



COMMUNITY HEALTH NEEDS ASSESSMENT

KERSHAW COUNTY
SOUTH CAROLINA

2025

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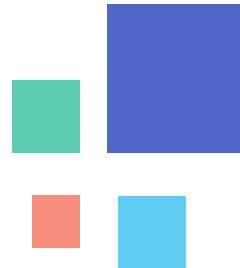
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2025 Community Health Needs Assessment

Kershaw County South Carolina

Executive Summary



Introduction

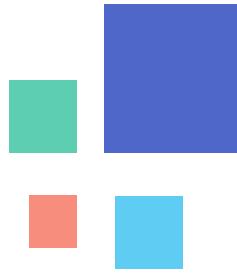
The Health Services District of Kershaw County engaged ISI Consulting to prepare this 2025 Community Health Needs Assessment (CHNA), building upon the findings and foundation of the 2022 CHNA. This updated assessment provides a comprehensive, data-informed picture of community wellbeing in Kershaw County, South Carolina, and is intended to support local organizations, leaders, and stakeholders in making evidence-based decisions that strengthen quality of life for residents.

Purpose and Scope

This CHNA serves as a key reference tool for identifying health priorities, understanding trends, and directing resources. It integrates both **quantitative data**—covering indicators such as income, poverty, employment, education, health, housing, crime, and environment—and **qualitative insights** gathered through interviews and community engagement. Together, these findings highlight not only current conditions but also the structural challenges and opportunities that shape health and wellbeing in the county.

Key Insights

- **Demographics and Growth:** Kershaw County's population is growing steadily, with notable variation in racial/ethnic composition across towns such as Camden, Elgin, and Lugoff.
- **Economic Wellbeing:** Median household incomes are rising faster than state averages, yet family incomes and wealth-building opportunities lag, with disparities persisting by race and ethnicity. Poverty rates, including child poverty, remain below the state average but continue to impact thousands of residents.
- **Education:** While post-secondary attainment has increased to 26%, disparities by race persist, and on-time high school graduation has declined slightly in recent years. Early childhood readiness has shown significant improvement.
- **Health Outcomes:** Residents report mixed trends in physical and mental health. Key indicators such as obesity and smoking remain areas of concern, while uninsured rates have declined. Access to healthcare providers continues to present challenges.
- **Housing and Environment:** Homeownership rates are strong, but affordability and housing cost burden remain barriers for many. The county also faces inequities in food access and social vulnerability across census tracts.
- **Community Perspectives:** Residents expressed pride in Kershaw County's rural character, sense of community, and affordability, while highlighting ongoing struggles with healthcare access, financial strain, housing stability, and mental health needs.



Quantitative Data Mining

Primary Wellbeing Indicators

Notes on Methodology

The following quantitative data describes the primary wellbeing indicators for Kershaw County. In so far as possible, county-level data are disaggregated by White and Black race and Hispanic ethnicity, and data are also provided for the three primary municipalities within the county – Camden (city), Elgin (town), and Lugoff (Census Designated Place).

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

Because Kershaw County has a relatively small population, and because towns within Kershaw County have even smaller populations, these data are typically reported in 5-year average estimates for greater accuracy. Some data are not available below the county level. Very granular data, such as race disaggregation at the sub-county level, may require care in interpretation due to small sample sizes and resulting wider margins of error.

Unless otherwise noted, disaggregation by race and ethnicity are:

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

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

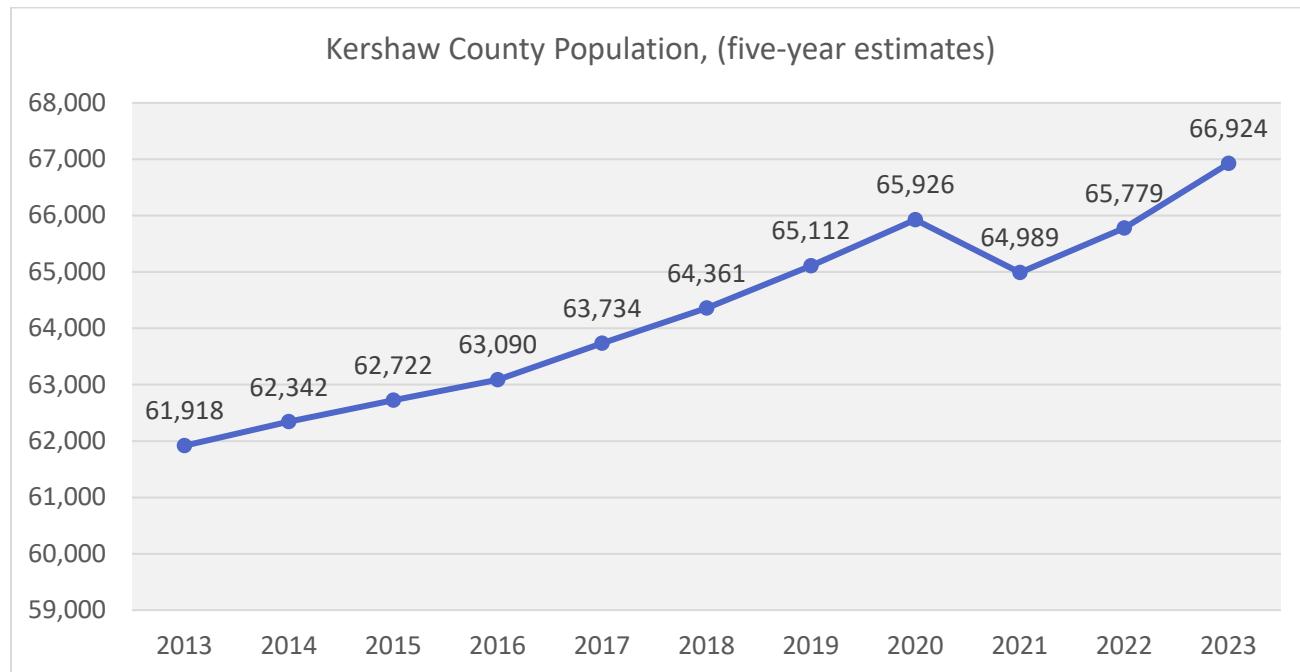
Summary Data with Trend Analysis

Primary and secondary wellbeing indicators are listed below with updated data from 2014, 2019, and 2024 where possible. Trend analysis is provided, indicating whether each indicator shows improvement (**green**), worsening (**red**), or remains the same, is fluctuating, or cannot be determined (**yellow**). Please note, some trends show improvement by decreasing in value.

Indicator	2014	2019	2024+	Trend
Income (median family) compared to SC average	\$52,112	\$77,578	\$78,102	Red
Income (median household) compared to SC average	\$43,203	\$55,198	\$71,375	Green
All Resident Poverty (% living below Federal Poverty Level)	17.8%	14.9%	14.1%	Green
Child Poverty (% of residents under 18 years living below Federal Poverty Level)	25.3%	25.8%	16.9%	Yellow
Employment Rate (% of residents in labor force who are working)	65.5%	68.4%	74.8%	Green
Education Attainment (% of adults age 25+ with bachelor's degree or above)	20.0%	24.1%	26.0%	Green
School Readiness (% of kindergarteners ready to learn)	-	28%	41%	Green
On-Time Graduation (% of students graduating high School in four years)	-	86%	82.4%	Red
Poor or Fair Health (% adults reporting their health is poor or fair)	15%	18%	17%	Yellow
Infant Mortality (babies who die in their first year of life, rate per 1,000 live births)	8.0	4.5	6.7	Yellow
Births to Teen Mothers (rate per 1,000 females age 15-19)	35.5	26	17.8	Green
Adult Physical Inactivity (% of adults who report they are inactive)	28%	29%	24%	Yellow
Adult Obesity (% of adults with reported Body Mass Index greater than or equal to 30kg/m ²)	31%	36%	36%	Red
Adult Smoking (% of adults who report being smokers)	22%	19%	18%	Green
Residents Without Health Insurance (% of all residents without public or private health insurance)	15.7%	10.5%	8.9%	Green
Premature Death (years of potential life lost, people under age 75, rate per 100,000 population)	9,935	9,998	11,621	Red
Homeownership (% of housing units that are owner-occupied)	77.6%	81.4%	84.4%	Green
High Housing Cost Burden (% of residents spending >30% of income on housing costs)	25.0%	21.4%	25.1%	Yellow

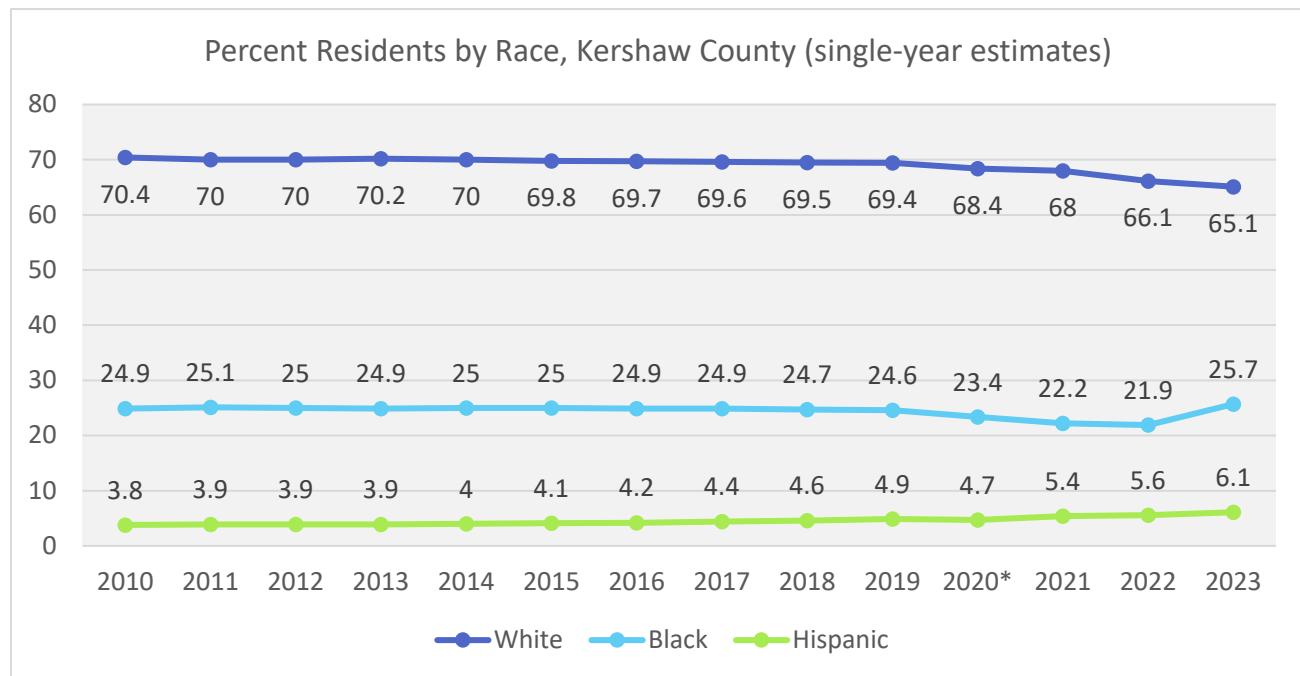
Population and Population Demographics

Kershaw County is growing at a slow and steady rate. The current (2023) single year estimate of the county population is 69,905. Except for a dip in 2021, the county population has grown year-over-year since at least 2010.



Source: US Census DP05

County population race and Hispanic ethnicity demographics have been stable over time.



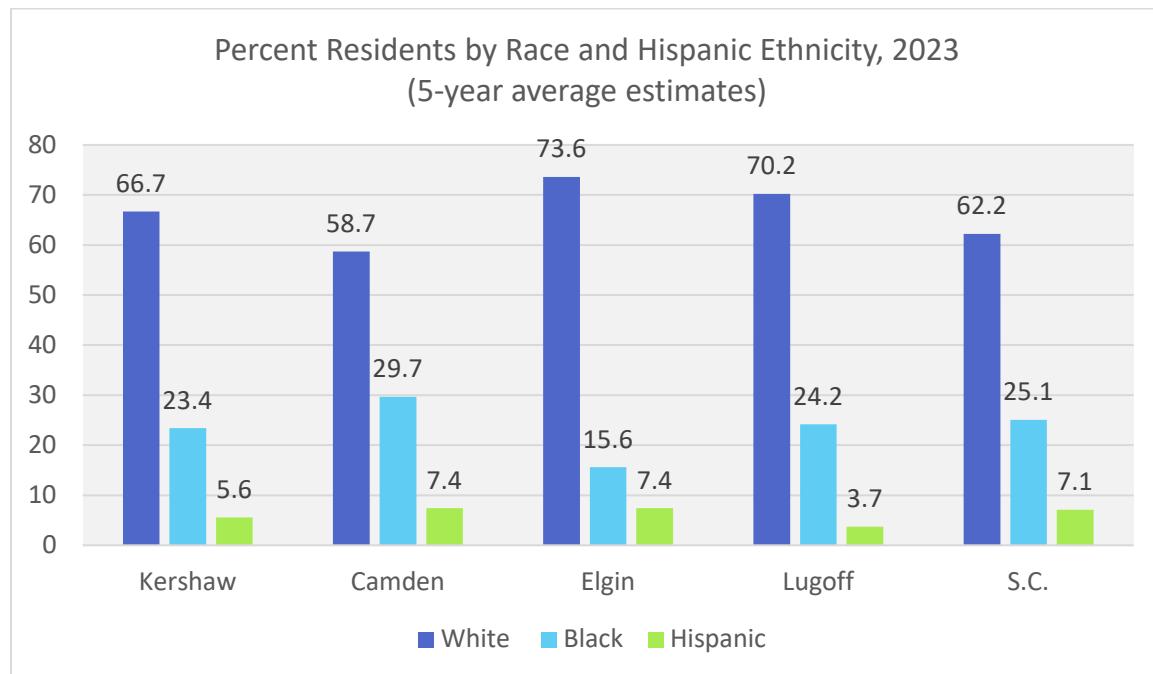
Source: Kids Count Data Center and US Census DP05

*2020 is a 5-year estimate

According to 2023 Census data (5-year average estimates), the populations of primary towns within Kershaw County are:

- Camden (city): 8,025
- Elgin (town): 2,176
- Lugoff (Census Designated Place): 9,475

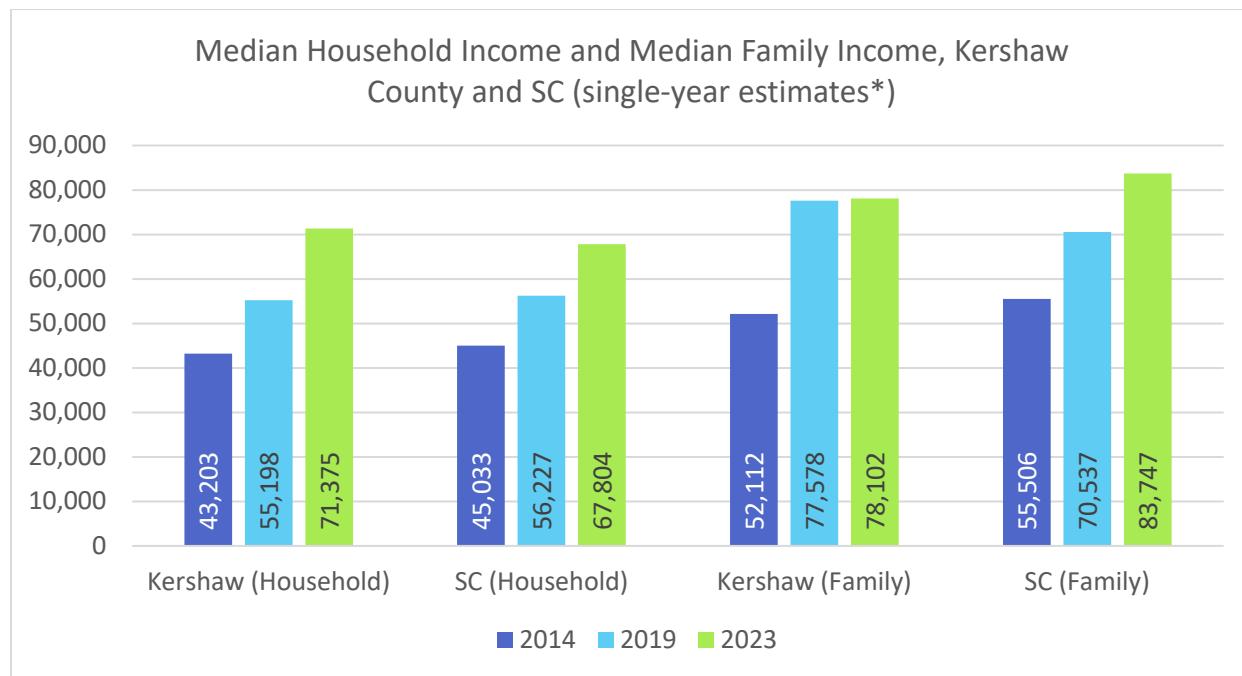
While Kershaw County is less diverse than the state on average, in terms of race and Hispanic ethnicity, Camden is more diverse.



Source: US Census DP05

Income

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



Source: US Census S1901

*2014 is a 5-year average estimate

- **Per capita** income is the mean income in the last twelve months computed for every man, woman, and child in a particular group including those living in group quarters such as colleges or prisons.
- Median **household** income includes the income in the last twelve months of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.
- **Family** income includes the income in the last twelve months of two or more people 15 years old and over (one of whom is the householder) related by birth, marriage, or adoption residing in the same housing unit, whether calculated on a median or a mean

Median household income for Kershaw County residents has grown faster over time and is higher than the state average. However, Median family income is lower in Kershaw County and has not grown as fast.

Select Income Measures

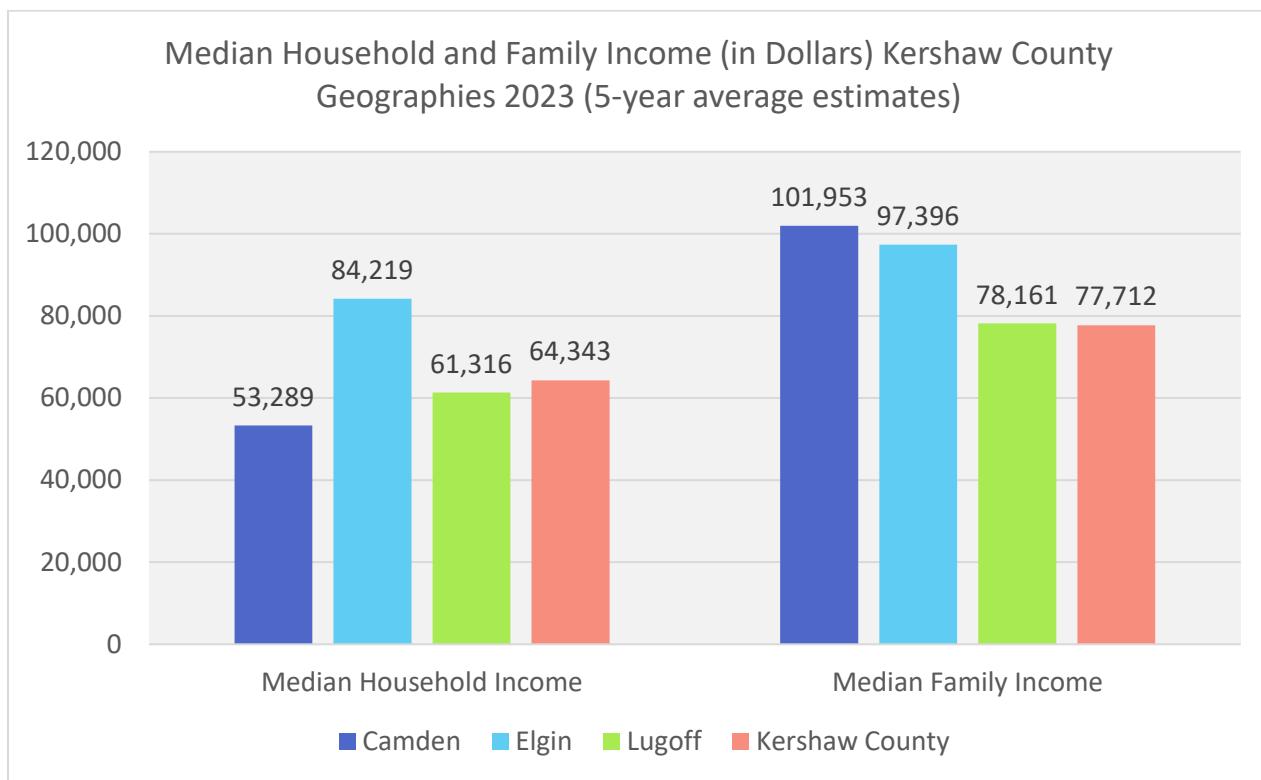
The latest Census data (2023) show that aggregate per capita, median Household, median family, and mean family incomes are lower in Kershaw County compared to the state average. However, per capita income for Black residents is higher in Kershaw County compared to the state average. Income also shows significant inequity by race across all measures for both Kershaw County and the state.

Select Income Measures, Kershaw County and S.C. (2023, 5-year average estimates)		
	Kershaw County	South Carolina
Per Capita Income	\$34,250	\$37,993
Black Residents	\$27,384	\$25,616
White Residents	\$38,969	\$45,023
Hispanic Residents	\$15,351	\$24,227
Median Household Income	\$64,343	\$66,818
Median Family Income	\$77,712	\$83,579
Mean Family Income	\$102,445	\$110,261

Source: US Census, S1901, S1902

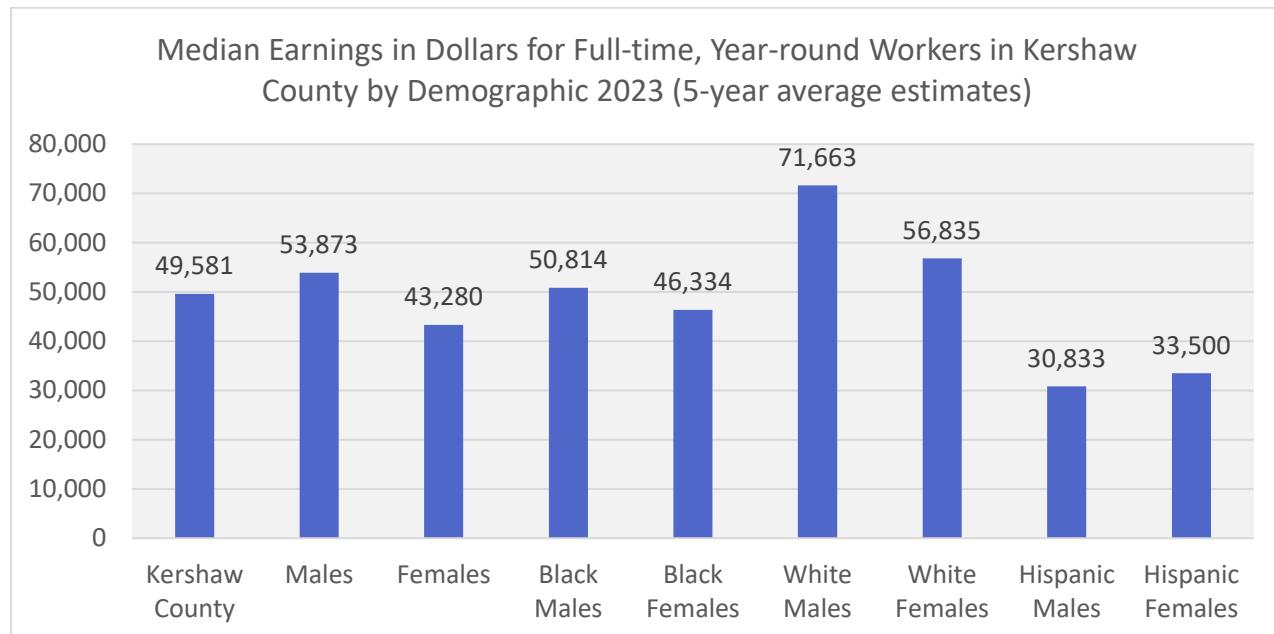
Within-County Breakdown

Income measures for the selected communities within Kershaw County are reported in the following graph. Interestingly, Camden has the lowest median household income but the highest median family income.



