

FACING FACTS

***A STUDY OF ISSUES SHAPING
KERSHAW COUNTY***



PREFACE

Facing Facts: A study of issues shaping Kershaw County (2008)

In the current age of global competitiveness, communities must develop a vision with related goals for the future and periodically evaluate community conditions to measure progress. “Facing Facts: A study of issues shaping Kershaw County” was completed by Santee-Lynches Regional Council of Governments with the assistance of the United Way of Kershaw County. The report offers a vast array of statistical progress indicators that can be seen as a community report card for the county. The indicators chosen for the report had been previously selected for a separate COG study of the other three counties in the Santee-Lynches Region with input from community and industrial leaders in those counties.

“Facing Facts” provides a broad range of data on the people and communities in Kershaw County with an emphasis on health and human service needs, gaps and recommended areas for future investment.

The progress indicators can be used to show community leaders the current status of a wide array of social and economic conditions in the county and illuminate trends. The statistical progress indicators are divided into five focus areas in this report. They are the following:

- Building strong families, individuals, children and youth
- Affordable housing and public transportation access
- Creating quality educational opportunities for pre-school children, youth and adults
- Economic development, jobs and civic engagement
- Enhancing community health and recovery opportunities

Each focus area should be viewed as having a direct impact on the other areas and not necessarily as an independent topic. No one public or private agency or government program can address all the needs in any one of the five focus areas. Only through diligent work and joint partnership efforts linked at the local level to neighborhood concerns can the needs in any area be addressed and the community at-large achieve a better quality of life. All five focus areas have an impact on the long-term well-being of Kershaw County.

As we all “face the facts” presented in this report, we can gain an understanding of the challenges that surround us and through subsequent discussions determine how to make the county a better place to live and grow. Together, we can shape Kershaw County into a healthier, more prosperous community.

The hope of this project is that it will ultimately do the following:

- Establish a sound foundation of data that can serve as a basis for community leaders and the general public to understand quality-of-life needs, issues and trends in the county
- Be a valuable tool for the communities to use as a barometer of the conditions and improvements necessary for the county to successfully compete in the 21st Century economy
- Be a catalyst to mobilize people to take action and implement solutions regarding the communities' needs
- Be a resource to non-profit organizations, government agencies, policymakers, faith-based organizations, foundations, private corporations and others that are concerned with human service issues and are seeking additional resources

Facing Facts is also accessible on the Internet at

www.santeelynchescog.org

and

www.uwkc.net



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Executive Summary

Families

Births to teenage mothers have declined slightly in the county

- Since the late 1990s births to teenage mothers' ages 10 to 17 are down in Kershaw, but the teen birth rate per 100 females in the county is still generally above the state average.

Out-of-wedlock births in the county are increasing but are still below the state average

- Births to unwed mothers as a percentage of total births are currently in the low-40 percent range in Kershaw, a few percent below the state average of 45.3 percent. The percentage of single-parent families in the county is also below the state norm. Higher percentages of single-parent families, which are prevalent among African Americans, cause a significant parenting strain generally placed on the mother that often manifests itself in lack of nurturance, discipline, teaching and language use for children during their formative years. The end result of inadequate parenting behaviors is generally a lack of educational attainment for children and poverty.

Youth poverty rates in the county are below the state average

- According to the best available estimates, about 19.5 percent of children in Kershaw live in poverty compared to the state average of 21.2 percent.
- County poverty rates for minority children (30.8 percent) are triple the rate of white children (10.3 percent). This can be largely attributed to the prevalence of out-of-wedlock births and single-parent families among minorities.

The senior population is growing in the county

- Given aging of "Baby Boomers," the senior population is expanding in Kershaw.
- Kershaw has a slightly higher percentage of seniors in poverty compared to the state average. About 14.1 percent of the county's seniors were in poverty in 2000.

Housing and Public Transit

Fewer homeowners and renters in the county are financially burdened in comparison to many rural counties in the state

- Lower relative county poverty rates and stable new home construction values in Kershaw likely contribute to growth in home ownership in the county.

Homeless totals are rising in the county and the state with very limited shelter options locally

- Given gradually increasing poverty rates, the best estimates show homeless totals are on the rise in Kershaw and the state. There is only one transitional shelter in the county.

Suburban growth and other factors offer increased potential for public transportation ridership

- Population growth in western Kershaw and Columbia provide more opportunities for the current commuter shuttle in the county.
- Several other factors offer increased potential for public transit ridership in the county, though many likely depend on additional funding from the state or the county.

Education

Standardized test scores in the county are generally above the state average

- Kershaw County School District's standardized test scores on the PACT and SAT are better than the state average and are competitive with similar districts in the state. Kershaw's ACT test scores are slightly below the state average.

Public school graduation rates have improved in the county

- Kershaw County School District's graduation rate has been close to 70 percent in recent years and is competitive with the state average.
- African-American males have the highest percentage of dropouts in the county and the state.

The percentage of public school students in the county entering post-secondary education is about the state average

- An estimated 48.5 percent of district students in recent years have entered post-secondary training directly after high school, a total that is competitive with the state norm. Maintaining and potentially increasing the percentage of students who go on to advanced training is critical in the 21st Century "knowledge economy."

High relative family poverty rates among minorities curtail student achievement

- Research shows there is a direct correlation between a child from a low-income family and that child's lack of school readiness. Issues contributing to family poverty include single-parent families, and lower educational and income levels. Family poverty is especially prevalent among minorities in the county and the state. Educational statistics bear this out as a relatively high percentage of African-American males demonstrate a lack of readiness for the first grade in the county and state. A potential solution to this dilemma is expansion of early childhood education programs.

Economy

Current job totals in the county are similar to year 2000 levels

- Job losses in the lower-skilled, lower-wage manufacturing sector in the county since 2000 have been offset by non-manufacturing employment gains in health care, distribution and retail among other sectors. The trend of lower-skilled manufacturing job losses has also occurred in other rural counties in the state and Southeast.
- Job losses and an increasing number of county residents looking for work has caused Kershaw's unemployment rate to rise during the decade, but the percentage is slightly below the state average. Estimates show the county's unemployment rate for African Americans and other minorities is significantly higher than the rate for whites.
- County commuting patterns show an increasing number of Kershaw residents commuting to work daily in Richland and Lexington counties. Suburban growth in the western end of Kershaw is reflected in growing county population estimates through the decade.

Per capita income growth in the county is about equal to the state and U.S. averages

- In recent years, percentage income growth in Kershaw is on par with state and national increases. Income levels in the county are slightly above the state average but below the U.S. norm.

Health

Inadequate prenatal care and low birth-weight rates in the county track below the state average

- The rate of low birth-weight births in Kershaw was below the state average from 2002-'06

HIV and STD case rates in the county are below the state average

- Similar to the state, the vast majority of HIV and STD cases in Kershaw involves African Americans and is the result of unprotected heterosexual sex.

Hospitalizations and costs associated with the uninsured are rising in the county and the state

- Kershaw's uninsured inpatient hospital discharges nearly doubled from 2003-'07 and associated costs from these hospitalizations increased by 136 percent during the timeframe. These totals exceeded state average increases.

Building strong families, individuals, children and youth

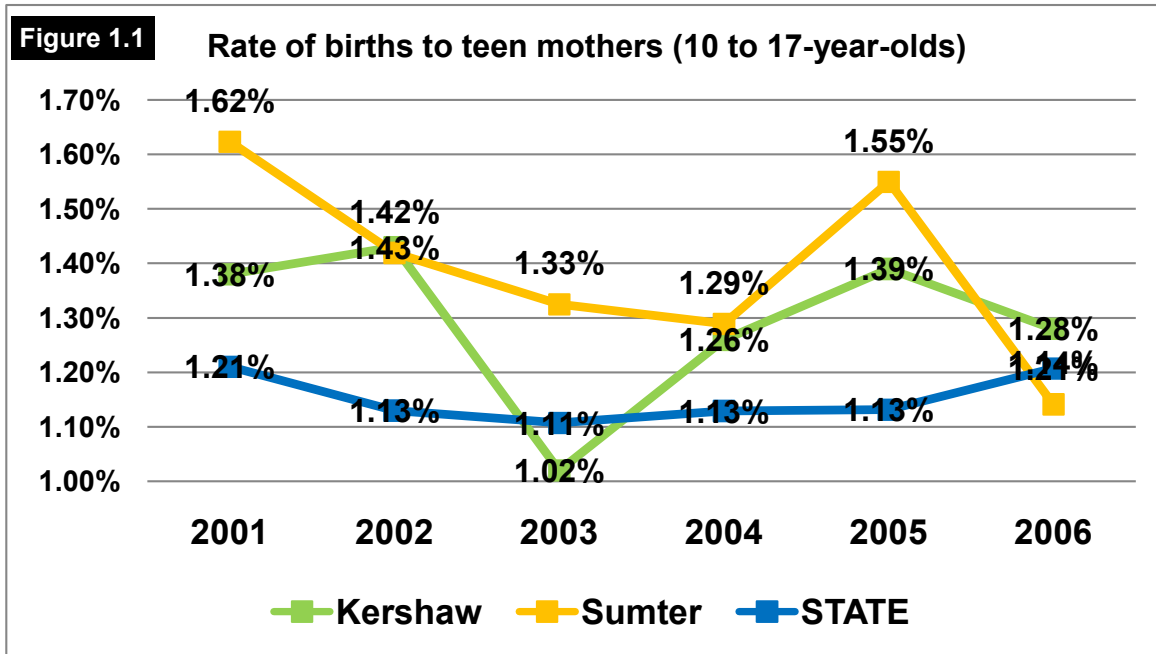
Goal: To provide a community structure that has a positive impact on each person's development and ability to contribute to their families and others.

Prioritized issues that can be affected by community actions:

- A. Reduce incidence of teen pregnancy and single-parent families
- B. Provide training to enhance parenting skills
- C. Reduce incidence of drug abuse problems
- D. Reduce incidence of index crimes
- E. Satisfy the recreational needs and quality of life opportunities for youth and seniors

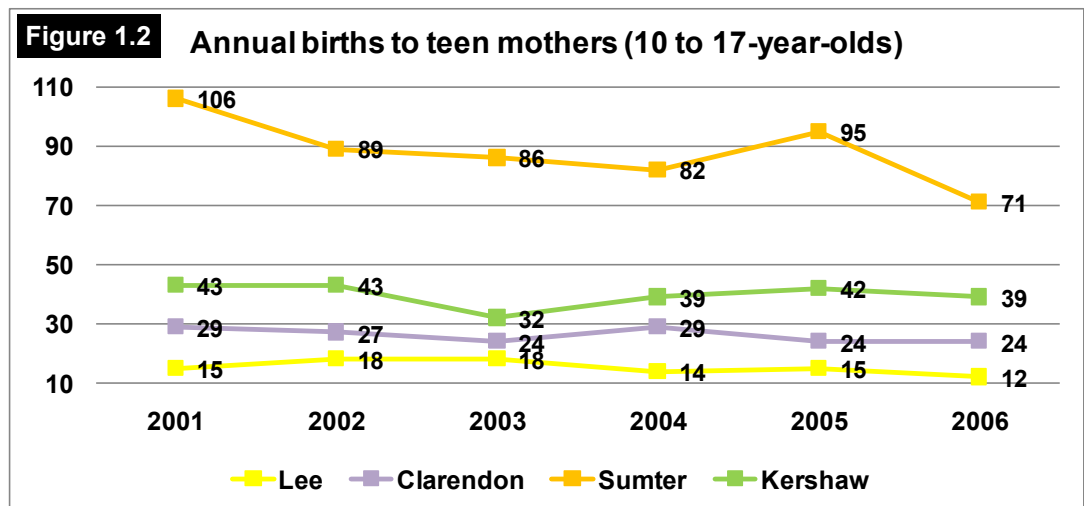
Births to teen mothers (10 to 17-year-olds)

Figure 1.1 presents the percentage of 10 to 17-year-old girls in Kershaw County who gave birth annually, in comparison to Sumter County and the state average. For example, in 2001 a total of 1.38 percent of 10 to 17-year-old girls in Kershaw gave birth to a child. Generally from 2001-'06 Kershaw tracks above the state norm for teen birth rates, with the exception of year 2003.



Source: S.C. DHEC, Division of Biostatistics, 2001-'06 data

Figure 1.2 shows actual teen births in Kershaw County and the other counties in the Santee-Lynches Region by year. The chart shows teen births in Kershaw have stayed consistent through the years with a slight dip in 2003. Sumter County has shown the biggest change with a general decrease from 2001-'06. Only live births to teen mothers are recorded here; thus, abortions and fetal deaths are not included.



Source: S.C. DHEC, Division of Biostatistics, 2001-'06 data

During the last decade, Kershaw has seen some improvement. From 1995-2000 the county averaged 45 births to teen mothers ages 10 to 17 per year. From 2001-'06 the average was

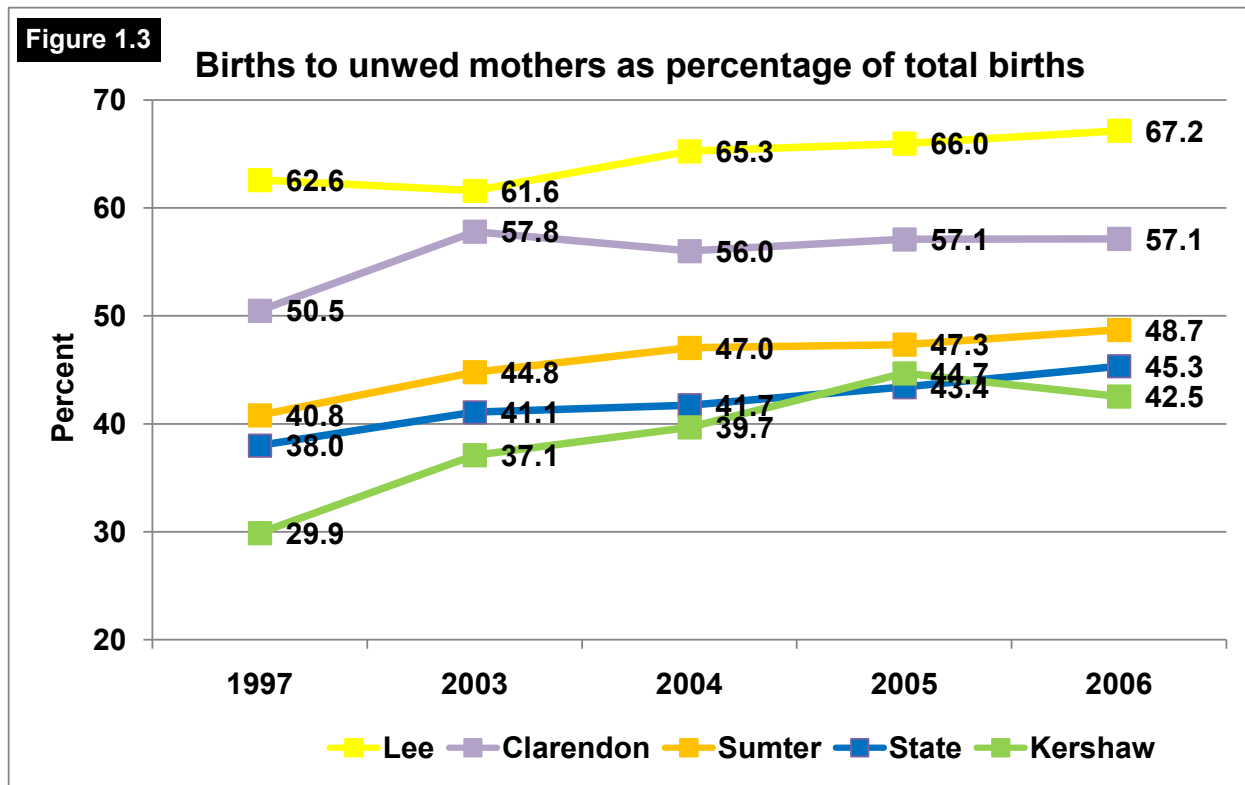
40 births annually. **According to studies in the field, a general improvement in the category during the last decade is attributed to enhanced use of contraceptives by teenagers and not necessarily abstinence.**

The need for continuing reductions in this category are critical since research shows births to teen mothers can result in numerous societal problems. These social ills include higher risk of mothers not graduating from high school, poor levels of prenatal care, and increased potential for child abuse. Children of teen mothers are more likely to perform poorly in school, engage in criminal activity and become teen parents themselves. Additionally, births to teen mothers also create a significant economic strain when considering government payments through Medicaid and child support payments, which often have to be made from an unwed father of the child.

Births to unwed mothers (All ages)

Over the last 20 years, births to unwed mothers have become a serious issue across the U.S. Unwed mothers and their children face a high risk of poverty due to low relative household income. Through the last decade statistics show about one in three unwed mothers in Kershaw County who gave birth have less than a high school diploma or GED, seriously curtailing their earnings potential. State educational attainment statistics for unwed mothers are very similar. These mothers also face a difficult challenge in balancing work and rearing their children during the child's critical early years of mental development. Research reveals there is a direct correlation between a child from a low-income family and that child's lack of readiness for school. This phenomenon is often due to inadequate parenting behaviors (lack of nurturance, discipline, teaching and language use), according to many studies.

Births to unwed mothers have increased significantly in Kershaw County through the years as evidenced by Figure 1.3. Total county births have also increased but not at nearly the pace of out-of-wedlock births. In 1997, 29.9 percent of all births in Kershaw were to unwed mothers. In 2006, the county rate was 42.5 percent, 2.8 percent below the state average. Similarly, Sumter, Clarendon and Lee counties and the state have also seen spikes in births to unwed mothers as a percentage of total births.



Source: S.C. DHEC, Division of Biostatistics, 1997, 2003-'06 data

Statistics reveal slightly over half of out-of-wedlock births in the 10-year period from 1997-2006 in Kershaw (53.8 percent) were by African-American females – an especially high figure when considering the African-American population in the county represents only 26.3 percent of total population. A total of 45.3 percent of out-of-wedlock births in the 10-year period were by white females. The white portion of the county's population is 71.6 percent. **Since 1997, 58.8 percent of all unwed mothers in Kershaw who gave birth have been 18-24 years old.** Similar trends were apparent at the state level – 60 percent of out-of-wedlock births in the 10 years were by African-American females and 58 percent of all unwed mothers were 18-24 years old.

The statistics in Figure 1.3 are especially telling for Lee and Clarendon counties. About two of every three births in Lee in recent years are to unwed mothers. In Clarendon, the percentages have increased from 50 percent in 1997 to 57.1 percent in 2006. The percentages illustrate the scope of the social problem and its potential long-term economic implications.

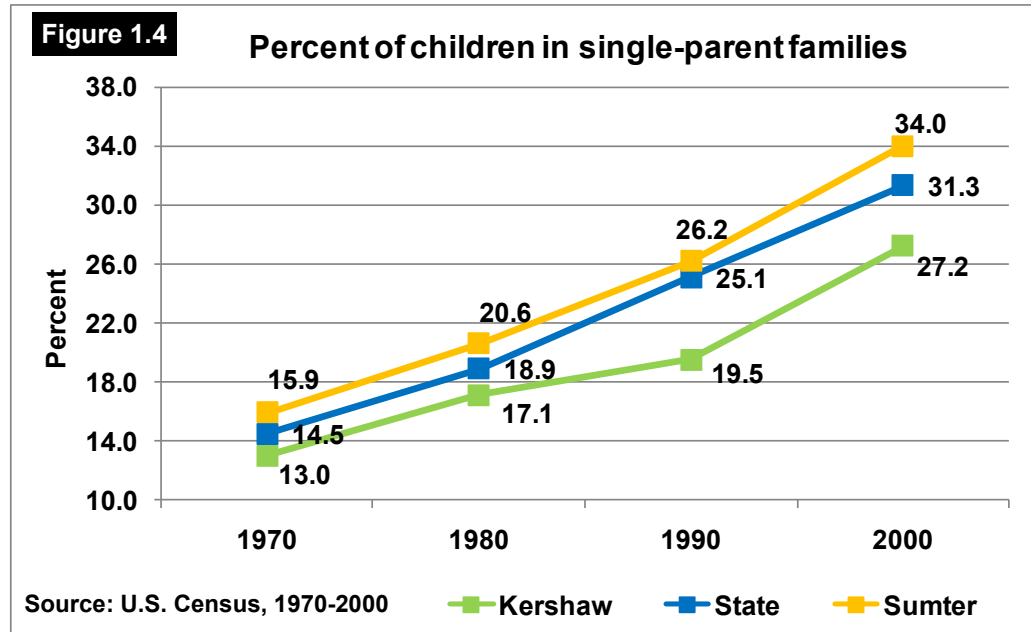
Births to unwed mothers are also on the rise nationally. In the late 1990s, the U.S. average was about 33 percent. In 2005, the rate was 36.8 percent according to the Centers for Disease Control and Prevention.

Unwed mothers often experience inadequate prenatal care due to lower income levels and these mothers often give birth to low birth-weight babies. These conditions are discussed in the Health section of this report.

Single-parent families

The continuing rise in out-of-wedlock births and high divorce rates has resulted in a tremendous increase in single-parent families throughout the U.S. and South Carolina in recent decades.

As of the 2000 Census, 27.2 percent of all children 17-and-under in Kershaw County lived in single-parent families as Figure 1.4 shows. In Sumter County the rate was 34.0 percent. In 2000, 31.3 percent of all South Carolina children were from single-parent households. The



percentage of children in single-parent families has generally doubled in most counties in the state and the state overall since 1970. Given higher birth rates to unwed mothers in recent years, the percent of children in single-parent families will undoubtedly continue to rise when the 2010 Census is taken. Some intra-Census data suggests the state rate will be in the high 30s.

Poverty rate of single-parent families with children

As previously discussed, families that lack two parents in the home face much greater risk of poverty. Often these households are led by a mother who may lack sufficient education to earn family-sustaining wages. U.S. Census statistics reveal for every three children in poverty in the state, two are from a single-parent family. Data also shows if a child in the state is in a single-parent family, there is a 34.0 percent probability he will be living in poverty (see Table 1.1). If the child is in a traditional two-parent family, the risk of poverty is 6.2 percent in the state. As would be expected these trends are similar for Kershaw County, even though poverty percentages are slightly lower in each category.

Therefore, greater efforts to reduce out-of-wedlock births and the divorce rate are part of the solution to lowering county poverty levels. Children in poverty face heightened risk of lack of school readiness. Outreach needs to be done in the African-American community to remedy the breakdown of the traditional family since data shows nearly half of all African-American children in Kershaw County (48.2 percent) are in single-parent families.

