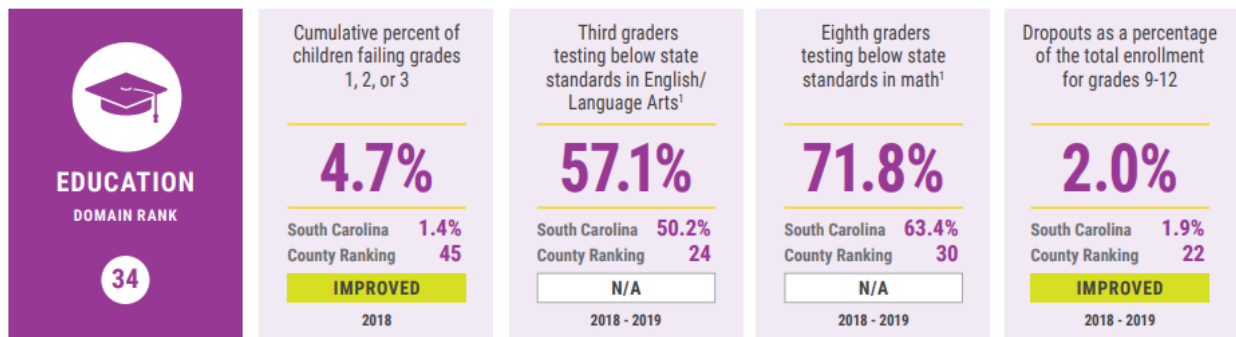
Calhoun County is ranked 7th.
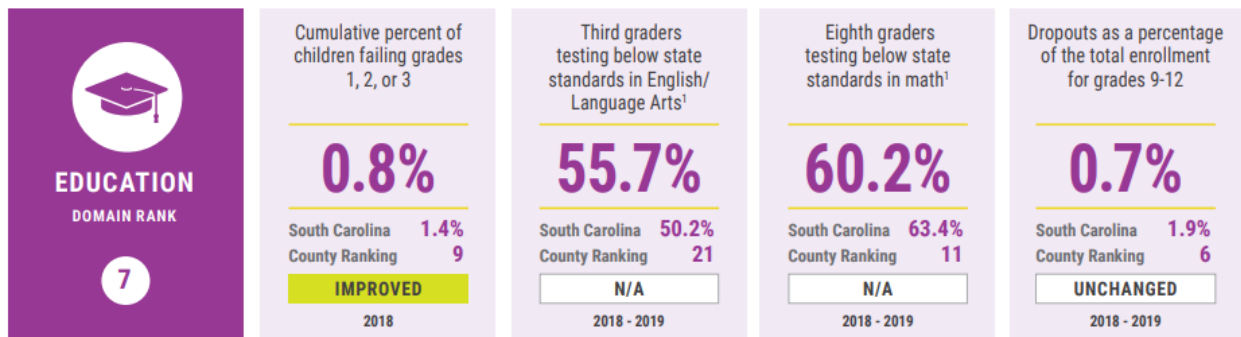
Orangeburg County is ranked 39th.
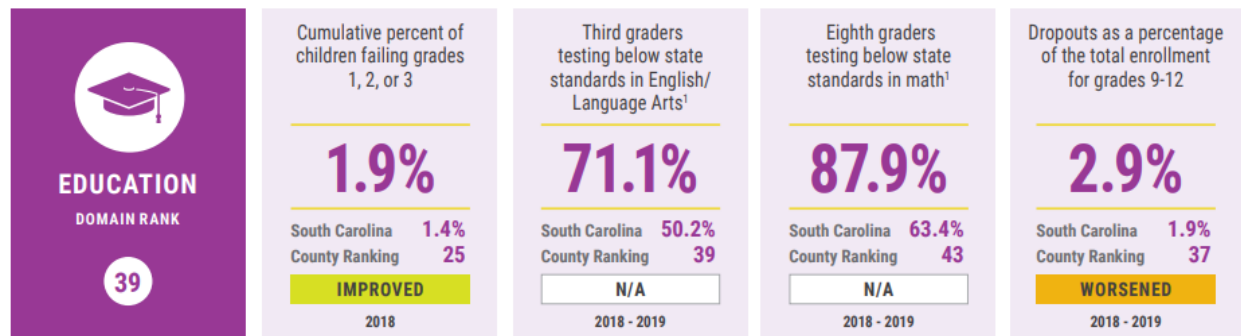
Source: Children's Trust of South Carolina

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[3] Children's Trust of South Carolina 2020 Child Well-Being Data Profile. https://scchildren.org/resources/kids-count-south-carolina/child-well-being-data-county-profiles/

Education Attainment

The future demands higher education attainment of the local workforce if our cities and counties are to be economically competitive. Obtaining a post-secondary credential of some kind is critical to opportunity and positive life outcomes. Compared to the state average, residents in Bamberg, Calhoun, and Orangeburg Counties have lower education attainment.

Percent Residents by Education Attainment, Population age 25+
2020 (5-year average estimates)

County	Less than HS	HS Only	Some College	Associate's Degree	Bachelor's +
Bamberg	20.6%	32.0%	16.5%	12.9%	18.1%
Calhoun	13.6%	36.8%	20.2%	10.5%	18.8%
Orangeburg	14.0%	32.2%	19.7%	14.6%	19.5%
South Carolina	11.7%	28.9%	20.6%	9.9%	29.0%
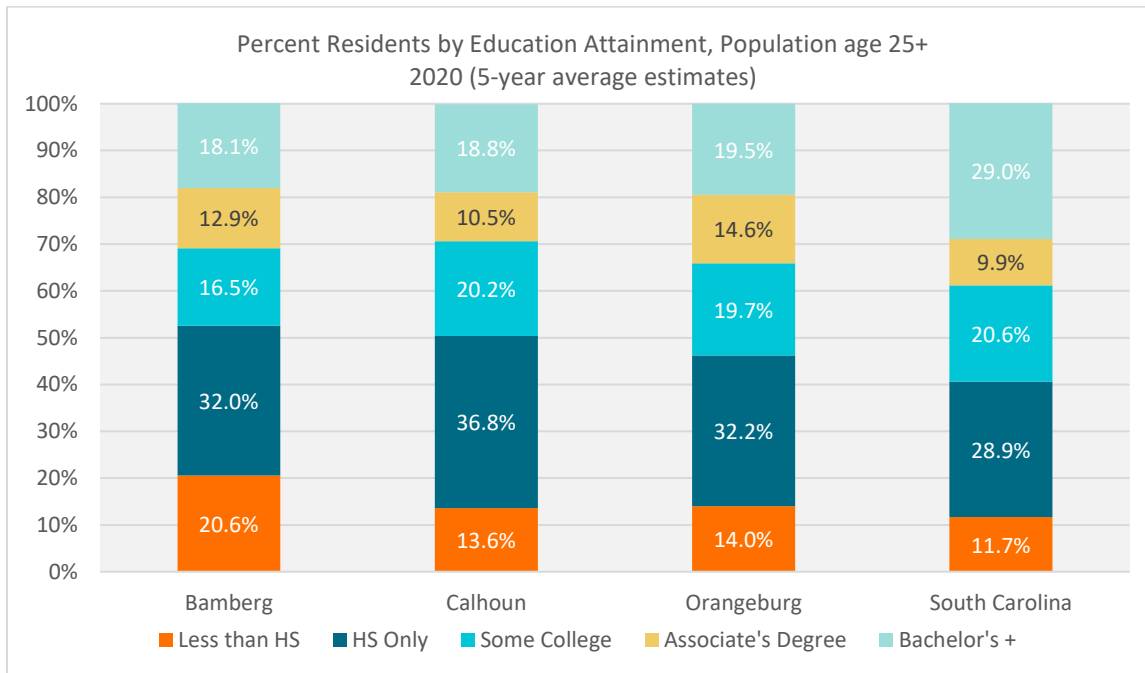
Source: U.S. Census S1501

In South Carolina on average, education attainment at the bachelor's degree and above level has increased notably since 2015. Bamberg, Calhoun, and Orangeburg Counties have significantly and persistently lower education attainment compared to the state average. Since 2015, education attainment at this level has not increased in Bamberg County, has increased slightly in Orangeburg County, and has increased somewhat more in Calhoun County.

Percent Residents Age 25+ with Bachelor's Degree or Higher
Three Counties (5-year average estimates)

	2015	2016	2017	2018	2019	2020
Bamberg	18.2	19.1	19.1	18.7	18.8	18.1
Calhoun	16.8	17	18.2	19.2	19.9	18.8
Orangeburg	19.3	20	20.1	19.5	19.9	19.5
south Carolina	25.8	25.6	27	27.4	28.1	29
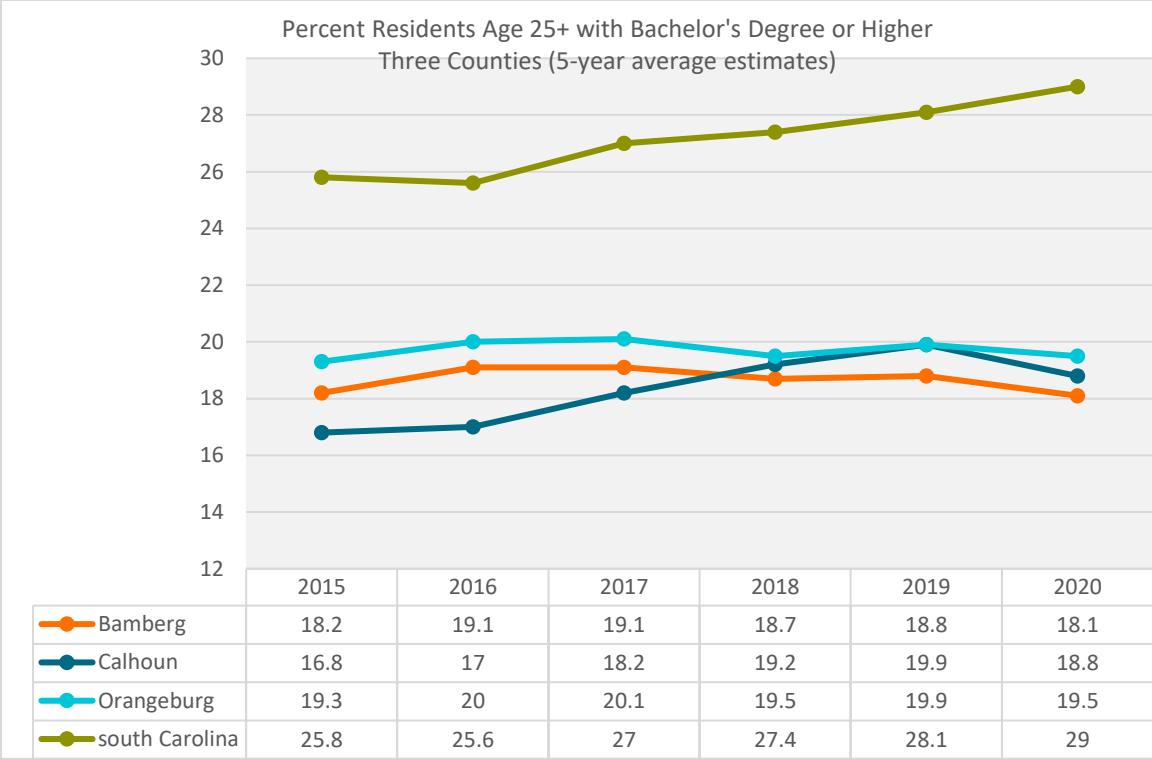
Source: U.S. Census S1501

Although there is significant and persistent race disparity for education attainment between Black and White residents in most geographies, the small populations in Bamberg, Calhoun, and Orangeburg counties do not yield meaningful data when disaggregated at this level.

Earnings by Education Attainment

There is a direct correlation between education attainment and earnings, income, and wealth. The following graph demonstrates this fact generally for Bamberg, Calhoun, and Orangeburg Counties and the state average, but the same would hold true for almost all U.S. geographies. Generally, the higher the education, the higher the earnings.

Median Earnings in the Last Twelve Months by Education Attainment, Population age 25+
Three Counties and South Carolina, 2020 (5-year average estimates)

	Less than high school	High School / GED	Some College / Associates	Bachelor's	Graduate Degree
Bamberg	$28,802	$24,773	$31,381	$41,127	$45,946
Calhoun	$27,386	$26,215	$32,294	$43,971	$58,625
Orangeburg	$18,910	$25,731	$26,626	$38,335	$47,888
S.C.	$22,277	$29,819	$34,794	$50,571	$60,883

Source: U.S. Census s2001

Early Childhood Education

School readiness is a comprehensive connection between children's readiness for school, families' readiness to support their children's learning, and schools' readiness for children. Children are ready for school when they possess the skills, knowledge, and attitudes necessary for success as they enter school and for later learning. This requires age-appropriate physical, cognitive, social, and emotional development.

Children's School Readiness is affected by the early care and learning experiences they receive. Research in brain development emphasizes that early learning (especially from birth to five) directly influences a child's ability to succeed in school. These studies have contributed to a growing awareness of the importance of quality early education, pre-kindergarten, and K-4 experiences as predictors of school readiness. Communities do well when they ensure that children have widespread access to these programs, and especially programs like Head Start, targeted to children most at risk. Children's readiness for successful transition into kindergarten is best viewed as a community responsibility.

Compared to the state average, significantly lower percentages of kindergarteners in Bamberg, Calhoun, and Orangeburg Counties demonstrate readiness to learn in terms of foundational skills and behaviors that prepare them for instruction based on kindergarten language and literacy and mathematics standards.

Percentage of Students Enrolled in Kindergarten and Demonstrating Readiness to Learn, 2020-2021 by District			
	Overall	*Language and Literacy*	*Mathematics*
Bamberg School District 1	*13.3%*	19.3%	16.9%
Bamberg School District 2	*6.9%*	17.2%	0.0%
Calhoun County Schools	*13.3%*	21.1%	17.8%

Orangeburg County School District	*18.9%*	*28.0%*	*17.9%*
S.C. Average	*26.8%*	*32.4%*	*28.3%*

Source: SC DOE School Report Cards

Note that the state does not provide assessment data for kindergarten students on two other critical domains: social foundation and physical wellbeing.

Academic Achievement

The SC Ready assessments for English Language Arts (reading and writing) and Mathematics are administered in grades 3,4,5,6,7, and 8. Academic performance in the elementary years is predictive of ongoing achievement, graduation from high school, and enrollment in post-secondary education.

The four school districts in the three counties fall short of the state average for achievement in English Language Arts. Notably, over half of students in Bamberg District 2 do not meet expectations on this measure. Further data, disaggregated by grade and various other demographics, can be obtained through the S.C. Department of Education.
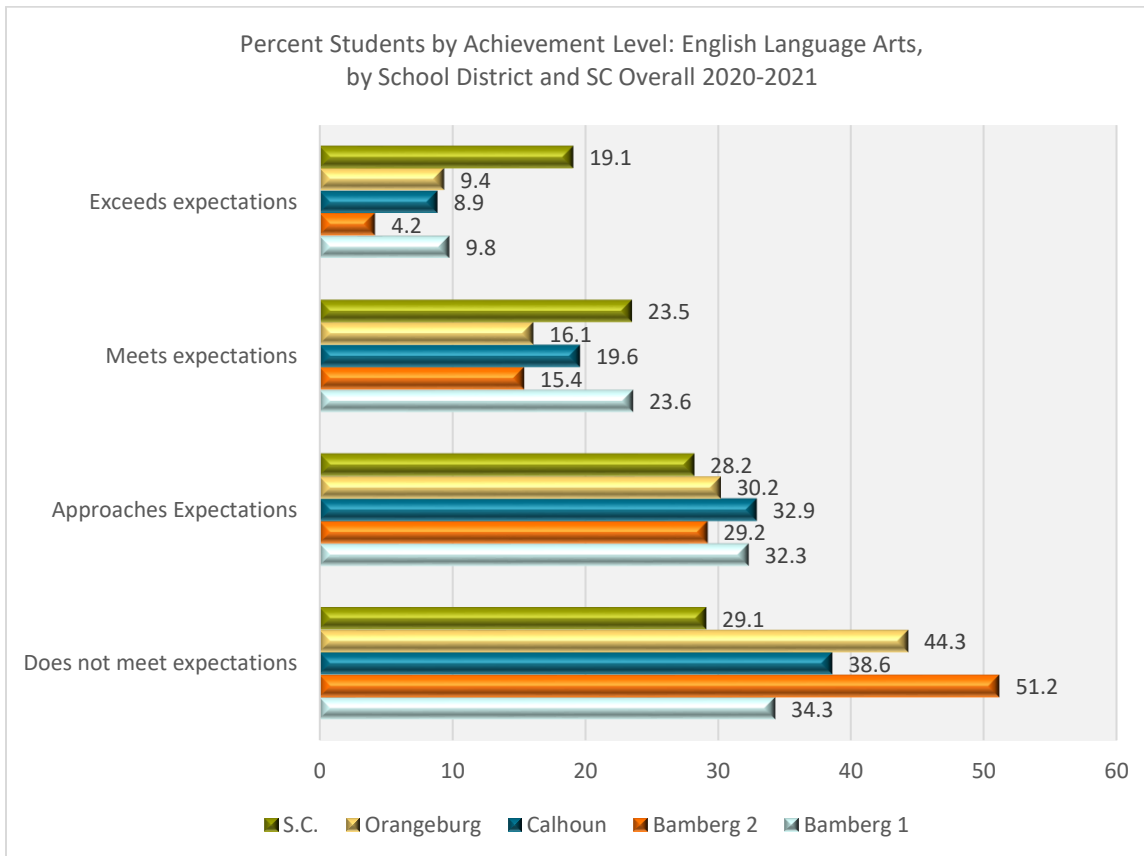
Source: SC DOE School Report Cards

The four school districts in the three counties also fall short of the state average for achievement in Mathematics. Students in Bamberg District 1 perform best on this measure. Further data, disaggregated by grade and various other demographics, can be obtained through the S.C. Department of Education.

Percent Students by Achievement Level: Mathematics, by School District and SC Overall 2020-2021

	Exceeds expectations	Meets expectations	Approaches Expectations	Does not meet expectations
S.C.	17.7	19.6	28.1	34.7
Orangeburg	4.7	9.6	24.2	61.5
Calhoun	6.4	15	28.2	50.5
Bamberg 2	2.2	5.1	25.7	66.9
Bamberg 1	11.7	17.4	36.7	34.2
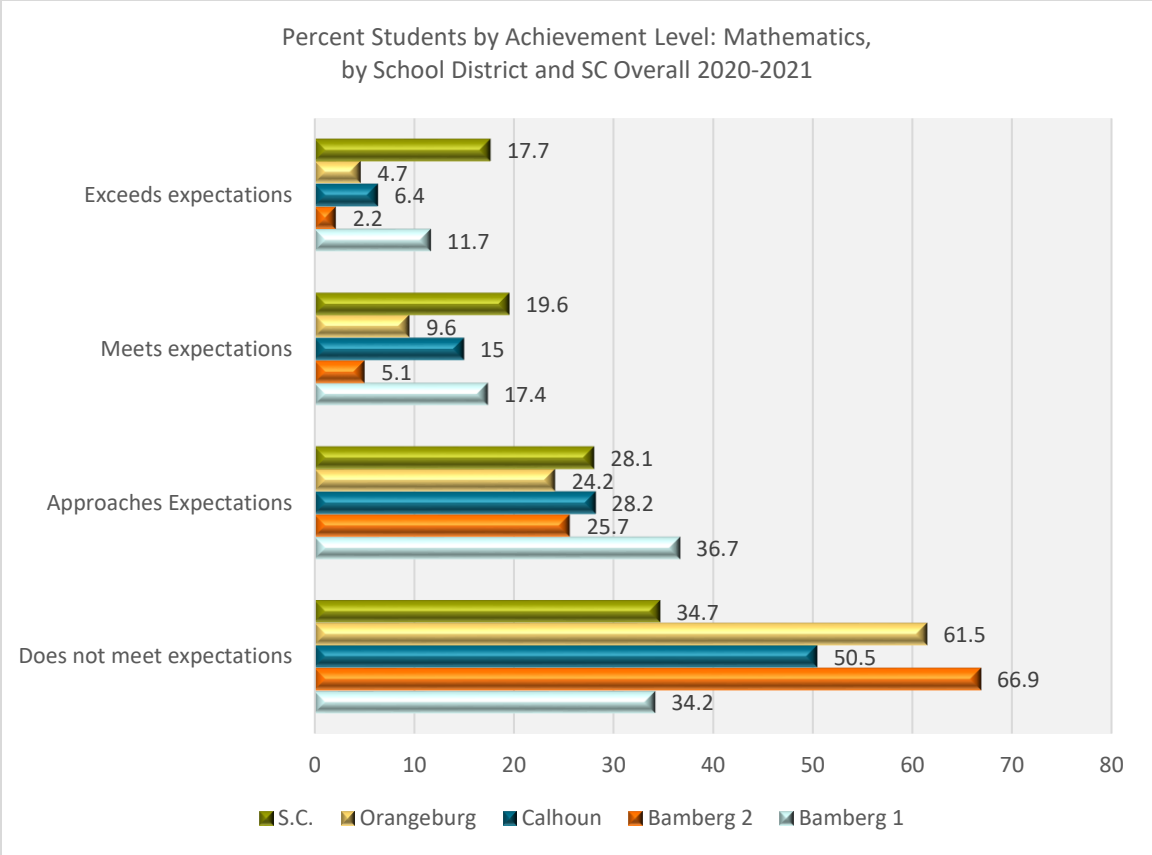
Source: SC DOE School Report Cards

On-Time Graduation

Students who graduate on time – earning a standard high school diploma in four years – are more likely to continue their education at the post-secondary level.

Since 2018, a consistently higher percentage of students have graduated within four years in Calhoun County, compared to the state average. On-time graduation has increased substantially in Bamberg School District 1 and is now significantly higher than the state average. Results are mixed in Bamberg School District 2, and Orangeburg County School District remains below the state average on this measure.

Percent Students Graduating On-Time

	2018	2019	2020	2021
Bamberg 1	76.9	87.7	89.2	91.3
Babmerg 2	83.7	74.6	89.2	77.5
Calhoun	89.3	90.6	86.3	88.9
Orangeburg	75.4	80.4	79.1	75.5
S.C.	81	81.1	82.2	83.3
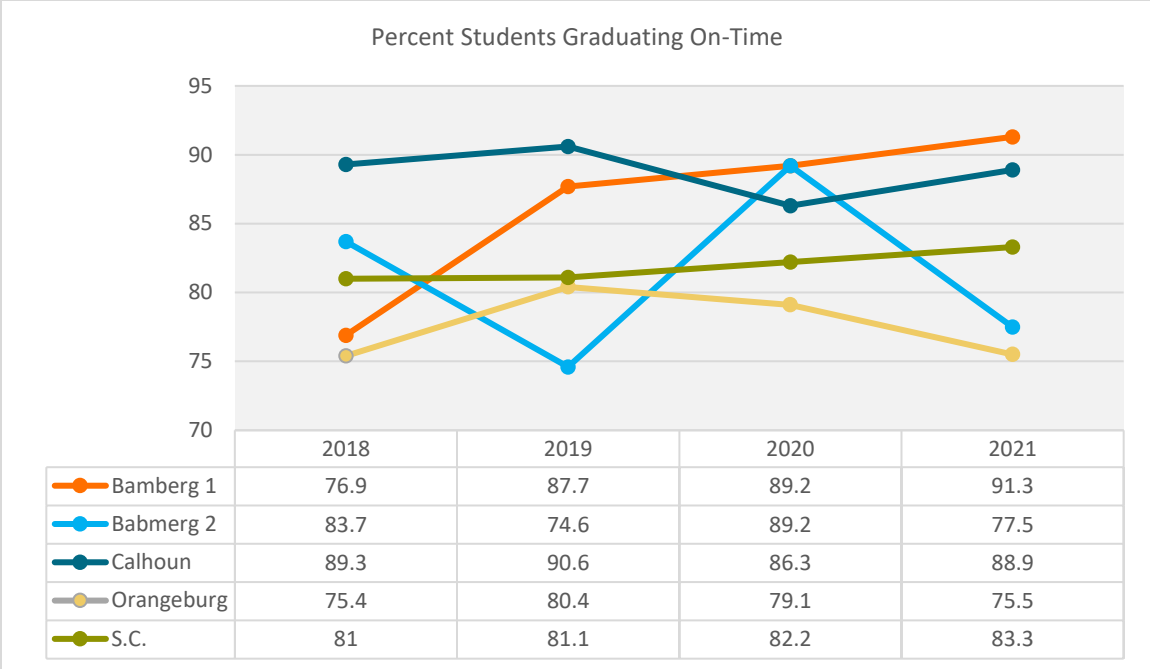
Source: SC DOE Report Cards

When the 2020-2021 on-time graduation rate is disaggregated by student demographic:

- Both Bamberg districts and Calhoun County Schools have higher on-time graduation rates for African-American students and economically disadvantaged students compared to the state average.
- Bamberg District 1 and Calhoun County Schools haver higher on-time graduation rates for Caucasian students compared to the state average (note that Bamberg District 2 does not have sufficient numbers of Caucasian students to report).
- Non-economically disadvantaged students have the highest graduation rate (note that Bamberg District 2 does not have sufficient numbers of these students to report).

On-Time Graduation Rate 2020-2021 by Student Demographic

Demographic	S.C.	Orangeburg	Calhoun	Bamberg 2	Bamberg 1
Non-economically disadvantaged	92.7	86.3	92.9		100
Economically disadvantaged	75.5	72.8	87.3	78.8	85.7
Caucasian	86.9	77.3	89.7		90
Hispanic	81.2	74.2			
African American	78.1	74.8	87.3	80.6	91.8
Overall	83.3	75.5	88.9	77.5	91.3
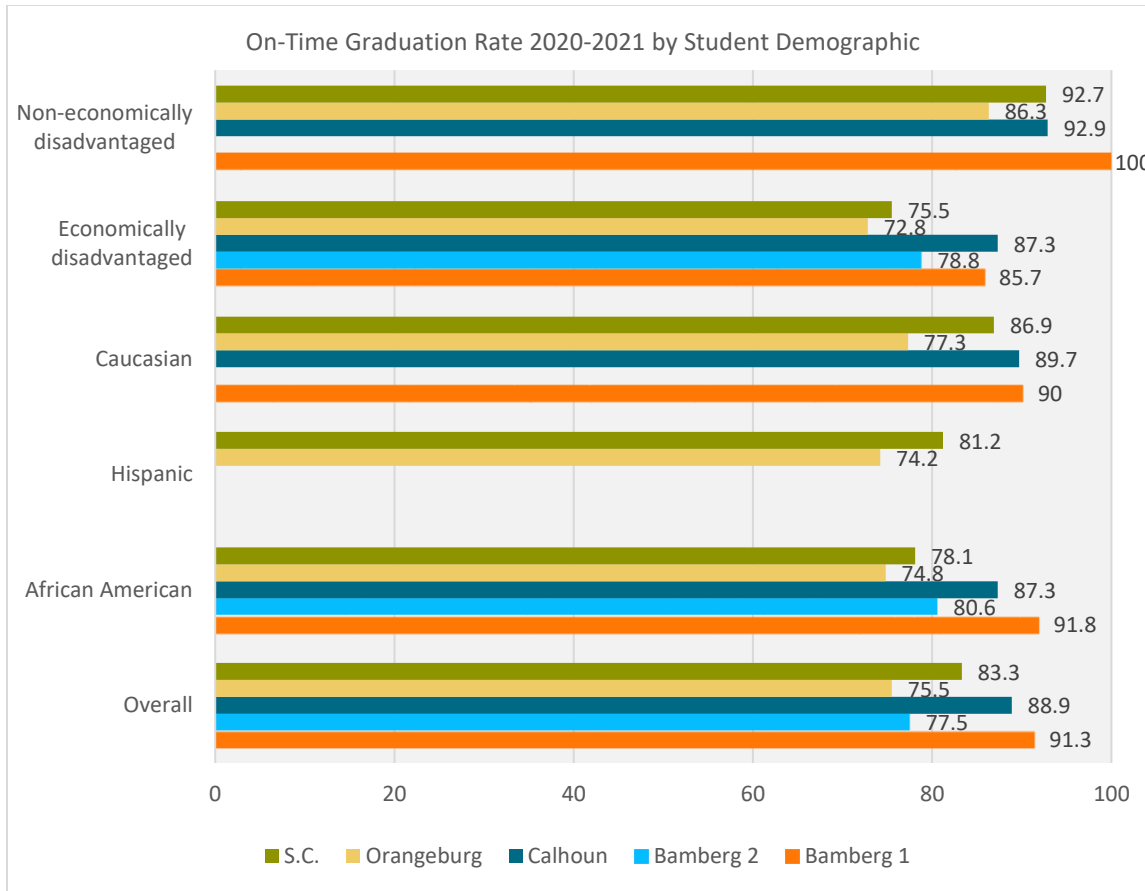
Source: SC DOE School Report Cards

Dropout and Teen Idleness

The 2020 South Carolina Child Well-Being Data Profile, produced by the Children's Trust of South Carolina,[4] ranks Calhoun County 6th, Bamberg County as 22nd , and Orangeburg County 37th of the state's 46 counties for dropout (#1 is best). The following table shows dropout rates and county status for the three counties compared to the state average of 1.9%.