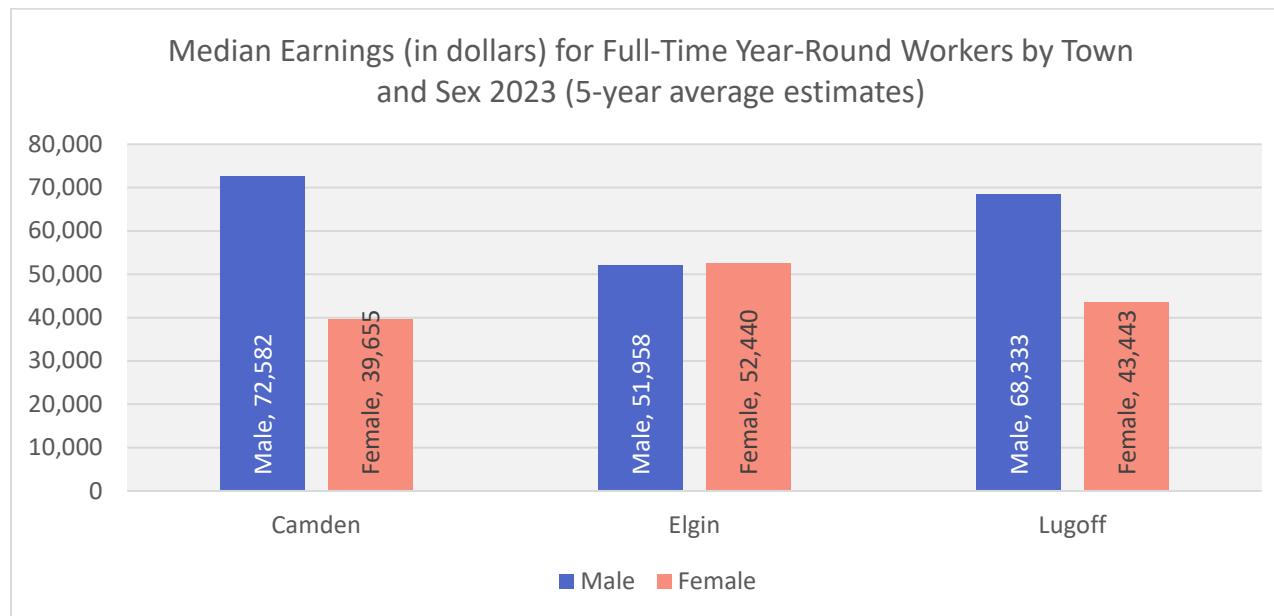
Earnings

Overall median earnings for full-time workers age 16+ in South Carolina on average are 7.2% higher than in Kershaw County. Disaggregated by demographic, there is a clear disparity in earnings among full-time, year-round workers in Kershaw County, as in many geographies. Males earn more than females, except for Hispanic residents. White residents earn more than Black or Hispanic residents.



Source: U.S. Census B20017 (A,B,I), S2001

Male full-time, year-round workers earn more than female full-time, year-round workers, except in Elgin. Males make the least in Elgin, but females make the most.



Source: U.S. Census B20017

Poverty

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

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

All Resident Poverty Rates

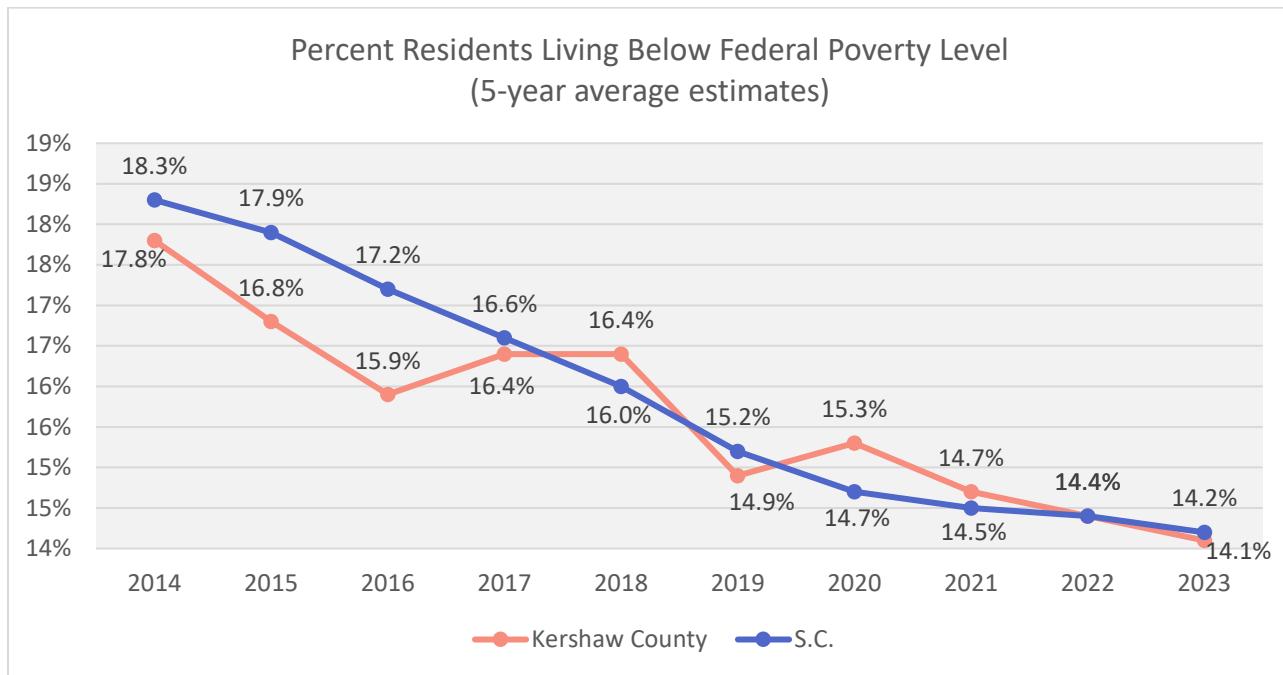
Currently, 8,032 residents of Kershaw County (11.6% of the county population) live below the Federal Poverty Level (FPL), including 16.9% of the county's children. Both rates are lower than the state average. Other poverty demographics are reported in the following table. Education attainment and employment status are closely correlated with poverty.

**Number and Percent of Residents Living Below Federal Poverty Level by Demographic
Kershaw County and S.C., 2023 (single year estimates)**

In poverty:	Kershaw County		South Carolina	
	#	%	#	%
All residents	8,032	11.6	726,799	13.9
Children	2,711	16.9	214,606	19.1
Age 18-64	3,841	9.5	400,311	13.0
Age 65+	1,480	8.2	111,882	11.0
Less than high school	1,456	25.5	100,667	28.6
Bachelor's or higher	691	5.6	61,508	5.0
Worked full-time year-round	417	1.7	56,947	3.0
Did not work	3,042	14.9	322,800	21.2

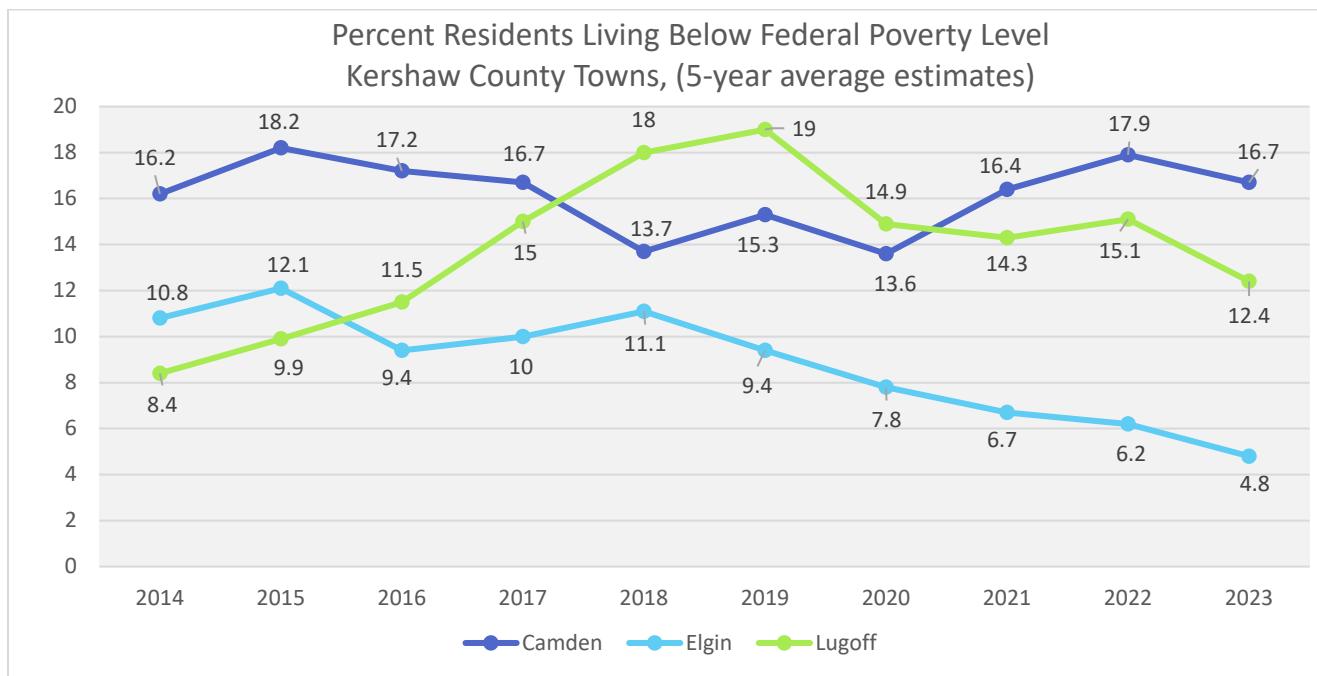
Source: US Census S1701

Poverty rates have decreased slightly over the last several years in Kershaw County, as they have across the state. Historically, Kershaw County's poverty rate has been below or near the state average.



Source: U.S. Census S1701

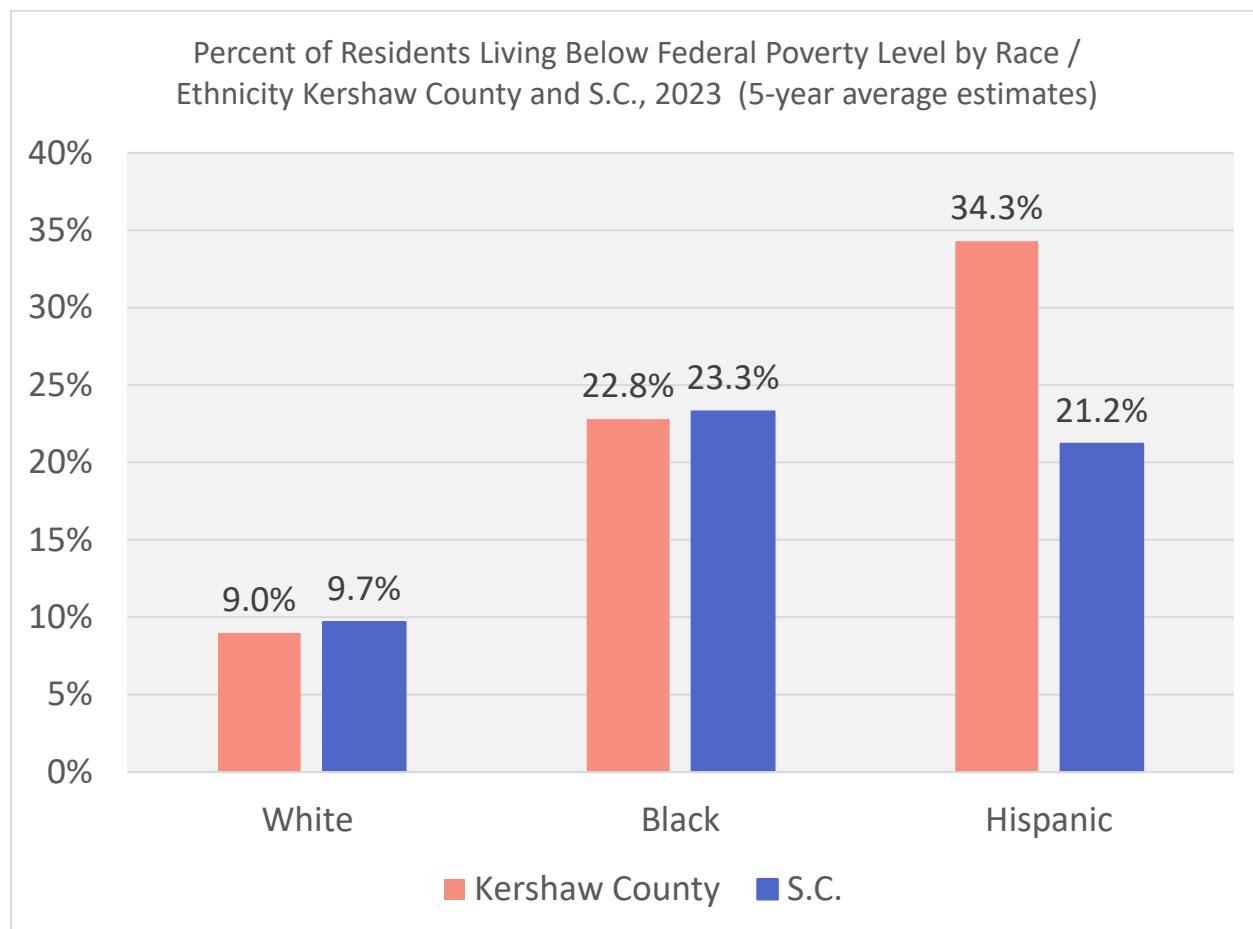
Since 2016, poverty rates have been lowest in Elgin where they are also less variable over the last several years. Poverty rates are significantly higher in Camden and Lugoff. Poverty rates are least stable in Lugoff, but have decreased in recent years while those in Camden have increased.



Source: U.S. Census S1701

Poverty by Demographics

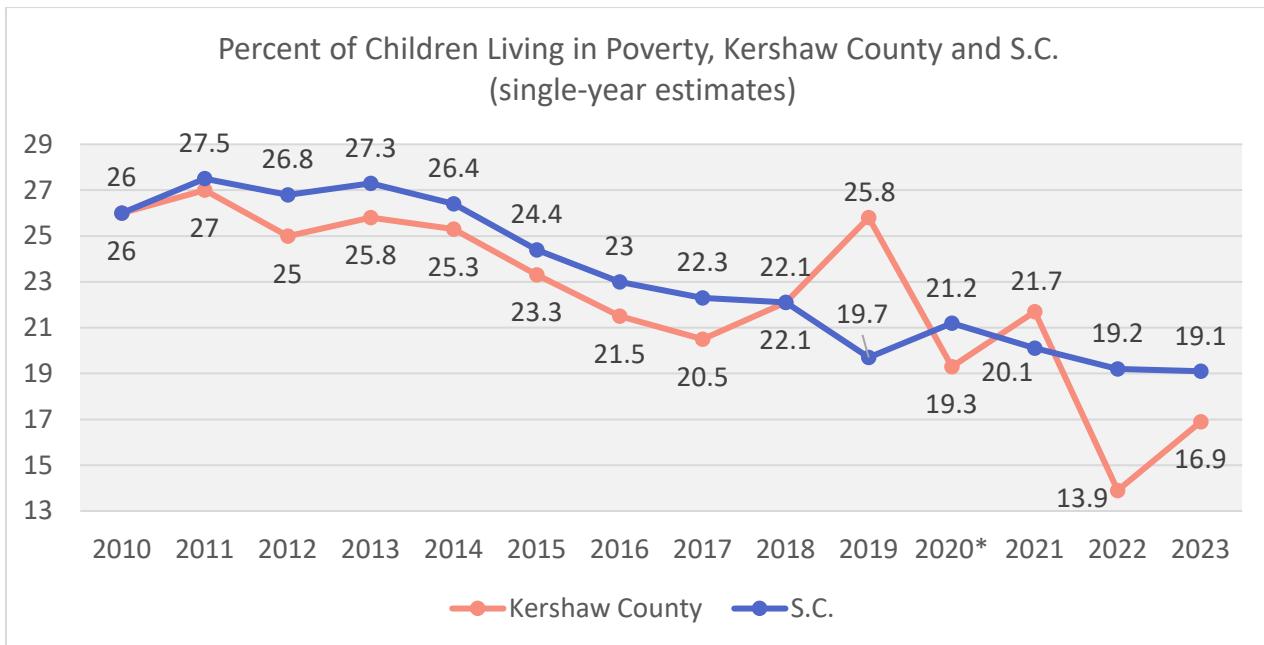
Race-based inequities persist in poverty rates. Whites have significantly lower poverty rates compared to Blacks and Hispanics in Kershaw County and across the state. There is also marked disparity in poverty among Hispanic residents in Kershaw County and the state on average.



Child Poverty and Opportunity

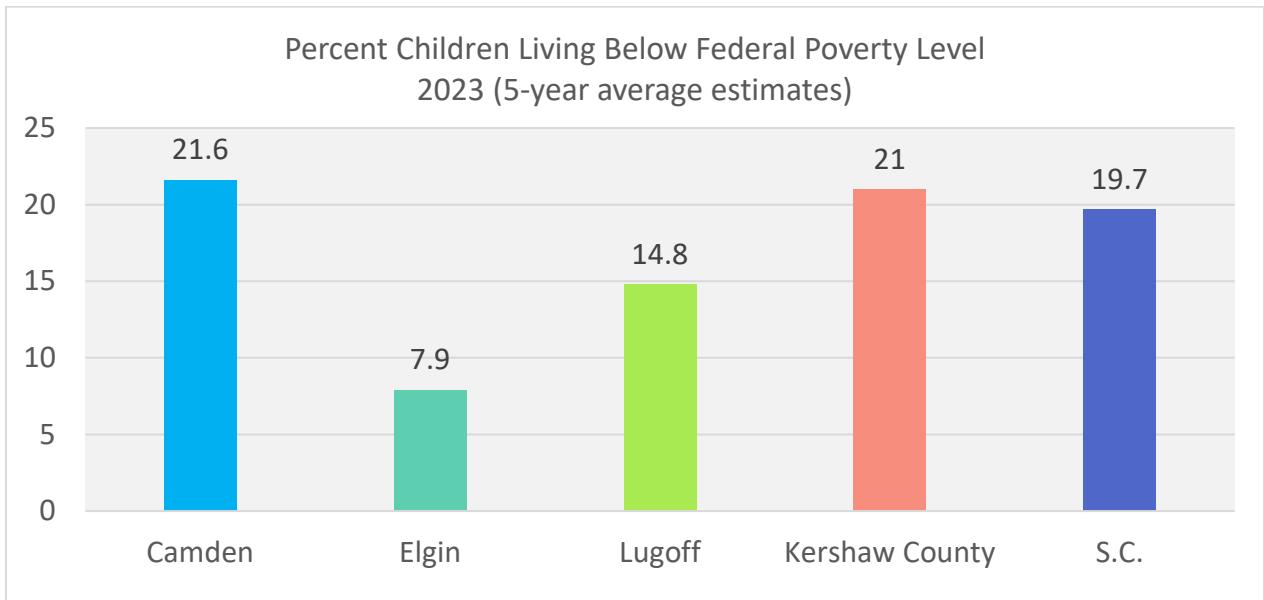
Child poverty is a function of family and household income. Children who live in poverty often experience chronic, toxic stress that disrupts the architecture of the developing brain, resulting in lifelong difficulties in learning, memory, and self-regulation, and poor health outcomes in adulthood. Children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

The annual rate of child poverty in Kershaw County has been consistently near and slightly below the state average. However, child poverty has been quite variable in Kershaw County since 2017, after many years of consistent decrease. Single year data tend to be more variable than 5-year average data. Child poverty on average in South Carolina has continued to decrease since 2013. Currently (2023), there are 2,711 children living in poverty in Kershaw County, but the child poverty rate is lower than the state average.



Source: Kids Count Data Center

Compared to the county and state averages, the town of Camden has a higher child poverty rate. Elgin and Lugoff have low child poverty rates, both below the Kershaw County average and the state average.

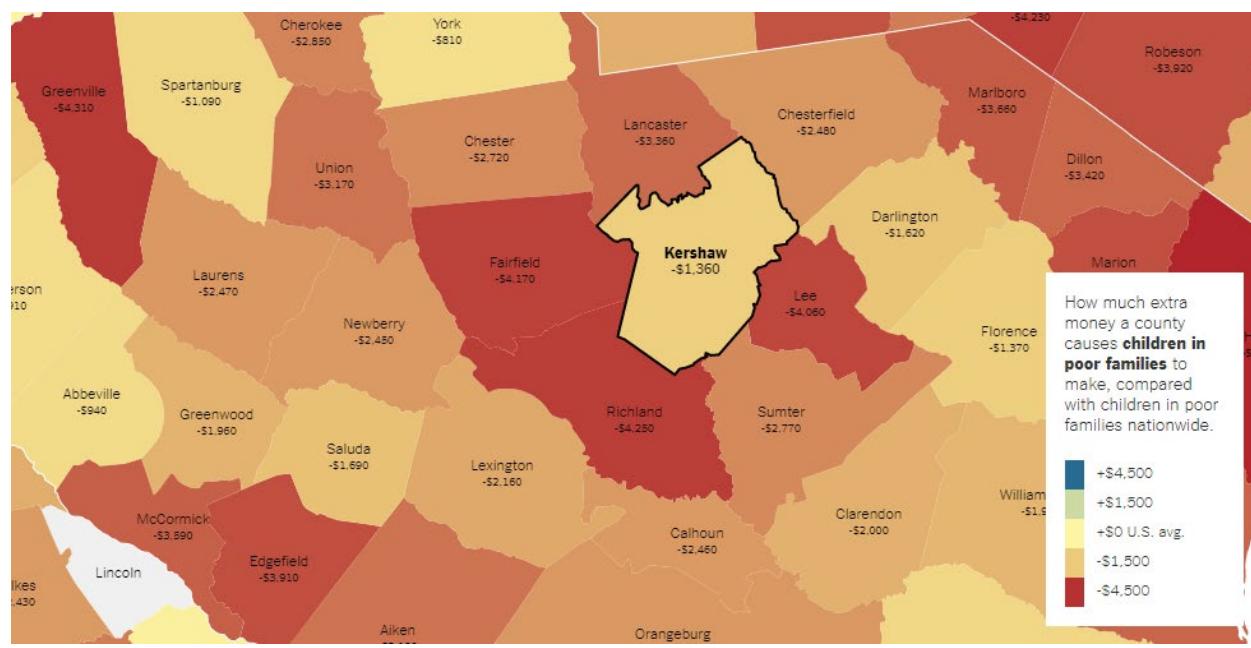


Opportunity

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

- Lower levels of residential segregation by race
- A larger middle class (lower levels of income inequality)
- Stronger families and more two-parent households
- Greater social capital
- Higher quality public schools

The latest calculations and comparisons of the 2,478 counties in the U.S. show that South Carolina counties rank among the lowest in the country for chances of upward mobility for poor children. Kershaw County is considered to be “very bad” in helping poor children up the income ladder. It ranks 461st worst out of 2,478 U.S. counties, better than about 19% of counties. If a child in a poor family were to grow up in Kershaw County, instead of an average place, he or she would make \$1,360 (or 5%) less at age 26. Note that other counties in South Carolina fare much worse on this measure.



