

Enhancing community health and recovery opportunities

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

Prioritized issues that can be affected by community actions:

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

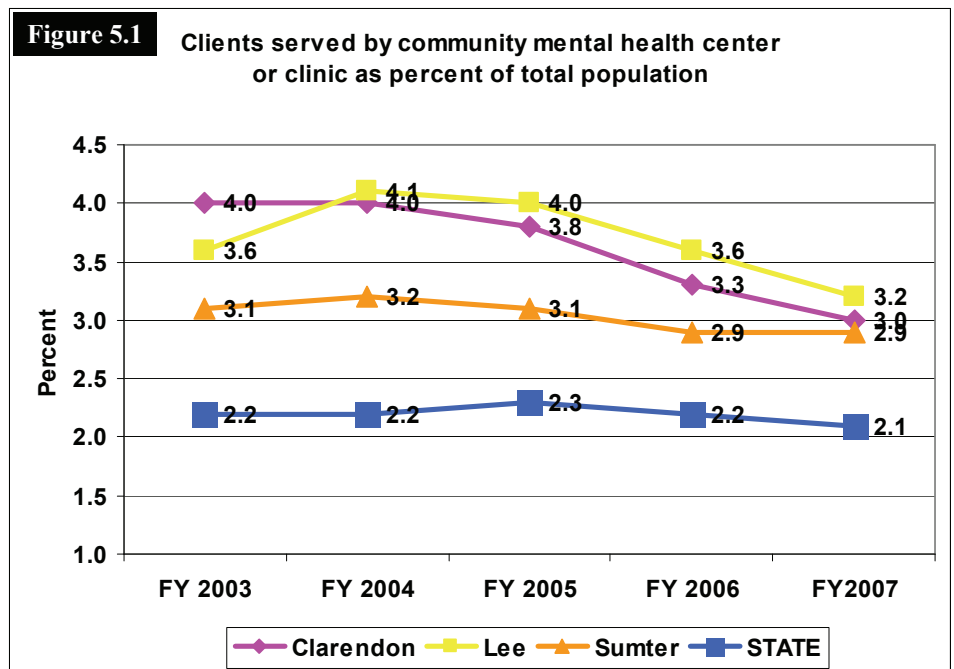
Mental Health Disorders

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

The Santee-Wateree Community Mental Health Center is responsible for treating residents of the tri-county area for severe and persistent mental health disorders, which include mental retardation, bipolar disorder, schizophrenia and attention deficit disorder among many others. The center has a staff of mental health specialists and psychologists that serves patients.

According to state Department of Mental Health data, the total number of clients served by the regional center and its clinics in the three counties has actually decreased as a percentage of total population over the last five fiscal years. In fiscal year 2003, total clients served in Clarendon County were 4.0 percent of the county's total population (1,311 clients served of a population of 32,673.) In FY 2007, total Clarendon clients were 3.0 percent of total population.

This percentage is called a "penetration rate." (These percentage totals would include some duplication in clients.) In Lee County the percentage total has decreased from 3.6 to 3.2 percent of the county's population in the five years. In Sumter County the percentage served has declined from 3.1 to 2.9 percent of population. Still the penetration rate is above the state average, which has ranged between 2.1 and 2.3 percent of total population during the five-year period as represented in Figure 5.1. Santee-Wateree Community Mental Health Center Executive Director Richard Guess believes the decline in the penetration rate in the tri-county area is likely largely due to about 30 fewer employees on staff – the result of budget problems from previous years. The center hopes to add staff in the future to potentially better serve clients with severe and persistent mental illness in the tri-county area.



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

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A review of clients served from the three counties in the state's four psychiatric hospitals and three nursing homes in the five-year period shows percentage totals similar to the state average of 0.2 percent of total population. In total, the data illustrates the number of people with severe and persistent mental illness and children with severe emotional disorders are greater in the tri-county area than the state norm.

According to Guess, the biggest issues facing the regional community mental health center in Sumter and subsidiary clinics in Lee and Clarendon counties are a lack of public transportation and staffing.

In regards to public transit, getting residents from the rural areas of the three counties without their own means of transportation to a clinic is difficult. As far as staffing, as mentioned earlier, the community center hopes to add employees to return to adequate levels. Also, the center has continual problems hiring medical professionals in Lee and Clarendon due to the counties' very rural status.

HIV/AIDS cases

According to the state Department of Health and Environmental Control, South Carolina generally ranks in the top 10 states in the U.S. for annual AIDS case rates per 10,000 in population. Furthermore, the three counties traditionally rank near the top among our state's counties. Cumulatively from 1982 – when county reporting began – through 2007 Sumter stood third among the 46 counties in AIDS case rates with 60.2 diagnosed cases per 10,000 residents. Clarendon ranked sixth with 51.9 cases per 10,000, and Lee was 13th at 45.7 cases. The state average through 2007 was 40.3 cases per 10,000 in population. This statistic suffers from some bias because cumulative AIDS cases are measured since 1982 but cumulative population can't be measured – only “current” population. So AIDS deaths are included in the rate's numerator but other deaths aren't included in the population denominator.

In discussion with DHEC, the most effective measurement for AIDS at the county level in South Carolina is to measure “HIV positive” (HIV+) diagnosed cases who are still living per 10,000 in the current population. This statistic is called the “HIV prevalence rate,” and it tells how many positively tested HIV people are currently living in a county per 10,000 in population. According to the Centers for Disease Control and Prevention, the HIV infection will eventually break down a person's immune system and cause AIDS. The onset of AIDS is the last stage of HIV infection and during this time a person's immune system is so weakened that it's no longer able to fight off illness and results in death. The HIV case total for a county includes AIDS cases since people with AIDS are HIV+. However, some HIV+ people don't have AIDS yet.

A listing of the top 10 counties in the state for HIV prevalence rates through 2006 is provided in Table 5.1. Looking at the last column, for example, there were 588 positively tested HIV residents in Sumter County at the end of 2006. This translates to an HIV prevalence rate of 55.7 residents per 10,000 in county population, ranking fifth of the state's 46 counties. Richland led all counties through 2006 with an HIV prevalence rate of 84.8 people per 10,000 in population. Lee County ranked 13th with 46.0 positively diagnosed HIV cases per 10,000, and Clarendon was 15th at 44.4 cases per 10,000 residents. Clarendon's relatively large disparity between ranking sixth for cumulative AIDS cases, but 15th for HIV prevalence is likely due to many people in the county not being tested in the early stages of HIV but waiting later when AIDS can be diagnosed. This means Clarendon's HIV case total and prevalence rate are likely biased negatively due to unawareness and lack of preventative health care.

