



UNIVERSITY OF  
**SOUTH CAROLINA**

# 2016-2017 KERSHAW COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

University of South Carolina  
Core for Applied Research and Evaluation  
220 Stoneridge Drive, Ste. 103  
Columbia, SC 29210  
Holly Hayes, MSPH, PMP  
hayeshg@mailbox.sc.edu  
Phone: 803.920.1736

**Funded by the Health Services District  
of Kershaw County**

## TABLE OF CONTENTS

<b>Data Scan.....</b>	<b>1</b>
<b>Focus Groups.....</b>	<b>25</b>
<b>Community Survey.....</b>	<b>49</b>
<b>Key Informant Interviews.....</b>	<b>61</b>

## **Executive Summary of 2017 Kershaw County's Community Health Needs Assessment**

The Health Services District of Kershaw County in partnership with the University of South Carolina's Core for Applied Research and Evaluation (CARE) is taking the lead on conducting a community health needs assessment of Kershaw County. To give the Health Services District of Kershaw County a full picture of their situation, four different forms of evaluation were done to give the leadership an ideal snapshot of Kershaw county's current situation. These assessments included an environmental scan, community survey, community focus groups and key informant interviews. Each of these assessments are very different each of their size and scope. For this reason, each assessment's conclusions focused on very different areas of problems that all counties generally have.

**Environmental Scan** The environmental scan focused on Kershaw County as an entire county. The environmental scan is designed to give general conclusions of issues going on within the county itself. However, an environmental scan cannot accurately pinpoint where in the county the problem is occurring or certain hotspots within a county. During the course of the environmental scan the top health issues found were: 1. Income disparities 2. Low health insurance enrollment 3. Structural public health needs and public health outreach (for instance, lack of sidewalks, food deserts, high smoking rates, etc.).

**Community Survey** The community survey was a health assessment survey that was answered by 1,168 residents of Kershaw County. The community survey is a designed to give an overview of individual level information of county residents. Because the survey asks questions to individuals the survey results reveal what the person wants, and not necessarily their needs. For this reason, the community survey gives an idea of what individual citizens are thinking. The community survey said that the top health issues were within the umbrella of public health outreach: 1. Obesity 2. Substance abuse 3. High blood pressure. When asked about the root cause of these health issues the following reasons were cited: 1. No insurance 2. Personal choice 3. Lack of healthy foods

**Community Focus Groups** The community focus group that was designed to determine the largest problems impacting the Kershaw County area. The focus groups consisted 5-11 people and took place in five places in Kershaw County. Focus groups have an advantage of surveys because they allow focus group members to speak more. Based on the results of the focus groups the top health problems impacting Kershaw county are: 1. Built environment (needing the appropriate structures for healthy living) 2. Increasing cost of living 3. Increasing costs of healthcare. Based on the responses from the focus groups the root cause of the health problems were 1. Lack of available community resources 2. Cost of healthcare 3. Increasing cost of living.

**Key Informant Interviews** Key informant interviews are when certain people within the community are deemed a representative of that community and an interview is given to just that person. A total of seven key informant interviews were given. Based on the results of the key informant interviews, the top health problems impacting Kershaw county are: 1. Lack of access to healthcare resources 2. Absence of health education opportunities 3. Need for clarification of health resources and collaboration between groups. When asked about the root causes the key informants felt that the root causes were: 1. Service gaps and lack of communication for available health resources 2. Need for health education 3. Not a clear understanding of the role in health.

Despite each assessment type having different conclusions of what were the top health problems in Kershaw County, there were a few reoccurring root causes across all the assessments. These reoccurring root causes were:

- 1. Cost of healthcare (due to the lack of insurance)**
- 2. Lack of community health resources in the form of education and programs**
- 3. Personal choice**

These root causes should be high priorities for the community as they begin developing an action plan based on this community health needs assessment.

JANUARY 23, 2017



# KERSHAW COUNTY HEALTH SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT

**Holly G. Hayes, MSPH**

**Matt W. Yuen, MPH**

University of South Carolina  
Core Applied Research and Evaluation  
220 Stoneridge Drive, Ste. 103  
Columbia, SC 29210  
hayeshg@mailbox.sc.edu  
Phone: 803.920.1736

## Executive Summary

Established in 1791, Kershaw County is a county located in the Midlands of South Carolina and considered part of the Columbia metropolitan statistical area. Made up of 14 zip codes (29009, 29010, 29020, 29021, 29032, 29045, 29058, 29067, 29074, 29078, 29128, 29130, 29175, and 29718), the county seat of Kershaw County is located in Camden. Spanning 740 square miles and a population of 63,603 people, Kershaw County is a county full with growth potential. Part of this growth potential is due to the central location of Kershaw in South Carolina which places it central to many major Eastern coastal cities. However, the largest growth potential is in Kershaw County's growing young population. Because Kershaw's economy relies heavily on a young population, it is vital to Kershaw's overall economy that the health of Kershaw County is properly cared for.

The Health Services District of Kershaw County is taking the lead on conducting a community health needs assessment of Kershaw County. As it currently stands, the health rankings for Kershaw County out of the 46 South Carolina Counties are as follows: 16<sup>th</sup> Overall in health, 6<sup>th</sup> in Quality of Life, 10<sup>th</sup> in Health Outcomes, 19<sup>th</sup> in Health Behaviors, 25<sup>th</sup> in Clinical Care, 11<sup>th</sup> in Social and Economic Factors, and 36<sup>th</sup> in Physical Environment.

The Health Services District of Kershaw County contracted on August 1, 2016 to March 31, 2016 with the University of South Carolina's Core for Applied Research and Evaluation (CARE) to help achieve the goal of a healthier Kershaw County. CARE was established to help partners to improve public health practice and systems through research backed methods. Through a team of highly qualified experts in the field of public health and healthcare services, CARE sets out to help local communities' public health and healthcare service needs.

The report is a culmination of an environmental scan and community health needs assessment of Kershaw County's health system. It was found during the needs assessment that Kershaw County has several areas of need. Our key recommendations for Kershaw County is as follows:

- 1. Address the major disparities between lower income areas of Kershaw and higher income areas**
- 2. Insurance enrollment programs are needed in Kershaw County**
- 3. Public health outreach and prevention is needed for Kershaw County's higher chronic illness problem**

## Community Overview

Kershaw County is located in the state of South Carolina and about a 30 – mile drive northeast of Columbia, SC. The county seat of Kershaw County is Camden<sup>1</sup>. Kershaw County is made up of 63,603 people (22<sup>nd</sup> largest) and has grown at a steady 2-3% rate for the last 8 years<sup>2-5</sup>. Encompassing 740 square miles of space (14<sup>th</sup> largest), Kershaw County has plenty of growth potential since population density per square mile totals 85.95 people/sq mile (22<sup>nd</sup> most dense)<sup>6</sup>.

During the course of the report, this report will refer to census tracts in Kershaw County. The following diagram is the census tract map of Kershaw County.

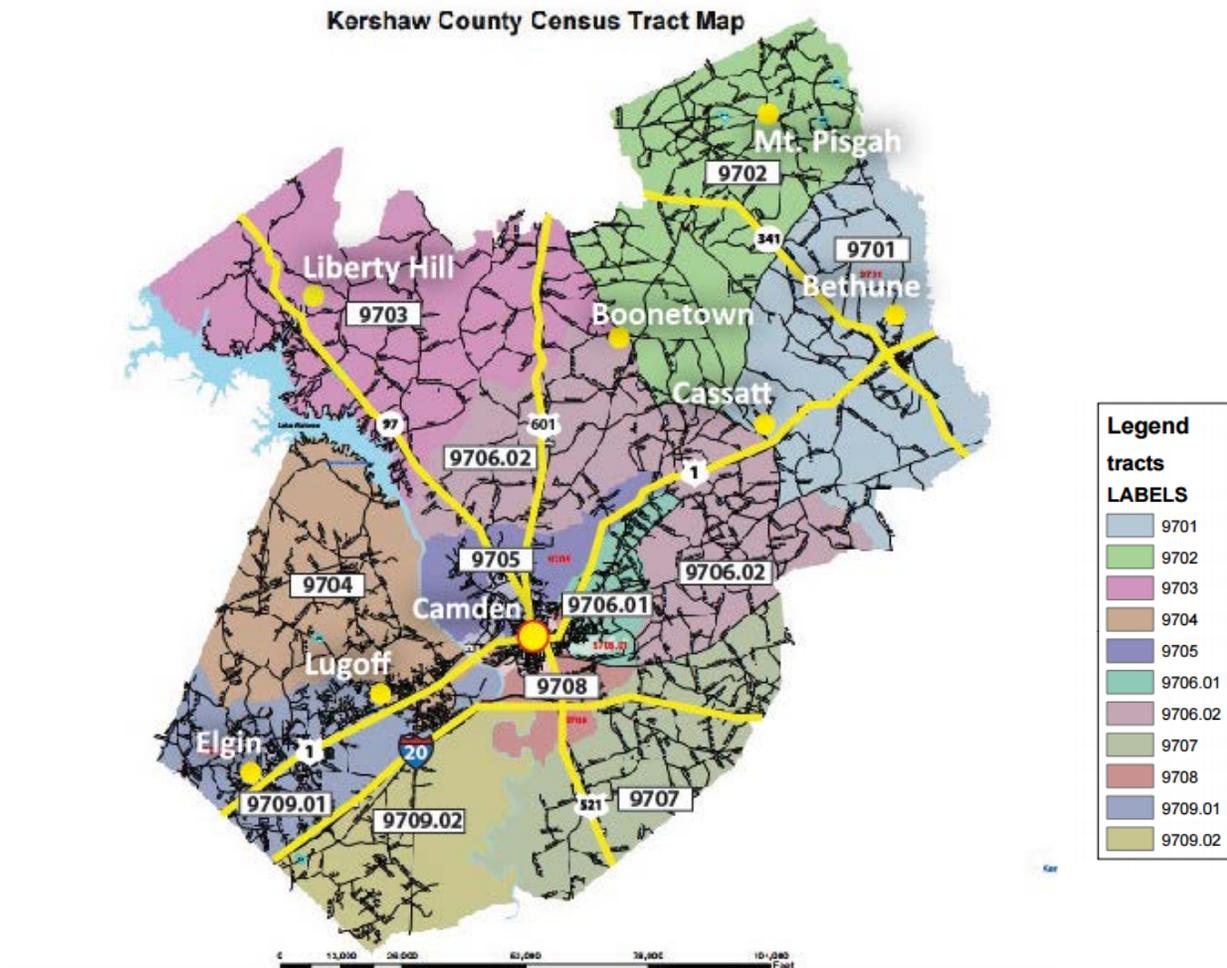


Figure 1: Kershaw County Census Tract Map

## Demographic Information

In this section we will go over Kershaw County’s demographic information. Overall, Kershaw County is a young and growing county that has a lot of potential. Despite having a less than average diverse population, Kershaw’s minority population is growing at a fast rate.

### Age

Below is a breakdown of the all the age groups in Kershaw County.

Breakdown by Age Group	Total Amount	% of Kershaw County
<b>Age 0-9</b>	7978	12.6%
<b>Age 10-19</b>	8274	13.1%
<b>Age 20-29</b>	7219	11.4%
<b>Age 30-39</b>	7402	11.7%
<b>Age 40-49</b>	8083	12.8%
<b>Age 50-59</b>	9542	15.1%
<b>Age 60-69</b>	7960	12.6%
<b>Age 70-79</b>	4357	6.9%
<b>Age 80+</b>	2346	3.7%

Table 1: Breakdown of Kershaw County Population by Age Group from AHRF Database 2016<sup>3</sup>

The demographics of Kershaw County are not typical to most counties in the United States<sup>3-5</sup>. While most counties similar to Kershaw County have decreasing young populations, Kershaw County has a larger than normal 18 and below population (27%)<sup>3-5</sup>. 56.1% of the current population is aged 19-64, while only 16.9% of the population is older than 65<sup>3-5</sup>. These results mean that Kershaw County has a strong current workforce and a potentially stronger workforce once the children become older.

Age Group	18 and Below	19-64	65+
<b>Total Percent of Population</b>	27%	56.1%	16.9%
<b>Faster Growth Than SC Last 4 Years?</b>	No	Yes	No

Table 2: Breakdown of population growth<sup>3</sup>

Most importantly when determining year over year growth, Kershaw’s young adult population (20-29) has continued to outpace (7.2%) South Carolina (5.8%)<sup>3-4</sup>. The growth of a young adult population bodes well for Kershaw, since a young adult population translates to a young workforce, but also families that will have children. In addition, Kershaw County has experienced rapid growth for ages 60+ which is likely due to the aging baby boomer population. While Kershaw’s elderly population is growing slower than the SC average, the increasing elderly population could present a growing concern for the Kershaw County health system.

## Diversity

When determining racial makeup, Kershaw has a large population of White (69.8%), while Blacks (24.4%), Hispanics (3.7%), and other races (2.1%) make up 30.2% Kershaw<sup>3-6</sup>. The racial breakdown of Kershaw County is less diverse than the average South Carolina county<sup>3-5</sup>. However, the minority population in Kershaw County has grown by 6% in the last 4 years, which is a higher increase in the minority population of South Carolina (4.9%)<sup>3-5</sup>.

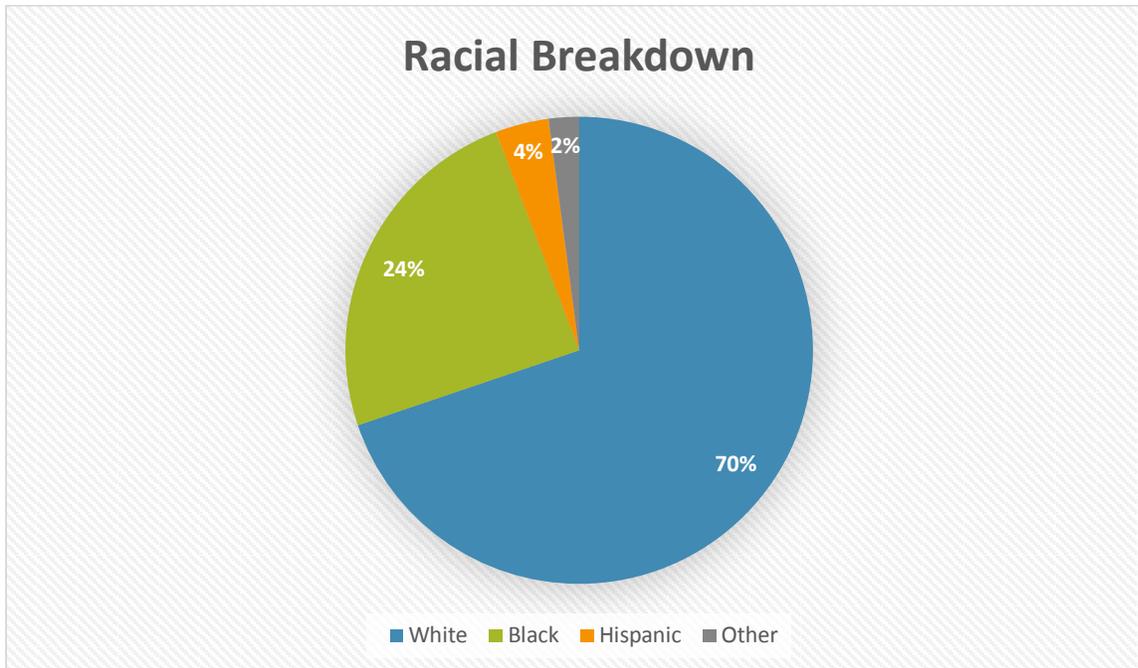


Figure 2: Breakdown of races in Kershaw County<sup>3</sup>

## The State of Kershaw County's Economy

It is important to know a county's economic health because economic health is related to the health outcomes of the county's population<sup>7-9</sup>. For this reason, this section contains vital indicators of Kershaw County's economic health. The areas of most interest in this report are related to household level information which can give a good indicator of the state of the county's population's health<sup>8-9</sup>.

### Median Household Income

Median household income is an indicator of the current economic state of the county. Higher median household income is linked to higher spending but also better health outcomes<sup>9</sup>.

When comparing Kershaw County to South Carolina, Kershaw County has a higher median household income (\$43,203 v \$42,367)<sup>3-5</sup>. The higher household income is due in large part to a strong manufacturing sector and national retail distribution jobs available in the county<sup>10</sup>. While

Kershaw has a higher median household income than South Carolina, it is lower than the U.S. average of \$51, 939<sup>3-5</sup>.

Median household income was not the same across all of Kershaw County and has rather large disparities as seen in the figure below<sup>11</sup>. Darker areas represent higher household income rates, while lighter areas have lower income rates.

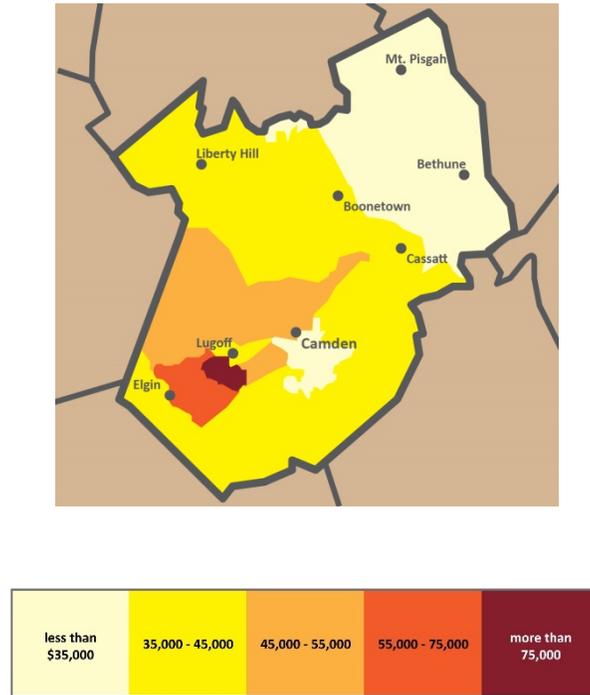


Figure 3: Median Household Income from Census Explorer<sup>11</sup>

Areas to the Northeast of Kershaw County (e.g. Bethune, Cassatt, and Westville) had incomes vastly below the county average and near poverty level incomes. On the other hand, the middle sections of Kershaw had much more average income rates, while Elgin and Lugoff areas had significantly high income rates<sup>11</sup>. When there are major disparities within the county, it indicates a major economic imbalance which needs to be fixed. In addition, low income populations are more likely to suffer from poorer health outcomes. One area of interest is a pocket of very low income located South of Camden (heading toward the I-20 from Dekalb St.). Some explanations of this income disparity are related to the population that resides in this area. In addition, this area is home to a mix of subsidized housing to young adults and older adults that are living on fixed incomes.

### U-3 Unemployment Rate

The U-3 unemployment rate is defined by the Bureau of Labor and Statistics as the amount of people who are without jobs and have actively looked for work within the past four weeks<sup>12</sup>. While other indicators are available, the U-3 unemployment rate is believed to give the most accurate depiction of employment need<sup>12</sup>. The U-3 unemployment rate includes part time workers, underemployed workers, but does not include people who have “given up” looking for work<sup>12</sup>. Because county level data is updated on an annual basis, the U-3 unemployment rate in this report utilized the U-3 unemployment rate in 2015.

Compared to South Carolina (6.7%), Kershaw County had a lower unemployment rate (6.2%)<sup>3-5, 13</sup>. This meant that citizens of Kershaw County are more likely to have work than most citizens of South Carolina<sup>3-5, 12-13</sup>. Below is Kershaw County’s U-3 Unemployment rate for the past 5 years.