Source: The Upshot²

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

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

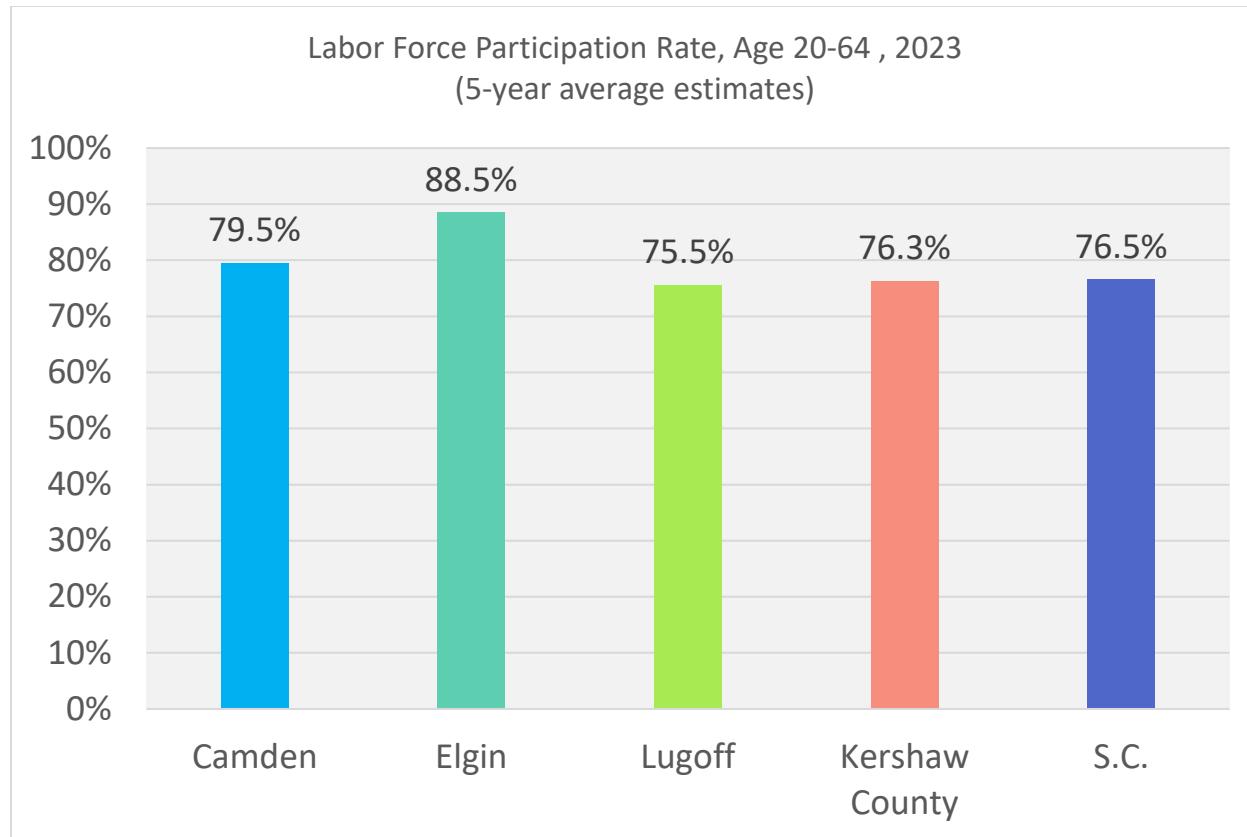
Employment

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

Labor Force Participation Rate

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

The percentage of residents aged 20-64 who are working or looking for work is about the same as the state average in Kershaw County. Elgin’s labor force participation rate is significantly above the state average, and Camden’s is somewhat above. Lugoff’s rate is slightly below the state average.



Source: U.S. Census S2301

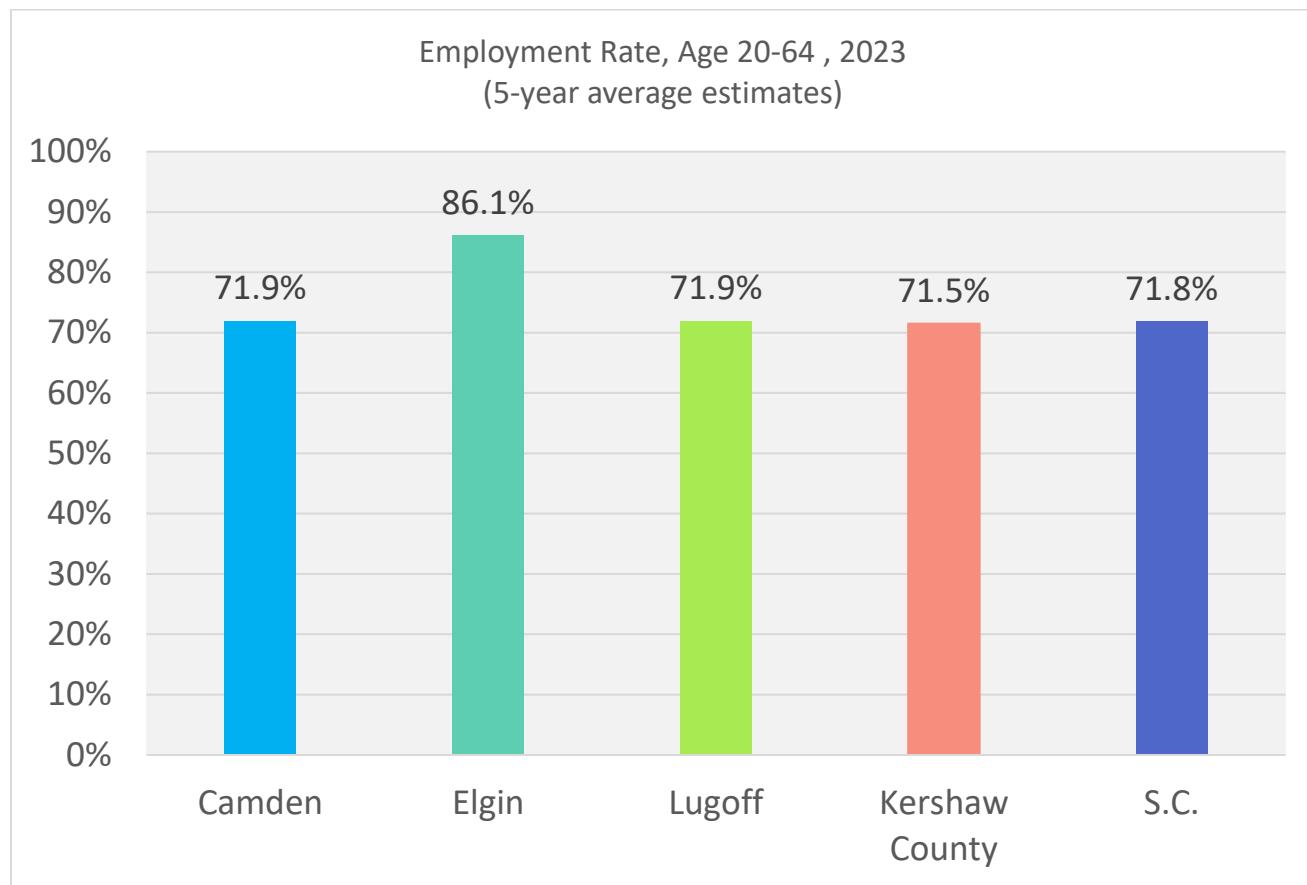
Employment Rate (Employment-to-Population Ratio)

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

This important metric has improved at the county level over time:

- 2014 (5-year average) = 65.5%
- 2019 (single year) = 68.4%
- 2023 (single year) = 74.8%

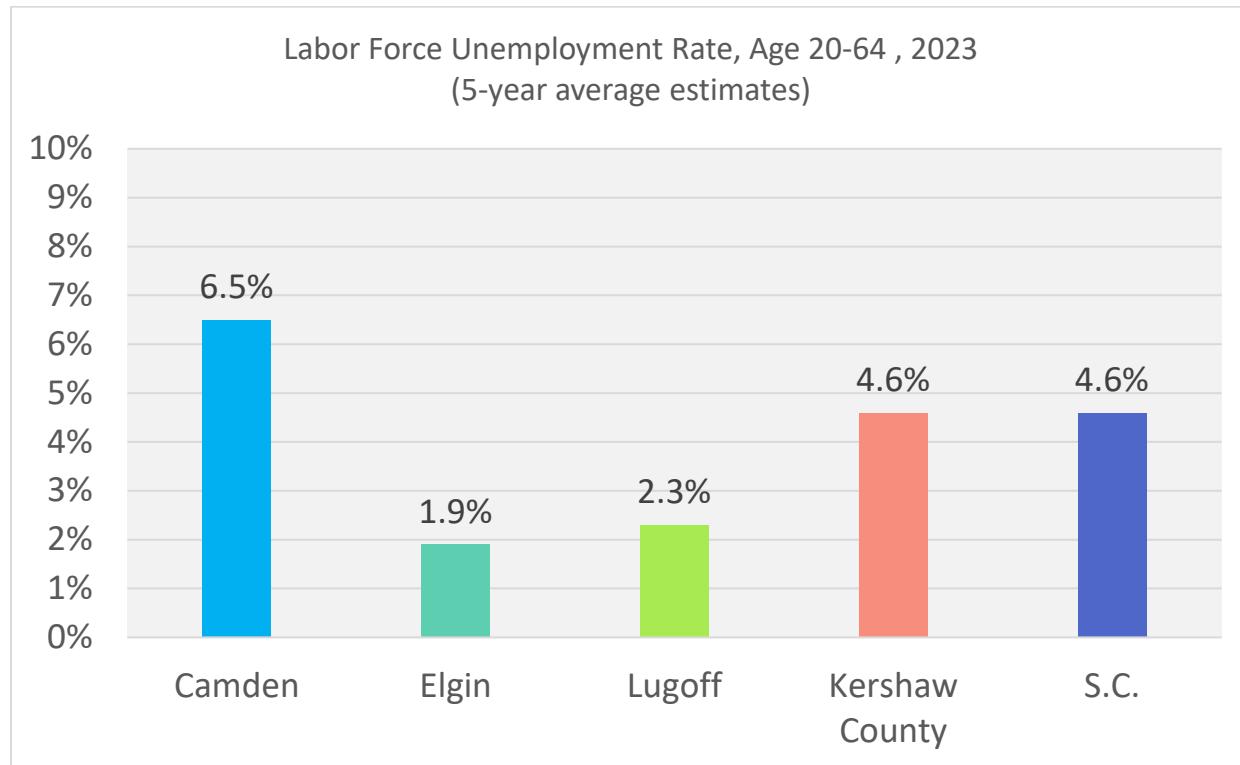
Of residents aged 20-64, 72% in Kershaw County are working for pay, equal to the state average. The rate is slightly higher in Camden and Lugoff and significantly higher in Elgin.



Labor Force Unemployment Rate

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

In Kershaw County, less than 5% of the labor force is unemployed, equal to the state average and well with the “healthy” range of 4% to 6%. Unemployment is lower in Elgin and Lugoff – outside of the “healthy range”. Conversely, the unemployment rate in Camden is higher and outside of the “healthy range”.



Source: U.S. Census S2301

Education

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

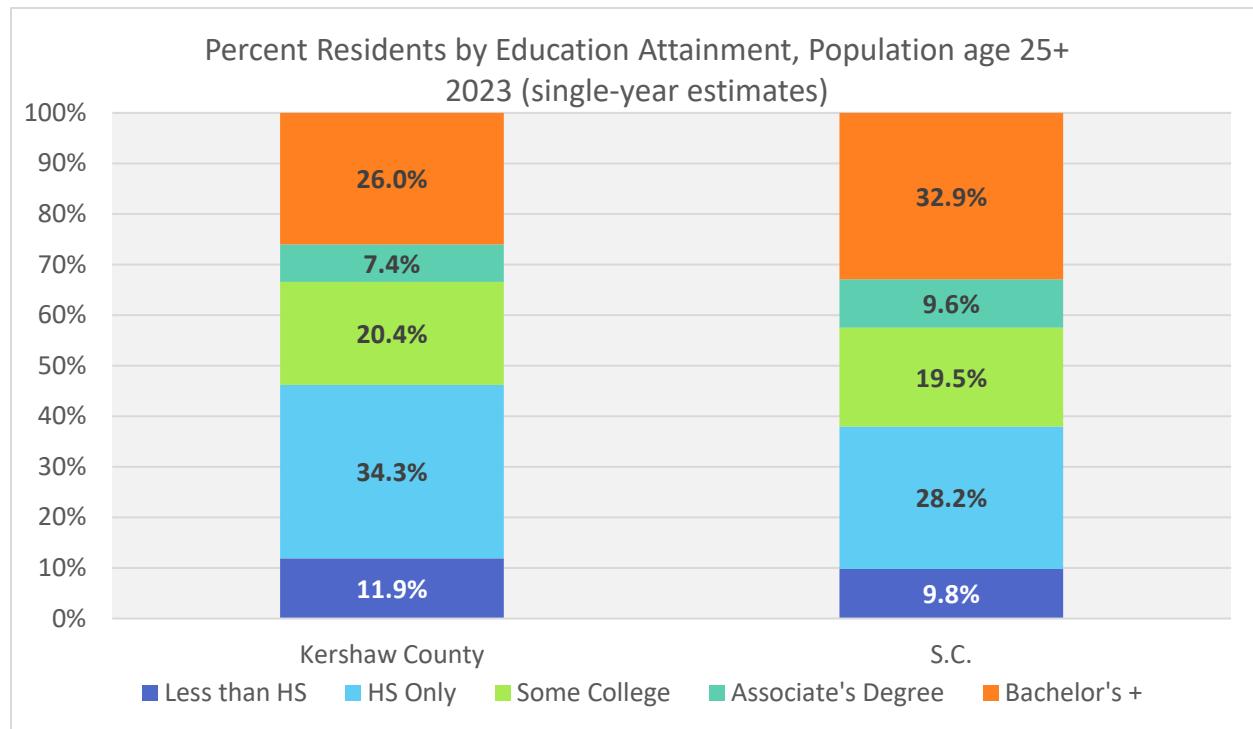
The Children's Trust of South Carolina ranks Kershaw County 15th among the state's 46 counties for education in 2020.³

Education Attainment

The future demands higher education attainment of the local workforce if our cities and counties are to be economically competitive. Obtaining a post-secondary credential of some kind is critical to opportunity and positive life outcomes. Compared to the state average, residents in Kershaw County have lower education attainment. 33% of Kershaw County residents (age 25+) hold a post-secondary credential, compared to 43% of the state's residents.

Kershaw County is improving on the critical bachelor's degree attainment or higher metric:

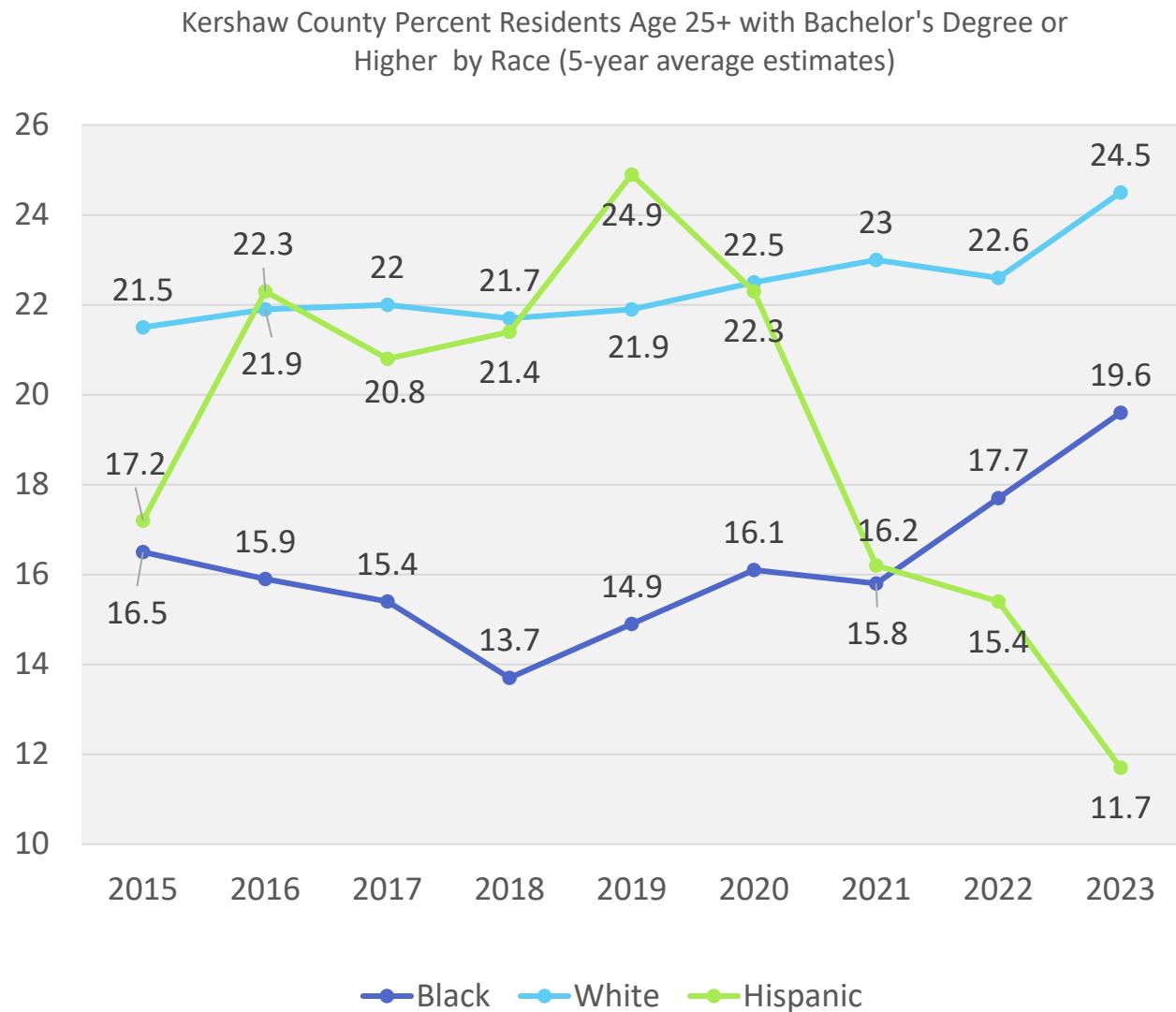
- 2014 (5-year average estimate) = 20.0%
- 2019 (single year estimate) = 24.1%
- 2023 (single year estimate) = 26.0%



Source: U.S. Census S1501

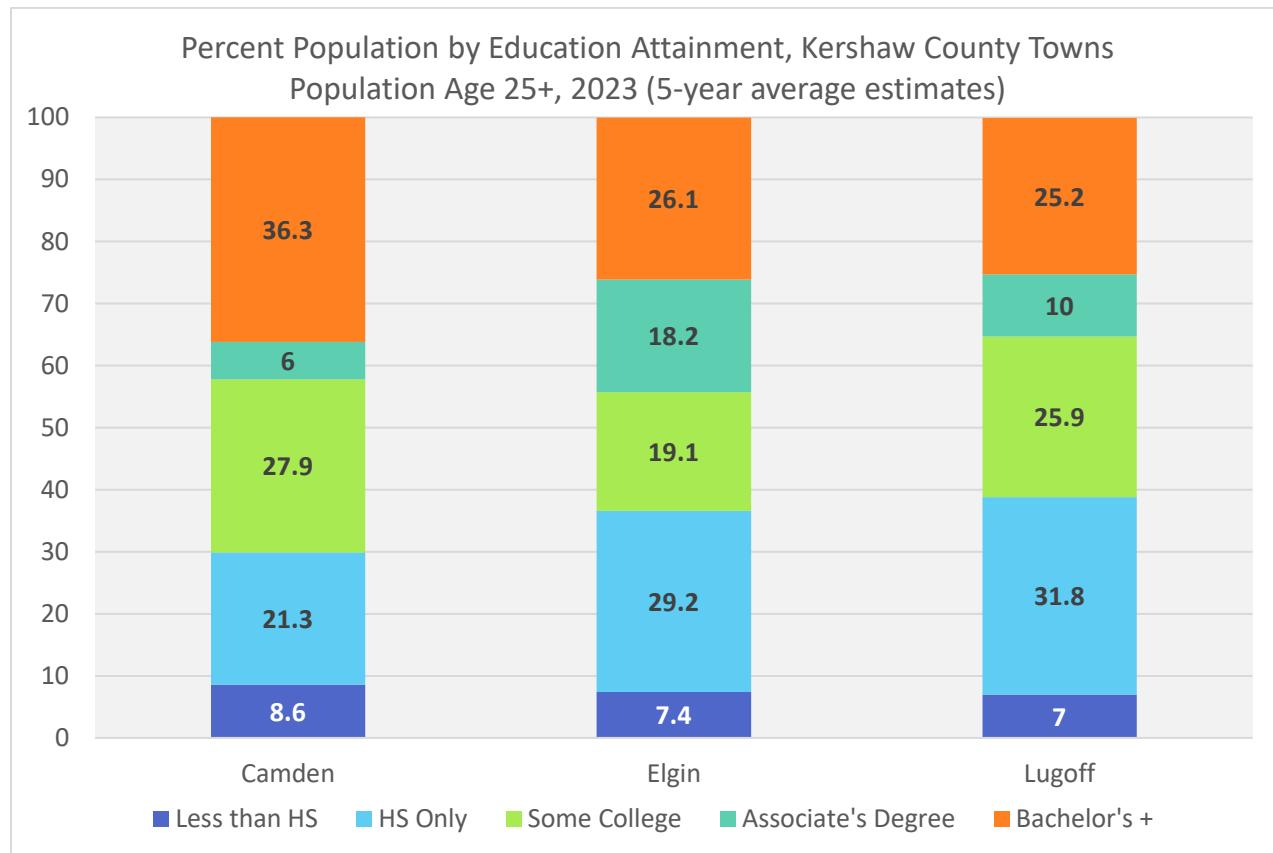
³ Children's Trust of South Carolina 2020 Child Well-Being Data Profile. <https://scchildren.org/wp-content/uploads/Kershaw-County-Child-Well-Being-Data-Profile.pdf>

In Kershaw County, there is significant and persistent race disparity for education attainment between Black and White Residents. However, over the last several years, the percentages of White and Hispanic residents with bachelor's degrees or higher has been increasing. The trend is quite variable for Hispanic residents, likely due in part to much smaller population numbers compared to Black and White residents.