Table 5.1 HIV prevalence rates in counties

Top HIV+ prevalence rate counties per 10,000 in population		People living in county who've tested HIV+
1. Richland	84.8	2,882
2. Bamberg	69.3	110
3. McCormick	66.3	67
4. Orangeburg	56.1	517
5. Sumter	55.7	588
6. Edgefield	55.2	141
7. Williamsburg	53.4	189
8. Allendale	53.1	58
9. Hampton	49.2	105
10. Barnwell	48.4	113
13. Lee	46.0	95
15. Clarendon	44.4	148
STATE AVERAGE	32.9	

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

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

A sobering perspective on the positively tested HIV prevalence rates is that it is understood that there are many people who are HIV+ who haven't been tested and don't know they are carrying the virus. According to the Centers for Disease Control and Prevention, approximately one in four Americans that are HIV+ don't know they have the virus. What this means is each county's total of people living with HIV and prevalence rates might represent only 75 percent of the true total of HIV+ residents. For Sumter County this would translate to 750 or more people living with HIV; Clarendon HIV+ residents would be close to 200 and Lee's about 125 if the estimate percentages are true. The CDC is currently researching to determine the best possible true incidence estimates. The disparity between prevalence rates and true incidence rates emphasize the importance for sexually active people to get tested for HIV.

A breakdown by demographic of people living in each of the three counties through 2006 who have tested HIV+ is presented in Table 5.2 along with percentages. The most striking total from the list is 1.27 percent of the African-American male population in Sumter County has tested HIV+. Using the best estimates, the true percentage of HIV+ African-American males in the county might be about 1.6 percent, which showcases the importance of people getting tested. The state average prevalence rate among African-American males through 2006 was 1.14 percent, still the largest among any demographic.

Overall demographic trends for the three counties were similar with African-American males having the largest percentage of HIV+ residents, followed by African-American females.

Table 5.2 Demographics of HIV+ diagnosed people living in counties

<i>Sumter County</i>		
<u>Demographic</u>	<u>HIV+ people living</u>	<u>HIV+ people as percent of demographic</u>
White males	35	0.13
White females	14	0.05
Afri. Amer. males	311	1.27
Afri. Amer. females	225	0.81
Other	3	0.01
<i>Clarendon County</i>		
<u>Demographic</u>	<u>HIV+ people living</u>	<u>HIV+ people as percent of demographic</u>
White males	5	0.06
White females	2	0.03
Afri. Amer. males	72	0.86
Afri. Amer. females	66	0.74
Other	3	0.03
<i>Lee County</i>		
<u>Demographic</u>	<u>HIV+ people living</u>	<u>HIV+ people as percent of demographic</u>
White males	12	0.30
White females	1	0.03
Afri. Amer. males	56	0.85
Afri. Amer. females	26	0.40

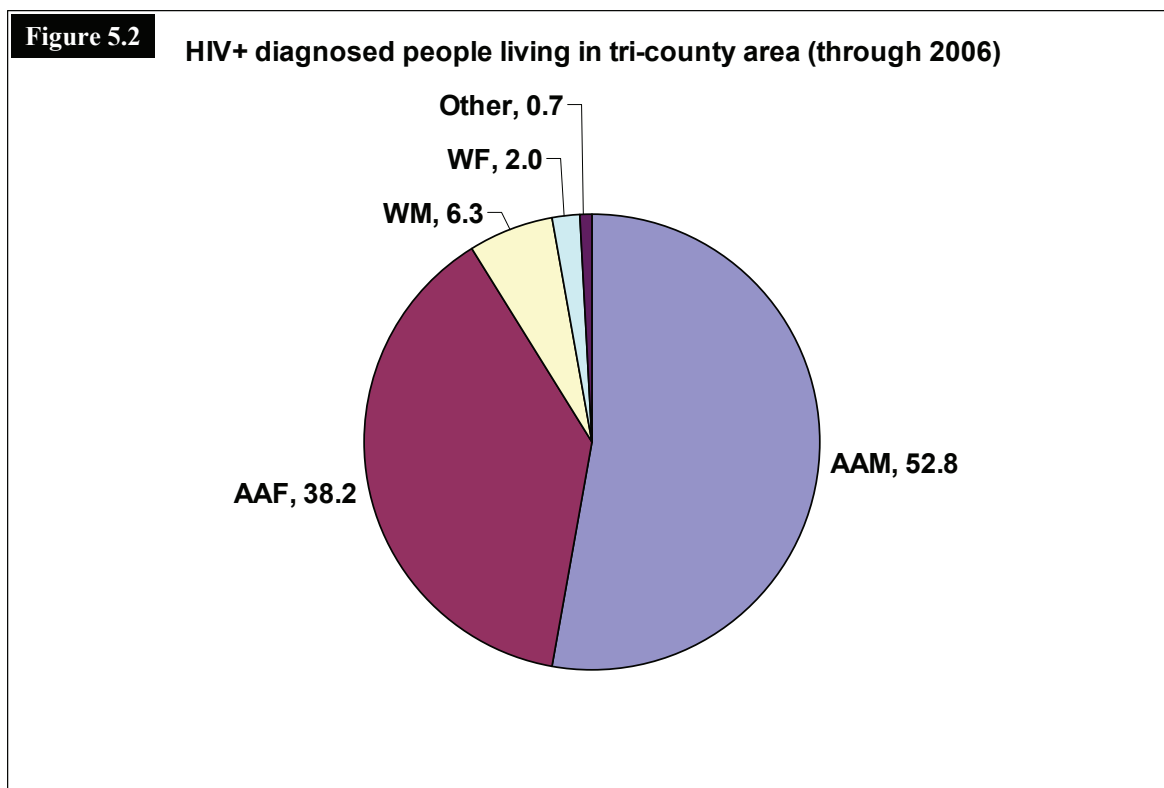
Source: S.C. DHEC, Cumulative data through 2006

A closer look at the counties

County-level data through 2006 from state DHEC reveals about 91 percent of HIV+ and AIDS cases in Sumter County who were still living were African Americans with over half of these being males. Roughly 60 percent of African-American cases in the county involved unprotected heterosexual sex with an HIV+ person. Another 21 percent were unprotected sex between males with one having HIV. As mentioned earlier, a breakdown of statistics shows about 1.27 percent of African-American males living in Sumter County have tested HIV+. According to the best estimates, the true percentage of HIV prevalence in the county is closer to about 1.6 percent of African-American males.