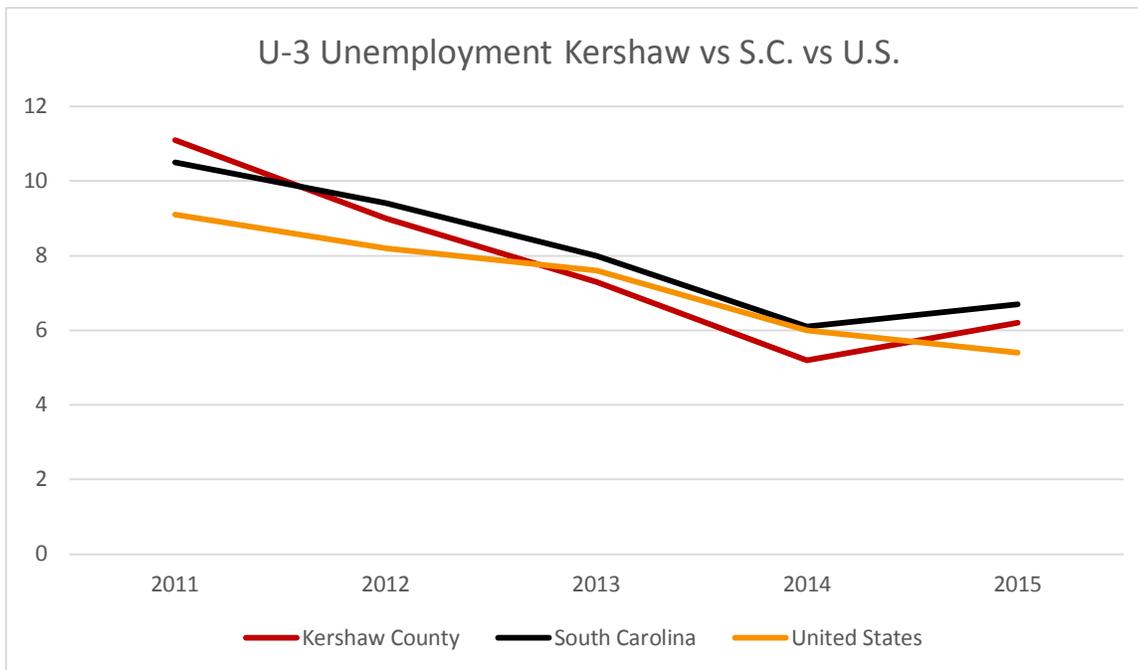


Figure 4: U-3 Unemployment Rate of Kershaw County vs. South Carolina vs. United States based on Bureau of Labor and Statistics<sup>3-4,13</sup>

### Poverty

Poverty was determined by the income level of the family and whether they had met the federal guidelines for poverty. Poverty is used as an economic factor because poverty is linked to worse health, lower education, and higher crime rates which hurt both the short and long term economic health of a county<sup>7-9, 14-15</sup>.

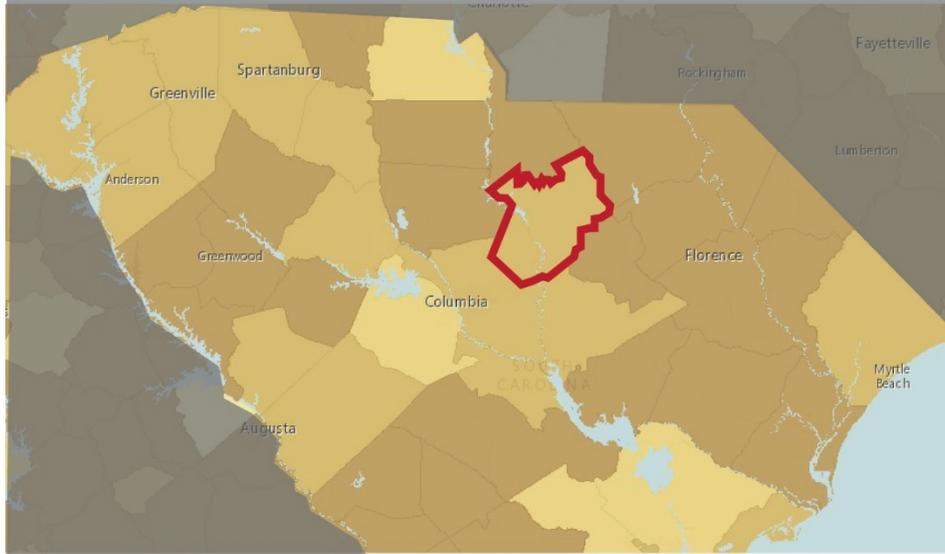


Figure 5: SC poverty levels<sup>7-9</sup>

For Kershaw County, the poverty rate was significantly lower than the South Carolina average (17.4% vs 21.7%)<sup>3-4</sup>. However, compared to the United States, Kershaw County’s poverty rate is still higher than the United States (13.9%) average<sup>3-4</sup>. This might be due to the type of job market Kershaw County, which is made up of manufacturing jobs. With the exception of Liberty Hill, the cost of living in Kershaw County is substantially more affordable than most urban locations; the cost of living should off-set the wage differences<sup>3-5</sup>.

### Education

Education levels are related to income levels, the higher the education levels are, the higher the income levels are as well<sup>8</sup>. There are two measures of education that is typically used: 1.

Amount of high school graduates 2. Amount of Bachelor’s degree holders.

Degree Type	Kershaw County	South Carolina Rate	National Rate
High School Diploma	85.2%	85.6%	88.3%
Bachelor’s Degree	20.3%	25.9%	32.0%

Table 3: Breakdown of Education in Kershaw County vs. South Carolina vs. National<sup>8</sup>

The amount of Kershaw County’s population with a high school diploma totals 85.2% while the rate of people with a bachelor’s degree or higher is 20.3%<sup>3-4</sup>. Compared to South Carolina, 85.6% of the population has a high school diploma and 25.9% has a bachelor’s degree or higher<sup>3-4</sup>. Nationally, 88.31% of the population has a high school diploma, while 31.96% has a bachelor’s degree or higher<sup>3-4</sup>. Based on these results, Kershaw County is lagging behind the state and national averages, but there is optimism for Kershaw County given the current graduation rates are significantly higher than years past<sup>4</sup>.

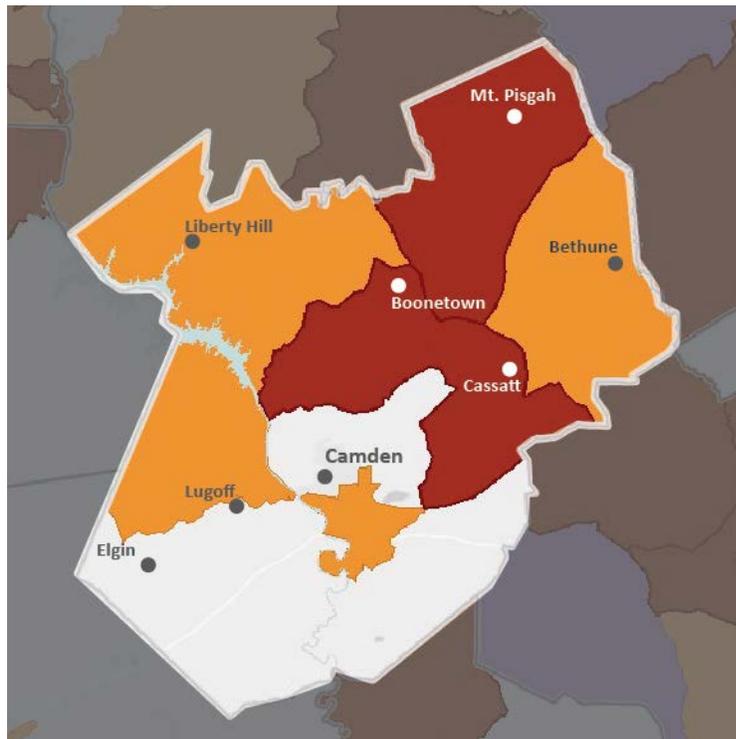


Figure 6: Kershaw County High Poverty and Low Education Rates<sup>3,11</sup>

### The State of Health of Kershaw County

When determining the state of health of a county there is no definitive statistic to determine the health of a county. Instead, multiple indicators are used to determine the health status of the county. To best understand the health of Kershaw County, this assessment used an integrated approach of Donabedian’s Quality Framework and County Health Rankings to understand Kershaw County’s health system. Donabedian’s Quality Framework states that to properly evaluate quality, 3 areas must be evaluated: structure, process, and outcomes<sup>16</sup>. According to the framework, structure effect processes which in turn effect outcomes<sup>16</sup>. The County Health Rankings is a yearly ranking that uses 35 measures to indicate the ranking of counties across 4 health factors in 45 states<sup>17</sup>.

This section has been broken up into three portions: Systemic Level, Physician Level, and Patient Level information. Systemic Level refers to buildings and organizations available to treat patients. Physician Level determines numbers of physicians. Patient Level refers to any type of health indicators or outcomes on a patient level.

## Systemic Level

Systemic level information looks only at the amount of certain types of organizations within Kershaw County.

## Healthcare

By determining the amounts of certain organizations within Kershaw County, it gives an overview of how accessible health is for the average citizen<sup>17</sup>. For a functioning health system, the list below gives an overview of the type of organization and the reason for their function.

*(Table on next page)*

<b>Organization (Amount needed for Kershaw County's size)</b>	<b>Reason</b>	<b>Amount in Kershaw (Breakdown)</b>
Hospital (1)	For any health emergencies patients, can be stabilized (121 total hospital beds)	1 – 121 beds (1 – Kershaw Health)
Public Health Department (1)	To meet the public health needs of the local population	1 (1 – Kershaw County Health Department)
Home Health Agency (1)	A less expensive option for people recovering from injuries, illness, or cannot travel	3 (1- Kershaw Health 2- Smiles Home Care 3- Amedisys Home Health of Camden)
Hospice (1)		3 (1-KershawHealth Hospice) 2- Hospice Care Tri-County 3- Agape
Mental Health Agency/Clinic (1)	A mental health agency to treat behavioral health illnesses	1 (Santee-Wateree Community Mental Health Center)
Substance Abuse Center (1)	Substance abuse center to treat patients with substance abuse problems	1 (ALPHA Behavioral Health Center)
Assisted Living Facilities (2)	Assisted living facilities are organizations designed for elderly residents who can still take care of themselves	8 – 142 total units ( 1- Camden [8] 2- Camden II [8] 3- Dixon's Community Care Home [5] 4- Flowers Residential Care Facility [7] 5- JC Lares Southwinds Assisted Living [5] 6- Morningside of Camden [49 units] 7- Pinedale Residential Center [50 units] 8- Veterans Haven [10 units])
Nursing Home (1)	A nursing home treats the elderly population of a county who are unable to live in assisted living	2 (1- KershawHealth Karesh Long Term Care 2- Springdale Healthcare Center)
Free Clinic/ Community Health Clinics (1)	Community Health Clinics/Free Clinics provide free or reduced care to uninsured populations	3 (1-Community Medical Clinic of Kershaw County (free clinic) 2-Sandhills Medical Foundation (Federally Qualified Health Center) 3-Healthcare Place at Bethune (Rural Health Clinic)

Table 4: Checklist of all health services available in Kershaw County based on AHRF and SCDHEC records<sup>3-4, 18</sup>

In every single area evaluated, Kershaw County’s health system meets the evaluation criteria for health systems.

**Food Deserts**

Food deserts are defined by the USDA as areas “that are vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers’ markets, and health food providers.”<sup>19</sup> Food deserts are linked to the health of a local area in the form of obesity and health outcomes. For this reason, we used food deserts as a systemic indicator of health in Kershaw County. Below is a map that shows (in orange) areas of Kershaw County listed as food deserts, while blue dots represent stores that sell nutritious and healthy foods.

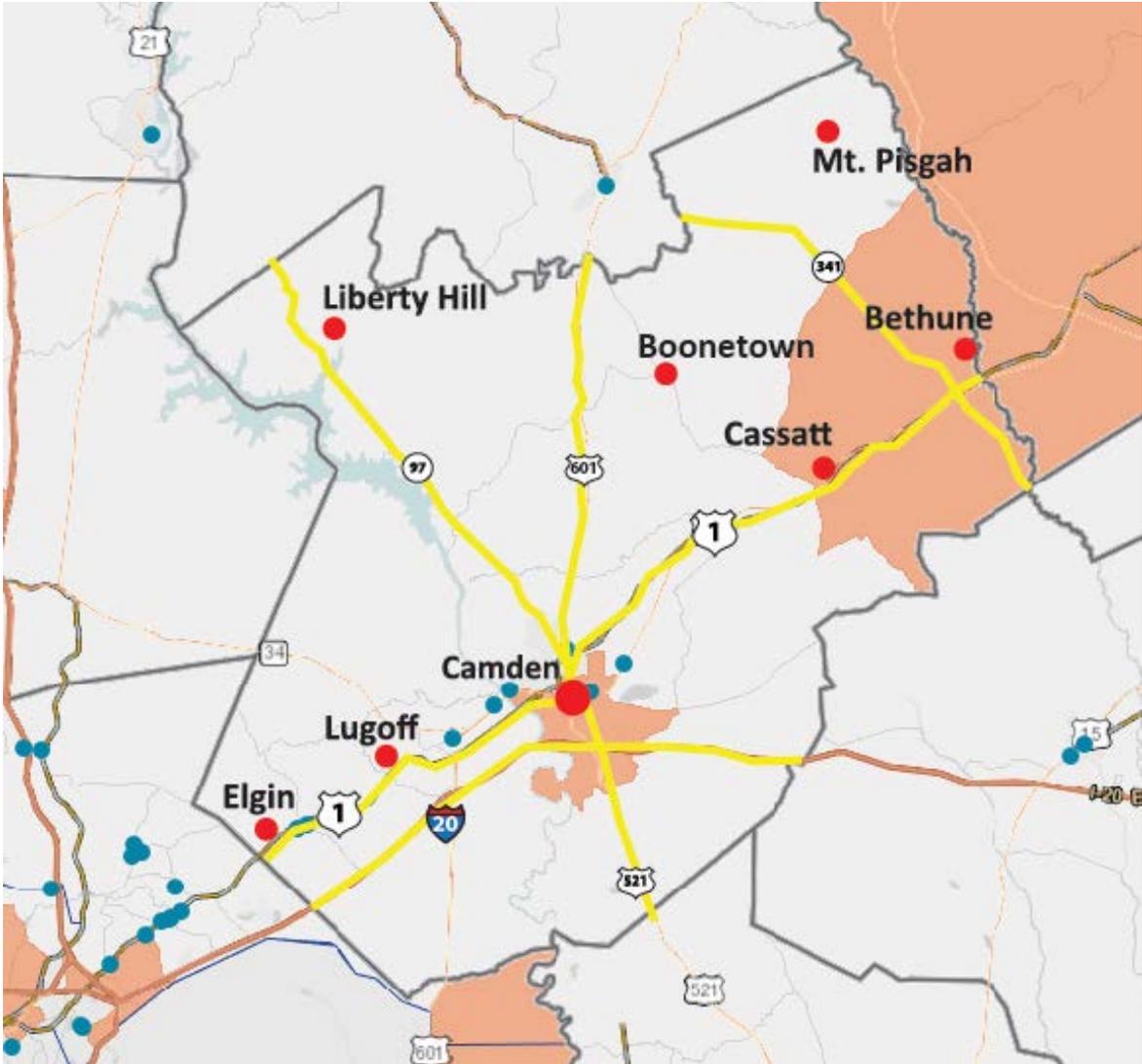


Figure 7: Kershaw County Food Deserts and Grocery Stores

As shown by the map above, most of the healthy grocery stores are located along the Highway 1 corridor in the bottom half of Kershaw County. For this reason, we see two areas marked as food deserts in Kershaw County. The first area is located in Westville which is due to the distance from grocery stores compared to the other portions of the county. The other area was the southern area of Camden which has been marked previously as an area of high poverty and poor outcomes area.

### Physician Level

Another measure of healthcare access is the amount of physicians available. Unlike systemic level measures, which only measures physical buildings, physician level measures can give a more accurate idea of access. For instance, one physician can be staffed at multiple location. However, the amount of access remains stays relatively similar on a county level because one physician can only see so many patients in one week. A physician level measurement can give another indicator of health access.

Three measurements were used, primary care physicians, OB-GYN, pediatricians. The reason for the three measurements is measurement gives a different outlook of access that is primary to a growing county. According to the South Carolina Department of Labor, Licensing, and Regulation, there are currently 26 licensed mental health counselors in the Kershaw County area. However, there is no information available to identify if these are currently practicing in Kershaw County and therefore, not an accurate depiction of mental health services currently available. OB-GYN and pediatricians help determine access for future of the populations. OB-GYNs help decrease infant mortality and pediatricians allow for better health outcomes related to babies and children. Primary care physicians are integral to a preventative health network which is related to the overall health of the community.

Physician Type	Kershaw County Physician/1000	SC Average Physician/1000
Primary Care Physicians	7.55	8.85
OB-GYN General	1.85	2.32
Pediatricians	7.38	6.35
Dentists	.283	.421

Table 5: Amount of physicians based on type in Kershaw County based on AHRF and SCDHEC records<sup>3-4, 20</sup>

For primary care physicians, Kershaw County is lagging behind South Carolina. Based on historical data, Kershaw County has lagged behind South Carolina for primary care physicians. In the past 5 years, the primary care physician population has decreased, while South Carolina’s primary care physician has continued to grow. Kershaw County will need to find a solution to attract more primary care physicians at the risk of their population’s health.

OB-GYN help health outcomes related to the birthing of children. Kershaw County is lagging behind South Carolina’s average in terms of available OB-GYN physicians. Historical data shows

that Kershaw County had more OB-GYN physicians available before, but has unable to replenish OB-GYN physicians that have stopped practicing in Kershaw County.

Kershaw County has experienced an increase in pediatricians, which has led to Kershaw County having a higher amount of pediatricians than SC. This statistic bodes well for the children of Kershaw County, due to availability of pediatricians for children. As seen later, the overabundance in pediatricians has helped with Kershaw County having among the best health outcomes for children in the state of South Carolina.

An area of need for Kershaw County is the need for more dentists within Kershaw County. Kershaw County has only .281 dentists per 1000 people while South Carolina averages .421 dentists per 1000 people. The lack of a dentist can present many underlying problems that would manifest itself later in poorer health outcomes later in life<sup>15</sup>.

### Individual Level

The last measure of access is on an individual level. Access on an individual level is predicated on three factors: Income rates, average amount of miles driven to physician, and amount insured. Income, which was covered earlier, helps determine whether or not a patient can buy health insurance. Health insurance, while a crude measurement, can give us a very rough understanding of whether someone can access health and is also related to health outcomes<sup>19, 21-22</sup>. However, because no data is available, we cannot determine access based on out of pocket spending, which would be a better measure. In addition, the amount of miles driven determines the amount of time one needs to use to see a physician is also seen as a barrier to access.

<b>Kershaw County Uninsured Rate (2015)</b>	<b>South Carolina Uninsured Rate (2015)</b>	<b>U.S. Uninsured Rate (2015)</b>
23.4%	15.1%	12.8%

Table 6: Uninsured rate based on AHRF and Census<sup>3-4</sup>

On an individual level, almost a quarter of Kershaw County is uninsured<sup>3-4</sup>. This is compared to the 15.1% state average and the 12.8% national average<sup>3-4</sup>. Uninsured populations have been linked to worse health outcomes, higher mortality rates, and higher levels of chronic diseases<sup>21-22</sup>. To combat high uninsured rates, Kershaw County has 3 free clinics located in Lugoff and Camden. The analysis found there are no clinics located in substantially lower income areas of Kershaw (e.g. Westville and Cassatt). This is important because income is typically associated with the ability to buy health insurance, an analysis was also done based on income level<sup>21</sup>. This is backed by a 2013 report by the University of South Carolina Institute for Families in Society, it showed that the town of Westville had the highest uninsured rate in the county, while Camden had the highest number of people uninsured<sup>23</sup>. Steps will need to be taken to help address the lack of free clinics outside of the Camden and Lugoff areas.