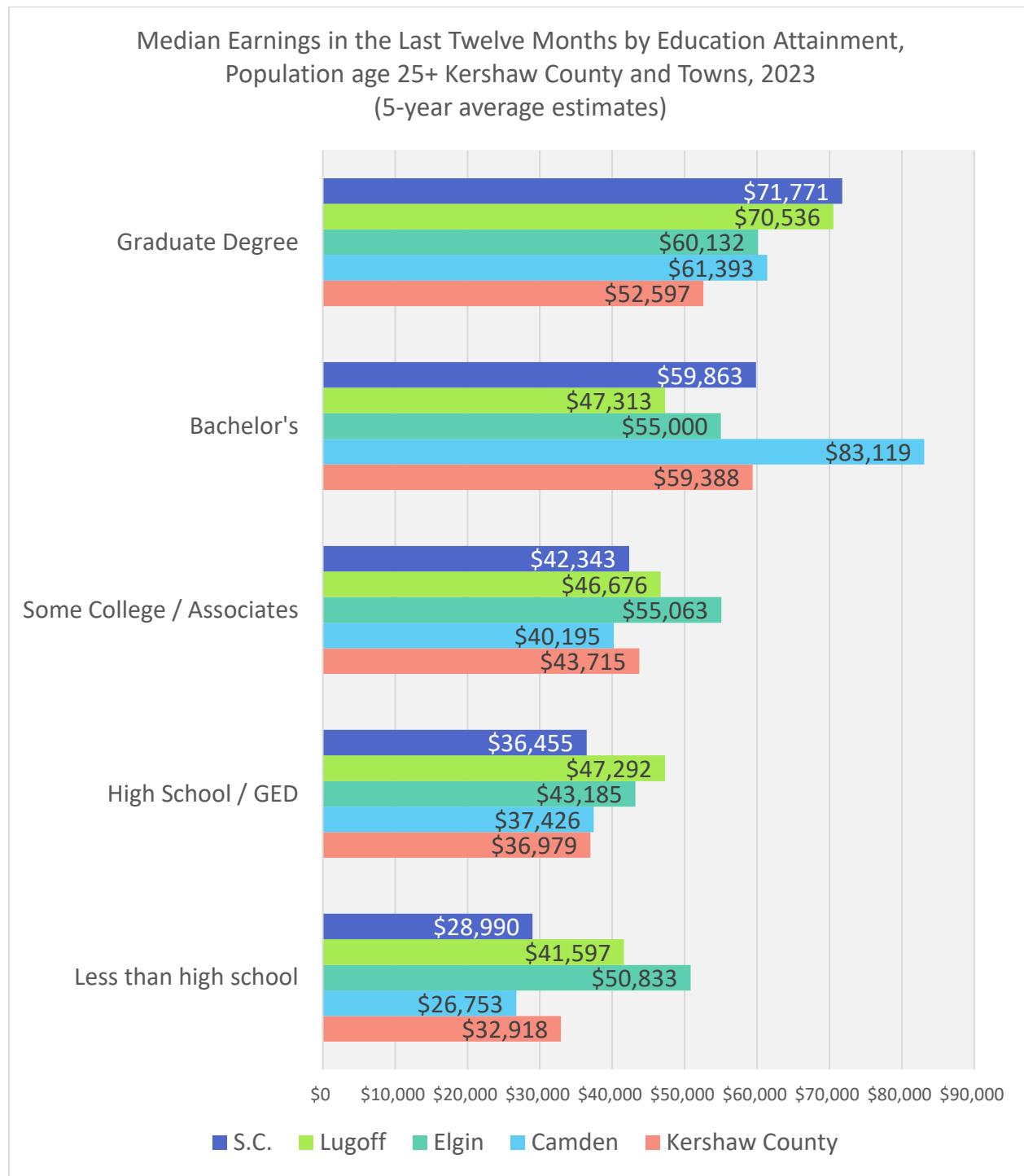
Source: U.S. Census S1501

Of the three towns in Kershaw County, Camden has the highest education attainment. In fact, only Camden exceeds the state average (31.5%) for post-secondary education attainment at the bachelor's level or higher. All three towns, however, have lower percentages of residents who have dropped out of high school compared to the state average (10.4%).



Earnings by Education Attainment

There is a direct correlation between education attainment and earnings, income, and wealth. The following graph demonstrates this fact for Kershaw County, the three primary towns, and the state average, but the same would hold true for almost all U.S. geographies. Although there are outliers, generally, the higher the education, the higher the earnings.



Source: U.S. Census s2001

Early Childhood Education

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

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

Kershaw County children have improved significantly on this measure with 41% demonstrating readiness to learn in terms of overall foundational skills (also the state average). Two of those foundational skills – language literacy and mathematics, have also improved, placing Kershaw County kindergarten students at or near the state average.

**Percentage of Students enrolling in Kindergarten and Demonstrating Readiness to Learn,
2023-2024 by District**

	Overall	Language and Literacy	Mathematics
Kershaw County School District	41%	37%	36%
S.C. Average	41%	37%	37%

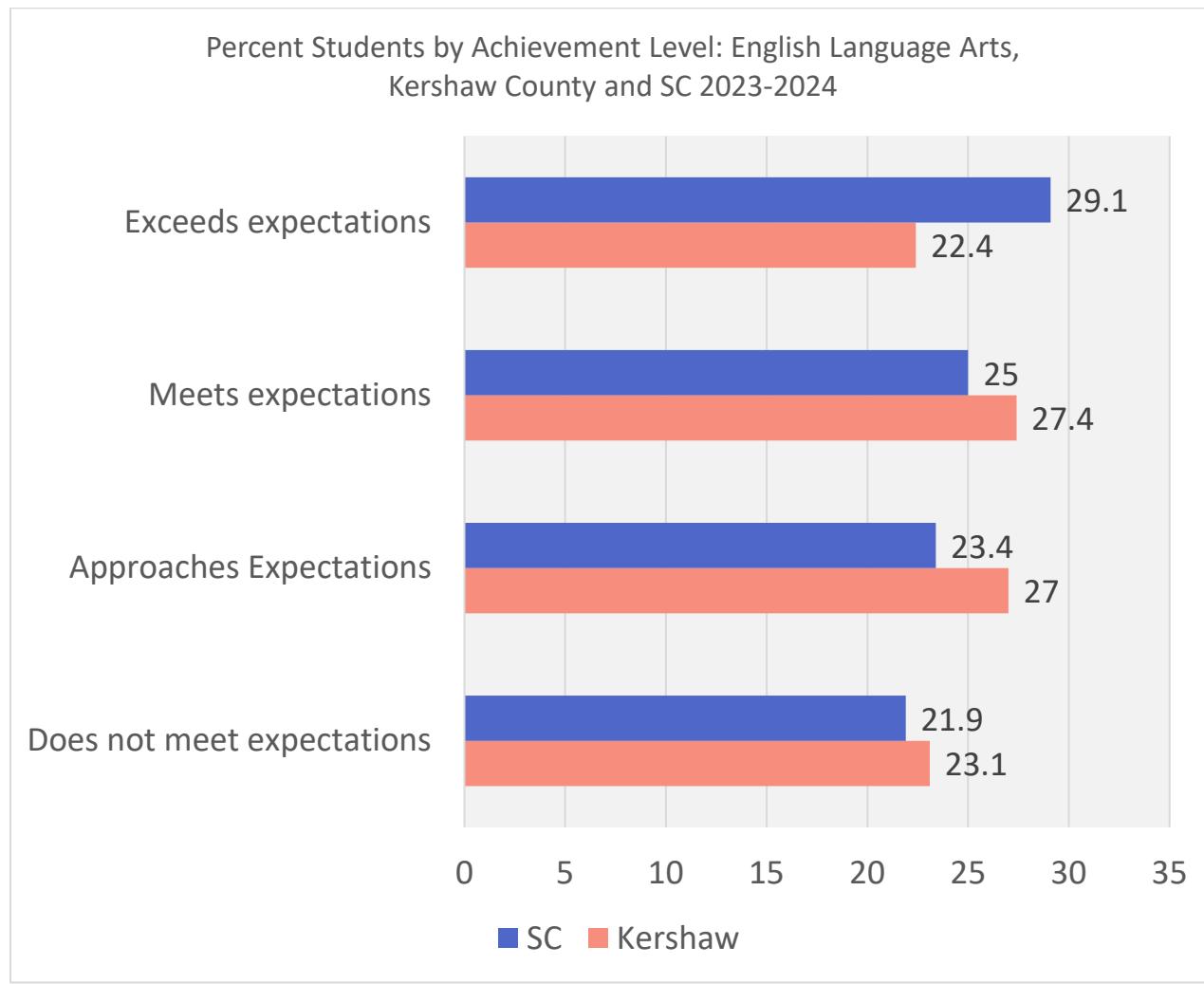
Source: SC DOE School Report Cards and informedsc

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

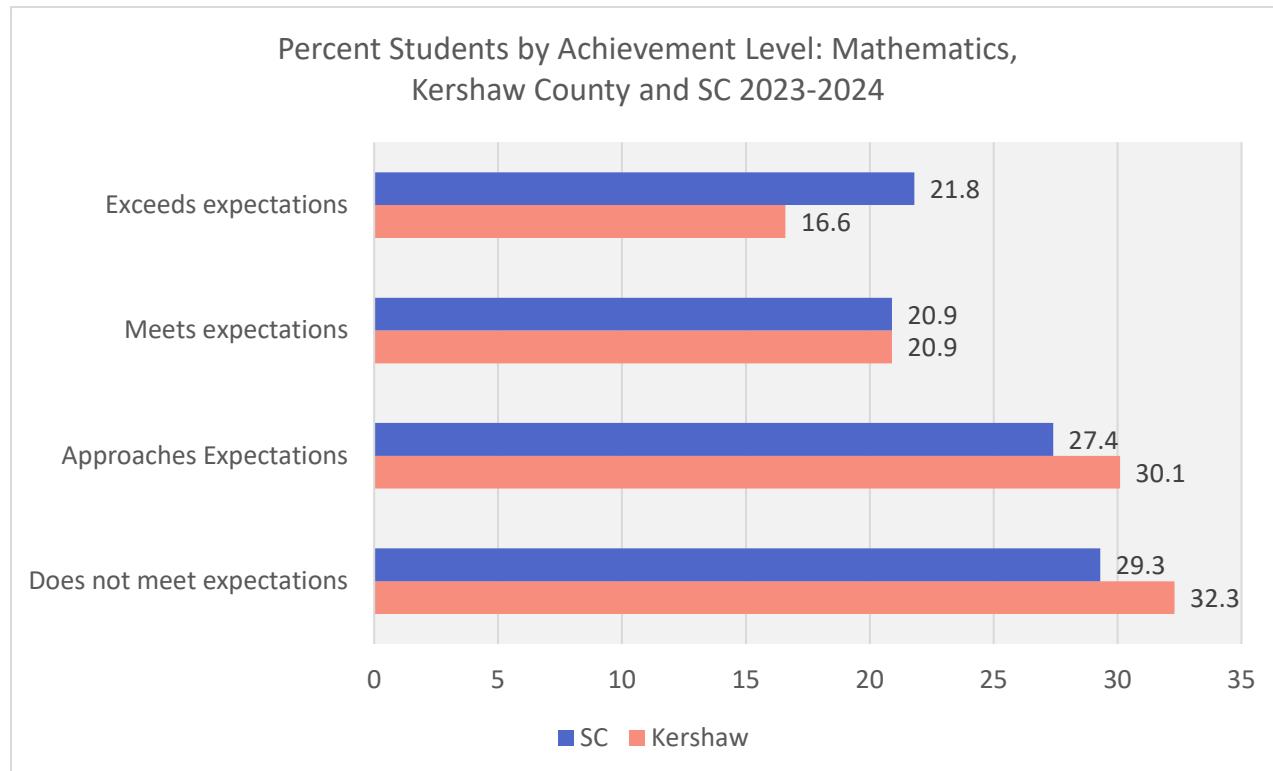
Academic Achievement

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

Kershaw County School District students have improved on this measure (all grades combined), with 50% meeting or exceeding expectations on for English Language Arts, approaching the state average of 54%.



In keeping with state averages, Kershaw County School District students do not fare as well on mathematics achievement. However, performance on this metric is improving with 37.5% of students meeting or exceeding expectations, compared to 42.7% of students across the state (all grades combined).



Source: SC DOE School Report Cards

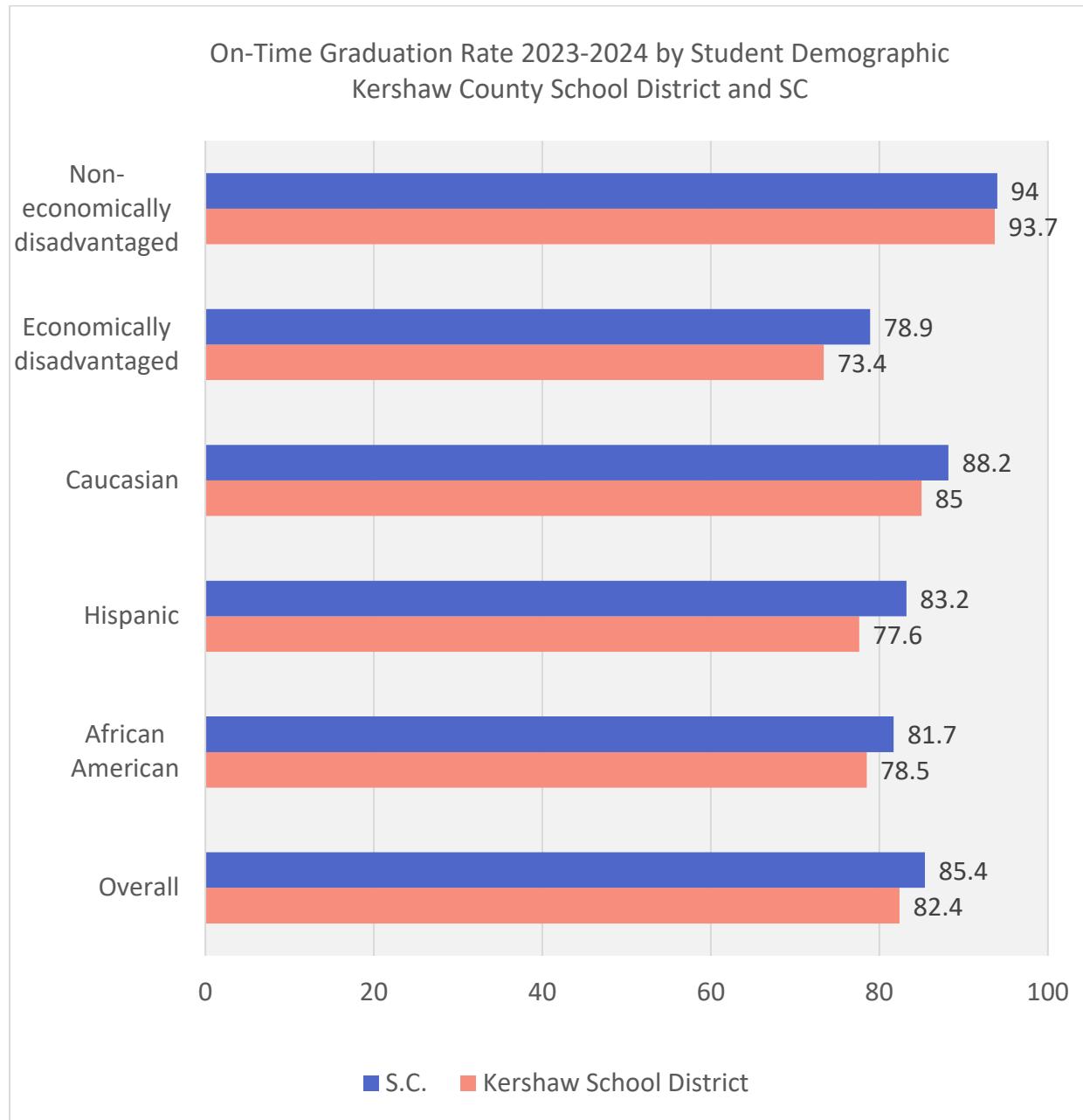
On-Time Graduation

Students who graduate on time – earning a standard high school diploma in four years – are more likely to continue their education at the post-secondary level. Historically, Kershaw County School District has a higher on-time graduation rate compared to the state overall, but this trend reversed in the last three years with declining on-time graduation rates in Kershaw County.

On-time Graduation Rate Trend by Kershaw County School District and SC Overall							
	2018	2019	2020	2021	2022	2023	2024
Kershaw	86	86	86	86	83.3	81.8	82.4
SC	81	81	82	83	83.8	83.8	85.4

Source: SC DOE Report Cards

When the 2023-2024 on-time graduation rate is disaggregated by student demographic, Caucasians and non-economically disadvantaged students graduated on-time at higher rates in Kershaw County and across the state. Economically disadvantaged, African-American, and Hispanic students graduated on-time at lower rates. Each of these student groups in Kershaw County graduated on-time at lower rates than their state average counterparts.



Source: SC DOE School Report Cards

Dropout and Teen Idleness

The 2020 South Carolina Child Well-Being Data Profile, produced by the Children's Trust of South Carolina,⁴ ranks Kershaw County as 5th of the state's 46 counties for dropout (#1 is best). The latest data show that there were 0.6% dropouts of the total enrollment for grades 9-12 in Kershaw County in 2018-2019. This was below the state average of 1.9%.

Because capturing dropouts is often difficult at the school and district levels, the U.S. Census offers two alternate measures: percent teens not enrolled in school and not a high school graduate, and an "idleness" measure for teenagers – residents ages 16-19 who are not enrolled in school and not working. These may be a more accurate measure of dropout. Because numbers are small, especially in rural counties, 5-year rolling averages are used for this measure.

In Kershaw County, the percentage of teens not enrolled in school and not a high school graduate is consistently (and often significantly) higher than the state average, although there has been improvement on this measure in recent years.

Percent Teens age 16-19 Not Enrolled in School and Not a High School Graduate									
	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022
Kershaw	6.6%	8.1%	7.9%	7.6%	6.5%	7.4%	7.1%	5.0%	5.0%
S.C.	5.4%	5.0%	4.4%	4.1%	3.9%	4.0%	4.7%	4.2%	4.3%

Source: Kids Count Data Center

The percentage of "idle" teens is more concerning, with Kershaw County historically having extremely high rates of teens not attending school and not working, compared to the state average. However, in recent years, there has been significant improvement on this measure.

Percent Teens age 16-19 Not Attending School and Not Working									
	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022
Kershaw	18.0%	19.6%	21.6%	23.4%	20.6%	17.3%	11.5%	9.7%	6.3%
S.C.	8.7%	8.5%	7.8%	7.1%	6.9%	6.9%	7.7%	7.3%	7.8%

Source: Kids Count Data Center

⁴ 2020 South Carolina Child Well-Being Data Profile, Kershaw County. <https://scchildren.org/wp-content/uploads/Kershaw-County-Child-Well-Being-Data-Profile.pdf>

Housing

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

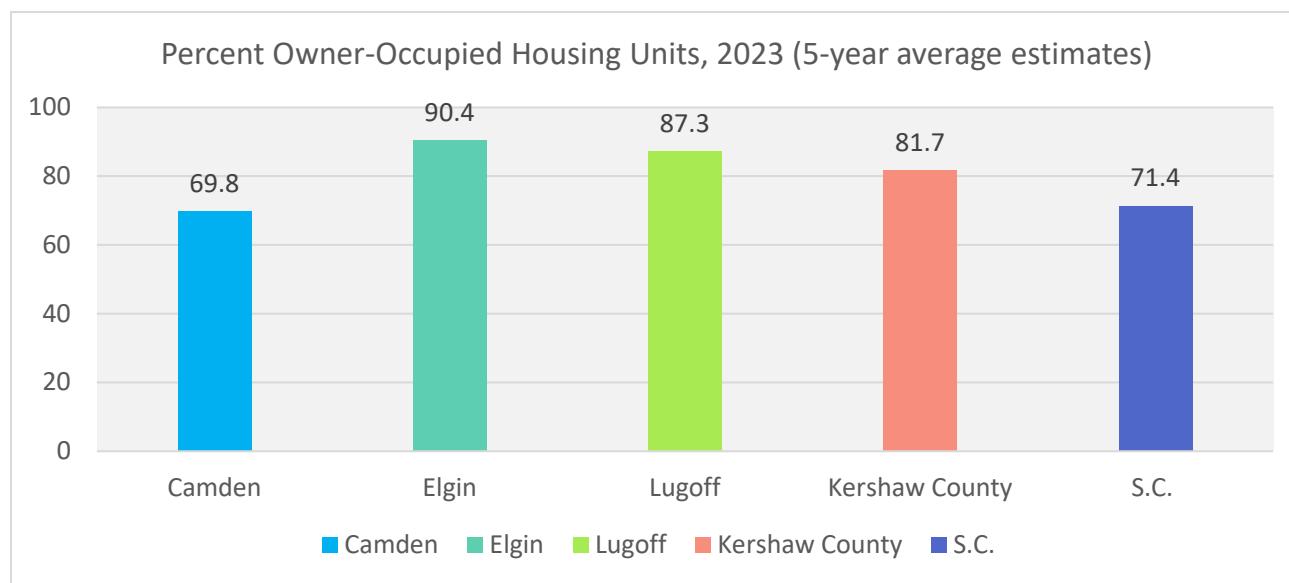
Home Ownership

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

Kershaw County is improving on this metric:

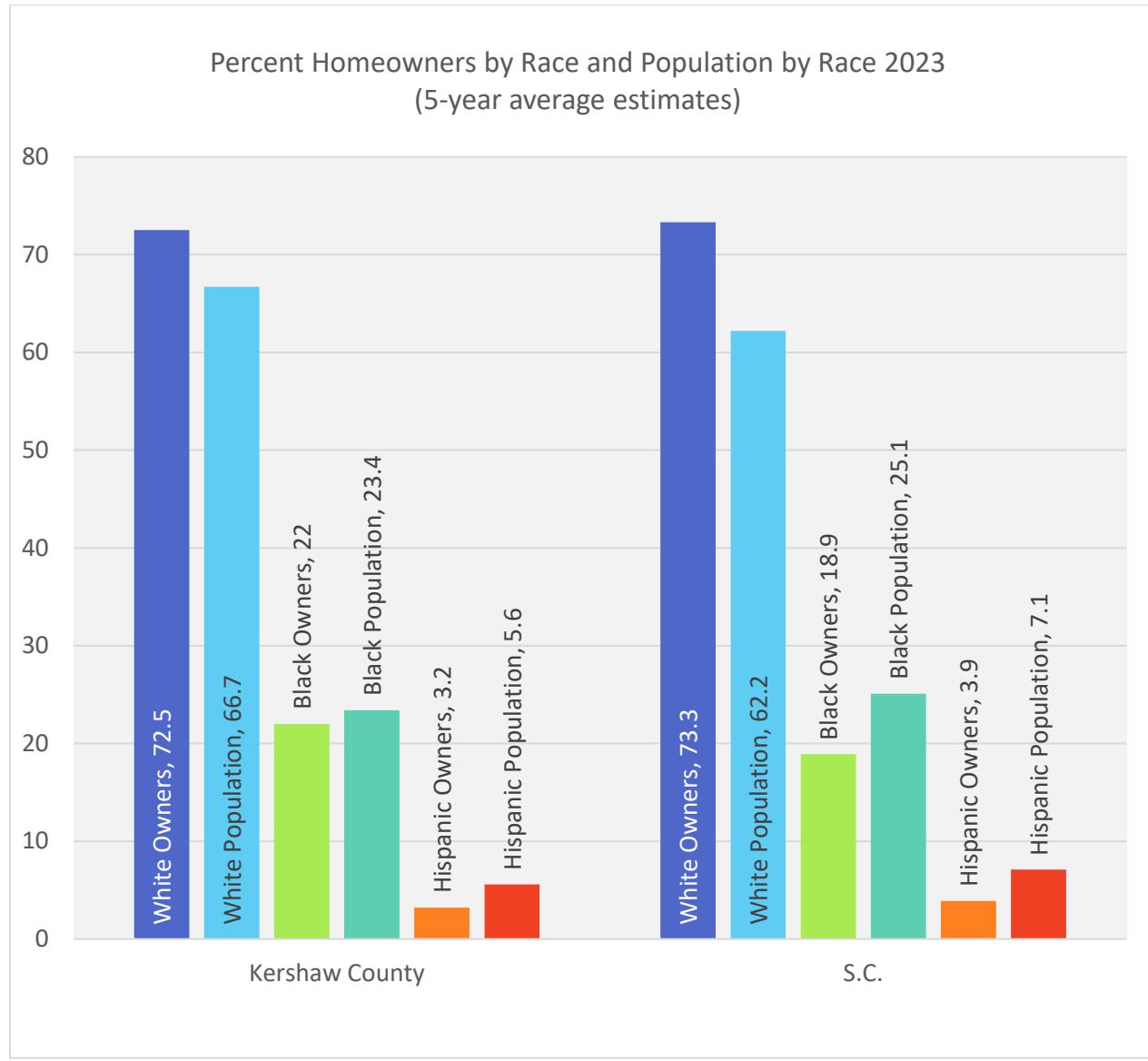
- 2014 (5-year average estimate) = 77.6%
- 2019 (single year estimate) = 81.4%
- 2023 (single year estimate) = 84.4%

The homeownership rate in Kershaw County significantly exceeds the state average. As do the homeownership rates in Elgin and Lugoff. The homeownership rate in Camden is about the same as the state average.