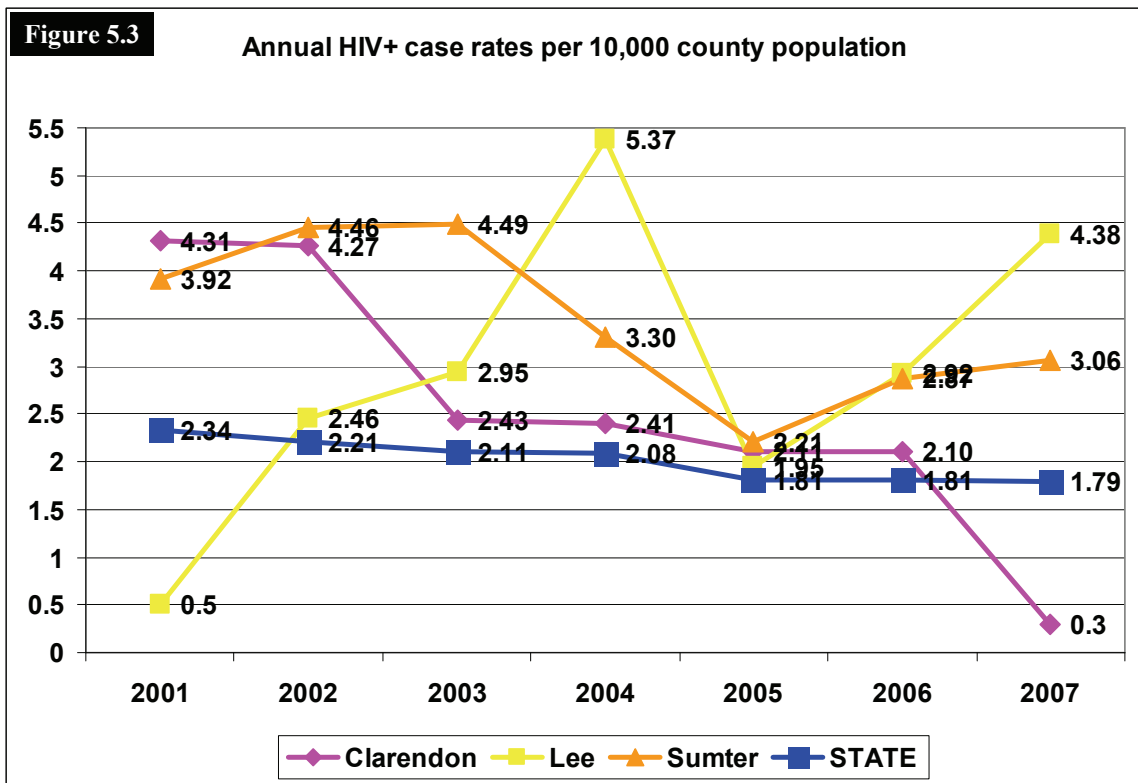
Statistics for Clarendon and Lee counties were similar to Sumter. Roughly 93 percent of HIV+ and AIDS cases in Clarendon County through 2006 of people still living were African Americans, split relatively evenly between males and females. Slightly less than 1 percent of African-American males (0.86%) had tested HIV+, but the true estimate is very likely 1 percent or greater. About 66 percent of African-American cases involved unprotected heterosexual sex with an HIV+ person. Another 19 percent were unprotected sex between males with one having HIV.

In Lee County 86 percent of cases through 2006 who were still living were African Americans, mostly males. Like Clarendon, slightly less than 1 percent of African-American males (0.85%) had tested HIV+, but the true estimate is very likely 1 percent or greater. A total of 51 percent of African-American cases involved unprotected heterosexual sex with an HIV+ person. An additional 29 percent were unprotected sex between males with one having HIV. In total, 91.0 percent of HIV+ and AIDS cases in the tri-county area representing people still living through 2006 were African Americans as revealed in Figure 5.2, with 52.8 percent of total cases being African-American males and 38.2 percent African-American females.



Source: S.C. DHEC, HIV prevalence rates through 2006

Annual HIV case rates reveal yearly HIV cases per 10,000 in population, allowing effective comparisons among counties of different sizes. Figure 5.3 shows annual HIV case rates per 10,000 residents for the three counties and the state since 2001. As would be expected, case rates in the three counties trend above the state mean. To slow the increase in HIV prevalence in the counties and reduce rankings among the state's counties, each county must attempt to implement strategies to trend lower in annual case rates in the future. Yearly rates show Sumter and Clarendon counties have had success at lowering their annual case rates since the early part of the decade.