Table 1.1 Single-parent families and poverty

Area	Minority children in single-parent families	White children in single-parent families	Children in single-parent families in poverty	Children in married-couple families in poverty
Kershaw	48.2%	18.5%	30.4%	5.4%
STATE	52.0%	19.0%	34.0%	6.2%
Clarendon	53.2%	17.9%	42.7%	11.5%
Lee	51.6%	18.1%	39.9%	9.0%
Sumter	49.0%	17.3%	36.6%	7.2%

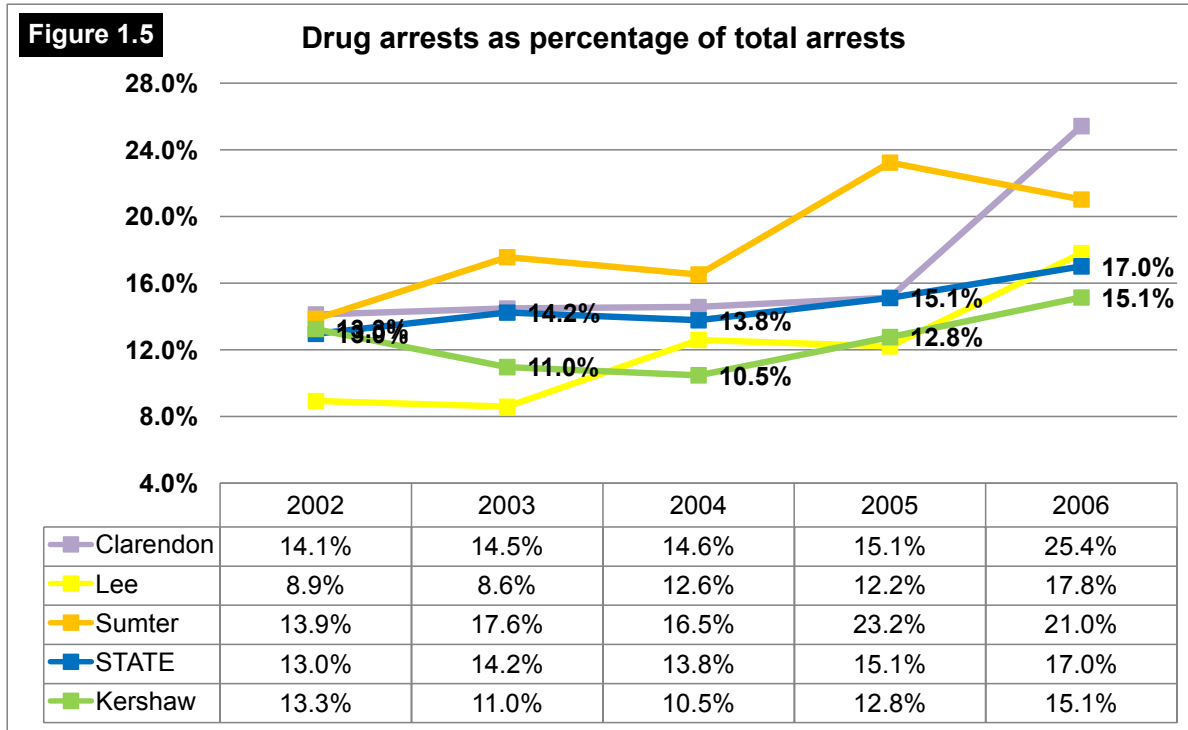
Source: U.S. Census 2000. Selected Census 2000 data gathered from S.C. Kids Count

In addition to poverty, single-parent families face increased risks for many other difficulties including lack of proper child supervision and preventative medical care, juvenile delinquency and high school non-completion. These effects, among many others, make the growing number of single-parent families important targets for community intervention and involvement in Kershaw.

Drug arrests

Law enforcement emphasis on fighting drug activity has been growing in recent years in the state as evidenced by increasing percentages of drug law violation arrests compared to total arrests. While illegal drugs are a factor in the commission of a multitude of crimes, drug law violations by themselves rank as the highest crime category in the state. In 2006, 17.0 percent of all arrests in the state were drug law violations according to State Law Enforcement Division data. Generally, drug arrests lead all arrests in many counties in the state also.

Figure 1.5 illustrates an increasing percentage of drug arrests in Kershaw through the years, rising to 15.1 percent of total arrests in 2006. According to the SLED arrest data however, the scope of the drug problem isn't currently as severe in Kershaw as the other three counties in the region or the state. Increased percentages of drug arrests compared to total arrests in Kershaw in recent years are likely the result of added focus and resources on the part of police in tackling drug activity.



Source: South Carolina Law Enforcement Division, 2002-'06 data

Counties similar to Kershaw – Oconee, Anderson, Dorchester and Laurens – also showed more drug arrests as a percentage of total arrests during recent years.

Reviewing annual state arrest data from SLED for years 2002-'06 found that males are significantly more involved in drug activity than females, with African-American males outnumbering white males. A percentage breakdown of drug arrests in the state by race and gender for the five years showed the following:

5-year summary of drug arrests in state by demographic (2002-'06)

- 45.8% African-American males
- 36.2% White males
- 11.0% White females
- 6.4% African-American females
- 0.5% Other races

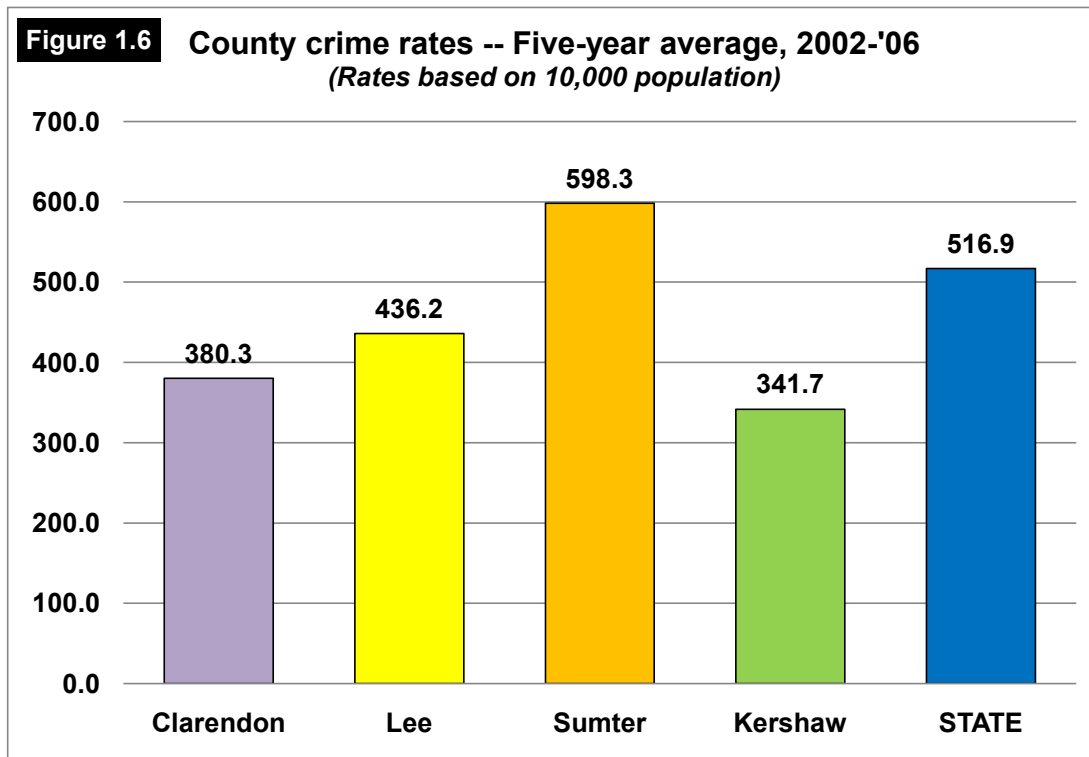
Not only is illegal drug use a growing criminal activity in the state and a root cause of other crimes, it weighs heavily on individuals, families and communities. The economic, medical and emotional costs to families of a drug abuser are great and far reaching.

Crime rates

The most-effective measurement of major crime in the state's counties is to measure a county's crime index rate per 10,000 in population. Seven major offenses are included in the crime index – murder, rape, robbery and aggravated assault (defined as violent crimes) and breaking and entering, larceny and motor vehicle theft (defined as nonviolent or property crimes). Crimes must be reported to law enforcement agencies to be included in a county's

rate. Kershaw's five-year average crime rate from 2002-'06 was 341.7 – meaning there was an average of 341.7 index crimes per 10,000 in county population annually. About 83 percent of these index crimes in the county during the time period were nonviolent/property crimes, and the vast majority of the county's violent crimes were aggravated assaults. Translating the annual crime data to daily totals shows there was an average of four nonviolent/property crimes daily during the five-year period in the county and one violent crime per day, which was generally an aggravated assault in most cases.

Figure 1.6 shows Kershaw's crime rate for the five-year period of 341.7 was below the other three counties in the Santee-Lynches Region and the state average of 516.9 per 10,000 in population.



Source: South Carolina Law Enforcement Division, 2002-'06 data

Youth population demographics

According to the best estimates available, the percentage of youth in Kershaw County in poverty has been increasing gradually since 2000. The Census Bureau's Small Area Income & Poverty Estimates calculate the number of children 17-and-under in poverty by county. The poverty level is below an income cutoff or threshold, where a family needs public money and service to subsist. The threshold varies based on family size and number of children under 18 years old. If a family's total income is less than the threshold, then the family is considered below the poverty level. Examples of poverty thresholds from 2004 were the following:

Family size & composition

Three people (one child under 18)
 Four people (two children under 18)
 Five people (three children under 18)

Income threshold

\$15,205
 \$19,157
 \$22,543

According to the 2004 estimates, 19.5 percent of children in Kershaw County were living in poverty (2,694 of 13,815). The state average was 1.7 percent higher at 21.2 percent as shown in Table 1.2. (More statistics on youth in poverty are in the Education section.)

Table 1.2 Children 17-and-under in poverty – 2004 estimates

County	Youth in poverty	Total youth	Poverty rate
Kershaw	2,694	13,815	19.5%
STATE	217,509	1,025,986	21.2%
Clarendon	2,463	7,819	31.5%
Lee	1,389	4,891	28.4%
Sumter	7,165	28,775	24.9%
Tri-county	11,017	41,485	26.6%

Source: Census Bureau Small Area Income & Poverty Estimates, 2004

Year 2005-'07 data from the American Community Survey, a more updated U.S. Census Bureau product, suggests Kershaw's 17-and-under poverty rate has risen to approximately 20.9 percent in recent years and the state has increased to about 22.2 percent.

For a breakdown of poverty by race, the only measurement is Census 2000. Table 1.3 reveals minority children in Kershaw County are much more likely to suffer from poverty than white children – a phenomenon that holds true throughout the state.

Table 1.3 Children 17-and-under in poverty by race – 2000

Area	Minority children in poverty	White children in poverty
Kershaw	30.8%	10.3%
STATE	31.9%	9.4%
Clarendon	36.3%	12.1%
Lee	33.5%	1.9%
Sumter	32.0%	7.7%

Source: U.S. Census Bureau, 2000

As the table details, the rate of minority children in Kershaw in poverty in 2000 was triple the rate of white children – 30.8 percent to 10.3 percent. **One in 3.2 minority children in the county were in poverty in 2000.** In comparison, **only one in 9.7 white children in the county were in poverty.** State averages were similar to the local statistics. **There is a clear connection between racial poverty and the prevalence of out-of-wedlock births and single-parent families in the African-American and minority community as discussed previously.**

While the majority of youth are either in school or working, the need to provide a variety of recreational outlets and opportunities is important to their quality of life. There is also a number of “at-risk” or idle youth who have not completed high school or made the transition from school to work, curtailing their development as future workers. Determining the specific number of the county's older teenagers (17 to 19-year-olds) and young adults who are neither in school or working is an arduous task due in part to the difficulty states have historically had in tracking high school dropouts and other leavers from the public school system.

Likely the best gauge of idle youth in Kershaw is to measure the disposition of public school students by grade enrollment levels. In Kershaw County, weighing official 8th grade membership against official 12th grade membership four years later can effectively estimate the number of students who are dropping out of the public school system. Total estimated dropouts by cohort class through recent years are provided in Table 1.4.

Table 1.4 **Estimated cohort class dropouts**
(8th grade membership – 12th grade membership 4 years later)

County	'01-02	'02-03	'03-04	'04-05	'05-06	'06-07	'07-08
Kershaw	244	227	223	254	237	235	199

Source: S.C. Department of Education, 8th grade and 12th grade 135th day Avg. Daily Membership

As an example, the table shows 244 Kershaw County School District students from a total spring 8th grade enrollment of 811 in the 1997-'98 year were not enrolled in 12th grade four years later in the 2001-'02 graduating class cohort. Kershaw County's 12th grade enrollment that year in the three public high schools was 567. When adding cohorts' losses through time, there is a large leakage of students who aren't staying in school.

U.S. Census data doesn't support a notion that a large number of students are migrating out of the county during their high school years. Census data actually shows a gradual increase in the 15 to 19-year-old population in Kershaw since 2000. (At Census 2000, there were 3,711 teenagers age 15 to 19 in Kershaw; in 2007 there were an estimated 3,945.)

Some of these school dropouts might have found employment in low-skill, low-wage fields, but a significant percentage is likely idle youth, without a job and not in school.

The relatively smaller leaver total of 199 students from the 2007-'08 cohort was largely due to a smaller cohort body – there were only 728 district 8th graders in 2003-'04. The smaller leaver total was also partially due to a higher cohort graduation rate of 69.4 percent. Research shows roughly 36 percent of minority males in the county eventually drop out of the public school system, representing the largest demographic of leavers. (More analysis of dropouts and county graduation rates are included in the Education section.)

While idle youth require much help to return to a productive lifestyle, another segment of the youth population that requires extra assistance are juveniles who have been arrested by law enforcement and entered the juvenile justice system. These kids usually range from 12 to 17 years old and could be in school or have dropped out. A very small percentage of juvenile offenders in the state are committed to a Department of Juvenile Justice long-term facility.

During fiscal year 2006 (July 1, 2005 – June 30, 2006) there were 265 juvenile justice cases in Kershaw County, which factors to about 4.6 cases per 100 children. The state average was roughly six juvenile cases per 100 children. The lower county rate is likely partially due to juveniles in the county committing fewer crimes than the average county in the state.

Table 1.5 Fiscal 2006 juvenile justice cases in Kershaw

County	Total cases	13 & under	14 & 15 year-olds	16 & 17 year-olds	Whites	Afri.-Amer.	'Non-traditional' home setting*
Kershaw	265	20%	40%	40%	64%	34%	60%
STATE	25,820	21%	46%	33%	38%	60%	72%

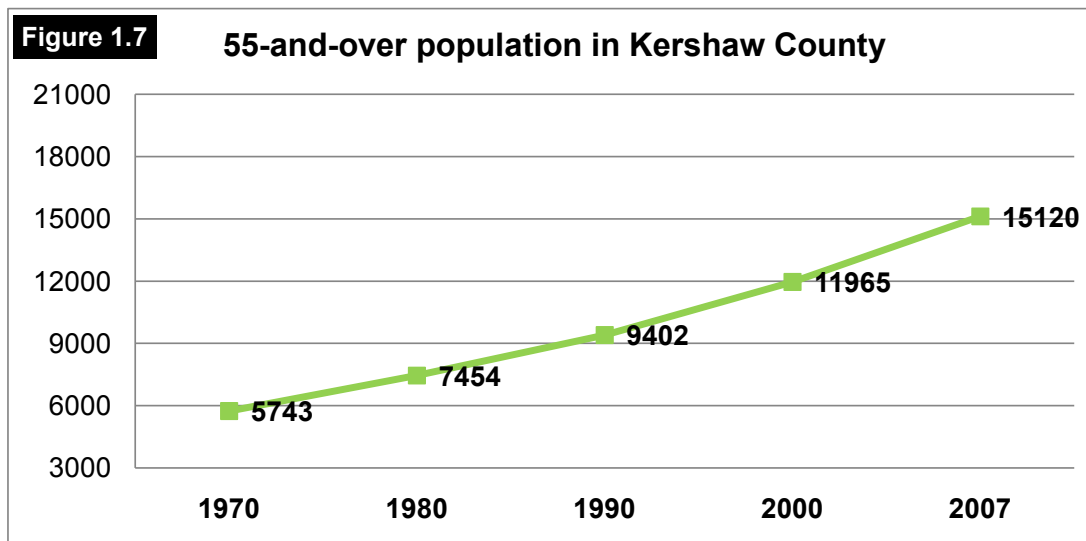
* Non-traditional home means juvenile is not from a two-parent home, either both natural parents or a parent and stepparent.

Table 1.5 reveals the racial breakdown of juvenile cases is similar to county population levels – 64 percent white and 34 percent African American. Three of every five juvenile cases in fiscal '06 involved a child from a non-traditional home, where two parents are not present. County juvenile cases from the three previous years revealed similar trends. Through the years, truancy was the top referral offense in the county.

Continued efforts need to be made at prevention and intervention for “at risk” youth in part through adult-supervised recreational activities to help steer these children toward a better future.

Senior population demographics

The 55-and-older segment of the population is the fastest-growing category of the American population and also in Kershaw. This age grouping includes “Baby Boomers” born between 1946 and 1964 -- the largest cohort of people in U.S. history.



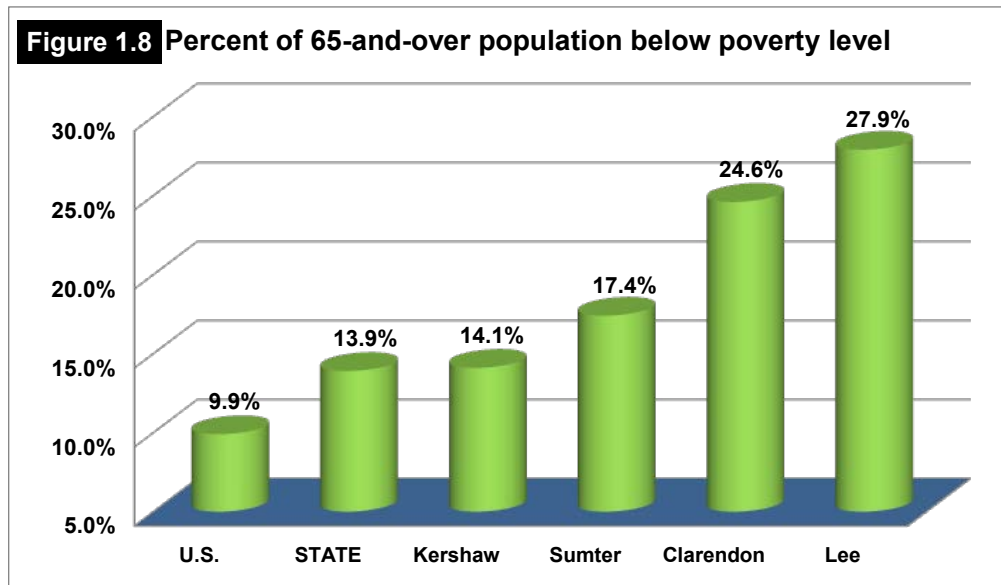
Source: U.S. Census Bureau, 1970-2007 data

As Figure 1.7 illustrates, Kershaw County seniors have doubled since 1980 rising from 7,454 in the 1980 Census to 15,120 in the 2007 estimate. It's important to mention the vast majority of these seniors aren't new residents to the county, but are residents aging into the senior category over time.

Population estimates data from 2000-'07 shows slightly more seniors are migrating into Kershaw than out of the county (+98), which is a relatively good sign. Many rural counties in the state have more seniors leaving versus coming in, likely preferring to reside in areas with more natural amenities such as the coast or mountains during their retirement years.

Many seniors have more available time, resources and interest in recreational activities than people of other ages. If Kershaw wants to achieve more significant senior population growth, it will require a re-evaluation of the scope of available recreational activities. Although there are a significant number of seniors who are interested in physical recreation, the majority prefers a more cultural aspect of recreation. The expansion of the senior population in Kershaw will continue, given more and more “Baby Boomers” aging into the category. To attract more seniors to stay in the area and others to move in, recreational opportunities must expand to accommodate their interests. Significant research shows solid economic benefits in attracting retirees to an area.

Another portion of the senior population that warrants attention is the 65-and-over segment that lives below the poverty level. At the national level, 9.9 percent of seniors 65-and-older were below the poverty level at Census 2000. As would be expected the state total was somewhat higher at 13.9 percent. The percent poverty level for Kershaw seniors was similar to the state at 14.1 percent as shown in Figure 1.8.



Source: U.S. Census 2000

Numerically, the totals were 914 of 6,461 Kershaw seniors 65-and-older for whom poverty was determined, or 14.1 percent, were in poverty in 2000.

“Severe poverty” is another important measurement, gauging the percentage of people with family incomes below one-half of the poverty threshold. A total of 235 seniors 65-and-older in Kershaw, or 3.6 percent, were in this category at Census 2000. Table 1.6 gives summary breakdowns for the other three counties in the region.

Table 1.6 65-and-over population by poverty level

County	Below poverty	Severe poverty
Kershaw	914 (14.1%)	235 (3.6%)
Clarendon	1,099 (24.6%)	298 (6.7%)
Lee	653 (27.9%)	224 (9.6%)
Sumter	1,988 (17.4%)	540 (4.7%)
REGION	4,654 (18.8%)	1,297 (5.2%)

Source: U.S. Census 2000

It's necessary to mention these statistics might not completely capture county poverty levels since poverty is somewhat difficult for the Census Bureau to measure, given many impoverished families might live with relatives or in a shelter and are not contained to a particular household. Census Bureau measurements are generally more precise when poverty is less and more families live in households with their own address.

In terms of quality of life issues, impoverished seniors pose a different challenge for Kershaw County. Recreational activities for this group of seniors would have to involve little or no cost and may also require transportation assistance from rural areas.

The county's recreation and quality of life requirements must encompass a diverse mix of physical, cultural and social activities to accommodate the needs of the youth and elderly across various levels of economic status.