2020 Dropout Rates and County Rankings, Three Counties			
	Dropout Rate*	County Ranking	Status
Bamberg County	2.0%	22	Improved
Calhoun County	0.7%	6	Unchanged
Orangeburg County	2.9%	37	Worsened
South Carolina	1.9%	--	--

Source: Children's Trust of South Carolina
*as a percentage of the total enrollment for grades 9-12

Because capturing dropouts is often difficult at the school and district levels, the U.S. Census offers two alternate measures: percent teens not enrolled in school and not a high school graduate, and an "idleness"

measure for teenagers – residents ages 16-19 who are not enrolled in school and not working. These may be a more accurate measure of dropout. Because numbers are small, especially in rural counties, 5-year rolling averages are used for this measure.

In all three counties, the percentages of teens not enrolled in school and not a high school graduate have dropped significantly and are now lower than the state average.

Percent Teens age 16-19 Not Enrolled in School and Not a High School Graduate								
	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019
Bamberg	10.9%	10.9%	7.3%	10.7%	10.3%	9.2%	4.4%	1.8%	0.0%
Calhoun	18.6%	12.7%	11.3%	5.2%	5.6%	0.4%	1.5%	1.1%	1.2%
Orangeburg	6.0%	5.2%	6.7%	6.2%	6.3%	5.2%	5.3%	4.7%	1.9%
S.C.	6.8%	6.0%	5.8%	5.4%	5.0%	4.4%	4.1%	3.9%	4.0%

Source: Kids Count Data Center

The percentages of "idle" teens is show much more variability, likely a function of even smaller numbers comprising this measure. Currently, Bamberg County shows no "idle" teens and none who haven't graduated from high school but currently not enrolled in school.

Percent Teens age 16-19 Not Attending School and Not Working								
	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019
Bamberg	13.4%	12.0%	7.1%	10.5%	11.4%	6.6%	2.1%	2.3%	0.0%
Calhoun	18.2%	12.8%	11.1%	4.8%	5.6%	3.8%	5.1%	5.6%	17.9%
Orangeburg	6.8%	7.5%	9.6%	11.7%	13.6%	11.3%	10.3%	8.4%	4.1%
S.C.	9.1%	9.1%	9.3%	8.7%	8.5%	7.8%	7.1%	6.9%	6.9%

Source: Kids Count Data Center

Health

Where health-promoting factors do not exist, the cost to the community is high. Social and economic factors are the strongest determinants of health outcomes. If people do not have access to safe places to live and be active, to healthy food, to clean air and water, and to preventive care and treatment, they will not be healthy. When community conditions are not health-promoting, there is a lower quality of life for everyone.

Overall Health

For overall health, Orangeburg County is ranked 35th, Bamberg County is ranked 34th, and Calhoun County is ranked 25th of the state's 46 counties (1 being best and 46 being worst).

- 25% of adults in Bamberg County report that they are in poor or fair health.
- 21% of adults in Calhoun County report that they are in poor or fair health.
- 24% of adults in Orangeburg County report that they are in poor or fair health.

These are all higher than the state average of 18% and the U.S. average of 17%.

Health Outcomes

Health outcomes include length of life / premature death and various quality of life measures. Bamberg County and Calhoun County are ranked in the lower middle range of counties in South Carolina, for health outcomes.
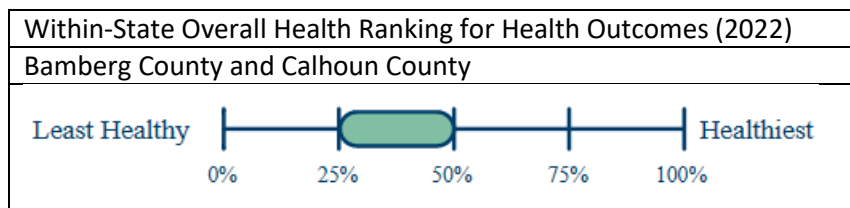
Source: County Health Rankings and Roadmaps

Orangeburg County is ranked among the least healthy counties in South Carolina, for health outcomes.
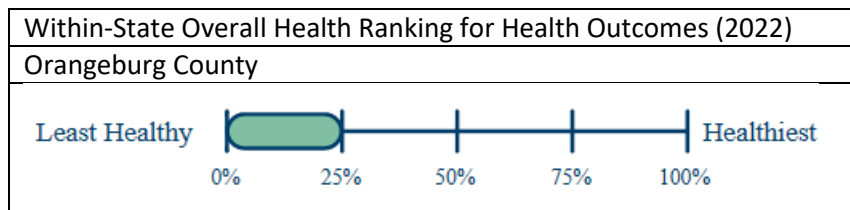
Source: County Health Rankings and Roadmaps

Health Factors

Health factors include various health behaviors, clinical care factors, social and economic factors, and measures of the physical environment. Bamberg County and Orangeburg County are ranked among the least healthy Counties in South Carolina for health factors.

| Within-State Overall Health Ranking for Health Factors (2022) |
| Bamberg County and Orangeburg County |
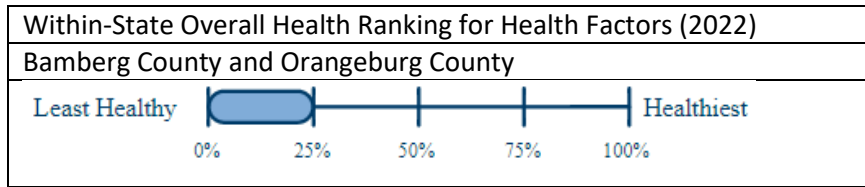
Calhoun County is ranked in the higher middle range of counties in South Carolina for health factors.

| Within-State Overall Health Ranking for Health Factors (2022) |
| Calhoun County |
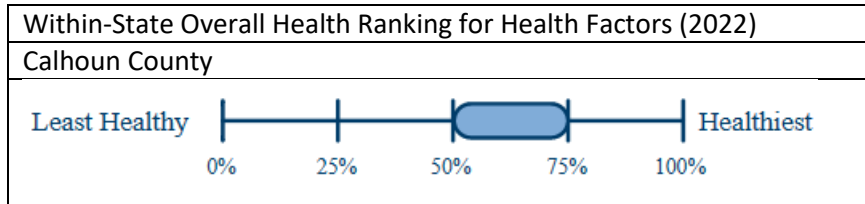
Physical Health

Physically unhealthy days

The average number of days per month that residents report being "physically unhealthy" has increased in all three counties since 2015, although there is year-to-year variability.

The latest data show that all three counties are above the state average on reported numbers of physically unhealthy days in the last month. The average in South Carolina reported on this measure in 2022 is 4.1 physically unhealthy days.

Mental Health

Mentally Unhealthy Days

The average number of days per month that residents report being "mentally unhealthy" has increased significantly in all three counties since 2015, but with less year-to-year variability than physically unhealthy days.

Number Mentally Unhealthy Days Per Month, Three Counties
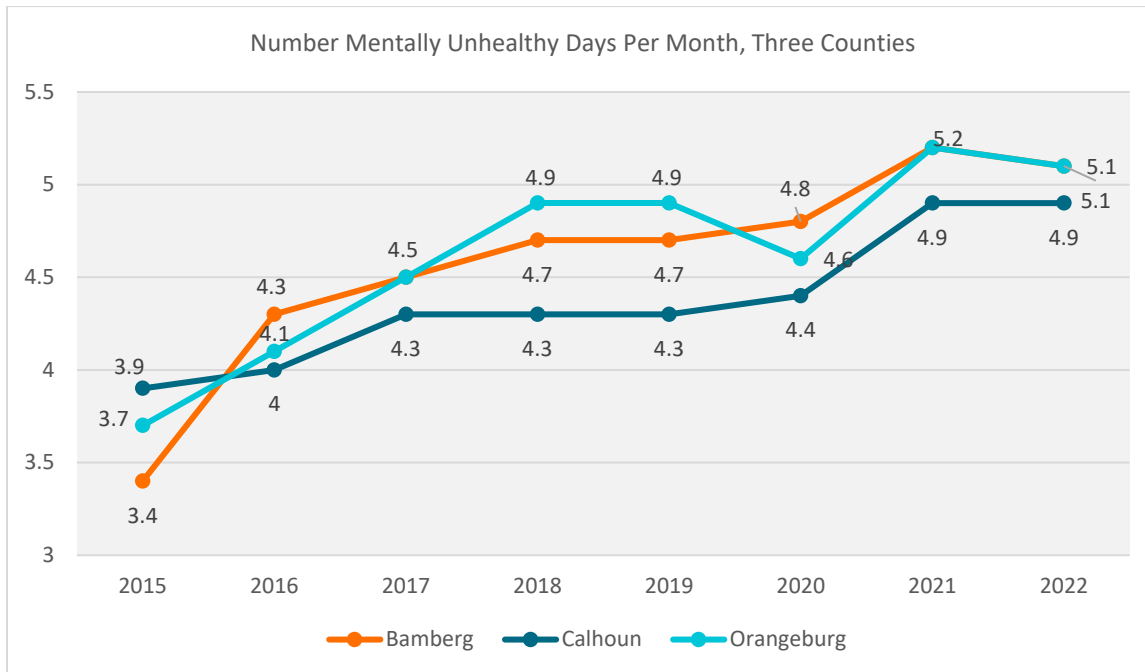
Source: County Health Rankings and Roadmaps

The latest data show that all three counties are above the state average on reported numbers of mentally unhealthy days in the last month. The average in South Carolina reported on this measure in 2022 is 4.5 mentally unhealthy days.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events that occur in a child's life prior to the age of 18. Researchers have recently discovered a dangerous biological syndrome caused by abuse and neglect and other ACEs during childhood. The toxic stress that characterizes childhood adversity can trigger hormones that cause damage to the brains and bodies of children, putting them at a greater risk as adults for disease, homelessness, incarceration, and early death. Further, childhood adversity often harms a child's brain and its development, which can result in long-term negative health and social outcomes.

The latest data show[5] that 61.8% of South Carolina adults report having experienced at least one ACE. The Children's Trust of South Carolina ranks each of the state's 46 counties in terms of child well-being.

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[5] Children's Trust of South Carolina https://scchildren.org/resources/adverse-childhood-experiences/ace-data-county-profiles/

- 50% of Bamberg County children have experienced at least one ACE. The primary ACEs experienced by Bamberg County children are parental divorce/ separation (29%), household substance abuse (25%), and emotional abuse (20%).

- 57% of Calhoun County children have experienced at least one ACE. The primary ACEs experienced by Calhoun County children are parental divorce/ separation (40%), household substance abuse (24%), and emotional abuse (24%).

- 61% of Orangeburg County children have experienced at least one ACE. The primary ACEs experienced by Orangeburg County children are parental divorce/ separation (30%), emotional abuse (27%), and household substance abuse (24%).

Children of Color experience higher rates of ACEs. In South Carolina, 58% of White children have experienced at least one ACE, while 65% of Black children and 67% of Hispanic children have experienced at least one ACE.

Deaths of Despair

Beginning in 2014, life expectancy in the US began to decrease for the first time since 1979 due to "deaths of despair", deaths attributed to suicide, drug or alcohol overdose, and alcoholic liver disease. Mortality associated with these causes has steadily increased and is correlated with poverty. *The* WIN Network[6] reports that South Carolina's Deaths of Despair Rate in 2019 was 49.54 per 100,000 deaths.

The following table provides suicide and overdose data for the state and for Bamberg, Calhoun and Orangeburg Counties. Because of relatively small incidence numbers for these counties, these single-year data should be interpreted with caution. There were no drug overdose deaths in Bamberg County in 2018 or 2019. In Calhoun County there was one opioid-specific drug overdose death and one non-specific overdose death in 2019, down from two of each in 2018. In Orangeburg County, there were 15 opioid-specific overdose deaths in 2019 (up from 8 in 2018) and 21 non-specific overdose deaths in 2019 (up from 10 in 2018). These data place Orangeburg above the state average (single year) for drug overdose deaths, both opioid-specific and non-specific.

Age-adjusted Death rates per 100,000 Population for Drug Overdose and Suicide			
	Non-Specific Drug Overdose Death Rate	Opioid-Specific Drug Overdose Death Rate	Suicide Rate 2016-2018
Bamberg County (2019)	0	0	19.7
Increase or decrease from 2018	0%	0%	N/A
Calhoun County (2019)	7.27	7.27	15
Increase or decrease from 2018	-50%	-50%	N/A
Orangeburg County (2019)	26.60	19.48	12.0
Increase or decrease from 2018	110%	+88%	N/A
South Carolina (2019)	22.72	17.83	15.8
Increase or decrease from 2018	+3%	+7%	N/A

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[6] WIN Network https://www.winmeasures.org/statistics/winmeasures/us-health

Infant Mortality

Infant mortality is a good measure of population health since it reflects the economic and social conditions that impact health in a community. The United States has the highest maternal and infant mortality rates among comparable developed countries. In 2018, the infant mortality rate in the United States was 5.7 deaths per 1,000 live births. South Carolina is among the nine states in the US with the highest infant mortality rates, 9.2 -11.5 per 1,000 live births.

Because numbers of child deaths within the first year of life are relatively low, especially for sparsely populated geographies, multiple year averages are often used to measure infant mortality. For the combined 2013-2019 period, an average of 75 babies died in their first year of life in Orangeburg County, equating to an infant mortality rate of 11 per 1,000 live births.[8] Because of low population numbers and inherently low numbers for this measure, no infant mortality data are reportable for Bamberg and Calhoun Counties.

It should be noted that there is a significant racial inequity in this measure. Black infants in the U.S. are more than twice as likely to die as White infants – 10.8 per 1,000 Black babies, compared to 4.6 per 1,000 White babies. This racial inequity is wider than in 1850 and in one year constitutes 4,000 inequitable deaths of Black babies. Education and income do not mitigate this inequity – a Black woman with an advanced degree is more likely to lose her baby in its first year of life than a White woman with less than an eighth-grade education. Numbers are too small in all of the three counties to meaningfully disaggregate this measure by race.

Teen Childbearing

Births to teens have substantial implications for educational and socioeconomic outcomes for the teen mother. Parenthood is the leading reason that teen girls drop out of school. More than 50% of teen mothers never graduate from high school, whereas approximately 90% of women who do not give birth during their teenage years will graduate from high school. Additionally, less than 2% of teen moms earn a college degree by age 30. Because many teen mothers live in poverty, care for both mother and child can be publicly funded for years, including assistance programs for food, medical care and childcare. In addition, daughters of teen mothers are more likely to become teen mothers themselves, creating cyclical poverty over generations.[9]

Teen child bearing has decreased substantially in South Carolina and in all three counties, mirroring the national trend. Single year data for 2019 show that South Carolina has a teen childbearing rate of 21.6 per 1,000 females aged 15-19. Because single year data are much less reliable for counties with smaller populations, a 5-year rolling average is reported for Bamberg, Calhoun, and Orangeburg Counties in the following graph / table. This smooths year-to-year variability in the data. The teen childbearing rate in

[7] SC Institute of Medicine and Public Health, SC Behavioral Health 2021 Progress Report https://imph.org/publications/

[8] County Health Rankings. https://www.countyhealthrankings.org/app/south-carolina/2021/measure/outcomes/129/data?sort=desc-3

[9] Fact Forward: https://www.factforward.org/news/high-costs-teen-pregnancy

Bamberg and Calhoun Counties has been below the state average historically and currently. The opposite is true for Orangeburg County.

Birth Rates* to Mothers Age 15-19, Three Counties and SC (5-year averages)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Bamberg	45	40	34	34	31	29	30	25	23	21	21
Calhoun	38	42	41	42	41	37	36	29	27	25	22
Orangeburg	54	55	53	52	52	49	44	38	35	32	29
South Carolina	52	53	49	48	46	43	40	33	30	27	25
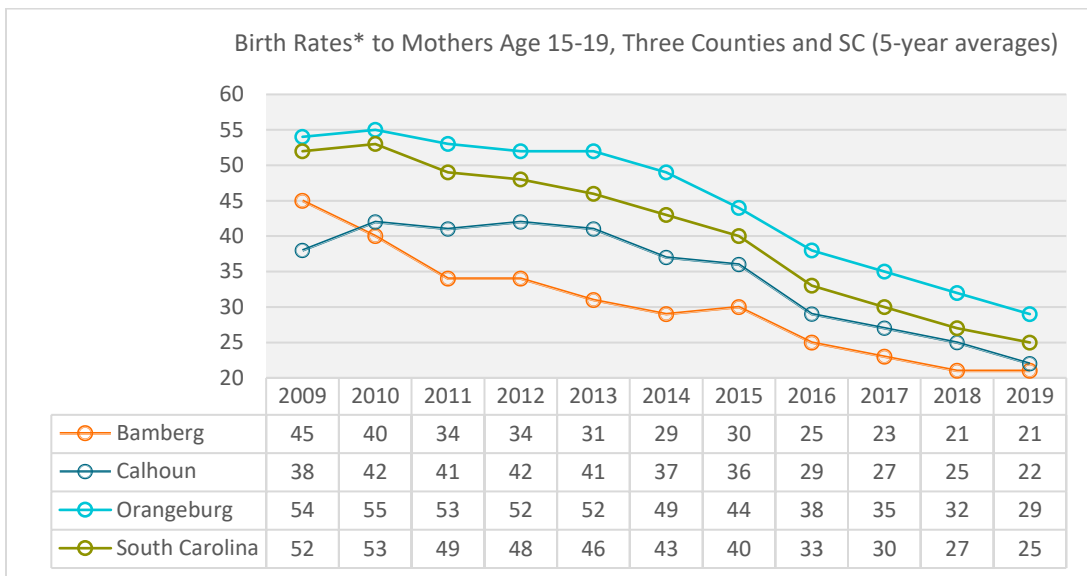
Source: County Health Rankings
*per 1,000 females aged 15-19

In 2019, 91 babies were born to teen mothers (age 15-19) across the three counties.[10] The following table provides more teen childbearing data for Bamberg, Calhoun, and Orangeburg Counties in 2019. Notably, Bamberg County had the lowest teen childbearing rate in the state, and Calhoun County had the third lowest.

2019 Teen Birth Rates and Numbers by Age Group, Three Counties and South Carolina							
		Ages 15-19		Ages 15-17		Ages 18-19	
	Rank*	Number	Rate	Number	Rate	Number	Rate
Bamberg	46	6	11.2	1	3.1	5	23.5
Calhoun	44	6	15.3	1	4.3	5	31.8
Orangeburg	23	79	26.4	21	11.7	58	48.5
S.C.	--	3,425	21.6	791	8.3	2,636	41.5

Source: Fact Forward
*Ages 15-19. 1 = worst

Predictors of Chronic Disease

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[10] Fact Forward: https://www.factforward.org/news/high-costs-teen-pregnancy

Smoking, obesity, and physical inactivity are the primary predictors of chronic disease.

Predictors of Chronic Disease, Three Counties with State and National Comparisons, 2022					
	Bamberg County	Calhoun County	Orangeburg County	S.C. Average	Top U.S. Performers
Adult smoking	23%	20%	21%	18%	16%
Adult obesity	41%	37%	41%	36%	32%
Physical inactivity	35%	31%	33%	29%	26%

Source: County Health Rankings

Smoking

Each year approximately 480,000 premature deaths in the U.S. can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.

The adult smoking rates in all three counties are higher than the state average and significantly higher than top U.S. county performers.

Obesity

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status.

The adult obesity rates in all three counties are higher than the state average and significantly higher than the top U.S. county performers.

Physical Inactivity

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia. Physical inactivity is not only associated with individual behavior but also community conditions such as expenditures on recreational activities, access to infrastructure, and poverty.

The physical inactivity rates reported by adults in all three counties are higher than the state average and significantly higher than top U.S. county performers.

Diabetes

Diabetes is a leading cause of chronic physical impairment and death in South Carolina. The state has the 8th highest prevalence of diabetes among adults in the nation (2018).

- One in seven adults in South Carolina has diabetes.
- Approximately one in six Black adult residents has diabetes, compared to one in eight White adult residents.
- One in five adults with less than an $15,000 annual household income has diabetes

Orangeburg County is among the counties in South Carolina with the highest diabetes prevalence rates, for the combined years 2016-2018.

Diabetes Prevalence Among Adults, 2016-2018

Diabetes Prevalence (%)
☐ 8.4 - 12.9
☐ 13.0 - 15.4
☐ 15.5 - 17.4
☐ 17.5 - 21.8

Source: SC DHEC BRFSS, 2016-2018.
Notes: *Regional estimates were used due to small number of responses in the county, adults 18+.
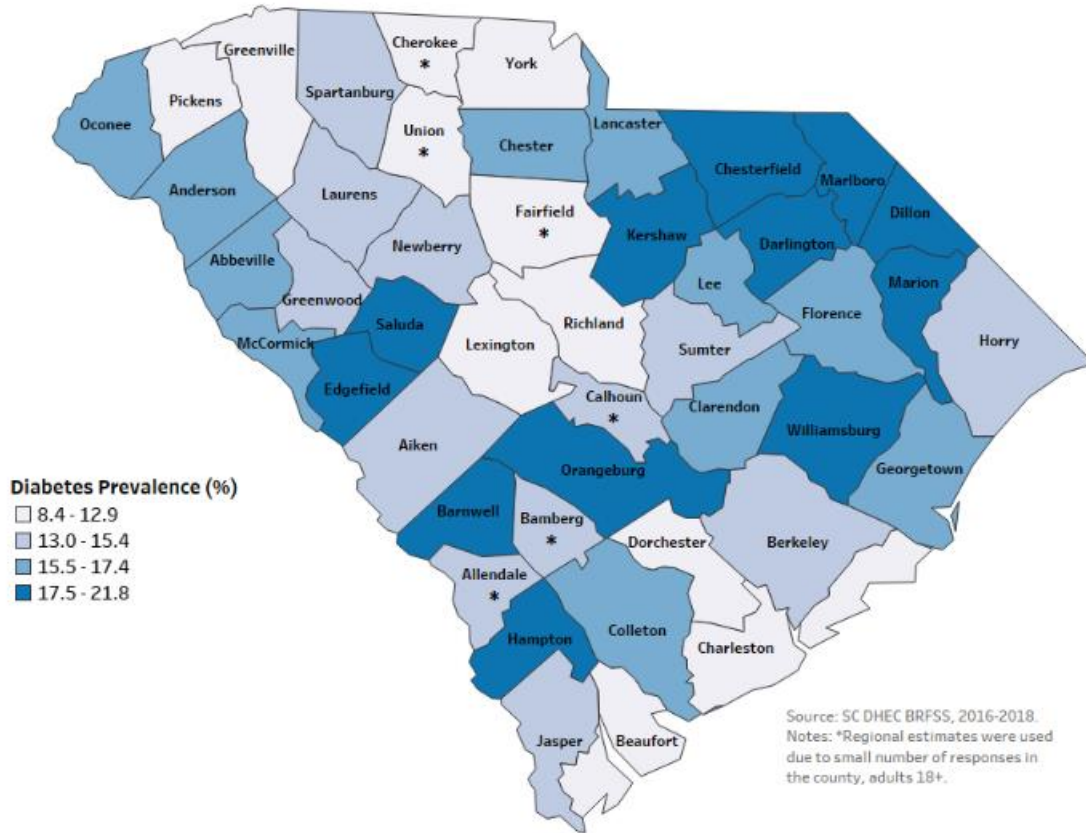
However, there is some indication that diabetes prevalence may be decreasing in Orangeburg County, since the 2019 single year measures show lower rates. However, all three counties have diabetes prevalence above the state average and much above the national average.

Percentage of adults aged 20 and above with diagnosed diabetes (2019)				
Bamberg	Calhoun	Orangeburg	S.C.	U.S.
15%	13%	15%	12%	9%

Source: 2022 County Health Rankings via SC DHEC

Access to Care

There are many barriers to accessing needed health care. If people are unable to receive preventive care or if care is delayed, health outcomes are worse. Poor health conditions often needlessly develop when preventive care is absent. Delayed care often results in serious illness and costly treatment.

Health Insurance

Health insurance coverage is a strong indicator of access to health care and the likelihood of receiving quality care. Rates of health insurance coverage in a community speak not only to the health status of that community, but also to the economic status of the community and the distribution of well-paying jobs. Further, when health insurance coverage is low, costs to society are often high since the uninsured frequently seek treatment in emergency departments for non-emergent conditions and often do not get timely treatment for chronic illnesses, resulting in higher costs and lost worker productivity.

The following graph shows uninsured rates (for any type of health insurance, public or private) have decreased statewide and for all three counties over the last six years.

Percent Residents without Health Insurance (5-year average estimates)

	2015	2016	2017	2018	2019	2020
Bamberg	18.8	16.5	16	12.6	13.5	12.4
Calhoun	15.9	15.1	12.2	11.6	9.3	10.4
Orangeburg	17.3	15.7	13.9	12.4	11.2	10.4
South Carolina	14.5	13.3	12.1	11	10.5	10.4
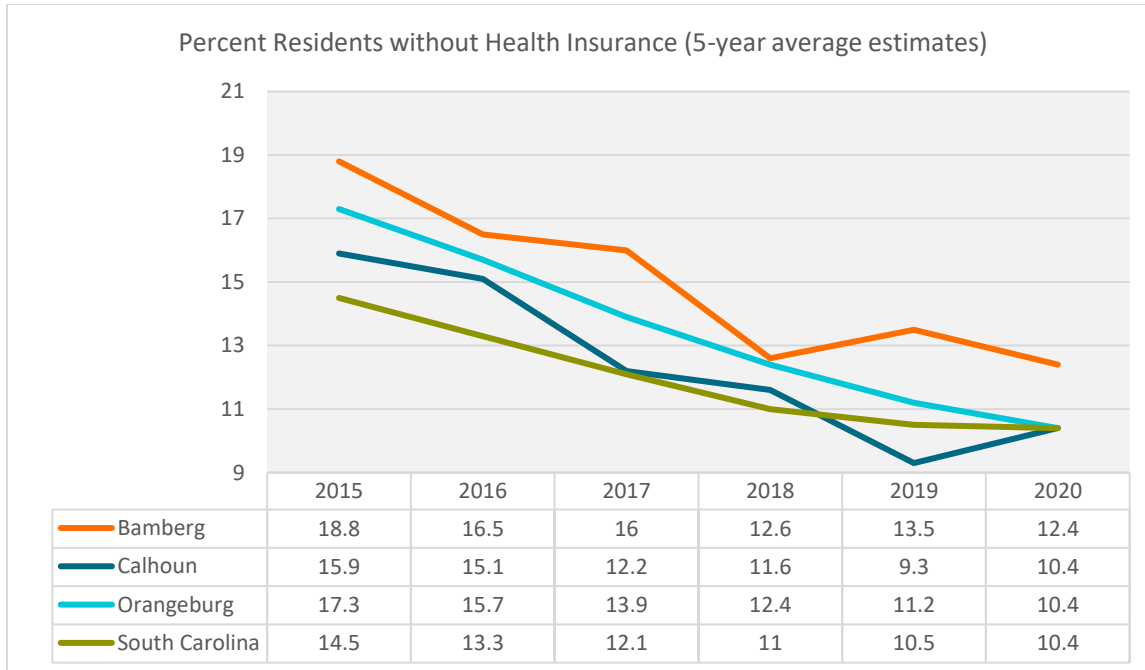
Source: U.S. Census S2701

Currently, an estimated:

- 1,748 Bamberg County residents have no health insurance.
- 1,509 Calhoun County residents have no health insurance.
- 8,939 Orangeburg County residents have no health insurance.

As with most other measures, health care coverage is strongly correlated with where you live. Lack of coverage ranges in Bamberg County by census tract from 9.5% to 15.1% (combined years 2014-2018).

No Health Insurance Coverage (2014-2018)
Coverage Status: Uninsured
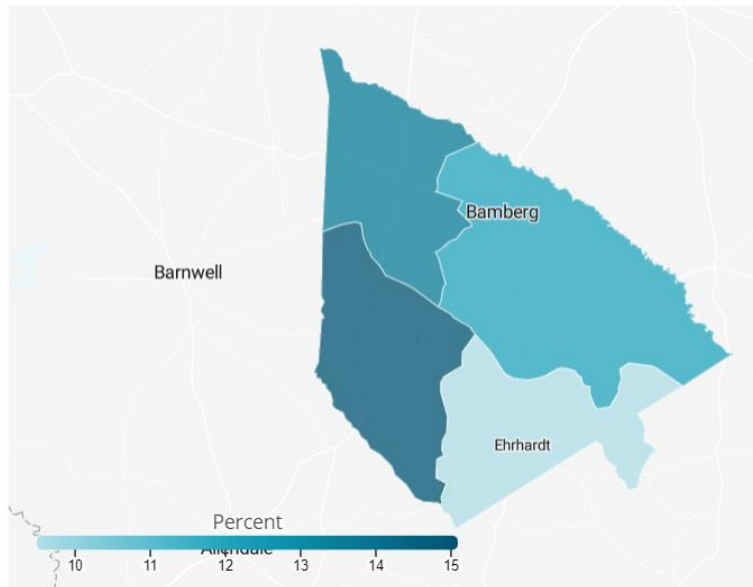
Source: WIN Network

Lack of coverage ranges in Calhoun County by census tract from 7.3% to 15.7%.

No Health Insurance Coverage (2014-2018)
Coverage Status: Uninsured
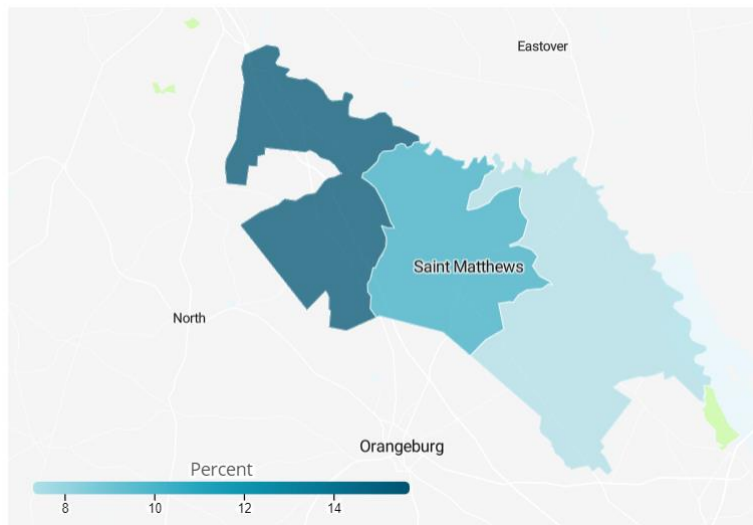
Lack of coverage ranges in Orangeburg County by census tract from 7.5% to 18.9%.