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

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

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

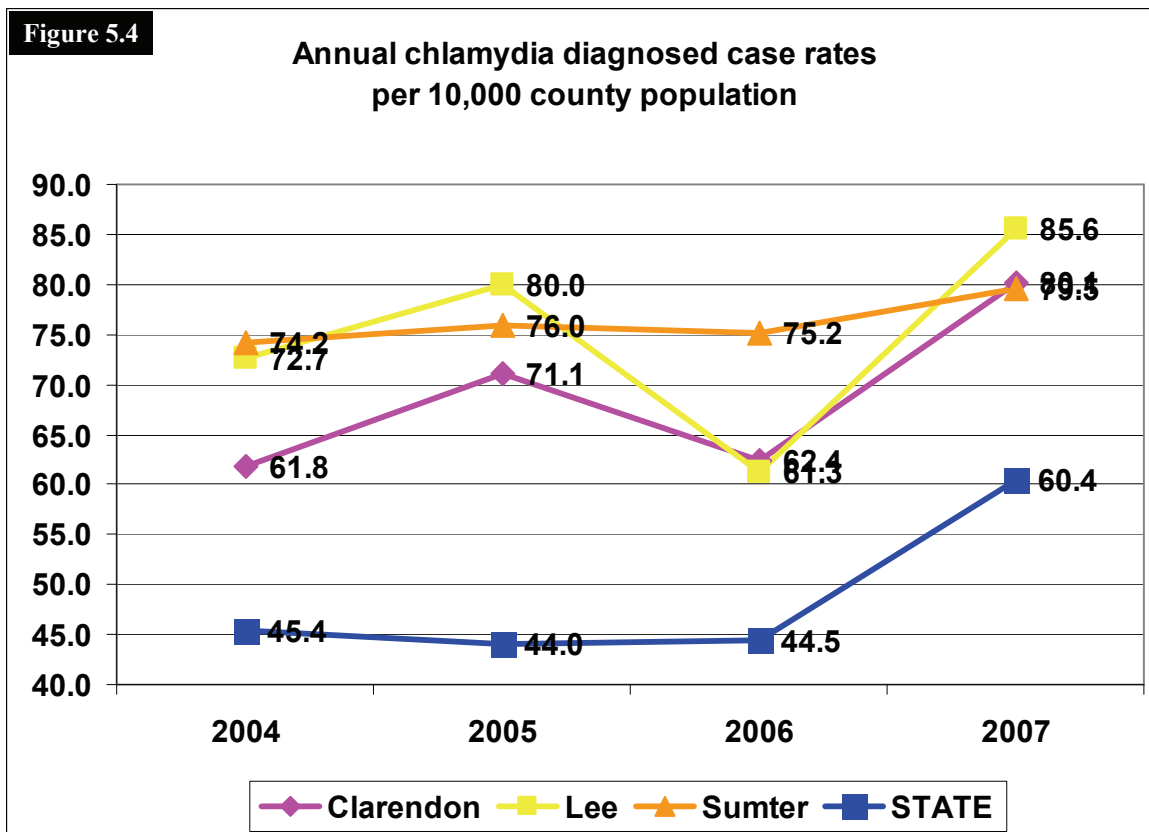
Sexually Transmitted Disease (STD) cases

Chlamydia

According to the Centers for Disease Control and Prevention, Chlamydia is the most frequently reported bacterial sexually transmitted disease in the U.S. Under-reporting is substantial because most people with Chlamydia aren't aware of their infections and don't seek testing. Also, testing isn't often done if patients are treated for their symptoms. Women are frequently re-infected if their sex partners are not treated. The three counties have ranked generally in the top 10 in the state for Chlamydia since 2004, according to state DHEC data. During those four years, Sumter and Lee counties averaged a ranking of about seventh of the 46 counties; while Clarendon's mean was 10th. Figure 5.4 details diagnosed Chlamydia cases annually in the three counties per 10,000 in population. Advanced testing for Chlamydia was introduced in the state in 2004 and then newer tests for even better detection of the STD were unveiled in 2007. For our analysis we begin with 2004 data. The relative spike in the line graphs for 2007 are largely due to newer tests that year.

From 2004 to 2006, the average annual rate per 10,000 in population in the state was in the mid-40s; whereas Clarendon, Lee and Sumter were generally well above 60 in diagnosed cases each year. In 2007 the state average per 10,000 population was 60.4 cases; Clarendon, Lee and Sumter were in the range of 79.5 to 85.6 cases.

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



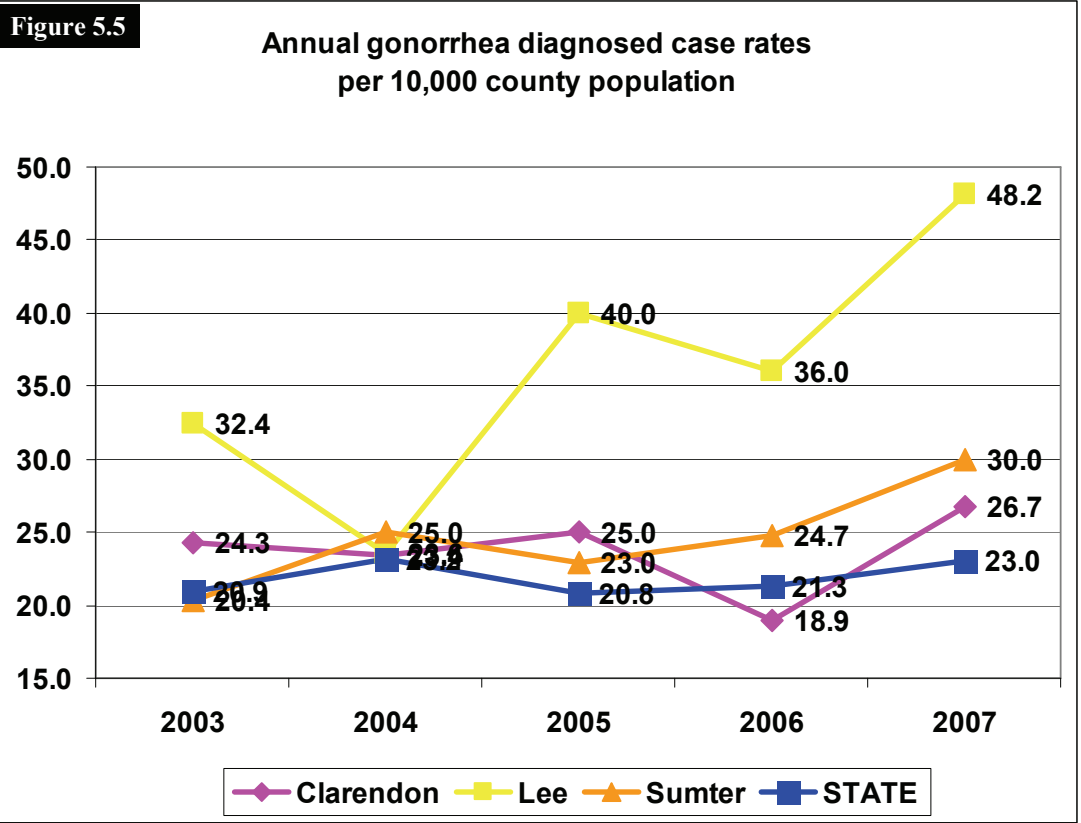
Source: S.C. DHEC, 2004-'07 data

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

Gonorrhea

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

Tri-county statistics from DHEC show Lee County with a very high annual rate for gonorrhea per 10,000 in population as Figure 5.5 details. During the five years from 2003-'07, Lee averaged a ranking of seventh of the 46 South Carolina counties in gonorrhea-diagnosed cases per 10,000 residents. In 2005 the county ranked third, and in 2007 Lee was No. 1 in the state with a rate of 48.2 cases per 10,000 population -- more than double the state



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

average. Clarendon and Sumter have both averaged a ranking of about 16th of the 46 counties during 2003-'07 with rates generally slightly above the state average each year. Like Chlamydia, gonorrhea can also be spread from mother to baby during delivery. According to DHEC, more advanced testing for gonorrhea was introduced in the state in 2007 that slightly increased the incidence of the STD but not as much as the spike in Chlamydia cases.