Affordable housing and public transportation access

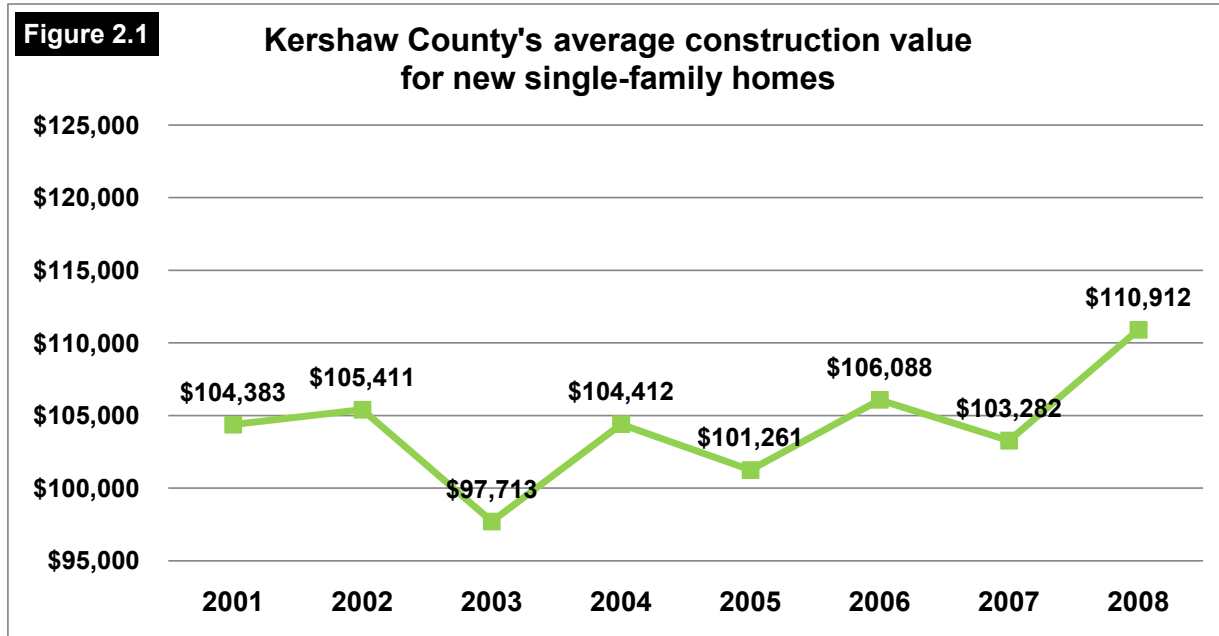
Goal: To provide opportunities for low-to-moderate income families and individuals to participate in home ownership or suitable alternatives; and to develop inexpensive and reliable public transportation to assist residents daily.

Prioritized issues that can be affected by community actions:

- A. Increase access to affordable home ownership
- B. Provide affordable housing alternatives to home ownership
- C. Address homelessness issues
- D. Develop reliable, affordable and accessible public transportation systems to increase ridership

New home values

In recent years the new home market has grown extensively across the U.S. This trend has also held true in Kershaw County. Through the decade as the quantity of new single-family homes (also known as “stick-built” homes) has grown considerably in Kershaw, the construction value of these homes has only increased incrementally as shown in Figure 2.1. The construction value of a home is the contractor-determined cost for building the home and is a low-side indicator of the new home’s selling price. The data suggests a significant number of starter homes have been built during the decade, keeping overall construction values relatively consistent.



Source: Kershaw County and Camden planning commissions, 2001-'08 data

From 2001-'08 the average construction value of new homes in the county increased by about \$6,500, or 6.3 percent. The cost hikes are due mostly to increased building material costs. As stated, this value is only a low-side indicator of a new home’s selling price. Considering the average selling price markup, new homes in the county are mostly only affordable for the middle- and upper-class population.

While there is some funding available for affordable housing new home construction, the bulk of the new homes in the county are priced well above the financial means of a significant portion of the county’s population.

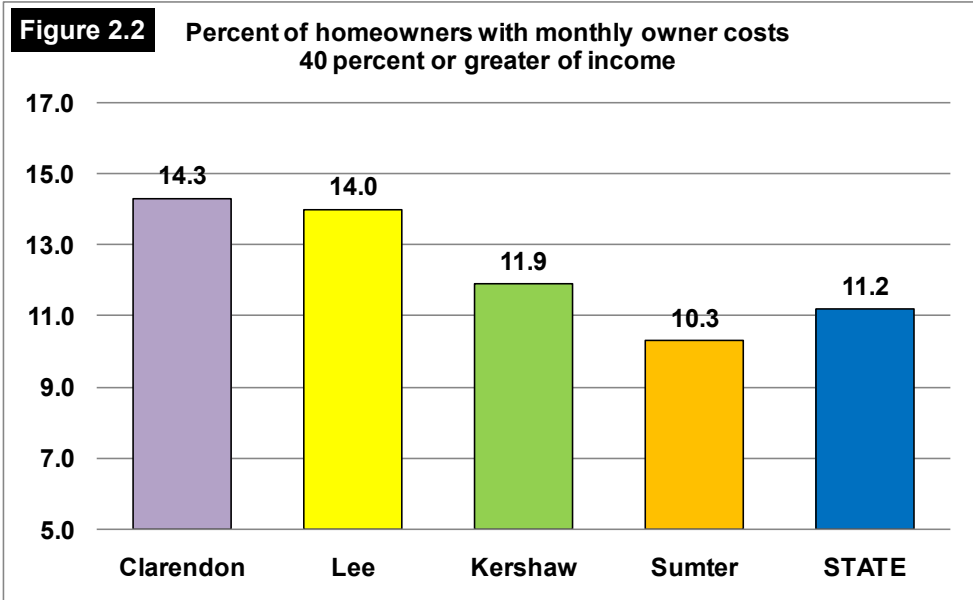
While higher-priced new homes curtail opportunities for the lower-income population in the county, the value of home ownership is still critical for these residents. Given the cost of new construction, the most-effective means of home ownership for these people is via rehabilitation of existing substandard housing stock. The Sumter County Regional HOME Consortium, which serves all four counties in the Santee-Lynches Region, has determined there is ample supply of existing housing stock in the region. More funding is always a concern to service the low-income population. Continuous efforts should include aggressive pursuit of government grants, new initiatives by local non-profit agencies, and the

establishment of public/private partnerships to develop financing options to fund affordable housing projects.

Worker monthly housing costs

A homeowner’s income significantly impacts housing affordability. When housing costs -- including mortgage, taxes, insurance and utilities -- exceed more than 40 percent of a family’s income, the family is economically

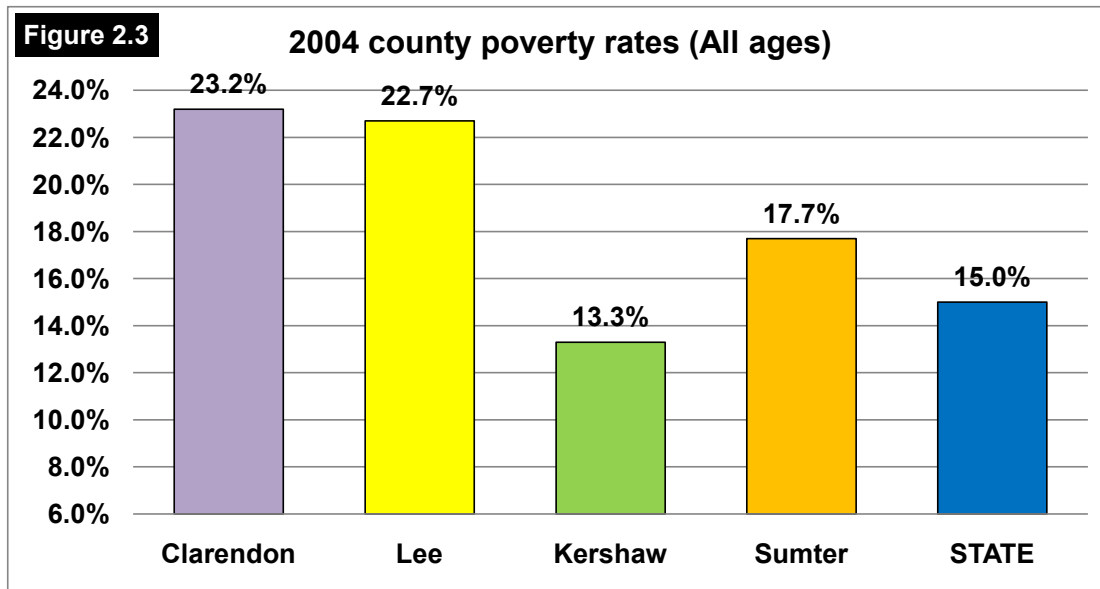
burdened and disadvantaged. As of Census 2000, about 11.9 percent of homeowners in Kershaw County had monthly household costs of 40 percent or more of income as represented in Figure 2.2. The state average of burdened homeowners was 11.2 percent at Census 2000. Given the “housing boom” and consumer credit crisis in recent years in the U.S. and region, percentage totals have likely increased in all areas.



Source: U.S. Census 2000

Worker monthly rental costs

Kershaw has a smaller percentage of households in poverty than the state average. Measuring by eligible population, Kershaw’s 2004 poverty rate was 13.3 percent; the state average was 15.0 percent as shown in Figure 2.3. The other three counties in the Santee-Lynches Region were above the state norm. County and state poverty rates have increased slightly since Census 2000 according to the Bureau’s modeling data. (Year 2004 poverty statistics are currently the latest reliable information available.)



Source: U.S. Census Bureau Small Area Income & Poverty Estimates, 2004

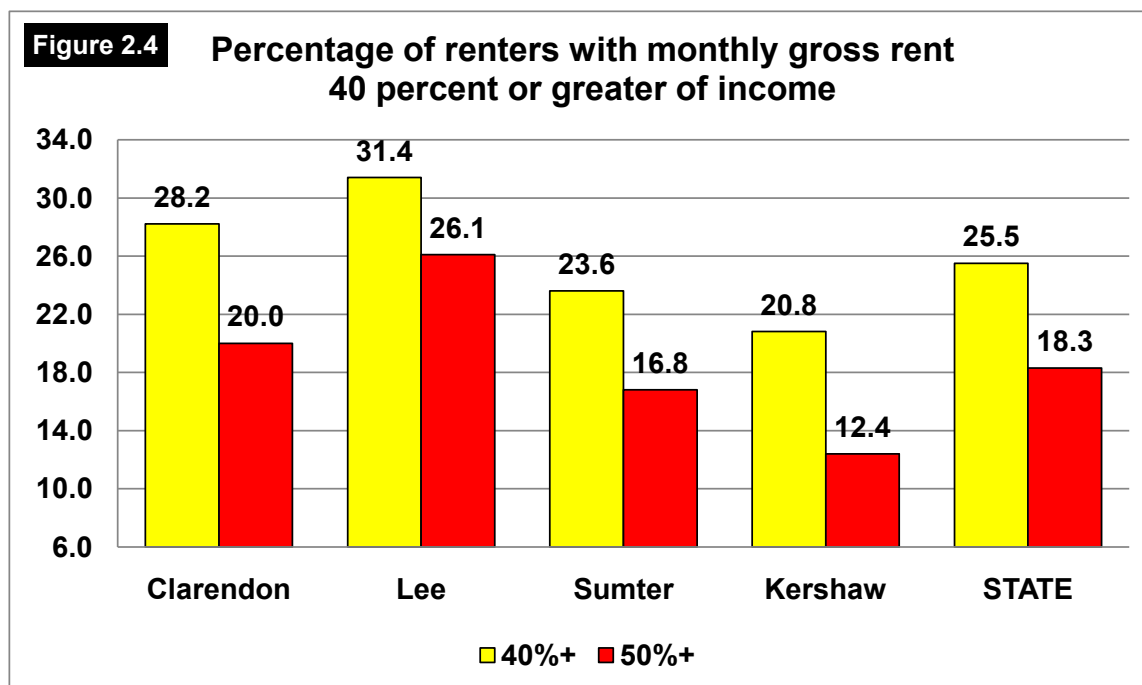
The poverty level is below an income cutoff or threshold, where a person or family needs public money and service to subsist. The threshold varies based on family size and number of children under 18 years old. If an individual or family's total income is less than the threshold, the person or family is considered below the poverty level.

Many in the low-income category don't qualify for home ownership but instead rent apartments or duplexes, which are often subsidized. Much of the rental property in Camden has been built, or currently serves, the lower-income population.

In the rural portions of the county, many people in poverty rent single-family homes. While these rentals are also primarily subsidized, the units are often in worse physical condition than subsidized housing in Camden.

Below-standard housing affects all segments of people in poverty and single mothers compose a significant portion of this group. These single-female head of households often rent homes that are substandard.

Figure 2.4 analyzes renters in the county. Gross rental costs – including rent and utilities – are measured as a percent of household income. Kershaw has fewer renters who are economically burdened by rental costs, as measured by monthly gross rent at 40 percent or more of household income. Kershaw's rate of cost-burdened renters of 20.8 percent at Census 2000 was below the state average of 25.5 percent.



Source: U.S. Census 2000

Figure 2.4 also details in red the percentage of renters spending 50 percent or more on gross rent at the time of Census 2000. The Census Bureau defines a renter who spends 50 percent or more on gross rent as “severely burdened.” Kershaw was also below the state average in this category with only 12.4 percent of renters spending 50 percent or more on gross rent. The state average was 18.3 percent. The relatively low percentage of cost-burdened renters in Kershaw has likely contributed to growth in home ownership in the county.

Since the state Housing Finance and Development Authority began its tax-credit program in 1988 Kershaw County has put in place 280 affordable rental units through year 2007. Like the majority of areas in the state there is always a need for more affordable housing in the county according to Donny Supplee, president of the United Way of Kershaw County and chairman of the Midlands Area Consortium for the Homeless.

Homelessness

Homelessness is an ongoing problem throughout the U.S. Homeless individuals lack a fixed, adequate residence. People become homeless due to various reasons that may include unemployment, divorce, domestic violence, illness, and release from a mental health institution or a correctional facility. The homeless require numerous services to reverse their current situation. The needs of the homeless consist of two main categories:

- 1) **Shelter** – This consists of **emergency housing**, which is a temporary shelter option for 30 to 90 days, and **transitional housing** – the next step after emergency shelter and providing full supportive services for three months to 24 months.
- 2) **Supportive services** – This consists of a range of services to address the physical, psychological, economic and social needs of the homeless person.

Determining the scope of homelessness in a county or state is difficult due to inherent difficulties in capturing the population group. Many homeless live with relatives and will neither show up in a shelter count nor a count of homeless living on the street. Also, according to providers in the field, there is a negative stigma with homelessness and many homeless consider themselves only “in transition” or “without a house” and not homeless. These factors make extrapolating the total number of homeless difficult.

Research by the Urban Institute and others shows analyzing county poverty rates of total population allows for relatively realistic estimates of the chronic homeless, who are always in a shelter; and the transient homeless, those who are in and out of shelters during a year. Given gradually increasing poverty rates through the years, homeless counts would also logically be rising. The state Office of Research & Statistics considers these measurements to be relatively accurate.

The best estimates of the transient homeless – also called “annualized homeless” since they experience a spell of homelessness at least once a year – is 6.3 percent of the people considered below poverty in a county. Using the 2004 Census Bureau Small Area Income and Poverty Estimates by county (latest available), annualized homeless estimates are first derived by multiplying 6.3 percent to the Bureau’s poverty estimate. Totals are listed in Table 2.1.

Table 2.1 Annualized (or transient) homeless estimates – 2004

County	People in poverty	Annualized homeless	Pct. of population
Kershaw	7,483	471	0.9%
STATE	622,083	39,191	0.9%
Clarendon	7,421	468	1.4%
Lee	4,308	271	1.3%
Sumter	18,301	1,153	1.1%

Source: U.S. Census Bureau; county homeless estimates based on 2004 poverty estimates

The estimates show Kershaw and the state overall have about the same percentage of population (0.9 percent) that might seek a shelter during a year.

Next, another calculation is performed to determine a county’s “point-in-time homeless,” who are generally considered the chronic homeless. Typically, the annualized homeless total is 3 to 6 times larger than the chronic homeless. The totals in Table 2.2 give ranges for PIT estimates in the county for 2004. Again, Kershaw’s percentages – 0.1 percent to 0.3 percent of total population – are similar to the state average.

Table 2.2 Point-in-time (or chronic) homeless estimates – 2004

County	Annualized homeless	PIT homeless	Pct. of population
Kershaw	471	79 to 157	0.1% to 0.3%
STATE	39,191	6,532 to 13,064	0.2% to 0.3%
Clarendon	468	78 to 156	0.2% to 0.5%
Lee	271	45 to 90	0.2% to 0.4%
Sumter	1,153	192 to 384	0.2% to 0.4%

Source: U.S. Census Bureau; county homeless estimates based on 2004 poverty estimates

It's necessary to mention county poverty rates have most likely increased since 2004 so current homeless totals would be somewhat higher than totals listed here.

Point-in-time totals – S.C. Council on Homelessness

The U.S. Department of Housing and Urban Development (HUD) requires that each state conduct a point-in-time count of the homeless population on a single day in January every two years. The most-recent PIT count for counties in the state was Jan. 29, 2009. *The totals estimate 1) the number of HUD-defined homeless -- individuals who are currently in emergency or transitional shelter or literally unsheltered and living on the streets, in the woods, in cars, bus stations or abandoned buildings – and 2) people who are precariously and inadequately housed, such as living in a dwelling without utilities for at least two months or paying too much for housing and at major risk of losing it.*

An essential aspect to each county's PIT homeless count is a reasonable level of effort in conducting the survey count. In 2009, Kershaw had various data limitations in conducting its count according to Supplee of the United Way. The county's January 2007 PIT count of 120 was considered a more realistic homeless estimate, Supplee said. This total didn't include people who are "doubled-up" and living with relatives or friends since these individuals aren't officially considered "homeless" by HUD. The total was published by the S.C. Council on Homelessness as the county's official PIT homeless count for the year.

The 120 total was within the range of the point-in-time estimates based on county poverty rates discussed previously.

Homeless schoolchildren – School district data

Another set of homeless estimates is produced by the Kershaw County School District of homeless children in the county. The state *Department of Education's definition of "homeless" is broader than other definitions, including schoolchildren who are in shelters, lacking shelter, in substandard housing, or sharing the housing of other people (sometimes called "doubled-up") due to loss of housing, economic hardship or a similar reason.* (All other homeless calculations have difficulty in measuring to this level of detail.) In cooperation with the DOE, the school district identifies homeless youth from the pre-school level through Adult Education. In recent years the Kershaw School District has utilized grant money and conducted detailed counts of homeless youth in the school system. (Many districts in the state don't have the grant money to research homeless schoolchildren and their counts are considered less accurate.) A listing of the school district's tally of homeless schoolchildren in recent academic years is provided next.

District	2005-'06	2006-'07	2007-'08
Kershaw	111	118	163

Source: S.C. Department of Education, 2005-'06, 2006-'07 and 2007-'08 homeless data

Likely, the school district's homeless counts come close to best describing the homeless problem in the county, given the broad definition of "homeless" used by DOE and rigorous efforts in counting the population by the district. The total of 163 homeless schoolchildren for the district seems to be somewhat in line with the annualized county homeless estimate based on year 2004 poverty rates of 471. Annual homeless children data for the district shows increases through the years, and state totals also show an increase in recent years.

Shelter and service needs to the homeless

In the absence of a local housing authority, the United Way of Kershaw County started the Kershaw County Housing Partnership in 1989 as a community-wide collaborative of housing and housing support service agencies to address homelessness and housing issues. The partnership has developed one transitional shelter in the county (New Day on Mill) with five houses, serving one homeless family each for a total of about 15 beds. Homeless individuals must prequalify to gain residence in a unit. The partnership is also attempting to develop an emergency shelter in the county.

In regards to affordable housing, the partnership is seeking partnerships to increase the stock of affordable housing options in the county. As far as home repair, volunteer groups such as the Salkahatchie and WARM Project of the United Methodist Church have been joined by a new initiative of the Kershaw Baptist Association.

Kershaw also receives shelter and service assistance from the Midlands Area Consortium for the Homeless, which serves 14 counties in the state. Supplee currently serves as consortium chairman.

Kershaw's position on Interstate 20 also attracts more transient homeless to the county. Many homeless in the county are referred to Columbia, where more shelter accommodations are available. According to Supplee, the biggest unmet need in the county is safe shelter for women with children.

Typically, government funding to serve the homeless is largely based around short-term services that aren't comprehensive enough to address the core issues affecting the homeless. With apparent finite available government funding in the future to serve the homeless, collective efforts to improve low-income communities and public school graduation rates are necessary to somewhat curtail homelessness and poverty long-term.

Public Transportation

The vast majority of people in Kershaw County rely on a personal vehicle for all their transportation needs. However, there is a segment of the population that doesn't have access to a vehicle at their household. These individuals are considered "transportation dependent" and often must rely on private transportation from family, friends, neighbors or co-workers or private carriers to meet needs since Kershaw doesn't have a fixed-route public transportation system. According to Census 2000 sample estimates about 8.15 percent of households (1,645 households) in the county don't have a vehicle available for use, a rate slightly below the state average of 9.02 percent.

Even if accounting for a very low estimated people-per-household total of 1.6 for these households (1.0 people less than the average county household size), the total population without access to a vehicle in Kershaw was about 2,600 at Census 2000. The transportation-dependent population would be significantly increased if analysis included even a small fraction of the people living in one-vehicle households who are limited in vehicle access.

The scenarios of the transportation dependent utilizing private transportation often cloud a measurement of true demand for public transit in an area. In the American culture, the

overwhelming majority of people prefer private transportation because it's quicker and more desirable. Given people's tight schedules and the predominant city structure based around the car, bus ridership has been waning in most areas of the U.S. for decades. During recent years with extremely volatile gas prices, most areas that offer public transportation have seen modest gains in bus ridership. In fiscal 2008, a 12-month period that featured significant gas price increases, overall U.S. bus ridership rose by 2.2 percent from fiscal 2007 according to the American Public Transportation Association.

In several major U.S. cities, especially in the Northeast, public transportation is used with regularity by the majority of people. In cities such as New York, Washington, D.C., Philadelphia and Boston rail and bus public transport is often more timely, practical and thus more desirable than private alternatives.

Santee Wateree Regional Transportation Authority (SWRTA), the public transportation authority serving the four-county Santee-Lynches Region, provides various bus and van services to Kershaw County residents. Currently these services include Medicaid and other contract services transportation, demand-response transportation (similar to a Dial-A-Ride program) and a commuter route shuttle (also known as SmartRide) from Camden and Lugoff to downtown Columbia each business day.

Ridership for Medicaid and other contract services

Medicaid and other contract services have traditionally accounted for a significant percentage of Santee Wateree RTA's ridership in Kershaw County since the authority has never offered fixed-route transportation in the county. In recent years, RTA's Medicaid service passenger boardings have likely decreased in the county since the state has entered a brokerage model concept for Medicaid transportation. In general, RTA's Medicaid passenger boardings are declining in each service county.