## Population Health Indicators

Population health indicators are a set of variables that determines how at-risk a population is currently and in the future. For instance, amount of smokers can help determine whether a population will have higher healthcare costs based on the percent of smokers. The table below is split by positive and negative health indicators. Positive health indicators are indicators where higher values signify better health. Negative health indicators are indicators where higher values signify worse health. Green highlighted lines represent Kershaw performing above average while red lines signify Kershaw is performing below average.

Health Indicator	Frequency (%)	SC Average
<i>Positive Health Indicators</i>		
Physical activity in last 30 days	73%	73%
Pregnant females with prenatal care	78.8%	73.9%
Births paid by Medicaid	56.5%	50.8%
<i>Negative Health Indicators</i>		
Received Flu Vaccine within last year	59.6%	68.6%
Received Pneumococcal Vaccine	61.2%	68.8%
Current Smoker	20.6%	20.5%
Obese Adult	28.4%	32.4%
Could not see physician because of cost	13.7%	16.4%

Table 7: Health Indicators based on SC DHEC<sup>23-24</sup>

Overall, compared to South Carolina, Kershaw ranks average or above average in most areas. However, Kershaw’s flu vaccine and pneumococcal vaccine given lags behind compared to other counties in South Carolina ranking (38 and 33 out of 44 respectively), and is an indicator an area that needs more outreach<sup>23, 25</sup>. In terms of current smokers and physical activity, Kershaw County is right around average compared to South Carolina.

During our analysis, an area of need was Kershaw County’s low walkability score. The walkability score determines how if the environment or county is built in a way that a resident is encouraged to walk; the higher the score, the more likely someone is going to walk while low scores show a higher reliance on vehicles<sup>5</sup>. For most of Kershaw County, the walkability score was sub-50, meaning that Kershaw County is a car dependent county<sup>5</sup>. The highest walkability score in Kershaw County (65/100) was located around the DeKalb and Broad St. intersections in Camden<sup>5</sup>. The lack of walking is backed up by Kershaw County having among the highest average rate of vehicle/household in the state (1.9/household)<sup>5</sup>. Continuous funding should be put in place for programs that encourage a healthier and active lifestyle. In addition, if possible, placing the structures (e.g. sidewalks, gyms, etc.) needed to encourage a healthier lifestyle.

### Population Health Outcomes

Population health outcomes are variables that look at the status of the county at that time and moment. Unlike health indicators, which shows how at risk a population is, these variables show the current health of the population.

Health Indicator	Frequency (%) Or Rate/100,000	SC Average
<i>Chronic Disease</i>		
Diabetic	7.7%	10.4%
Hypertension	44.1%	38.4%
<i>Pregnancy Related</i>		
Infant Mortality	4.9%	7.3%
Neonatal Mortality	2.2%	4.4%
Postneonatal Mortality	2.7%	2.9%
Low Birth Rate	8.1%	9.9%
Preterm Birth	11%	11.5%
<i>Sexually Transmitted Diseases</i>		
HIV prevalence	252.1/100,000	317.6/100,000
Chlamydia	517.1/100,000	606.3/100,000
Syphilis	8/100,000	13.7/100,000
Gonorrhea	107.6/100,000	174.8/100,000

Table 6: Health Outcomes based on SCDHEC<sup>23-24</sup>

Overall, Kershaw County ranks above average at on almost every health outcome ranking that there is. With the exception of preterm births and post neonatal mortality, ranks in the top quartile of the state<sup>23-26</sup>. The only exception is the high prevalence of hypertension in Kershaw County. This is an indication of the excellent overall health of Kershaw County and the investments the community has made in health.

Unfortunately, there is no current updated database to pinpoint where a large proportion of these diseases are occurring in Kershaw County. However, in 2013, the University of South Carolina Institute for Families in Society was able to determine by zip code the following problem hot spots based on adult Medicaid recipients.

Chronic Disease Type	Zip Codes
Chronic Disease Burden	29009, 29010, 29032, 29067, 29130
Chronic Obstructive Pulmonary Disease (COPD)	29009, 29010, 29032, 29067, 29078, 29130, 29175, 29718
Cardio Vascular Disease (CVD)	29009, 29010, 29032, 29067, 29128, 29130, 29175
Diabetes	29009, 29010, 29128, 29130
Hypertension	29009, 29010, 29130

Table 7: Hot spots based on chronic disease type based on Institute for Families in Society<sup>27</sup>

Most of the areas that are covered within the zip codes are located in the Northeast region of near Bishopville, Cassatt, and Westville. These areas are highlighted as low income, high food insecurity rates, and low walkability scores which are contributing factors to the high rates of chronic disease rates<sup>3-5, 11</sup>.

## Causes of Death

Cause of death is important statistic on the county level because it helps give an idea where resources should be sent to prevent unnecessary loss of life. This statistic is particularly important with younger age groups, where a loss of life represents a larger loss of potential and future tax income for a county<sup>18</sup>. The following table will show the top reasons for loss of life for different age brackets.

Age	Kershaw Rate	SC Rate
Under 1 Year	4.9/1000	7.3/1000
1-14 Years	.8/100,000	.6/100,000
15-24 Years	4.0/1000	2.5/1000
25-44	6.1/1000	5.4/1000
45-64	23.8/1000	23.4/1000
65+	136.5/1000	132.9/1000

Table 8: Death Rate by Age from SCDHEC<sup>24</sup>

Aside from the under 1 age bracket, Kershaw has an above average death rate compared to South Carolina. To understand more, we will go a little deeper into the statistics and breakdown each age group.

### *Leading Causes of Death Under 1 Year*

Type	Amount
Bacterial Sepsis	2
Congenital Malformations	2
Sudden Infant Death Syndrome	2
All other causes (under 2 incidents)	2

Table 9: Leading Causes of Death Under 1 from SCDHEC<sup>24</sup>

Aside from bacterial sepsis, there are not many preventable deaths for children aged under 1 years old<sup>24</sup>.

*(Table on next page)*

*Leading causes of death 1-24 years old*

Type	Amount	Type	Amount
Accidents	19	Chronic Lower Respiratory Disease	2
Suicide	6	Nephritis and Nephrotic Syndrome	2
Homicide	4	All other causes (under 2 incidents)	4

Table 10: Leading Causes of Death 1-24 years old from SCDHEC<sup>24</sup>

For people under 24, many of the deaths are preventable. Accidents (which are related to traffic accidents), suicides, and homicides are the leading causes of death in Kershaw County<sup>23</sup>. Preventative measures should be put in place to prevent more car accidents. In addition, the high suicide rate is indicative of a higher mental health need in Kershaw County.

*Leading causes of death 25-64*

Type	Amount
Malignant Neoplasms	168
Disease of Heart	103
Accidents	59
All Other	184

Table 11: Leading Causes of Death 25-64 years old from SCDHEC<sup>24</sup>

For people aged 25-64, the leading cause of death is malignant neoplasms (or cancer). There is sparse evidence to show how to prevent this diagnosis from occurring. Cardiovascular disease, or disease of the heart, are preventable diagnosis for the people of Kershaw County. The lower amount of primary care physicians available in Kershaw County could contribute to the prevalence of both preventable diseases. While Kershaw County has a below average prevalence of hypertension (32.3%) compared to South Carolina (33.4%), it is still higher than the average of America (29%)<sup>3-4,24</sup>. Accidents that are related to traffic accidents also make up a large portion of deaths for this age group<sup>24</sup>.

*Leading causes of death 65+*

Type	Amount
Malignant Neoplasms	315
Disease of Heart	218
Cerebrovascular Disease	93
All Other	552

Table 12: Leading Causes of Death 65+ years old from SCDHEC<sup>23</sup>

The top causes of deaths were malignant neoplasms (cancer), disease of heart (cardiovascular), and cerebrovascular (stroke)<sup>23</sup>. While cancer is not preventable at the moment, cardiovascular

and strokes are preventable. This is highlighted by a lower amount of primary care physicians available in Kershaw County<sup>3-4</sup>.

### Drug Overdose

During the course of the last 25 years, the United States have seen an unexpected increase in drug overdose deaths. The group of people that are most likely to suffer a drug overdose deaths are typically white working age males; a large concern given the fact that Kershaw County's population is predominately working age and white<sup>24</sup>. Below is a comparison of Kershaw County's drug overdose rates compared to other counties in SC. The medical care icon in the nearby counties represent drug overdose centers.

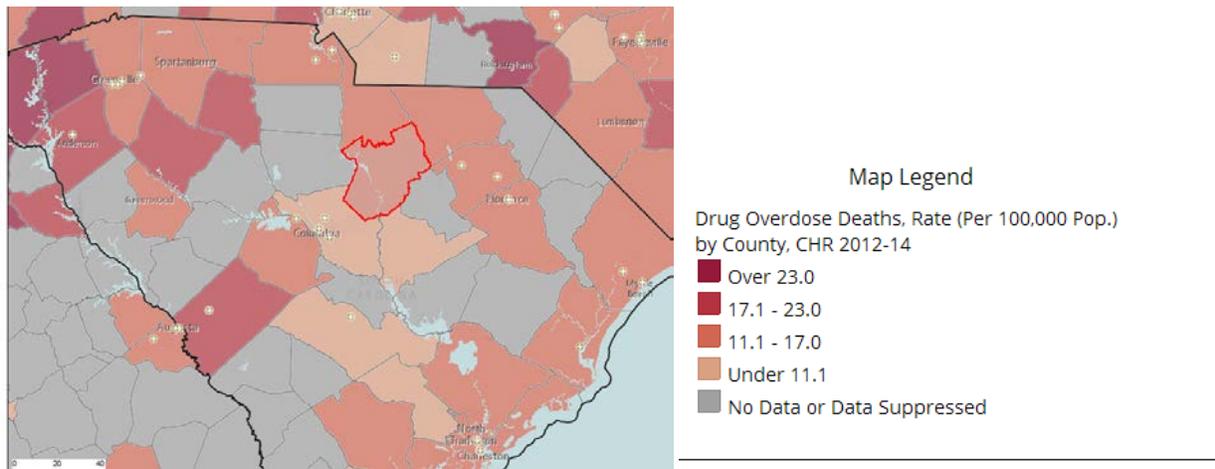


Figure 8: Drug Overdose Map Comparing Kershaw County to SC<sup>11</sup>

Based on the map above, Kershaw County is doing fairly well compared to most of the available counties in South Carolina with a rate below 11.1 deaths/100,000 people. At the moment, this map suggests that while the drug overdose is a national concern (in particular opioid related deaths), it is not a large concern for Kershaw County.

### Crime Rate

Crime rate is associated with health outcomes because high crime is linked to poorer health outcomes and lower income rates<sup>15-16</sup>. For this reason, crime rate is considered a good indicator of a county's health status. For Kershaw County, there is no data on general crime rates. However, there is violent crime rate data available for Kershaw County, which is a similar indicator to crime rates. The violent crime rate is 497.65/100,000 persons, which puts Kershaw County in the top 25% of South Carolina counties with the least amount of crime<sup>5</sup>. However, because South Carolina is generally considered a high crime state, Kershaw County is also in the top 25% highest crime rate counties in the nation<sup>5</sup>. Because there is no way to determine the type of crime committed and where the crime took place, the violent crime rate statistic can only give Kershaw County leaders an area to look into to begin improving.

## The Future of Kershaw County

In this section, we will focus on the future population of Kershaw County.

### Education

Education is vital to the future of a community and Kershaw County's education is doing their part in training their children for the future. Education is often linked to higher incomes, which in turns increases economic output and health outcomes for a county<sup>7-9</sup>.

In 2015, the Kershaw County School District had 10,581 students across 18 schools. The following page contains the report card summaries of all the schools in Kershaw County. Included in the report card are important health indicators such as disability and Medicaid population and academic performance as well.

*(Refer to Appendix B for report card summary)*

Based on the report card, every school in Kershaw County had an average or higher absolute rating, while 4 schools had a below average or lower growth rating<sup>28</sup>. Overall, this bodes well for the future students of Kershaw County. One area of concern are some schools have high Medicaid populations while other schools have relatively lower Medicaid populations<sup>28</sup>. The disparities in Medicaid enrolled students could pose 2 concerns on a student population level:

[1] Whether the lack of enrollment in Medicaid is due to lack of awareness of the program.

If the student that is eligible for Medicaid is not enrolled in Medicaid, it could harm the long term health outcomes of that student<sup>27</sup>. More research is needed to determine if the lack of Medicaid enrollment is due to lack of awareness or the parents themselves being ineligible for Medicaid and unable to pay for their child's insurance. If the decreased amount of enrollment is due to awareness, a social marketing campaign should be done to encourage enrollment.

[2] Whether the lack of enrollment in Medicaid is due to ineligibility.

It could be just as likely that the children are not eligible to enroll into the program because of the parent's income. If this is the case, more research is needed to determine if the non-Medicaid enrolled students are in any other form of insurance and if safety net programs are needed. This is because insurance for children is pivotal to better future health outcomes<sup>27</sup>.

### Child Care

One of the predictors of how a child will do in elementary school is whether or not the child was enrolled in childcare prior to elementary school<sup>29</sup>. In addition, childcare serves another purpose, which allows the parents of the children to work while contributing to the economy. Below is a map of SC and how Kershaw County compares to the rest of SC.

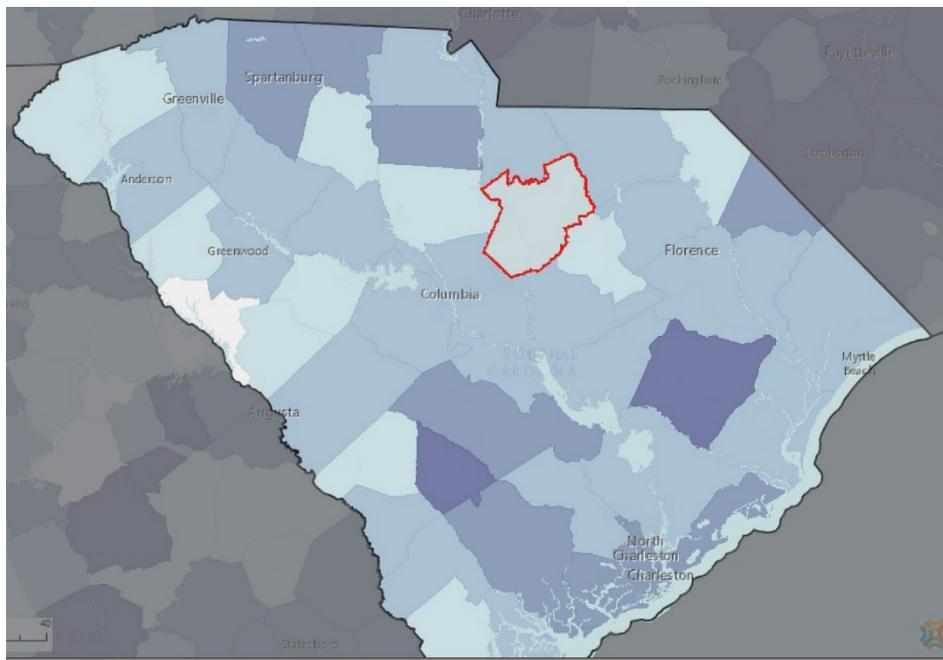


Figure 9: Child Day Care Services Rate/100,000 people<sup>11</sup>

## Conclusion

The information presented in this report is a compilation of data uncovered through use of an environmental scan and community health needs assessment. Made up of 14 zip codes, Kershaw County is an area with potential. In order to elevate Kershaw County's current overall health ranking of 16<sup>th</sup> in the state of South Carolina, there are several issues that must be addressed. With a growing youth population and an increasing minority population, Kershaw County can expect to become increasingly diverse over the next several years. However, with stark contrasts between median household income simply from one area in Kershaw County to the next, there is evidence that disparities exist between these areas. Food deserts, physician shortages, and lack of health coverage are all contributing factors to the county's overall health ranking. In addition, the county is also experiencing elevated levels of chronic disease among the population, especially related to hypertension. The Health Services District of Kershaw should take steps to address the major disparities between lower and higher income areas in Kershaw, increase insurance enrollment programs offered in Kershaw, and increase public health outreach and prevention to address high chronic illness prevalence in Kershaw.