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

Expectant mothers' prenatal care visits

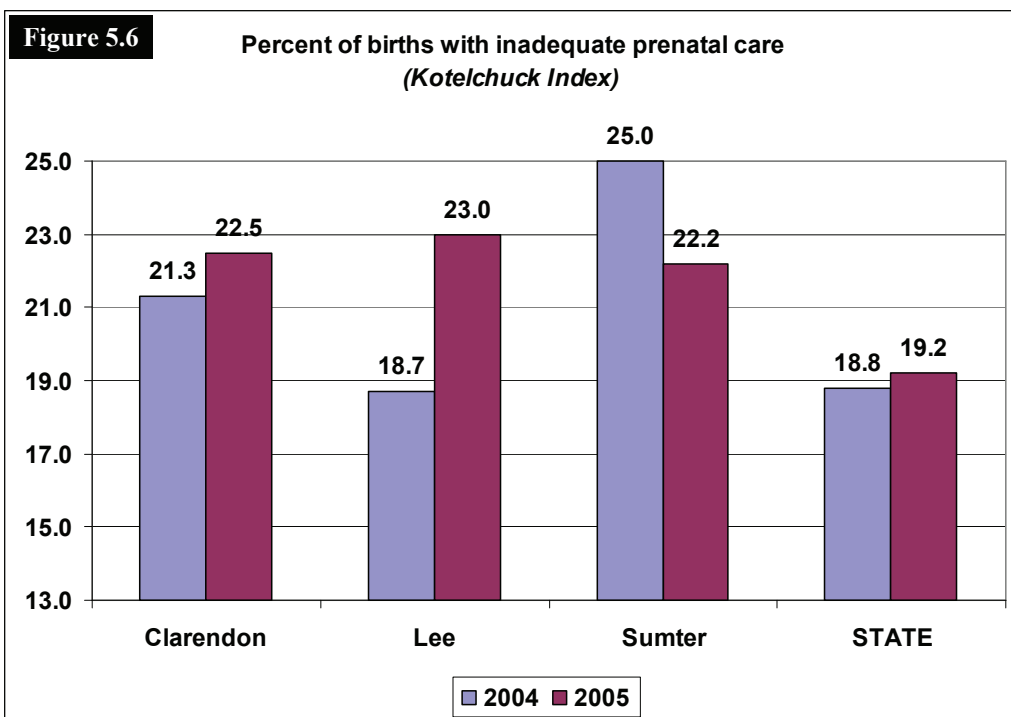
Numerous studies show that early and regular prenatal care is often vitally important to the health of both the mother and the child. According to the Centers for Disease Control (CDC), inadequate prenatal care has been associated with increased risks of low birth-weight births, premature births, neonatal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

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

Kotelchuck Index measurement definitions

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

For our analysis we measure the percentage of births with inadequate prenatal care in the tri-county area and the state. A revised birth certificate in the state has been used since 2004 offering new prenatal care data; so only 2004 and 2005 are measured. Figure 5.6 reveals in 2005 the percentage of births with inadequate prenatal care in all three counties was in the range of 22 to 23 percent, above the state average of 19.2 percent. A review of previous county birth certificate data from 2000-'03 shows similar trends above the state average. With one-in-four to one-in-five mothers receiving inadequate prenatal care, more intervention needs to be done.



Source: Division of Biostatistics, SC DHEC, 2004-'05 data

Percentage breakdowns for the three counties show in more than 25 percent of all African-American births in 2004-'05, the mother had inadequate care. The level of inadequate care for white births was about 17 percent. According to the CDC this trend is due to socioeconomic factors, such as income, educational level and access to health care and insurance.

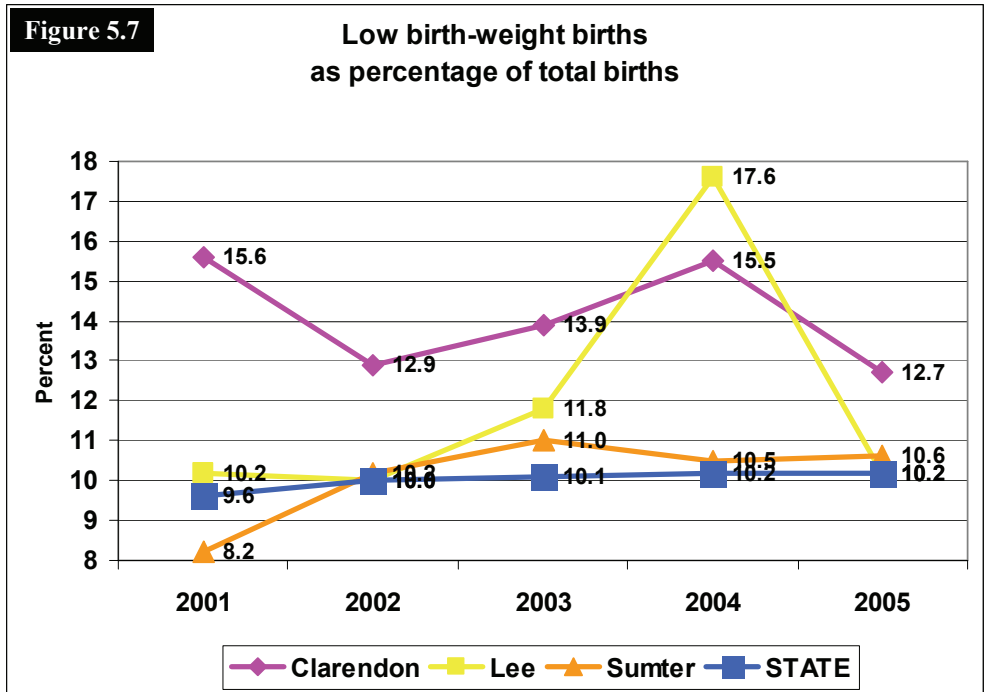
Low birth-weight babies

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

In the tri-county area the percent of low birth-weight births as a percentage of total births is above the state average. As Figure 5.7 shows, Sumter County's rate is similar to the state average of about 10 percent during the five-year period from 2001-'05 according to biostatistics data from the state Department of Health and Environmental Control. Clarendon and Lee counties were generally well above the

state average through the years. Lower income levels and higher poverty rates in these counties largely contribute to inadequate prenatal care and low birth-weight babies. **State Kids Count data shows low birth-weight babies face a much greater risk of lack of school readiness, poor academic achievement and special education placement in the elementary grades.**