In recent years the RTA has expanded other contract services in Kershaw and grown ridership in the county. These services provide public transportation to some Kershaw residents that prequalify with disabilities and seniors. In general, RTA's other contract services passenger boardings are growing in each service county in recent years.

Demand-response ridership

In conjunction with Medicaid and other contract services, RTA offers a demand-response option for Kershaw residents six days per week since no fixed routes are available. Demand-response in Kershaw requires a 48-hour advance request to RTA. RTA then determines if a vehicle is available and, if so, fills the request on a space-available basis. The service meets the needs of some residents in the county, but the majority of those needing transportation rely on other means including private carriers ZIMCO and BNT which require less advance requests. Since the beginning of the decade, RTA has shown a small increase in overall demand-response ridership in the four-county Santee-Lynches Region.

SmartRide commuter route ridership

A bright spot for RTA and Kershaw County since 2008 has been increases in the SmartRide commuter shuttle from Camden and Lugoff to downtown Columbia each business day. A bus runs twice in the morning into Columbia and twice in the late afternoon from Columbia back to Camden.

The service resembles a major city public transportation shuttle, though on a much smaller scale. When gas prices ballooned during 2007 and the first half of 2008 the shuttle service doubled ridership. SmartRide has potential for continued ridership increases due to current trends of significant population growth in western Kershaw County and the city of Columbia, causing increased traffic congestion. The volatile nature of gas prices also lends itself to ridership growth.

A continual issue jeopardizing the shuttle service is funding since fair-box revenue generally only accounts for 20 percent to 50 percent of operating expenses for such transportation shuttles, according to industry experts. State Rep. Laurie Funderburk, D-Kershaw, has continually searched in recent years to find available funding. A recommendation to protect the shuttle's future availability is for local leaders to find a dedicated funding service. One area worth exploring for the local legislative delegation is the examination of state user fees dedicated to public transit.

Possible recommendations to grow ridership

A possibility for RTA to consider to increase ridership in Kershaw and reduce the service gap for the transportation dependent is "flex routes." Under this concept, the RTA could potentially utilize contract-service buses in the county when they're idle to shuttle people to shopping centers or downtown Camden. As mentioned previously, Census Bureau sample estimates from 2000 show about eight percent of Kershaw households or roughly 2,600 people don't have access to a personal vehicle.

Population growth in the west Wateree area suggests greater demand for SmartRide from Camden and Lugoff into downtown Columbia. West Wateree's expansion has keyed the county's growth of an estimated 5,521 people – or 10.5 percent – from 2000 to 2007 according to U.S. Census Bureau estimates, and market forces suggest continual growth in the area in the future. (The growth trends are shown in Table 2.3.) Increased marketing efforts for SmartRide by RTA and South Carolina DOT to capture more ridership could also be considered. However, it's necessary to mention, public transit authorities in the state and across the U.S. are currently generally cutting back service levels due to the sputtering economy and reduced sales tax collections, which RTAs depend on to maintain operations.

Table 2.3 Kershaw County population estimates

County	Census 2000	2001	2002	2003	2004	2005	2006	2007	Change 2000-'07
Kershaw	52,647	53,342	53,470	54,220	54,894	55,832	57,067	58,168	5,521

Source: U.S. Census Bureau, 2000-'07 data

The county's senior population might also be a target for more public transportation initiatives. From 2000 to 2007, Kershaw's 75-and-older senior population grew by 670 people from 2,946 to 3,616 due largely to the aging of the population, according to Census Bureau estimates. Many of these seniors might be unable to drive and could be transportation dependent. The county's number of seniors 75-and-older is projected to continue to grow over the next decade due to the aging of "Baby Boomers" who are currently beginning to enter their retirement years.

Growth in Kershaw's senior population 65-and-older due to aging has been one of the fastest-growing cohorts in the county. The cohort grew by an estimated 2,514 people to 7,764

from 1990 to 2007. Given that seniors don't necessarily have the time constraints faced by the working-age population, this population segment might be one the county focuses on for public transportation.

Also contributing to enhanced future public transportation efforts in Kershaw is gradually increasing poverty rates and homeless totals through the years. With more poverty, some logic would suggest more people would be dependent on public transportation.

Any initiatives to increase public transit service in Kershaw must begin with leaders in Camden and the county defining a service level they desire in the short term and long term. Then leaders could consult transit officials on a cost for such services and generate a proposed per capita rate for services, such as 50 cents to 75 cents. If this proposed strategy were carried out, Santee Wateree RTA could utilize the tax revenues to acquire federal matching dollars and provide the additional service in the county.

Creating quality educational opportunities for pre-school children, youth and adults

Goal: To provide a complete spectrum of educational opportunities that prepare youth to meet the challenges of the ever-increasing “knowledge economy” and enable the current adult population to remain competitive in the workplace.

Prioritized issues that can be affected by community actions:

- A. Increase annually the percentage of high school graduates with a diploma
- B. Increase the educational/training level of older youth and adults to better meet the current and future needs of industry
- C. Expand opportunities for post-secondary education and workforce development
- D. Recognize the value of early childhood development for school success and future job readiness

Standardized test scores

Fundamental to improving high school graduation rates for students is meeting academic standards in elementary and middle school. Poor achievement in the early years of school leads to student discouragement and a dislike for learning, which are often underlying causes for a person dropping out of high school.

During the last decade both the state and federal government have passed legislation requiring standardized testing of public school students. In South Carolina the main standardized test for elementary and middle school students to date has been the Palmetto Achievement Challenge Test (PACT). The test is given annually to students in grades 3 through 8 and covers four subjects – English/Language Arts, Math, Science and Social Studies. Students are scored using the following ratings:

PACT Definition

Below Basic	Not prepared for work at next grade; must have academic assistance plan
Basic	Minimally prepared for work at the next grade
Proficient	Well prepared for work at the next grade
Advanced	Very well prepared for work at the next grade

Currently a student meets standards on the PACT if he scores Basic or above. A Basic score implies a student is “minimally prepared” for work at the next grade. Table 3.1 shows the percentage of students in the Kershaw County School District who scored at least Basic or above in English and Math in spring 2008 in comparison to similar school districts in the state based on size, proximity to a major metropolitan area, and student demographic composition. State average PACT scores are also listed.

Table 3.1 Percent of students meeting standards by school district on PACT – 2008

Grade	Subject	Kershaw	Anderson 5	Dorchester 2	Laurens 55	STATE
3	English	87.8	90.5	91.8	81.9	86.7
	Math	79.3	79.3	83.7	74.6	77.2
4	English	87.0	83.7	88.2	78.4	80.8
	Math	83.0	83.3	82.4	81.5	79.0
5	English	81.1	84.4	84.7	68.4	77.6
	Math	78.9	82.9	81.2	73.0	78.0
6	English	77.8	79.2	83.3	72.3	74.8
	Math	79.8	82.7	77.1	70.1	75.7
7	English	76.2	80.4	78.2	79.6	73.0
	Math	82.3	84.9	83.7	82.1	77.8
8	English	78.4	80.8	77.5	75.1	71.0
	Math	76.9	88.6	72.7	74.3	69.7

Source: SC Department of Education

Analysis of the data shows roughly 80 percent of Kershaw students met standards on the 2008 PACT. Kershaw's totals exceed the state average in every grade subject category and are very competitive with the three similar school districts. Anderson 5's scores generally lead the group by a small margin.

Significant percentages of students failing to meet standards in the middle-school grades often lead to increased high school dropout rates. Many school districts in rural counties in the state suffer from this dilemma. High school dropouts are becoming an increasing source of concern in every county in the state with the loss of lower-skilled, lower-wage manufacturing jobs in the current global economy. Without a high school diploma, students now have a major disadvantage of finding success in the workplace.

It's necessary to mention, starting in the 2008-'09 academic year PACT will no longer be administered to the state's public school students. Changes were made not necessarily because of test quality, but instead due to the length of time it took to get test results returned and the lack of feedback for teachers on individual student performance.

Public school graduation rates

Table 3.2 Overall eighth grade-to-graduation rate estimates

County	'00-01	'01-02	'02-03	3-yr. avg.	'03-04	'04-05	'05-06	3-yr. avg.	3-yr. avg. hike	'06-07	'07-08
Kershaw	63.2%	64.7%	67.1%	65.0%	66.0%	65.0%	67.9%	66.3%	+1.3%	68.5%	69.4%
STATE	56.8%	57.2%	64.8%	59.5%	60.9%	61.8%	66.2%	63.0%	+3.5%	67.5%	70.9%

Source: SC Department of Education eighth grade membership and diploma data

Research shows the most-effective means of measuring public school graduation rates at this time in the four-county Santee-Lynches Region, which includes Kershaw, is via an eighth grade measurement of enrollment and total diploma counts four academic years later. (All the public school superintendents in the four counties have agreed this methodology is likely the most-accurate calculation of graduation rates at the present time.) Using the formula, Table 3.2 reveals since the start of the decade roughly two of every three eighth graders in Kershaw have finished high school with a diploma. Kershaw's rates have also exceeded the annual state rate estimates, except for the most recent academic year.

Similar to the state average, Kershaw has shown gradual improvement in graduation rates through the years with nearly a 70 percent graduation rate for the 2007-'08 class. The best estimates have the current national graduation rate at about 72.2 percent, providing incentive for continuous improvement locally.

The percentages listed are best described as "overall graduation rate estimates" and not on-time, four-year, graduation rates. The rates provide realistic estimates of the percentage of eighth graders who graduate from public high schools with a diploma, regardless of the number of years it takes students to finish. Students who earn non-diploma certificates from high school and those who drop out but enter Adult Education and eventually earn a GED or diploma are

not included in the totals. (The number of diplomas issued through Adult Education programs in the state is generally relatively low due to extensive course requirements.)

Given the increasingly global nature of the economy – with greater overseas accessibility to cheap labor and technological advances requiring fewer, but higher-skilled, workers – every region in the U.S. is becoming more dependent on having access to an educated workforce to be competitive. In the future an ever-increasing number of jobs in the U.S. will require at least some level of post-secondary training. Efforts must be made to continue improvements in public school graduation rates toward the national average and enroll more local students in post-secondary education. Even if a student isn't college bound, a high school diploma is currently often a requirement for minimum-level entry into the labor market.

Dropouts or non-diploma recipients

Table 3.3 Cohort class dropouts or non-diploma recipients

County	'00-01	'01-02	'02-03	3 class total	'03-04	'04-05	'05-06	3 class total	3 class total decrease	'06-07	'07-08
Kershaw	292	286	256	834	258	284	258	800	-34	263	223

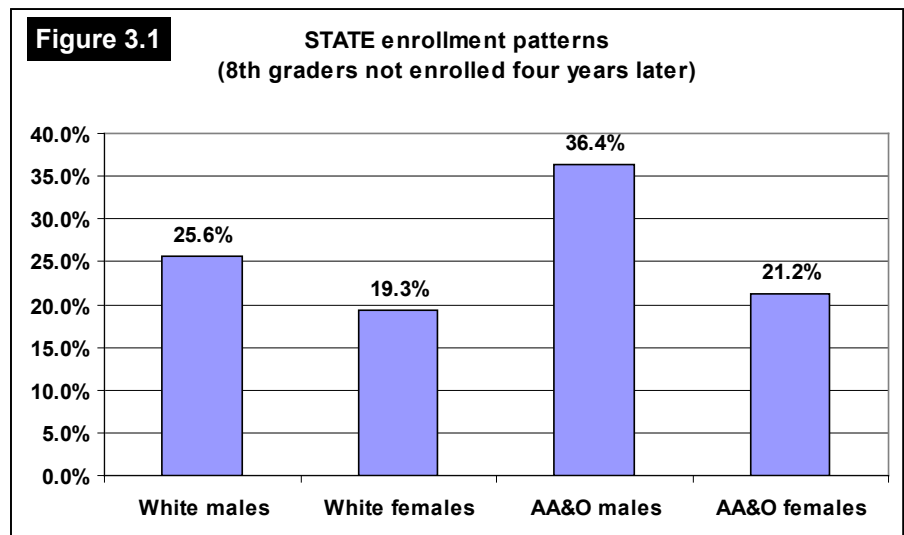
Source: SC Department of Education eighth grade membership and diploma data

Table 3.3 translates county graduation rates into total numbers of dropouts or non-diploma recipients per cohort class. As Kershaw County's graduation rate has improved slightly through the years, total dropouts and non-diploma recipients have declined from a three-year total of 834 for the first three cohorts to 800 in the three cohorts from 2003-'04 through 2005-'06. If Kershaw performed at the national average graduation rate of 72.2 percent, there would have been 660 dropouts or non-diploma recipients (140 less) in the latter three-year total.

Widespread research indicates high school dropouts face significant challenges in the workplace with the highest levels of unemployment and lowest potential wages if they do obtain employment. Generally as an individual achieves more education beyond high school, he can expect to obtain more job and financial security.

Who's dropping out? – Demographic breakdown of students

Analysis regarding the race and gender of high school students not earning a state diploma is limited to some extent. The most-effective measurement is to weigh a cohort's eighth-grade enrollment by race/gender against its 12th grade enrollment four years later. This calculation will show total students by race and gender that have left school before graduation. Figure



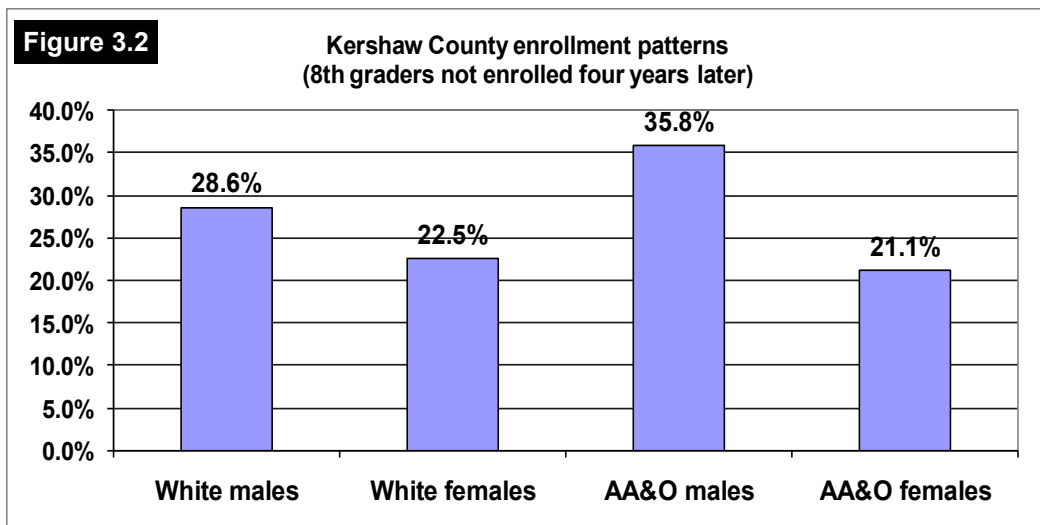
Source: S.C. Dept of Education, 8th and 12th grade enrollment data

3.1 provides state percentages of “leavers” by race/gender. As can be seen, minority males in the state drop out of high school at a much higher rate than the three other main demographics. The chart details that during the academic years of 2002-03, 2003-04, and 2006-07, 36.4 percent of eighth-grade minority males in the state never made it through 12th grade. White males followed second at 25.6 percent of eighth graders not advancing through the system. ***The totals would even be a few percent higher if we were able to measure diploma counts by demographic – these percentages listed only reveal those students staying in school.*** Many attribute these high dropout rates to the breakdown of the American family via divorce and out-of-wedlock births contributing to unruly adolescent males.

Kershaw County dropouts

Enrollment statistics show that Kershaw’s dropout percentages by demographic are similar to the state average as revealed in Figure 3.2. Minority males comprise the highest percentage at 35.8 percent of eighth graders not advancing through the 12th grade.

White males are next at a 28.6 percent rate, slightly higher than the state average of 25.6 percent. The data from the three academic years showed 22.5 percent of white females leaving high schools in



Source: S.C. Dept of Education, 8th and 12th grade enrollment data

Kershaw, compared to the state average of 19.3 percent. Dropout percentages for minority females in Kershaw were similar to the state average at 21.1 percent.

Students entering post-secondary education

Table 3.4 Eighth graders entering post-secondary directly after high school

County	2001-02	2002-03	2003-04	2004-05	2005-06	5-year average
Kershaw	50.1%	51.2%	47.1%	45.1%	49.1%	48.5%
STATE	42.9%	49.8%	46.2%	47.4%	49.7%	47.1%
Clarendon	43.5%	43.3%	50.5%	44.5%	43.7%	45.1%
Lee	27.5%	22.8%	12.5%	45.8%	28.0%	26.3%
Sumter	41.3%	43.3%	43.1%	42.6%	47.5%	43.5%

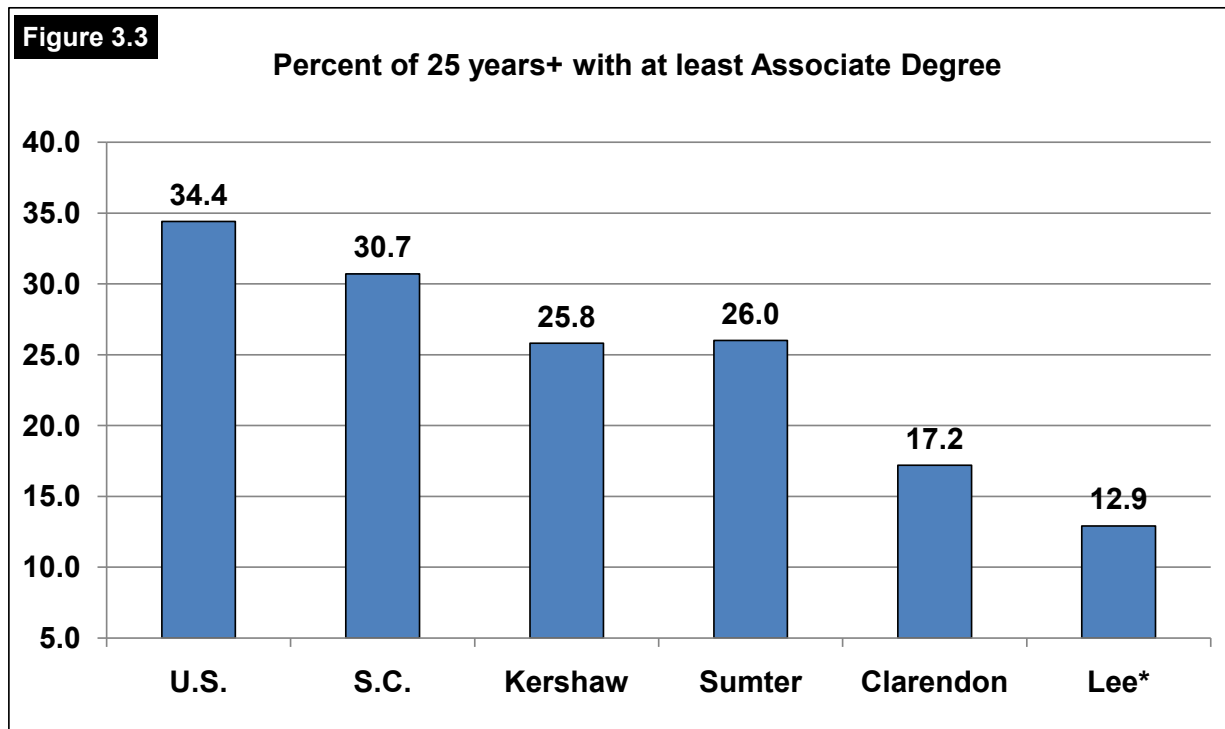
Source: SC Department of Education eighth grade membership totals and College Freshman Report

Table 3.4 shows the percentage of Kershaw County public school eighth graders by cohort class who entered some form of post-secondary training in the first fall term after when they would have finished high school in comparison to the state and other counties in the region.

For example, an estimated 50.1 percent of Kershaw eighth graders who were in the graduating class of 2001-02 enrolled in post-secondary training in Fall 2002. In the five cohorts measured, 48.5 percent of Kershaw eighth graders went on to enroll in post-secondary training – a total slightly above the state average of 47.1 percent. (Post-secondary training includes 4-year college, 2-year college, a technical college degree program, a technical college diploma/certificate program and proprietary schools.) The U.S. average is likely in the low-50s, a few percent above the Kershaw average. It's necessary to mention this analysis doesn't include a small percentage of high school graduates who wait to enter post-secondary training more than six months after high school.

As mentioned previously, in the 21st Century “knowledge economy” an increasing number of jobs will require at least some level of post-secondary education as a prerequisite. Some research groups say up to 85 percent of jobs in 2020 in the U.S. will require post-secondary training. A large percentage of these occupations will be “middle-skill” jobs that generally require some significant education and training beyond high school but less than a bachelor's degree. Educational training for these “middle-skill” jobs includes associate's degrees, vocational certificates, significant on-the-job training, previous work experience or generally “some college” but less than a bachelor's degree.

Educational attainment levels of adults



Source: American Community Survey (U.S. Census Bureau), 2005-07 data. Lee total is Census 2000.