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

Whites in Kershaw County and in South Carolina have higher homeownership rates compared to their proportion in the population. Blacks and Hispanics have lower homeownership rates compared to their proportion in the population.



U.S. Census S2502

Affordability

According to the U.S. Department of Housing and Urban Development (HUD), the generally accepted definition of affordable housing is that for which the occupants are paying no more than 30% of gross income for housing costs, including utilities. In South Carolina, over 27% of residents are not in affordable housing situations, spending 30% or more of their income on housing costs. In the last three years, Kershaw County has a slightly lower rate, compared to the state average, of residents spending 30% or more of their income on housing.

Percent of Housing Units Where Householders Spend at Least 30% of Income on Housing									
	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022
Kershaw	25.0%	24.3%	23.4%	23.3%	22.5%	21.4%	25.1%	26.0%	25.1%
S.C.	24.2%	23.1%	21.9%	21.1%	20.4%	19.6%	27.6%	27.5%	27.4%

Source: Kids Count Data Center

Severe Housing Problems

Not all housing meets standards for habitability, primarily because of overcrowding, high cost, lack of kitchen facilities, or lack of plumbing facilities. The 2024 County Health Rankings⁵ reports that 14% of all South Carolina households have at least one of these four “severe housing problems.” Kershaw County meets the state average at 14% on this measure.

Counties within South Carolina range from 8% to 19% on this measure, and the U.S. average is 17% on this measure. Low income and minority households experience a greater burden of severe housing problems.

⁵ County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings>

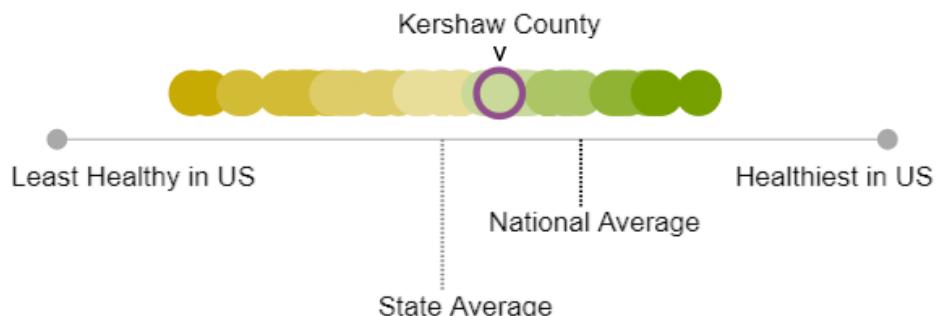
Health

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

Overall Health

In 2024 Kershaw County is ranked slightly better than the average county in South Carolina but slightly worse than the average county in the nation for health outcomes. These outcomes include length of life and various quality of life measures related to physical and mental health.

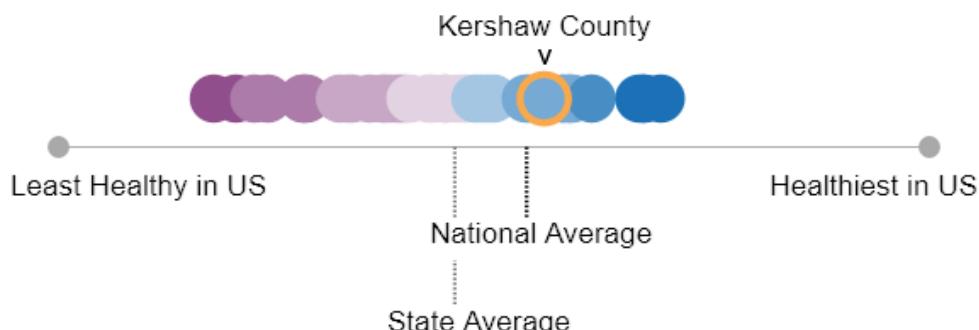
Kershaw County Health Outcomes - 2024



Source: County Health Rankings and Roadmaps

Kershaw County also fares better than the average county in South Carolina for health factors and about as well as the average county in the nation. Health factors include various health behaviors, clinical care factors, social and economic factors, and measures of the physical environment.

Kershaw County Health Factors - 2024



Source: County Health Rankings and Roadmaps

In 2024, 17% of adults in Kershaw County report that they are in poor or fair health. This is higher than the state average of 16% and the US average of 14%. The recent trend on this measure has been mixed:

- In 2014, 15% of Kershaw County residents reported they are in poor or fair health
- In 2019, 18% of Kershaw County residents reported they are in poor or fair health

Physical Health

In 2024, adult residents of Kershaw County reported an average of 4.0 physically unhealthy days in the past 30 days, higher than the state average of 3.8 days and the US average of 3.3 days.⁶

Mental Health

In 2024, adult residents of Kershaw County reported an average of 5.5 mentally unhealthy days in the past 30 days, slightly higher than the state average of 5.4 and higher than the US average of 4.8 days.⁷

Adverse Childhood Experiences

The Children's Trust of South Carolina ranks Kershaw County number 17 of the state's 46 counties in terms of child well-being.⁸

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

The latest data show⁹ that 61.8% of South Carolina adults report having experienced at least one ACE, 22% have experienced two or more ACEs, and 16% have experienced four or more ACEs. 56.0% of Kershaw County children have experienced at least one ACE. The primary ACEs experienced by Kershaw County children are:¹⁰

- Emotional Abuse – 33%
- Household substance use – 32%
- Parental divorce / separation – 28%

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

⁶ County Health Rankings and Roadmaps <https://www.countyhealthrankings.org/app/south-carolina/2021/rankings/outcomes/overall>

⁷ County Health Rankings and Roadmaps <https://www.countyhealthrankings.org/app/south-carolina/2021/rankings/outcomes/overall>

⁸ Children's Trust of South Carolina. Kershaw County 2020 Child Well-Being Data Profile. <https://scchildren.org/wp-content/uploads/Kershaw-County-Child-Well-Being-Data-Profile.pdf>

⁹ Children's Trust of South Carolina <https://scchildren.org/resources/adverse-childhood-experiences/ace-data-county-profiles/>

¹⁰ Children's Trust of South Carolina. ACE Data County Profiles. <https://scchildren.org/resources/adverse-childhood-experiences/ace-data-county-profiles/>

Deaths of Despair

Beginning in 2014, life expectancy in the US began to decrease for the first time since 1979 due to “deaths of despair”, deaths attributed to suicide, drug or alcohol overdose, and alcoholic liver disease. Mortality associated with these causes has steadily increased and is correlated with poverty. The following table provides overall deaths of despair data for the state, and suicide and overdose data for Kershaw County. Because of relatively small incidence numbers for Kershaw County, data should be interpreted with caution.

Kershaw County’s overdose death rates for all drugs, including prescription drugs, opioids, and psychostimulants are markedly below the state average. Moreover, total drug overdose deaths decreased by 11% in Kershaw County from 2021 to 2022, while overdose deaths increased by 6% in South Carolina on average during the same time period.

Drug Overdose Deaths, 2022								
	Total drug		Prescription Drug		Opioids		Psychostimulants	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*
Kershaw	25	40.4	23	36.8	21	34.0	6	10.2
SC	2,296	45.2	1,982	39.3	1,864	37.4	794	16.4

Drug Overdose Deaths by Selected Drugs, 2022								
	Fentanyl		Heroin		Methadone		Cocaine	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*
Kershaw	21	34.0	---	---	---	---	5	7.1
SC	1,660	33.7	54	1.2	58	1.1	562	10.8

Source: SC Department of Public Health, Vital Statistics¹¹

*per 100,000 population; where numbers are less than 20, no data are provided

¹¹ SC DPH: <https://justplainkillers.com/wp-content/uploads/2024/04/Drug-Overdose-Report-2022.pdf>

Infant Mortality

Infant mortality is a good measure of population health since it reflects the economic and social conditions that impact health in a community. The United States has the highest maternal and infant mortality rates among comparable developed countries. In 2022, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births. This is higher than the average 4.0 deaths for developed countries. South Carolina is among the states in the US with the highest infant mortality rates, 6.8 per 1,000 live births in 2022.

Because numbers of child deaths within the first year of life are relatively low, especially for sparsely populated geographies like Kershaw County, multiple year averages are often used to measure infant mortality. For the combined 2020-2022 period, 15 babies died in their first year of life in Kershaw County, equating to an infant mortality rate of 6.7 per 1,000 live births. This was a slightly lower rate than the state average.

Infant Mortality Rates (per 1,000 live births)									
	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20	2019-21	2020-22
Kershaw	17	17	17	12	15	10	14	13	15
County	8.0	7.9	7.4	5.3	6.6	4.5	6.4	6.0	6.7
S.C.	1,196	1,166	1,178	1,177	1,178	1,168	1,61	1,171	1,172
	7.0	6.8	6.8	6.8	6.9	6.8	6.9	6.9	6.9

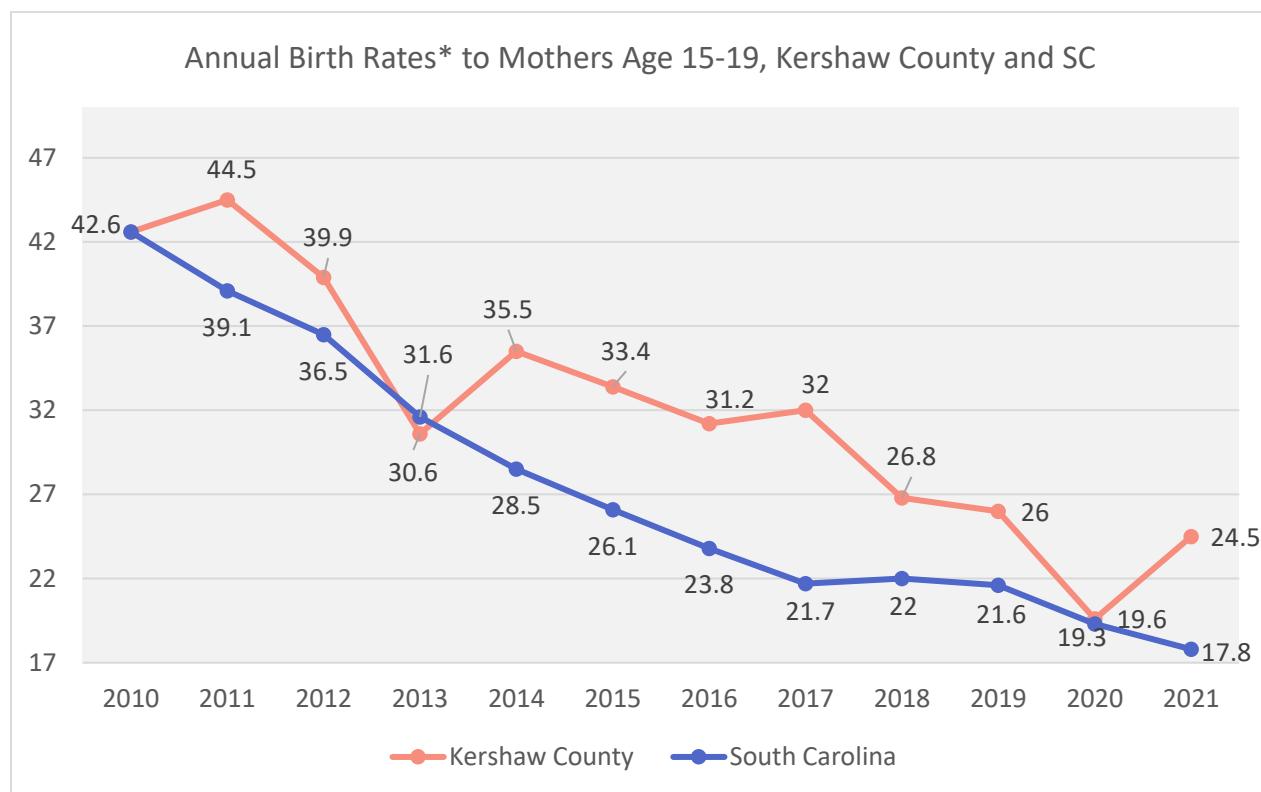
Source: SC Department of Public Health SCAN

It should be noted that there is a significant racial inequity in this measure. Black infants in the U.S. are more than twice as likely to die as White infants – 10.8 per 1,000 Black babies in South Carolina, compared to 4.3 per 1,000 White babies. This racial inequity in the US is wider than in 1850 and in one year constitutes 4,000 inequitable deaths of Black babies. Education and income do not mitigate this inequity – a Black woman with an advanced degree is more likely to lose her baby in its first year of life than a White woman with less than an eighth-grade education.

Teen Childbearing

Births to teens have substantial implications for educational and socioeconomic outcomes for the teen mother. Parenthood is the leading reason that teen girls drop out of school. More than 50% of teen mothers never graduate from high school, whereas approximately 90% of women who do not give birth during their teenage years will graduate from high school. Additionally, less than 2% of teen moms earn a college degree by age 30. Because many teen mothers live in poverty, care for both mother and child can be publicly funded for years, including assistance programs for food, medical care and childcare. In addition, daughters of teen mothers are more likely to become teen mothers themselves, creating cyclical poverty over generations.¹²

Teen child bearing has decreased substantially in South Carolina, mirroring the national trend. Single year data for 2020 showed that Kershaw County had only a slightly higher teen childbearing rate compared to the state average, the first time this had occurred since 2013. The latest data (2021) show that Kershaw County's teen childbearing rate is 24.5 per 1,000 females age 15-19, higher than the state average of 17.8. Note that single year data are much less reliable for counties with smaller populations and account for much of the year-to-year variability in the data.



Source: Kids County Data Center

*per 1,000 females aged 15-19

¹² Fact Forward: <https://www.factforward.org/news/high-costs-teen-pregnancy>

In 2020, 39 babies were born to teen mothers in Kershaw County, down from 52 in 2019.¹³ This constitutes a rate decrease from 26 per 1,000 females age 15-19 in 2019 to 19.6 per 1,000 in 2020. The following graph from Fact Forward provides more teen childbearing data for Kershaw County. Notably, there has been a 71% decrease in teen childbearing since 1991 in Kershaw County.

2020 Teen Birth Rate

TEEN BIRTH RATE
AGES 15-19



2019 Rate = 26

COUNTY
RANKING



2019 Rank = 25

DECREASE
SINCE 1991

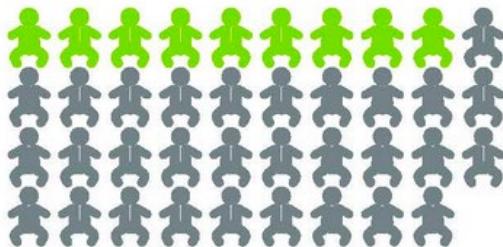


IN SOUTH
CAROLINA

♀♂ 36%
OF HIGH SCHOOL
STUDENTS
HAVE EVER
HAD SEX

2020 Teen Birth Numbers

BIRTHS TO 15-17 YEAR OLDS	=	9
BIRTHS TO 18-19 YEAR OLDS	=	30
TOTAL BIRTHS 15-19 YEAR OLDS	=	39



Total number of births to South Carolina teens (ages 15-19) = 3,069 (rate: 19.3 per 1,000).

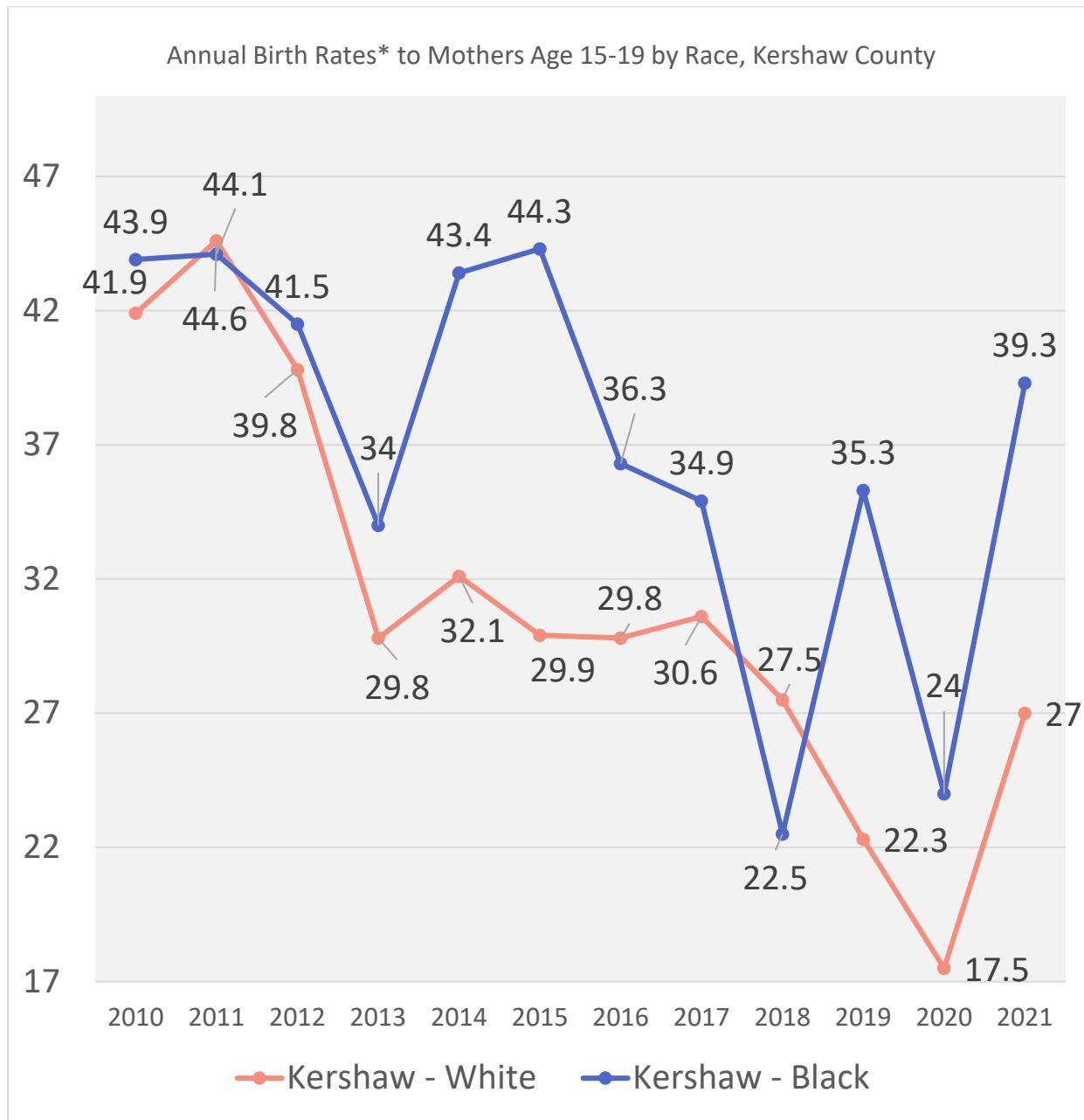
49%
OF SEXUALLY ACTIVE
HIGH SCHOOL
STUDENTS
USED A
CONDOM
AT LAST SEX

Based 2019 YRBS data

Source: Fact Forward

¹³ Fact Forward: <https://www.factforward.org/news/high-costs-teen-pregnancy>

By race, Black teens in Kershaw County generally have higher teen childbearing rates compared to White teens. Single year measures of teen childbearing in smaller populations result in high variability of the data, but the trend is clear and continues.



Source: Kids Count Data Center & SC DHEC

*per 1,000 females aged 15-19

Predictors of Chronic Disease

Smoking, obesity, and physical inactivity are the primary predictors of chronic disease. As reported by the County Health Rankings:¹⁴

Smoking

Each year approximately 480,000 premature deaths in the U.S. can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. The adult smoking rate in Kershaw County is improving. Currently 18% of county adults smoke, slightly higher than the state average and three percentage points higher than top U.S. county performers.

Obesity

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status. The adult obesity rate in Kershaw County has increased since 2014 and is currently at the state average of 36%, two percentage points higher than top U.S. county performers.

Physical Inactivity

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia. Physical inactivity is not only associated with individual behavior but also community conditions such as expenditures on recreational activities, access to infrastructure, and poverty. The physical inactivity rate reported by adults in Kershaw County has improved since 2014 and is currently at the state average and only slightly higher than top U.S. county performers.