The U.S. average percentage for low birth-weight births was 8.2 percent in 2005, up from 8.1 percent in 2004. In 2000, the U.S. average was 7.3 percent.



Source: Division of Biostatistics, SC DHEC, 2001-'05 data

Research shows about 70 percent of all low birth-weight babies in the tri-county area are African American with the remainder mostly white. The largest maternal age cohort for low birth-weight babies is 20 to 24 year olds, followed by 25 to 29 year olds. The myriad of medical problems associated with low birth-weight babies dictates the need for the communities to take every precaution necessary to limit the number of these births.

Medical care and insurance levels

Similar to much of the Southeast, South Carolina has a significant rural element. The state overall has transformed with a much higher percentage of the population living in urban areas in 2000 compared to 1960. In 1960, 58.8 percent of the state's population lived in rural areas; in 2000 the total was 39.5 percent. Sumter County has followed a similar trend as the state, decreasing from 59.8 percent of the population in rural areas to 38.5 percent during the 40-year period as shown in Table 5.3. However, Clarendon and Lee counties have stayed mostly rural through the decades. In 2000, 85.3 percent of Clarendon's population still lived in rural areas and 81.2 percent of Lee residents lived in rural areas. For the tri-county area as a whole, 53.7 percent of the population still lived in rural areas in 2000.

Table 5.3 Rural populations in counties

County	1960		2000	
	Population	Percent rural	Population	Percent rural
Clarendon	29,494	86.7%	32,502	85.3%
Lee	21,832	83.6%	20,119	81.2%
Sumter	74,941	59.8%	104,646	38.5%
Tri-county area	126,267	70.2%	157,267	53.7%

Source: U.S. Census Bureau, 2000

The tri-county area has two hospitals in Tuomey Regional Medical Center and Clarendon Memorial Hospital. Richland, Florence and Lexington counties have some of the finest hospitals in the state and are accessible by helicopter as well as four-lane highways and the interstate system. Despite the medical infrastructure, the tri-county's large rural component hampers its ability to provide comprehensive medical care to all residents. A significant percentage of the residents of the rural areas don't practice preventative medicine due to lack of awareness, transportation and/or financial resources.

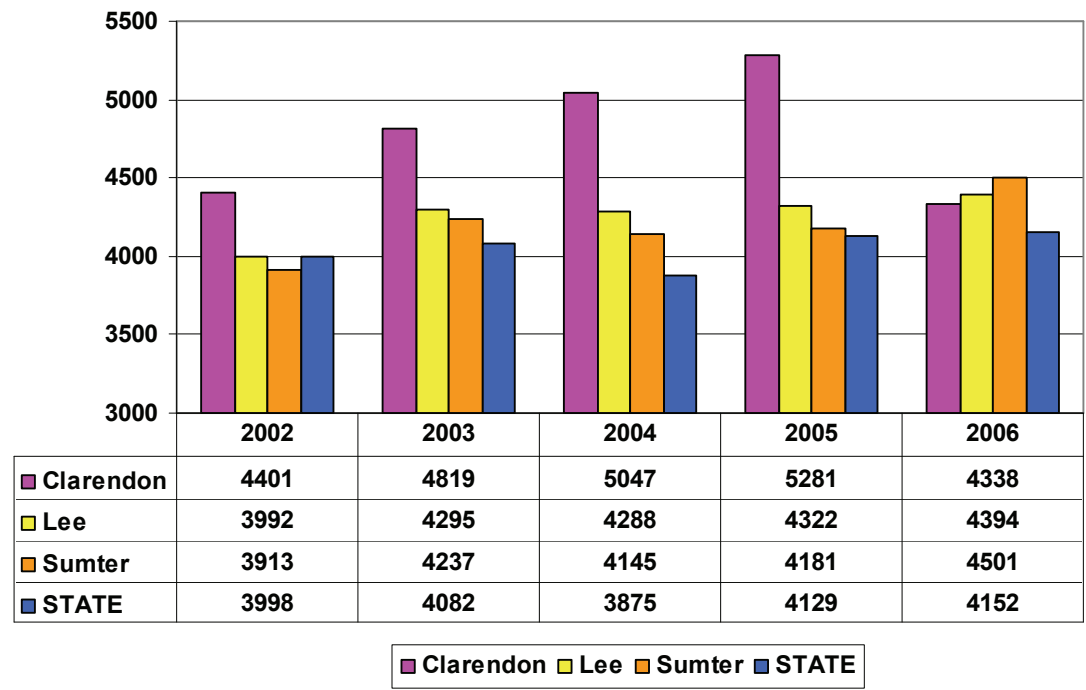
County-level data regarding health insurance isn't currently routinely collected. A 2003 household insurance survey conducted by the South Carolina Department of Insurance (DOI) is considered the most accurate study to date on the medically uninsured in the state. The study was based on 2002 data. Survey findings showed the region that included Clarendon, Lee and Sumter among several other counties lacked the most health insurance coverage of the four state regions in the study. Findings included the following:

- 19.4% of state residents were "uninsured," meaning they were without health insurance coverage for all or some part of the previous 12 months. (The U.S. average for 2002 was 15.2% according to Current Population Survey data from the U.S. Census Bureau.)
- 8.3% of the state's residents were "chronically uninsured," meaning they were without health insurance for the previous 12 months.
- **In the Pee Dee region – which included Clarendon, Lee and Sumter counties among several others – 21.2% of the population was uninsured for all or some part of the previous 12 months. Additionally for the Pee Dee region, 24.8% of children under 18 years old were uninsured and 30.5% of 18 to 24 year olds were uninsured. In each of these survey totals the Pee Dee ranked worst of the state's four regions.**
- An estimated 60% of the uninsured in the Pee Dee said they were employed. The majority of these individuals were employed in construction, retail trade, hotels/motels and manufacturing. Most of these uninsured said affordability was the reason they had not purchased health insurance.
- Likely nearly 50% of the uninsured in the Pee Dee had household incomes of \$30,000 or less.
- About 31% of the unemployed in the Pee Dee were uninsured.