No Health Insurance Coverage (2014-2018)
Coverage Status: Uninsured
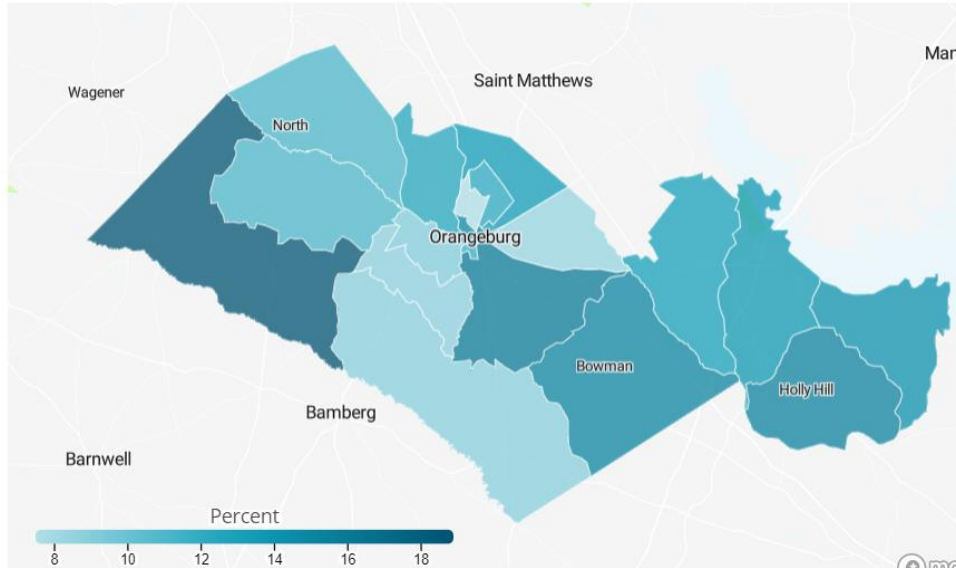
Population to Providers

Lack of health insurance is a primary reason people delay costly medical care, but lack of providers also diminishes lack of access to care.

Primary Care Physicians

The following graph demonstrates the trend in the ratio of population to primary care physicians over time, comparing the three counties to the state average and the national average. The nation and the state, as well as Bamberg and Calhoun Counties, are improving on this measure, with fewer residents per primary care physician. Orangeburg is worsening on this measure. All three counties fare worse than the state average, and Calhoun County fares significantly worse.

Population to Primary Care Physicians

	2010	2011	2012	2013	2014	2015	2016	2017	2018
U.S.	1,371	1,355	1,343	1,320	1,321	1,323	1,326	1,325	1,319
Bamberg	2,662	2,638	3,142	3,078	3,024	2,926	2,887	2,876	2,855
S.C.	1,544	1,533	1,520	1,494	1,487	1,483	1,489	1,498	1,494
Calhoun	7,554	7,583	7,458	5,018	7,431	7,401	7,398	4,901	4,840
Orangeburg	2,146	2,038	2,031	2,013	2,090	2,168	2,198	2,302	2,288
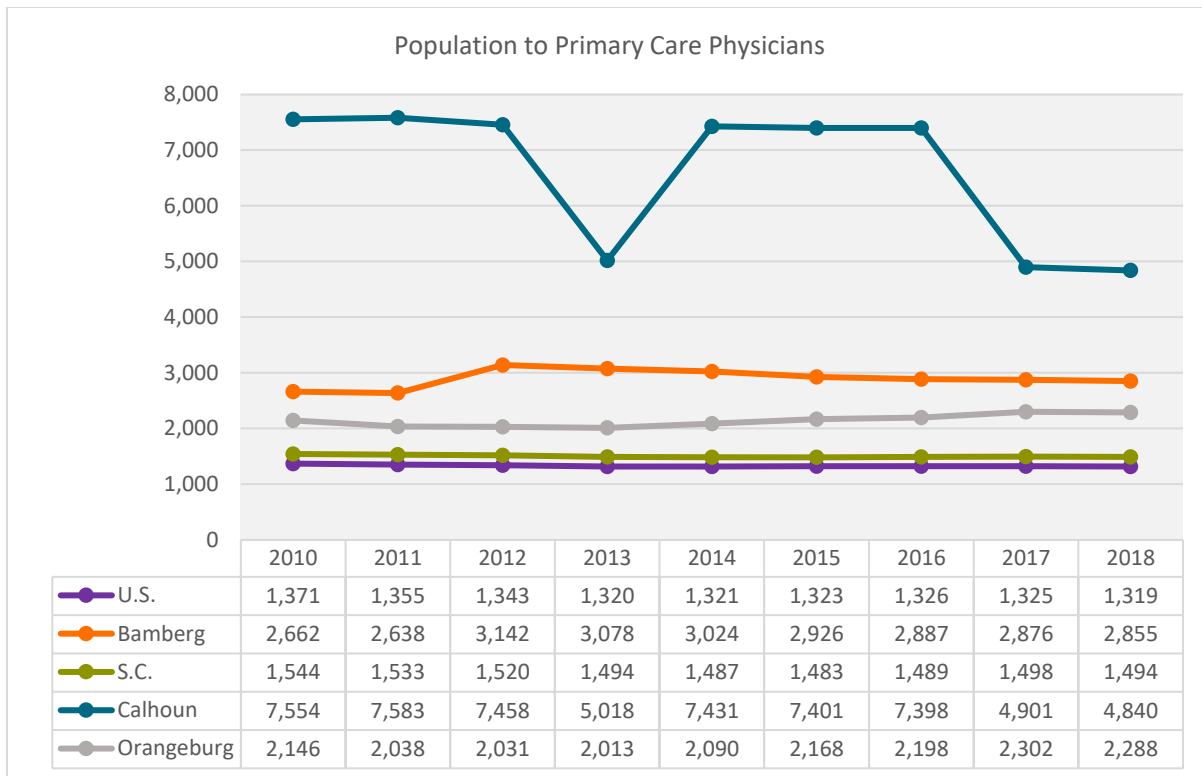
Source: County Health Rankings and Roadmaps

Small, rural counties tend to have higher population to provider ratios. All three counties have high population to primary care physician ratios.

County Status: Primary Care Physicians, 2018			
	# Primary Care Physicians	Ratio of Population to Primary Care Physicians	Rank on this measure (of 46 Counties)
Bamberg	5	2,860:1	31
Calhoun	3	4,840:1	41
Orangeburg	38	2,290:1	26
South Carolina	N/A	1,490:1	N/A

Source: County Health Rankings and Roadmaps

Dentists

The following graph demonstrates the trend in the ratio of population to dentists over time, comparing the three counties to the state average and the national average. The nation, the state, and all three counties are improving on this measure, with fewer residents per dentist. Calhoun and Orangeburg Counties fare persistently and significantly worse than the state average on this measure.

Population to Dentists

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
U.S.	1,700	1,660	1,622	1,583	1,543	1,522	1,485	1,461	1,447	1,405
Bamberg	2,662	2,011	2,618	2,199	1,890	1,829	1,804	1,798	1,784	1,758
S.C.	2,163	2,127	2,067	1,999	1,953	1,920	1,891	1,839	1,809	1,767
Calhoun	3,777	3,792	3,729	3,763	2,477	2,467	2,959	2,941	2,904	2,911
Orangeburg	3,846	3,527	3,264	2,831	2,900	2,962	2,930	2,916	2,804	2,693
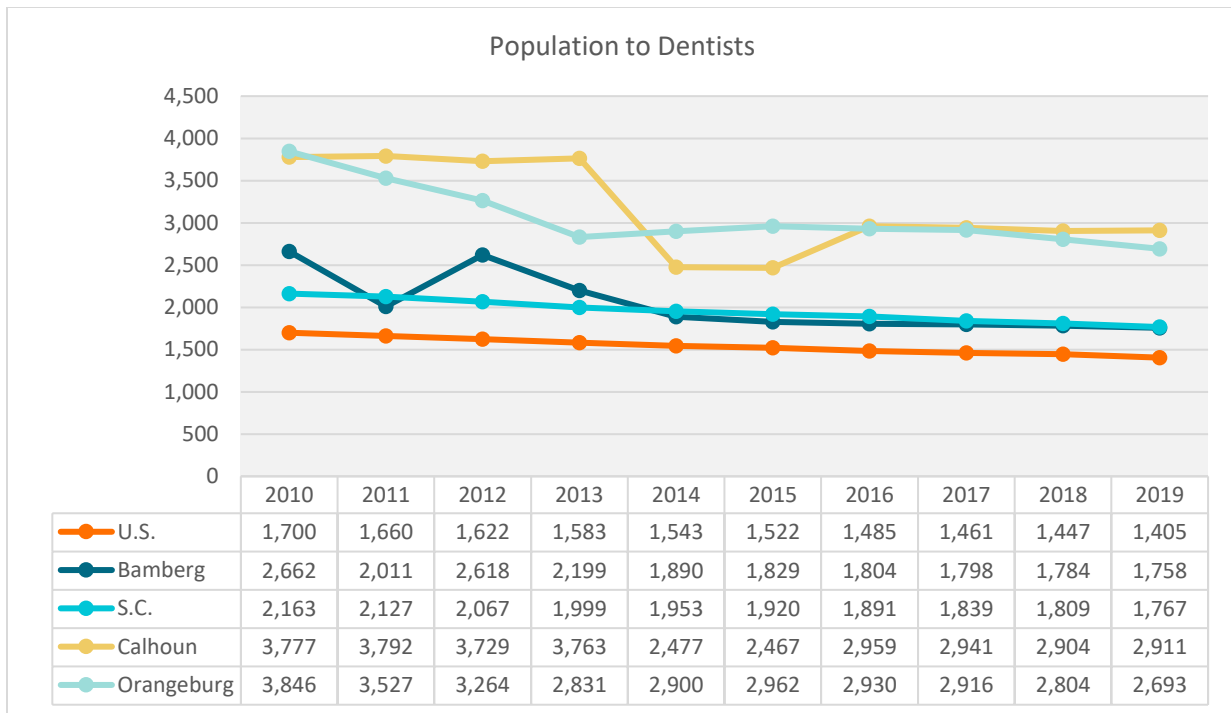
Source: County Health Rankings and Roadmaps

As with physicians, rural counties tend to have higher population to provider ratios for dentists. Bamberg ranks seventh best of all 46 South Carolina counties, but Calhoun and Orangeburg do not fare well in comparison to the other counties.

County Status: Dentists, 2018			
	# Dentists	Ratio of Population to Dentists	Rank on this measure (of 46 Counties)
Bamberg	8	1,760:1	7
Calhoun	5	2,910:1	24
Orangeburg	32	2,690:1	21
South Carolina	N/A	1,770:1	N/A

Source: County Health Rankings and Roadmaps

Mental Health Providers

In South Carolina on average (2020), there is one mental health provider for every 550 residents. All three counties have higher population to provider ratios for this measure. Calhoun County ranks last among the state's counties on this measure, and Bamberg ranks second to last.

County Status: Mental Health Providers, 2020			
	# Mental Health Providers	Ratio of Population to Mental Health Providers	Rank on this measure (of 46 Counties)
Bamberg	6	2,340:1	45
Calhoun	2	7,280:1	46
Orangeburg	139	620:1	11
South Carolina	N/A	550:1	N/A

Source: County Health Rankings and Roadmaps

Emergency Department Use

When people do not have health insurance, they tend to seek treatment for non-emergent conditions in hospital emergency departments. It is far more expensive to provide care in emergency departments than in outpatient offices.

In 2019-2020, across the three counties, there were 12,052 visits to emergency departments that did not result in admission to the hospital for indigent / self-pay residents. These visits constituted total charges of $39,600,087. Data disaggregated by county are reported in the following table.

Emergency Department visits and costs for indigent / Self-Pay residents that did not result in inpatient admission (2019-2020)			
	Bamberg	Calhoun	Orangeburg
Number of visits that did not result in admission	1,757	911	9,384
Percentage of emergency department visits	18.8%	19.6%	22.2%
Total charges	$4,383,927	$3,238,136	$31,978,024
Average Charge	$2,160	$2,962	$2,795

Source: SC Revenue and Fiscal Affairs

Across South Carolina, visits to emergency departments that did not result in inpatient admission by indigent / self-pay patients constituted 24% of all emergency department visits. All three counties had lower rates on this measure compared to the state average. Note that these data do not account for people who are uninsured and put off receiving treatment for non-emergent conditions until the conditions worsen and must be treated on an inpatient basis.

Preventable Hospital Stays

Hospital admissions for conditions that can be treated in outpatient settings suggests that quality outpatient care is not accessible. This measure may also suggest a tendency to overuse emergency departments as a primary source of care. Thus, it reflects both quality and access issues.
Although these data are somewhat limited since they account for only enrollees in Medicare, the data show that Bamberg County and Calhoun County have lower rates than the state average and the national average for preventable ("ambulatory-care sensitive") hospital stays. Orangeburg County's rate is higher than the state and national averages.

Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2019)				
Bamberg	Calhoun	Orangeburg	S.C.	U.S.
3,430	3,123	4,513	3,797	3,767

As demonstrated in the following trend graphs, Bamberg County has improved on this measure since 2012, but Orangeburg County has worsened. There is no demonstrable trend in Calhoun County.

Preventable hospital stays in Bamberg County, SC
County, state and national trends

Bamberg County is getting better for this measure.

Preventable hospital stays per 100,000 Medicare enrollees

Year

● Bamberg County ▲ South Carolina ■ United States
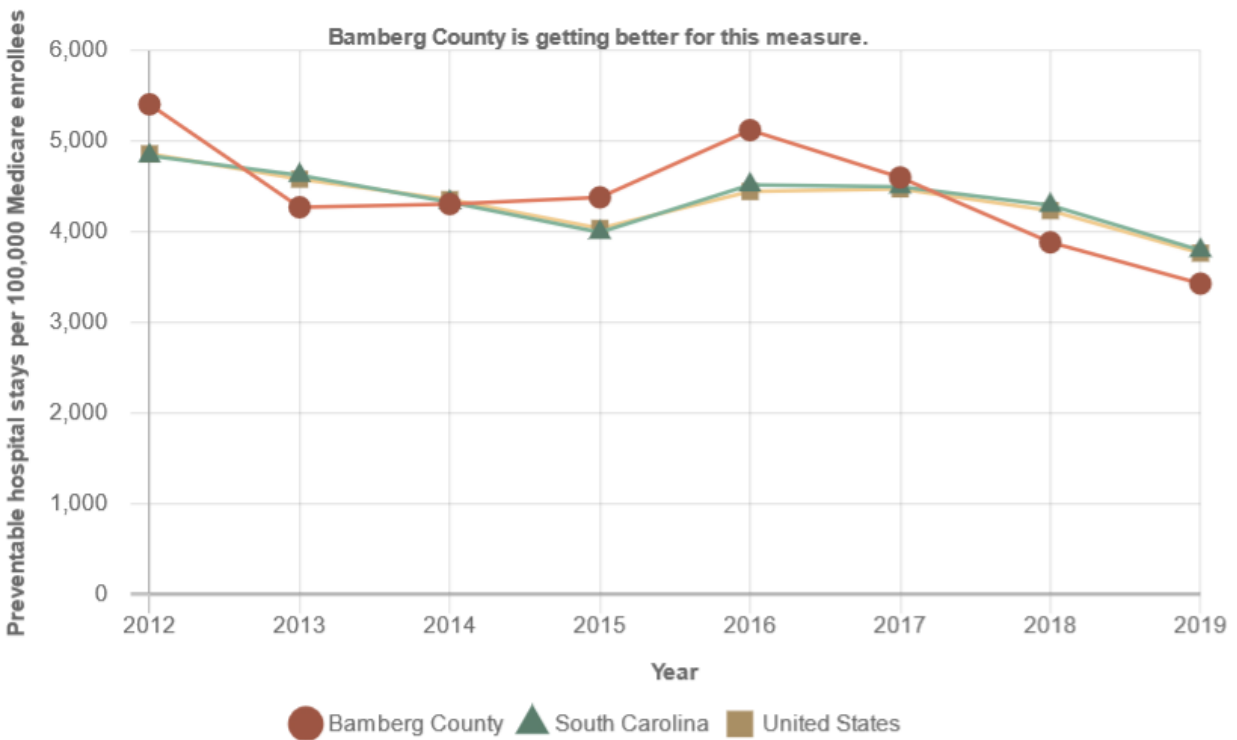
Preventable hospital stays in Calhoun County, SC
County, state and national trends

No significant trend was found in Calhoun County for this measure.

Preventable hospital stays per 100,000 Medicare enrollees

Year

● Calhoun County ▲ South Carolina ■ United States

46
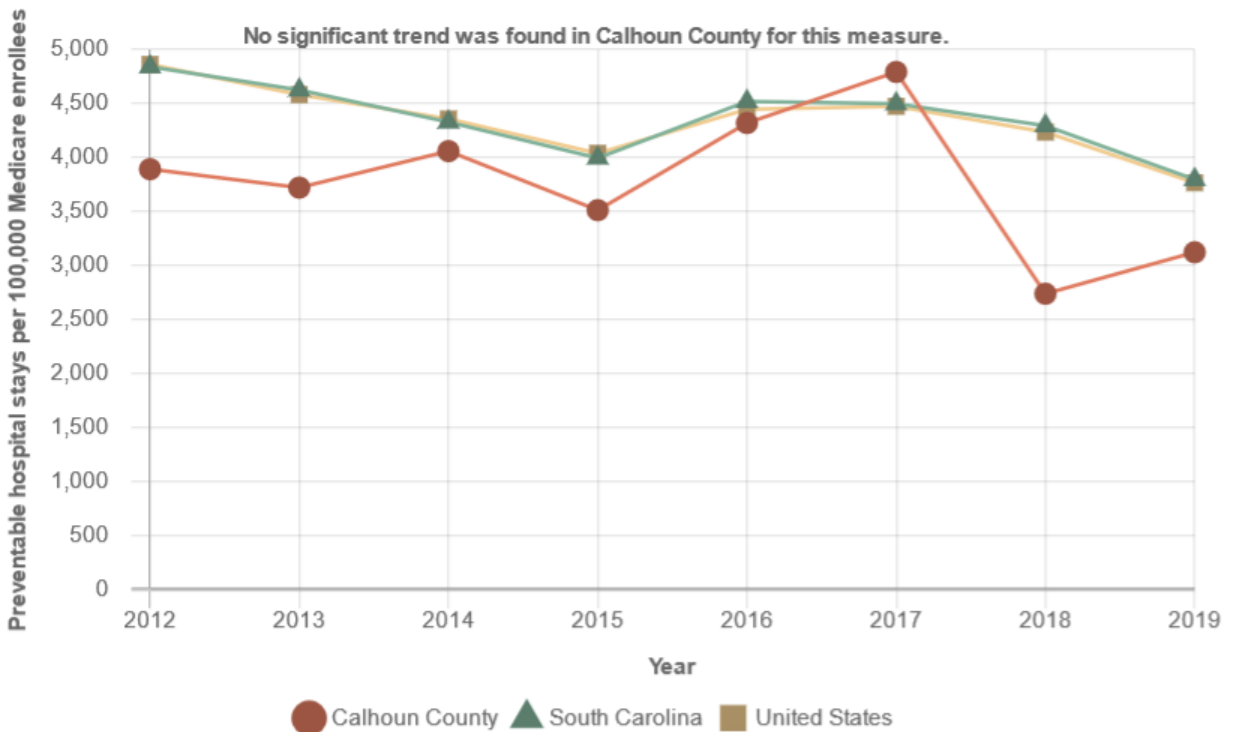
Preventable hospital stays in Orangeburg County, SC
County, state and national trends

Orangeburg County is getting worse for this measure.
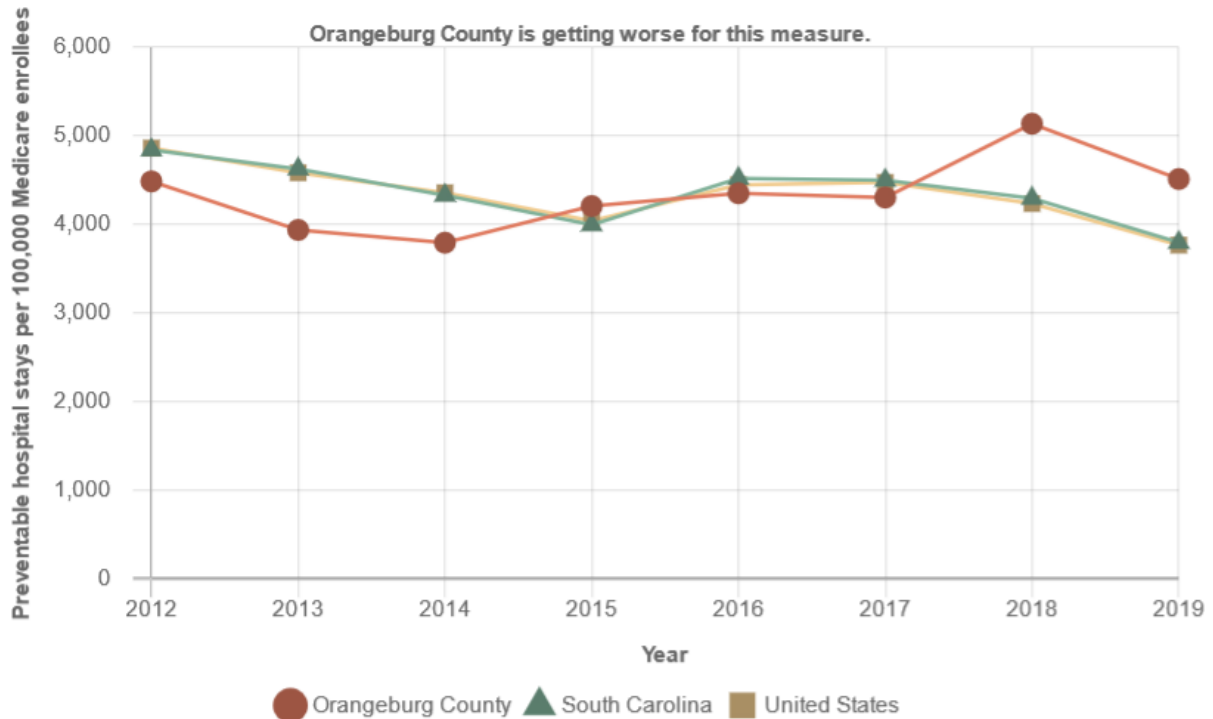
Source: County Health Rankings

Life Expectancy

Life expectancy varies substantially from place to place and across cities, especially for low-income people. The gaps in life expectancy are growing rapidly, with the richest Americans gaining approximately 3 years in longevity between 2001 and 2014, while the poorest Americans having no gain at all. The data show that the poor live longest in affluent, educated cities with amenities that promote healthy behaviors.[11] The U.S. is ranked 42nd in the world for life expectancy.[12] The richest American men live 15 years longer than the poorest men, while the richest American women live 10 years longer than the poorest women.[11] South Carolina ranks 42nd of 51 states and the District of Columbia for life expectancy - 74.0 years for males and 79.8 years for females. Clearly, people of color bear a greater burden of low income and poverty; thus, these data align closely with racial inequity.

In 2018, the National Center for Health Statistics and the Robert Wood Johnson Foundation released first-of-its-kind neighborhood-level data on life expectancy at birth,[13] demonstrating extreme variation even at the census tract, or neighborhood level.

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[11] Chetty, R, Stepner, M, Abraham, S, Lin, S, Scuderi, B, Turner, N, Bergeron, A, and Cutler, D. The Association Between Income and Life Expectancy in the United States, 2001-2014   https://healthinequality.org/documents/paper/healthineq_summary.pdf
[12] Robert Wood John Foundation: https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html
[13] Centers for Disease Control and Prevention, National Center for Health Statistics. USALEEP. NVSS - United States Small-Area Life Expectancy Estimates Project (cdc.gov)

Bamberg County Life Expectancy by Census Tract
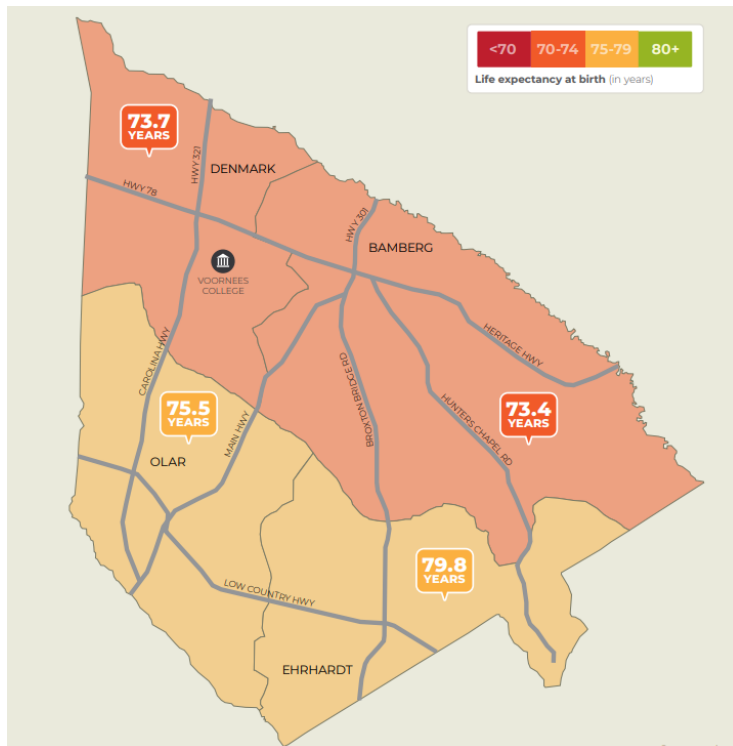
Source: Live Healthy South Carolina

These data show that life expectancy is 73.39 years for Bamberg County, lower than the state average of 76.5 years. When examined at the census tract level, people in Bamberg County (like many other geographies across the nation) have different opportunities for long life according to where they live, although the disparity isn't as wide in Bamberg County as in many other counties. The range (highest minus lowest) of life expectancy at birth for Bamberg County census tracts is 6.4 years; lowest life expectancy is 73.4 years, and the highest is 79.8 years.

Calhoun County Life Expectancy by Census Tract
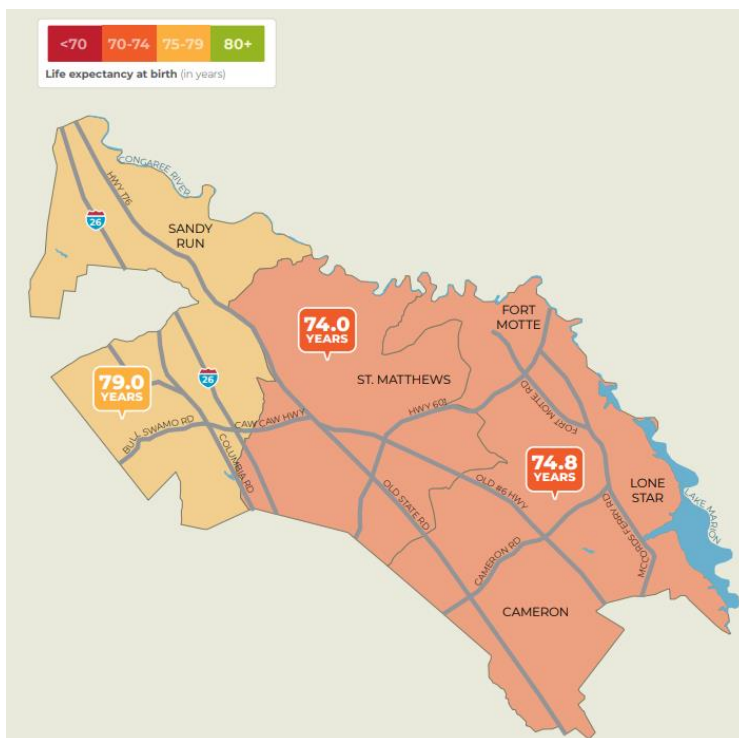
Source: Live Healthy South Carolina

Life expectancy is 75.62 years for Calhoun County, lower than the state average of 76.5 years. When examined at the census tract level, people in Calhoun County (like many other geographies across the nation) have different opportunities for long life according to where they live, although the disparity isn't as wide in Calhoun County as in many other counties. The range (highest minus lowest) of life expectancy at birth for Calhoun County census tracts is 5.0 years; lowest life expectancy is 74.0 years, and the highest is 79.0 years.