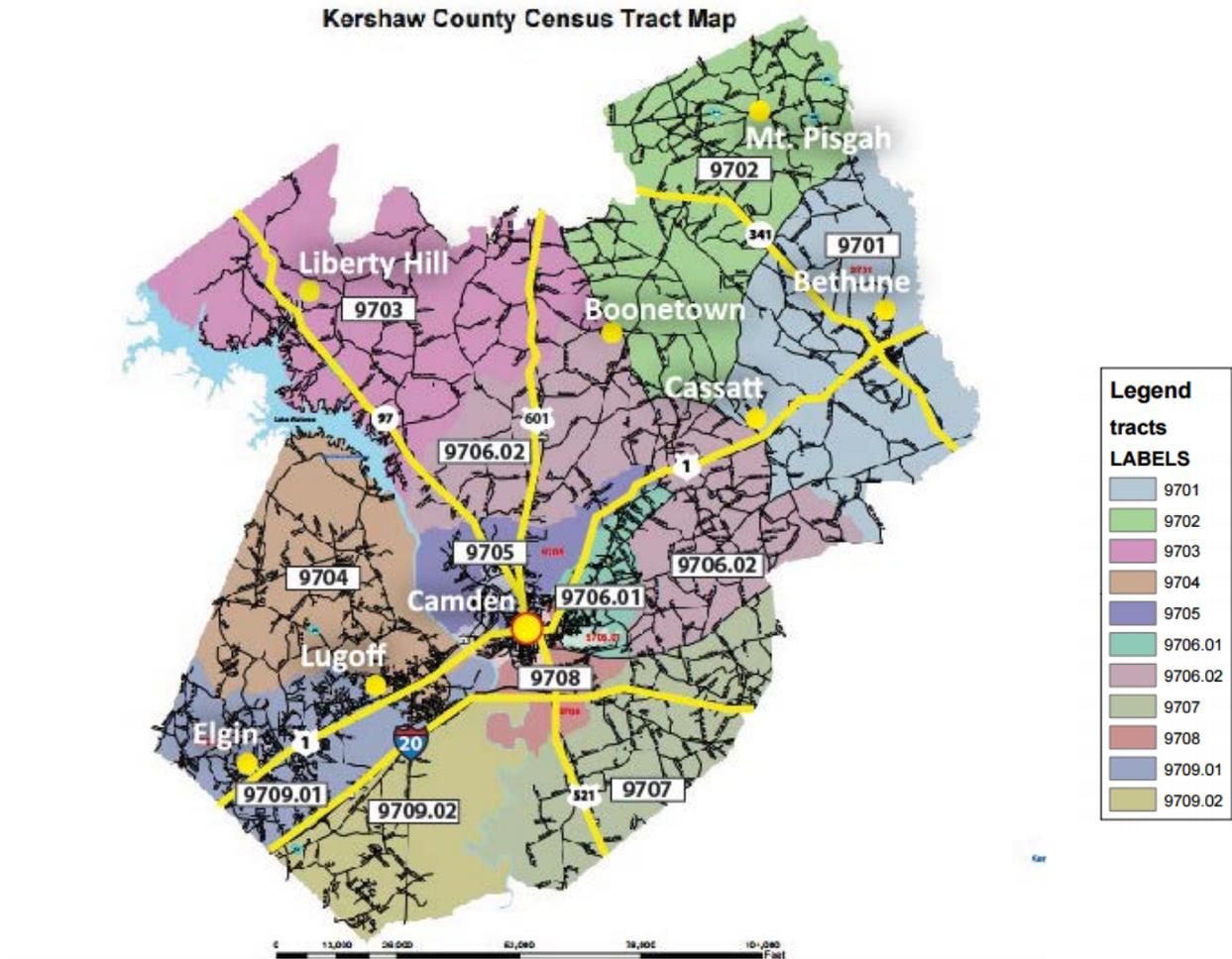
## References

1. Kershaw County. History of Kershaw County, n.d. Available from: <http://www.kershaw.sc.gov/index.aspx?page=44>. Last accessed on December 12, 2016
2. United States Census Bureau. QuickFacts Kershaw County, South Carolina, n.d. Available from: <http://www.census.gov/quickfacts/table/PST045215/45055>. Last accessed on December 12, 2016
3. U.S. Department of Health and Human Services. Area Health Resources Files 2000-2016. 2000-2016. Available from: <http://ahrf.hrsa.gov/>. Last accessed on December 12, 2016
4. United States Census Bureau. Census Files 2010-2014. United States Census Bureau 2010-2015. Retrieved on August 2016 from <https://www.census.gov/popest/data/counties/asrh/2014/index.html>
5. Community Commons. Kershaw County Overview. Community Commons. N.d. Retrieved From: <http://www.communitycommons.org/maps-data/>. Last Accessed October 2016
6. THINKGIS. Kershaw County Map, n.d. Available from: <http://kershaw.sc.wthgis.com/>. Last accessed on December 12, 2016
7. Frenk J. Health and economy: A vital relationship. OECD Observer. N.d. Available from: [http://oecdobserver.org/news/archivestory.php/aid/1241/Health\\_and\\_the\\_economy:\\_A\\_vital\\_relationship\\_.html](http://oecdobserver.org/news/archivestory.php/aid/1241/Health_and_the_economy:_A_vital_relationship_.html). Last accessed on December 12, 2016
8. Woolf SH, Aron L, Simon SM, Zimmerman E, Dubay L, Luk K. How are income and wealth linked to health and longevity? Urban Institute. April 2015. Available from: <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>. Last accessed on December 12, 2016
9. Marmot M. The Influence of Income on Health: Views of an Epidemiologist. Health Affairs. March 2002. Vol 21, no. 2, p31-46
10. Kershaw County. Major Employers. Kershaw County. N.d. Available from: <http://kershawcountysc.org/industry-information/major-employers>. Last accessed on December 12, 2016
11. United States Census Bureau. Census Explorer. United States Census Bureau. N.d. Available from: <http://www.census.gov/censusexplorer/censusexplorer.html>. Last accessed on December 12, 2016
12. United States Department of Labor. Economic News Release. Bureau of Labor Statistics. N.d. Available from: <http://www.bls.gov/news.release/empsit.t15.htm>. Last accessed on December 12, 2016
13. Federal Reserve Bank of St. Louis. Unemployment Rate in Kershaw County, SC. Federal Reserve Bank of St. Louis. Available from: <https://fred.stlouisfed.org/series/SCKERS5URN>. Last accessed on December 12, 2016
14. Peek M. Poverty's Association with Poor Health Outcomes and health Disparities. Health Affairs. October 30, 2014. Available from: <http://healthaffairs.org/blog/2014/10/30/povertys-association-with-poor-health-outcomes-and-health-disparities/>. Last accessed on December 12, 2016
15. Harrell E, Langton L, Berzofsky M, Couzens L, Smiley-McDonald H, Household Poverty and Nonfatal Violent Victimization, 2008-2012, Bureau of Justice, November 18, 2014. Available from: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5137> . Last accessed on December 12, 2016

16. Patterson EB. Poverty, Income Inequality, and Community Crime Rates, *Criminology*, Vol 29, No. 4, 1991 755-778
17. Donabedian A. Evaluating the Quality of Medical Care. *The Milbank Memorial Fund Quarterly*. Vol 44., No. 3, Part 2: Health Services Research
18. Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings Relationships Between Derminant Factors and Health Outcomes. *American Journal of Preventative Medicine*. 2015. Available  
from: [http://www.countyhealthrankings.org/sites/default/files/Hood\\_AmJPrevMed\\_2015.pdf](http://www.countyhealthrankings.org/sites/default/files/Hood_AmJPrevMed_2015.pdf).  
Last accessed on December 12, 2016
19. American Nutrition Digest, n.d., *American Nutrition Digest*. Retrieved on 12/17/2016  
from <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>
20. South Carolina Department of Health and Environmental Control. Licensed Health Care Facilities. SCDHEC. N.d. Available  
from: <http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/LicensedSCHealthcareFacilitiesLists/>. Last accessed: November 30 2016
21. Blumenthal D, Collin S. The Effects of Health Insurance on Health: What We can expect from the Affordable Care Act. *Commonwealth Fund*. June 21, 2013. Available  
from: <http://www.commonwealthfund.org/publications/blog/2013/jun/the-effects-of-health-insurance-on-health>. Last accessed: December 12, 2016
22. Comfort AB, Peterson LA, Hatt LE. Effect of Health Insurance on the Use of Provision of Maternal Health Services and Maternal and Neonatal Health Outcomes: A Systematic Review. *Journal Health Popular Nutrition*: 2013 Dec; 31(4 Suppl 2): S81-S105
23. South Carolina Department of Health and Environmental Control. Coordinated Chronic Disease Fact Sheet Kershaw County. SCDHEC. Retrieved on October 24, 2016  
from <https://www.scdhec.gov/Health/docs/Epi/chronic/Kershaw.pdf1>
24. Khazan O. Why are so many middle-aged white Americans dying? *The Atlantic*. Retrieved on October 24, 2016 from <http://www.theatlantic.com/health/archive/2016/01/middle-aged-white-americans-left-behind-and-dying-early/433863/>
25. South Carolina Department of Health and Environmental Control. County Specific Health Indicators – Kershaw County. South Carolina Department of Health and Environmental Control. 2014. Retrieved on October 2016 from <http://www.scdhec.gov/Health/Docs/CHIT/Kershaw.pdf>
26. Countyhealthrankings.org. County Health Rankings and Roadmaps – Kershaw County. Countyhealthrankings.org. Retrieved on October 24, 2016  
on <http://www.countyhealthrankings.org/app/south-carolina/2016/rankings/kershaw/county/outcomes/overall/snapshot>
27. University of South Carolina, Institute for Families in Society, Division of Policy and Research on Medicaid and Medicare. (July 2013). *South Carolina ZCTA Information* [Date file]. Retrieved from <https://msp.scdhhs.gov/proviso/sites/default/files/Proviso%2033.34%20Environmental%20Scan%20State%20Analysis.pdf>
28. South Carolina Department of Education. School Report Cards. South Carolina Department of Education. N.d. Retrieved on October 24, 2016 from <http://ed.sc.gov/data/report-cards/>
29. Vandell DL, Belsky J, Burchinal M, Vandergrift N, Steinberg L. Do Effects of Early Child Care Extend to Age 15 Years? Results from the NICHD Study of Early Child Care and Youth Development. *Child Development*. 2010 May-Jun; 81(3) 737-756

## Appendix

### Appendix A: Kershaw County Census Tract



## Appendix B: School Data Based on SCDE<sup>27</sup>

<b>Elementary</b>	<b>Students</b>	<b>Medicaid</b>	<b>Disabilities</b>	<b>Retention</b>	<b>Attendance</b>	<b>School Rating: Absolute</b>	<b>School Rating: Growth</b>
Baron DeKalb	215	79.5%	8.6%	3.1%	94.9%	Excellent	Average
Bethune	93	83.8%	13.1%	0.0%	94.7%	Average	Below Average
Blaney	790	64.3%	12.1%	2.8%	95.2%	Good	Average
Camden for the Creative Arts	576	53.8%	13.8%	3.1%	96.0%	Good	Excellent
Doby's Mill	559	61.9%	13.7%	1.5%	95.5%	Excellent	Average
Jackson	528	84.2%	10.9%	1.8%	95.9%	Average	Average
Lugoff	633	60.5%	12.1%	1.9%	95.9%	Excellent	Excellent
Midway	430	79.0%	12.4%	1.3%	95.0%	Average	Average
Mt. Pisgah	129	77.9%	10.7%	2.4%	95.3%	Excellent	Excellent
Pine Tree hill	542	71.7%	13.2%	0.6%	94.7%	Average	At-Risk
Wateree	610	57.7%	13.3%	2.8%	95.1%	Excellent	Good
<b>Middle Schools</b>	<b>Students</b>	<b>Medicaid</b>	<b>Disabilities</b>	<b>Retention</b>	<b>Attendance</b>	<b>Absolute</b>	<b>Growth</b>
Camden	773	70.7%	11.6%	0.4%	96.1%	Average	Average
Leslie M. Stover	663	63.3%	9.8%	0.3%	96.1%	Good	Good
Lugoff-Elgin	646	55.3%	11.1%	1.1%	96.1%	Excellent	Average
North Central	350	83.1%	15.2%	0.6%	95.8%	Average	Average
<b>High School</b>	<b>Students</b>	<b>Medicaid</b>	<b>Disabilities</b>	<b>Retention</b>	<b>Attendance</b>	<b>Absolute</b>	<b>Growth</b>
Camden	940	61.7%	8.9%	3.6%	94.8%	Good	Below-Average
Lugoff-Elgin	1629	53.5%	9.6%	3.6%	94.1%	Good	At-Risk
North Central	475	79.8%	12.9%	2.5%	93.9%	Excellent	Excellent

MARCH 13, 2017



UNIVERSITY OF  
**SOUTH CAROLINA**

## FOCUS GROUP REPORT FOR COMMUNITY HEALTH NEEDS ASSESSMENT

**Holly Hayes, MSPH**

**Matt Yuen, MPH**

**Kathryn Johnson, MPH**

University of South Carolina  
Core for Applied Research and Evaluation  
220 Stoneridge Drive, Ste. 103  
Columbia, SC 29210  
hayeshg@mailbox.sc.edu  
Phone: 803.920.1736

## Overview

In order to gain an in-depth perspective from Kershaw County residents of health problems and root causes, focus groups were conducted with 37 Kershaw County residents. Five focus groups occurred throughout Kershaw County from November 2016 – January 2017. Residents discussed issues surrounding and solutions related to the following question: “What changes are needed to improve the health of everyone in Kershaw County?”

Conducted by an experienced facilitator, the 60-90 minute focus groups were held in neutral locations throughout the county. Each participant received \$30 for participating in the focus group and completing a survey. With participants’ consent, all of the focus groups were digitally recorded and then verbatim transcripts were produced to assist with the thematic analysis.

Refer to the appendix for a copy of the focus group:

- Flyer and confirmation letter
- Discussion guide

When asked about the top health related issues impacting Kershaw County, four health problems were mentioned across the five Kershaw County focus groups: 1. Chronic Diseases (not related to obesity) 2. Obesity 3. Cancer and 4. Substance Abuse. While understanding the root causes, five themes emerged from the Kershaw County focus groups: 1. Cost of Healthcare 2. Lifestyle Issues 3. Lack of Available Programs 4. Cost of Living and 5. Transportation.

## Methodology

The Health Services District of Kershaw County requested that focus groups be conducted in all major towns in Kershaw County and one focus group to concentrate on the aging population. All five of the focus groups consisted of individuals interested in addressing the health needs of Kershaw County; each participant also lived in the town that the focus group was conducted. Table 1 shows the location and number of participants for each focus group.

**Table 1. Focus Group Overview**

Population	Number of Participants	Location
Camden	5	Kershaw County Government Center Building
DeKalb	8	DeKalb Baptist Church
Elgin	6	Elgin Town Hall
Lugoff	11	West Wateree Medical Complex
Camden’s Elderly Group	7	Our Lady of Perpetual Help

A technique, *Five Why’s*, was used as the framework for each focus group. The goal of this technique is to identify the underlying root causes to the problem. Participants went through a consensus process to identify the top three health problems they wanted to discuss for the duration of the focus group. After the problems were identified, participants were led through two to three rounds to identify the main causes of those problems. The first two rounds the participants were asked the question, “*Why is this a problem?*” Participants listed up to three reasons per problem, one reason per post-it note. Similar reasons were grouped and discussed. The participants were then asked to share what they thought were the cause of the problem and how an outside funder should go about addressing the health problems during the focus group. Below is the breakdown of every focus group’s age and sex (Table 2).

Prior to the focus group discussion, participants were asked to complete an anonymous survey, which gathered demographic data as well as information regarding how long they have resided in the area and their current satisfaction level relating to the health of their community. Table 3 displays a breakdown of every focus group’s median age range, race, and sex. A median age range was chosen instead of an average because participants were allowed to select an age range, rather than identifying their exact age.

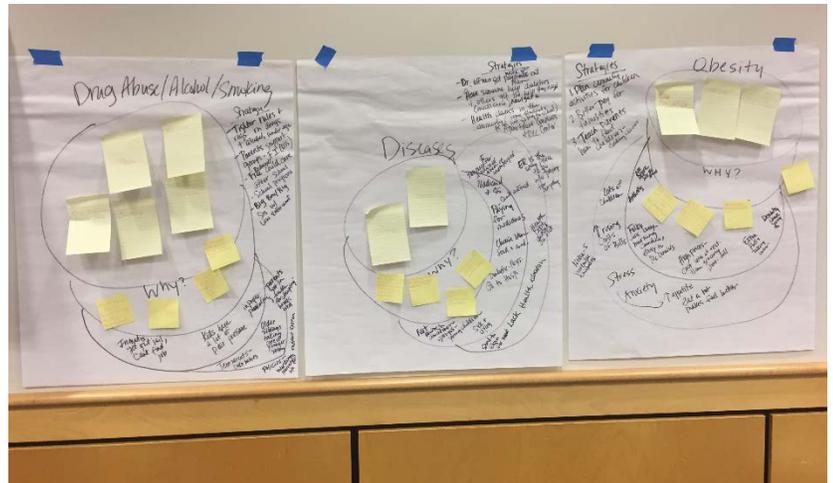


Photo above: Camden’s three issues discussed included drugs, diseases, and obesity.

**Table 2: Focus Group Demographics**

Focus Group	Gender Breakdown	Median Age Range	Racial Breakdown
Camden’s Elderly Group	Male: 43% Female: 57%	70-79	White: 100%
DeKalb	Male: 43% Female: 57%	60-69	White: 100%
Elgin	Male: 50% Female: 50%	55-64	White: 50% African American: 50%
Lugoff	Male: 73% Female: 27%	50-59	White: 45% African American: 45% Hispanic/Latino: 9%
Camden	Male: 0% Female: 100%	35-44	White: 50% African American: 50%

Combining all focus group data, there were 36 participants in total. Of those participants, the majority fell into the 50-59 year old age range with 64% of participants being female and 36% male. Overall, the majority of participants identified their race as White (69%), followed by Black/African American (28%), and Hispanic or Latino (2.8%). Participants were also asked to identify how long they have lived in Kershaw County. Over 75% of respondents indicated that they have lived in the area for 15 years or longer. In regard to employment status, most participants indicated that they were either retired (30%) or working full-time (29%), followed by working part-time (14%), currently unemployed (14%), receiving benefit/pension (5%), dedicated to completing home duties (3%), or currently a student (3%). **When asked to indicate current satisfaction level with Kershaw County in meeting their healthcare needs, the majority of participants indicated that they are somewhat satisfied (33%), followed by very satisfied (28%), satisfied (25%), somewhat disappointed (6%), and very disappointed (3%).** Another 3% had no opinion regarding their satisfaction level and one participant did not respond to the question.

## Health Problems Impacting Kershaw County

A total of four health problems were mentioned across the focus groups ranked in order of mentioned most often to mentioned least often: 1. Chronic Diseases (not related to obesity) 2. Obesity 3. Cancer 4. Substance Abuse. The issues discussed by each focus group, regardless of geography, showed great overlap in content and themes. For a health problem to be considered part of this report, one focus group must have spoken about the health problem extensively.

### Chronic Diseases

The chronic diseases that were mentioned by the focus groups were diabetes, heart disease, and cardiovascular diseases. Despite obesity being considered a chronic illness, obesity was not included in this grouping. The reason for classifying obesity as its own group is related to the frequency at which it was brought up in every focus group conducted. In addition, each group described a wide variety of issues that influence obesity.

When pinpointing a problem associated with chronic diseases, many residents pointed to the fact that it was due in part to their inability to control their own health habits, built environment, limited knowledge, or the lack of available medication.



---

### DeKalb

Facilitator: Why do you think people are struggling with diabetes? What's at the root of it?

Participant: I think, me speaking 'cause I know some, they just don't have the money to buy the medicine.

---

### Camden

Participant 1: My niece is only 5 and has juvenile diabetes only because her parents don't take the time to feed her the proper things. They just give them a burger from Mcdonalds and think the kid is fine.

Participant 2: That could be a community outreach with cooking classes.

Participant 3: Yeah, some parents don't know how to cook.

---

### Lugoff

Participant 1: Out of pocket without coverage, it's \$900. Like [name] said, it's- you might as well just keel over and start digging a hole 'cause you're goin in it. It's cheaper that way.

Participant 2: You can get buried for less, okay. Now, I went back to the doctor, um, Benicar. They will give you a discount card, but who knows this?

---

## Obesity

Obesity was discussed by most groups as a problem impacting Kershaw County residents. It became very clear from the discussions that residents understood why obesity issues impact themselves, their family members and their community. Many of the problems identified with obesity were associated to the lack of a built environment, lack of knowledge, and the lack of convenience to health food.

---

### Lugoff

Participant 1: It's probably a good combination of we're more sedentary. If you're working longer hours and running from one job to another, you're picking up something fast on the way, so you're not eating. You're eating either junk food or maybe some sort of quick cold-cut sandwich to take with you to eat, so that's all salt.

Participant 2: You know, it really is also what we're accustomed to. There is a lot of good comfort food in the South... and God Almighty, salt is the main staple and salt is the rule of many evils. You've got you know weight gain from the sodium, from the water retention, from all that kind of stuff.

---

### DeKalb

Participant: It's hard for us as senior citizens and on a very fixed income, to buy the foods that's necessary. I find starchy foods is cheaper, so a lot of times I'll buy starchy foods because they are cheaper.

---

### Lugoff

Participant: Well, in Camden they have a Ring-Arena and they have a walking track there. But that's a 7-mile drive and back, seven miles one way and seven miles back so a lot of people just go "I don't want to get in the car and drive that far and do that". If there was something like that here and their hours are real sporadic there, and so, but um, they don't really keep it air-conditioned or evened to- because it's a public building and rem- air-conditioning the whole thing, like that.

---

## Cancer

Cancer was mentioned by several in the Kershaw County focus groups. In addition, there were several mentions of different types of cancers. However, the most often mentioned form of cancer was lung cancer. The common problem that was mentioned in most cases was the high proportion of smoking that occurs in Kershaw County.

---

### Camden's Elderly Group

Facilitator: What do you think are the top three that you see a lot of maybe your friends, loved ones, family members dealing with?

Participant: Cancer.

---

### Camden

Facilitator: What do you think is going on that's causing all of these families to be impacted by cancer? I know y'all aren't doctors, but what's your personal perspective? What do you consider to be the root

---

---

cause of people being impacted?

Participant 1: Lifestyles. Lifestyles.

Facilitator: The lifestyles? What do you mean, tell me more, what do you mean by lifestyle?

Participant 2: Smoking is one.

Participant 3: Smoking.

Participant 1: The south is tobacco, you know what I mean? That's what people were raised to do and made their money.

---

## Substance Abuse

Many of the focus groups had similar complaints and similar root causes of the problem. However, the Camden focus group was the only focus group that mentioned substance and alcohol abuse by the population. Most of the focus group believed the problem stemmed from parents not taking care of their children properly and the lack of job skills by drug dealers. The focus group suggested that to combat the substance abuse problem, after school programs are needed to prevent substance abuse.

---

### Camden

Facilitator: Why do you think that doing drugs is socially acceptable?

Participant 1: To be honest, a lot of inmates that went to jail selling drugs and get out continue to sell drugs because they cannot find jobs.

---

### Camden

Participant 2: Why is it socially acceptable? I heard a group of kids talking at my house and they think it's so cool to do drugs and drink alcohol. I told them that you shouldn't think that's cool just because someone else is doing it.

Facilitator: So kids are peer pressured?