Predictors of Chronic Disease, Kershaw County with State and National Comparisons									
	Kershaw County			SC			Top U.S. Performers		
	2014*	2019*	2024*	2014*	2019*	2024*	2014*	2019*	2024*
Adult smoking	22%	19%	18%	20%	20%	16%	20%	N/A	15%
Adult obesity	31%	36%	36%	32%	32%	36%	N/A	29%	34%
Physical inactivity	28%	29%	24%	27%	25%	24%	N/A	22%	23%

Source: County Health Rankings

*These data lag. For example, 2024 smoking data is from 2021

¹⁴ County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

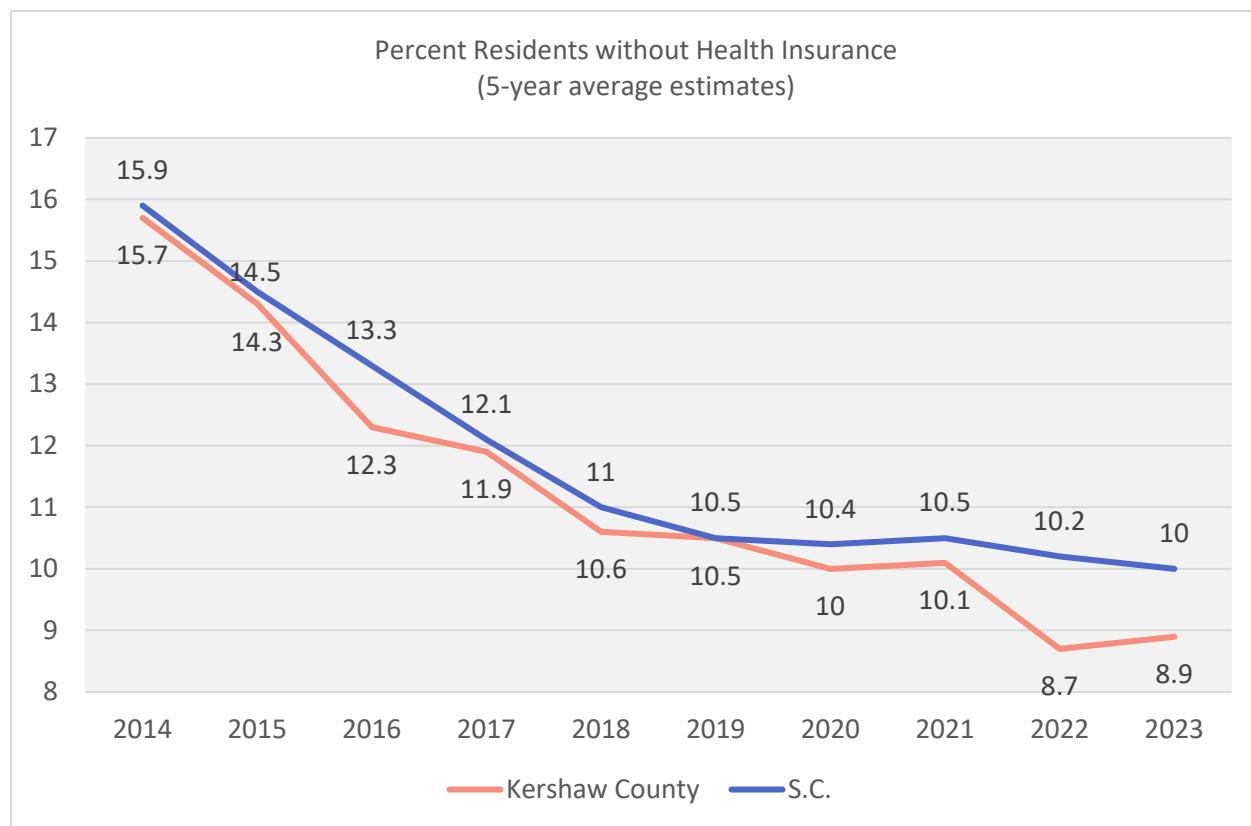
Access to Care

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

Health Insurance

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

The following graph shows uninsured rates (for any type of health insurance, public or private) have decreased steadily statewide and for Kershaw County. Currently, an estimated 5,907 Kershaw County residents have no health insurance. This equates to 8.9% of Kershaw County residents, just below the state average. As with most other measures, health care coverage is strongly correlated with where you live. Lack of coverage ranges widely in Kershaw County.



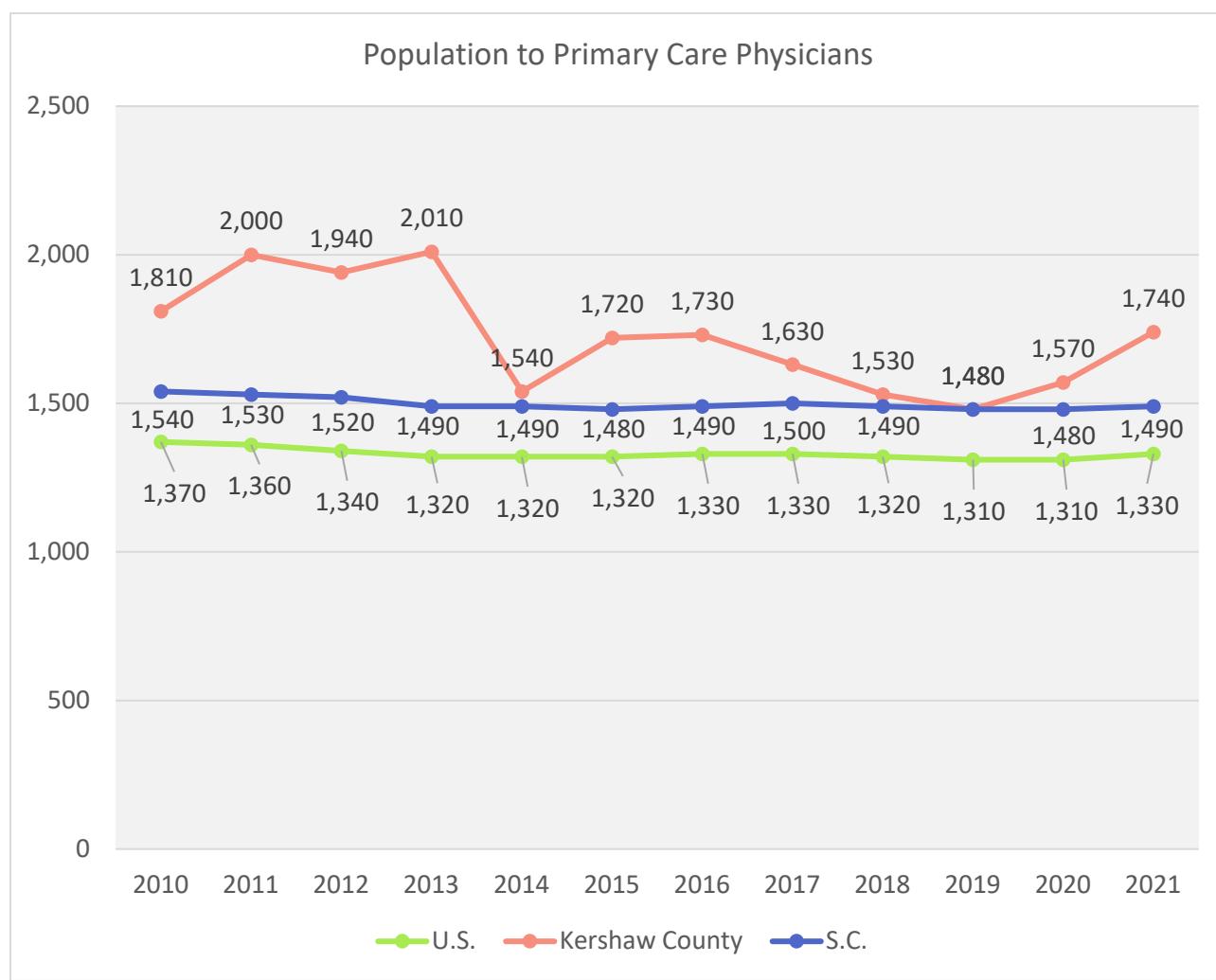
Source: U.S. Census S2701

Population to Providers

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

Primary Care Physicians

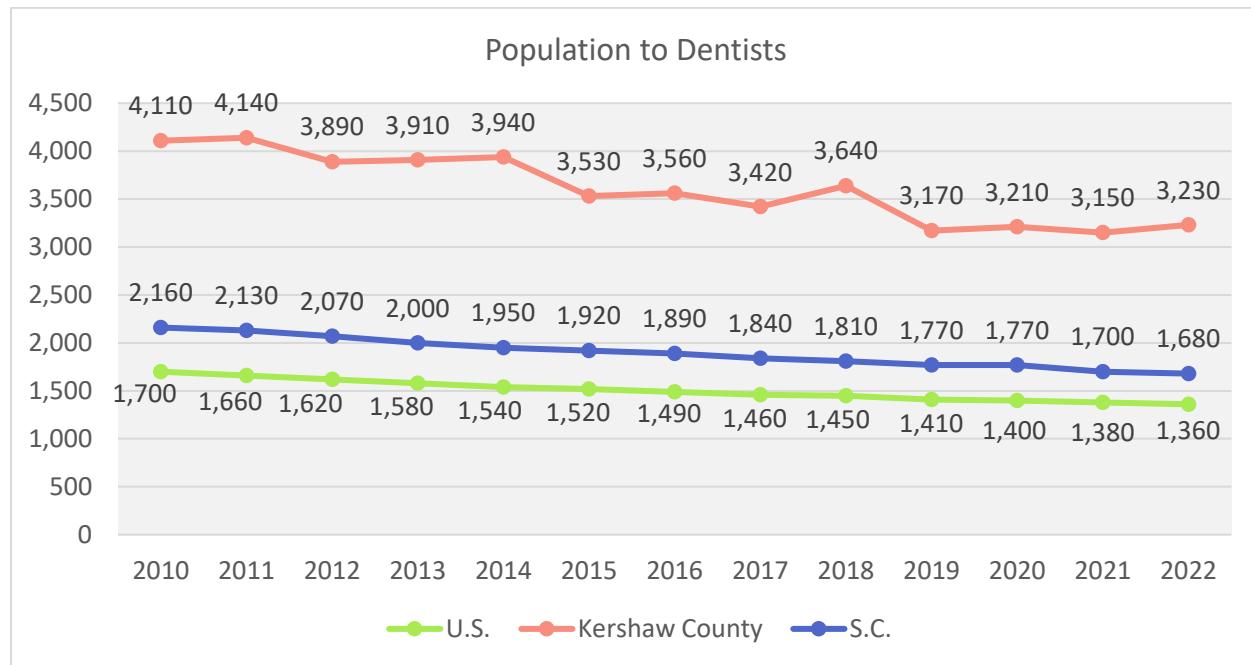
Currently (2024 using 2021 data), there is one primary care physician per 1,740 residents in Kershaw County. This is worse than the state average (one primary care physician for every 1,490 residents). The following graph demonstrates the trend in this measures over time, comparing Kershaw County to the state average and the national average. Historically, Kershaw County has had fewer primary care physicians per population than the state average. Although this ratio improved in recent years, it has recently gotten worse.



Source: County Health Rankings and Roadmaps

Dentists

Kershaw County has a consistently higher number of residents for every dentist, compared to the state average. Currently (2024 using 2022 data), there is one dentist for every 3,230 residents, significantly worse than the state average. Population to Dentist ratios have improved in Kershaw County, in South Carolina, and in the U.S, although improvement in Kershaw County is more variable.



Source: County Health Rankings and Roadmaps

Mental Health Providers

In South Carolina on average (2024 using 2023 data), there is one mental health provider for every 460 residents. Kershaw County has a higher population to provider ratio for this measure with one provider for every 560 residents.

Life Expectancy

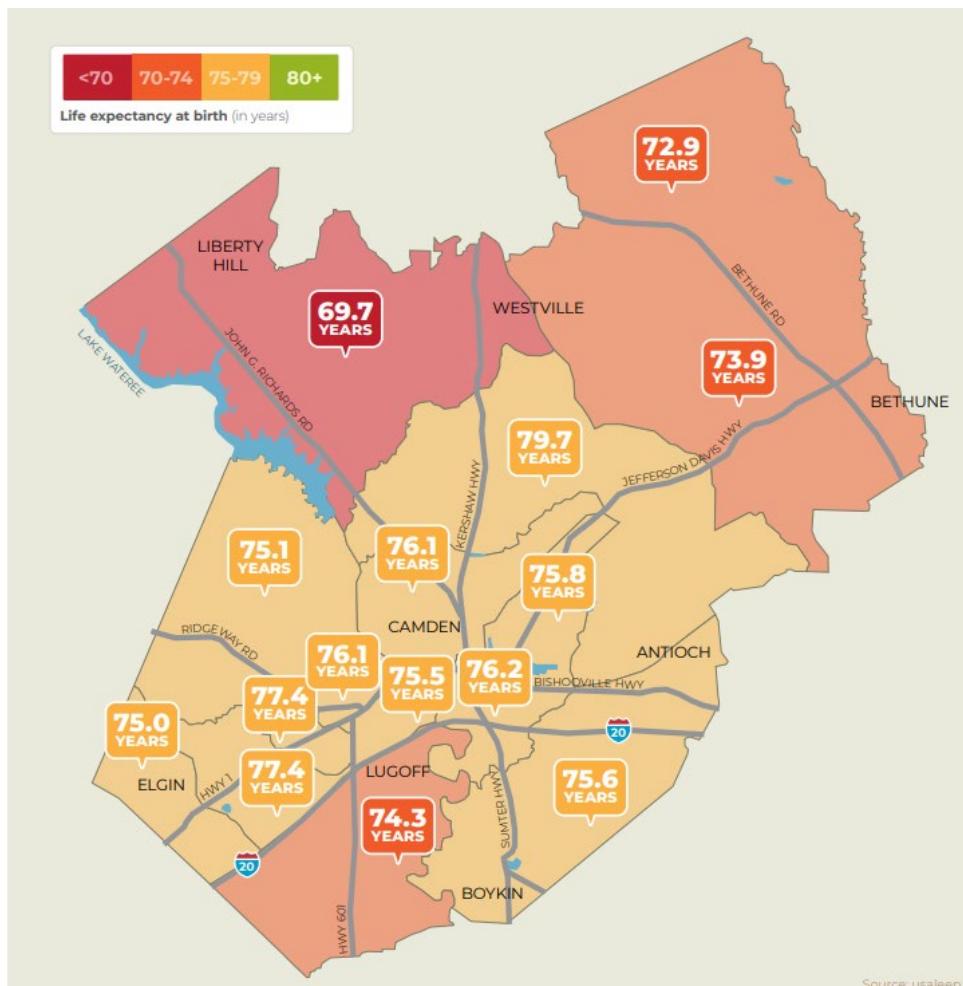
Life expectancy varies substantially from place to place and across cities, especially for low-income people. The gaps in life expectancy are growing rapidly, with the richest Americans gaining approximately 3 years in longevity between 2001 and 2014, while the poorest Americans having no gain at all. The data show that the poor live longest in affluent, educated cities with amenities that promote healthy behaviors.¹⁵ The U.S. is ranked 42nd in the world for life expectancy.¹⁶ The richest American men live 15 years longer than the poorest men, while the richest American women live 10 years longer than the poorest women.¹¹ South Carolina ranks 42nd of 51 states and the District of Columbia for life expectancy - 74.0 years for males and 79.8 years for females. Clearly, people of color bear a greater burden of low income and poverty; thus, these data align closely with racial inequity.

¹⁵ Chetty, R, Stepner, M, Abraham, S, Lin, S, Scuderi, B, Turner, N, Bergeron, A, and Cutler, D. The Association Between Income and Life Expectancy in the United States, 2001-2014 https://healthinequality.org/documents/paper/healthineq_summary.pdf

¹⁶ Robert Wood John Foundation: <https://www.rwjf.org/en/library/interactives/wherelyouliveaffectshowlongyoulive.html>

In 2018, the National Center for Health Statistics and the Robert Wood Johnson Foundation released first-of-its-kind neighborhood-level data on life expectancy at birth,¹⁷ demonstrating extreme variation even at the census tract, or neighborhood level. These data show that life expectancy is 76.6 years for Kershaw County, slightly higher than the state average of 76.5 years.¹⁸ When examined at the census tract level, people in Kershaw County (like many other geographies across the nation) have vastly different opportunities for long life according to where they live. The range (highest minus lowest) of life expectancy at birth for Kershaw County census tracts is 10.0 years; lowest life expectancy is 69.7 years, and the highest is 79.7 years.¹⁹

Kershaw County Life Expectancy by Census Tract



Source: Live Healthy South Carolina

¹⁷ Centers for Disease Control and Prevention, National Center for Health Statistics. USALEEP. [NVSS - United States Small-Area Life Expectancy Estimates Project \(cdc.gov\)](#)

¹⁸ Robert Wood Johnson Foundation. [Life Expectancy by ZIP Code: Where You Live Affects How Long You Live - RWJF](#)

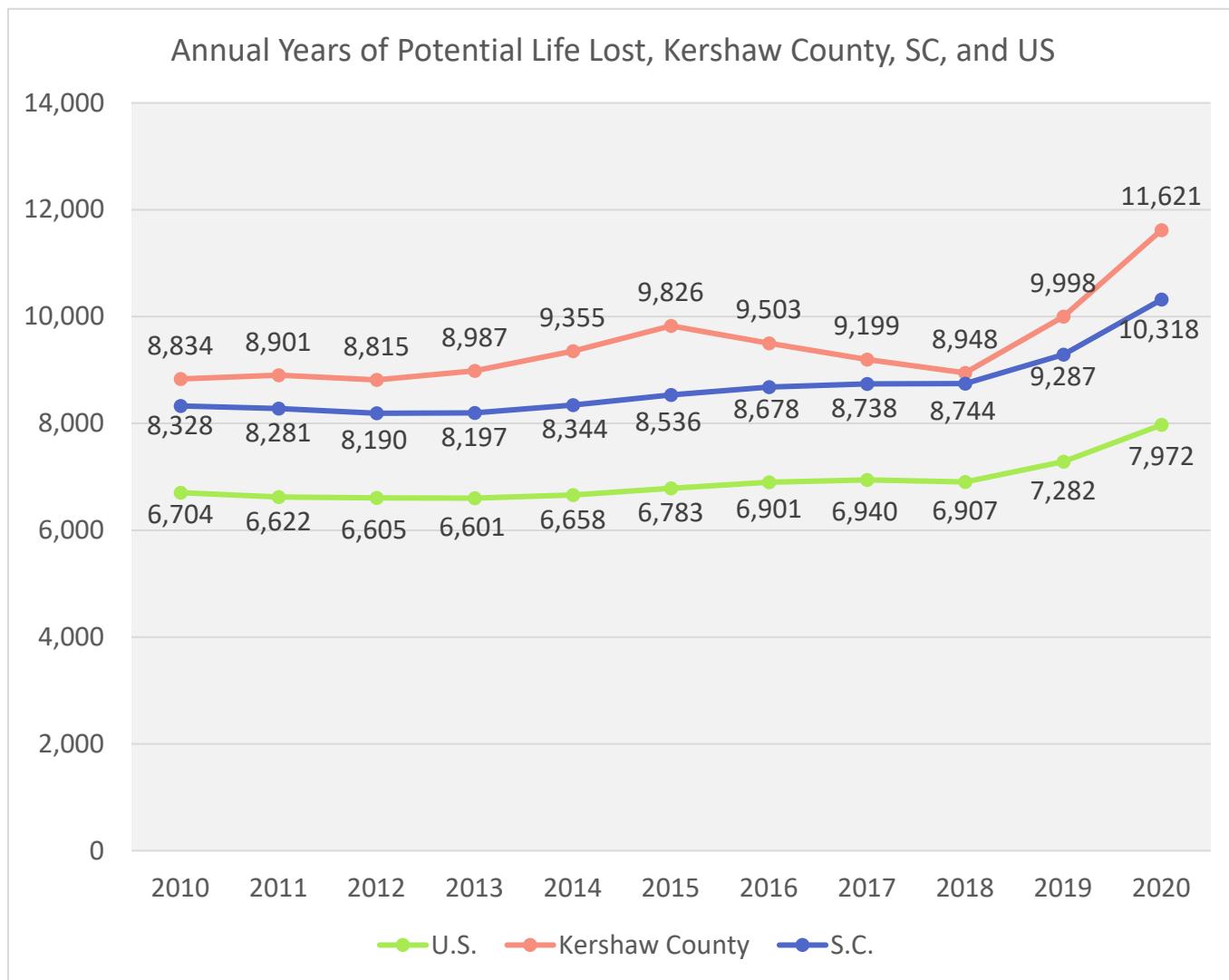
¹⁹ Live Healthy South Carolina. <https://livehealthy.sc.gov/community>

Premature Death / Years of Potential Life Lost

The premature death rate, sometimes termed Years of Potential Life Lost (YPLL), is a related measure; however, it quantifies premature mortality, rather than overall mortality, focusing attention on deaths that could have been prevented. This rate is calculated as every death in a given geography occurring before age 75. So, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. The YPLL measure is presented as a rate per 100,000 population.

For 2019-2021 (the most recent data), 11,600 years of life were lost to deaths of people under age 75, per 100,000 people. This is a higher YPLL rate compared to the state average of 10,300 and the US average of 8,000. In terms of race inequity, White residents in Kershaw County have a lower rate of YPLL (11,300) compared to Black Resident (13,500).

Measuring YPLL allows communities to target resources to high-risk areas and to target causes of premature death. Over time, Kershaw County has remained at or near the state average on this measure. Notably, YPLL has been increasing in recent years in SC, in Kershaw County, and in the US.