Emergency Room discharges and inpatient discharges resulting from ER visits

Inadequate health insurance can be also confirmed statistically by Emergency Room discharges and inpatient discharges resulting from ER visits. The uninsured and underinsured, which are often in rural counties, often seek Emergency Room treatment for conditions, such as asthma, diabetes and hypertension, which should be treated on an outpatient basis with preventative care. In Figure 5.8, Emergency Room discharges and inpatient discharges resulting from ER visits per 10,000 county residents show tri-county residents have higher rates of this type hospitalization than the state average.

Five years of data are measured and in every instance from 2003-'06 each county's rate of Emergency Room visits and inpatient discharges from ER visits is greater than the state norm. The chart shows Clarendon County was significantly above the state average from 2002-'05.

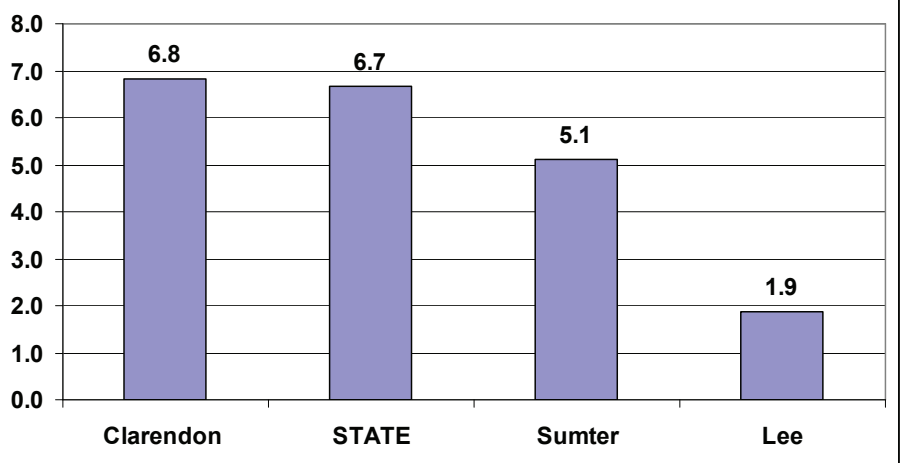
Figure 5.8**Rate of ER discharges and inpatient discharges resulting from ER visits per 10,000 residents**

Source: Office of Research & Statistics, S.C. State Budget & Control Board, 2002-'06 data

A grant study by the state Office of Research & Statistics from the early part of this decade using 1999 statewide inpatient hospitalization data showed similar trends. The study found that rural county residents in the state were 26 percent more likely to be hospitalized for a possibly preventable hospitalization than urban county residents. Of all rural residents, children ages 0-5 were the most likely to be hospitalized for a possibly preventable hospitalization over urban county children. The 2003 state Department of Insurance survey confirmed these results, showing one of every four uninsured in the state use the Emergency Room annually.

Primary care physicians in counties

As would be expected, the number of primary care physicians per 10,000 in population in rural areas is generally much lower than urban counties in the state. Primary care physicians include family practice, general practice, internal medicine, pediatrics and obstetrics. According to 2006 data from the state Office of Research and Statistics, the state average was 6.7 full-time equivalent, non-military, primary care physicians per 10,000 in population. However in the same report Clarendon County had 6.8 full-time equivalent primary care physi-

Figure 5.9**Full-time equivalent primary care physicians per 10,000 in population (Jan. 2006)**

Source: Office of Research & Statistics, S.C. State Budget & Control Board, Jan. 2006 survey

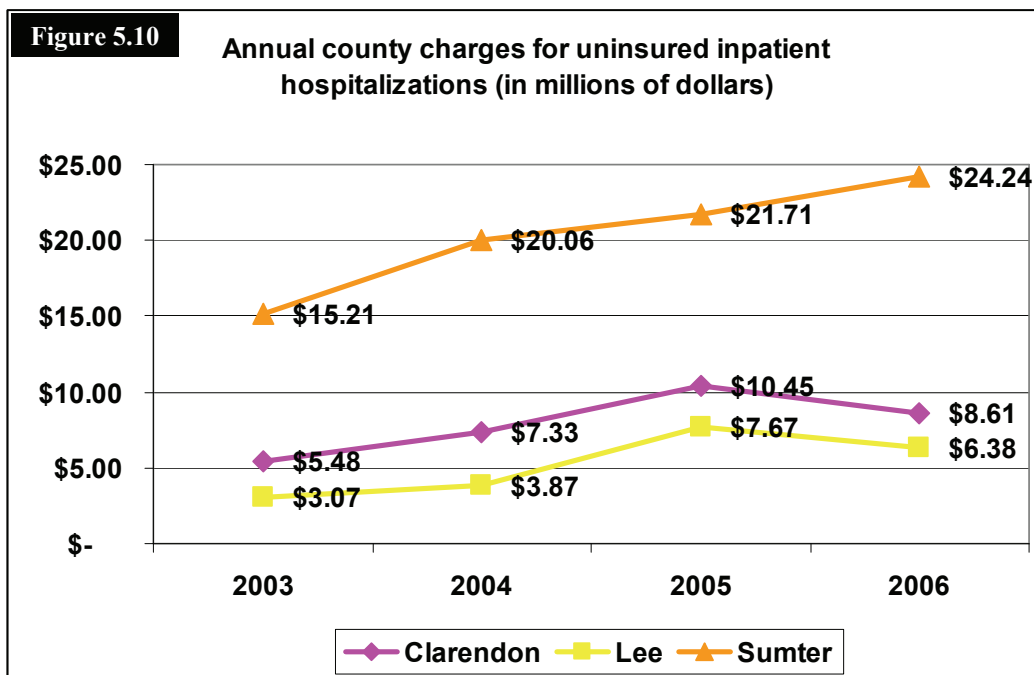
cians per 10,000 county residents, a total slightly above the state average. Sumter County followed at 5.1 per 10,000 and Lee had only 1.9 physicians per 10,000 residents, markedly below the state norm. Lee's 3.8 full-time equivalent primary care physicians were third lowest of any county in the state. Statistics from 2005 showed similar trends for the three counties. A full-time equivalent physician is when a physician(s) logs at least 36 hours of work per week in a county.