The role of education is paramount in the current and future U.S. economy. Given the loss of lower-skilled, lower-wage manufacturing jobs overseas and increasing technological advances requiring fewer but higher-skilled workers, having an educated workforce is critical for retaining and recruiting jobs to an area. Figure 3.3 shows the percentage of adults – 25 years old and older – with at least an associate's degree in Kershaw County, the other three

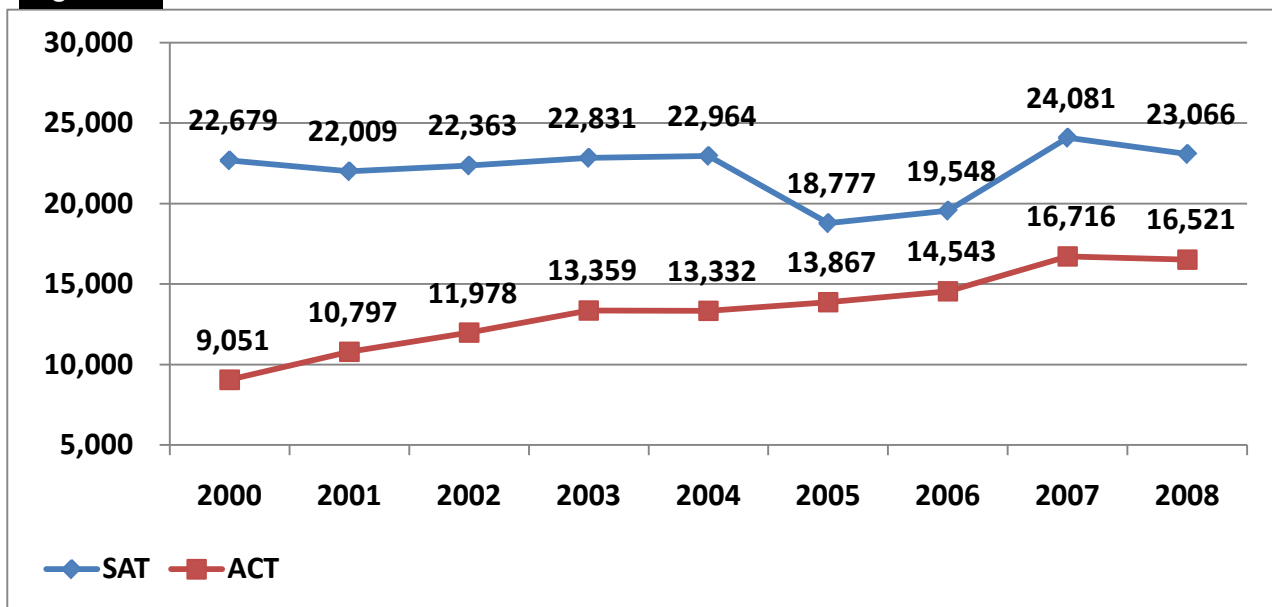
counties in the Santee-Lynches Region, the state and the U.S., according to the most updated Census Bureau measurements. Kershaw's 25.8 percent of adults with at least an associate's degree in survey data from 2005-'07 ranks similar to Sumter County but still falls well behind the state and U.S. averages. Growth in this category is critical for counties, given more and more jobs will require at least middle-skill acquisition as referenced in the previous section. (Due to the small relative size of Lee County, the most updated measurement is Census 2000.)

College entrance exams

Two specialized tests that students in the state take to qualify for college entry are the SAT and the ACT. The two exams differ in focus with the SAT based more on logic and analysis; while the ACT is a test of curriculum-based and classroom-based achievement.

The SAT is currently the main college entrance exam in 21 states, including South Carolina. In these states at least 50 percent of high school students take the test as the main college entrance exam. The remaining 29 states use the ACT as the main college entrance exam. Although the SAT continues to be the more popular test for college-bound students in the state, the ACT student-share has grown through the years as represented in Figure 3.4. The major reason for the shift is that many students feel more comfortable taking the curriculum-based ACT. All South Carolina colleges and universities now accept either the SAT or ACT for admission.

Figure 3.4 SAT participation, ACT participation in state



Source: SC Department of Education test totals

In Kershaw County, total SAT test takers and ACT test takers are roughly similar. Among the district's seniors in the Class of 2008, 212 took the SAT during their high school careers and 197 took the ACT.

SAT

Historically, the SAT has been composed of Math and Critical Reading sections with each having an equal weight of 800 points for a maximum score of 1,600. In 2006, the SAT added a third section for Writing that is also scored up to 800 points. However, most analysis of SAT scores still focuses on just the Math and Critical Reading sections and our analysis does so as well.

Historically, South Carolina has scored among the lowest of all states on the SAT. That trend continued in 2007 and 2008 with a two-year average score of 985, 32 points below the U.S. average of 1,017. In 2008, the state's 985 average score ranked 18th of 21 states where at least 50 percent of students took the SAT. Scoring behind South Carolina were Georgia (984), Hawaii (983) and Maine (935). Maine's lowest average score among SAT states must be weighed in perspective since it also had the highest participation rate – 87 percent of high school seniors took the SAT at some point during high school as part of a state college readiness initiative. South Carolina's participation rate was 61 percent.

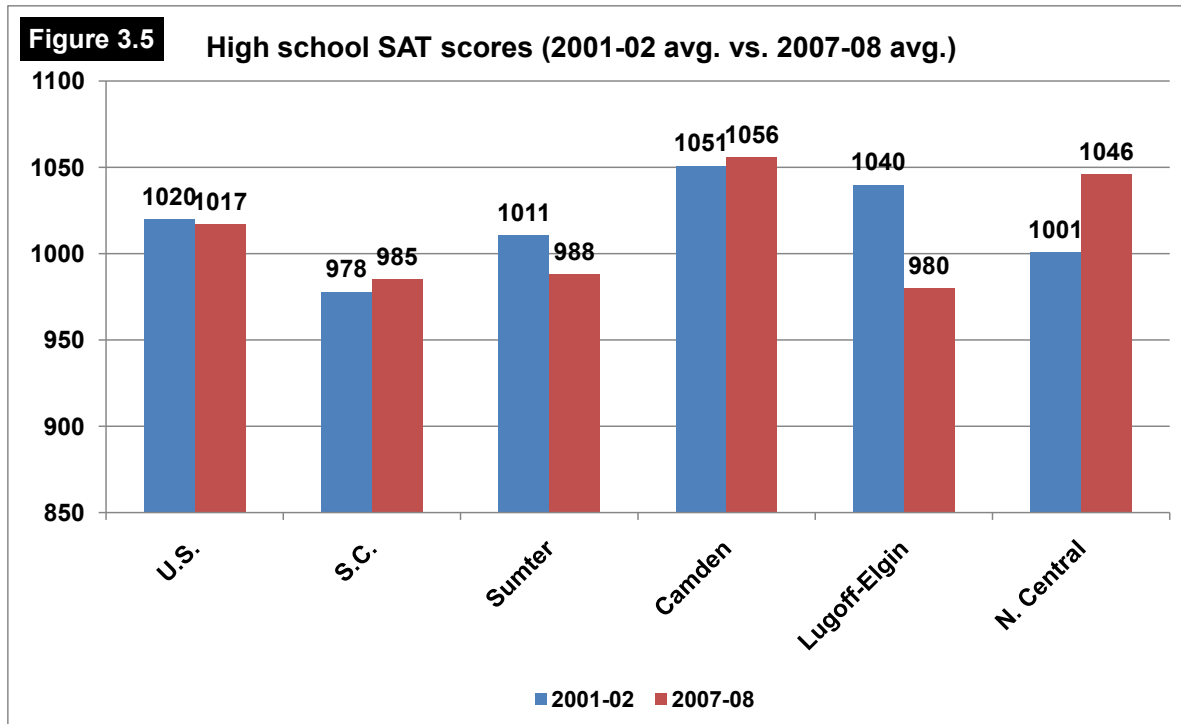
South Carolina has somewhat closed the gap on the U.S. average over the last decade as represented by a seven-point increase in its two-year averages from 2001-02 to 2007-08. The U.S. average fell by three points during the timeframe. Traditionally, Southern states score below the national average on the SAT. A comparison of South Carolina to other states in the South that use the SAT as the main college admissions' exam in Table 3.5 shows our state ranked fifth of six in scoring in 2008.

Table 3.5 Ranking the Southern states on 2008 SAT

Rank	State	Composite score
1.	Virginia	1,023
2.	North Carolina	1,007
3.	Maryland	1,001
4.	Florida	993
5.	South Carolina	985
6.	Georgia	984

Given the increasing importance of post-secondary education in the 21st Century economy, concentrated efforts need to be continued to improve scores in the state to better equip students for college and the future workplace.

Figure 3.5 shows two-year averages for SAT scores from 2001-'02 and 2007-'08 for the U.S., state, Sumter High School – the most urban high school in Sumter County – and all three high schools in Kershaw County.



Source: SC Department of Education

Camden High School has the highest scores among the three Kershaw high schools for the years measured, well above the state and U.S. averages. Roughly 40 percent of Camden High graduates take the SAT during high school, a percentage similar to Sumter High School. Lugoff-Elgin's scores dropped during the timeframe, but the school does have the highest SAT participation rate – generally around 50 percent. North Central High showed improvement in scores but it typically has a relatively low participation rate of about 20 percent.

Overall on the SAT in 2008 the Kershaw School District ranked 21st of the 85 public school districts in the state with a mean score of 1,002 on the Math and Critical Reading sections, illustrating that the district is adequately preparing students for college. The state average was 985 in 2008.

In relation to the three similar school districts in the state, Anderson 5 again led the way with an average score of 1,019 on the 2008 SAT. Laurens 55 had the lowest scores of the four similar districts (936), but it had the highest participation rate at 50 percent. A full listing of the four districts is provided in Table 3.6.

Table 3.6 Districts' performance on 2008 SAT

District	Average score	Participation rate	District ranking
Anderson 5	1,019	39%	9 th of 85
Dorchester 2	1,004	45%	16 th of 85
Kershaw	1,002	40%	21st of 85
Laurens 55	936	50%	49 th of 85

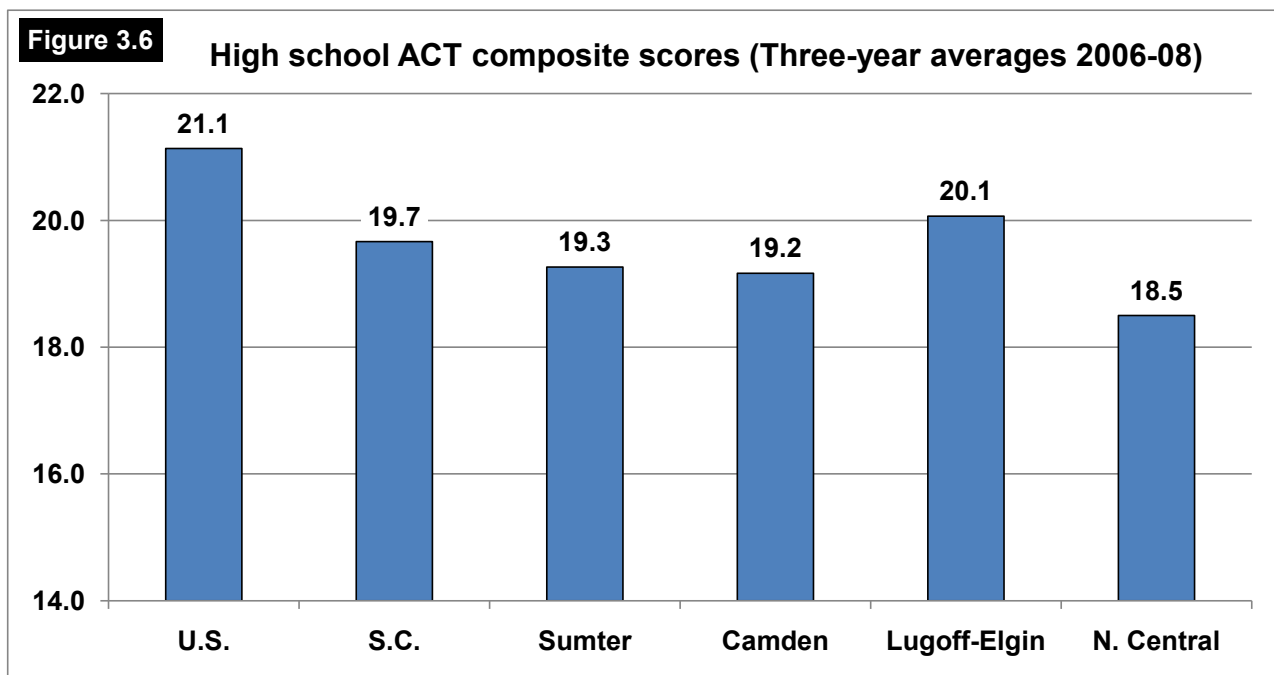
Source: SC Department of Education

ACT

The ACT is a college entrance exam that consists of four subject-area tests: English, Math, Reading and Science Reasoning. The test uses an adjusted average of the four subject tests to arrive at an overall composite score. The highest score for each of the tests and the overall composite is 36.

Similar to the SAT, South Carolina scores near the bottom of all states on the ACT. During the three years from 2006-'08 the state ranked 49th, 49th and 47th, respectively, of the 50 states. In most instances during the timeframe, the only states ranked below South Carolina had participation rates of over 90 percent, which naturally drives down scores significantly. South Carolina's participation rate increased from 39 percent to 44 percent over the three-year period.

In 2008 the state actually gained ground on the U.S. ACT average. The national mean score was 21.1 and the South Carolina average was 19.9. For comparison purposes, one-tenth of a point on the ACT is equivalent to four SAT points. This means if the ACT were scored like the SAT in 2008, South Carolina's average would be 48 points below the U.S. mean. Also like the SAT, Southern states generally score lowest. Of the 10 states in the Southeast, South Carolina ranked eighth in 2008 – above Florida and Mississippi. Mississippi had a 92 percent participation rate in '08.



Source: SC Department of Education

Figure 3.6 compares local high school ACT scores to the state and U.S. averages using three-year average scores from 2006-'08. During the three years, Lugoff-Elgin's average ACT score of 20.1 ranked above the state average of 19.7. Camden High was below the state at 19.2. North Central's three-year average of 18.5 was low compared to the state average. All three high schools locally had fairly strong levels of test participation during the three years measured.

Overall in 2008 the Kershaw School District's average ACT score was 19.7 and slightly below the state average of 19.9, which should be a concern for the county since the school district generally scores above the state on most educational performance measurements and given a roughly equal number of SAT test takers and ACT test takers in the district. The district's 19.7 ACT score in 2008 ranked 27th tied with Sumter District 17 (Sumter High) of the 85 districts in the state. In 2006 and 2007, the district's average ACT scores were also slightly below the state mean.

If the county can improve ACT scores to the state average, it will represent that the district is better preparing the type of students who prefer taking the curriculum-based ACT for college and the future workplace. If improved ACT scores are achieved, it will only enhance the county's ability to compete for industry and jobs in the ever-growing "knowledge economy."

Of the three similar school districts, Dorchester 2 ranked tied for fourth in the state with an average ACT of 21.7 in 2008. Anderson 5 stood tied for 19th at 20.2, and Laurens 55 was tied for 33rd with a 19.3. All four districts had roughly similar participation rates.

Table 3.7 Districts' performance on 2008 ACT

District	Composite score	District ranking
Dorchester 2	21.7	T4 th of 85
Anderson 5	20.2	T19 th of 85
Kershaw	19.7	T27th of 85
Laurens 55	19.3	T33 rd of 85

Source: SC Department of Education

Analysis of the state's ACT scores is also conducted by race. In 2008, white high school graduates in the state had an average composite score of 21.7 as shown in Table 3.8; while African-American students scored a 16.4.

A total of 76 percent of state students who took the ACT in 2008 took the core academic courses recommended by ACT and had an average score of 20.4. State test-takers who didn't take the core courses, 24 percent, averaged an 18.1. **Interestingly, white students who didn't take the core courses still scored significantly higher than African-American students who did: 20.7 for whites taking less than core and 17.0 for African Americans who took the core classes. This trend was also apparent at the national level but not quite as severe: 20.4 for white students taking less than core and 17.7 for African Americans taking core courses. ACT officials attribute these gaps to a variety of factors, in particular "rigor of courses,"** which can't be measured with the self-reporting used to determine who has taken core courses. The ACT's recommended core courses include the following:

- 4 years of English
- 3 or more years of math, including Algebra I and II and Geometry
- 3 or more years of social studies, including U.S. history and government and world history
- 3 or more years of natural sciences, such as general, physical and earth science, biology, chemistry and physics

Table 3.8 2008 ACT composite scores

Group	Overall average	Taking Core or more courses	Taking less than Core
U.S.	21.1	22.0	19.5
S.C.	19.9	20.4	18.1
S.C. White	21.7	22.0	20.7
S.C. African American	16.4	17.0	15.2

Young children in low-income families

Over the past decade research has confirmed the importance of early child care and educational experiences. Children develop at a tremendous rate during their first few years of life and high quality care and education during these critical years foster successful mental growth.

There is a direct correlation between a child from a low-income family and that child's lack of readiness for school. A large percentage of economically disadvantaged children live in single-parent families headed by the mother, and there is obviously a significant parental strain placed on her in these situations. The lack of school readiness for low-income children is generally significantly due to inadequate parenting behaviors (lack of nurturance, discipline, teaching and language use), according to many studies.

National data shows two of every three single moms with children 5 or younger work and therefore often can't effectively contribute to the child's care and learning during formative years. Slightly more than one in four children 17-and-under in Kershaw County (27.2 percent) lived in single-parent families as of Census 2000, ranking seventh lowest of the 46 counties in the state. The state average in 2000 was 4.1 percent higher at 31.3 percent of children living in single-parent families; therefore, Kershaw is in relative good standing compared to most counties in the state.

In efforts to continually improve, Kershaw must address families living in poverty. The poverty level is below an income cutoff or threshold, where a family needs public money and service to subsist. The threshold varies based on family size and number of children under 18 years old. If a family's total income is less than the threshold, then the family is considered below the poverty level. Examples of poverty thresholds from Census 2000 were the following:

<u>Family size & composition</u>	<u>Income threshold</u>
Three people (one child under 18)	\$13,410
Four people (two children under 18)	\$16,895
Five people (three children under 18)	\$19,882

Kershaw's overall family poverty rate of 9.7 percent is below the state average as evidenced in Table 3.9 from Census 2000. However, similar to the state, family poverty is still especially prevalent among minorities in the county. The data shows 22.1 percent of African-American families in Kershaw were in poverty in 2000, which presents extra risks for children. Poverty rate estimates for Hispanics in 2000 were likely difficult to gauge in Kershaw due to a small relative population at the time in comparison to more metropolitan areas of the state.

Table 3.9 Families below poverty level by race – 2000

	STATE	Kershaw	Sumter
Overall family poverty rate	10.7%	9.7%	13.1%
White	5.6%	5.6%	5.1%
African American	23.5%	22.1%	22.9%
Hispanic	20.3%	18.1%	23.5%

Source: U.S. Census, 2000 (latest available data for poverty by race)

Another level of data calculates the number of children 17-and-under in poverty by county. According to the Census Bureau's Small Area Income & Poverty Estimates, poverty rates are gradually rising throughout the state since 2000. (The Census 2000 poverty thresholds listed previously are also adjusted slightly annually for people to be considered in poverty.) According to 2004 estimates, there were 2,694 Kershaw children in poverty out of a collective total of 13,815 for a rate of 19.5 percent, which was below the state average of 21.2 percent poverty for youth. Table 3.10 provides Kershaw's youth poverty totals in comparison to the other three counties in the Santee-Lynches Region. Year 2005-'07 data from the American Community Survey, a more updated U.S. Census Bureau product, suggests Kershaw's 17-and-under poverty rate has risen to approximately 20.9 percent in recent years and the state has increased to about 22.2 percent.

Table 3.10 Children 17-and-under in poverty – 2004 estimates

County	Youth in poverty	Total youth	Poverty rate
Kershaw	2,694	13,815	19.5%
STATE	217,509	1,025,986	21.2%
Clarendon	2,463	7,819	31.5%
Lee	1,389	4,891	28.4%
Sumter	7,165	28,775	24.9%
Tri-county	11,017	41,485	26.6%

Source: Census Bureau Small Area Income & Poverty Estimates, 2004

It's necessary to mention these statistics likely don't completely capture county poverty levels since poverty is somewhat difficult for the Census Bureau to measure, given many impoverished families live with relatives or in a shelter and are not contained to a particular household. Census Bureau measurements are generally more precise when poverty is less and more families live in households with their own address.

Still, the data establishes that Kershaw County has a large number of school-age children and preschoolers living in economic distress. The state has enacted legislation to better prepare young children for the first grade through the establishment of mandatory, full-day, 5-year-old kindergarten for every child in public school.

Given the many circumstances that force mothers with young children to work more -- including divorce, minimal or flat wages, and loss of paternal employment among others -- ensuring quality child care is critical. Yet families in rural areas generally have fewer child care choices than urban families, with center-based care more scarce than in urban areas according to research. Beset with these conditions, it's important that working parents in rural areas have greater access to high-quality child care and early education programs for their

preschoolers. Many believe state and federal policy should focus on ensuring all rural preschoolers' early learning experiences prepare them for future school success.

Current efforts are being made to expand and upgrade existing 4-year-old kindergarten preschool programs in the state to serve all children from economically disadvantaged backgrounds. *The Economic Benefits Of Pre-School In South Carolina*, a study released in March 2008 by the S.C. Commission for Minority Affairs, recommended increasing state funding for 4K to improve the quality of current programs. Also the study asserted 4K needs to be expanded in the state to serve an additional 11,500 children from disadvantaged backgrounds who are not currently being served. The study recommended these changes would increase annual pre-school spending in the state from \$97 million to \$269 million, a hike of \$172 million. The long-term benefits from pre-school investment would be \$326 million annually – in the form of higher government revenues and lower spending – according to the study.

South Carolina Readiness Assessment (SCRA)

Since 2001 public schools in the state have administered the South Carolina Readiness Assessment (SCRA) to assess kindergarteners on three indicators: Personal and Social Development, and Math and English/Language Arts knowledge and skills tied to the state academic standards. The SCRA relies on teacher observation and documentation. The assessments show the percentage of kindergarteners who consistently demonstrate readiness for first grade. Table 3.11 displays percentages of kindergarteners in 2007 assessed as not consistently demonstrating readiness for first grade according to the SCRA.

Table 3.11 Kindergarteners not consistently ready for first grade (SCRA – 2007)

Student type	Kershaw	STATE
White males	23.3%	22.2%
White females	10.7%	13.7%
Minority males	30.7%	35.8%
Minority females	18.3%	25.2%

Source: S.C. Kids Count from S.C. Department of Education totals

The most apparent trend from the SCRA is the relatively high percentage of minority males in the state who have reached school age without the readiness skills needed for success in learning. In Kershaw County the data reveals nearly one in three minority male kindergarteners don't consistently show readiness for first grade, and females are also generally more prepared than males.

Moreover, according to S.C. Kids Count Project Director Dr. Baron Holmes and others, some elementary schools are not ready to respond appropriately to the varying developmental levels of children, especially minorities. As a result, many students don't experience the success needed in the early grades to create the proper motivation and engagement to sustain learning.

The data indicates the state needs to continue the process of expanding and upgrading existing 4-year-old kindergarten preschool programs to serve all children from economically

disadvantaged backgrounds. Additionally, federally funded Head Start programs need to be expanded for younger, low-income children.

In Kershaw County, many child-care providers that work with children 5-and-under are at low levels in the state certification process. The state has four levels of certification standards for child-care providers – Registered, Licensed, ABC and Accredited. As part of its mission, Kershaw County First Steps tries to help and train these providers to potentially move up the certification scale. According to First Steps, a lack of funding is a critical issue facing most lower-quality child-care providers in the county.