Source: County Health Rankings

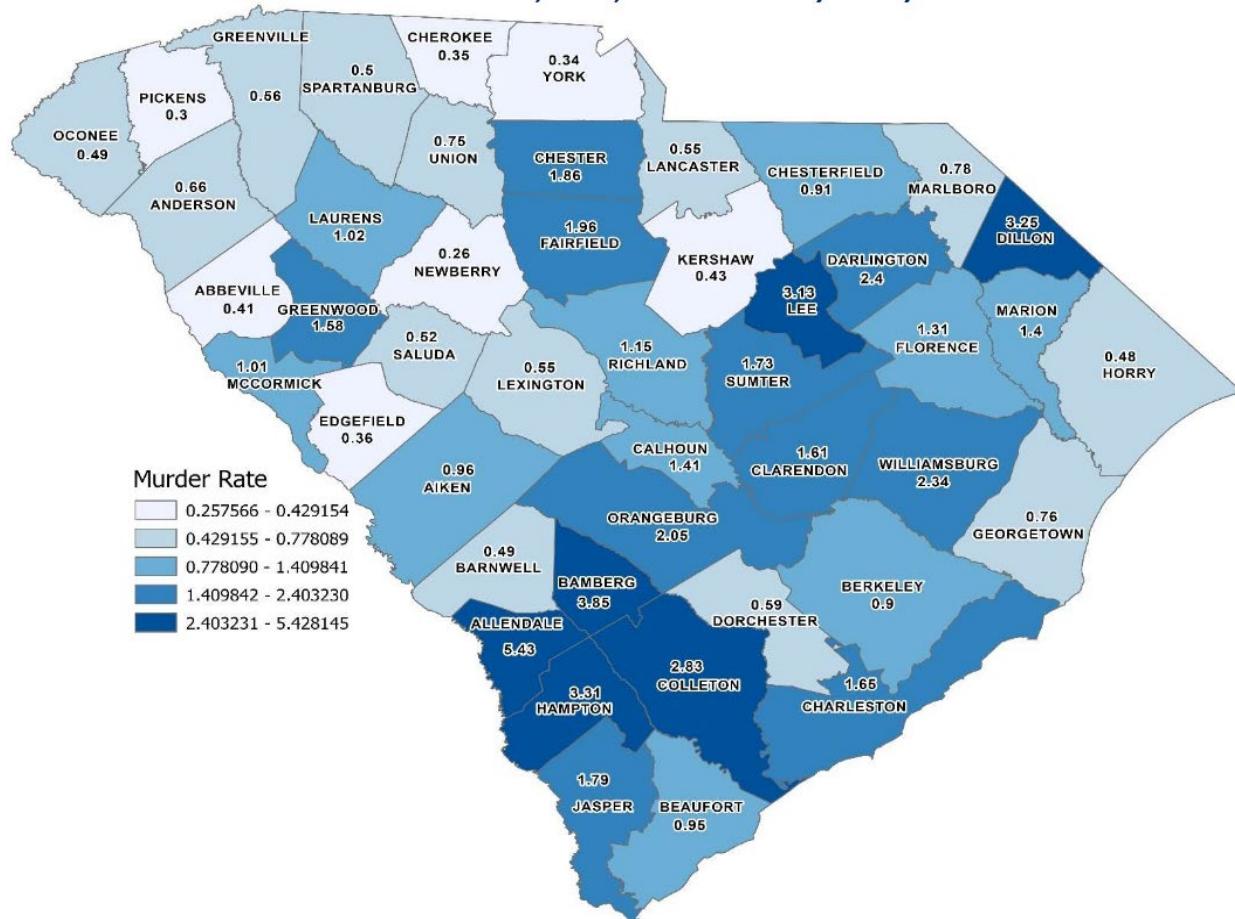
Crime

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

Violent Crimes

Violent crimes involve the element of personal confrontation between the victim and the offender and include murder, sexual battery, robbery, and aggravated assault. South Carolina's violent crime rate decreased by 5.8% from 2022 to 2023. The following maps show violent crime rates per 10,000 population by county by crime.²⁰

Murders by S.C. County, 2023



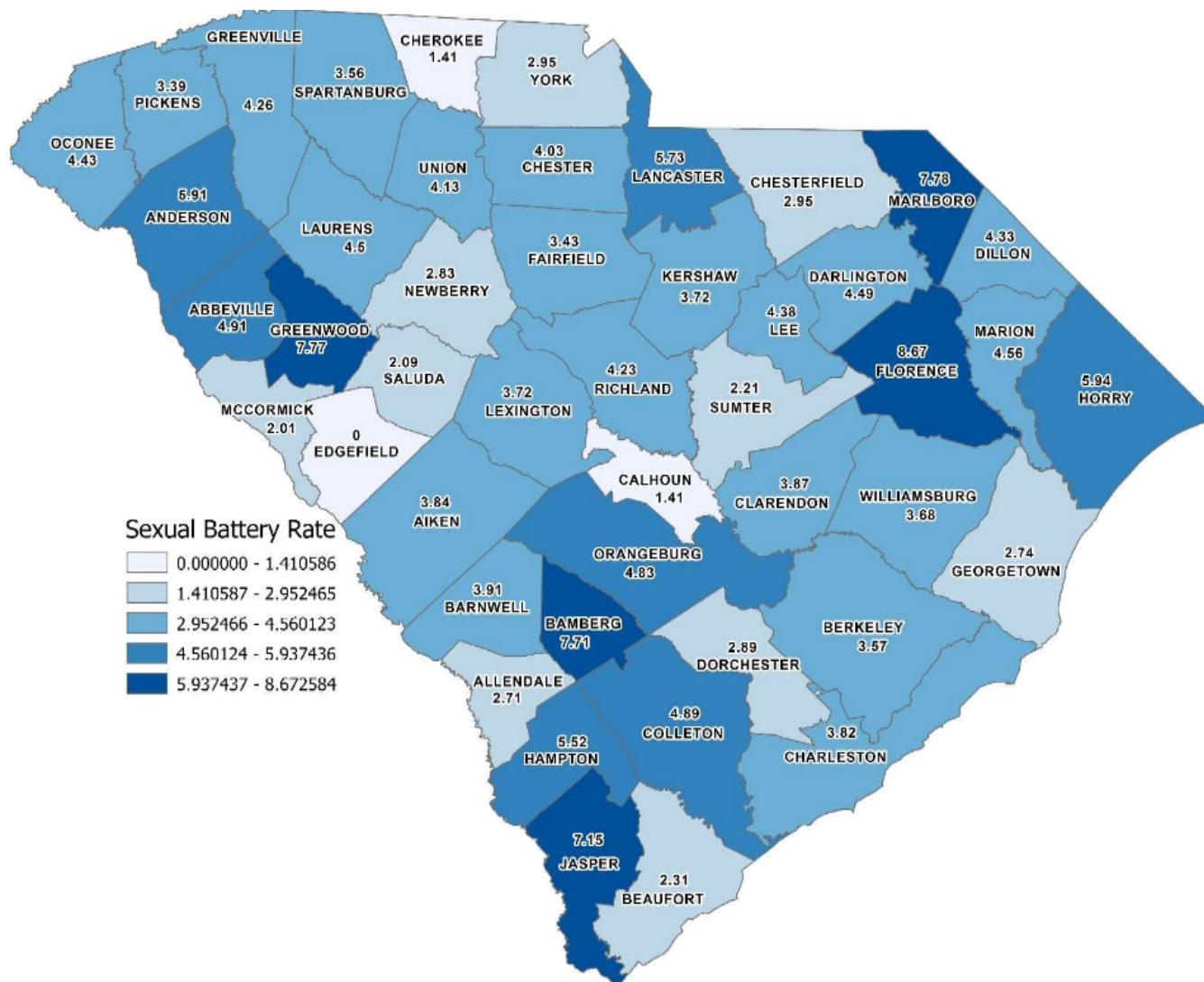
Source: SC State Law Enforcement Division

The state's 2023 murder rate is 0.92 per 10,000 population. There were three murders in Kershaw County in 2023, equating to a 0.43 murder rate – lower than the state average. The murder clearance rate (the

²⁰ All crime data for 2020 provided by SC SLED in the Crime in South Carolina Annual Report. [https://www.sled.sc.gov/forms/statistics/2023%20-%20Crime%20in%20South%20Carolina%20\(101524\).pdf](https://www.sled.sc.gov/forms/statistics/2023%20-%20Crime%20in%20South%20Carolina%20(101524).pdf)

percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 67%.

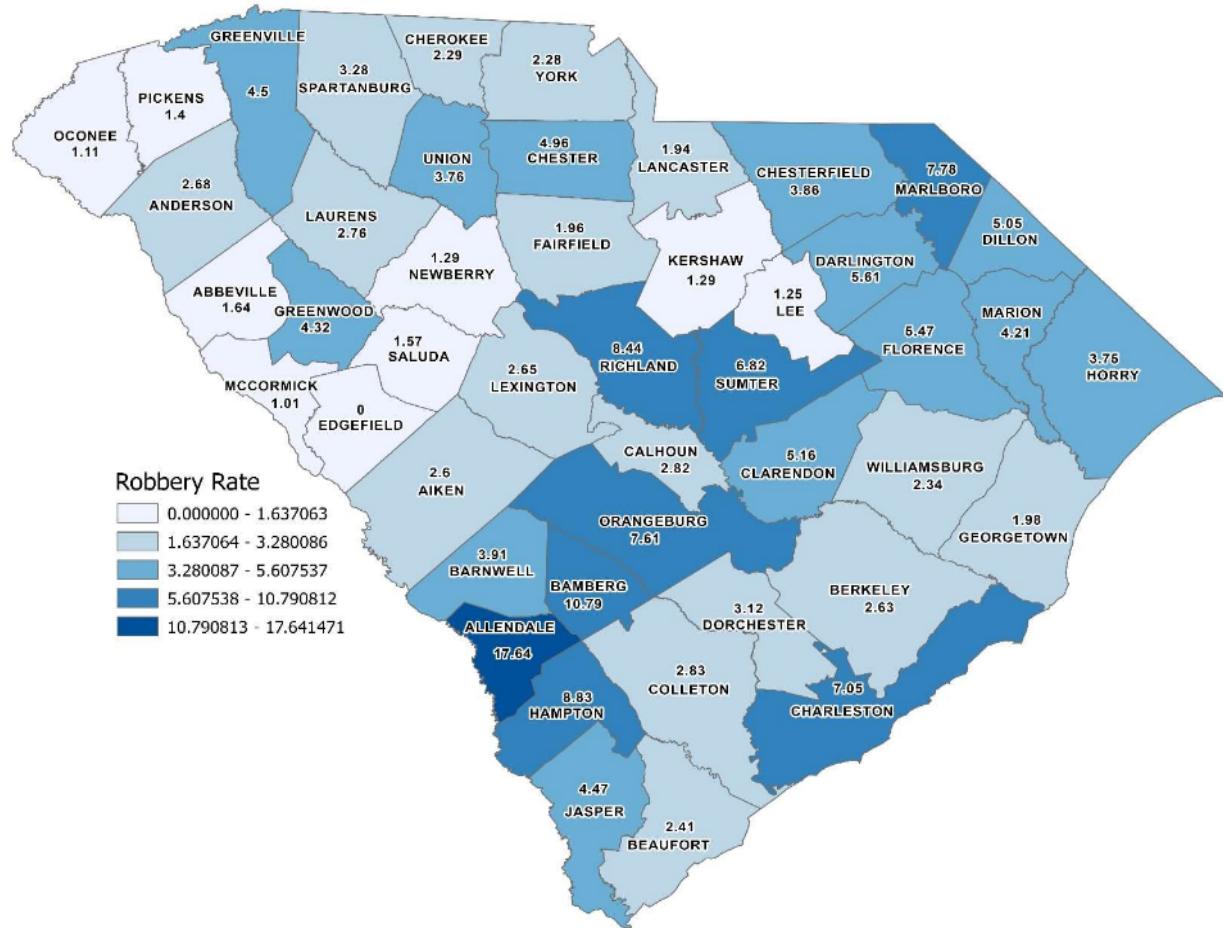
Sexual Battery by S.C. County, 2023



Source: SC State Law Enforcement Division

South Carolina's sexual battery rate decreased from 2022 to 2023 by 8.8% to a rate of 4.17 per 10,000 residents. There were 26 cases of sexual battery in Kershaw County in 2023, equating to a 3.72 sexual battery rate – lower than the state average. The sexual battery clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 8%.

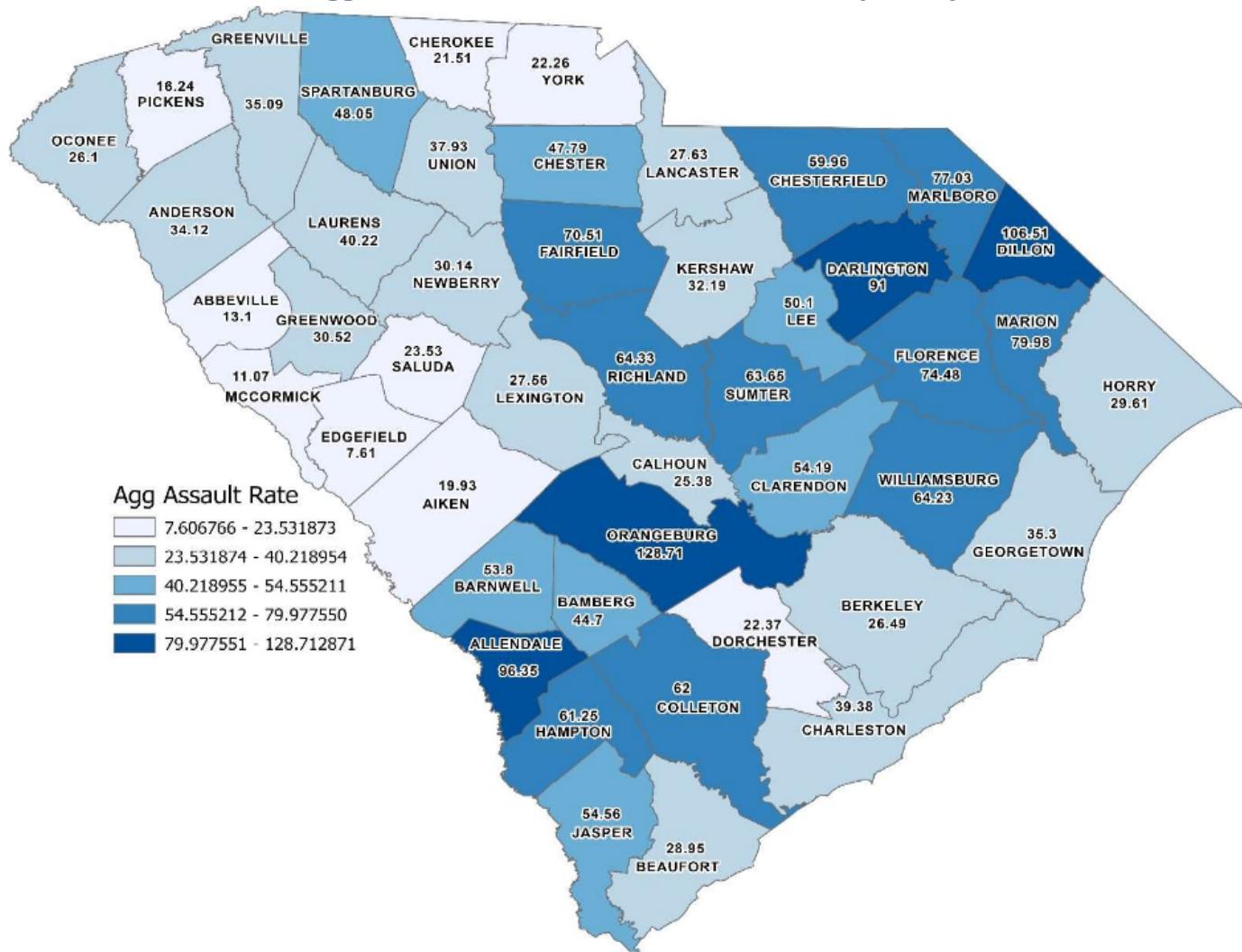
Robbery by S.C. County, 2023



Source: SC State Law Enforcement Division

South Carolina's robbery rate decreased from 2022 to 2023 by 3.3% to a rate of 4.07 per 10,000 residents. There were 9 cases of robbery in Kershaw County in 2023, equating to a 1.29 robbery rate – significantly lower than the state average. The robbery clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 33%.

Aggravated Assault by S.C. County, 2023



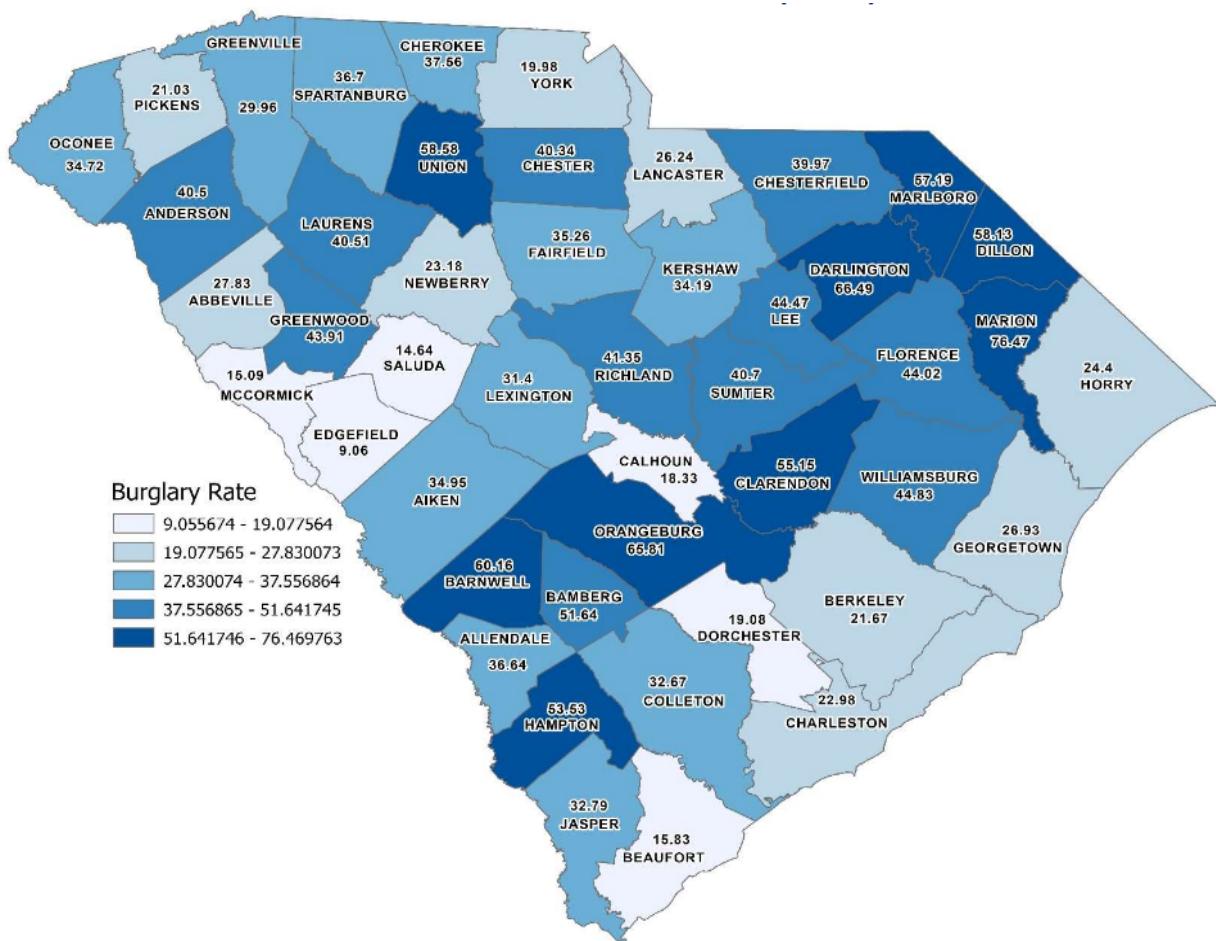
Source: SC State Law Enforcement Division

South Carolina's aggravated assault rate decreased from 2022 to 2023 by 5.7% to a rate of 39.94 per 10,000 residents. There were 225 cases of aggravated assault in Kershaw County in 2023, equating to a 32.19 aggravated assault rate – lower than the state average. The aggravated assault clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 44%.

Property Crimes

Property crimes include the offenses of breaking and entering, motor vehicle theft, larceny, and arson. South Carolina's property crime rate decreased by 6.1% from 2022 to 2023.

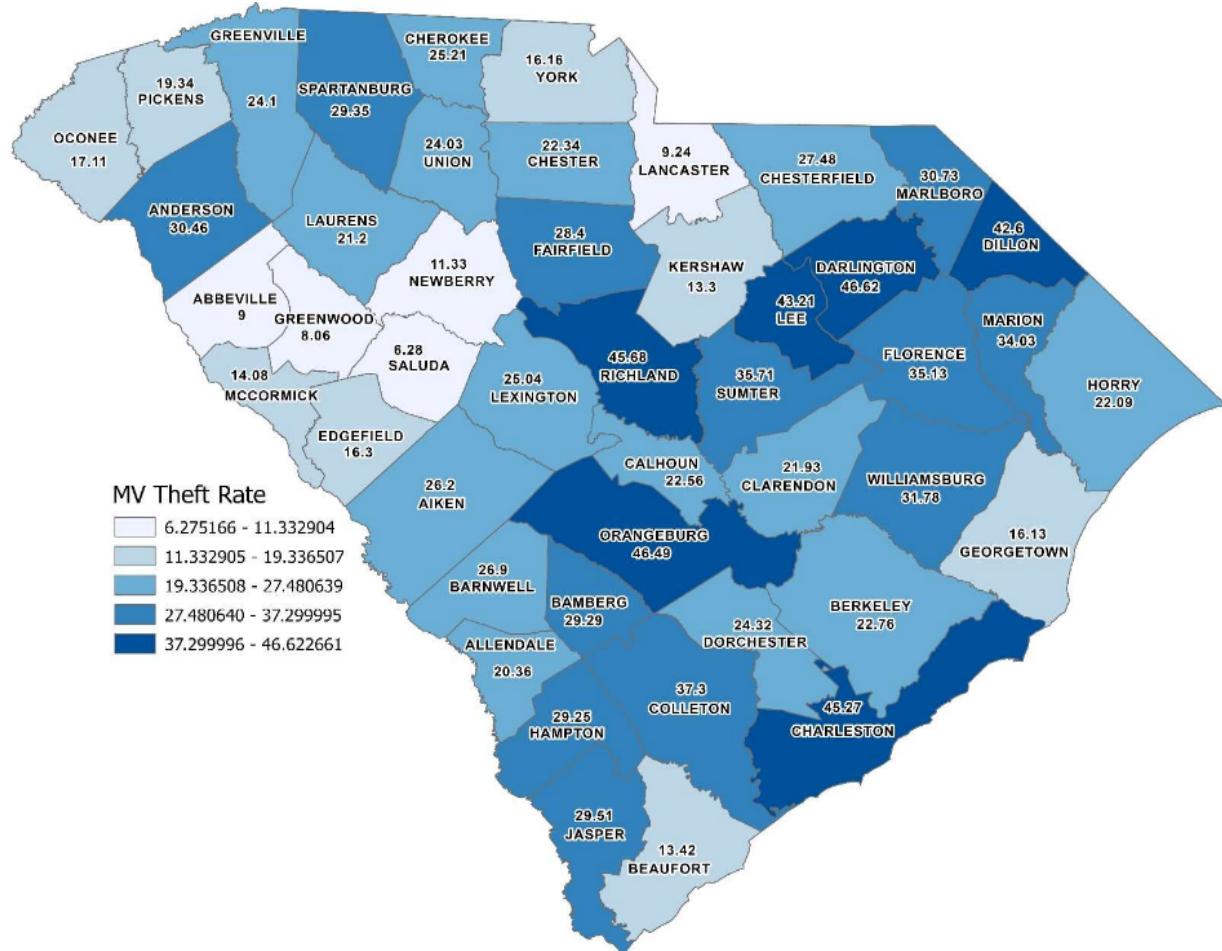
Breaking and Entering by S.C. County, 2023



Source: SC State Law Enforcement Division

South Carolina's breaking and entering rate decreased from 2022 to 2023 by 9.6% to a rate of 32.04 per 10,000 residents. There were 239 cases of breaking and entering in Kershaw County in 2023, equating to a 34.19 breaking and entering rate – higher than the state average. The breaking and entering clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 9%.