In summary it's apparent the greatest health care issues facing many tri-county area residents are a lack of awareness, transportation and/or financial resources, which prevent them from receiving preventable care.

Health care charges for the uninsured continue to rise

In recent years health care costs for the state's "uninsured" -- as measured by self payers for services and indigent care (those who are too poor to pay anything) -- have risen extensively. **A very small percentage of uninsured health care charges are ever paid.** State annual charges for the uninsured for

inpatient hospitalizations rose by 64 percent, or \$405.7 million, from 2003 to 2006 according to data from the state Office of Research & Statistics. The tri-county area reflected similar trends as represented in Figure 5.10. From 2003-'06, Clarendon and Sumter saw similar increases in total uninsured inpatient charges at 57.2 percent and 59.4 percent, respectively. Lee's total uninsured inpatient charges more than doubled, rising from \$3.07 million in 2003 to \$6.38 million in 2006. The tri-county area as a whole experienced a

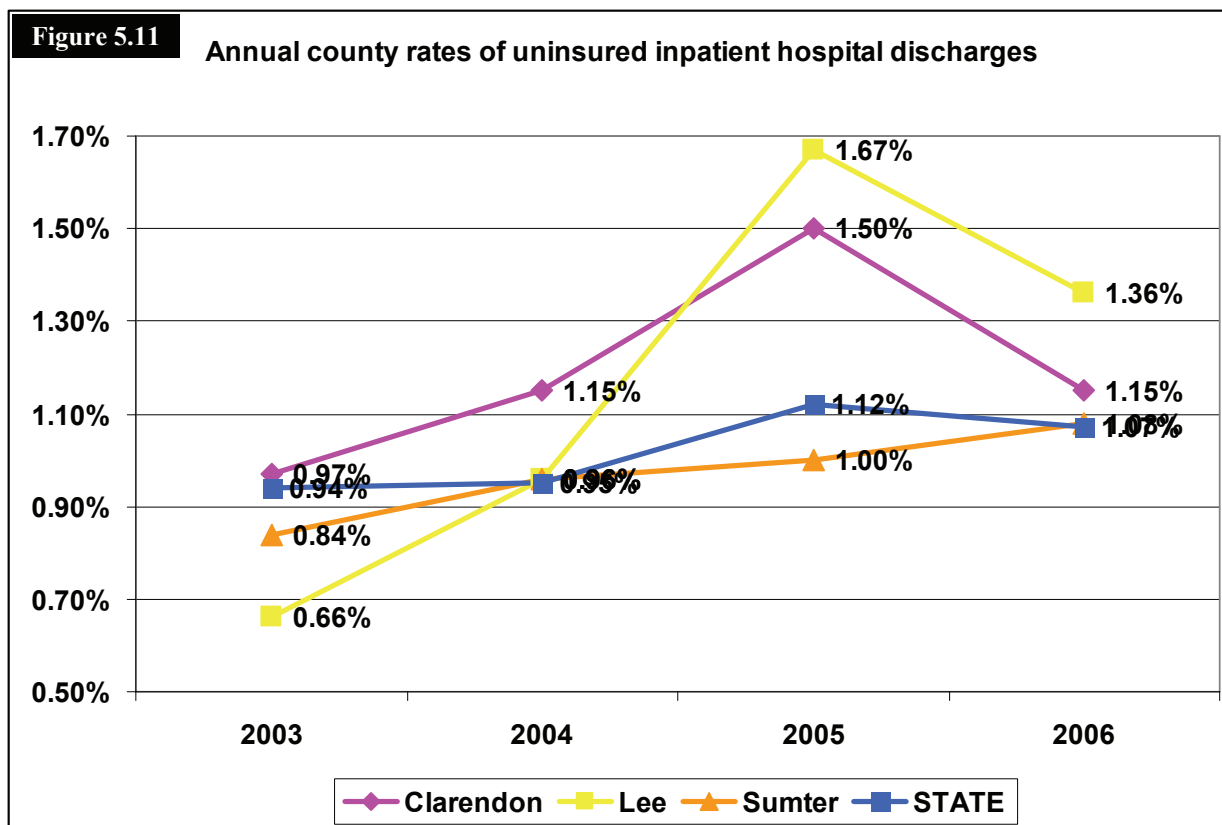


Source: Office of Research & Statistics, S.C. Budget & Control Board, 2003-06 data. Totals don't include ER outpatient charges

65 percent hike in uninsured inpatient charges during the four-year period. One note is these health care costs don't include any Emergency Room outpatient charges, which are unable to be captured in current data collection.

The higher annual charges for the uninsured through the years in the three counties were not only the result of increased health care costs, but also more services being provided to the uninsured. Uninsured inpatient service discharges in the tri-county area rose by 33 percent, or 441 discharges, in the four years; however, population growth in the three counties was very minimal, if any, during 2003-'06. Annual population estimates from the U.S. Census Bureau show no growth in the counties in the timeframe, but estimates for the Hispanic population are likely undercounted. Even accounting for small growth in Hispanics in the tri-county area, the rate of growth in uninsured discharges of 33 percent is well above the population growth rate for the four years.

Figure 5.11 uses yearly population totals and uninsured discharge totals to determine annual county rates of uninsured inpatient hospital discharges. As would be expected the two more rural counties, Clarendon and Lee, show large rate increases in uninsured discharges from 2003 to 2006. Lee's annual uninsured discharge rate more than doubled during the timeframe. Sumter's uninsured discharge rates track about at the state average. All the trend lines show increasing rates, which reflect a growing percentage of the population being uninsured. Again, these totals don't include Emergency Room outpatient discharges that aren't currently captured in the data.



Source: Office of Research & Statistics, S.C. State Budget & Control Board, 2003-06 data. Totals don't include ER outpatient discharges.