Orangeburg County Life Expectancy by Census Tract

Source: Live Healthy South Carolina
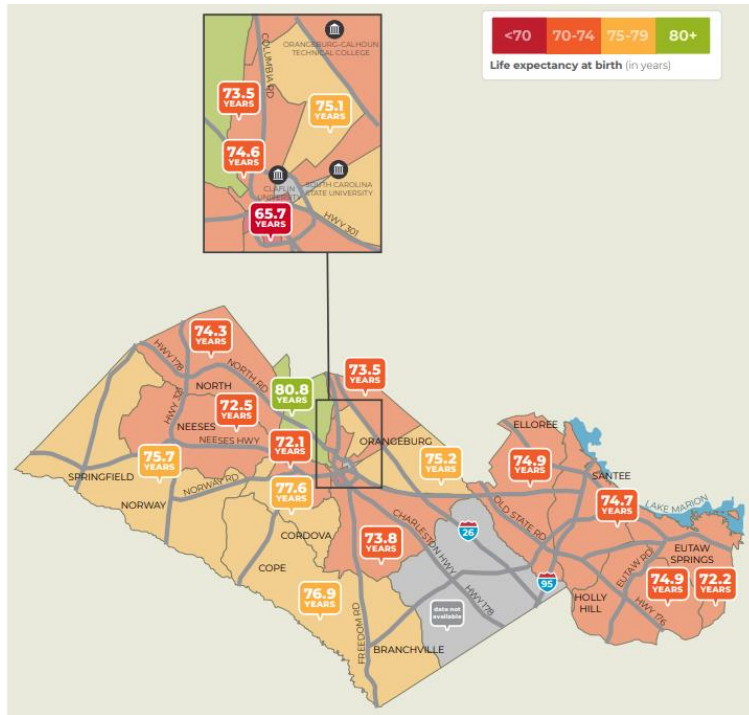
Life expectancy is 74.3 years for Orangeburg County, lower than the state average of 76.5 years. When examined at the census tract level, people in Orangeburg County (like many other geographies across the nation) have vastly different opportunities for long life according to where they live. The range (highest minus lowest) of life expectancy at birth for Orangeburg County census tracts is 15.1 years; lowest life expectancy is 65.7 years, and the highest is 80.8 years.

Premature Death / Years of Potential Life Lost

The premature death rate, sometimes termed Years of Potential Life Lost (YPLL), is a related measure; however, it quantifies premature mortality, rather than overall mortality, focusing attention on deaths that could have been prevented. This rate is calculated as every death in a given geography occurring before age 75. So, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. The YPLL measure is presented as a rate per 100,000 population. Bamberg, Calhoun, and Orangeburg Counties exceed the state average of 8,700 for YPLL.[14] The rage across counties is 1,940 (Beaufort County) to 15,200 (Williamsburg County). In terms of race inequity, White residents in all three counties have lower rates of YPLL compared to Black Residents.

Years of Potential Life Lost,* 2019 3-year Average, Three Counties and South Carolina				
	Bamberg	Calhoun	Orangeburg	South Carolina
Overall YPLL	13,600	11,100	12,600	8,700
White YPLL	9,600	11,500	12,300	
Black YPLL	16,200	12,500	13,200	

Source: County Health Rankings and Roadmaps
*per 100,000 residents

Measuring YPLL allows communities to target resources to high-risk areas and to target causes of premature death.

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[14] County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/

Additional Health Factors and Outcomes (2022)					
Indicator	Bamberg	Calhoun	Orangeburg	South Carolina	Notes
Low birth weight (% live births <2,500 grams)	12%	11%	13%	10%	Associated with increased mortality and lifelong adverse health outcomes. Predictors are poor maternal health, nutrition, healthcare, and poverty.
Number COVID-19 deaths in 2020 per 100,000 population (age adjusted)	133	59	105	78	Reflects factors that lead to disease transmission and non-age-related vulnerability.
Frequent physical distress (% adults reporting 14+ days of poor physical health per month, age adjusted)	16%	14%	16%	13%	Reflects population with chronic, and likely severe, physical health issues.
Frequent mental distress (% adults reporting 14+ days of poor mental health per month, age adjusted)	17%	16%	17%	14%	Reflects population with chronic, and likely severe, mental health issues.
HIV prevalence (number of residents age 13+ living with a diagnosis of HIV per 100,000 population)	737	388	653	404	Can indicate environments leading to unsafe IV drug use, unprotected sex, lack of HIV treatment or prevention such as pre- or post-exposure prophylaxis. HIV treatment often exceeds the costs for similar chronic conditions.
Sexually transmitted infections (number newly diagnosed cases of chlamydia per 100,000 population)	1,151.7	405.4	1,215.0	698.2	Chlamydia incidence is associated with unsafe sexual activity. STIs are associated with infertility and higher morbidity for other conditions, as well as higher mortality. STIs also have a high economic burden on society.
Access to exercise opportunities (% population with adequate access to locations for physical activity)	16%	5%	35%	65%	Reflects conditions of the built environment. Increased physical activity is associated with lower risk of many adverse health conditions.
Excessive drinking (% of adults reporting binge or heavy drinking, age adjusted)	20%	21%	18%	22%	Excessive drinking is a risk factor for many adverse health outcomes such as alcohol

					poisoning, hypertension, myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, motor vehicle crashes.
Alcohol-impaired driving deaths (% of driving deaths with alcohol involvement)	50%	23%	37%	33%	The annual U.S. cost of alcohol-related crashes exceeds $44 billion. Drivers between age 21 and age 24 cause 27% of all alcohol-impaired driving deaths.
Drug overdose deaths (number of drug poisoning deaths per 100,000 population)	*	*	18	26	These deaths are a leading contributor to premature death, but are largely preventable. Opioids contribute largely to drug overdose deaths, and the U.S. is experiencing an epidemic of overdose deaths.
Injury deaths per 100,000 population	93	108	111	94	Includes unintentional and intentional injuries. Injuries account for 21.7% of all emergency department visits.
Motor vehicle crash deaths (number of motor vehicle crash deaths per 100,000 population)	25	36	34	20	Motor vehicle crashes are a leading cause of death in the U.S. These deaths may result from poorly designed roadways, impaired drivers, unsafe weather conditions, or distracted drivers.
Insufficient sleep (% of adults who report fewer than 7 hours of sleep on average)	42%	39%	43%	39%	Ongoing sleep deficiency is associated with chronic health conditions including heart disease, kidney disease, high blood pressure, stroke, diabetes, and various psychiatric disorders.

Housing

Housing is the single largest expense for households. Housing has been shown to be as important as education and labor force readiness to economic mobility, especially as it addresses issues of concentrated poverty. Housing conditions impact the wellbeing of the homes' occupants as well as the wellbeing of the surrounding neighborhood. Housing stock, affordability, and quality seem to be equally important considerations. Homeownership can be an important means of achieving residential stability and has been shown to be related to improved psychological health and greater participation in social and political activities.

Home Ownership

Homeowners fare markedly better than renters in terms of proportion of income spent on housing costs. Homeowners spend a much lower proportion of income on housing costs, even at lower levels of income. For both owners and renters, the higher the income, the proportionately less is spent on housing costs. High housing costs put undue stress on household budgets and leave few resources for other expenses, savings, long-term investments, financial cushions for emergencies, and transgenerational wealth-building.

The homeownership rate in Bamberg and Calhoun Counties significantly exceed the state average.

Percent Owner-Occupied Housing Units, 2020 (5-year average estimates)

County	Percent
Bamberg	77.1
Calhoun	81.4
Orangeburg	67.2
South Carolina	70.1
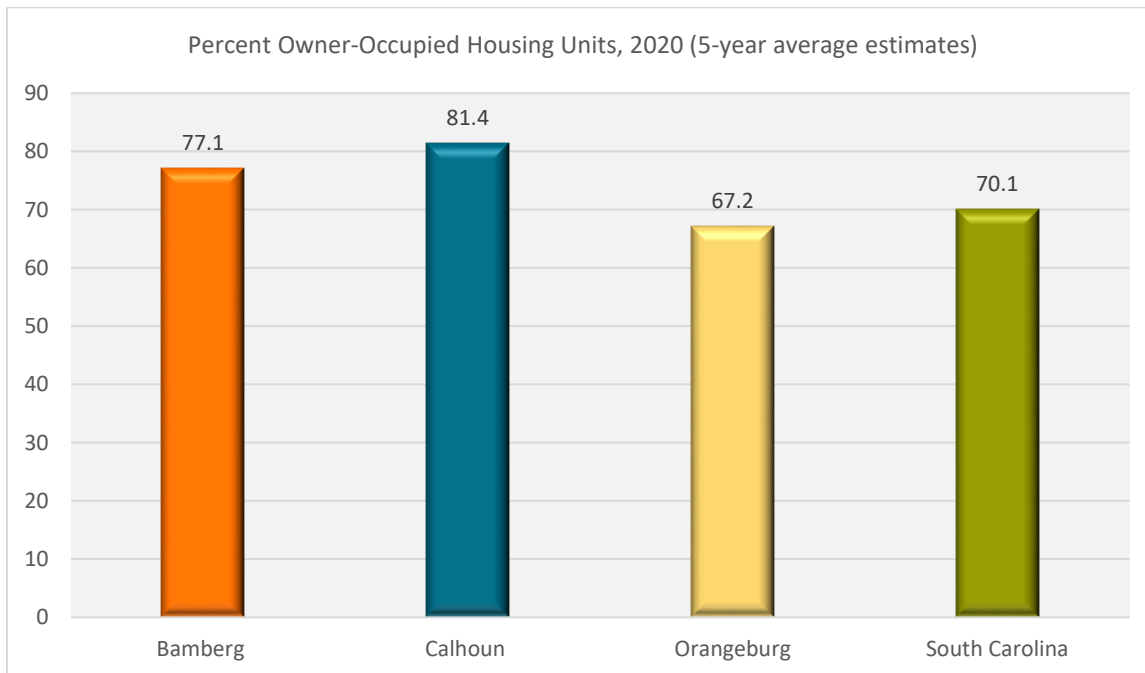
Source: U.S. Census DP04

In South Carolina and across the U.S., there is a significant racial inequity in home ownership, with Whites significantly more likely to be homeowners compared to People of Color. Further, People of Color are disproportionately low income, and low-income people spend disproportionately more on housing costs.

Whites in all three counties and in South Carolina have higher homeownership rates compared to their proportion in the population. Blacks have lower homeownership rates compared to their proportion in the population.

Percent Homeowners by Race and Population by Race 2020
(5 year average estimates)

Bamberg: White Owners, 49.5; White Population, 36.2; Black Owners, 48.3; Black Population, 59
Calhoun: White Owners, 61.5; White Population, 54.1; Black Owners, 33.5; Black Population, 40.7
Orangeburg: White Owners, 44.1; White Population, 33.1; Black Owners, 52.9; Black Population, 61.4
S.C.: White Owners, 74.8; White Population, 63.4; Black Owners, 19.7; Black Population, 26.3

U.S. Census S2502

Affordability

According to the U.S. Department of Housing and Urban Development (HUD), the generally accepted definition of affordable housing is that for which the occupants are paying no more than 30% of gross income for housing costs, including utilities. In South Carolina, almost 20% of residents are not in affordable housing situations, spending 30% or more of their income on housing costs. For the past several years, Bamberg County has had a lower rate compared to the state average, and Calhoun and Orangeburg Counties have had higher rates, of residents spending 30% or more of their income on housing.

Percent of Housing Units Where Householders Spend at Least 30% of Income on Housing									
	2007-2011	*2008-2012*	*2009-2013*	*2010-2014*	*2011-2015*	*2012-2016*	*2013-2017*	*2014-2018*	*2015-2019*
Bamberg	*25.0%*	*22.2%*	*23.7%*	*22.9%*	*23.0%*	*20.6%*	*20.1%*	*17.1%*	*19.3%*
Calhoun	*25.5%*	*25.4%*	*23.3%*	*25.6%*	*25.3%*	*25.8%*	*23.6%*	*23.5%*	*20.5%*
Orangeburg	*24.8%*	*24.1%*	*26.5%*	*26.8%*	*25.3%*	*23.8%*	*23.6%*	*21.8%*	*20.6%*
S.C.	*25.5%*	*25.1%*	*24.8%*	*24.2%*	*23.1%*	*21.9%*	*21.1%*	*20.4%*	*19.6%*

Source: Kids Count Data Center

Severe Housing Problems

Not all housing meets standards for habitability, primarily because of overcrowding, high cost, lack of kitchen facilities, or lack of plumbing facilities. The 2021 County Health Rankings reports that 15% of all South Carolina households have at least one of these four "severe housing problems." Calhoun and Orangeburg Counties exceed the state average on this measure.

Counties within South Carolina range from 9% to 18% of households with at least one of four severe housing problems, and the top U.S. county performers are at 9% on this measure. Low income and minority households experience a greater burden of severe housing problems.

Percent Households experiencing Severe Housing Problems Three Counties, 2021

	Total*	Severe Cost Burden	Overcrowding	Inadequate Facilities
Bamberg	14	12	2	1
Calhoun	18	15	1	2
Orangeburg	16	14	2	1
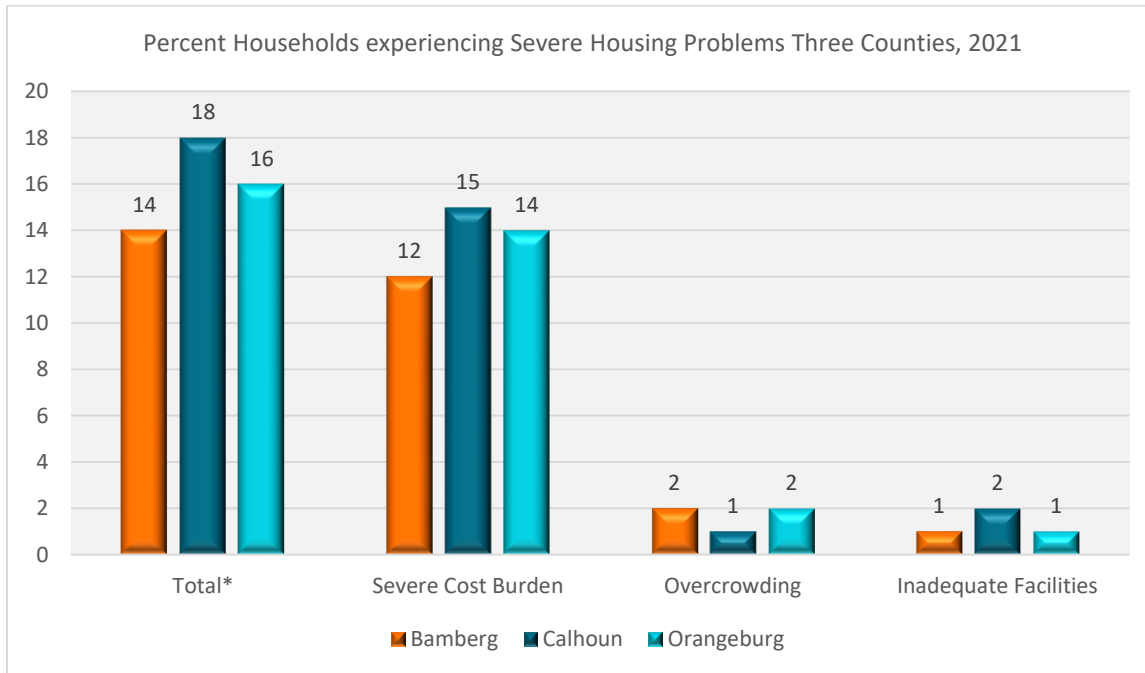
Source: County Health Rankings and Roadmaps
*Households with at least 1 of 4: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities

Crime

Crime derives from and predicts other factors of wellbeing. There are complex links between crime, the social and built environments, physical and mental health, education, and neighborhood characteristics.

Violent Crimes

Violent crimes involve the element of personal confrontation between the victim and the offender and include murder, sexual battery, robbery, and aggravated assault. South Carolina's violent crime rate decreased by 45.3% between 1991 and 2020. However, violent crimes increased state-wide by 5.4% from 2019 to 2020. The following graphs show violent crimes by category, including counts, rates per 10,000 population and clearance rates (the percentage of crimes reported that are cleared by arrest or other means) for all South Carolina Counties.[15]

The state's murder rate is 1.08 per 10,000 population, its highest since 1993. There was 1 murder in Bamberg County in 2020, constituting a lower rate than the state average. However, there were 7 murders in Calhoun County and 19 in Orangeburg County, constituting higher rates than the South Carolina average.

Murders by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	0	0.00	N/A	Greenwood	6	0.87	100%
Aiken	24	1.42	54%	Hampton	0	0.00	N/A
Allendale	3	3.73	67%	Horry	33	0.94	91%
Anderson	16	0.79	69%	Jasper	9	3.13	44%
Bamberg	1	0.75	0%	Kershaw	8	1.22	100%
Barnwell	11	5.34	55%	Lancaster	3	0.31	67%
Beaufort	11	0.59	64%	Laurens	5	0.74	100%
Berkeley	17	0.74	77%	Lee	6	3.63	0%
Calhoun	7	4.96	86%	Lexington	18	0.61	78%
Charleston	56	1.37	64%	McCormick	0	0.00	N/A
Cherokee	3	0.53	33%	Marion	11	3.77	82%
Chester	13	4.03	39%	Marlboro	5	1.87	40%
Chesterfield	10	2.31	80%	Newberry	3	0.80	67%
Clarendon	7	2.25	57%	Oconee	7	0.89	29%
Colleton	6	1.55	67%	Orangeburg	19	2.26	63%
Darlington	13	2.07	54%	Pickens	3	0.23	100%
Dillon	23	8.13	57%	Richland	42	1.01	83%
Dorchester	8	0.50	25%	Saluda	2	1.06	100%
Edgefield	0	0.00	N/A	Spartanburg	10	0.30	50%
Fairfield	6	2.86	67%	Sumter	20	1.89	75%
Florence	26	1.90	62%	Union	3	1.10	0%
Georgetown	8	1.26	100%	Williamsburg	8	2.58	30%
Greenville	43	0.82	91%	York	19	0.67	63%

Source: SC State Law Enforcement Division

South Carolina's sexual battery rate decreased from 2019 to 2020 and is the lowest it has been in the last six years at 4.75 per 10,000 residents. Bamberg and Orangeburg Counties had lower rates of sexual battery in 2020 compared to the state average.

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[15] All crime data for 2020 provided by SC SLED in the Crime in South Carolina Annual Report. https://www.sled.sc.gov/forms/statistics/2020%20Crime%20in%20South%20Carolina.pdf

Sexual Battery by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	13	5.35	23.1%	Greenwood	49	7.07	28.6%
Aiken	89	5.27	28.1%	Hampton	9	4.85	11.1%
Allendale	3	3.73	0.0%	Horry	246	7.01	43.5%
Anderson	124	6.09	53.2%	Jasper	3	1.04	0.0%
Bamberg	2	1.50	0.0%	Kershaw	31	4.74	12.9%
Barnwell	9	4.37	44.4%	Lancaster	42	4.37	71.4%
Beaufort	58	3.10	25.9%	Laurens	59	8.74	40.7%
Berkeley	86	3.74	33.7%	Lee	1	0.60	0.0%
Calhoun	7	4.96	85.7%	Lexington	114	3.88	20.2%
Charleston	208	5.10	19.7%	McCormick	0	0.00	N/A
Cherokee	25	4.45	12.0%	Marion	11	3.77	27.3%
Chester	15	4.64	20.0%	Marlboro	13	4.87	46.2%
Chesterfield	16	3.70	18.8%	Newberry	12	3.18	100.0%
Clarendon	14	4.50	0.0%	Oconee	43	5.47	46.5%
Colleton	20	5.18	60.0%	Orangeburg	24	2.85	20.8%
Darlington	30	4.77	30.0%	Pickens	39	2.97	35.9%
Dillon	14	4.95	14.3%	Richland	242	5.82	33.1%
Dorchester	49	3.03	18.4%	Saluda	11	5.83	54.5%
Edgefield	1	0.39	0.0%	Spartanburg	93	2.84	52.7%
Fairfield	3	1.43	66.7%	Sumter	41	3.88	65.9%
Florence	83	6.06	27.7%	Union	6	2.20	16.7%
Georgetown	29	4.57	27.6%	Williamsburg	21	6.77	4.8%
Greenville	331	6.30	70.4%	York	108	3.83	33.3%

Source: SC State Law Enforcement Division

The number and rate of robberies in South Carolina decreased from 2019 to 2020 for a rate of 6.30 per 10,000 residents. Calhoun County had a lower rate of robbery in 2020 compared to the state average.

Robbery by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	4	0.24	75.0%	Greenwood	43	23.17	41.9%
Aiken	88	109.47	23.9%	Hampton	1	0.03	0.0%
Allendale	7	0.34	28.6%	Horry	194	67.38	42.3%
Anderson	77	57.85	41.6%	Jasper	12	1.83	41.7%
Bamberg	14	6.80	35.7%	Kershaw	17	1.77	47.1%
Barnwell	10	0.53	20.0%	Lancaster	27	4.00	77.8%
Beaufort	50	2.18	34.0%	Laurens	26	15.73	26.9%
Berkeley	110	77.91	33.6%	Lee	7	0.24	28.6%
Calhoun	4	0.10	50.0%	Lexington	153	160.61	37.9%
Charleston	490	87.16	22.2%	McCormick	0	0.00	N/A
Cherokee	9	2.79	22.2%	Marion	21	7.87	9.5%
Chester	12	2.77	16.7%	Marlboro	15	3.98	40.0%
Chesterfield	15	4.82	26.7%	Newberry	10	1.27	50.0%
Clarendon	14	3.63	7.1%	Oconee	16	1.90	31.3%
Colleton	18	2.86	22.2%	Orangeburg	94	7.15	23.4%
Darlington	40	14.14	27.5%	Pickens	23	0.55	43.5%
Dillon	37	2.29	10.8%	Richland	500	265.08	32.0%
Dorchester	69	26.89	26.1%	Saluda	8	0.24	50.0%
Edgefield	1	0.48	0.0%	Spartanburg	177	16.77	48.6%
Fairfield	8	0.58	50.0%	Sumter	76	27.90	32.9%
Florence	147	23.18	34.7%	Union	8	2.58	25.0%
Georgetown	26	0.49	53.8%	Williamsburg	11	0.39	0.0%
Greenville	413	59.55	42.9%	York	120	0.23	45.8%

Source: SC State Law Enforcement Division

There has been a five-year upward trend in aggravated assaults across South Carolina. The 2020 state rate is 42.80 per 10,000 residents. Calhoun County has a lower rate of aggravated assault in 2020, compared to the state average.

Aggravated Assault by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	91	37.46	56.0%	Greenwood	367	52.92	48.2%
Aiken	644	38.15	30.7%	Hampton	89	47.95	19.1%
Allendale	51	63.44	15.7%	Horry	1,414	40.28	57.9%
Anderson	937	45.99	52.0%	Jasper	34	11.81	55.9%
Bamberg	64	48.08	25.0%	Kershaw	240	36.70	37.9%
Barnwell	223	108.31	45.3%	Lancaster	260	27.08	79.6%
Beaufort	480	25.65	39.2%	Laurens	328	48.56	69.5%
Berkeley	534	23.23	50.0%	Lee	97	58.68	14.4%
Calhoun	54	38.25	74.1%	Lexington	762	25.92	53.9%
Charleston	1,698	41.59	40.5%	McCormick	14	14.70	35.7%
Cherokee	143	25.44	53.1%	Marion	195	66.82	44.6%
Chester	166	51.40	30.7%	Marlboro	214	80.25	46.7%
Chesterfield	226	52.23	49.1%	Newberry	201	53.29	78.6%
Clarendon	144	46.24	24.3%	Oconee	237	30.15	54.0%
Colleton	195	50.51	47.7%	Orangeburg	997	118.38	23.8%
Darlington	436	69.31	39.4%	Pickens	350	26.64	68.9%
Dillon	345	121.94	31.0%	Richland	2,519	60.53	39.7%
Dorchester	403	24.95	40.7%	Saluda	38	20.15	65.8%
Edgefield	8	3.12	25.0%	Spartanburg	1,390	42.38	62.4%
Fairfield	144	68.74	68.1%	Sumter	839	79.48	46.5%
Florence	1,010	73.69	41.3%	Union	86	31.57	37.2%
Georgetown	253	39.90	70.4%	Williamsburg	158	50.93	22.2%
Greenville	2,031	38.65	70.4%	York	845	29.95	50.4%

Source: SC State Law Enforcement Division

Property Crimes

Property crimes include the offenses of breaking and entering, motor vehicle theft, larceny, and arson. South Carolina's property crime rate decreased by 5.9% from 2019 to 2020. This decrease is the ninth consecutive yearly decrease.

South Carolina's breaking and entering rate decreased for the ninth consecutive year in 2020 for a rate of 43.68 per 10,000 residents. All three counties had higher rates of breaking and entering crimes in 2020 compared to the state average.

Breaking and Entering by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	120	49.39	25.0%	Greenwood	479	69.07	22.5%
Aiken	853	50.53	10.3%	Hampton	87	46.87	10.3%
Allendale	35	43.54	2.9%	Horry	1,184	33.73	22.0%
Anderson	1,004	49.28	18.8%	Jasper	36	12.50	16.7%
Bamberg	109	81.89	13.8%	Kershaw	311	47.55	11.9%
Barnwell	173	84.03	22.0%	Lancaster	343	35.72	50.1%
Beaufort	415	22.18	12.5%	Laurens	433	64.11	25.6%
Berkeley	618	26.89	17.5%	Lee	106	64.12	8.5%
Calhoun	63	44.62	22.2%	Lexington	1,421	48.33	13.7%
Charleston	1,290	31.60	15.4%	McCormick	25	26.24	16.0%
Cherokee	302	53.72	15.6%	Marion	228	78.13	9.6%
Chester	137	42.42	10.9%	Marlboro	126	47.25	18.3%
Chesterfield	321	74.18	21.2%	Newberry	131	34.73	45.8%
Clarendon	207	66.47	8.7%	Oconee	448	56.99	20.3%
Colleton	221	57.25	14.9%	Orangeburg	853	101.28	7.9%
Darlington	504	80.12	12.9%	Pickens	504	38.35	19.2%
Dillon	220	77.76	10.0%	Richland	2,103	50.54	11.6%
Dorchester	409	25.32	10.0%	Saluda	63	33.40	17.5%
Edgefield	40	15.59	5.0%	Spartanburg	1,610	49.09	19.2%
Fairfield	142	67.79	23.2%	Sumter	530	50.21	11.3%
Florence	793	57.86	16.3%	Union	102	37.44	5.9%
Georgetown	211	33.28	23.7%	Williamsburg	158	50.93	9.5%
Greenville	2,122	40.38	21.9%	York	803	28.47	25.5%

Source: SC State Law Enforcement Division

The state's motor vehicle theft rate decreased by 2.1% from 2019 to 2020 for a rate of 30.07 per 10,000 residents. All three counties had higher motor vehicle theft crime rates in 2020 compared to the state average.

Motor Vehicle Theft by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	47	19.35	31.9%	Greenwood	106	15.28	16.0%
Aiken	619	36.67	10.0%	Hampton	32	17.24	12.5%
Allendale	27	33.59	0.0%	Horry	910	25.92	16.7%
Anderson	894	43.88	24.6%	Jasper	20	6.95	20.0%
Bamberg	42	31.55	9.5%	Kershaw	147	22.48	13.6%
Barnwell	64	31.08	32.8%	Lancaster	129	13.44	45.0%
Beaufort	217	11.60	11.5%	Laurens	210	31.09	35.7%
Berkeley	488	21.23	14.5%	Lee	69	41.74	7.2%
Calhoun	57	40.37	22.8%	Lexington	1,232	41.91	11.3%
Charleston	1,611	39.46	8.8%	McCormick	6	6.30	50.0%
Cherokee	170	30.24	15.9%	Marion	67	22.96	6.0%
Chester	74	22.91	23.0%	Marlboro	42	15.75	14.3%
Chesterfield	105	24.26	16.2%	Newberry	41	10.87	65.9%
Clarendon	66	21.19	13.6%	Oconee	231	29.39	35.9%
Colleton	124	32.12	21.8%	Orangeburg	418	49.63	7.2%
Darlington	238	37.83	21.8%	Pickens	415	31.58	27.7%
Dillon	92	32.52	10.9%	Richland	1,839	44.19	5.5%
Dorchester	349	21.60	7.7%	Saluda	37	19.62	10.8%
Edgefield	36	14.03	0.0%	Spartanburg	950	28.96	21.7%
Fairfield	60	28.64	36.7%	Sumter	238	22.55	21.0%
Florence	588	42.90	14.6%	Union	47	17.25	21.3%
Georgetown	115	18.14	27.0%	Williamsburg	79	25.46	6.3%
Greenville	1,618	30.79	29.4%	York	442	15.67	24.0%

Source: SC State Law Enforcement Division

Larceny, the unlawful taking of property from the possession of another, is at a 10-year low in South Carolina with a 2020 rate of 206.64 per 10,000 residents. Bamberg and Calhoun Counties had lower rates of larceny in 2020 compared to the state average.

Larceny by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	358	147.36	17.3%	Greenwood	1,731	249.60	21.4%
Aiken	3,650	216.22	16.6%	Hampton	241	129.84	10.4%
Allendale	92	114.44	3.3%	Horry	8,407	239.50	23.7%
Anderson	5,366	263.40	21.6%	Jasper	202	70.16	23.8%
Bamberg	237	178.05	11.4%	Kershaw	1,256	192.04	14.7%
Barnwell	417	202.54	27.3%	Lancaster	1,316	137.06	47.1%
Beaufort	2,221	118.70	20.2%	Laurens	1,401	207.44	29.1%
Berkeley	3,367	146.48	19.6%	Lee	330	199.62	9.4%
Calhoun	218	154.40	22.0%	Lexington	6,936	235.93	15.5%
Charleston	9,660	236.63	14.4%	McCormick	101	106.03	16.8%
Cherokee	984	175.04	20.4%	Marion	628	215.19	12.1%
Chester	573	177.43	18.7%	Marlboro	482	180.75	21.2%
Chesterfield	971	224.39	14.1%	Newberry	539	142.90	53.4%
Clarendon	750	240.82	16.5%	Oconee	1,511	192.22	29.6%
Colleton	906	234.69	18.4%	Orangeburg	2,398	284.72	8.5%
Darlington	1,596	253.72	21.2%	Pickens	2,436	185.38	26.2%
Dillon	722	255.20	23.7%	Richland	12,037	289.25	9.8%
Dorchester	2,656	164.42	11.4%	Saluda	172	91.19	11.6%
Edgefield	104	40.53	1.9%	Spartanburg	5,142	156.77	20.5%
Fairfield	345	164.69	28.1%	Sumter	2,106	199.51	26.7%
Florence	3,486	254.34	16.9%	Union	536	196.74	21.6%
Georgetown	1,081	170.49	28.4%	Williamsburg	441	142.14	7.3%
Greenville	11,163	212.41	25.7%	York	4,583	162.47	25.0%

Source: SC State Law Enforcement Division

South Carolina's arson rate increased by 22.7% from 2019 to 2020 for a rate of 1.46 per 10,000 residents. Bamberg and Calhoun Counties had lower arson rates in 2020 compared to the state average.