Economic development, jobs and civic engagement

Goal: To stimulate growth of the area's economy by recruiting more technology-related business and industry with the result being higher-paying jobs and improved quality of life for residents.

Prioritized issues that can be affected by community actions:

- A. Increase the number of new jobs – both manufacturing and non-manufacturing
- F. Improve individual income measures
- G. Encourage civic engagement that attracts business investors

Employment levels

Table 4.1 County employment changes – 2000 through 2007

County	Manufacturing		Non-manufacturing		Total jobs	
	2000	2007 (change)	2000	2007 (change)	2000	2007 (change)
Kershaw	5,078	3,956 (-22%)	12,974	14,131 (+9%)	18,052	18,087 (+0.2%)
STATE	345,152	249,521 (-28%)	1,478,155	1,641,872 (+11%)	1,823,307	1,891,393 (+3.7%)

Source: Quarterly Census of Employment and Wages, 2000-'07 data

An area's level of employment is a major indicator of its economic viability. Table 4.1 shows average annual job levels since 2000 in Kershaw County and percentage changes relative to state averages, according to the Quarterly Census of Employment and Wages (QCEW) which is considered the most reliable source of employment information. The Kershaw job totals are actual jobs located in the county and exclude residents who commute out of the county for work. QCEW jobs data covers about 98 percent of all non-agricultural and non-military jobs in the U.S. (A significant percentage of Kershaw County residents do commute daily into Columbia for work however, and this topic is addressed later in this section.)

The QCEW data shows a heavy relative loss in manufacturing jobs since 2000 in Kershaw County, which is representative of state trends. A total of 1,122 manufacturing jobs were lost in Kershaw in the timeframe. The majority of the losses have been lower-skilled, lower-wage jobs that have moved offshore in the ever-increasing global economy. Some manufacturing losses are also due to technological advances that necessitate fewer workers. On the bright side however, Kershaw has had a comparable gain of 1,157 non-manufacturing jobs in the county. These non-manufacturing jobs include health care, distribution and retail positions among others. The net effect is 0.2 percent job growth within the county in the seven years, illustrating that Kershaw has been much more able to handle the transitioning of the economy away from lower-skilled, lower-wage manufacturing jobs in comparison to many other non-metropolitan counties in the state. The state's overall job growth of 3.7 percent, or 68,100 jobs, in the seven-year period is weighted heavily by five metropolitan area counties – Charleston, Greenville, Horry, Richland and Lexington. The other 41 counties in the state combined for a net loss of about 5,200 jobs or 0.5 percent in the timeframe.

Several surrounding rural counties near Kershaw have not been able to offset manufacturing losses with substantive gains in other employment sectors and their overall economies have suffered more significantly. These counties include Sumter (-9.2 percent overall job loss), Lee (-6.1 percent), Lancaster (-15.0 percent), and Fairfield (-21.4 percent). Lower-skilled, lower-wage manufacturing job losses are expected to continue throughout the U.S. in the future. Unlike the surrounding rural counties, Kershaw has benefited from a positional economic development advantage on Interstate 20, combined with close proximity to the Columbia metropolitan area.

Job creation by capital investment, 2003-2007

Much of Kershaw's economic development this decade has been in the western end of the county, near northeast Richland County. During the five-year period from 2003 to 2007, Kershaw had 1,579 new jobs announced in the county via capital investment by new or existing industries according to state Department of Commerce totals. Typically an industry has at most a five-year window to bring job announcements on board. The job total represents a large majority of job creation announcements in Kershaw over the timeframe but not all of them because at times a company may expand without involving the Department of Commerce. The capital investments show Kershaw is attractive to industry. These attractions include the county's location on I-20 and proximity to Columbia, which provides quality-of-life advantages over other communities and skilled workforce availability.

Annual unemployment rates

Despite the small job growth in the county, Kershaw's average annual unemployment rate increased from 3.7 percent to 5.6 percent from 2000 to '07. Unlike the previous QCEW

analysis, the unemployment rate measures county residents who have jobs in Kershaw or commute out of the county for work also. Kershaw had 8 percent more residents employed in 2007 versus 2000, increasing 2,100 from 26,000 to 28,200; however, the number of unemployed residents grew by 68 percent, increasing about 700 from 1,000 in year 2000

to 1,700 in 2007. The result is an increasing county unemployment rate. Kershaw's unemployment rate tracks slightly less than the state average through the years as represented in Figure 4.1, indicating unemployment has grown faster in the state than the county.

After five consecutive years of rising county rates in the first half of the decade, Kershaw's unemployment rate declined in 2006 and 2007. The key reason for higher unemployment totals in Kershaw through the years is the loss of lower-skilled, lower-wage manufacturing jobs offshore in the ever-increasing global economy. Some manufacturing job losses are also due to technological advances that necessitate fewer workers.

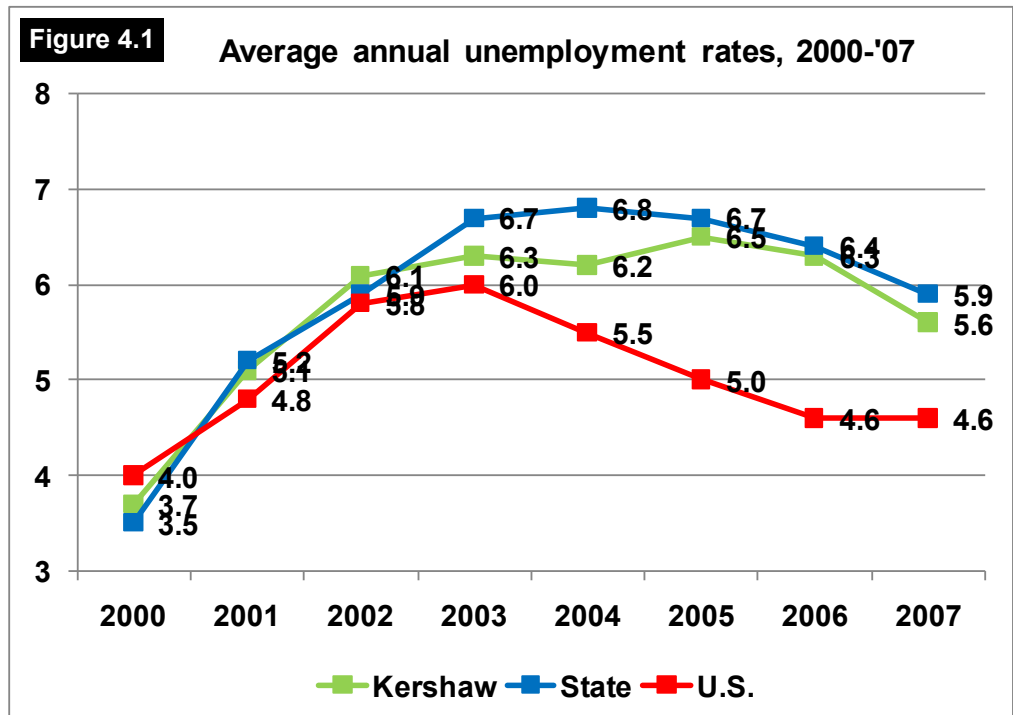
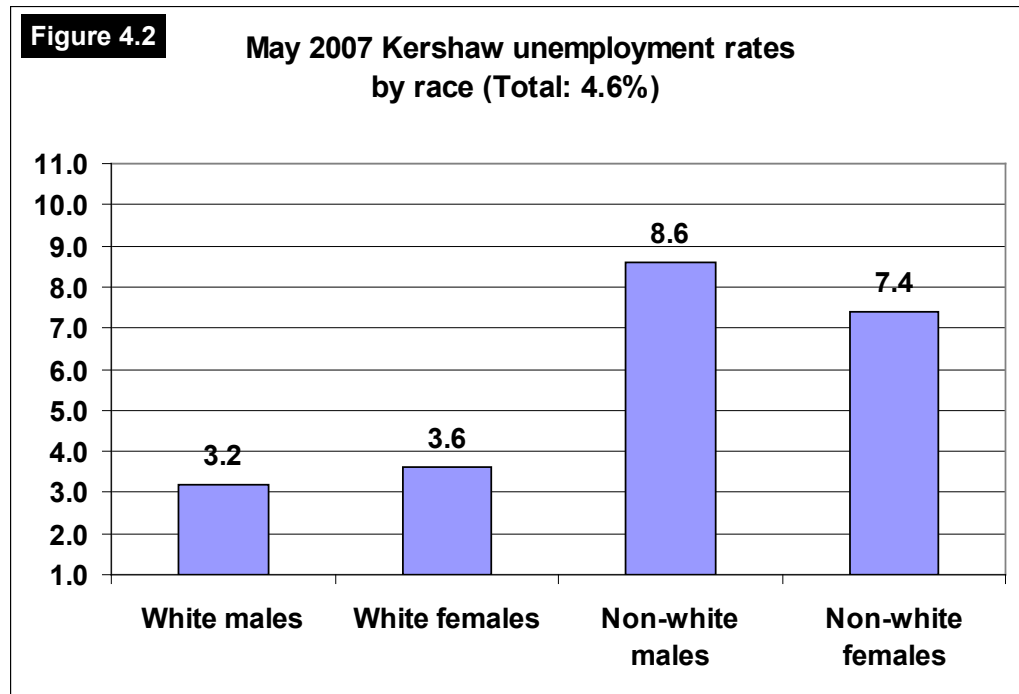


Figure 4.2 goes inside the county's unemployment rate to measure it by race and gender. This measurement – published by the state Employment Security Commission – applies unemployment percentages generated by Census 2000 to county labor force totals. The

Employment Security Commission tracks

unemployment by race and gender for selected months out of the year. May 2007 is provided in the accompanying chart. For that month, Kershaw's overall unemployment rate was 4.6 percent. The unemployment rate among whites was 3.4 percent;

while the rate for non-whites was more than double at 8.0 percent. The state Employment Security Commission emphasizes these percentages are "loose estimates" based on Census 2000 employment trends, but the overall trends are alarming and necessitate intervention among the African-American population to increase educational and skill levels.



Commuting patterns

Given that a significant percentage of Kershaw County residents commute daily into Columbia for work via Interstate 20, an analysis of commuting patterns is necessary to understand the local economy fully. Local Employment Dynamics data from the U.S. Census Bureau for years 2002-'06 shows work commuters from Kershaw to Richland and Lexington counties for full-time employment has grown by almost 1,500 from a combined 7,308 in 2002 to 8,792 in 2006. The totals are shown in Table 4.2. (As a side note, Local Employment Dynamics data doesn't show any relative increase in Richland and Lexington residents commuting into Kershaw for work through the five years. Richland's total of commuters in is basically static from 2002 through '06, and Lexington's total is also unchanging from 2003-'06.)

Given a small net increase in jobs by Kershaw residents within the county (also shown in the table) and a roughly 20 percent increase in work commuters into Richland and Lexington counties, Kershaw is experiencing solid growth through the years. These trends support growing county population estimates through recent years as is discussed in the next subsection.

Table 4.2 Kershaw work commuters to neighboring counties, 2002-'06

County	2002	2003	2004	2005	2006	Change 2002-'06
Richland	6,232	6,587	6,385	6,757	7,471	+1,239
Lexington	1,076	1,125	1,261	1,202	1,321	+245
Sumter	408	390	389	486	594	+186
York	196	223	263	256	296	+100
Lancaster	502	500	473	447	478	-24
Kershaw (residents working in county)	9,556	9,148	9,255	9,316	9,809	+253

Source: U.S. Census Bureau, Local Employment Dynamics, 2002-'06 data

Net job growth, suburban growth result in increased population

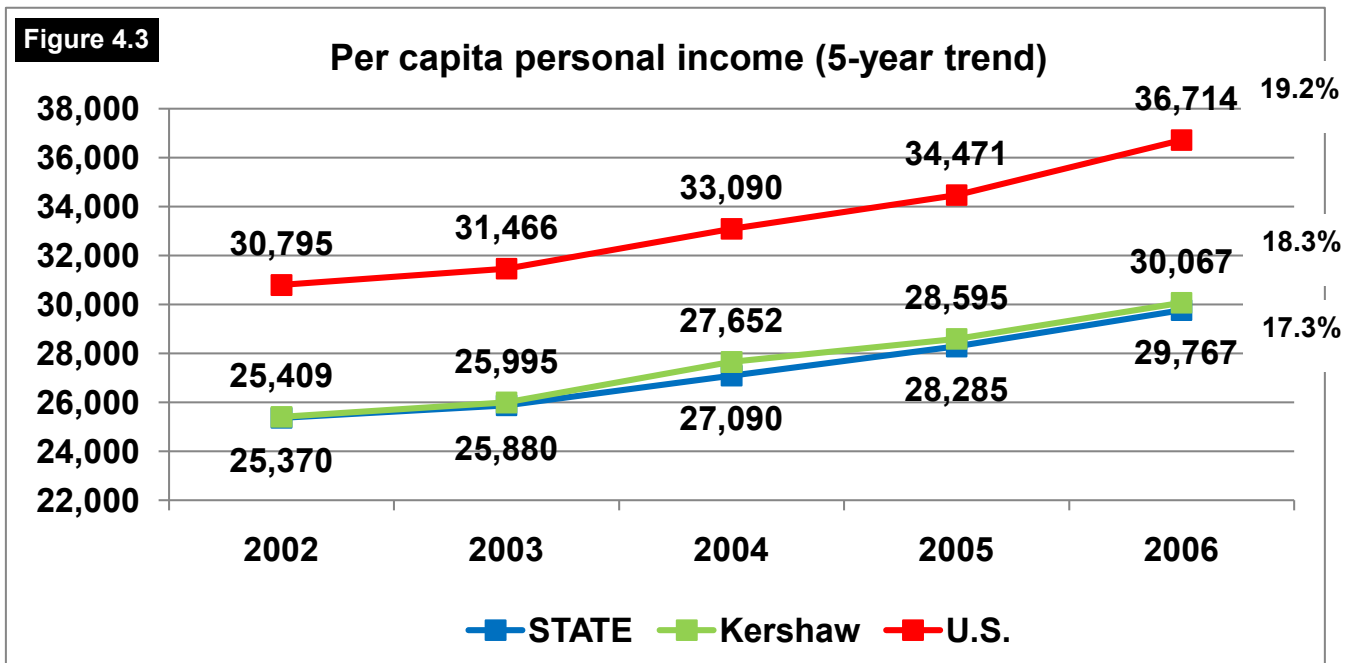
The net growth in jobs in Kershaw and suburban growth in the western end of the county near Columbia have resulted in overall population growth at a rate of about 1.5 percent annually since 2000, according to U.S. Census Bureau estimates for the county. At Census 2000, Kershaw County's population was 52,647. In the seven estimate years since then, the county has grown by 5,521 people, or a combined 10.5 percent, to 58,168 as shown in Table 4.3. The 5,521 population growth from 2000-'07 ranks 15th of the 46 counties in the state. Kershaw's 10.5 percent rate of growth stands 11th in the state in the seven-year period.

Table 4.3 Kershaw County population estimates

County	Census 2000	2001	2002	2003	2004	2005	2006	2007	Change 2000-'07
Kershaw	52,647	53,342	53,470	54,220	54,894	55,832	57,067	58,168	5,521

Source: U.S. Census Bureau, 2000-'07 data

Per Capita Personal Income



Source: Bureau of Economic Analysis, 2002-'06 data

The pay scales for Kershaw County are equivalent with the state average as shown in Figure 4.3. Residents' income levels are helped by many people commuting daily for work into the Columbia metropolitan area, where a greater percentage of skilled jobs are located offering higher wages than many jobs in counties east of Columbia.

Per Capita Personal Income (PCPI) is a valuable statistical measure of both state and local economies. PCPI is defined as the total personal income of an area's residents divided by the area's total population. Personal income is the sum of total wages and salaries, other labor income, personal interest and dividend income, transfer payments, proprietors' income and rental income, less personal contributions for social insurance. In simple terms, per capita personal income is what each Kershaw resident – man, woman and child, even those with no income – would receive if the yearly income generated by the county were divided equally among everyone.

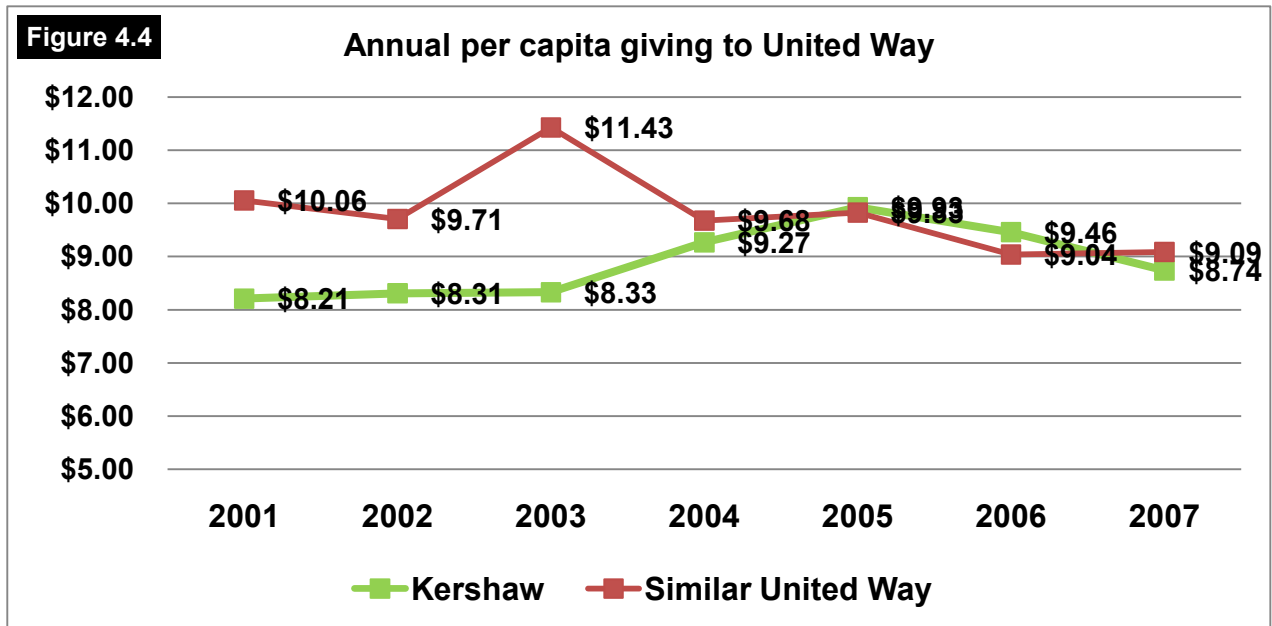
South Carolina's per capita personal income has historically been well behind the national average, given the state's high concentration of rural counties without diversified economies that weigh down income averages. In 2006, South Carolina ranked 45th of the 50 states and eighth of the 12 states in the Southeast.

Kershaw's per capita income growth in recent years tracks about with the state average. The county's income increase of 18.3 percent from 2002-'06 is on par with South Carolina (17.3 percent) and the U.S. average (19.2 percent).

Charitable giving

An indicator of citizens' involvement with local civic organizations is per capita annual giving to the United Way. The United Way is designated as a single donation point to raise funds for local charitable organizations.

Per capita giving totals to the United Way of Kershaw County through this decade have increased and become more competitive with similar-size United Way agencies in the state. Per capita giving is measured by total giving to a United Way divided by the area's total population. Figure 4.4 compares giving to the Kershaw agency to average giving of the six other United Ways in the state that serve a population range of 40,000 to 80,000. The six other United Ways are Bamberg-Colleton-Hampton, Clinton, Georgetown, Greenwood, Lancaster and Oconee. As average giving totals to the similar agencies have decreased slightly since 2001, Kershaw's per capita giving has increased to about the \$9.00 range per resident in recent years. When analyzing the state's 30 United Way agencies, Kershaw's per capita giving appears to be slightly better than the median through the years. Many of the agencies with lower giving levels than Kershaw are based in more rural areas of the state.



Source: United Way Association of South Carolina, 2002-'07 data

U.S. and state averages for per capita giving to the United Way are higher, generally because of strong corporate support in large, metropolitan areas such as Greenville and Columbia. Since 2000, state annual per capita giving totals are competitive with the U.S. average – a significant accomplishment given per capita income levels in South Carolina are roughly 80 percent of the U.S. average.

Other data sources show South Carolina to have giving levels that are competitive with the U.S. average. The National Center for Charitable Statistics at the Urban Institute summarizes charitable giving by state to non-profit organizations -- including churches -- from individual IRS tax returns. In 2005 South Carolina ranked 20th of the 50 states by making an average charitable contribution of \$1,352 per tax return. The U.S. average was \$1,354. The statistic for each state was measured by weighing total itemized contributions against total tax returns. Urban Institute research suggests about 70 percent of all giving is from itemized contributions; so the statistics aren't exactly precise but they do provide a realistic estimate of states' charitable giving. In other contribution variables produced by the agency, South Carolina ranked in the top 25 percent of all 50 states.

Enhancing community health and recovery opportunities

Goal: To provide a broad range of medical care and preventative medicine education that offers the area's residents the opportunity to maximize individual, family and community wellness.

Prioritized issues that can be affected by community actions:

- A. Improve service to residents with mental health disorders
- B. Reduce the incidence and circumstances contributing to low birth-weight babies
- C. Reduce HIV and STD case rates in the African-American community through more education on the dangers of unprotected sex and increased testing
- D. Focus community education, health awareness and preventative medicine programs to improve overall community wellness
- E. Enhance access to health care services for the rural poor

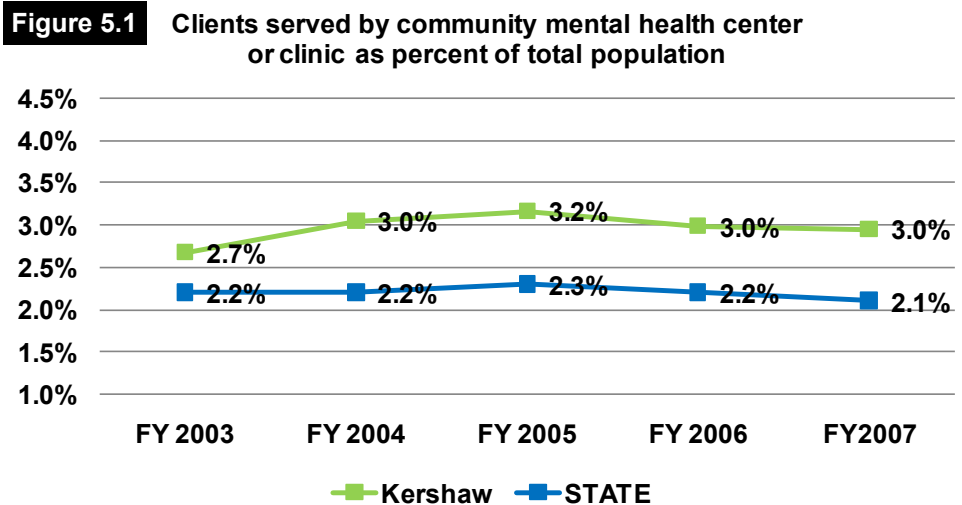
Mental Health Disorders

The 17 regional community mental health centers in South Carolina have the major role in treating mental illness in the state. Each regional center has subsidiary clinics to serve clients in its region.