Participant 2: A lot of that and comes from improper parenting.

---

### Camden

Facilitator: So thinking about our root causes, working parents and stuff what would be a strategy to combat this?

Participant 3: Need tougher policies, you see kids in the street drinking and you know they aren't old enough.

Facilitator: What part of town are you seeing that?

Participant 3: Downtown Camden.

---

## Root Cause Analysis

This section contains the results of the thematic analysis from the Kershaw County focus groups. The thematic analysis contains the root problems that are associated with the main health problems effecting Kershaw County. This section is broken up into five sections: 1. Barriers to a healthy lifestyle 2. Cost of Healthcare 3. Increasing Cost of Living 4. Transportation and 5. Lack of Social Programs.

### Barriers to a healthy lifestyle

When probing into the issues surrounding how lifestyle impacts diabetes, participants mentioned two basic problems. The two main issues that arise are related to the lack of knowledge regarding living a healthy lifestyle and the lack of convenient access to healthy foods. This section will focus on the aforementioned root cause in the context of lifestyle problems.

#### *Lack of Knowledge on How to Have a Healthy Lifestyle*

A problem indicated by the participants was they did not know how to cook or prepare healthy foods because of prior habits or they were never taught how to cook healthy foods.

---

#### **Lugoff**

Participant 1: "What's available. You say, well, I know how to cook the fried chicken because my mother taught me how to cook fried chicken when I was seven"

Facilitator: Right. You might not know how to do roasted chicken.

Participant 1: Yeah. She didn't teach me how to roast a chicken, or bake chicken, or boil chicken.

---

#### **DeKalb**

Facilitator: If we just brought kale and carrots, and all this healthy food, do people know how to cook healthy food? Or would they need some classes or some lessons?

Participant: I think if you brought kale, we'd probably have lard in it.

---

#### *Lack of Available, Convenient and Affordable Healthy Food*

Due to busy schedules, participants felt that the lack of healthy foods availability and the ease of acquiring unhealthy food were partially to blame for their unhealthy habits.

---

#### **Elgin**

Participant: You might not know how to make wholesome foods.... like fast food restaurants are on the road, so it's easier to eat unhealthy.

---

#### **DeKalb**

Participant: ...it's also being able to get the types of food that they need. To help control, you know, eat healthy, fruits and vegetables. Things like that to help them maintain their diets.

---

---

---

**Lugoff**

Facilitator: Anything else about kind of those basics?

Participant 1: I put the low pay because act- actually that's sometimes the root of everything. You can't afford decent food, uh, the healthiest food 'cause that's always the most expensive a lot of times.

Participant 2: The produce and everything else.

Female: Produce and some of your whole grain foods are always seemingly more expensive.

Facilitator: Yeah.

Participant 1: Foods that diabetics have to use a lot.

---

## Cost of Healthcare

One reoccurring theme that arose from the focus groups was related to the high cost of healthcare in Kershaw County. A common complaint across all the focus groups was healthcare is becoming unaffordable for a lot of the residents. The problem of increasing healthcare costs is not just a Kershaw County problem, but a problem that many Americans are currently having. Residents agree that they themselves, or someone they know, has had to alter their finances and make lifestyle sacrifices in order to keep up with their healthcare costs. Groups discussed solutions to the problem that ranged from increasing the presence of free clinics or investing into more public health programs. This section will be broken up into two portions: 1. Healthcare costs are too expensive to afford medication or supplies and 2. Healthcare costs are too expensive to afford access to health insurance or care.

### *Cannot afford medication or supplies*

Residents had many different issues across the groups. However, all groups agreed that one of the problems that worsened their health issues was the increasing cost of medication or supplies.

---

## **Camden**

Participant: I have a friend that has top notch diabetes. He will go to hospital because he cannot afford the medicine. Medicine period is expensive.

---

### **Camden's Elderly Group**

Participant: Paying for medication. It'll cost you.

---

## **DeKalb**

Participant: And some say the strips that you check ... check the blood sugar with and they can't afford to do it as often as the doctor says to.

---

### *Cannot afford insurance or care*

A complaint among the groups was increasing health insurance prices and the lack of care related to the increasing healthcare prices. Some group members were enrolled on Medicaid, which they felt did not do enough to help with

their problems. Others suggested that the available free clinics were not enough to help with the problems currently impacting the residents of Kershaw County.

---

### **Lugoff**

Participant: Insurance isn't paying like it used to, and it's not affordable. This Obamacare was supposed to be affordable. It's not. And then it's like Well you know they said you've got to have it or you're going to be fined. Well wait a minute. We need this other number because we can't even afford that.

---

### **Elgin**

Participant: We would have actually had to work another job just to pay for insurance so we had to go down to the next level so now you have a 400 dollar deductible per person and then the doctor wants to acknowledge your health by taking labs but then the issuance company doesn't even pay for something like that. So you're not paying for the labs only if you have insurance you're paying for it.

---

### **DeKalb**

Participant: You either got to go to Kershaw or Camden. And they're gonna cost you, if you don't have insurance, a minimum visit, your first visit's going to be about a hundred and fifty bucks...and if you don't have insurance, you obviously don't have the money to pay the hundred and fifty dollars to get your first visit.

---

### **Camden**

Participant 1: Without any Medicaid, can't afford to go to the doctor and end up sick and dying with nothing you can do about it.

Facilitator: Do you know a lot of people that aren't eligible for assistance?

Participant 2: Yes, it's like they make too much for Medicaid but still not enough.

Participant 3: My son goes to the free clinic and they say they don't cover this or that.

---

## **Increasing Cost of Living Impacting Standard of Living**

A theme from many of the focus groups was related to the high cost of living for many of the participants. While cost of living is related to the theme of inability to buy medication and insurance, focus group participants spoke about the general unaffordability of items. However, the cost of living influences the standard of living for a family, which in turn is impacted by household income.

---

### **Camden**

Participant A: Jobs are cutting back on hours and work. Used to, I never touched my paycheck because I do hair on the side. But now it's a bill taking that money.

Female 2: Yeah you are so focused on how you're gonna pay your next bill and the next thing coming up.

---

---

It makes me lose my appetite.

---

### **Elgin**

Facilitator: Would you say that food is more expensive now, or do you think that people just have less money?

Participant A: Both.

Participant B: Both.

Participant A: I think, I think that uh, you can see the escalation in, in uh ... I've been in the food industry for 30 years or so. I've seen some. You can see some commodity items that'll go back and forth, up and down, up and down. Like milk, people don't understand that there are good years with cows, and bad years with cows and that's what makes those kinds of prices fluctuate. But you'll also see corporations like, Food Lion, like Walmart, and like IGA that once the price goes up, they trickle it /down a lot slower, and then they, you know.

---

### **Lugoff**

Female: You can't afford decent food, uh, the healthiest food 'cause that's always the most expensive a lot of times.

Male: The produce and everything else.

Female: Produce and some of your whole grain foods are always seemingly more expensive.

---

### **Transportation**

Another problem that was indicated by several groups was the poor transportation for residents with health problems in Kershaw County. Many indicated that they had to find someone to drive them to Columbia for better healthcare. Unfortunately, in some cases individuals are not able to receive medical care because they cannot find transportation to appointments.

---

### **Lugoff**

Participant: People um, they have to take RTA and no matter what's going on they have to have three business days in order to come pick you up. So if they're sitting there, you know, they'll have to call 911 for an ambulance of something. If they're really sick and need to get to the doctor that day, RTA will not come and pick you up unless you give them three business days notice, and Saturday and Sunday does not count. So a lot of patients that need to get in here, they have to call and cancel because they say they don't have transportation.

---

### **DeKalb**

Participant A: Yeah, and transportation too, because with the elderly-

Participant B: Transportation is horrible.

---

---

Participant A: That becomes a serious problem.

Facilitator: So, help with transportation-

Participant C: That would help too.

Facilitator: The transportation? Could y'all elaborate more, because in Dekalb, this area's more unique for the transportation issues than if I was in Camden. Can you tell me about what's going on with transportation? What do you personally see in your own life, or in your neighbors life, or in a students life around transportation?

Participant B: Well, some of the elderly don't have ... They don't have any ... They don't have cars, they don't-

Facilitator: They don't drive?

Participant A: And they live alone.

Participant B: And we can't drive as far as Columbia. Nobody ... I can't drive to Columbia anymore, and I've had a serious problem with that.

---

### Lack of Available Community Resources

When asked for solutions for the community's health problems, a theme that emerged in all groups was the lack of community resources. Possible resources included healthcare programs, safety net programs, gym buildings, or even sidewalks to encourage people to exercise more. This section will be broken up into three parts: 1. Programs for health 2. Programs for a healthy lifestyle and 3. Structural resources.

#### *Programs for health*

One of the highlighted problems by participants was the lack of public health programs. These types of services could come in the form of blood pressure screenings or free preventative checkups.

---

#### **Elgin**

Participant: Well you know they have in Columbia they have that free dental thing, but people are lined up all the way around. ... You know. Is there anyway maybe for a couple days and it would have to be maybe Elgin folk only. You got to show an ID to prove you live in Elgin. Maybe have some free- get some of the medical students out here. Free blood pressure, free maybe a free A1... I was just saying screening. Free screenings

---

#### **Elgin**

Participant: My son goes to the free clinic and they say they don't cover this or that.

---

### *Programs for a healthy lifestyle*

Another theme brought up by the focus groups was the lack of programs in place to help encourage healthy lifestyles. The majority of the groups focused more on the issue of food (e.g. paying for it, preparing it, etc.), while the Camden focus group focused on substance abuse.

---

#### **Camden**

Participant 1: Prices in the store are very expensive.

Participant 2: It costs less to take a family to a restaurant to eat than it would to go buy all the ingredients in the store. That's wasting money that could be going towards a bill.

---

#### **Elgin**

Right so if we had a free clinic here where people could go that could get there blood pressure checked and uh blood sugar whatever check you know 'cause they're always taking about these things oh that are a silent killer and really you can have diabetes and not know it.

---

### *Built Environment*

When the subject of chronic diseases were brought up, residents of Kershaw County were quick to point out the lack of a built environment. A built environment is refers to the method a city is planned that encourages a healthy lifestyle. The main concerns for the people of Kershaw County in regards to a built environment was the lack of sidewalks, the lack of safe exercise areas, and the lack of easy access to fresh fruits and vegetables.

---

#### **DeKalb**

Facilitator: What specifically could happen here? What supports or what's needed here to help those who are suffering from diabetes and heart disease?

Participant A: Access, better access to foods.

Facilitator: I mean, if a funder came and wanted to invest in something here, what would be really helpful to the people here?

Participant A: I think a walking track would be good.

Participant B: Because they could get out and exercise, you know, when they could.

---

#### **Elgin**

Participant A: Well, we don't have any place around here, I could say like walking. What, you got a Y over in Richland County, but it's expensive, even if you're low income. Um. What do we have around here? Uh, we don't really have any sort of a gym or anything here.

Participant B: Well there's a 24-hour gym, but it's off on the cut. It's- there's not much light there. I don't even go there. I'm not saying that it's not a good gym, but as a single women.

---

#### **Lugoff**

---

---

Participant A: It would be nice to have a safe place, like an indoor track for walking. I'm used to high school and going up and down the steps and all that because- and I'll drive the four miles here because my neighborhood is rural and quite often you know you've got dogs running around. You know and I don't want to have to taze somebody's dog because- because the- the owner is you know, doesn't know how to contain their animal properly.

---

### *Lack of Social Programs*

One of the problems highlighted by the focus groups was the lack community programs. Safety net programs are programs that include food assistance, childcare, etc. The common complaint in regards to the lack of safety net programs is there isn't enough benefits from the certain program that the participant (or acquaintance of the participant) receives. For this reason, some participants suggested that they are often faced with choosing between paying for one item or another item in their budget.

---

### **DeKalb**

Participant 1: So, I wish that the Department of Social Services would increase the people that are on fixed incomes to give them, at least, a minimum 50 dollars a month, something like that.

Participant 2: Right, well, as far as I'm concerned, I'm about a hundred dollars over getting any help at all.

---

### **Camden**

Participant A: Free afterschool programs. My husband and son are in law enforcement. They have this program where they train law enforcement in Richland County and all the problems we have right now between law and the public, I think about they need to do big brother programs whether that's law enforcement or the business community. Just someone being a big brother to a kid.

Participant B: Even in the community because a lot of kids don't go to school but live in these apartment complexes. Maybe have someone come to the complexes. There is the rec center too. Maybe have a fun activity so that kids will come.

---

## Solutions by the Focus Groups

All the focus groups were asked about what solutions they would suggest an outside funder could do to improve the health of Kershaw County. Answers varied from group to group, but the following were mentioned the most often:

- Access to healthy foods in the form of stores, community gardens, farmer's market, and restaurants
- Programs for food including meal programs, food vouchers
- Education for healthy living through classes or health fairs
- Gyms, basketball courts, and/or indoor walking track areas in the community to encourage a healthy lifestyle
- Transportation for elderly
- Community events which emphasis healthy lifestyle competitions
- Financial help with insurance and medications



- Free housing
- More teachers in schools
- Free health screenings
- More free clinics
- Education on the availability of programs and community resources
- Afterschool programs for children
- Tighter policies on substance abuse and underage drinking
- Better paying jobs

## Camden’s Elderly Focus Group

The focus group conducted in Camden with all elderly participants specifically focused on the needs of individuals residing in Kershaw County classified as aging seniors. The conversation with this group was strictly related to the needs of and the issues relating to this particular demographic. Participants in this focus group believe that resources exist in the community that seniors are not aware of but could benefit from the use of. Examples of these resources include libraries and activities to keep them busy and involved, such as day trips. Other conversations surrounded the availability of assisted living facilities in and around Camden. Participants feel that there are several options when it comes to assisted living and senior care centers. Many participants called on experiences that they have had with family members and friends that have been in assisted living facilities, some of these positive and some negative. Others noted that various churches throughout town have elderly assistance programs that they know to be utilized by elderly individuals. The main need expressed by this focus group was for elderly transportation to and from medical appointments, as well as normal routine activities such as grocery shopping and other errands. Other requests were related to the need for engaging and maintaining elderly in the community through activities that may already currently exist but are not well publicized.

## Possible Implementation Problems

### *Possible Implementation Problems – Lack of Awareness*

There were several causes that were highlighted in the focus groups as possible barriers to implementing a new program or expanding services. Three themes emerged as possible problems to implementing new programs or expanding services. The first problem was due to the fact that there was a lack of awareness of programs or not enrolling into available programs. In one instance, a participant was not aware that there was a free clinic.

### **Camden**

(commenting on a previous statement about someone’s inability to pay their bills)

Participant: ...there needs to be someone with the hospital that refers him to someone that can help him get the medication he needs at a reasonable cost. Who that is, I don’t know. My husband also works in the medical field, and you don’t wanna get your medical care at the hospital but that’s peoples only options.

### **Elgin**

Participant: Right so if we had a free clinic here where people could go that could get their blood pressure checked and uh blood sugar whatever check you know 'cause they're always taking about these things oh that are a silent killer and really you can have diabetes and not know it.

### *Possible Implementation Problems – Pride*

In addition, there is an internal conflict regarding pride when signing up for programs as highlighted by some of the other focus groups. A potential solution generated by the participants was direct marketing to the groups, which will make signing up for programs less embarrassing and reduce any associated stigma. Unfortunately, attitudinal barriers such as pride take a lot of time and effort to overcome and should be accounted for in any future program implementation.

---

#### **DeKalb**

Facilitator: What other reason do people not seek here in this community?

Participant: Pride. I think people being scared to ask people and not wanting people to know what's going on in their private life.

Facilitator: What do you think is blocking them from getting the services that they need?

Participant 1: Old people, I think it's pride.

Participant 2: With the young, I just think they ... They think they're invincible, that it's not going to happen to me. I don't need to get healthcare because it's not going to happen to me, I'm too young.

---

#### **Elgin**

Participant: I, I think that the home bound elderly, they just get left out, and it's, it's uh, it's a lot of times it's because they don't have any family. It's a lot of times that they- Pride, enters into it. They feel like they don't want to reach out and tell somebody they need help.

---

#### **Camden's Elderly Group**

Facilitator: What are some reasons that the elderly here in the community might not seek help when they need it?

Participant: Pride.

---

### *Possible Implementation Problems – Pre-existing Attitudes*

During the thematic analysis we noticed there were pre-existing attitudes toward health that were not necessarily healthy. In any implementation of a program there is a certain amount pre-existing attitudes that should be accounted for. In Kershaw County's case, this is no different.

---

#### **Camden**

Participant: my niece is only 5 and has juvenile diabetes only because her parents don't take the time to feed her the proper things. They just give them a burger from McDonalds and think the kid is fine.

---

#### **DeKalb**

Participant: Medication, tell me what you think, like, maybe the medication's causing cancer? I guess, because a lot of well ... I just hear on the television, you know, a lot of things that's advertised in it says cancer. But a lot of things that the doctor prescribes, uh, can cause cancer too.

---

---

## Elgin

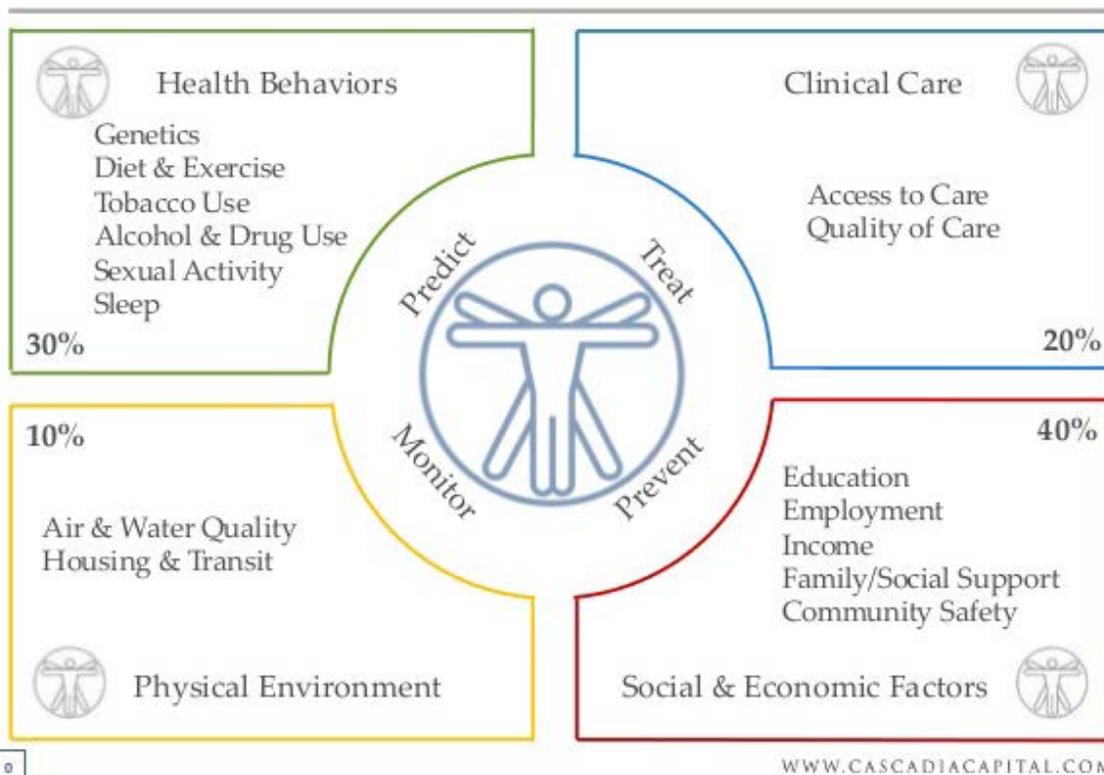
Participant: It costs less to take a family to a restaurant to eat than it would to go buy all the ingredients in the store. That's wasting money that could be going towards a bill.

## Implications

There were several implications that were discovered during the analysis of the focus group interviews.