Arson by S.C. County, 2020

County	Number	Rate	Clearance	County	Number	Rate	Clearance
Abbeville	5	2.06	0.0%	Greenwood	17	2.5	64.7%
Aiken	13	0.77	38.5%	Hampton	1	0.5	0.0%
Allendale	1	1.24	100.0%	Horry	47	1.3	29.8%
Anderson	37	1.82	10.8%	Jasper	1	0.3	100.0%
Bamberg	0	0.00	N/A	Kershaw	10	1.5	10.0%
Barnwell	2	0.97	50.0%	Lancaster	10	1.0	30.0%
Beaufort	17	0.91	29.4%	Laurens	20	3.0	30.0%
Berkeley	29	1.26	24.1%	Lee	4	2.4	50.0%
Calhoun	2	1.42	50.0%	Lexington	29	1.0	13.8%
Charleston	59	1.45	23.7%	McCormick	1	1.0	0.0%
Cherokee	13	2.31	46.2%	Marion	8	2.7	12.5%
Chester	5	1.55	40.0%	Marlboro	6	2.2	16.7%
Chesterfield	7	1.62	57.1%	Newberry	2	0.5	50.0%
Clarendon	6	1.93	33.3%	Oconee	15	1.9	40.0%
Colleton	15	3.89	6.7%	Orangeburg	15	1.8	13.3%
Darlington	13	2.07	15.4%	Pickens	13	1.0	23.1%
Dillon	8	2.83	0.0%	Richland	66	1.6	13.6%
Dorchester	7	0.43	14.3%	Saluda	3	1.6	33.3%
Edgefield	0	0.00	N/A	Spartanburg	60	1.8	38.3%
Fairfield	10	4.77	60.0%	Sumter	27	2.6	37.0%
Florence	24	1.75	8.3%	Union	1	0.4	0.0%
Georgetown	10	1.58	40.0%	Williamsburg	8	2.6	0.0%
Greenville	76	1.45	36.8%	York	23	0.8	17.4%

Source: SC State Law Enforcement Division

Child Maltreatment

It is difficult to obtain valid and reliable comparative statistics on child abuse and neglect. The data reported in the following table are offered as static information without inference. These are founded investigations; that is, the determination following an investigation by a child protection worker is that, based on available information, it is more likely than not that child abuse or neglect did occur. These investigations are not "unique"; that is, they may include multiple investigations for the same children.

Total Number of founded Investigations for Child Abuse and Neglect, Three Counties										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Bamberg	26	18	9	15	30	28	25	24	20	25
Calhoun	27	11	17	20	26	16	19	25	22	22
Orangeburg	74	73	56	99	102	73	97	97	137	131

Source: Kids Count Data Center

For more detailed 2018-2019 county data regarding child maltreatment, see the following graphics, provided by the Children's Trust of South Carolina.

2018-2019 South Carolina Child Maltreatment Data Profile

BAMBERG COUNTY

Children under 18 years of age (2018)
Bamberg County 2,724
South Carolina 1,105,945

DECISIONS

101 Intakes[1]	**70** Investigations	**23** Founded investigations	**19** Community-based prevention service referrals
South Carolina 56,405	South Carolina 36,516	South Carolina 10,359	South Carolina 8,865

CHILDREN

47 Children in founded investigations ages 0-17	**19** Children in founded investigations ages 0-6	**21** Children in founded investigations ages 7-12	**7** Children in founded investigations ages 13-17
South Carolina 19,433	South Carolina 10,087	South Carolina 6,021	South Carolina 3,248

NEGLECT

42 All neglect maltreatments[2]	**39** Other neglect maltreatments	**2** Education neglect maltreatments	**0** Medical neglect maltreatments
South Carolina 11,585	South Carolina 10,182	South Carolina 841	South Carolina 388

ABUSE

8 All abuse maltreatments[2]	**7** Physical abuse maltreatments	**1** Sexual abuse maltreatments	**0** Emotional abuse maltreatments
South Carolina 11,976	South Carolina 10,885	South Carolina 1,017	South Carolina 71

50 Total maltreatments including abuse and neglect

Source: Children's Trust of South Carolina

2018-2019 South Carolina Child Maltreatment Data Profile

CALHOUN COUNTY

Children under 18 years of age (2018)
Calhoun County   2,734
South Carolina   1,105,945

DECISIONS			
105 Intakes[1] South Carolina 56,405	**63** Investigations South Carolina 36,516	**23** Founded investigations South Carolina 10,359	**20** Community-based prevention service referrals South Carolina 8,865

CHILDREN			
43 Children in founded investigations ages 0-17 South Carolina 19,433	**20** Children in founded investigations ages 0-6 South Carolina 10,087	**11** Children in founded investigations ages 7-12 South Carolina 6,021	**12** Children in founded investigations ages 13-17 South Carolina 3,248

NEGLECT			
36 All neglect maltreatments[2] South Carolina 11,585	**28** Other neglect maltreatments South Carolina 10,182	**8** Education neglect maltreatments South Carolina 841	**0** Medical neglect maltreatments South Carolina 388

ABUSE			
25 All abuse maltreatments[2] South Carolina 11,976	**22** Physical abuse maltreatments South Carolina 10,885	**3** Sexual abuse maltreatments South Carolina 1,017	**0** Emotional abuse maltreatments South Carolina 71

61 Total maltreatments including abuse and neglect

Source: Children's Trust of South Carolina

2018-2019 South Carolina Child Maltreatment Data Profile

ORANGEBURG COUNTY

Children under 18 years of age (2018)
Orangeburg County   19,044
South Carolina   1,105,945

DECISIONS

675
Intakes[1]
South Carolina   56,405

453
Investigations
South Carolina   36,516

132
Founded investigations
South Carolina   10,359

111
Community-based prevention service referrals
South Carolina   8,865

CHILDREN

259
Children in founded investigations ages 0-17
South Carolina   19,433

130
Children in founded investigations ages 0-6
South Carolina   10,087

77
Children in founded investigations ages 7-12
South Carolina   6,021

52
Children in founded investigations ages 13-17
South Carolina   3,248

NEGLECT

209
All neglect maltreatments[2]
South Carolina   11,585

175
Other neglect maltreatments
South Carolina   10,182

21
Education neglect maltreatments
South Carolina   841

12
Medical neglect maltreatments
South Carolina   388

ABUSE

95
All abuse maltreatments[2]
South Carolina   11,976

74
Physical abuse maltreatments
South Carolina   10,885

21
Sexual abuse maltreatments
South Carolina   1,017

0
Emotional abuse maltreatments
South Carolina   71

304 Total maltreatments including abuse and neglect

Source: Children's Trust of South Carolina

School-to-Prison Pipeline

The School to Prison Pipeline refers to the policies and practices that directly and indirectly push students out of school and onto a pathway to prison. Zero tolerance policies that were implemented in the 1980s and 1990s, intended to keep America's school children safe, often require suspension, expulsion, or referrals to law enforcement as school disciplinary tactics. Over the years, these policies have slowly broadened their scope and now often include minor offenses such as dress code violations, insubordination, tardiness, and cursing. Zero tolerance policies establish a mandatory or predetermined punishment for certain behaviors without taking into consideration the situational context or mitigating factors. Suspensions skyrocketed after the implementation of zero tolerance policies as did referrals to

police or the juvenile justice system, with Black students much more likely to be suspended or referred to police than White students.[16] These policies assume that the immediate removal of disruptive students will deter others from similar behavior and improve classroom harmony; however, research shows little evidence that zero tolerance policies improve school climate or discipline. In fact, policies that remove students form the school environment are associated with lower academic performance, failure to graduate on time, increased probability of drop out, and increased probability of incarceration. A high school dropout is eight times more likely to be incarcerated than a high school graduate.[17]

The data reported through the District Report Cards as of school year 2020-2021, show significant numbers of students in Bamberg County are disciplined through in-school suspension and out-of-school suspension. Two expulsions occurred in school year 2020-2021 in the three counties, and these were in Bamberg School District 1. No students were referred to law enforcement across the four districts in 2020-2021.

School Discipline Data, Three Counties' School Districts, 2020-2021					
District	Enrollment	Students with in-school suspension	Students with out-of-school suspensions	Students expelled	School-related arrests and referrals to law enforcement
Bamberg 1	1,194	30	60	2	0
Bamberg 2	639	20	37	0	0
Calhoun	1,590	1	22	0	0
Orangeburg	11,739	9	37	0	0

Source: SC Department of Education District Report Cards[18]

Data provided from school districts to the U.S. Department of Education's Office for Civil Rights (OCR)[19] provides deeper understanding of school discipline at the district level and at the individual school level and by race and ethnicity. The most recent data release covers the 2017-2018 school year.

While it is difficult to establish direct causal links between school discipline and admission to correctional institutions, the literature is replete with research that strongly suggests a correlation between school discipline and the likelihood of dropping out, arrests, and incarceration. Thus, in terms of suspensions and expulsions, these district-level data do call into question the idea of a school-to-prison pipeline for these school districts, as in most school districts.

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[16] Giroux, Henry A. Mis/Education and Zero Tolerance: Disposable Youth and the Politics of Domestic Militarization. Boundary2: an international journal of literature and culture, Volume 28(3) – Sept 1, 2001
[17] School or the Streets: Crime and America's Drop Out Crisis: https://alabamapartnershipforchildren.org/wp-content/uploads/2016/12/School-or-the-Streets-Crime-and-Americas-Dropout-Crisis.pdf
[18] SC Department of Education, School Report Cards: https://www.ed.sc.gov/data/report-cards/sc-school-report-card/
[19] Civil Rights Data Collection: Civil Rights Data Collection (ed.gov)
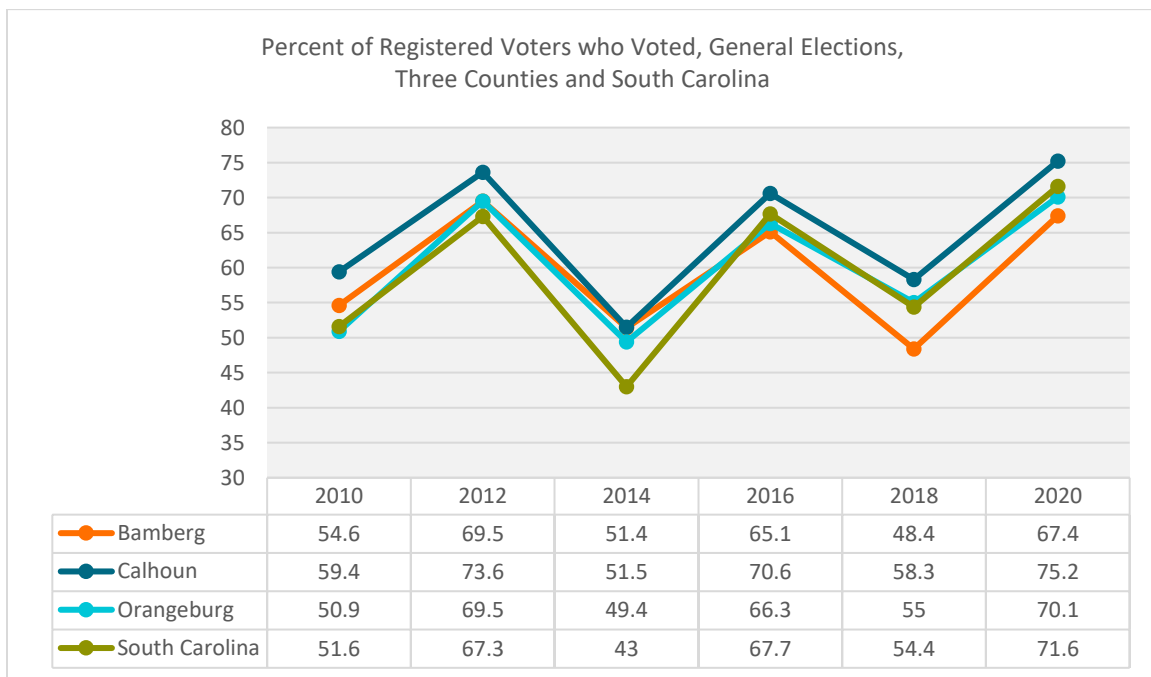
Civic Participation

Community participatory engagement, or civic participation, is participation in decision-making by those who are affected by the decisions being made. Civic participation enhances the democratic process and equitable outcomes, with voting as the most fundamental manifestation of participation.

Voting

Calhoun County has higher voter registration compared to the state average, but Bamberg and Orangeburg Counties have lower voter registration.

Registered Voters, Three Counties and South Carolina, 2021				
	Bamberg	Calhoun	Orangeburg	S.C.
# Registered voters (2022)	9,409	10,954	58,007	3,580,156
% Of adult resident population (2020)	66.1%	75.0%	64.5%	70.3%

Also, in Calhoun County compared to the state average, a greater proportion of registered voters show up and vote. The same has been true for Bamberg and Orangeburg Counties, although in the last several general elections, Bamberg County had lower rates of voting for registered voters.

Percent of Registered Voters who Voted, General Elections, Three Counties and South Carolina

	2010	2012	2014	2016	2018	2020
Bamberg	54.6	69.5	51.4	65.1	48.4	67.4
Calhoun	59.4	73.6	51.5	70.6	58.3	75.2
Orangeburg	50.9	69.5	49.4	66.3	55	70.1
South Carolina	51.6	67.3	43	67.7	54.4	71.6

Source: SC Election Commission

Social Associations

According to the County Health Rankings and Roadmaps, "minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette

smoking. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group". One way to measure this phenomenon is through the number of membership associations per 10,000 population.

Currently all three counties have higher rates of membership in social associations than the South Carolina average. The range across South Carolina counties is 4.5 to 17.9. The rate for top U.S. performers is 18.2.

Social Membership Organizations, Three Counties and South Carolina, 2021				
	Bamberg	Calhoun	Orangeburg	S.C.
Number Social Associations	24	19	120	--
Rate per 10,000 Residents	16.8	13.1	13.8	11.6

Source: County Health Rankings and Roadmaps

Environment

Environmental factors form the physical context for personal and community health and wellbeing. Where people live, work, play, learn, and interact can provide or inhibit opportunities to thrive.

Food Environment

The Food Environment Index, reported annually by the County Health Rankings, ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

- **Limited access to healthy foods**: the percentage of the population that is low income and does not live close to a grocery store.
- **Food insecurity**: the percentage of the population that did not have access to a reliable source of food during the past year.

BEST   WORST
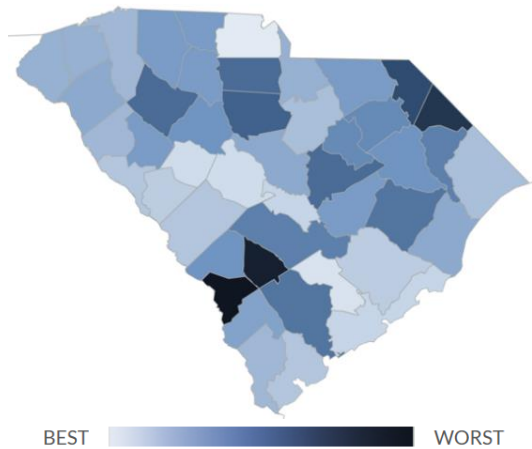
Although the data are not disaggregated by race, low-income people and People of Color are generally the most at-risk populations for food insecurity and limited access to healthy foods. However, both Calhoun County and Orangeburg County have better Food Environment Index rating than the state average, and Bamberg County's rating is just under the state average. The top U.S. performers on this measure have overall ratings around 8.7.

As reported in the following table, food insecurity is higher than limited access to food in all three counties.

Food Environment Index Data, Three Counties and South Carolina, 2021				
	Bamberg	Calhoun	Orangeburg	S.C.
Food Environment Index Rating	**6.3**	**8.3**	**7.2**	**6.7**
• Limited access to food	14%	0%	6%	
• Food insecurity	17%	13%	16%	

Food Deserts

Certain communities, particularly lower-income or minority communities, often lack supermarkets or other sources of healthy and affordable foods. According 2019 data from Feeding America,[20] 555,630 residents of South Carolina (11%) are food insecure, lacking access or resources to purchase enough food for active, healthy life for all household members. Many of these people are minorities and single parent families with young children.
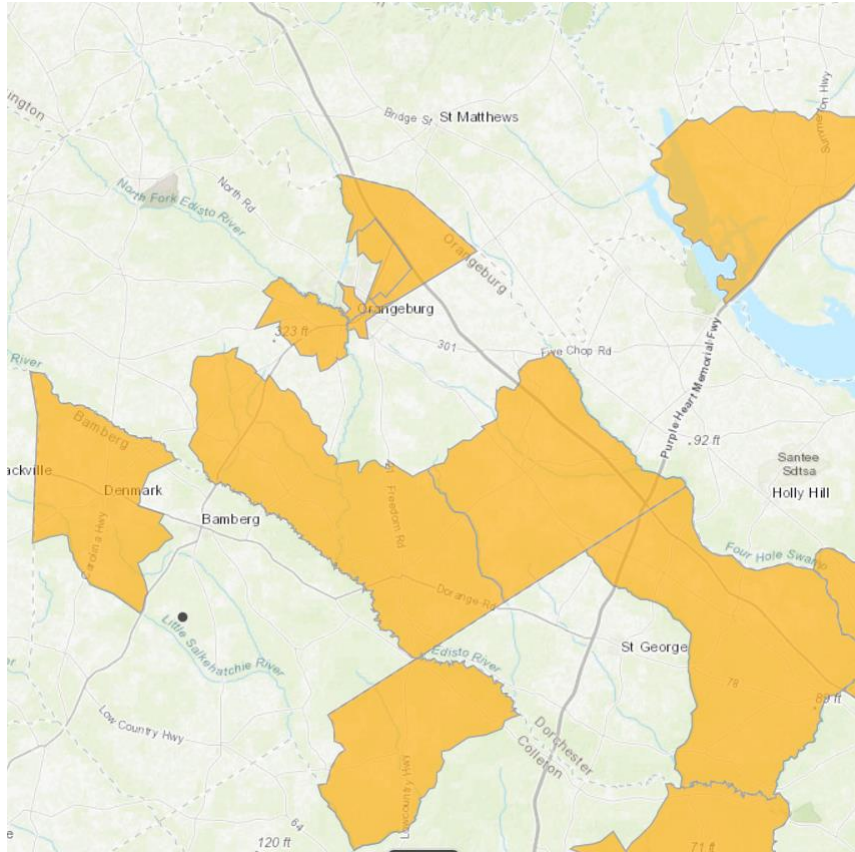
Food deserts, a component measure of food insecurity, is defined as at least 500 people and / or at least 33% of a census tract's population residing more than a mile from a supermarket or large grocery store (more than 10 miles for rural census tracts). Significant portions of the three-county area are classified as food deserts, as indicated in the SC DHEC map and marked in orange.[21]

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[20] Hunger & Poverty in South Carolina | Map the Meal Gap (feedingamerica.org)
[21] South Carolina Department of Health and Environmental Control. SC Food Desert Map (arcgis.com)

Social Vulnerability Index
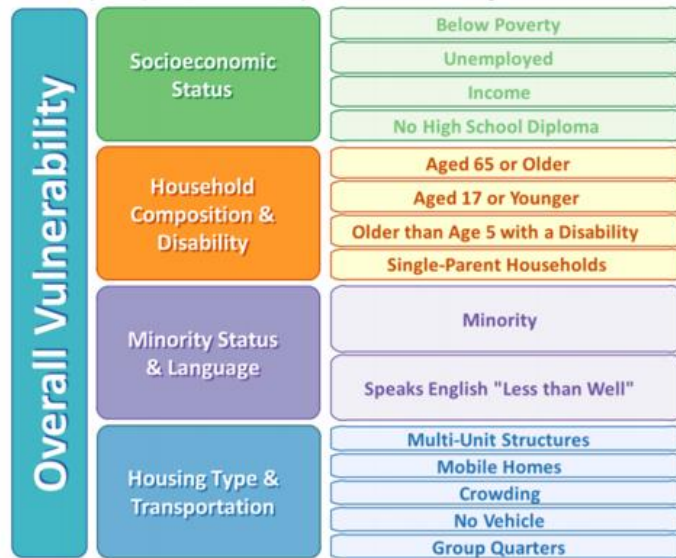
Source: CDC

The CDC's Social Vulnerability Index (SVI),[22] is a geospatial tool that measures a community's capacity to prepare for and respond to hazardous events ranging from natural disasters and disease outbreaks to human-caused threats, such as toxic chemical spills. The 2018 SVI determines vulnerability at the census tract level, based on 4 themes and 15 factors as illustrated in the graphic to the left, by assigning an overall SVI score ranging from 0 (lowest vulnerability) to 1 (most vulnerable), as well as scores for each of the themes.

Calhoun County's SVI score is 0.5627, the moderate to high range of social vulnerability. Bamberg and Orangeburg Counties' SVI scores place both in the high range of vulnerability at 0.9516 and 0.9229, respectively. Theme scores that comprise the overall SVI score for county are reported in the following table.

Social Vulnerability Index Overall and Theme Scores, Three Counties, 2018			
	Bamberg	**Calhoun**	**Orangeburg**
Overall SVI Score	**0.9516**	**0.5627**	**0.9229**
• Socioeconomic	0.8576	0.6729	0.8939
• Household composition & disability	0.9443	0.3617	0.7848
• Minority status & language	0.5189	0.56	0.7351
• Housing type & transportation	0.986	0.4241	0.865

Source: Centers for Disease Control and Prevention, ATSDR

The following heat maps from the CDC's SVI website demonstrates levels of social vulnerability by census tract in Bamberg, Calhoun, and Orangeburg Counties. Vulnerability ranges more widely in Orangeburg and Calhoun Counties, but none of the three counties has census tracts of low vulnerability.

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[22] Social Vulnerability Index: https://svi.cdc.gov//

Highest
(Top 4th)

Vulnerability
(SVI 2018)[2]

Lowest
(Bottom 4th)

Data Unavailable[3]

BAMBERG

Highest
(Top 4th)

Vulnerability
(SVI 2018)[2]

Lowest
(Bottom 4th)

Data Unavailable[3]

CALHOUN

Highest (Top 4th) | Vulnerability (SVI 2018)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 2.5 5 10 15
Miles
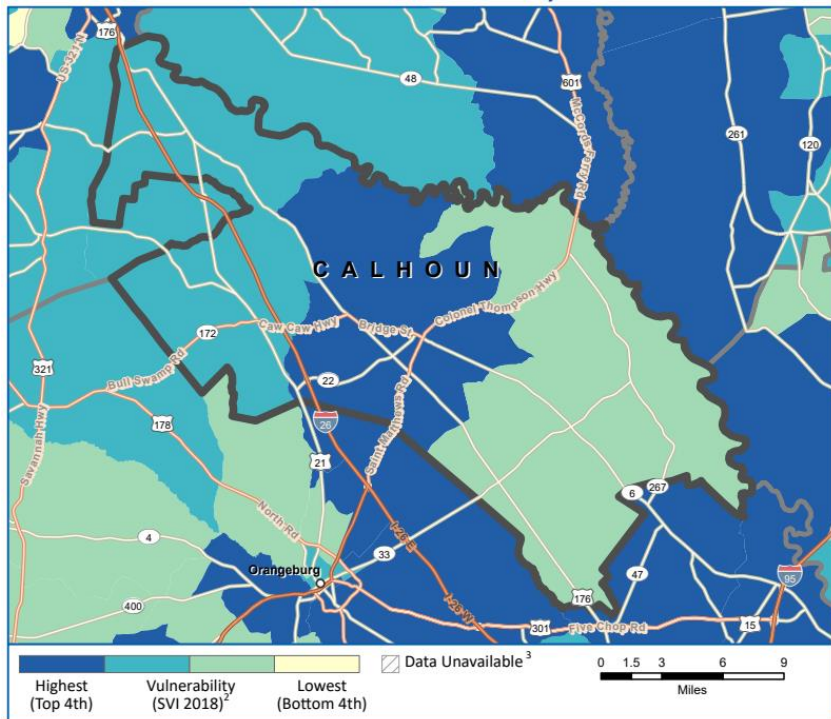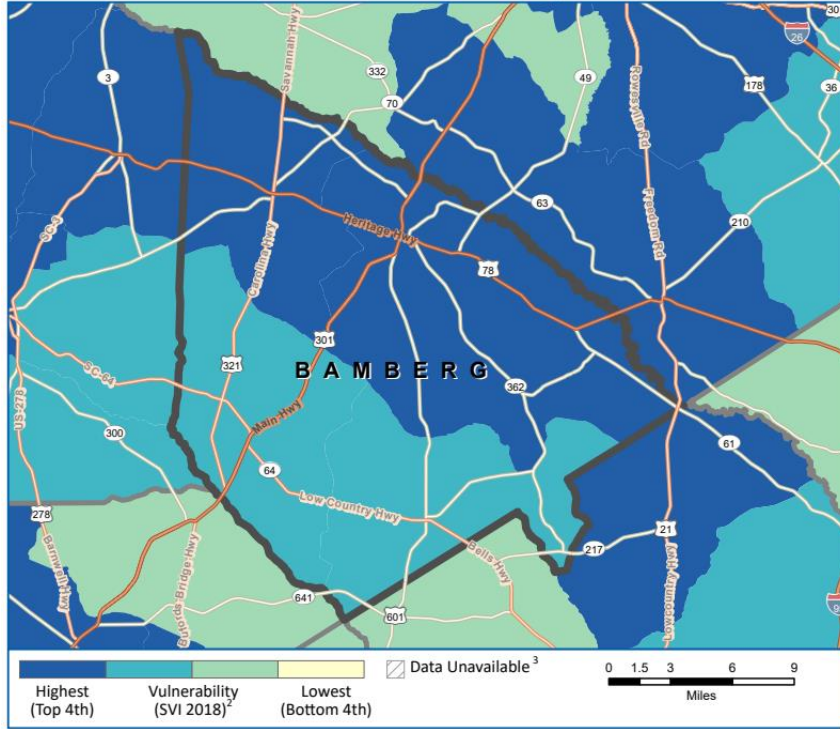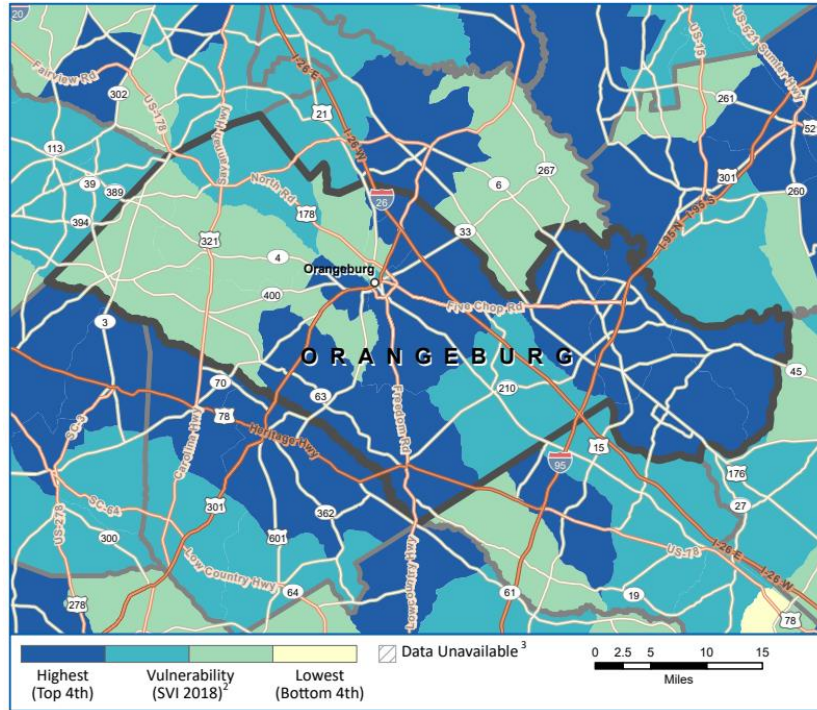
Residential Segregation by Race

The racial composition of cities is highly predictive of the ability of residents to break the cycle of poverty. Specifically, where there is less racial segregation, poor residents have a greater chance of moving up the economic ladder without affecting the economic potential of wealthy residents. That is, communities that are better for the poor are not worse for the rich. Residential segregation, which affects Black households to a greater extent than other minorities,[23] perpetuates poverty patterns by isolating Blacks in areas that lack employment opportunities and services. These areas also have higher crime and poverty rates.

A residential segregation index, ranging from 0 (complete integration) to 100 (complete segregation) measures the evenness with which Black and White residents are distributed across the census tracts that make up counties. Currently, Calhoun County is 4th most integrated county in the state with a score of 21. All three counties are less segregated than the state average. The index scores can be interpreted as the percentage of either Black or White residents that would have to move to different census tracts within the counties to even out the population and achieve perfect integration.