The Santee-Wateree Community Mental Health Center is responsible for treating residents of Kershaw County for severe and persistent mental health disorders, which include mental retardation, bipolar disorder, schizophrenia and attention deficit disorder among many others, through a full-service satellite clinic in Camden. The clinic has a staff of mental health specialists and psychologists that serves patients.

According to state Department of Mental Health data, the total number of Kershaw clients served by the Camden clinic has increased as a percentage of total population since fiscal 2003.

In fiscal 2003, total clients served in Kershaw County were 2.7 percent of the county's total population (1,449 clients served of a population of 54,220) as shown in Figure 5.1. In more recent years, total Kershaw clients rose and were about 3.0 percent of total population (1,718 clients of 58,168 residents in '07). This percentage is called a "penetration rate" and would include some duplication in clients as well.) The state average penetration rate was in the 2.1 to 2.3 percent range of total population during the five-year period.



Source: S.C. Department of Mental Health, FY 2003-'07 data

Santee-Wateree Community Mental Health Center Executive Director Richard Guess believes the increase in the county's penetration rate in recent years is likely the result of the opening of a new, larger clinic in Camden and additional staff and not necessarily more severe and persistent mentally ill patients in Kershaw. Guess estimates a penetration rate in the 5.0 to 7.0 percent range might be more reflective of a county's needs, given suggested mentally ill incidence rates of about 10 percent currently in the U.S. according to many studies.

A review of Kershaw clients served in the state's four psychiatric hospitals and three nursing homes in the five-year period shows a large decrease in fiscal 2007 but Guess attributes that to less bed availability.

According to Guess, the biggest issues facing the satellite clinic in Camden are a lack of staffing and supportive housing. Physician and nurse recruitment is difficult in Camden because there are generally numerous openings for trained professionals in Columbia.

In regards to supportive housing, Guess said the number of affordable housing units for the mentally ill in Kershaw is significantly below current demand.

Expectant mothers' prenatal care visits

Numerous studies show that early and regular prenatal care is often important to the health of both the mother and the child. According to the Centers for Disease Control (CDC), inadequate prenatal care has been associated with increased risks of low birth-weight births, premature births, neonatal mortality, infant mortality and maternal mortality. Prenatal care is important because it allows a physician to identify and treat problems as soon as they arise.

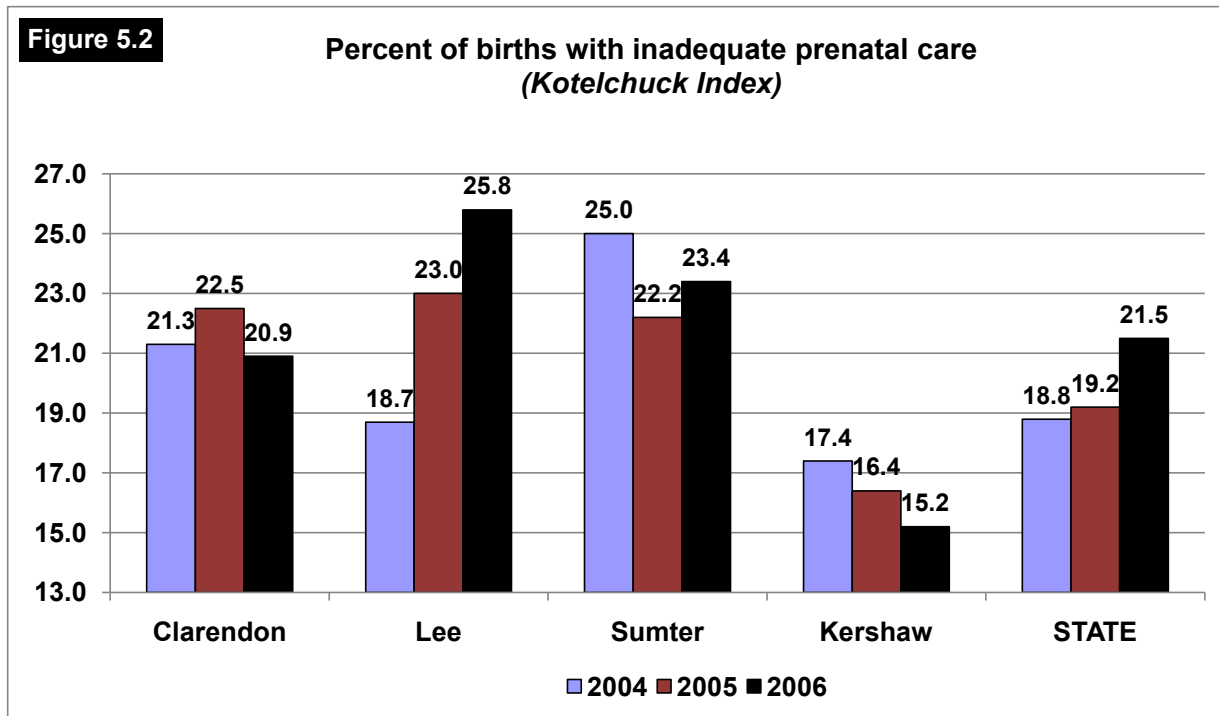
The Kotelchuck Index is the standard indicator of the adequacy of prenatal care used by states. The index determines the adequacy of prenatal care with a summary score based upon the month of entry and the number of prenatal visits after care began until delivery. The profiles define adequate prenatal care as a score of 80 percent or greater on the index.

Kotelchuck Index measurement definitions

- **Inadequate (Prenatal care began after 4th month or less than 50% of recommended prenatal visits were received.)**
- **Intermediate** (Prenatal care began by 4th month and 50% to 79% of recommended prenatal visits were received.)
- **Adequate** (Prenatal care began by 4th month and 80% to 109% of recommended prenatal visits were received.)
- **Adequate Plus** (Prenatal care began by 4th month and 110% or more of recommended prenatal visits were received.)

For our analysis we measure the percentage of births with inadequate prenatal care in Kershaw County and the state because these pregnancies are most at-risk for complications. A revised birth certificate in the state has been used since 2004 offering new prenatal care data; so only 2004-'06 are measured. Figure 5.2 reveals in all three years the percentage of county births with inadequate prenatal care is below the state average – with the percentage variance increasing. In 15.2 percent of county births in 2006 the mother received inadequate prenatal care; the state norm was 21.5 percent. Trending negatively in this category during the three years is a positive sign for the county. A review of previous county birth certificate data from 2000-'03 showed the county also generally below the state average in inadequate prenatal care births.

Figure 5.2 additionally shows the other three counties in the region generally track above the state average in inadequate prenatal care births for years 2004-'06. Data from 2000-'03 revealed similar trends above the state average for these counties.



Source: Division of Biostatistics, SC DHEC, 2004-'06 data

Percentage breakdowns for Kershaw show in 24.3 percent of all African-American births in 2004-'06, the mother had inadequate prenatal care. The level of inadequate care for white births was 13.0 percent. Roughly similar trends held true in Clarendon, Lee and Sumter counties – 27.0 percent of all African-American births had inadequate prenatal care and 18.3 percent of white births. According to the CDC this trend is due to socioeconomic factors, such as income, educational level and access to health care and insurance. Given that basically one in four African-American mothers in Kershaw receive inadequate prenatal care and the associated risk outcomes from these pregnancies, more intervention is needed with these expectant mothers.

Low birth-weight babies

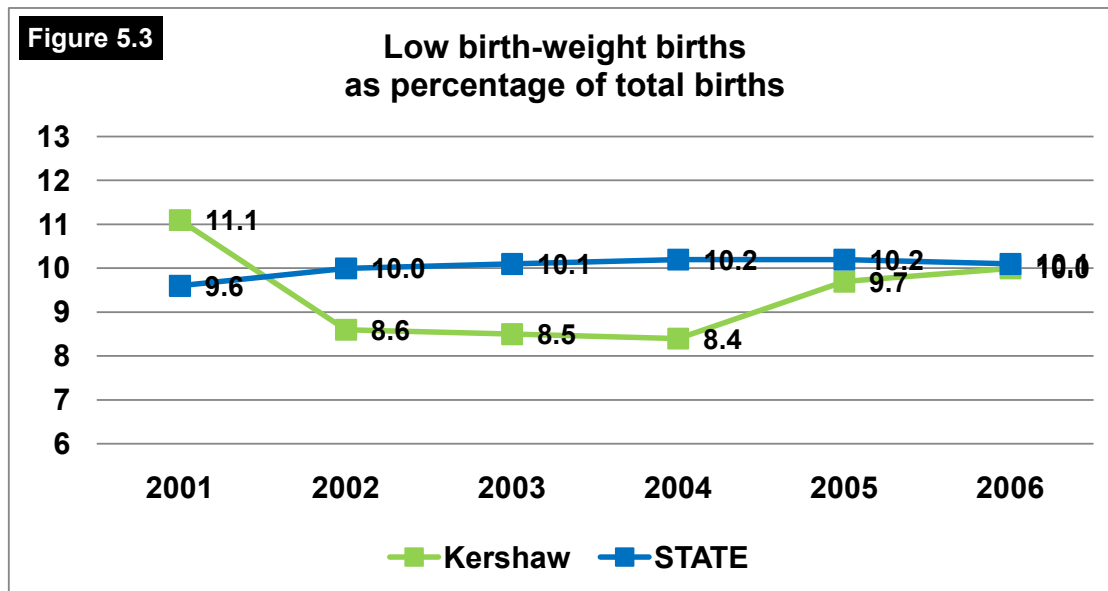
As stated, inadequate prenatal care can result in medical problems for both mother and child.

In Kershaw County the percentage of low birth-weight births was below the state average every year this decade, with the exception of 2001 as shown in Figure 5.3. The county rate did climb in 2005 and '06 after hovering around 8.5 percent in 2002-'04, according to biostatistics data from the state Department of Health and Environmental Control. Higher income and lower poverty levels in Kershaw contribute to more adequate prenatal care and fewer low birth-weight babies in the county. As might be expected, Clarendon and Lee counties' percentages of low birth-weight babies are well above the state norm. **State Kids Count data shows low birth-weight babies face a much greater risk of lack of school readiness, poor academic achievement and special education placement in the elementary grades.**

The U.S. average percentage for low birth-weight births was 8.3 percent in 2006, up from 8.2 percent in 2005. In 2000, the U.S. average was 7.3 percent.

Research shows about 61 percent of all low birth-weight babies in Kershaw from 2000-'06 were white and 38 percent were African American. (Total births during the timeframe were weighted 71.3 percent white and 27.6 percent African American.)

The largest maternal age cohort for low birth-weight babies during the timeframe was 20 to 24 year olds, followed by 25 to 29 year olds. The myriad of medical problems associated with low birth-weight babies dictates the need for communities to take every precaution necessary to limit the number of these births.



Source: Division of Biostatistics, SC DHEC, 2001-'06 data

HIV/AIDS cases

According to the state Department of Health and Environmental Control, South Carolina generally ranks in the top 10 states in the U.S. for annual AIDS case rates per 10,000 in population. Kershaw County traditionally ranks in the middle range among our state's counties. Cumulatively from 1982 – when county reporting began – through 2007 Kershaw stood 22nd among the 46 counties in AIDS case rates with 28.7 diagnosed cases per 10,000 residents. The state average through 2007 was 40.3 cases per 10,000 in population. Richland led all counties with 75.9 diagnosed cases per 10,000 people. This statistic suffers from some bias because cumulative AIDS cases are measured since 1982 but cumulative population can't be measured – only "current" population. So AIDS' deaths are included in the rate's numerator but other deaths aren't included in the population denominator. From 1982-2007, there were 73 AIDS' deaths in Kershaw.

In discussion with DHEC, the most effective measurement for AIDS at the county level in South Carolina is to measure "HIV positive" (HIV+) diagnosed cases who are still living per 10,000 in the current population. **This statistic is called the "HIV prevalence rate," and it tells how many positively tested HIV people are currently living in a county per 10,000 in population.** According to the Centers for Disease Control and Prevention, the HIV infection will eventually break down a person's immune system and cause AIDS. The onset of AIDS is the last stage of HIV infection and during this time a person's immune system is so

weakened that it's no longer able to fight off illness and results in death. The HIV case total for a county includes AIDS cases since people with AIDS are HIV+. However, some HIV+ people don't have AIDS yet.

Similar to AIDS case rates, Kershaw ranked 25th in the state for HIV prevalence rates through 2006 as shown in Table 5.1. The other counties in the Santee-Lynches Region are also shown. Looking at the last column, for example, there were 159 positively tested HIV residents in Kershaw County at the end of 2006. This translates to an HIV prevalence rate of 28.2 residents per 10,000 in county population, ranking 25th of the state's 46 counties. Again, Richland ranked first of all counties with an HIV prevalence rate of 84.8 people per 10,000 county residents. The state average was 32.9 people per 10,000 in population.

Table 5.1 HIV prevalence rates in counties

Top HIV+ prevalence rate counties per 10,000 in population		People living in county who've tested HIV+
1. Richland	84.8	2,882
2. Bamberg	69.3	110
3. McCormick	66.3	67
4. Orangeburg	56.1	517
5. Sumter	55.7	588
13. Lee	46.0	95
15. Clarendon	44.4	148
25. Kershaw	28.2	159
STATE AVERAGE	32.9	

Experts say totals here might represent only 75% of total HIV+ cases.

Source: S.C. DHEC, Cumulative data through 2006

In research of HIV prevalence rates it's generally understood that there are many people who are HIV+ who haven't been tested and don't know they are carrying the virus. According to the CDC, approximately one in four Americans that are HIV+ don't know they have the virus. What this means is each county's total of people living with HIV and prevalence rates might represent only 75 percent of the true total of HIV+ residents. For Kershaw County this would translate to about 200 people living with HIV if the CDC estimates are true. The CDC is currently researching to determine the best possible true incidence estimates. The difference between the official prevalence rates and CDC estimates emphasize the importance for sexually active people to get tested for HIV.

A breakdown by demographic of people living in Kershaw through 2006 who have tested HIV+ is presented in Table 5.2 along with percentages. The most striking total from the list is almost 1 percent of the African-American male population (0.92%) in Kershaw has tested HIV+. African-American females follow closely behind at 0.78 percent. The state average prevalence rate among African-American males through 2006 was 1.06 percent, the largest among any demographic. The state average prevalence rate among African-American females was 0.52 percent, second of all demographics.

Using the CDC estimates, the true percentage of HIV+ African-American males in the county might be about 1.2 percent and HIV+ African-American females about 1.0 percent. The percentages showcase the importance of people getting tested.

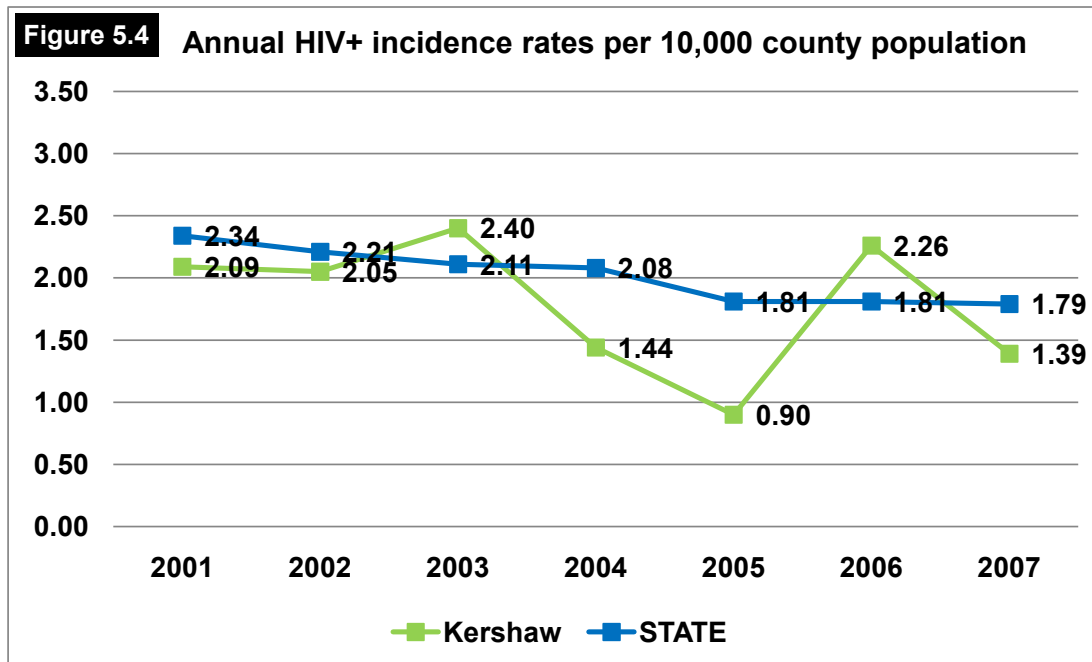
Table 5.2 Demographics of HIV+ diagnosed people in Kershaw

Demographic	HIV+ people living	HIV+ people as percent of demographic
White males	24	0.12
White females	5	0.02
Afri. Amer. males	65	0.92
Afri. Amer. females	63	0.78
Other	2	0.20

Source: S.C. DHEC, Cumulative data through 2006

The county-level data through 2006 from DHEC reveals about 81 percent of HIV+ and AIDS cases in Kershaw who were still living were African Americans, split evenly between males and females. Roughly 60 percent of African-American cases in the county involved unprotected heterosexual sex with an HIV+ person. Another 20 percent were injection drug use and about 13 percent were unprotected sex between males with one having HIV. (Realistic percentages for injection drug use might be somewhat higher because many HIV+ people in this category don't provide information on how they acquired the virus due to potential litigation.)

Annual HIV incidence rates reveal yearly new HIV cases per 10,000 in population, allowing effective comparisons among counties of different sizes. Figure 5.4 shows annual HIV incidence rates per 10,000 residents for Kershaw and the state since 2001. For example, in 2001, 2.09 Kershaw residents per 10,000 in population were reported as new HIV+ cases. This computes to 11 new HIV cases during the year for the county as shown in Table 5.3. County incidence rates generally trend near the state average or below in most years. This coincides with prevalence rate data that shows slightly fewer Kershaw residents per capita are HIV+ in comparison to the state.

Figure 5.4 Annual HIV+ incidence rates per 10,000 county population

Source: S.C. DHEC, 2001-'07 data

The yearly total of new HIV cases in the county is provided in Table 5.3. The lower case totals in 2004, '05 and '07 correlate with the lower incidence rates in Figure 5.4.

Table 5.3 Annual newly reported HIV+ cases in county

County	2001	2002	2003	2004	2005	2006	2007
Kershaw	11	11	13	8	5	13	8

Overall, most HIV cases historically in the state (37 percent) are originally diagnosed when the person is 30-39 years old. But another 30 percent are first diagnosed in the 20-29 age category. Although treatments for AIDS and HIV can slow the course of the disease, there is currently no vaccine or cure. However, these treatments are often very expensive. The survival times for African Americans with the illness are much shorter than whites due to lower income status and poor access to health care, according to many studies.

Due to the difficulty in treating HIV, preventing infection is a key aim in controlling the AIDS epidemic. Keys to prevention involve knowing your partner's HIV status before having sex – which also emphasizes the importance of getting tested – not having unprotected sex, and not sharing drug needles or syringes.

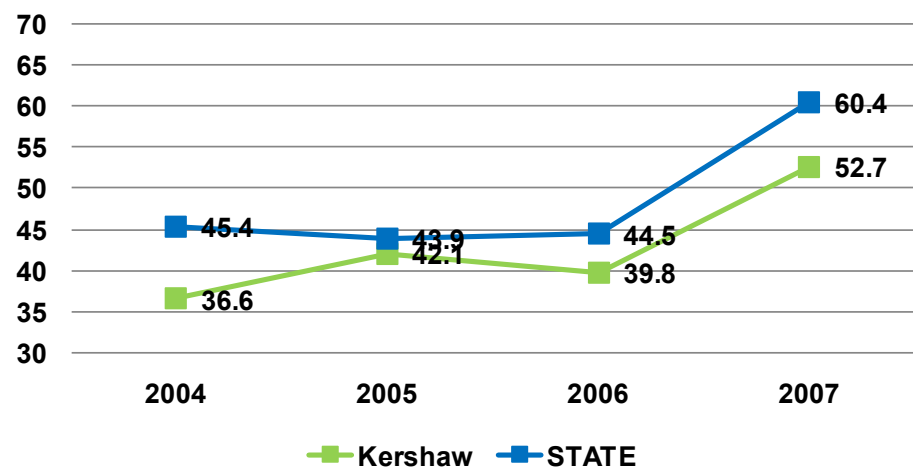
Sexually Transmitted Disease (STD) cases

Chlamydia

According to the Centers for Disease Control and Prevention, chlamydia is the most frequently reported bacterial sexually transmitted disease in the U.S. Under-reporting is substantial because most people with chlamydia aren't aware of their infections and don't seek testing. Also, testing isn't often done if patients are treated for their symptoms. Women are frequently re-infected if their sex partners are not treated. In the four years from 2004-'07, Kershaw averaged a ranking of 26th of the 46 counties in the state for chlamydia according to state DHEC data. Figure 5.5 details diagnosed chlamydia cases annually in Kershaw per 10,000 in population in comparison to the state average. From 2004-'06 Kershaw averaged a case total in the high-30s; whereas, the state norm per 10,000 people was in the mid-40s.

Advanced testing for chlamydia was introduced in the state in 2004; so our analysis begins in that year. In 2007, newer tests for even better detection of the STD were unveiled. The relative spike in the line graphs for 2007 are largely due to newer tests that year. In '07, Kershaw had 52.7 cases per 10,000 population; while the state average was 60.4 cases. The

Figure 5.5 Annual chlamydia diagnosed case rates per 10,000 county population



Source: S.C. DHEC, 2004-'07 data

other three counties in the Santee-Lynches Region generally all ranked in the top 10 for the STD each year.