### 1. The problems of Kershaw County are not limited to one portion/area of Kershaw County.

All the focus groups had similar issues when asked what the major health problems effecting them. The only exception to this implication was the Camden focus group, which ended up focusing on substance abuse. Outside of substance abuse, the Camden focus group had the same problems as all the other focus groups. This implies that the issues of Kershaw County are systemic and societal level problems that cannot be solved by implementing one program. Rather, the issues of Kershaw County will require multiple programs and the community as a whole to address the root causes. It will be important to address health behaviors, physical environment, clinical care and social and economic factors when designing strategies to improve the health of Kershaw County (see figure below). All of the four categories were addressed by the focus group participants; the facilitator did not prompt this. These areas emerged naturally from the groups when completed the "5 whys?" exercise.



### 2. The built environment of Kershaw County is lacking

One of the points that most all the focus groups blamed the rising causes of chronic diseases was the lack of gyms, parks, safe places to exercise, lack of access to healthy foods and transportation. The feedback suggest that there is a built environment issues. Walkability scores and epidemiological data back the complaints of not having the necessary structures and agencies in place to encourage exercise. The built environment is not an easy or a quick fix. More

research and county planning is needed to determine what changes will have the most impact for Kershaw County to create a better built environment.

### **3. Cost of living is increasing faster than the rate of which the population's income can increase**

This sentiment seemed to be echoed by the participants in the focus groups where their income cannot keep up with the cost of living. When income cannot keep up with inflation, it causes individuals to make sacrifices to their health in the form of health insurance or health choices. There are multiple indicators that point to why inflation is currently outstripping the wages of Kershaw County residents. Unfortunately, there is very little quick fixes in terms of policy and programs that Kershaw County can do. Tax credits and other county policies to encourage more businesses to move to Kershaw County are options, but they do not address the larger problem. Kershaw County's workforce, while young, is less educated than the average workforce. For this reason, Kershaw County should also focus on encouraging residents to become more educated or receive the necessary training for skilled labor.

### **4. Kershaw County's population desires to become healthy, but doesn't know how to**

One of the takeaways from all focus groups conducted was that Kershaw County's populations know they are unhealthy and want to be healthy. In addition, the focus groups made it clear that many of them are willing to learn how to become healthy. In some instances, they pointed to the times that they were given lessons on how to become healthy they were very much open and willing to learn. As mentioned before, Kershaw County residents do not only suffer from health behavior problems, but also social and economic factors as well.

## Appendix

Appendix A.

### Focus Group Flyer



You will receive:

**\$30 cash for your feedback  
and refreshments**

# We Want to Hear from You!



UNIVERSITY OF  
**SOUTH CAROLINA**  
Arnold School of Public Health

To register contact:

**Barbara Reager**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

## Appendix B.

### Call-In Focus Group Script

Thank you for being willing to participate in this group discussion. We will be discussing ways in which we can all help make your community a better place to live. The group discussion will be made up of about 10 to 12 people like yourself and will last 1 ½ hours. As a way of thanking you for your time, you will receive \$30 for your participation. Snacks and drinks will be served. At no time will we attempt to sell you anything and your name will never be associated with the opinions you share at the group discussion.

What Kershaw County community are you from?

Lugoff: (rust flyer-New Life Christian Outreach, Tuesday Oct 25<sup>th</sup>, 6:00-7:30)

Elgin: (purple flyer-Town Hall Conference room, Monday Oct. 24<sup>th</sup> 7:00-8:30)

DeKalb: (red flyer-DeKalb Baptist Church, Tuesday Oct. 18<sup>th</sup>. 10:30-12:00)

Camden:

I just need some information from you so that we can send you a reminder for the discussion.

Name:

Phone Number:

Street Address:

Email Address:

We want to stress how important your participation is to us. If for any reason you cannot attend, or if you have any questions please call us right away at 803-777-3908.

Appendix C.

**Focus Group Agenda and Script**

**Focus Group Agenda**

- Get seated, get drinks, food
- Welcome (Intro)
- Questions
- Closing
- Distribute money and surveys

**Focus Group Introduction**

My name is \_\_\_\_\_ I am a Research Associate at the University of South Carolina. Thank you for attending this focus group to talk about issues going on in \_\_\_\_\_. We want \_\_\_\_\_ to be the healthiest town, and we need your help.

This meeting should last about 1.5 hours. The session will be audio taped as a backup for our notes. These tapes will not be shared with anyone other than the staff on this project. You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to. You probably won't benefit directly from participating in this discussion, but we hope that others in the community will benefit by learning how we can best help people who live in \_\_\_\_\_ be as healthy as they can be.

Participation is confidential. Information will be kept in a secure location at the University of South Carolina. The results of the discussion will be reported to staff and decision makers, but your identity will not be shared. So, please do not write your name or other identifying information on any of the materials. Others in the group will hear what you say, and it is possible that they could tell someone else. Because we will be talking in a group, we cannot promise that what you say will remain completely private, but we will ask that you and all other group members respect the privacy of everyone in the group.

You will receive \$30 for your time and travel expenses. At the end, we will give you the cash and have your sign something along with a survey.

**Focus Group Questions**

We are all here today to answer the question: What must we do to make \_\_\_\_\_ a great place to live

What do you think are the three most important health issues in your community, \_\_\_\_\_?

\*\* Use protocol if appropriate\*\*

What are the underlying causes of these health issues you chose?

How have the health issues changed over the past 3 years? Are they the same or different?

Possible health issues could include: alcohol use, Alzheimer's/dementia, arthritis, cancer, diabetes, drug use, heart disease and stroke, high blood pressure, HIV/AIDS/STD, infant death, mental health, overweight/obesity, tobacco use, other \_\_\_\_\_

What are some of the barriers/challenges you've encountered while trying to be healthy yourself or for your family?

What type of health services do you know that people seek most? Where do people in \_\_\_\_\_ go to get help with their healthcare?

Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what were the reasons?

What are the reasons people in your community might not seek help when needed?

Do you feel that people in the community are fully aware of the healthcare services and options that are available to them? Why? Why not?

If you have two recommendations on what is needed to improve health for everyone in \_\_\_\_\_ – where everyone in \_\_\_\_\_ is thriving, what would it be?

Are there some populations in \_\_\_\_\_, that may need more help than others (ie elderly, children, students)?

What do you consider to be the top 3 strengths of \_\_\_\_\_ that can be used to help everybody moving forward?

What are some strategies, specific actions that need to be taken based on our discussion tonight?

What are some immediate next steps that you would recommend to a potential funder looking at \_\_\_\_\_?

## 5 Why's Focus Group Technique

### Guidelines:

- No right or wrong answers, only differing points of view
- We're tape recording and taking notes, so please only one person speak at a time
- Please keep confidential any information shared here; do not share with others
- You don't need to agree with others, we are interested in all opinions and experiences
- Please turn off your cell phone or put on vibrate; if you have to take a call, please take it outside the room and return as quickly as you can
- Please feel free to help yourself to more food or drinks.
- When we discuss the reasons, my role as moderator will be to guide the discussion, but do talk to each other
- Participation does not effect your benefits or services that you may currently receive.

*Today we want to ask you questions about the health problems our community is facing that makes it hard to be as healthy as possible.*

*When you look around your community, what are the health problems that people face that make it hard for them to be as healthy as they can be.*

*Write down 3 health problems (issues) that are important to be addressed in our community. We are going to group those challenges and have you vote on the top 3 to talk about today.*

(Facilitator uses Nominal Group Technique to group similar ideas then vote on top 3 to discuss).

*Let's talk about that as it relates to each health challenge. We are going to go through 3 rounds trying to get down to the root causes of these problems. We will move through these 3 rounds quickly and then talk at the end. Let's start with the first round.*

### ROUND 1—

*For the first round, use the pink post it notes. Write down no more than 3 (you may only have one reason and that is okay), why those issues are a problem. Write one reason per post it note. Then take the post it notes and place them on the flip chart paper under the problem. Remember, there is no right or wrong reason. We want to know what YOU think.*

*While you are putting your post-it notes up on the flip chart paper, we will group the reasons that are similar. Feel free to stand up and look around at the reasons people gave for each problem.*

(Facilitators will group similar ideas. Then, facilitator will draw a circle around each group of ideas and label the group and share what participants wrote as reasons.)

## **STEP 2-**

*Now, let's move to Round 2. We have created groups of reasons that are alike based on your responses to the first question.*

*As we talk about each group, we are going to talk about an idea called Health Equity. Health equity means that EVERYONE has the opportunity to be as healthy as possible [CDC DEFINITION] no matter their age, class, race, where they live and other factors. We have the definition written for you up here on the board.*

*There is a lot of information that shows not everyone has the same opportunities to be as healthy as possible.*

*So, as you think about each group, ask yourself, "Is this a problem for some more than others?" If you think, Yes then think about why it's a problem for some more than others. Write down no more than 3 reasons on the yellow post-it notes, one per post it note. Then take the notes and place them by the group. (Facilitators will group similar ideas. Then, facilitator will draw a circle around each group of ideas and label the group and share what participants wrote as reasons.)*

## **STEP 3-**

*Look at the similar responses we are getting. Let's do this one more time based on the groups we've created with the yellow sticky notes. Think again about the question, "Is this a problem for some more than others?" If you think, Yes then think about why it's a problem for some more than others. Write down no more than 3 reasons on the yellow post-it notes, one per post it note. Then take the notes and place them by the group.*

*(Facilitators will identify the main reasons participants gave for each of the problems and the causes.)*

## **DISCUSSION-**

*Look at the similar responses you gave across problems.*

- 1. Tell me a little more about why these are problems for some more than others?*
- 2. Does The Health Services District of Kershaw County play a role in helping solve these problems? If so, what do you think they could do?*

## **Materials needed—**

**\*Markers**

**\*Pens**

**\*Flipchart paper**

**\*5 different colors of post-it notes**

# Focus Group Participant Survey

Please answer the following questions. We need this information to help us describe the types of people who participated. All information will be kept confidential. Your answers will not be linked to you, SO PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THIS SURVEY.

About how long have you been living in Kershaw County

- Less than 12 months
- 1-5 years
- 5-10 years
- 10-15 years
- 15 years or longer

How did you travel here today?

- I drove a car
- I rode in a car driven by a family member or friend
- I walked
- I took the bus
- Other \_\_\_\_\_

What would best describe your employment status?

- Working full time
- Working part time
- Unemployed
- Home duties
- Receiving benefit/pension
- Student
- Retired
- Other: \_\_\_\_\_

What is your satisfaction level with your community in meeting your health care needs?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Somewhat Disappointed
- Disappointed
- Very Disappointed
- No Opinion

Which of the following describes you? (check all that apply)

- Black/African American
- White
- Hispanic or Latino
- Asian
- Native American
- Other \_\_\_\_\_

Please check your age group

- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

Are you?

- Male
- Female
- Prefer Not to Respond

What is your zipcode?

\_\_\_\_\_

**Thank you for your participation!**



UNIVERSITY OF  
**SOUTH CAROLINA**

# COMMUNITY SURVEY REPORT FOR COMMUNITY HEALTH NEEDS ASSESSMENT

**Holly Hayes, MSPH**

**Matt Yuen, MPH**

University of South Carolina  
Core for Applied Research and Evaluation  
220 Stoneridge Drive, Ste. 103  
Columbia, SC 29210  
hayeshg@mailbox.sc.edu  
Phone: 803.920.1736

# Overview

## Methodology

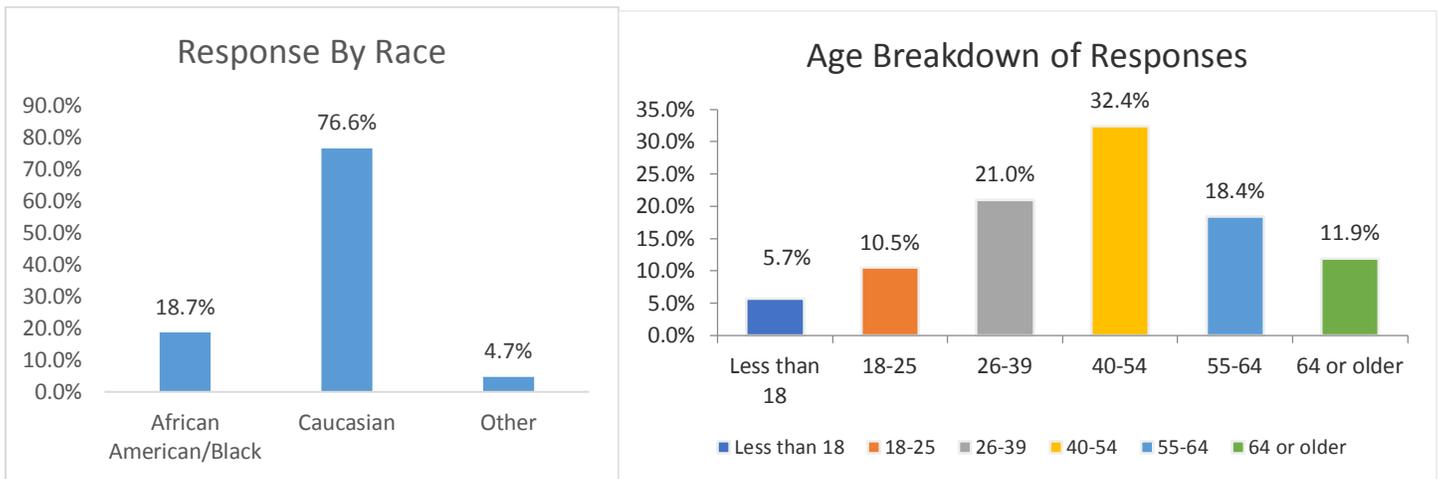
In an effort to obtain broad community input from a large number of residents, a survey was developed (see Appendix for data instrument). The purpose of the survey was to gain feedback from community residents to identify health issues and related root causes. The survey was available in English and in Spanish. Residents completed the survey via a paper form or by web (SurveyMonkey link). The team created a goal of surveying 1,000 residents, and exceeded that goal with 1,168 participants from December 1, 2016-February 20, 2017.

In an effort to gain input from a variety of residents, a variety of methods were used. The two largest employers in the county, KershawHealth and Kershaw County School District, requested that their employees complete the survey. In addition, Sarah Oliver visited several locations, dropped, and picked up paper surveys at locations around the county. In addition, board members of the Health Services District and partners helped distribute and collect surveys throughout the county. Some of these locations included: Sandhills Medical in Lugoff, Elgin Urgent Care, Rev. Marion Bennett with Concerned Clergy for Kershaw County, Community Medical Clinic of Kershaw County, Rotary Club, Pinedale Residential, Dr. Kahlor and Kelly Warnock, Randy’s Tire and Lube, Lugoff-Elgin High School, Lugoff Elementary/PEP and Central Carolina. All of the paper surveys were entered into SurveyMonkey for the analysis of the data. Data was also stratified by major zip codes to determine if results differed.

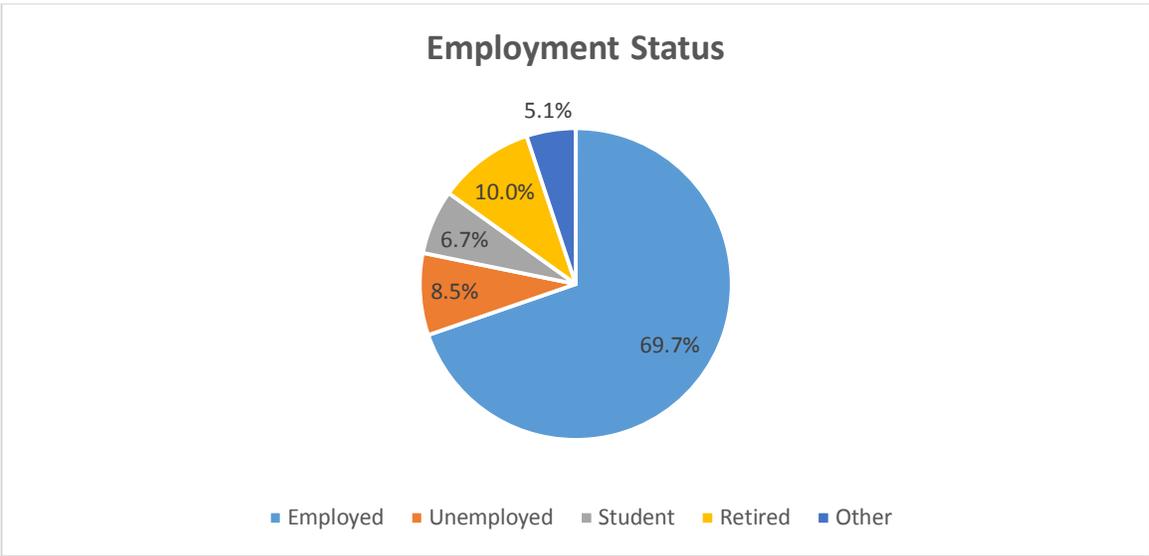
## Quantitative Data Analysis

### Demographic Information

The survey had a total of 1,168 responses that ranged from all the different zip codes within the county. When looking at the responses based on age and race, they were reflective of the overall population of Kershaw county.