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[23] U.S. Department of Housing and Urban Development: https://www.hud.gov/

Black/White Residential Segregation Score, SC Counties, 2021
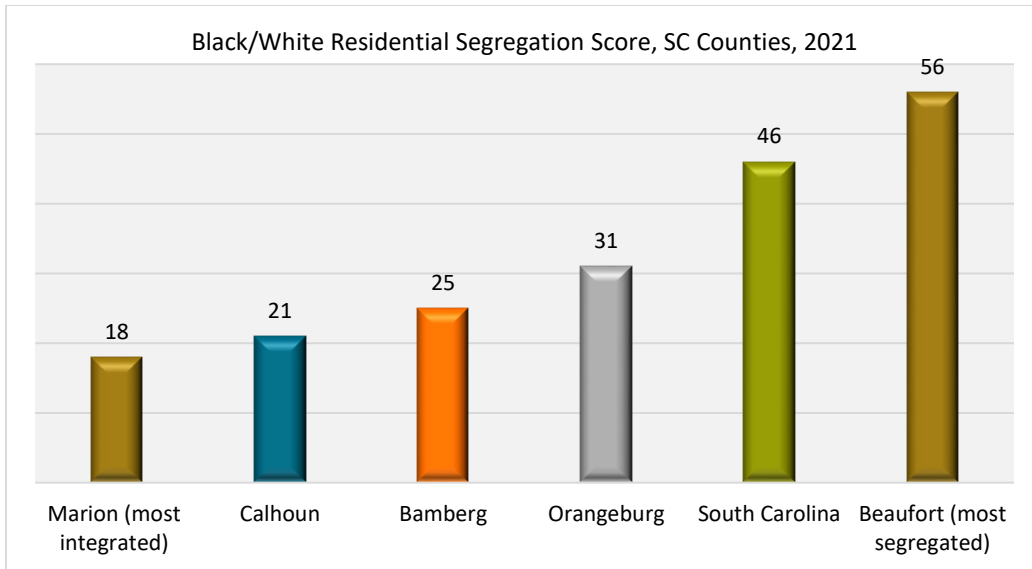
Source: County Health Rankings

Lead Exposure

Childhood lead poisoning is considered the most preventable environmental disease among young children, yet approximately 500,000 U.S. children have blood levels higher than the acceptable standard of 5 micrograms per deciliter (> 5µg/dL). Because their organs and tissues are rapidly developing, and because they tend to have more exposure to potential sources of lead, children are most at risk for lead poisoning. Lead affects the neurological system, and exposure can cause cognitive impairment. Lead poisoning can cause coma, seizures, and death.

Children who grow up in low income and minority communities are at significantly higher risk for lead exposure since these communities frequently have many older and unsafe homes. Older homes are more likely to have lead-based paint that can chip and find its way into the dust and soil surrounding the home, leading to illness. These houses may also be prone to structural problems, mold, or other hazards that put residents at higher risk of other health problems too, such as asthma and injury. The following infographic shows that there are areas in Bamberg, Calhoun, and Orangeburg Counties that are of concern, given low screening, older housing, and a site of lead contamination.[24]

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[24] SC HealthViz (March 2, 2017). Is Lead Exposure Being Missed in Kids? https://www.schealthviz.sc.edu/sc-healthviz-findings
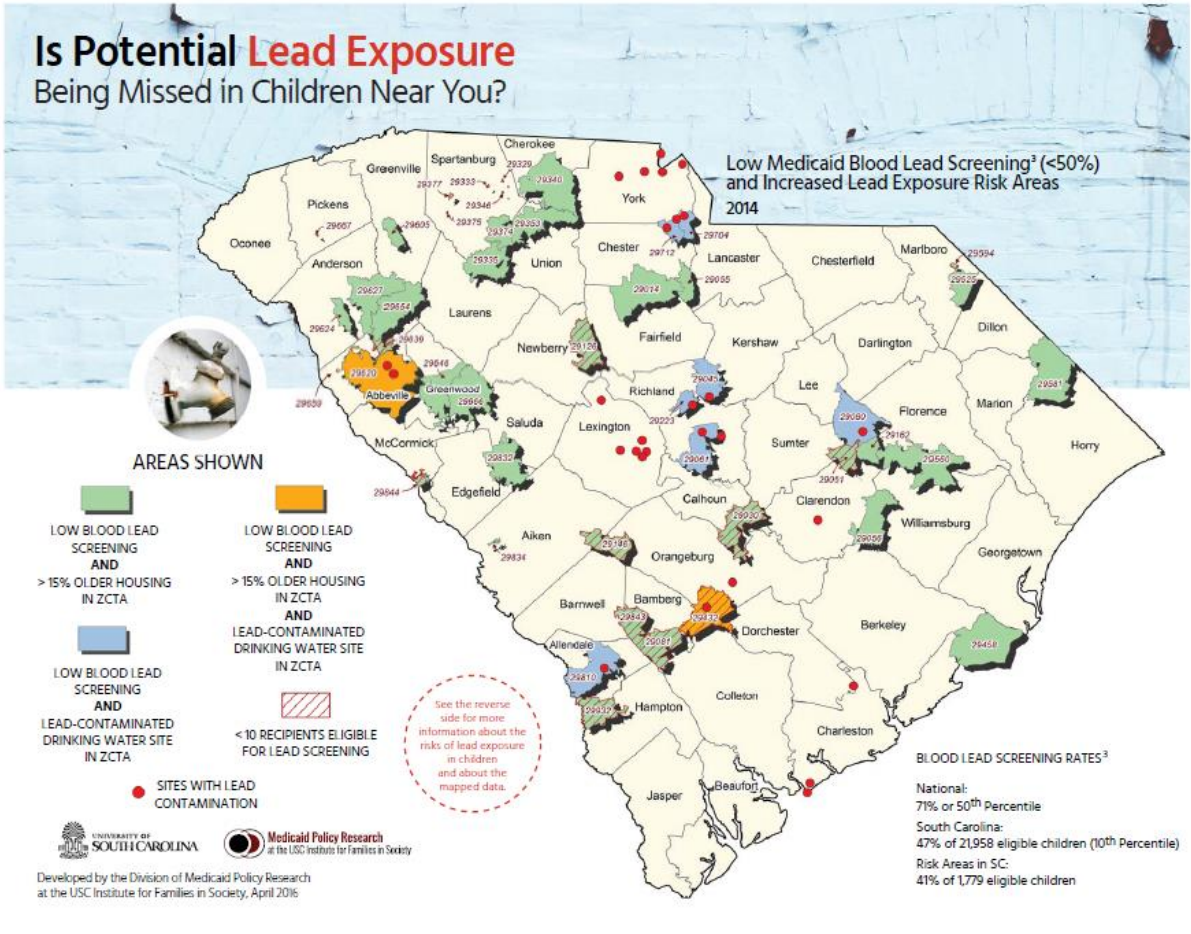
Source: SC HealthViz

Needs Assessment Survey

Methods

A survey was created and shared with residents in Orangeburg, Calhoun and Bamberg counties. The survey was distributed to all hospital employees, local colleges, the school district, Tri-County Health Network members, organizations, businesses and community members. A total of 237 surveys were collected from July 19, 2022 to November 16, 2022. This survey report shares the responses aggregated for all three counties, and can be disaggregated at request by zip code. The survey was translated into Spanish and no Spanish-language surveys were collected.

Demographics

A total of 237 residents in Orangeburg, Calhoun and Bamberg counties completed the Survey Questionnaire.

Gender Response:
Respondents to the survey include 209 Female (89.7%), 24 Male (10.3%), and none indicating Other. Four Respondents did not reply.

Zip Code Representation:
Respondents to the survey represented 23 zip codes. The majority of respondents came from zip codes 29118 (18.1%), 29115 (24.91%), 29003 (14.6%), and 29042 (14.6%). Zip codes 29135, 29038, 29107, and 29432 also had good representation. The remaining zip codes had a range of one to six respondents.

Zip Code	% Respondents
29118	18.1
29115	17.3
29003	14.6
29042	14.6
29135	5.3
29038	3.1
29107	3.1
29432	3.1
29059	2.7
29146	2.7
29047	2.2
29112	1.8

Zip Code	% Respondents
29112	1.8
29113	1.8
29039	1.3
29142	1.3
29160	1.3
29843	1.3
29018	0.9
29048	0.9
29081	0.9
29812	0.9
29030	0.4
29133	0.4

Age Distribution:

Respondents to the survey were categorized into various age range groups by conventional generational assignment according to their age. The majority of survey responses came from Generation X and the Baby Boomer generation. Generation Z 0-26 years (5.1%): 12 Respondents, Millennials 26-41 years (23.7%): 56 Respondents, Generation X 42-57 years (37.7%): 89 Respondents, Baby Boomers 58-76 years (32.2%): 76 Respondents, the Silent Generation 77-95 years (1.3%): 3 Respondents. A total of four Respondents did not reply.
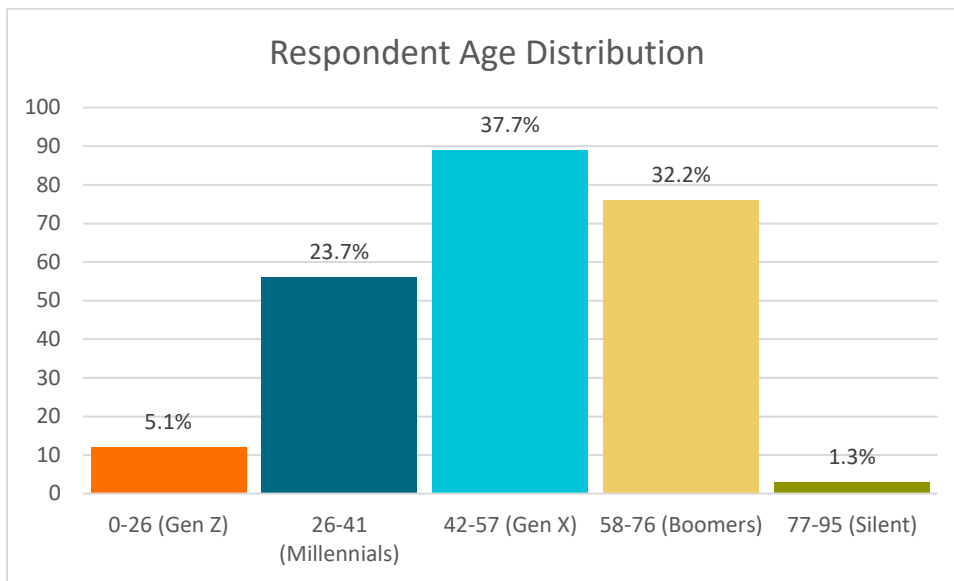
Race Categorization:

Respondents to the survey included 115 Black or African American (50%), 112 White or Caucasian (48.7%), one Asian (<1%), one American Indian or Alaskan Native (<1%), and one Other (<1%). One Respondent selected Other indicated they were multi-racial. Eight Respondents did not reply.

Ethnicity:

Survey response indicated 215 (96.9%) were not of Hispanic, Latino, or Spanish origin, and 7 (3.1%) Respondents indicated they were of Hispanic, Latino, Spanish origin. A total of 15 Respondents did not reply.

Education Level:

Survey respondents were categorized into eight groups of educational level. The majority of respondents indicated education beyond a high school diploma with 45.73% having a Bachelors or higher. A total of 59 respondents indicated a Bachelor's degree (25.21%), 39 respondents indicated a Master's degree (16.67%), 40 respondents indicated Some college credit but no degree (17.09%), 29 respondents indicated High school diploma or GED (12.39%), 49 respondents indicated an Associate's degree (20.94%), 9 respondents indicated a Terminal graduate degree (PhD, MD, DO, etc.) (3.85%), 4 respondents indicated some high school but no diploma (1.71%), 5 respondents indicated Other (2.14%). The majority of those that selected "Other" indicated vocational or trade training and educational certificates.
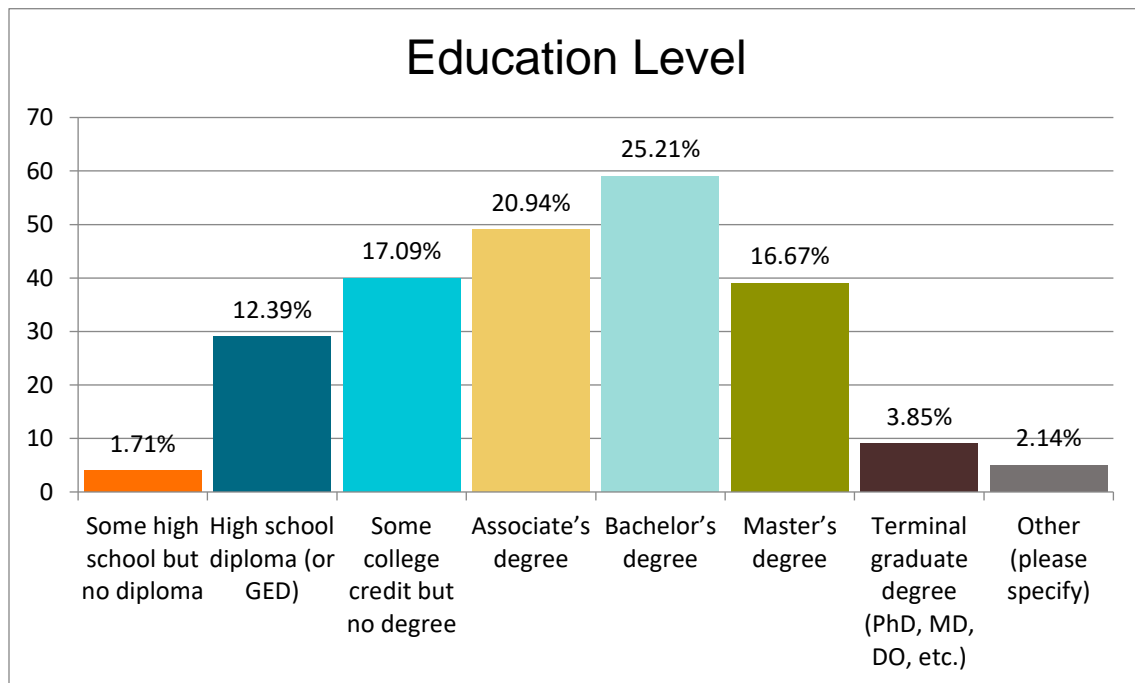
Employment Status:

Survey respondents fell into eleven categories for employment status. (See table below.) A large majority of 158 respondents indicated Full time employment (67.52%); while 44 Respondents indicated they were Retired (18.8%), 7 indicated they were Self-Employed (2.99%), 6 indicated they were Disabled or unable

to work (2.56%), 4 indicated Homemaker status (1.71%), 3 each indicated they were a Student or Out of Work but Currently Looking (1.28% each).

Employment Status	# of Respondents	%
Full-time Employment	158	67.52%
Retired	44	18.8%
Part-time Employment	18	7.69%
Self-Employed	7	2.99%
Disabled or Unable to Work	6	2.56%
Homemaker	4	1.71%
Student	3	1.28%
Out of Work but Currently Looking	3	1.28%
Military	0	0%
Out of Work and Not Looking	0	0%
Other	0	0%

Insurance Coverage:

Respondents were asked to identify their Health Insurance Coverage Provider. A large majority of 144 Respondents indicated Employer Commercial Insurance (67.92%); while 49 indicated coverage through Medicare (23.11%), 19 indicated coverage through Medicaid (8.96%), 15 indicated Individual Commercial Insurance (7.08%), seven indicated they had No Health Insurance (3.3%), and five indicated Tricare insurance (2.36%). It is important to note that 25 Respondents (10.7%) did not reply to the question.

Insurance Coverage Provider	# of Respondents	%
Employer Commercial Insurance	144	67.92%
Medicare	49	23.11%
Medicaid	19	8.96%
Individual Commercial Insurance	15	7.08%
No Health Insurance	7	3.3%
Tricare	5	2.36%
Other	0	0%

Primary Care Provider:

Respondents were asked if they had a primary health care provider. A large majority of 185 Respondents indicated they did have a primary health care provider (84.09%), while 35 indicated they did not have a primary health care provider (15.91%). It is important to note that 17 Respondents (7.3%) did not reply to the primary care provider question.

Primary Health Care Provider

(Bar chart: Yes ≈ 84%, No ≈ 16%)
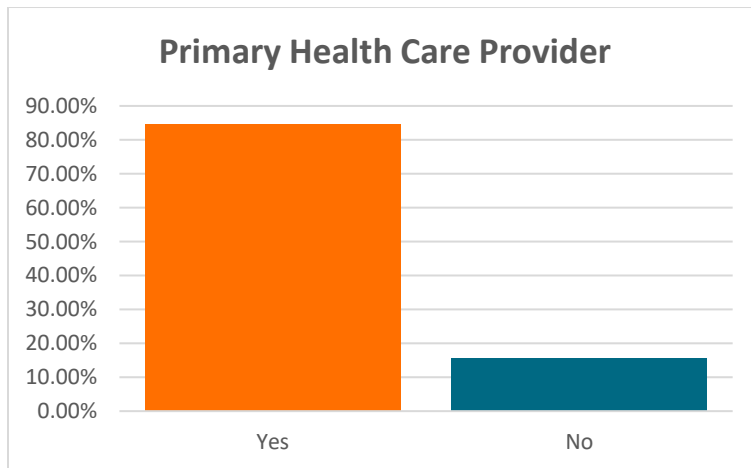
Key Results
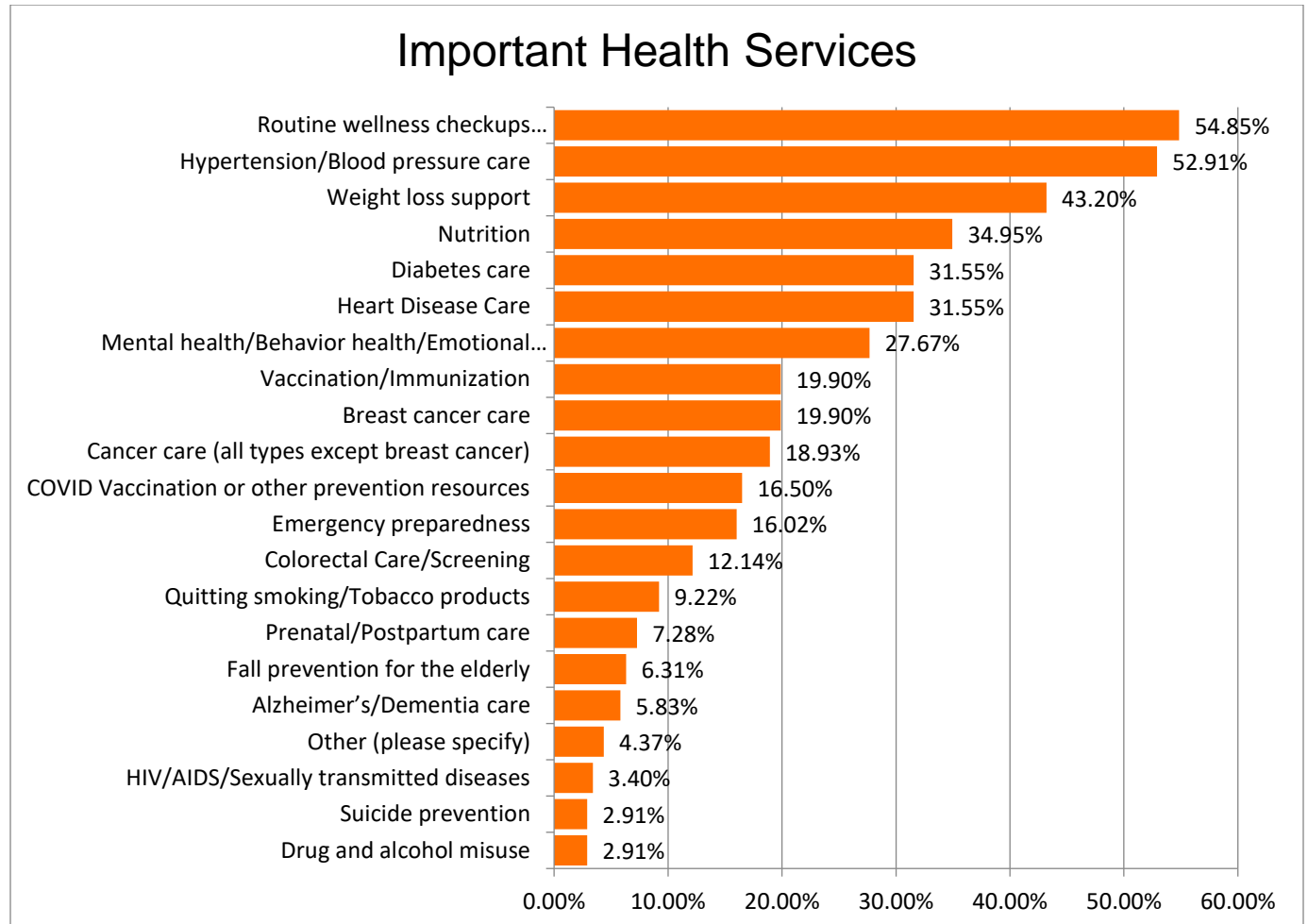
Overall Health Review:

Survey respondents self-rated their overall health as Excellent, Very Good, Good, Fair, or Poor. The majority of about 75% of Respondents felt their personal health was Good to Very Good. Only about 16% felt their own health was rated as Fair or Poor. 19 indicated their overall health as excellent (8.88%), 72 indicated overall health as Very Good (33.64%), 89 indicated their overall health as Good (41.59%), 30 indicated Fair overall health (14.02%), and four Respondents indicated their overall health as Poor (1.87%). It is important to note that 23 Respondents (9.9%) did not reply to rate their overall health.
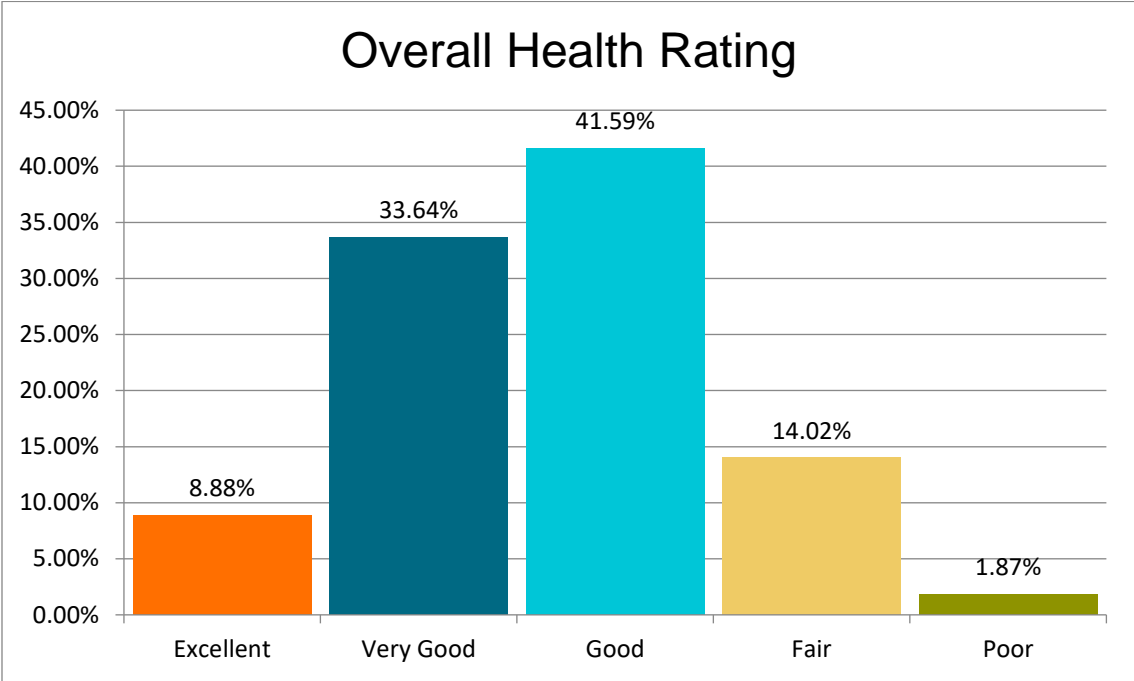
Important Health Services:

Respondents were allowed to choose up to four of their most important health services needed to keep themselves healthy. A total of 870 selections were made from an option of 19 choices. The three most often selected issues were Routine Wellness Checkups, Hypertension/Blood Pressure Care, and Weight Loss Support. The top five options selected were Routine Wellness Checkups (54.85%), Hypertension/Blood Pressure Care (52.91%), Weight Loss Support (43.2%), Nutrition (34.95%), Diabetes Care (31.55%), and Heart Disease Care (31.55%). It should be noted that the majority of the category Other were already addressed by one of the listed categories in addition to a few Respondents mentioning Dental Services.

Important Health Services

Service	Percent
Routine wellness checkups…	54.85%
Hypertension/Blood pressure care	52.91%
Weight loss support	43.20%
Nutrition	34.95%
Diabetes care	31.55%
Heart Disease Care	31.55%
Mental health/Behavior health/Emotional…	27.67%
Vaccination/Immunization	19.90%
Breast cancer care	19.90%
Cancer care (all types except breast cancer)	18.93%
COVID Vaccination or other prevention resources	16.50%
Emergency preparedness	16.02%
Colorectal Care/Screening	12.14%
Quitting smoking/Tobacco products	9.22%
Prenatal/Postpartum care	7.28%
Fall prevention for the elderly	6.31%
Alzheimer's/Dementia care	5.83%
Other (please specify)	4.37%
HIV/AIDS/Sexually transmitted diseases	3.40%
Suicide prevention	2.91%
Drug and alcohol misuse	2.91%

Health Care Information/Education Source:

Respondents were asked to choose up to three of their main sources they get information or education regarding health care. It should be noted that the majority of participants selected less than three education sources. A total of 484 selections were made from an option of twelve sources of information. The overwhelming majority of Respondents indicated they get their health care information from their doctor or healthcare provider. The top three sources selected were Doctor/Healthcare Provider (84.83%), Internet Health Sites (49.76%), and Family/Friends (18.96%). Hospital (18.01%) and Work (16.11%) were also notable selections by Respondents. The majority of respondents selecting Other indicated their own research through a variety of methods.

Health Information/Education Source

Source	Percentage
Doctor or healthcare provider	84.83%
Internet (WebMD, Healthline, etc)	49.76%
Family, friends	18.96%
Hospital	18.01%
Work	16.11%
Social media (Facebook, TikTok, etc)	11.85%
Radio, Television	7.58%
Health department	7.11%
Newspaper, Magazines	6.64%
Church	3.79%
School, College	2.84%
Other (please specify)	1.90%
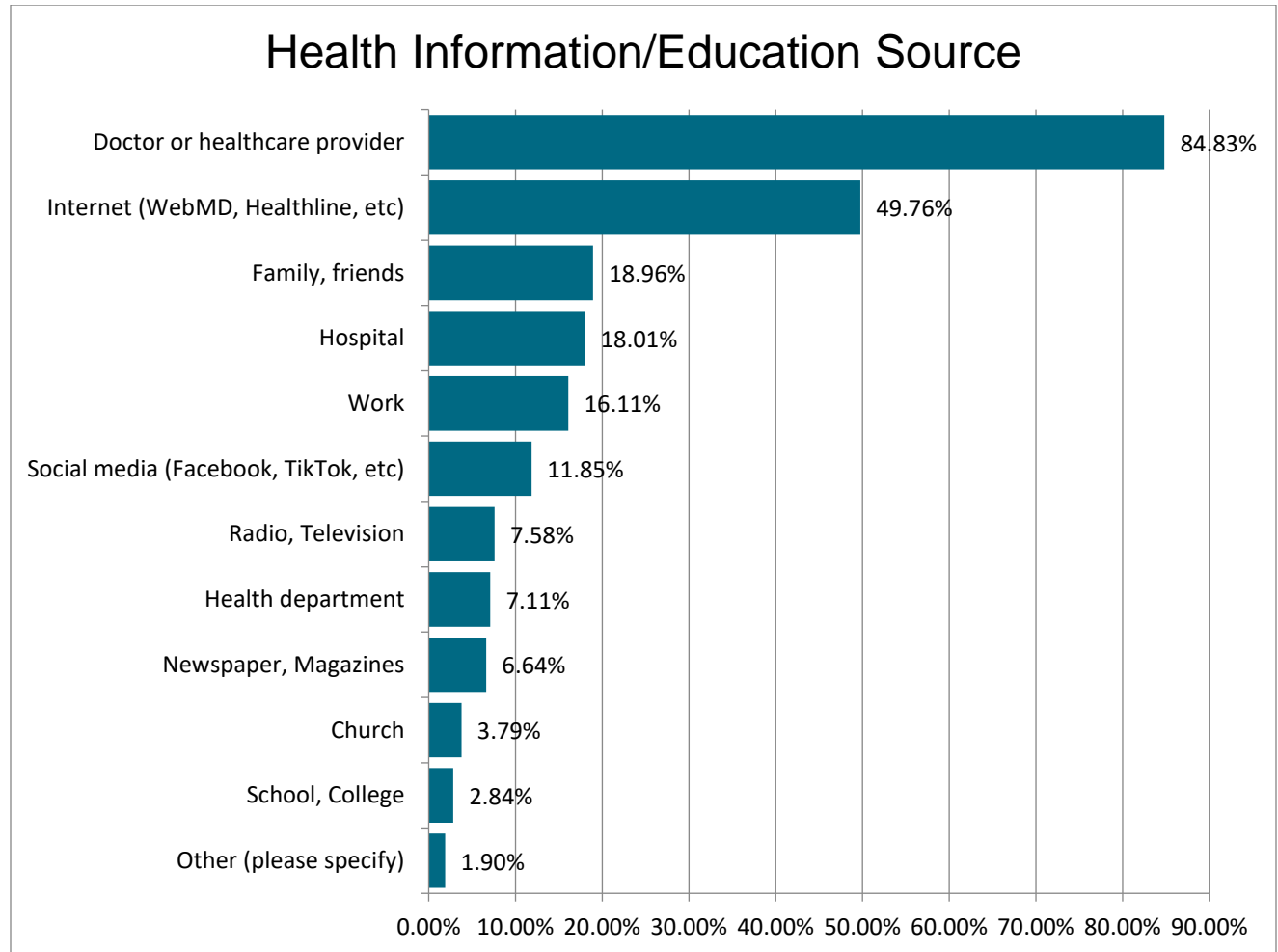
Routine Health Care Service Provider:

Respondents were asked to name their primary method of receiving Routine Healthcare. The overwhelming majority selected Physician's Office at over 84%. A notable total of 7.62% of Respondents indicated they Did Not Receive routine health care services. Urgent Care was the next most selected method of receiving routine healthcare at 4.76%. About 3% of Respondents indicated a routine healthcare provider as something different such as; Emergency Room, Health Department, Pharmacy, Holistic Medicine, Community Clinic, or Veteran Affairs.