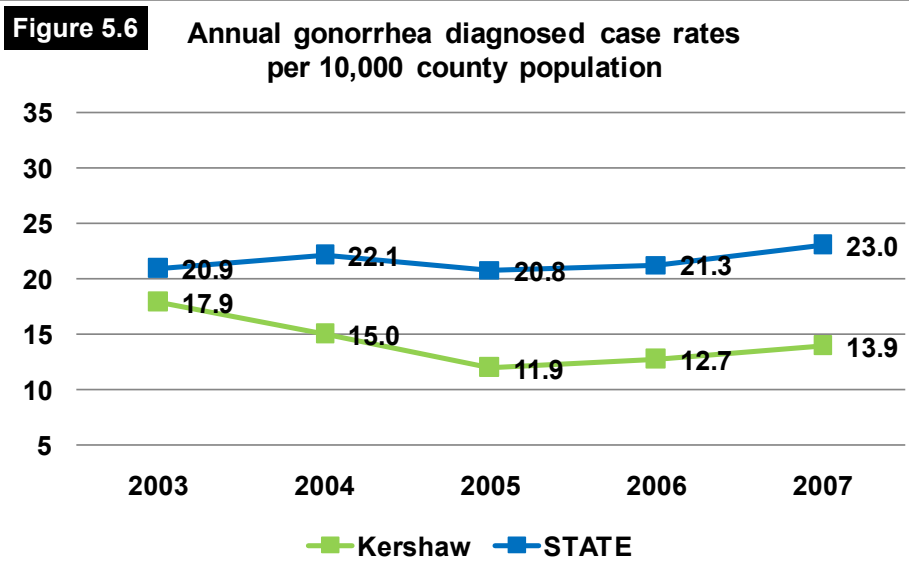
Any sexually active person can be infected with chlamydia, according to the CDC. The greater the number of sex partners, the greater the risk of infection. Because the cervix (opening to the uterus) of teenage girls and young women isn't fully matured and is probably more susceptible to infection, they are at particularly high risk for infection if sexually active. **State statistics confirm this with about 86 percent of all cases since 2004 involving females with two of every three cases in South Carolina involving African-American women.** Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth.

The best way to avoid transmission of STDs is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia.

Gonorrhea

According to the CDC, gonorrhea is a bacterial sexually transmitted disease. Like chlamydia, there is significant under-reporting. Any sexually active person can be infected with gonorrhea. In the U.S., the highest reported rates of infection are among sexually active teenagers, young adults and African Americans. **State statistics confirm this with about 85 percent of annual cases involving African Americans, generally spread evenly between males and females.**

Similar to chlamydia, Kershaw's average annual rate per 10,000 population for gonorrhea is below the state average as Figure 5.6 details. DHEC data shows during the five years from 2003-'07, Kershaw averaged a ranking of 34th of the 46 South Carolina counties in gonorrhea-diagnosed cases per 10,000 residents. In the five years, Kershaw averaged about 14.3 cases per 10,000 population; the state average was 21.6. In regards to the other counties in the region, Lee averaged a ranking of seventh of the 46 counties during the five-year period; Clarendon and Sumter both averaged a ranking of about 16th of the 46 counties.



Source: S.C. DHEC, 2003-'07 data

Like chlamydia, gonorrhea can also be spread from mother to baby during delivery. According to DHEC, more advanced testing for gonorrhea was introduced in the state in 2007

that slightly increased the incidence of the STD but not as much as the spike in chlamydia cases.

The surest way to avoid transmission of STDs according to the CDC is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea.

Medical care and insurance levels

Similar to much of the Southeast, South Carolina has a significant rural element. The state overall has transformed with a much higher percentage of the population living in urban areas in 2000 compared to 1960. In 1960, 58.8 percent of the state's population lived in rural areas; in 2000 the total was 39.5 percent. Kershaw County has followed a similar trend, decreasing from 79.6 percent of the population in rural areas to 62.8 percent during the 40-year period as shown in Table 5.4.

Table 5.4 Rural population in county

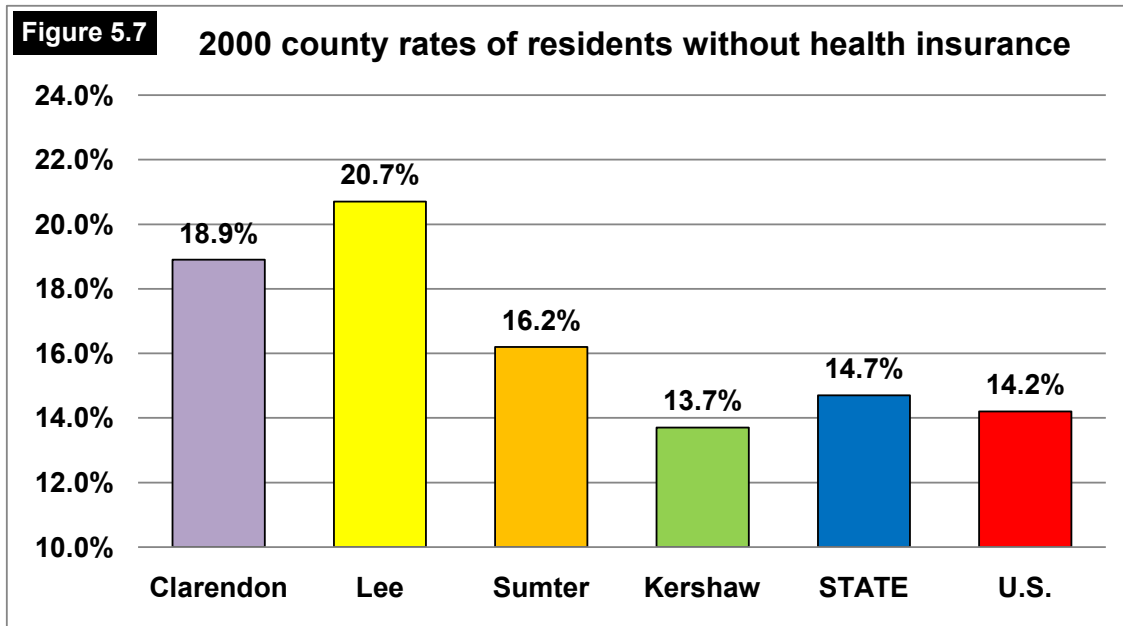
County	1960		2000	
	Population	Percent rural	Population	Percent rural
Kershaw	33,585	79.6%	52,647	62.8%
STATE	2,382,594	58.8%	4,012,012	39.5%

Source: U.S. Census Bureau, 1960 and 2000 data

Kershaw County is served by one hospital in Kershaw County Medical Center. Richland, Lexington and Florence counties have some of the finest hospitals in the state and are accessible by helicopter and Interstate 20.

A significant percentage of the county's residents living in the rural areas likely don't practice preventative medicine due to lack of awareness, transportation and/or financial resources.

County-level data regarding health insurance coverage isn't routinely collected. The best available data is year 2000 estimates from the U.S. Census Bureau. The data shows an estimated 13.7 percent of all Kershaw residents were without health insurance coverage, or uninsured, in 2000 as shown in Figure 5.7. The state average in 2000 was 14.7 percent, and the U.S. average was 14.2 percent. The other three counties in the region are also shown. One would assume with gradually increasing poverty and unemployment rates since 2000, the percentage of uninsured residents has gradually risen in the counties as well.



Source: U.S. Census Bureau Small Area Health Insurance Estimates, 2000

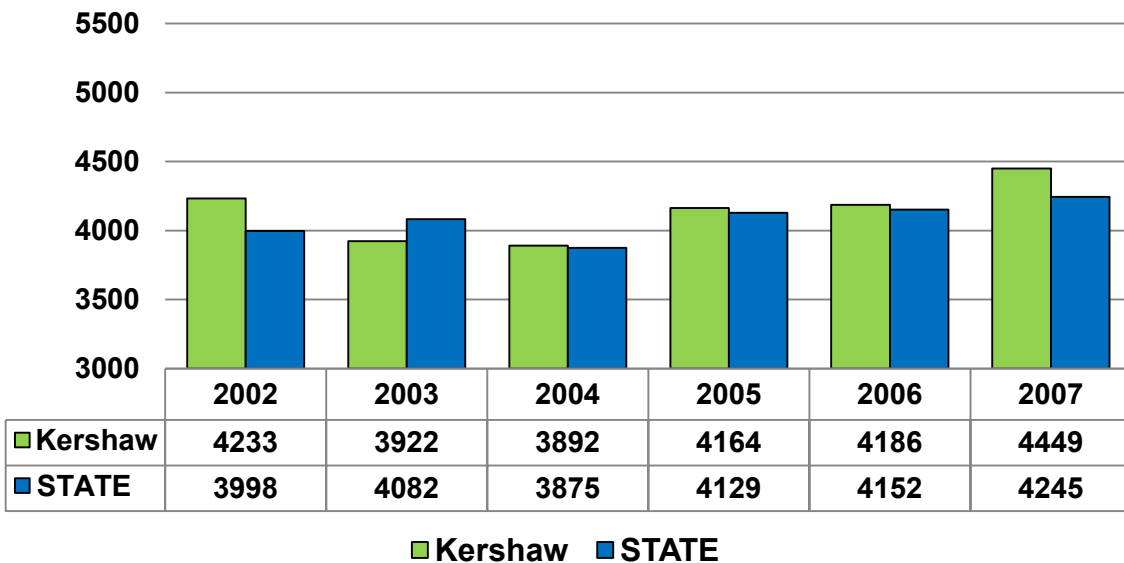
A 2003 household insurance survey conducted by the South Carolina Department of Insurance is also considered a fairly accurate study of the medically uninsured in the state. The study was based on 2002 data. Survey findings showed the following:

- 19.4% of state residents were “uninsured,” meaning they were without health insurance coverage for all or some part of the previous 12 months. (The U.S. average for 2002 was 15.2% according to the U.S. Census Bureau.)
- 8.3% of the state’s residents were “chronically uninsured,” meaning they were without health insurance for the previous 12 months.
- **In the Midlands region – which included Kershaw among 16 counties – 18.2% of the population was uninsured for all or some part of the previous 12 months. Additionally for the Midlands region, 16.4% of children under 18 years old were uninsured.**

Emergency Room discharges and inpatient discharges from ER visits

Tracking Emergency Room discharges and inpatient discharges resulting from ER visits is another way to measure the level of inadequate health insurance by county residents. The uninsured and underinsured, which often live in rural areas, often seek Emergency Room treatment for conditions, such as asthma, diabetes and hypertension, which should be treated on an outpatient basis with preventative care. In Figure 5.8, Emergency Room discharges and inpatient discharges resulting from ER visits per 10,000 residents show Kershaw residents generally have a slighter higher rate of this type hospitalization than the state average. Six years of data are measured and Kershaw’s rate of Emergency Room visits and inpatient discharges from ER visits were well above the state norm in 2002 and ’07 and about the state average in the other years. Kershaw’s six-year average rate was 4,141 discharges per 10,000 residents compared to the state’s 4,080, suggesting the county’s percentage of uninsured and underinsured residents is about equal to or slightly above the state norm.

Figure 5.8 Rate of ER discharges and inpatient discharges resulting from ER visits per 10,000 residents

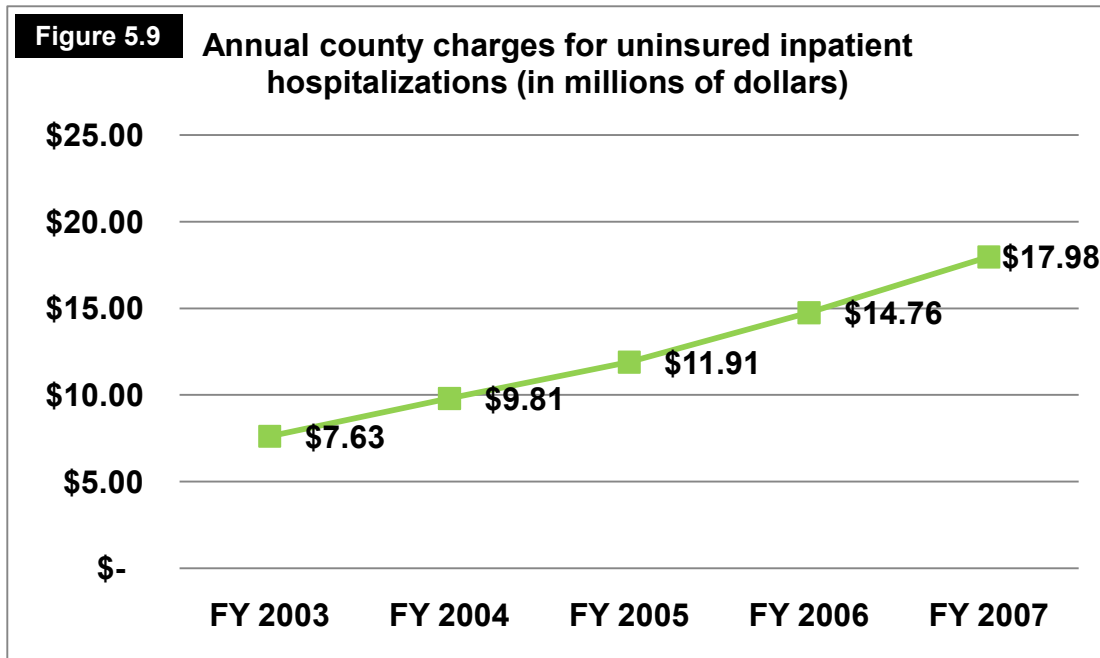


Source: Office of Research & Statistics, S.C. State Budget & Control Board, 2002-'07 data

Very rural counties in the state with high relative percentages of African-American residents – such as Clarendon and Lee – generally have ER discharge rates well above the state average, reflecting the racial disparities in health care coverage.

Health care charges for uninsured residents rise greatly

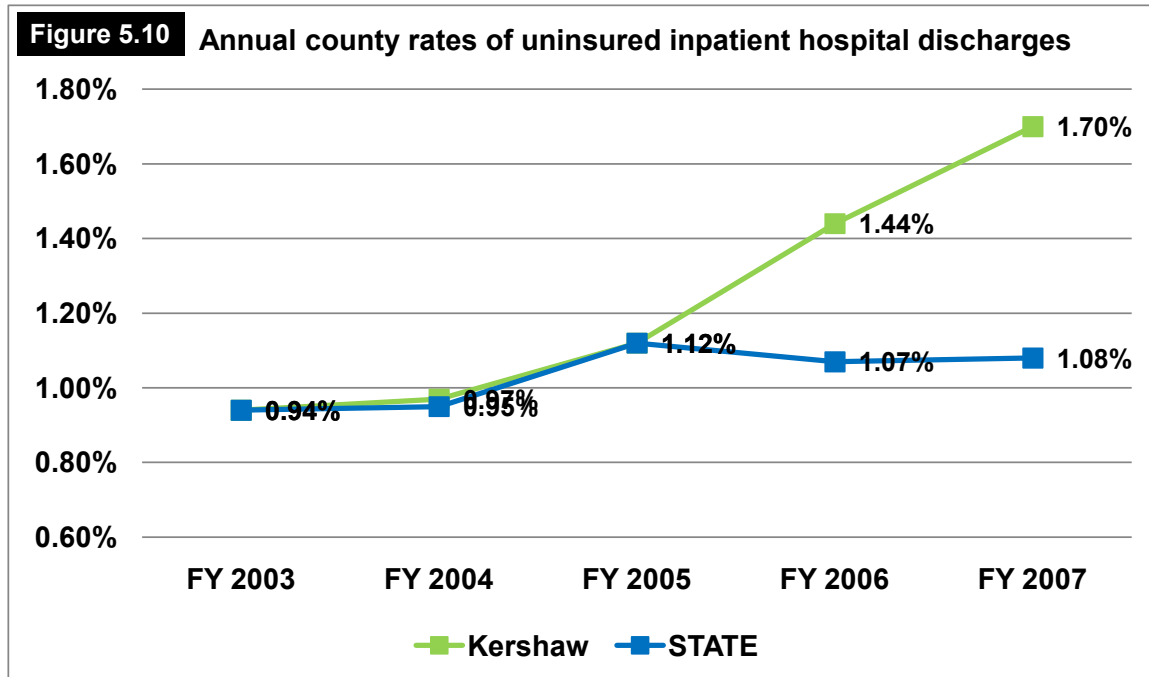
In recent years health care costs for the state's "uninsured" -- as measured by self payers for services and indigent care (those who are too poor to pay anything) -- have risen extensively. **A very small percentage of uninsured health care charges are ever paid.** State annual charges for the uninsured for inpatient hospitalizations rose by 83 percent, or \$524.3 million, from fiscal 2003 to 2007 according to data from the state Office of Research & Statistics. **Kershaw has seen an even greater percentage increase in total uninsured inpatient charges among residents, rising 136 percent from \$7.63 million to \$17.98 million over the five-year period as shown in Figure 5.9.** One note is these uninsured health care costs don't include any Emergency Room outpatient charges, which are unable to be captured in current data collection. If uninsured ER charges were included, overall uninsured charges would be even higher.



Source: Office of Research & Statistics, S.C. Budget & Control Board, 2003-'07 data.
Totals don't include ER outpatient charges.

The higher annual charges for the uninsured through the years in Kershaw were not limited to increased health care costs. **A review of data shows the number of uninsured inpatient service discharges among county residents nearly doubled in the five years from 509 in fiscal 2003 to 987 in '07.** The 94 percent increase in uninsured discharges is well above the county's cumulative estimated population growth rate in the same timeframe of 7.3 percent. For a broader perspective, the state's cumulative estimated population growth rate in the five years was 6.3 percent and uninsured discharges increased by 22 percent.

Figure 5.10 "controls" county uninsured discharge totals for population to determine annual county rates of uninsured inpatient hospital discharges. The graph shows a large rate increase in uninsured discharges in Kershaw in recent years, reflecting a growing percentage of the county population being uninsured. In fiscal 2003, 0.94 percent of the county population had an uninsured inpatient hospital discharge – or 1 uninsured discharge per 106 county residents. In fiscal 2007, 1.70 percent of the county population had an uninsured discharge – or 1 discharge per 59 people. The state average rate has also increased through the years, though at a much smaller percentage from 0.94 percent to 1.08 percent. Again, these totals don't include uninsured Emergency Room outpatient discharges that aren't currently captured in the data.



Source: Office of Research & Statistics, S.C. State Budget & Control Board, 2003-'07 data. Totals don't include ER outpatient discharges.

To service the increasing needs of the uninsured in the county Kershaw has one free clinic, the Community Medical Clinic of Kershaw County. The non-profit, family practice clinic has been in operation since 1998 to serve low-income county residents without health insurance who qualify based on household income. A team of more than 100 volunteers from the medical profession and the community work at the clinic and provide free health care and prescription drugs to patients. During the last decade, patient and visit totals have risen as the number of uninsured county residents has increased and also as the clinic has loosened poverty eligibility guidelines.

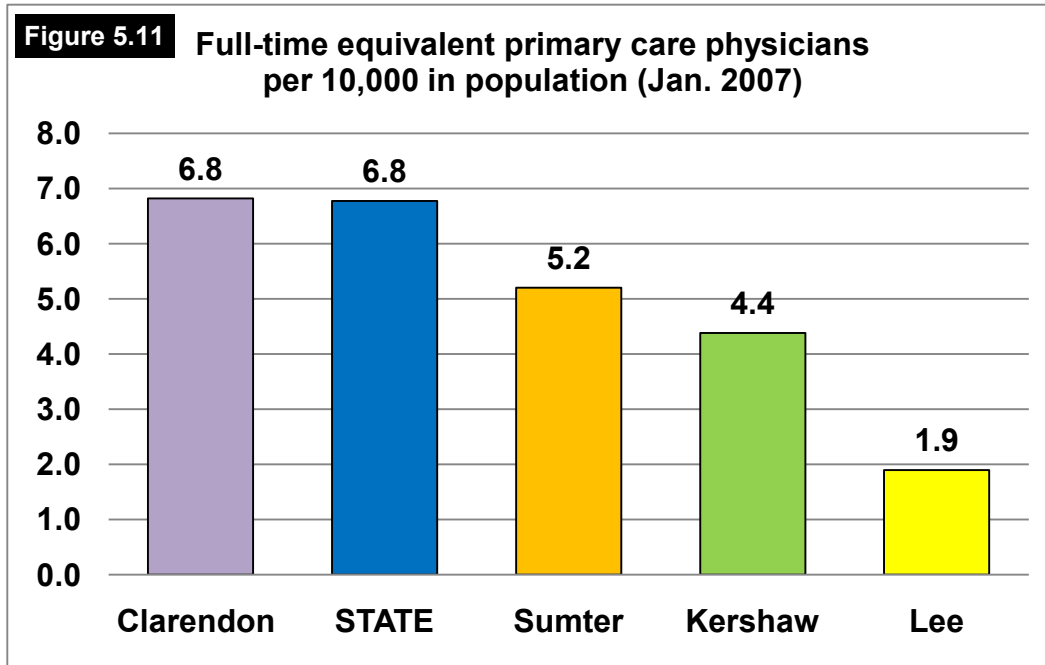
Primary care physicians lacking in county

The number of primary care physicians per capita in Kershaw is well below the state average, according to medical license data collection by the state Office of Research and Statistics. Primary care physicians include family practice, general practice, internal medicine, pediatrics and obstetrics. According to 2007 data shown in Figure 5.11, the state average was 6.8 full-time equivalent, non-military, primary care physicians per 10,000 in population. Kershaw had 4.4 full-time equivalent primary care physicians per 10,000 county residents. The other three counties in the region are also shown. Despite its very rural status, Clarendon ranked best among the four counties for physicians per capita: the county was on par with the state average with 6.8 full-time equivalent primary care physicians per 10,000 county residents.

Statistics from 2005 and '06 showed similar trends for Kershaw and the other counties. A full-time equivalent physician is when a physician(s) logs at least 36 hours of work per week in a county.

Kershaw's low relative physician count is similar to Dorchester County, another suburban county in the state. According to 2007 data, Dorchester had 4.0 full-time equivalent primary care physicians per 10,000 in population. In 2005, Dorchester had 4.2 physicians per 10,000

residents. However, the suburban county of Anderson had 7.0 full-time equivalent primary care physicians per 10,000 in population in 2007, a total similar to the state average of 6.8. It's imperative as Kershaw continues to grow in population for the county to add physicians.



Source: S.C. Office of Research & Statistics, Jan. 2007 report