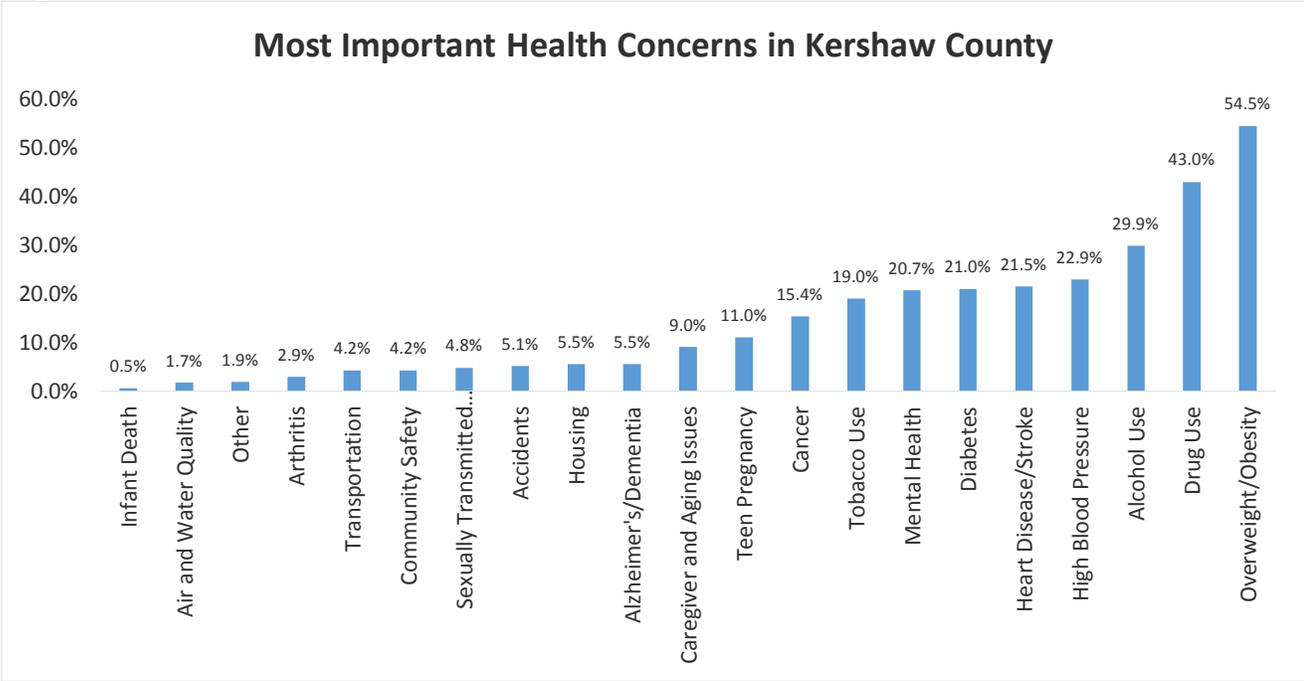


However, when broken down by gender, females (72.7%) had a significantly higher response rate than males (27.3%). When asked about insurance type, the population had a smaller than national average of Medicaid (6.7%) and Medicare (9.7%) patients, but a normal private insurances mix (59.1%). Employment status was as follows:



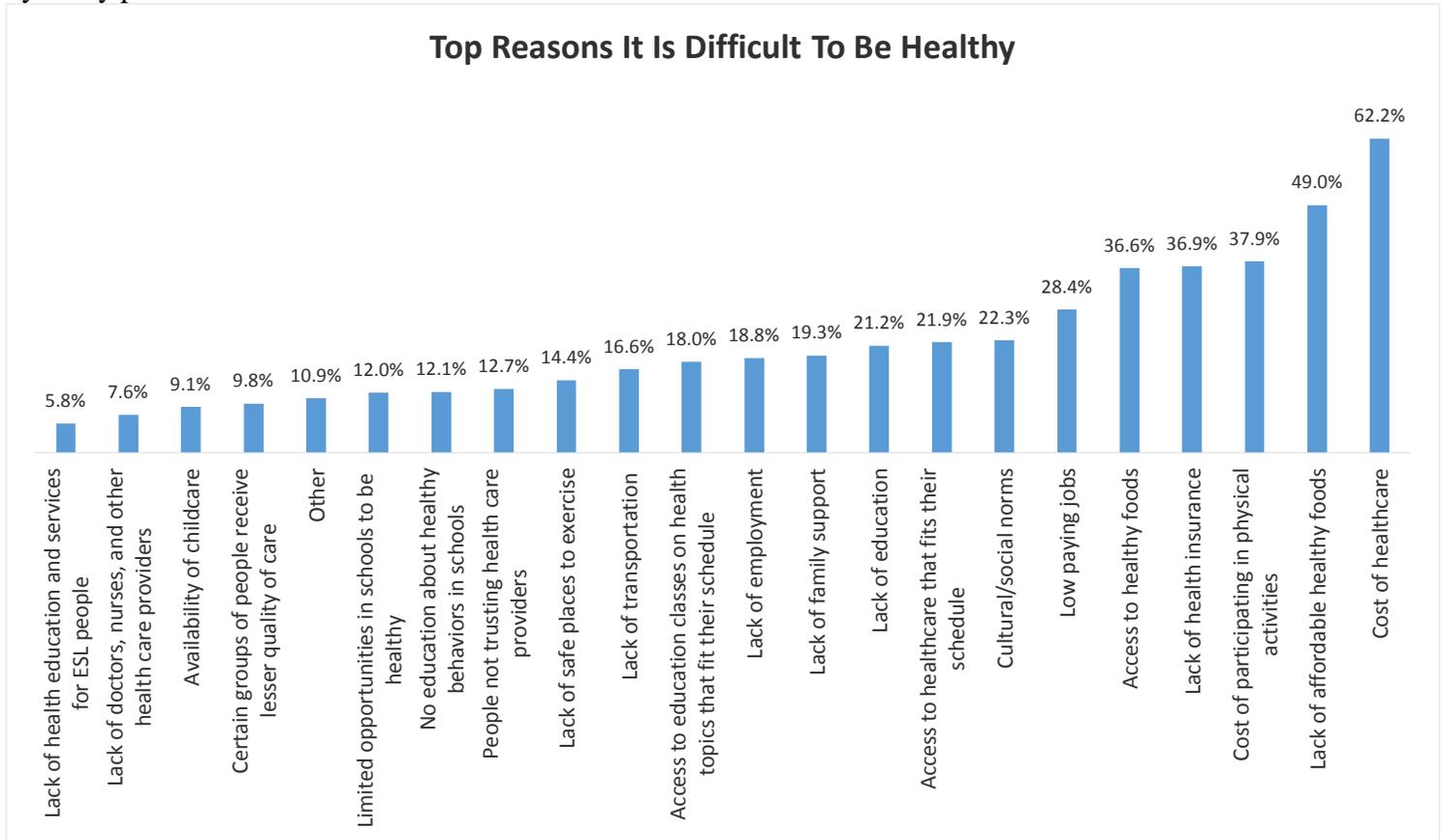
**Overall Results**

When residents were asked what were the most important health concerns in the community, the survey found among the 1,146 respondents, the top 3 health concerns were overweight/obesity (54.5%), drug use (43.3%), and alcohol use (29.9%). The results from the survey are found in the graph below. However, when combining similar health problems together, it found that chronic disease and substance abuse were the top issues listed by survey respondents.

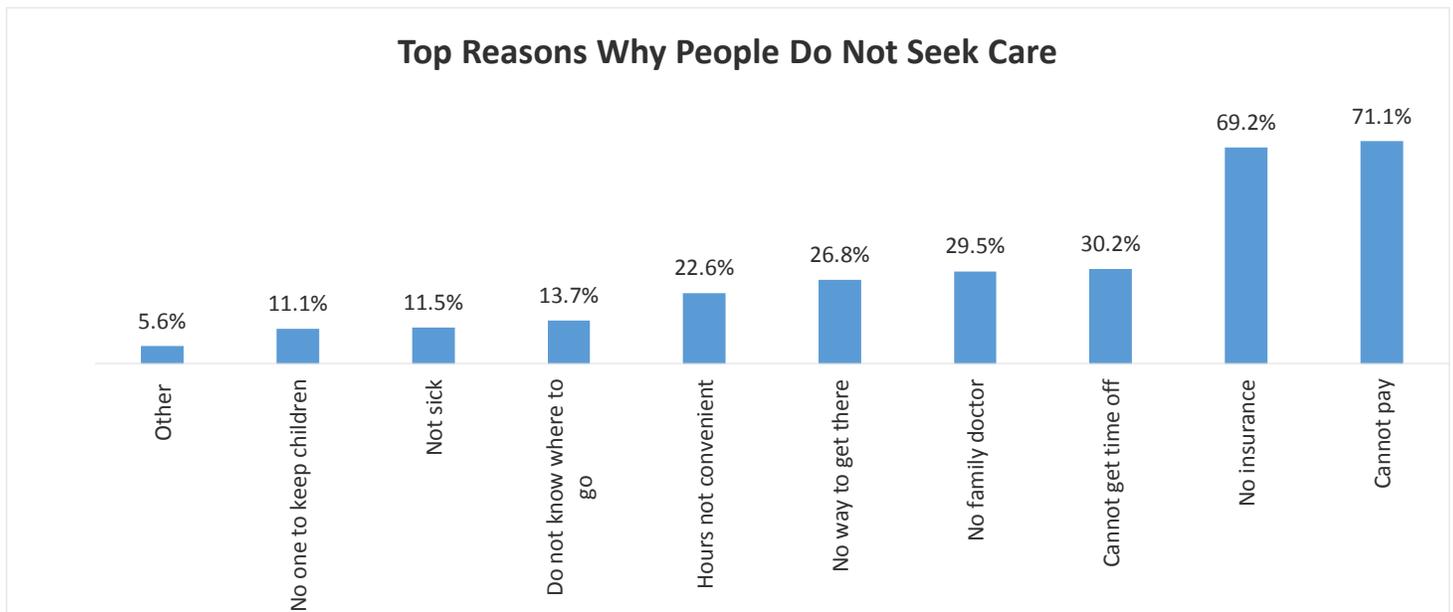


Based on the results of the survey, Kershaw county 1,146 respondents stated that the top reasons to be healthy are cost of healthcare (62.2%), lack of affordable healthy foods (49.0%) cost of participating in physical activities (37.9%), and lack of health insurance (36.9%). The graph below is the breakdown of every response

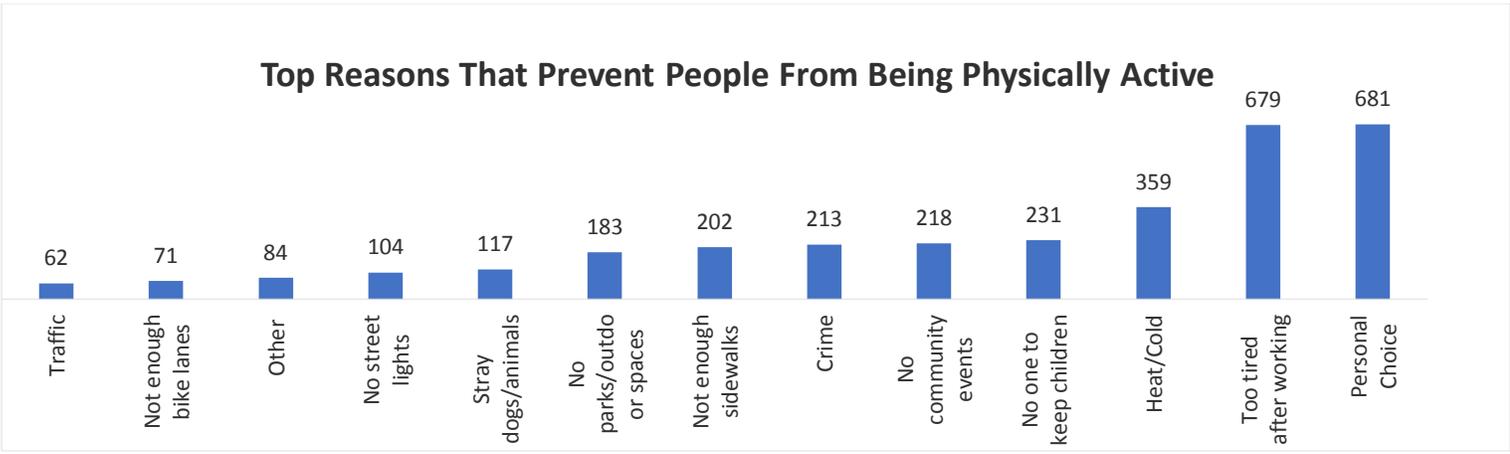
by every person.



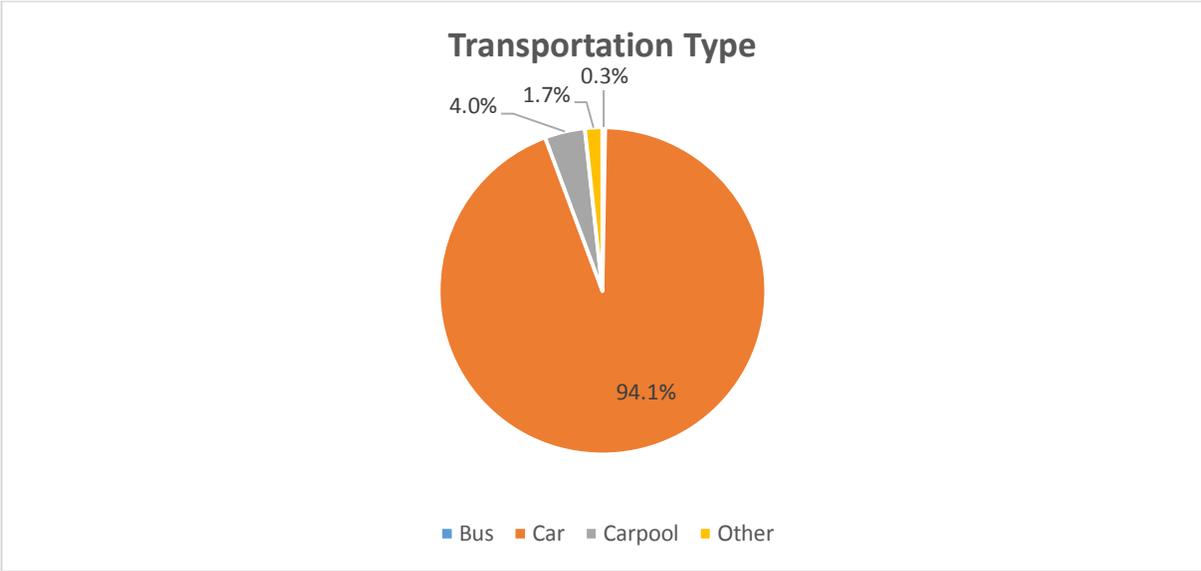
Of the 1,146 residents that responded, the top reasons that residents cited as reasons people in Kershaw did not seek healthcare were overwhelmingly cannot pay (71.1%) and lacking insurance (69.2%). Respondents were allowed to choose up to 3 responses.



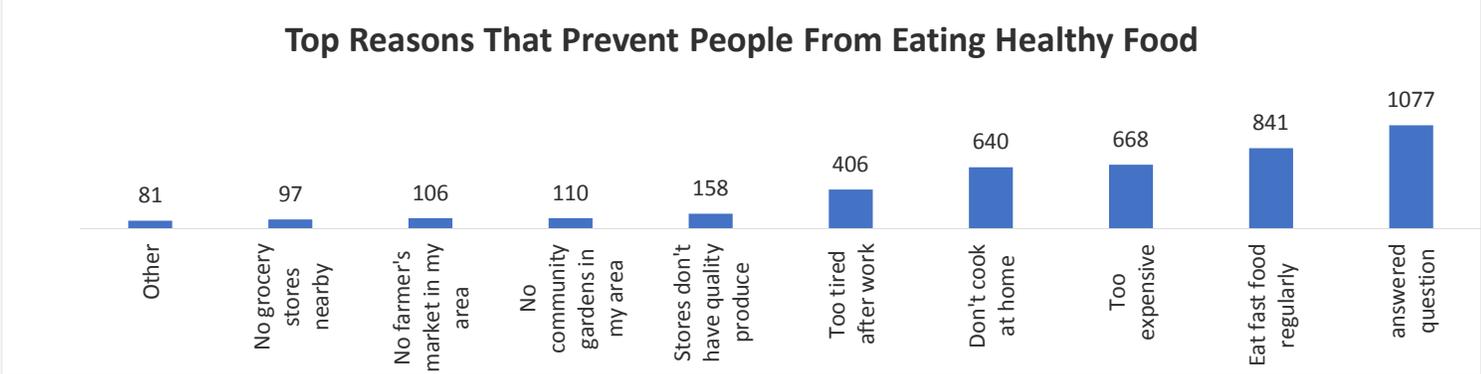
To understand the issue more, the survey wanted to understand the top reasons that prevented people from being physically active. Of the 1,101 respondents, personal choice and too tired were popular choices among respondents. Respondents were allowed up to 3 choices.



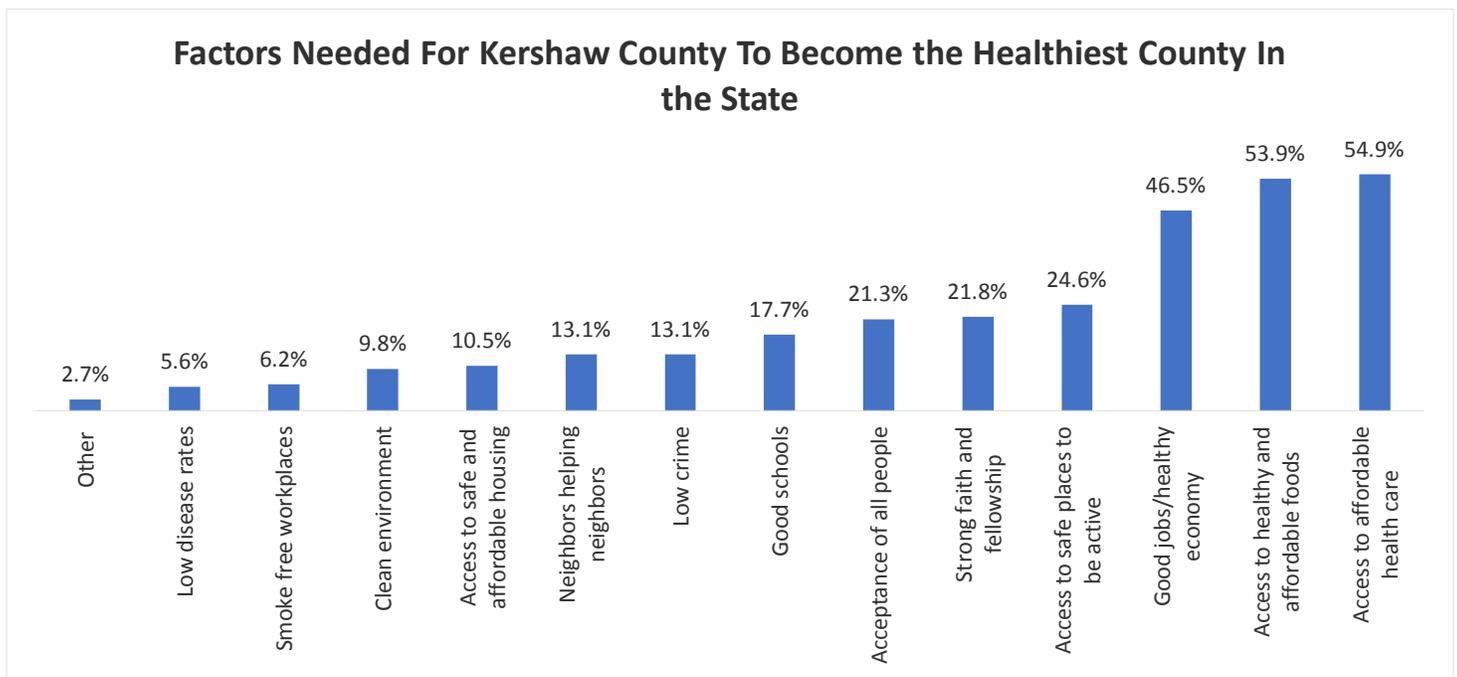
When asked what the main form of transportation in Kershaw County was, an overwhelming majority (94.1%) responded using their cars as their main form of transportation. While carpooling (4%), other (1.7%), and the bus (.3%) made up the rest of the population. A total of 1,162 people responded to this question and were only allowed to choose 1 answer.



When asked what was the top reasons for what prevented people from eating healthy food, an overwhelming majority of the 1,077 respondents stated “Eating fast food regularly”, “Too expensive”, and “Don’t Cook at Home” as barriers to health food. Respondents chose up to 3 choices.



When asked what factors were needed for Kershaw County to become the healthiest county in the state, of 1,093 respondents, the answers revolved around needing more affordable healthcare and healthy foods. Respondents were allowed to choose up to 3 choices.



### *Stratifying results by zip code*

To further understand the results, all results were stratified by zip code to better understand differences across zip codes. When stratifying by zip code, zip codes were condensed into 5 parts of Kershaw: 1. Camden (29021, 29020) 2. Elgin (29130, 29045), Lugoff (29078, 29130), North Central (29128, 29067, 29032, 29074, 29175, 29058), and other (29010, 29128).

The results from zip code stratification proved that there were minor differences across the different portions of Kershaw County. The top health concerns for residents of Kershaw county were the same as their overall results when stratified by their zip codes. Overweight, Substance Abuse, and Mental Health were all cited as top reasons for health concerns impacting Kershaw County residents.

When asked what were the reasons it is hard to be healthy in Kershaw County, similar to the non-stratified results, cost of healthcare and lack of affordable healthy foods were the top cited reasons by every location. For the third top reasons, the results were different across zip codes; Camden and Lugoff cited the cost of gym membership, while Elgin, North Central, and other areas cited lack of health insurance as the top reason of why residents found it hard to stay healthy.

For the results of why people do not seek care, there were slight differences across each zip code based on their top 3 reasons that were cited. The entire county stated that the lack of insurance and not being able to pay for healthcare as their top two reasons for not going to the doctor. However, Camden, North Central, and other areas cited that no family physician was their third top reason for not seeking care. On the other hand, Elgin and Lugoff cited that they did not have time off work to go see a physician.

The results from the zip code stratification show that there are minor differences across the different portions of Kershaw County which impact the residents.

## Qualitative Data Analysis

The last two questions of the survey, allowed participants to give qualitative feedback. When participants were asked, what specific groups in Kershaw County need more help than others, several themes appeared among the 828 responses. The most common response (450 participants or 54.35%) was youth, minorities or children.