Root Causes

Social determinants of health are the conditions in which we live, work, learn, and play that affect a wide range of health and wellness outcomes. Respondents were asked a series of questions about their core social determinants of health as to how often they felt impacted by the question scenario ranging from Always to Never. Please note that the vast majority of the participants of the survey were full-time employed women who have a primary care provider. These root causes most likely do not fully represent the full scope of Orangeburg, Calhoun and Bamberg resdients.

How Often has the following occurred?

I am worried or concerned that I may not have stable housing within the next two months.

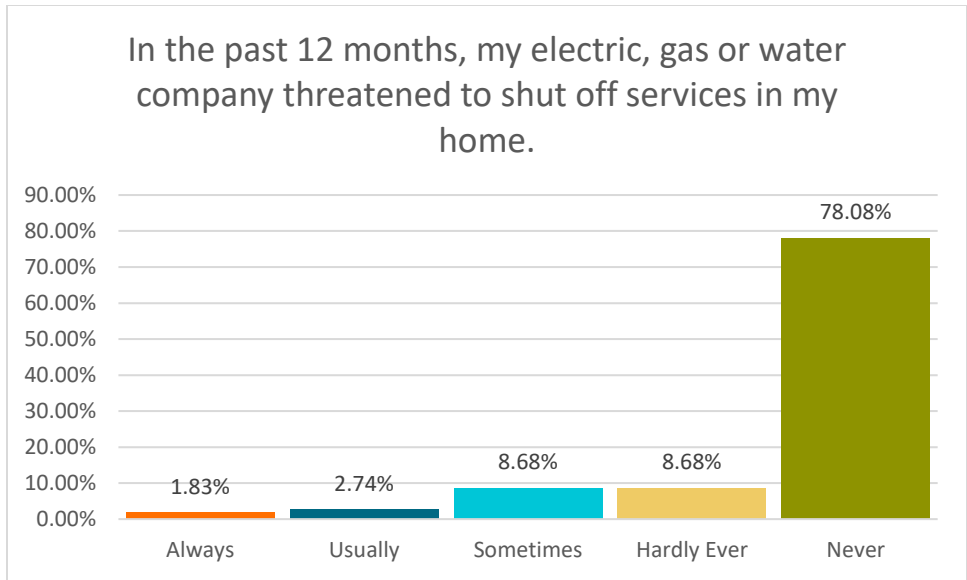| Always	Usually	Sometimes	Hardly Ever	Never
2.70%	0.45%	12.16%	15.32%	69.37%
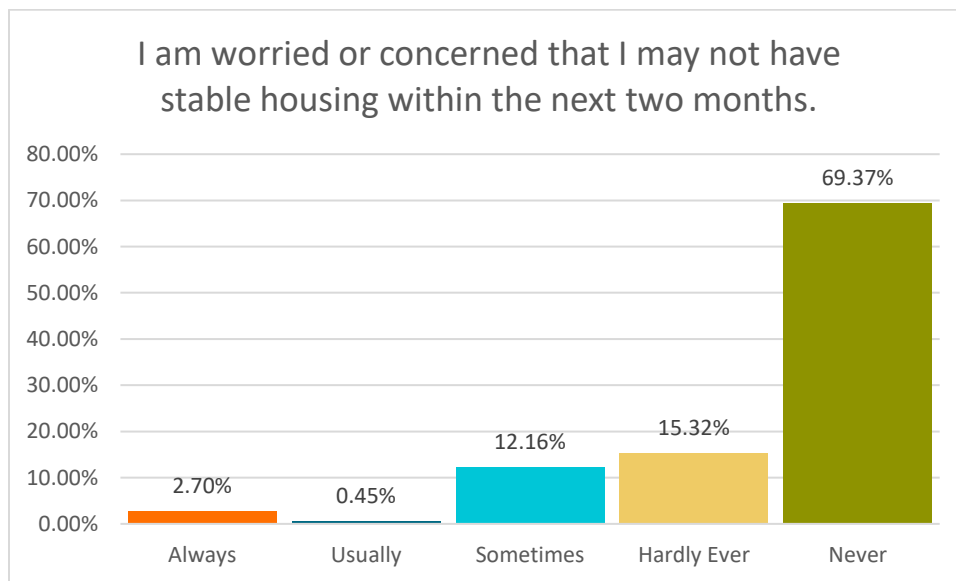
An overwhelming majority of 85% of Respondents indicated that they Hardly Ever or Never are concerned about not having stable housing in a short time period.

Within the past 12 months, the food I bought just didn't last and I did not have money to get more.

| Category	Percentage
Always	6.31%
Usually	4.95%
Sometimes	18.92%
Hardly Ever	18.92%
Never	50.90%
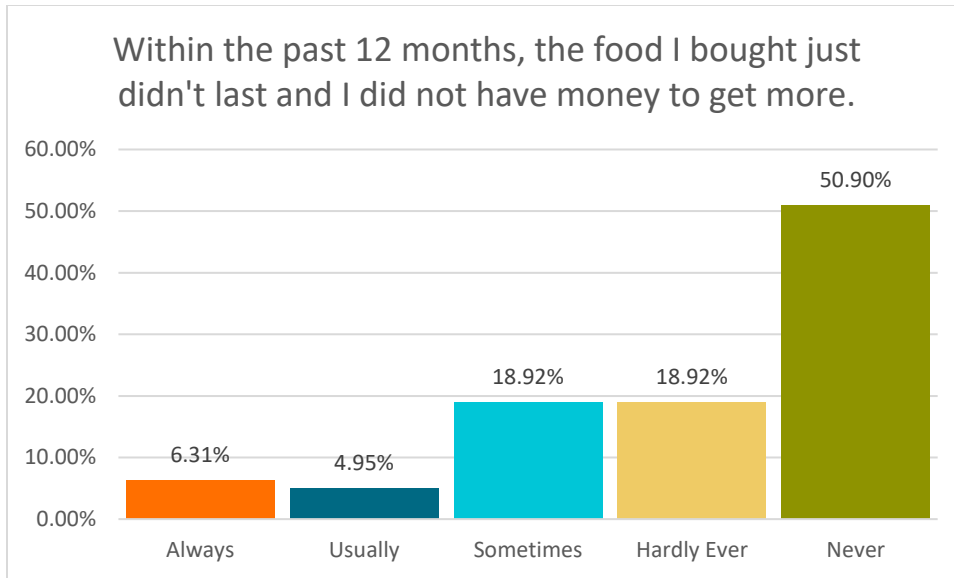
A total of 50.9% of Respondents indicated they have Never run out of food for the month and not had enough money to buy more. More than 30% of Respondents indicated they Sometimes or more often have run out of food and not had enough money to buy more for the month.

I put off or avoid going to the doctor because of distance or transportation.

Category	Percentage
Always	1.81%
Usually	3.17%
Sometimes	18.10%
Hardly Ever	15.84%
Never	61.09%
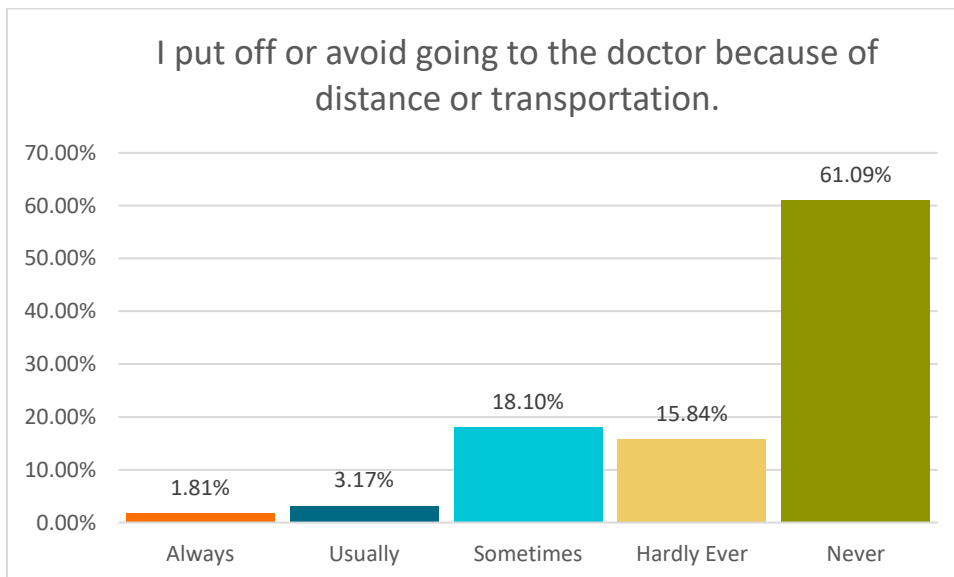
Almost 25% of Respondents indicated they Sometimes, Usually, or Always avoid going to the doctor because of distance or transportation. A large majority of 61% of Respondents indicated they Never avoid going to the doctor due to distance or transportation concerns.

In the past 12 months, my electric, gas or water company threatened to shut off services in my home.

A large majority of 78.1% of Respondents indicated they have Never had a utility company threaten to shut off service to their home in the past twelve months.

I have enough money to pay my bills.
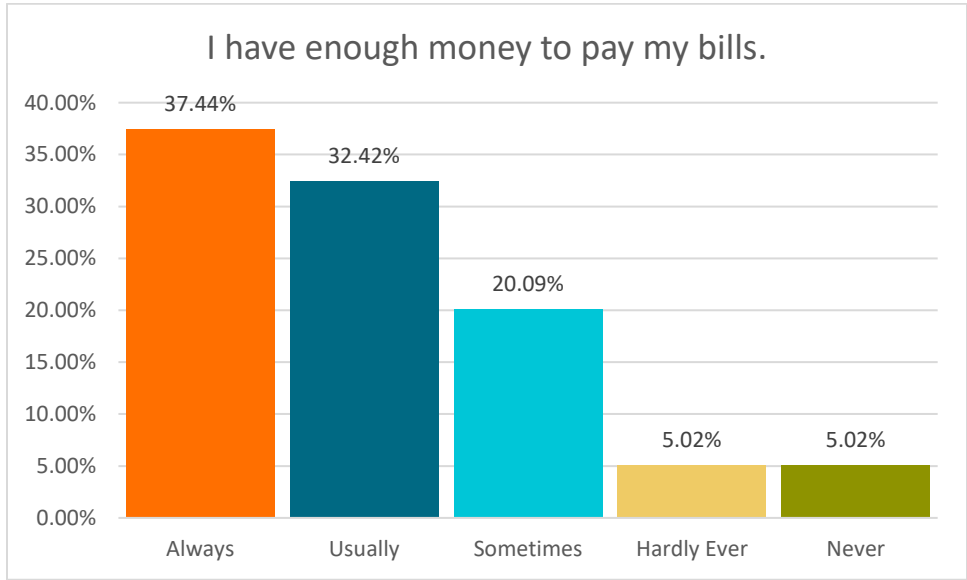
Only 37.4% of Respondents indicated they Always have enough money to pay their bills. A total of 30.1% of Respondents indicated they Sometimes or less often have enough money to pay their bills.

I exercise for at least 30 minutes a day, 5 days a week.
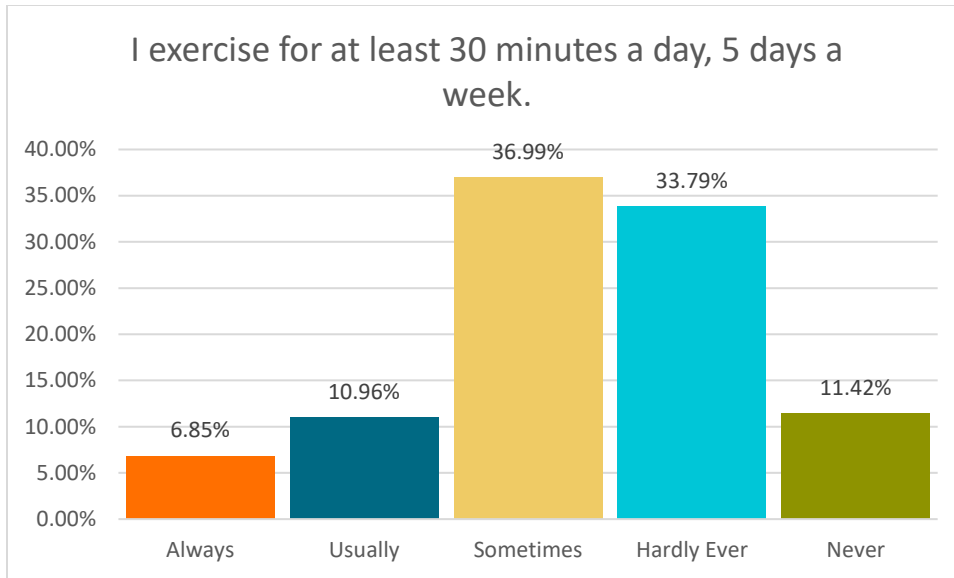
Only 54.8% of Respondents indicated that they are physically active for 30 minutes daily at least Sometimes. A total of 10.96% indicated Usually, while 6.85% indicated they Always were physically active 30 minutes a day. A notable 45.21% of Respondents indicated they Hardly Ever (33.79%) or Never (11.42%) are physically active for 30 minutes a day.

I have access to a smart device (cellphone, tablet, computer) that I know how to use.
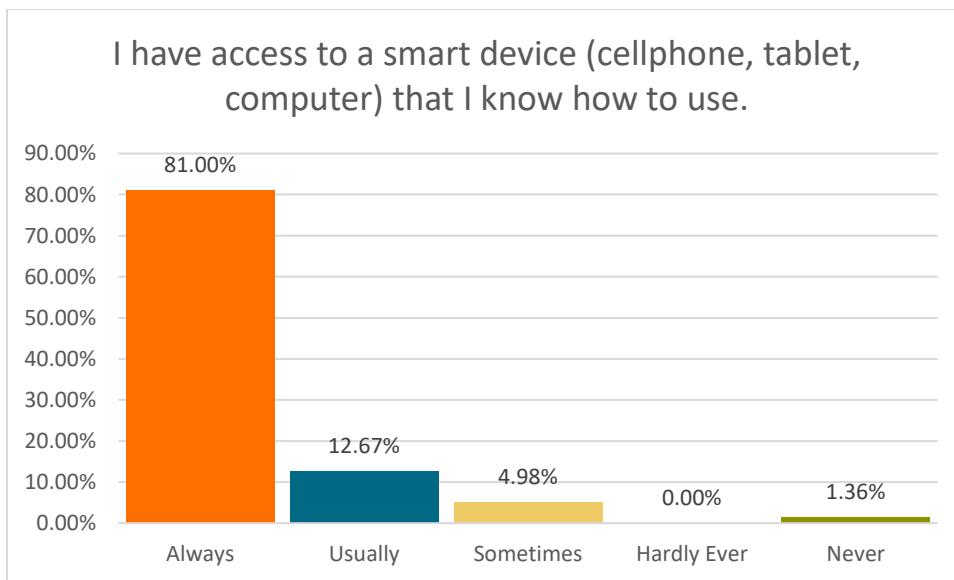
Almost 94% of Respondents indicated they Usually or Always have access to a smart device. Only 1.36% of Respondents stated they Never have access to a smart device.

Primary Transportation Method:

Respondents identified their main form of transportation. An overwhelming majority of 92.31% of Respondents indicated their main form of transportation is a Personal Vehicle. A total of 6.79% of participants indicated Family or Friends as their primary transportation method. Public transportation, rideshare, taxi, walking, bicycle, or other methods were indicated to be used by less than 1% of Respondents as their main method of transportation.

Online Doctor Appointment:

Respondents were asked if they would be willing to talk to their doctor using the internet. Responses indicate a strong willingness to use online appointment methods with 70.1% at some level of Agreement to only 10.4% that are at some level of Disagreement.

I would be OK talking face-to-face with my doctor using the internet (video visits, online chat, etc).

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
36.65%	33.48%	19.46%	6.79%	3.62%
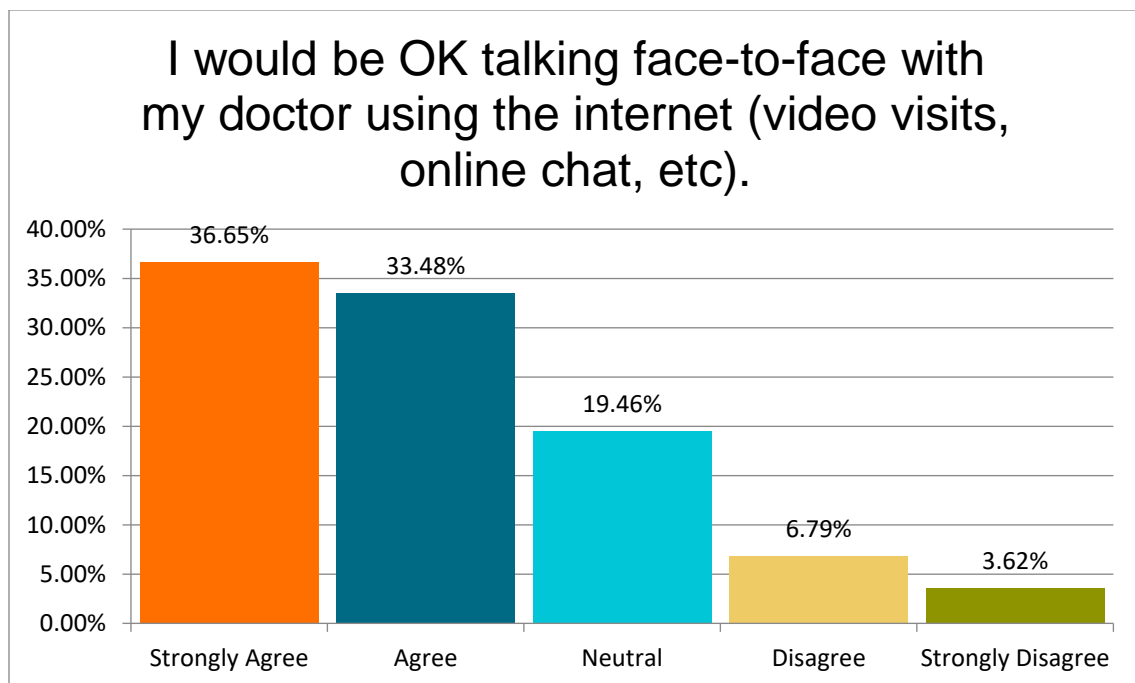
About Your Community

Community Safety Perception:

Respondents were asked if they agreed their community was a safe place to live. A small majority of 55.4% had some level of Agreement that their community was a safe place to live. However, a noteworthy 23% of Respondents had some level of Disagreement to the perception that their community is a safe place to live.
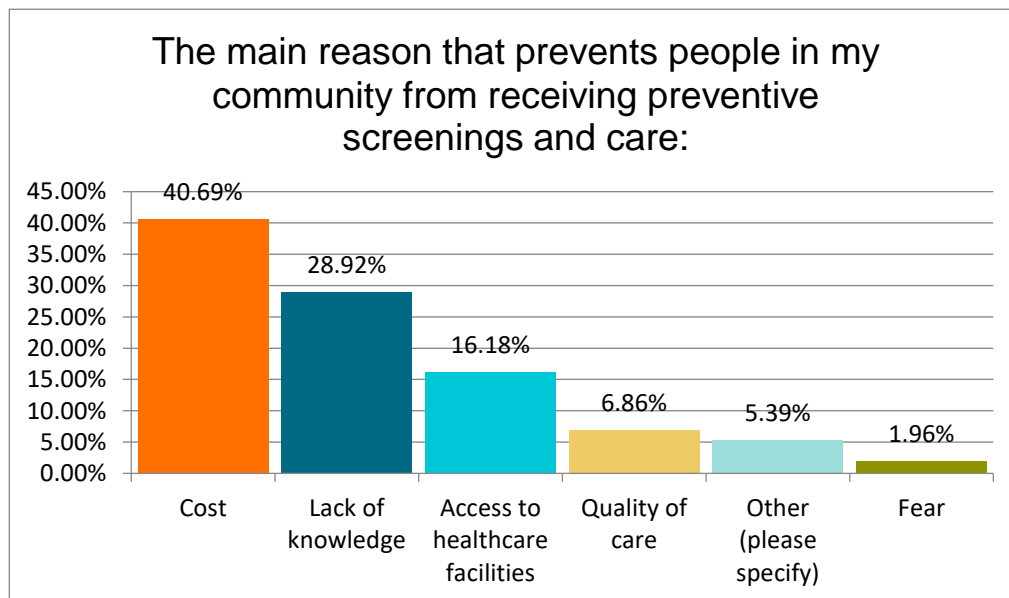
My community is a safe place to live.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12.16%	43.24%	21.62%	16.67%	6.31%
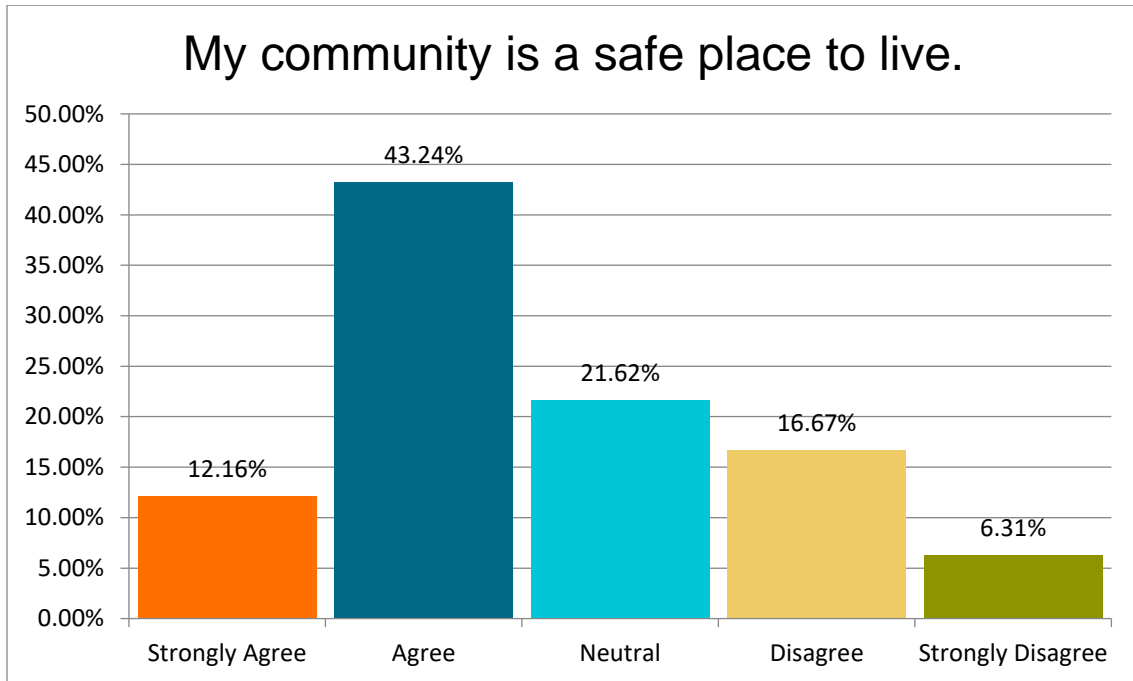
Community Health Perception:

Respondents were asked to rate the overall health of their community from Poor to Excellent. The responses indicate a perception that the overall health of their community as Fair. This is a significantly lower perception of quality in comparison to the perceived personalized individual health previously noted as Very Good. A total of 1.46% indicated Excellent, 5.85% indicated Very Good, 31.71% indicated Good, 36.1% indicated Fair, and a notable 24.88% indicated the community health as Poor. It should also be noted that at this point in the questionnaire, a significant portion of Respondents chose not to answer the remaining questions.

I would rate the overall health of my community as:

Category	Percentage
Excellent	1.46%
Very Good	5.85%
Good	31.71%
Fair	36.10%
Poor	24.88%
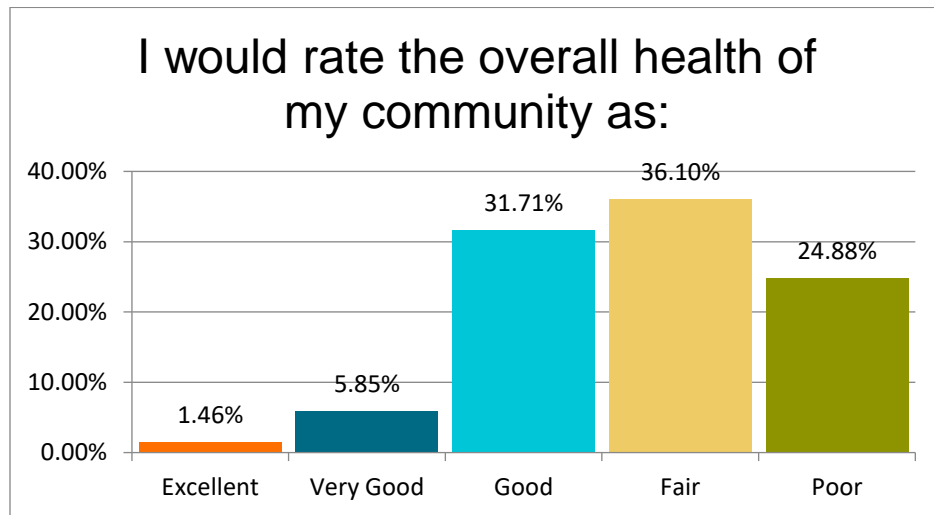
Community Preventive Screening Barriers:

Respondents were asked for the main reason that prevents community members from receiving preventive screenings. The major reason given by Respondents at over 40% was Cost followed by Lack of Knowledge at almost 29%. Access to healthcare facilities was also listed by a noteworthy 16% of Respondents.
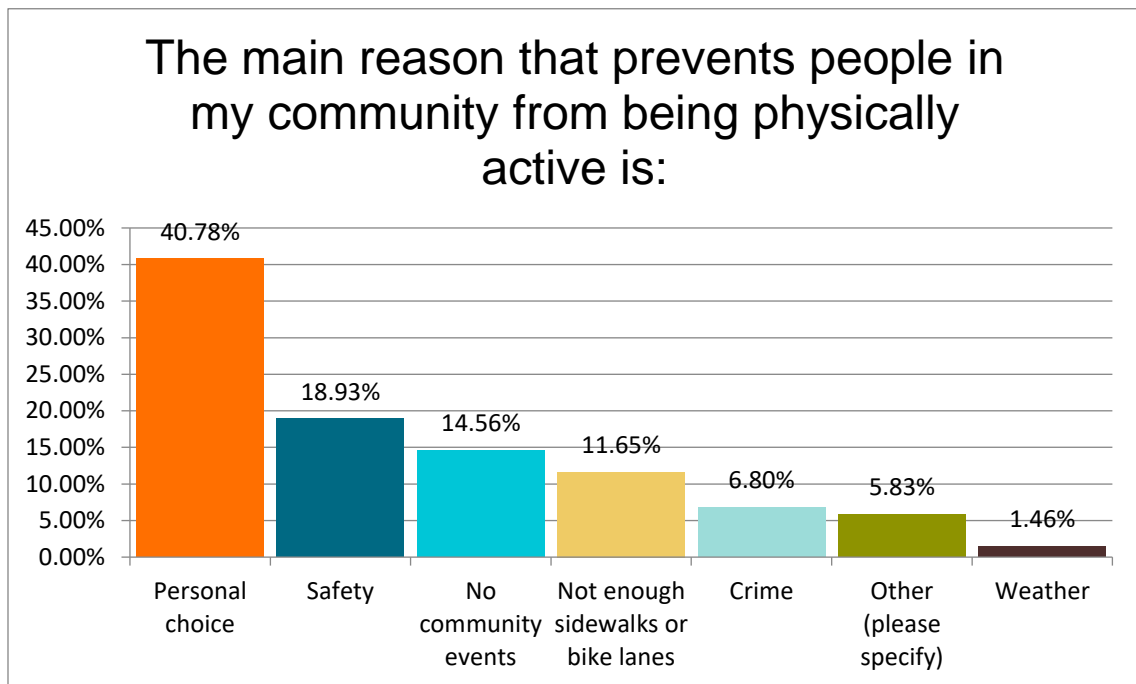
The main reason that prevents people in my community from receiving preventive screenings and care:

Category	Percentage
Cost	40.69%
Lack of knowledge	28.92%
Access to healthcare facilities	16.18%
Quality of care	6.86%
Other (please specify)	5.39%
Fear	1.96%

Personal Healthy Eating Barriers:

Respondents were asked to list the main reason that prevents their family from eating healthy foods. The main reason listed was Cost (43.28%). Being Too Tired After Work (14.93%) was selected the next most often. Other (9.45%) was selected third most often with the majority of those indicating that no barriers existed for them to eat healthy.
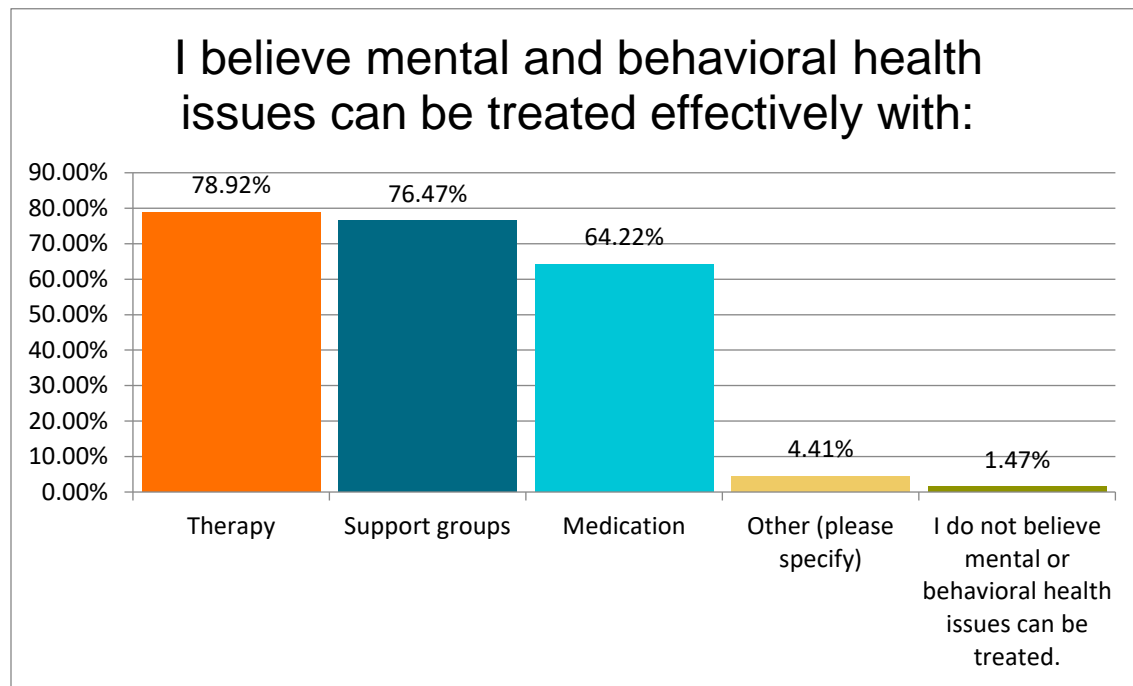
The main reason that prevents my family from eating healthy foods is:

Reason	Percentage
Too expensive	43.28%
Too tired after work	14.93%
Other (please specify)	9.45%
Eat fast food regularly	8.46%
May not know how to eat healthy	7.96%
Stores don't have quality fruits and vegetables	5.47%
Don't cook at home	4.48%
No grocery store nearby	2.99%
No farmers market	2.49%
No community gardens	0.50%
Stores don't accept SNAP/EBT/WIC	0.00%

Community Physically Active Barriers:

Respondents were asked to list the main reason that prevents people in their community from being physically active. The overwhelming perspective of Respondents was Personal Choice being the main barrier for community physical activity (40.78%). The next most selected barrier was Safety (18.93%). No Community Events (14.56%) also had a notable response. A total of 5.83% of Respondents selected Other. Respondents who selected Other listed previous barriers already mentioned or Access to Resources that promote physical activities such as a YMCA.

The main reason that prevents people in my community from being physically active is:

Category	Percentage
Personal choice	40.78%
Safety	18.93%
No community events	14.56%
Not enough sidewalks or bike lanes	11.65%
Crime	6.80%
Other (please specify)	5.83%
Weather	1.46%

Mental Behavioral Health Issue Treatment options:

Respondents were asked to list all the reasons they believed mental and behavioral health could be effectively treated. The majority of Respondents felt this could be effectively treated by multiple treatment options. Therapy was listed by almost 79% of respondents, followed by Support Groups at 76%, and Medication at 64%. The majority of those that selected Other listed alternative methods such as Treatment Facilities, Dietary Treatment, Faith Centered, or Holistic Medicine as viable approaches. Less than 2% indicated they did not believe mental or behavioral health issues can be treated.

I believe mental and behavioral health issues can be treated effectively with:

Category	Percentage
Therapy	78.92%
Support groups	76.47%
Medication	64.22%
Other (please specify)	4.41%
I do not believe mental or behavioral health issues can be treated.	1.47%

Mental Behavioral Health Treatment Barriers:

Respondents were asked to identify the main reason preventing community members from treating their mental or behavioral health. There was a fairly even distribution of most of the listed barriers selected by Respondents. Shame/Embarrassment (23.27%), No Community Resources (23.27%), Lack of Awareness (20.79%), and Stigma (17.33%) were all within 6% of each other. The least identified option of Too Expensive was selected by 10.89% of Respondents. Respondents that selected Other listed treatment barriers as Multiple Reasons or they said they Did Not Know.

Mental Health Treatment Barrier	# of Respondents	%
Shame/Embarrassment	47	23.27%
No Community Resources	47	23.27%
Lack of Awareness	42	20.79%
Stigma	35	17.33%
Too Expensive	22	10.89%
Other (specify)	9	4.46%

Qualitative Findings

Key Informant Interviews Report

Executive Summary and Methodology

In collaboration with the Tri-County Health Network and Regional Medical Center, Holly Hayes and Elizabeth Carpenter of ISI Consulting conducted interviews with six individuals that have firsthand knowledge of at least one of the three counties (Bamberg, Calhoun, and Orangeburg counties) in the Network. Participants were asked to describe their own challenges with health as well as identify any issues that they believe are negatively impacting a specific population, geographic community, or residents of the tri-county area. Select quotes from these interviews used the report have been edited for clarity. The four themes were identified. The top findings, in no particular order, are as follows:

- Obesity is a major public health concern.
- There is a need for more health education.
- Many do not have adequate access to health care services.
- Elderly and Black populations are at risk.

Participants

Trena Crosby

Tyrone Danzler

Tracy Golden

John McLaughlin

Lashandra Morgan

Sabrina Robinson

Thematic Analysis

Obesity is a major public health concern.

Obesity or obesity-linked and related health conditions were mentioned as a major health concern facing the tri-county area by all participants. The other conditions mentioned by participants were diabetes, hypertension, cancer, kidney disease, depression, anxiety, and heart disease. However, the key informants highlighted the links those conditions all have to obesity when talking about them. This section will detail the obesity-specific information discussed in the interviews, but it is important to note that all themes were said to play a role in the obesity problem affecting Bamberg, Calhoun, and Orangeburg Counties.

Participants specifically identified the lack of healthy food options and lack of safe, public places to exercise as key contributors affecting the overall health of tri-county residents. These topics were discussed by every key informant and typically mentioned multiple times throughout each interview. It was pointed out that many people in the tri-county area live in a food desert, and do not have easy access to fresh food. Gas stations and dollar stores are where people often have to resort to in order to buy their groceries. Part of this is by design. "Bamberg went without a grocery store because a lot [of stores] said

> **"Bamberg went without a grocery store because a lot of [stores] said they wouldn't open a branch because of the median income."**

they wouldn't open [a branch] because of the median income," supplied the participant. As a result, and for the sake of convenience, many people also rely on fast food as a cheap and easy way to feed themselves and their family. This phenomenon is known as a food swamp. As one informant said, "It's

called a food swamp, where the only options are fast food places or other unhealthy choices." This has lasting impacts on the community because the choice to be healthy is more expensive.

Additionally, another identified contributing factor to obesity is the lack of public facilities to exercise. In conjunction with the lack of infrastructure, many feel it is not safe to attempt exercising. "There is no local gym," informed a participant. Another supplied, "[We need to] make it safe to be outside." A lack of sidewalks, parks with walking tracks, well-lit areas at night, limited to no ADA compliance, and gun violence, were all mentioned as contributing factors making people feel unsafe to exercise with what currently exists in the tri-county area. "There are not a lot of services, and people tell you to suck it up. It's concerning," said a participant of this problem. The key informants want to see more public locations, where it is free to get out and be active, that have well-lit paths, and are safe for children. In addition to parks, and walking trails, multiple key informants suggested building community gardens where people can come together to grow their own food. This was seen as a way to get people out of the house as well an opportunity to teach tri-county residents of the importance of fresh, healthy food in their everyday diet.

There is a need for more health education.

As touched on in the previous section, key informants believe there is serious lack of understanding when it comes to health. This applied to both health care and healthy eating. Interviewees said that many people do not understand the importance of a balanced diet, nor what one looks like. Not knowing how to cook nutritious meals was also identified as a problem. "People are not [properly] educated on how to eat right and take care of [their] body," said a participant. The key informants felt that a community garden, as mentioned earlier, would provide a hands-on educational experience that also has the net benefit of supplying people with fresh fruits and vegetables. In addition, participants think classes should be offered to teach healthy eating and cooking skills. "We need to show healthy cooking demonstrated," said one key informant. Another thought that "creating a health house plan" to fit each family's schedule was a good idea to spread awareness. However, a lack of dietary education is not the only problem of this nature.

> "People are not [properly] educated on how to eat right and take care of [their] body."

"There is health care illiteracy" in Bamberg, Calhoun, and Orangeburg counties because the tri-county area "is a health desert," supplied one key informant. The other participants shared similar opinions on this as well. This health illiteracy was said to lead to a delay of seeking care that often exacerbates many health conditions found within the community, as well as contribute to the misuse of emergency services. Participants hoped that local colleges and universities could step up to help with health training as well as pharmacists when they are refilling medications for their clients. Most importantly, the key informants believe there is a desire to help with these problems within the community and with local government support, the lack of health education and nutritional understanding can be addressed and improved upon.

Many do not have adequate access to health care services.

The lack of proper health education is part of the larger problem of the availability of quality health care services in general. Much of the tri-county is rural, and this creates the perception that there is no "need for [more] funding because based on the numbers, turn out is lower than you see in bigger cities," said an informant. Looking just at the data from a numbers point-of-view is hurting the communities in receiving the funding and investment in more health care opportunities. As another put it, "[It's] the economy. It's a small community. It hurts because [since we are] small, it seems like they don't have the need versus the numbers in bigger cities." The economy was most frequently mentioned as the main factor preventing more health infrastructure from being built.

As a result, many people have to turn to the emergency room for health care. "Residents are not coming for check-ups, and only [seek medical care] when they really have a problem," said one participant. The main reasons identified with this were the cost of healthcare and lack of transportation access. Healthcare is expensive in America and especially impacts low-income residents, and inflation is only making it worse. Key informants shared stories of people riding tractors to get to doctor's appointments, or having to rely on friends, family, and neighbors to drive them to appointments or to buy groceries. Most of the participants said they wanted some form of transportation system to help people get to and from doctor's appointments.

> "It hurts because [since we are] small, it seems like they don't have the need versus the numbers in bigger cities."

The Family Health Center and Hope Health were mentioned multiple times as good resources for people to turn to, and that they "had a lot of buzz around them," as said one key informant. Though ideally, more health care facilities should be built to address the need of the people, and not be based on their ability to pay. "Many citizens do not have access to vital checks. It is everything," said a participant. While another mentioned, "I'm concerned with how serious health providers are at providing services versus looking at the numbers." Money, the economy, and inflation were real concerns of the key informants for the ability to actually provide health care to a populace that have many uninsured, and impoverished residents and not have a large patient volume to attract certain healthcare providers.

Elderly and Black populations are at risk.

The key informants shared that black and elderly populations need more attention in the three counties in order to increase the overall well-being of the region. These two populations often have less access to resources and are limited financially. The elderly have problems with mobility and tend to not be on social media, so they are much harder to reach out to. Younger populations were said to receive resources through schools and receive more money from government assistance, but for the elderly that is not the case. "Thy worked the whole life, retire, and then people forget about them," said one informant. Building a senior center to address this need was brought up as a solution to this problem. However, pride was mentioned by some informants as something preventing people from reaching out when they need help. Informants hoped that with more efforts, the elderly community could be reached with better success in the future, but this will require more funding to do so.

Focus Groups
Report

Executive Summary and Methodology

In order to gain an in-depth perspective of the health problems and root causes, three separate focus groups were held on October 25, 2022. Fourteen residents participated in Orangeburg, three residents in Calhoun and ten residents in Bamberg. Residents discussed issues surrounding and solutions related to the following question: "What top health issues are impacting residents living in your community?" Several of the issues were identified by each of the groups. Holly Hayes facilitated each of the sessions. Each of these participants were offered twenty dollars in cash. With participants' consent, all of the focus groups were digitally recorded and then verbatim transcripts were produced to assist with the thematic analysis.

A technique, Five Why's, was used as the framework for the focus group. The goal of this technique is to identify the underlying root causes to the problem. Participants went through a consensus process to identify the top three problems they wanted to discuss for the duration of the focus group. After the problems were identified, participants were led through two to three rounds to identify the main causes of those problems. The first two rounds the participants were asked the question, "Why is this a problem?" Participants listed up to three reasons per problem, one reason per post-it note. Similar reasons were grouped and discussed. The participants were then asked to share what they thought were the cause of the problem and how an outside funder should go about addressing the health problems during the focus group.

The themes found were:
- Obesity/Diabetes/Heart Disease
- Access to Care
- Mental Health
- Cancer

Thematic Analysis

Obesity/Diabetes/Heart Disease

All three groups discussed conditions such as obesity, diabetes, and heart disease at length during their focus groups. Each group talked about what they thought was causing these problems and agreed that major contributing factors included: a lack of education, no access to healthy or affordable groceries, and sedentary lifestyles. Several of the participants self-identified as diabetic, pre-diabetic, or overweight and obese.

Many participants in all the focus groups brought up the lack of education first when asked about what was causing the prevalence of these chronic conditions. It was believed that if people better understood how food and exercise impact their overall health, that they would be empowered to take better care of themselves and their children. Someone from the Orangeburg focus group described it as, "Now we perish because of lack of knowledge." With education and outreach, the groups felt it was very likely that

behaviors would change. A participant in the Bamberg focus group noted that unhealthy habits were not intentional, but just the product of, "[not] knowing what they need to eat. [They] think the only way to eat chicken is to fry it." This educational gap then spirals into other risk factors for contracting obesity, diabetes, or heart disease.

> "It is cheaper to buy a premade meal than the ingredients to make it."

The second most mentioned factor leading to obesity by all the focus groups is the presence of food deserts and food swamps in the area. There is simply no or very little access to healthy foods that are affordable and convenient to get. It is practically seen as a luxury. A participant from the Calhoun focus group noted how "it is cheaper to buy a premade meal than the ingredients to make it." It was also mentioned in that group how there was a period of time in which the county did not even have a grocery store. Bamberg participants noted that their Piggly Wiggly does not always have high quality meats and vegetables. Remarking on the stench, one person said, "You can smell the rancid meat" when you enter the store. Additionally, an Orangeburg resident remarked, "We used to have a lot of open-air markets. Huge ones. And most of them are gone now." The healthy food options are either just not there, of low quality, or too expensive for someone to buy. This leads to more and more people eating unhealthily because they do not know how to cook healthy meals, or because they simply do not have access to them.

Lastly, combined with the dietary factors, the sedentary lifestyles of many are considered to be contributing to the high rates of obesity, diabetes, and heart disease. Participants felt that the unhealthy diets would not be so impactful on public health, if residents were more active. Someone from the Orangeburg group remarked how, "Parents and grandparents… worked and did manual labor which offset

> "We used to have open-air markets…. And most of them are gone now."

all the additives to the food" making them less susceptible to illness. Residents are more prone to not move much due to the rise of technology and working office jobs. Additionally, should someone want to exercise, there are not enough suitable options to do so. The groups wished there were more free and safe places to be active now that exercise is on longer easily incorporated into our daily life.

Access to Care

The next major concern shared by all three groups was access to care. Participants thought there were many factors keeping people from going to the doctor and being able to receive adequate care. This manifested in a couple ways: the scarcity of healthcare providers, the quality of health care options, transportation to the doctor, and the cost of services. A lot of it comes down to the rural nature of most of these counties. Participants felt like they and their children were often cast aside because of what others thought they could bring to the table. Someone in the Calhoun group said, "We need to work on the perception that people matter." With more attention to their needs, participant believed these issues could be improved upon.

The scarcity of healthcare providers do not give people many options to choose from, or forces people to drive out of county to receive the care the need. A participant from the Bamberg group shared how hard it was to get their loved one to receive medical attention on his foot, to the point he had to be taken to Orangeburg to have it amputated. While another said, "The only way I could see a gynecologist was to be admitted into the hospital." Others pointed out that many do not want to go to the doctor because the services are bad and they wait until it is pressing to go. There were multiple stories shared of bad experiences with doctors and slow or negligent care that participants

> "The better insurance you have, the better care you get."

or someone they know has received. The cost of healthcare drives many people away as well. Accessing healthcare without insurance is very hard, and comes at a lower quality. A Bamberg participant noted how, "The better insurance you have, the better care you get." These issues were described as persistent and an ongoing struggle when going to see the doctor, many of whom were described as providers who would not be staying in their community for any significant length of time.

Another factor mentioned was transportation. People have to travel to see specialists or to get the level of care they desire. This creates many problems because as a participant from Calhoun noted, "People don't have transportation to get to the doctor." The groups elaborated that that issue makes people wait to go to the doctor or emergency room until their day to day life is being hindered severely. Even then, that is sadly not always enough. An Orangeburg participant shared the story of a loved one dying from heart failure after deliberately neglecting his health for years, only going to the doctor when absolutely necessary and skipping all of his checkups. However, the group noted that situations like that are not always solely because of transportation. Transportation may be another barrier in addition to other obstacles to seeking healthcare.

Mental Health

Mental health was the next most frequent topic of discussion in all three focus groups. Mental health was seen as a problem that dated back to before COVID, but had become more apparent since significant isolation. The biggest issues participants saw with mental health was the stigma surrounding it as well as the direct link it has to physical health. Participants wanted to see more mental healthcare and awareness. The stigma around mental health was said to be pretty big in the community, according to all three groups. The label of *crazy* was thrown around as something that gets placed on African Americans when they are suffering from mental health problems. This was said to prevent people from being honest about how they feel.

Pride was also a topic of conversation related to mental health. A participant from the Orangeburg focus group said, "African Americans have too much pride" to ask for help. While another from the Bamberg group noted that, "pride is preventing many African Americans from getting mental health help." According to participants, this is due in part to perceptions that strength is valorized to a fault, making people think it is weak to reach out with problems. But participants of the Bamberg group, combatted that idea by insisting that it is normal to have mental health problems and bad days. One participant, who opened up about their own struggle with mental health said, "there is no shame in anxiety and depression." However the existing stigma pushes many away from seeking help.

> **"Pride is preventing many African-Americans from getting mental health help."**

The focus groups talked about how mental health was related to physical health through stress. A participant from the Orangeburg informed how, "Stress makes your cortisol levels go up which makes your blood sugar go up." Others from the same group, who identified as wither diabetic or pre-diabetic, told how they felt their stress levels, which led to unhealthy eating, directly influenced their health and led to them contracting the condition. Participants further mentioned how the economy and racism increases stress levels, which negatively impact the communities mental and physical health.

Cancer

Cancer was also mentioned as a trending theme amongst the groups. Participant believed higher rates of cancers are directly related to the environment in which they live. One participant said, "It is hard to avoid carcinogenic chemicals. It's in the clothing, and the kids are vaping." Another pointed out how polluted the air is in Orangeburg. Less so than obesity, diabetes, and heart disease, participants felt cancer was harder to avoid through personal efforts due to its connections to pollutants. However, they did comment on the connections between diet, obesity, and smoking with cancer. Many different types of cancer were listed (breast, gallbladder, thyroid, throat, prostate, lung, collateral, and pancreatic) as well as being prevalent in the community, not just one.

"It is hard to avoid carcinogenic chemicals. It's in the clothing, and the kids are vaping."

rmc
Regional Medical Center

Additional Qualitative Data

Provided by

Tri-County
HEALTH NETWORK

CONSULTING
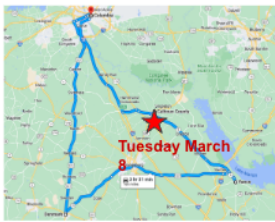
Methods and Key Findings

In partnership with the US of Care and the SC Office of Rural Health and the Tri-County Healthy Network, three focus groups were held in Calhoun, Orangeburg and Bamberg Counties on March 8-9, 2022.

Key themes that emerged included:

- Overall rising cost of healthcare
- Bias and discrimination exists
- Limited access to food and grocery stores

Focus Group 1: Calhoun County

About

Calhoun County Library, St. Matthews

7 people
Age: 39 -69
1 male 6 females
4 Black 2 White

Themes:
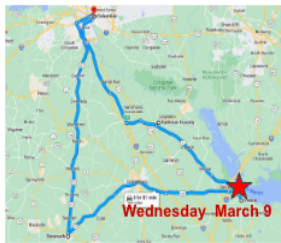
★ Access:
   ○ food
   ○ transportation
   ○ quality health care

★ Not personalized/lack of quality

★ Discrimination/bias

★ Affordability

★ Confusing system

"The poor should get the same insurance as the rich."
— FG participant on health insurance

"Doctors don't touch me, they just talk."
— FG participant on quality care

"Seniors will walk 3 miles to closest health facility."
—FG participant on access to care

Focus Group 2: Vance Senior Center - Orangeburg County

About

Vance Senior Center

9 participants

Age: 55- 73
1 male 9 females
8 Black 1 White

Themes:

★ Cost/affordability
   ○ Rx prescription drugs

★ Avoidance of doctors
   ○ Natural medicine/home remedies

★ Discrimination and bias

★ Prefer in person to virtual care

★ History and tradition vs modern medicine

"Because, you know, nothing better than looking eye to eye at somebody. And you can feel the back and forth. And, you know, over the phone, you can't feel the pressure over the phone, but it's not, like when you're in an office, it's just different, a personal visit."

- FG participant on Virtual Care

"Assumptions are made because of my sex, my race, and now my age"
- FG participant on discrimination

Focus Group 3: Denmark/Bamberg County

Wednesday March 9
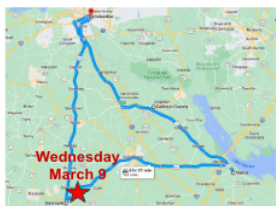
About

Christ Episcopal Church, Denmark

10 Participants

Age: 24 - 77
2 males 8 females
10 Black

Themes:

★ Resource desert (lack of):
  ○ Food
  ○ Transportation
  ○ Knowledge of health and well being
  ○ Investment in health care
    ■ Poor water quality

★ Poor quality of care
    ■ Mental health

★ Discrimination and bias

★ Community leaders with vision and passion for community

"We are in a system that expects black people to get diabetes."
— FG participant on discrimination

"People don't teach you about health insurance, then all of a sudden you're 26 and don't have it."
— FG Participant on Health Insurance

Following the identification of key issues, three focus groups were held on September 22nd and 23rd to focus on development on solutions.
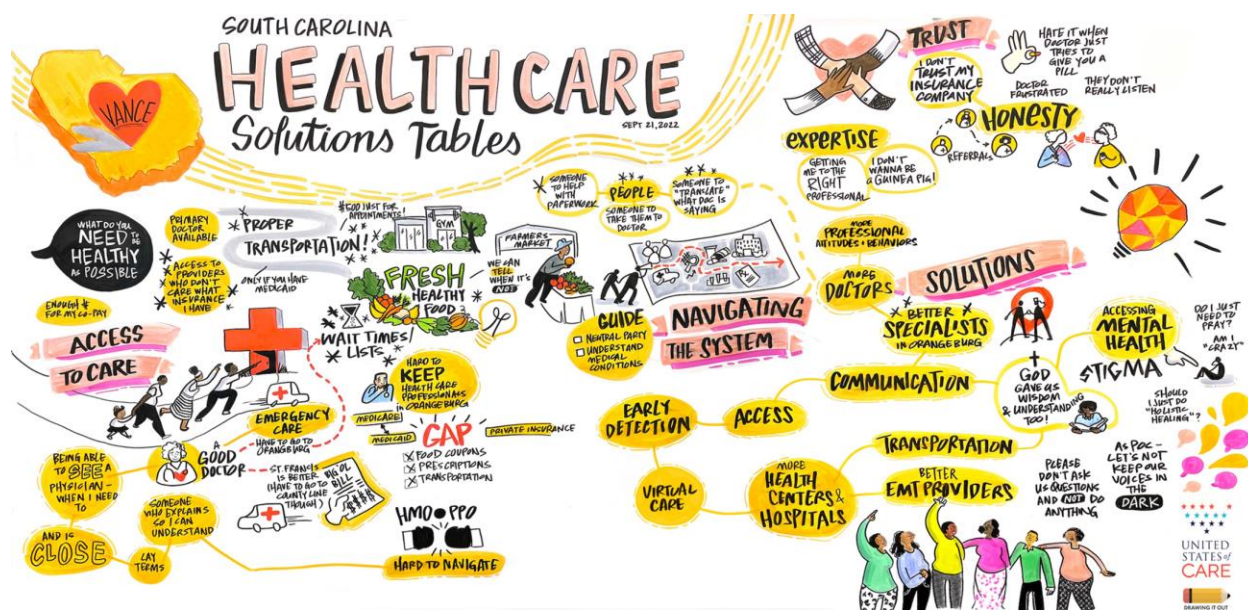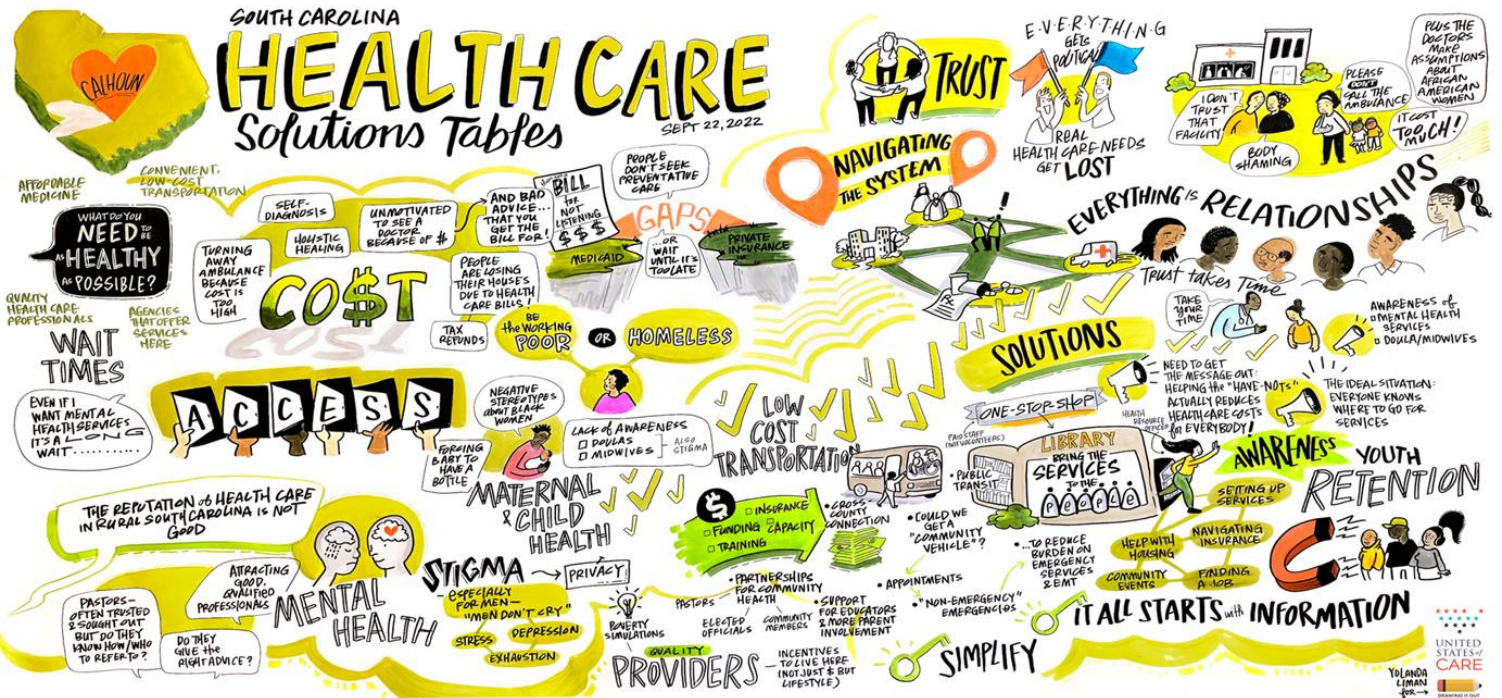
Conclusion

Conclusion

Building upon decades of community support and an outstanding array of resources, we believe Bamberg, Calhoun and Orangeburg counties faces not only challenges, but an exceptional opportunity for citizens and organizations to continue to work together to improve the overall health of the three counties.

The quantitative and qualitative data were notable in showing that access to affordable healthcare and obesity are impacting large numbers of residents in the three-county region. In addition, access to healthy foods and information is critical for moving communities forward. Across all demographic boundaries, rural communities in particular struggle with access to healthcare, access to healthy foods and education. We believe that working together, prioritizing issues, and updating the Community Health Improvement Plan (CHIP) will be essential steps in the process.

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