Other categories included: low income (6.28%), homeless (4.11%), and families (3.7%) and other categories. To the right is a word cloud, depicting some of the most common responses.

The final question, asked participants to provide feedback on what makes it hard for them to be as healthy as they can be. 567 participants provided feedback to this question. Some of the themes that emerged from these responses included the following:

- Cost and availability of healthy food, and eating healthier food
- Exercising and having a space to exercise and swim for all ages
- Education on how to be healthy, lack knowledge of available resources
- Personal choice, lack of motivation, lazy
- Lack of insurance, not be able to afford healthcare

Some direct quotes from participants included:

- There are so many things that often in the survey I wanted to answer with more than 3 options.
- They don't want to be responsible for their health, always looking for someone else to do for them
- Elgin water has an odor. It seems to not be very fresh.
- Not enough time to balance work, school, exercise and eat healthy
- There is no place to have fun and be active in Kershaw County.
- Access to year round swimming and water aerobics would help our obese population and allow schools to teach drowning prevention to students.
- It's just too hard to change lifestyle patterns.
- I believe that a lot of our community that needs help don't want to ask for it because they are too proud or stubborn. We need people/places that can bridge the gaps and make the community feel comfortable and safe when talking about their needs.
- I just think parents find it easier and, in the short term, cheaper to just feed their kids fast food. This is teaching them unhealthy habits. It also doesn't help that there are so many different fast food places close to schools in Kershaw County.
- The lack of public transportation, bike lanes, sidewalks and places to exercise that are close to the housing areas impact the ability to get out and exercise. Many families are stuck at home in the rural

**Q17 From your perspective, what specific groups in Kershaw County need more help than others? (For example: elderly, youth, minorities, etc.)**

Answered: 828 Skipped: 340

Elderly People Middle Age Mentally Uneducated Poor  
Poverty Families Insurance Low Income  
Teens Minorities Disabled Youth Food  
Children Groups Homeless Middle Class  
Young Jobs Parents Lower Income Health Think

**Q18 Is there anything else you can think of that makes it hard for some people to be as healthy as they can be?**

Answered: 567 Skipped: 601

Support Low Income Habits Active Money  
Kershaw County Education Poor Care  
Community Food Knowledge Healthy  
Doctor Exercise Gym Motivation Busy  
Insurance Safe Lazy Mental Health Afford Health

areas and do not have transportation to access the few recreational areas available throughout the county.

- I think time slips away from people. People are so busy living everyday life, trying to survive and take care of the family, by the time it comes time to prepare an evening meal they are just too tired. Many families are constantly on the go and rely on fast food too much. I think if we could make the school lunches more appealing to our kids it would help as well. My high school child does not even eat lunch because there is nothing appealing to her, and by the time she waits in the long line, there is no time left to inhale her food.
- The cost of living a healthy life in comparison to the average wages earned in Kershaw County is not equivalent. Even with a college degree and a steady job the cost of insurance along with child care combined with the taxes, social security, FICA, and other items taken out of pay checks does not support a healthy standard of living in Kershaw County.
- We have become very lazy about our health, it does not matter how educated our children are if they only know that supper is a "happy meal" or pizza. We have also wanted to make everything a quick fix. A healthy lifestyle is taught from birth. Healthy choices need to be taught and modeled for children to learn them. Health is a LIFE LONG process.

## Appendix

### Community Health Needs Assessment: Kershaw County

This survey has been developed to get your opinions about health issues in our community. The results will be used to identify issues we can address through community action. Your individual responses will be kept confidential. If you have already filled out this survey please do not complete again.

---

**1. My zip code is:**

- 29009    29020    29032    29045    29074    29078  
 29175    29010    29058    29067    29128  
 29130    29021    Prefer not to answer  
 Other: \_\_\_\_\_

---

**2. Age:**    Less than 18    18-25    26-39    40-54    55-64    65 or older

---

**3. Gender:**    Male    Female

---

**4. Race:**

- African American/Black    Asian/ Pacific Islander    Native American  
 Caucasian    More than one    Other: \_\_\_\_\_

---

**5. I am Hispanic/Latino:**    Yes    No

---

**6. My Job Status:**

- Employed    Unemployed    Student    Looking for work    Homemaker  
 Unable to work    Retired    Other: \_\_\_\_\_

---

**7. Highest level of education:**

- Did not finish high school    High School or GED    Technical College    Bachelors    Masters    Doctorate  
 Other: \_\_\_\_\_

---

**8. I have this type of health care coverage:**

- Private Insurance    Medicaid    Medicare    No Insurance    Obamacare/Affordable Care Act  
 Other: \_\_\_\_\_

---

**9. My main form of transportation is:**

- Bicycle    Bus    Car    Taxi    Walk    Ride with family or friends   Other: \_\_\_\_\_
-

---

11. Below are some of the reasons why it is difficult for people to be as healthy as they can be. **Pick the top 5** reasons you think make it difficult for people to be healthy.

- Access to **education classes** on health topics (like general health, nutrition, exercise) that fit their schedule
- Access to **healthcare** that fits their schedule
- Access to **healthy foods**
- Availability of **childcare**
- Cost of **healthcare**
- Cost of participating in **physical activities** (like gym memberships, school sport fees)
- Cultural/**social norms**- “this is how our family and friends do it”
- Lack of **affordable healthy foods**
- Lack of **health education** and services appropriate for persons who speak **different languages**
- Lack of **education**
- Lack of **employment**
- Lack of **family support**
- Lack of **health insurance**
- Lack of doctors, nurses and other **health care providers**
- Lack of **safe places** to exercise
- Lack of **transportation** (includes reliable transportation)
- People **not trusting** doctors, nurses and other **health care providers**
- Certain groups of people receive **lesser quality of care**
- Limited opportunities** in schools to be healthy (includes food and physical activity)
- Low paying **jobs**
- No education about on **healthy behaviors** in schools
- Other (Please specify): \_\_\_\_\_

**10. I think these are 3 main reasons why people in our community do not seek health care:**

- Cannot get time off
- Do not know where to go
- Hours not convenient
- No family doctor
- No insurance
- No one to keep children
- Cannot pay
- No way to get there
- Not sick
- Other (please specify): \_\_\_\_\_

**11. I think these are 3 main reasons that prevent people from being physically active in our community:**

- Crime
- Heat/Cold
- No community events
- No street lights
- No parks/outdoor spaces
- Not enough bike lanes
- Not enough sidewalks
- Personal Choice
- Stray dogs/animals
- Traffic
- Too tired after working
- No one to keep children
- Other : \_\_\_\_\_

**12. I think these are 3 main reasons that prevent people in our community from eating healthy foods:**

- Don't cook at home
- Eat fast food regularly
- No community gardens in my area
- No farmer's market in my area
- No grocery stores nearby
- Stores don't accept SNAP/EBT/WIC
- Stores don't have quality produce
- Too expensive
- Too tired after work
- Other : \_\_\_\_\_

**13. I think these are the 3 most important health concerns in our community:**

- Alcohol Use
- Alzheimer's/Dementia
- Arthritis
- Cancer
- Drug Use
- Heart Disease/Stroke
- High Blood Pressure
- Sexually transmitted diseases
- Infant Death
- Mental Health
- Overweight/Obesity
- Tobacco Use
- Teen Pregnancy
- Accidents
- Air and Water Quality
- Caregiver and Aging Issues
- Housing
- Transportation
- Community Safety
- Diabetes
- Other (please specify): \_\_\_\_\_

**14. I would rate the overall health of my neighborhood as:**

- Bad
- Good
- Great

**15. I think these are the 3 most important factors needed for Kershaw County to be the healthiest county in the state:**

- Acceptance of all people
- Access to affordable health care
- Access to healthy and affordable foods
- Access to safe and affordable housing
- Access to safe places to be active
- Clean environment
- Good jobs/healthy economy
- Good schools
- Low crime
- Low disease rates
- Neighbors helping neighbors
- Smoke free workplaces
- Strong faith and fellowship
- Other (please specify): \_\_\_\_\_

**16. From your perspective, what specific groups in Kershaw County need more help than others? (For example: elderly, youth, minorities, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Is there anything else you can think of that **makes it hard for some people** to be as healthy as they can be?

---

---

---

---

**Thank you for taking time to complete this survey.**



# KEY INFORMANT INTERVIEW REPORT FOR COMMUNITY HEALTH NEEDS ASSESSMENT

**Holly Hayes, MSPH**  
**Kathryn Johnson, MPH**

University of South Carolina  
Core for Applied Research and Evaluation  
220 Stoneridge Drive, Ste. 103  
Columbia, SC 29210  
hayeshg@mailbox.sc.edu  
Phone: 803.920.1736

## Overview

The purpose of the key informant interviews was to gain insight from individuals identified by the Health Services District of Kershaw County (HSDKC). Questions posed for the interviews centered on the health needs of Kershaw County overall, perspectives on what the goal of the Health Services District of Kershaw County is and their role moving forward. All seven individuals recommended by the board were interviewed by either Holly Hayes or Kathryn Johnson; both Research Associates at the University of South Carolina. These interviews were completed via phone during the time period of February 8<sup>th</sup>-February 24<sup>th</sup>, 2017. With the participants’ consent, each conversation was digitally recorded, the interviewer took detailed notes, and a thematic analysis was completed. Each interview lasted an average of 11-20 minutes in duration.

Refer to the appendix for a copy of the key informant interview discussion guide.

When discussing issues that prevent Kershaw County from being the healthiest county in the state, the following themes arose from the seven interviews: 1. Lack of Access to Healthcare Resources 2. No Prevention Focus or Health Education and 3. Need for Personal Accountability. In trying to determine the Health Service District’s role in the health of Kershaw County, none of the participants felt that they understood the role of the group, and some thought that there were the hospital.

### ***Key Informant Interviews***

Several board members of the Health Services District developed recommendations on who should be invited to participate in the interviews. The seven recommendations were contacted and all accepted the invitation to participate. Table 1 demonstrates the variety of backgrounds and communities that these informants represent.

**Table 1. Key Informant Affiliations**

<b>Town</b>	<b>Organization</b>	<b>Role</b>
Bethune	KershawHealth	Nurse
Lugoff	Bethlehem Baptist Church	Reverend
Midlands	Department of Health and Environmental Control (DHEC)	Community System Director
Lugoff	Lugoff Elementary School	Nurse
Camden	KershawHealth Home Health and Hospice	RN Director
Bethune	Town of Bethune	Mayor
Lugoff	Doby’s Mill Elementary	Principal

## Issues that Impact the Health of Kershaw County

Listed below are the themes that emerged from conducting the key informant interviews. A total of three themes were identified across the interviews and ranked in order of mentioned most often to mentioned least often: 1. Lack of Access to Healthcare Resources 2. Absence of Health Education Opportunities 3. Need for Clarification on the role of the Health Services District and Increased Collaboration between Groups. Table 2 below lists all issues mentioned throughout the interviews. The topics that make up each theme can be found in Table 3 below.

**Table 2. Themes and Corresponding Topics Discussed**

Themes	Topics
1. Lack of Access to Healthcare Resources	-Specialty Services Gaps -Transportation Issues and Travel Time to Providers -Affordability Issues -Communication of Available Health Resources
2. Absence of Health Education Opportunities	-Need for Health Education in Communities -Lack of Personal Accountability
3. Need for Clarification of Health Resources and Collaboration Between Groups	-No Clear Understanding HSDKC’s Role in Health -Need for Increased Collaboration between Health Resources

## Populations that Need Most Attention

When asked what subsets of the population residing in Kershaw County need the most attention, the majority of participants brought up young adults in the 18-30 year old age range. Other populations that were mentioned included youth, those on Medicaid and Medicare in regards to being “plugged-in” with providers, the homeless population, those living in high poverty areas, and those that are either underinsured and/or underserved. Table 3 below displays the populations that respondents mentioned in order from most mentioned to least mentioned.

**Table 3. Populations In Need of Most Attention**

Population
1. 18-30 year olds
2. Youth
3. Those with Mental Health/Drug Issues
4. Parents/Adults lacking Personal Accountability for Self and Child’s Health Status

## Thematic Analysis

This sections contains the results of the thematic analysis from the key informant interviews. Each theme was created as a result of the topics discussed in each interview. The following themes are examined below: 1. Lack of Access to Healthcare Resources, 2. Absence of Health Education Opportunities and 3. Poor Communication Regarding the Availability of Health Resources.

### Lack of Access to Healthcare Resources

A recurring theme across the interviews was related to the lack of access to healthcare in relation to seeking medical attention or simply knowing where to find community health resources. In addition, this access issue relates to the availability or even existence of specialty care providers in and around Kershaw County. Other related issues deal with travel time to providers outside of Kershaw County.

### Specialty Service Gaps

*“Specialty gaps....this is for everybody.... Patients try to get a diabetic nutrition class and they have to go to Columbia. Trying to do telemedicine and rheumatology is a nightmare.”*

*“...thinking in terms of more medical providers in specialty areas. More specialists in certain areas of medicine and even more access to referrals to outside sources.”*

Many times throughout the interviews, participants referred to the issues surrounding individuals attempting to be seen by a specialty provider. Most often referred to as “specialty gaps,” the lack of specialty providers in Kershaw County contributes to the amount of times that residents of the area have no other option than to find transportation to areas that provided needed services. Some specific examples of gaps included diabetes education classes, telemedicine options and rheumatology.

### Transportation Issues and Travel Time to Providers

*“Some have access to transportation but has to be available on a certain time schedule. If you are late, most offices will reschedule. No public transportation especially in Bethune.”*

*“Some drive a long way to get other services.”*

When specialty providers are not located in areas near patients, transportation issues become an additional barrier to access. Transportation issues were noted as a problem for Kershaw County residents because there is not a public transportation system available in the area and especially not in more rural locations throughout the county. One participant noted the difficulty that Medicaid and Medicare patients have locating providers that will accept them. These patients are tasked with the

obstacle of driving from Camden to Bethune simply to see a provider. Those without a mode of transportation on the date of and at the time of their appointment face an additional barrier to access.

### Affordability Issues

*“More access to good healthcare for people. Everyone cannot afford healthcare and cannot afford insurance coverage. Would like to make sure that services are available to those...”*

*“Access to quality healthcare for everyone, making sure it’s affordable. Affordable healthy foods is also an issue for this population.”*

Affordability issues exist not only for those seeking medical care but also for those that attempt to cultivate a healthy lifestyle through diet and activity. Several participants acknowledged that medical care is not affordable for those with and especially those without health insurance coverage. In regard to the availability of healthy foods, one participant made the comment that a farmers market is needed. In general, participants describe a need for affordable healthy food options to make it easier for community members to make positive lifestyle choices.

### Poor Communication Regarding Availability of Health Resources

*“Communication is key because a lot of the time people do not know where to get the resources... need to be aware of what resources for those that need it.”*

Communication was noted by the majority of participants as a barrier to those seeking medical resources and other health resources throughout the community. One participant noted that it is difficult for individuals to know where to go when in need of a particular service because the information is not available or given through an appropriate communication medium. One suggestion was to use a multimedia method approach in order to reach a larger audience. While some participants noted that a lot of communication is primarily done by “word of mouth” throughout the community, there should be other communication alternatives to rely on.

### Absence of Health Education Opportunities

Throughout the interviews, statements regarding the lack of prevention efforts and health education opportunities in Kershaw County became a recurring theme. Participants expressed that the youth and young adults (ages 18-30 years old) in Kershaw County need to be educated on the importance of physical activity and healthy eating as it relates to long-term impact. Along with that, several respondents noted the lack of personal responsibility and lack of accountability among the population, but especially in parents when taking charge of their child’s health. In addition, comments were made regarding the lack of available learning opportunities in the community. One participant gave an example of attempting to search for CPR classes for community members to become certified and the struggle that she had.

### Need for Health Education in Communities

*“I wish we had more opportunities to do some health fairs and draw folks in to get checked. Perhaps prevention and education.”*

*“Healthy eating habits need to be formed in children so that they grow up having an understanding of it. Physical fitness and healthy eating in children, teenagers, and young adults so that by the time they grow up they will know.”*

*“We have had a huge loss in losing our Health Resource Center and Lunch and Learn program that was previously offered. Education back in the community would be good.”*

Participants feel that at one time, there were some health education opportunities within the community but those have since gone away. One participant noted a type of “Lunch and Learn” program offered and a Health Resource Center that has since dissolved. Others mentioned the need to equip young adults with the knowledge to live a healthy lifestyle through education on physical activity and smart, nutritional choices. One suggestion involved using schools in rural parts of Kershaw as a type of “community center” where parents and their children could get out and walk laps or just simply be active.

### Lack of Personal Accountability

*“For example, just had a child have a surgery and the parents missed nine of the follow-up appointments. Why would you not follow-up? Child is now being held back in kindergarten...a wasted schoolyear. How do you impart caring and responsibility? Maybe parenting classes. Helping parents understand if there are barriers to learning what their responsibility and role is in either reducing or eliminating those barriers so their child can be successful. Another area would be just the personal responsibility. It starts with you...diet, obesity, and stopping smoking. Just having everyone take more personal responsibility in their health.”*

Personal accountability was an area that several participants brought up. In regards to working with children in schools, two of the key informants shared personal experiences in attempting to instill understanding in the parents as to why it is important to make their child’s health a priority. While encouraging individuals to take responsibility for their health is a difficult challenge to undertake, respondents feel that it is a major issue in Kershaw County. Empowering individuals to take control of their health and lifestyle is time consuming for the individuals that attempt to do so without any community resources to recommend.

### Need for Leadership and Collaboration between Health Resources

#### No Clear Understanding of the Health Service District’s Role in Health

*“Do not know anything about the Health Services District; I thought they were the hospital.”*

*“I have heard about them and who it is but do not know what their targets are in the community.”*

*“From what I know, and I am undereducated on that role. Managing some of the resources gathered by the foundation. Trying to support efforts for health in the community. Looking at business space. Rolling out health initiatives and partnering with United Way. Trying to be a guide with those groups trying to do work. “*

The majority of participants had a limited knowledge base on what the objectives of the group are or what is their mission. One participant said that they couldn't describe the objective of the group because they had not seen any materials to help them understand. Moving forward, key informants suggested that the group work to improve the message they want to send to the community and also produce some marketing materials to describe their mission, vision, and objectives.

#### Need for Increased Collaboration between Organizations

*"...reach out to other partners and organizations that have a vested interest in Kershaw County to see how we can all work together. In sharing what is going on, each group can say "Hey we are already doing this, here is how we can help y'all in order to improve health outcomes."*

*"We are all trying to do great things and want to make sure we are all working towards the same goals."*

*"Would like for them to have the input of providers on the ground and want to know how to keep a group of providers up to date."*

Respondents were clear that there are a lot of groups in the community that are doing great things and may even have the same goals. However, these groups may not know that similar organizations might be undertaking the same thing and could benefit from collaboration. It was suggested that as the Health Services District moves through this process of the Community Health Needs Assessment that they reach out to other partners and organizations to see if some work has already been done in a particular area or sector. Key informants feel that organizations could mutually benefit from increased collaboration when seeking to improve the health of Kershaw County.

## Appendix

### Key Informant Interview Guide

#### **Script:**

Kershaw County is working with many partners to become the healthiest county in the state. A 2016-2017 community health needs assessment is being funded by the Health Services District of Kershaw County (formerly the KershawHealth Board.) You were selected by one of the board members to give your personal insight on the needs of the county.

#### **Interview Questions:**

1. If you could change two areas in our county to move us to the healthiest county in the state, what would it be? Why?
2. From your perspective, what service gaps exist in Kershaw County?
3. Are there certain populations that you believe need more attention than others? (for example, elderly or youth)
4. If the Health Services District of Kershaw could focus resources on only one thing, what would it be? Where would you recommend their energy and focus?
5. From your perspective and interactions, how well do you think the Health Services District of Kershaw is doing?
6. What additional information would you like to share?