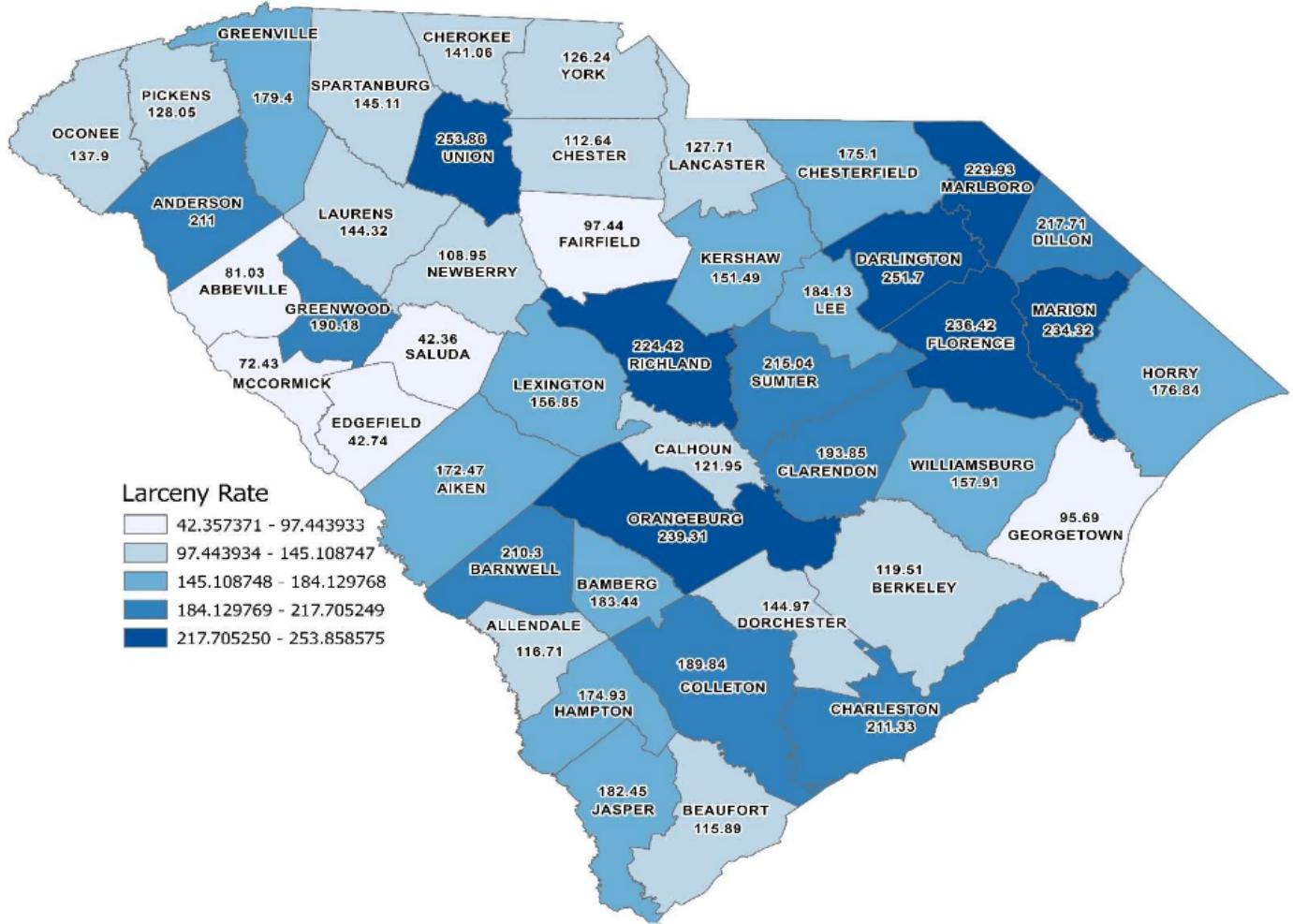
Motor Vehicle Theft by S.C. County, 2023



Source: SC State Law Enforcement Division

South Carolina's motor vehicle theft rate increased from 2022 to 2023 by 0.3% to a rate of 27.46 per 10,000 residents. There were 93 cases of motor vehicle theft in Kershaw County in 2023, equating to a 13.3 motor vehicle theft rate – significantly lower than the state average. The motor vehicle theft clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 5%.

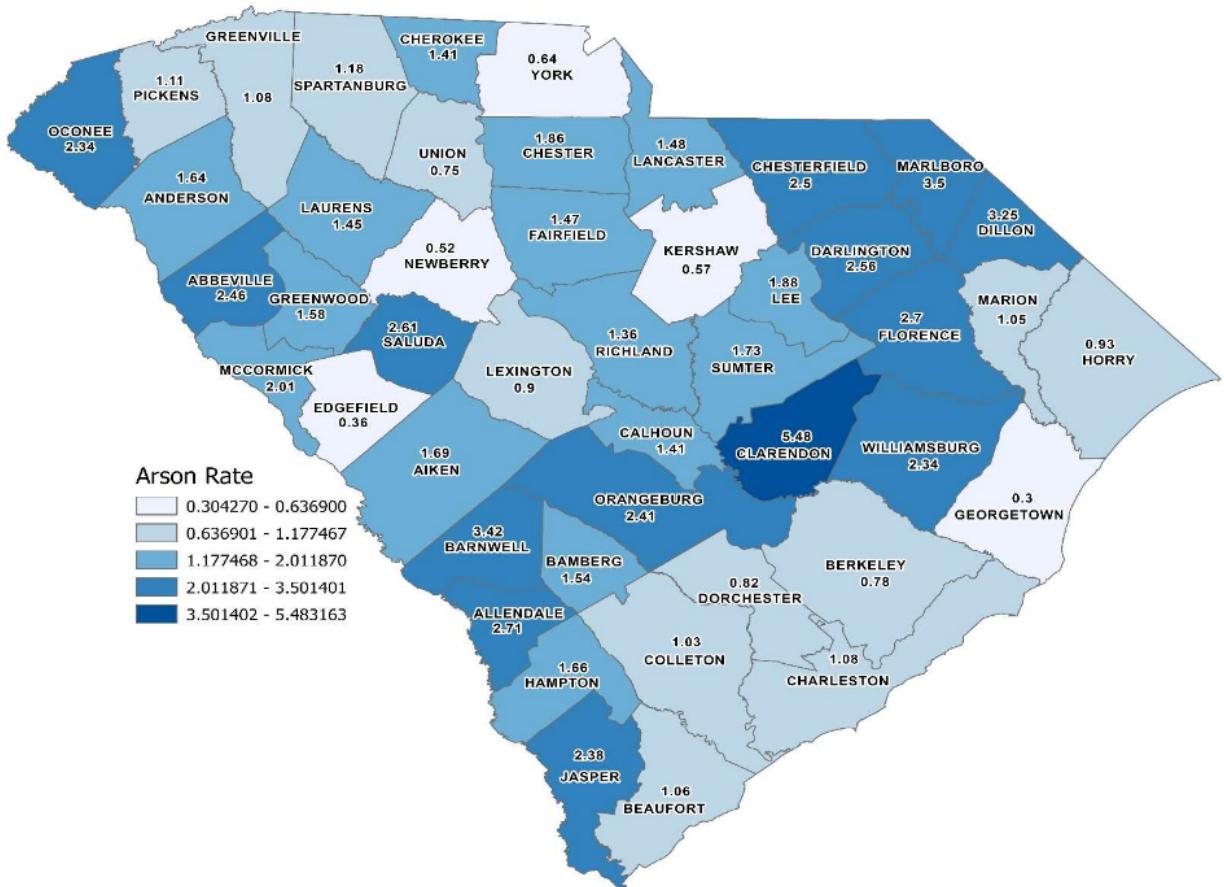
Larceny by S.C. County, 2023



Source: SC State Law Enforcement Division

South Carolina's larceny rate, the unlawful taking of property from the possession of another, decreased from 2022 to 2023 by 6.5% to a rate of 170.31 per 10,000 residents. There were 1,059 cases of larceny in Kershaw County in 2023, equating to a 151.49 larceny rate – lower than the state average. The larceny clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 16%.

Arson by S.C. County, 2023



Source: SC State Law Enforcement Division

South Carolina's arson rate increased from 2022 to 2023 by 1.9% to a rate of 1.30 per 10,000 residents. There were 4 cases of arson in Kershaw County in 2023, equating to a 0.57 arson rate – lower than the state average. The arson clearance rate (the percentage of crimes reported that are cleared by arrest or other means) in Kershaw County in 2023 is 25%.

Child Abuse and Neglect

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

Although numbers of founded child maltreatment cases are increasing in Kershaw County, it is unclear whether the rate of maltreatment is increasing since 1) the population of children is also increasing, 2) the reporting rate may be increasing and 3) it is unclear how many of these cases are not unique.

Children with Founded Child Maltreatment										
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Kershaw	126	145	131	167	219	193	256	181	174	232

Source: Kids Count Data Center

For more detailed 2022-2023 Kershaw County data regarding child maltreatment, see the table on the following page, provided by the Children’s Trust of South Carolina

**RANK
27 ↓ KERSHAW COUNTY**

2022-2023 South Carolina Child Maltreatment Data Profile

Children under 18 years of age (2022)

Kershaw County	15,256
South Carolina	1,122,689



Source: Children's Trust of South Carolina²¹

School-to-Prison Pipeline

The School to Prison Pipeline refers to the policies and practices that directly and indirectly push students out of school and onto a pathway to prison. Zero tolerance policies that were implemented in the 1980s and 1990s, intended to keep America's school children safe, often require suspension, expulsion, or referrals to law enforcement as school disciplinary tactics. Over the years, these policies have slowly broadened their scope and now often include minor offenses such as dress code violations, insubordination, tardiness, and cursing. Zero tolerance policies establish a mandatory or predetermined punishment for certain behaviors without taking into consideration the situational context or mitigating factors. Suspensions skyrocketed after the implementation of zero tolerance policies as did referrals to police or the juvenile justice system, with Black students much more likely to be suspended or referred to police than White students.²² These policies assume that the immediate removal of disruptive students will deter others from similar behavior and improve classroom harmony; however, research shows little evidence that zero tolerance policies improve school climate or discipline. In fact, policies that remove students from the school environment are associated with lower academic performance, failure to graduate on time, increased probability of drop out, and increased probability of incarceration. A high school dropout is eight times more likely to be incarcerated than a high school graduate.²³

The data reported through the District Report Cards from the 2023-2024 school year, with school year 2020-2021 for comparison, show significant numbers of students in Kershaw County School District are disciplined through in-school suspension and out-of-school suspension, and these numbers have increased significantly. However, there were no student expulsions in the last school year, as well as fewer school-related arrests and referrals to law enforcement.

School Discipline Data, Kershaw County School District, 2020-2021					
District	Enrollment	Students with in-school suspension	Students with out-of- school suspensions	Students expelled	School-related arrests and referrals to law enforcement
2020-2021	10,763	613	619	9	11
2023-2024	11,149	920	860	0	9

Source: SC Department of Education District Report Cards²⁴

²¹ Children's Trust of South Carolina. Kershaw County Child Maltreatment Data Profile. <https://scchildren.org/wp-content/uploads/Kershaw-County-Child-Maltreatment-Data-Profile.pdf>

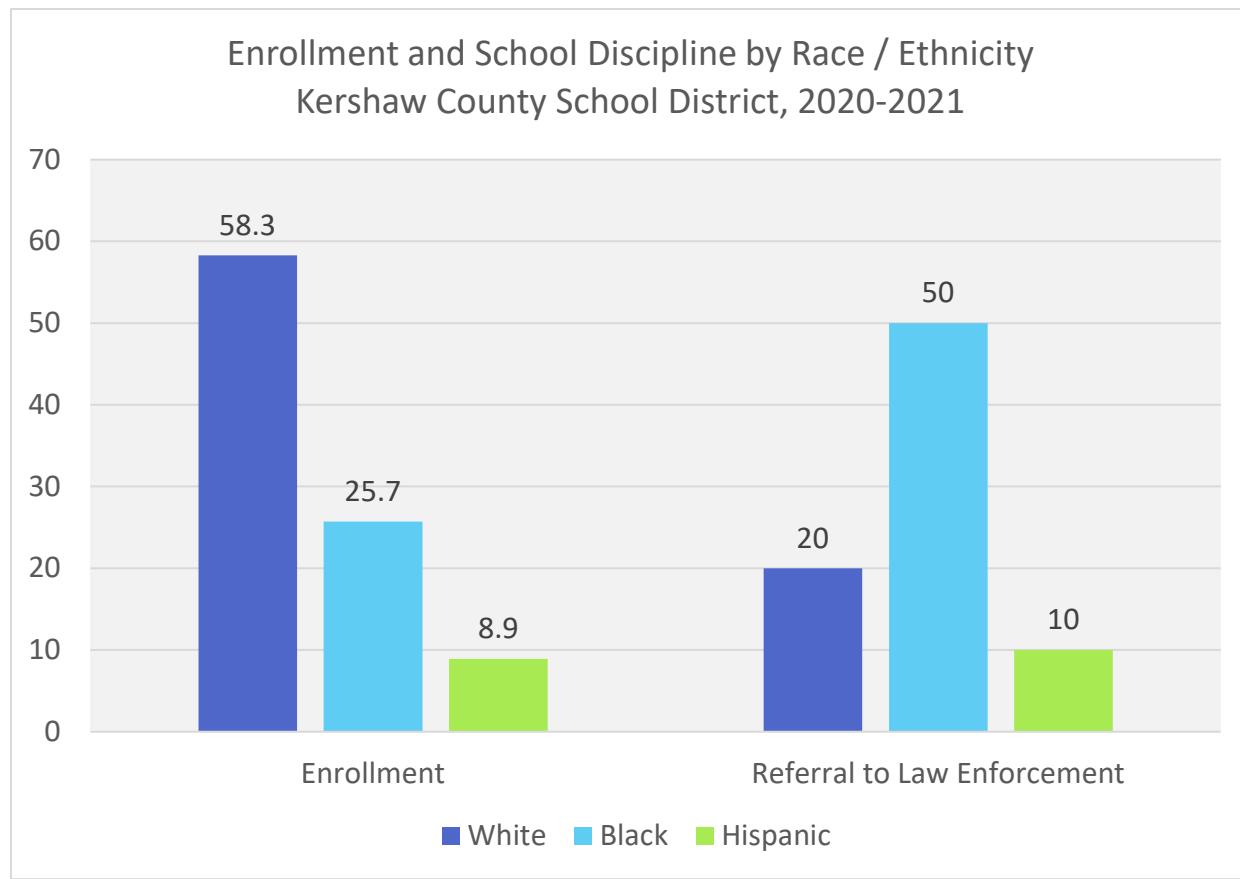
²² Giroux, Henry A. Mis/Education and Zero Tolerance: Disposable Youth and the Politics of Domestic Militarization. *Boundary2: an international journal of literature and culture*, Volume 28(3) – Sept 1, 2001

²³ School or the Streets: Crime and America's Drop Out Crisis: <https://alabamapartnershipforchildren.org/wp-content/uploads/2016/12/School-or-the-Streets-Crime-and-Americas-Dropout-Crisis.pdf>

²⁴ SC Department of Education, School Report Cards: <https://www.ed.sc.gov/data/report-cards/sc-school-report-card/>

Data provided from school districts to the U.S. Department of Education's Office for Civil Rights (OCR)²⁵ provides deeper understanding of school discipline at the district level and at the individual school level and by race and ethnicity. The most recent data release covers the 2020-2021 school year. The following graph shows significant disparities between enrollment demographics and referrals to law enforcement by race for the 2020-2021 school year in Kershaw County. Although White students (in blue) comprise larger shares of the school population, they comprise a much smaller portion of referrals to law enforcement. The opposite is true for Black students (in orange) who experience referrals at twice the rate that they constitute in the school population.

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



Source: US DOE Office of Civil Rights

²⁵ Civil Rights Data Collection: https://ocrdata.ed.gov/profile/us/sc/kershaw_01?surveyYear=2020&nces=4502550

Environment

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

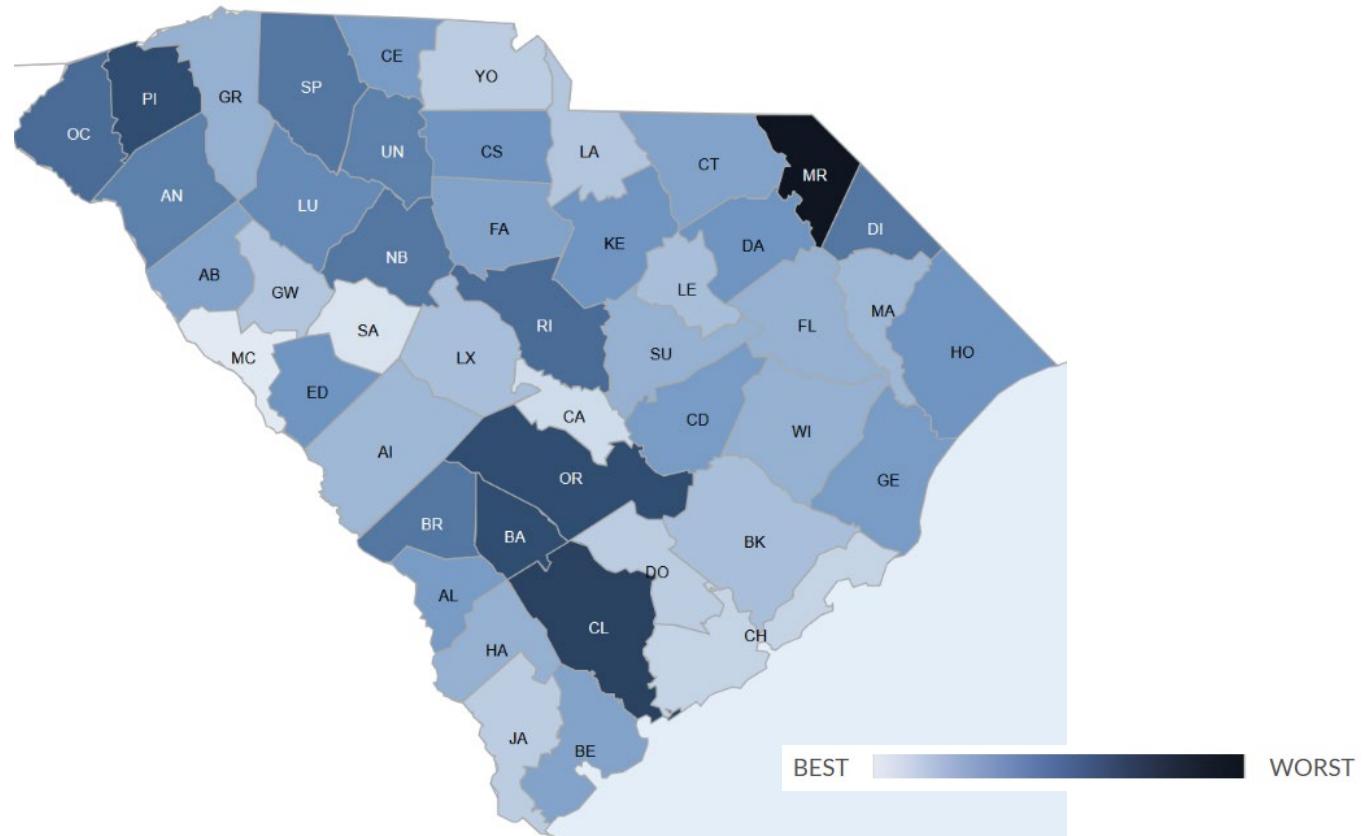
Food Environment

The Food Environment Index, reported annually by the County Health Rankings,²⁶ ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

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

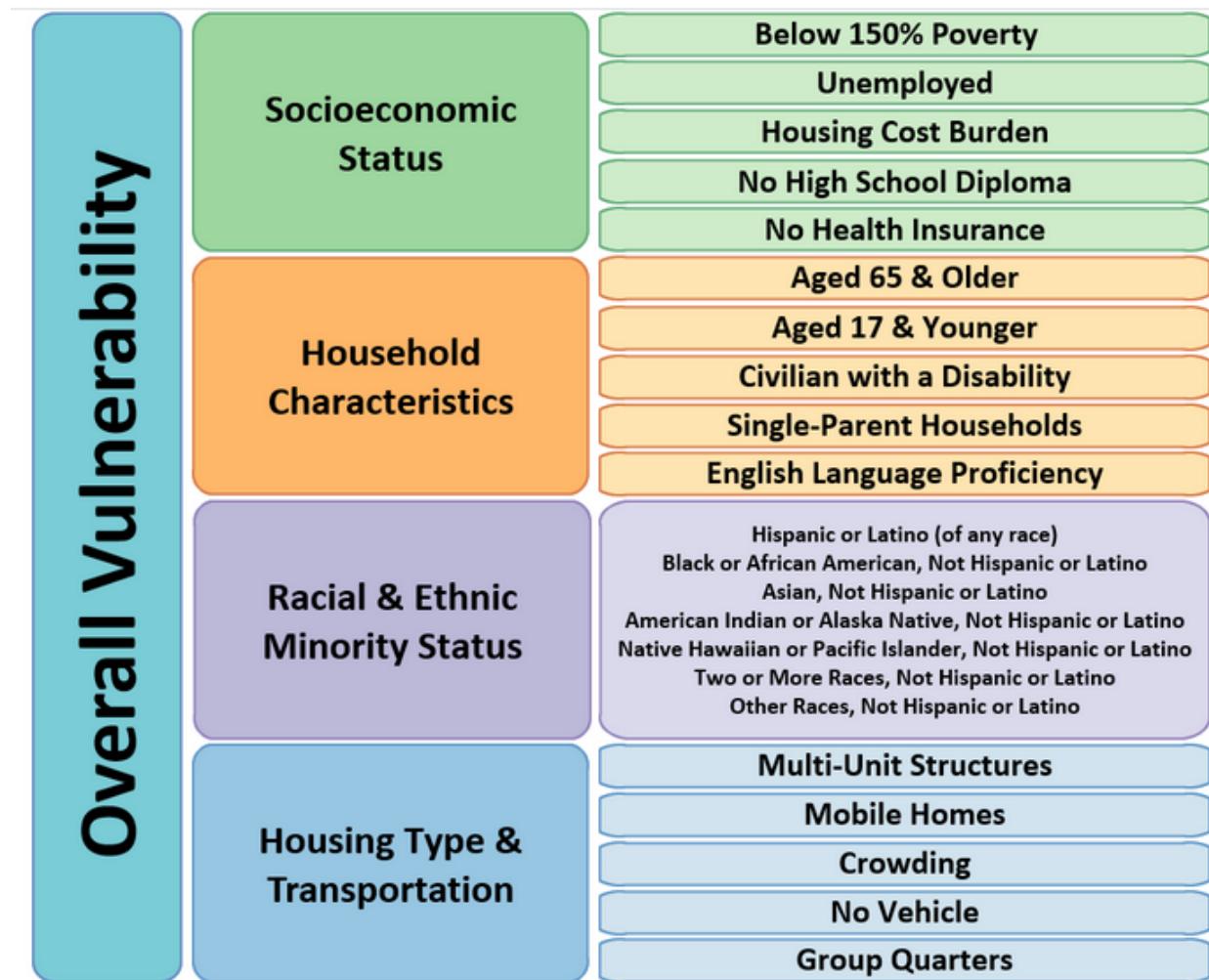
Although the data are not disaggregated by race, low- income people and People of Color are generally the most at-risk populations for food insecurity and limited access to healthy foods.

Kershaw County's 2024 Food Environment Index rating is 7.7, better than South Carolina's Food Environment Index rating (6.7), equal to the U.S. average rating



²⁶ County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/>

Social Vulnerability Index

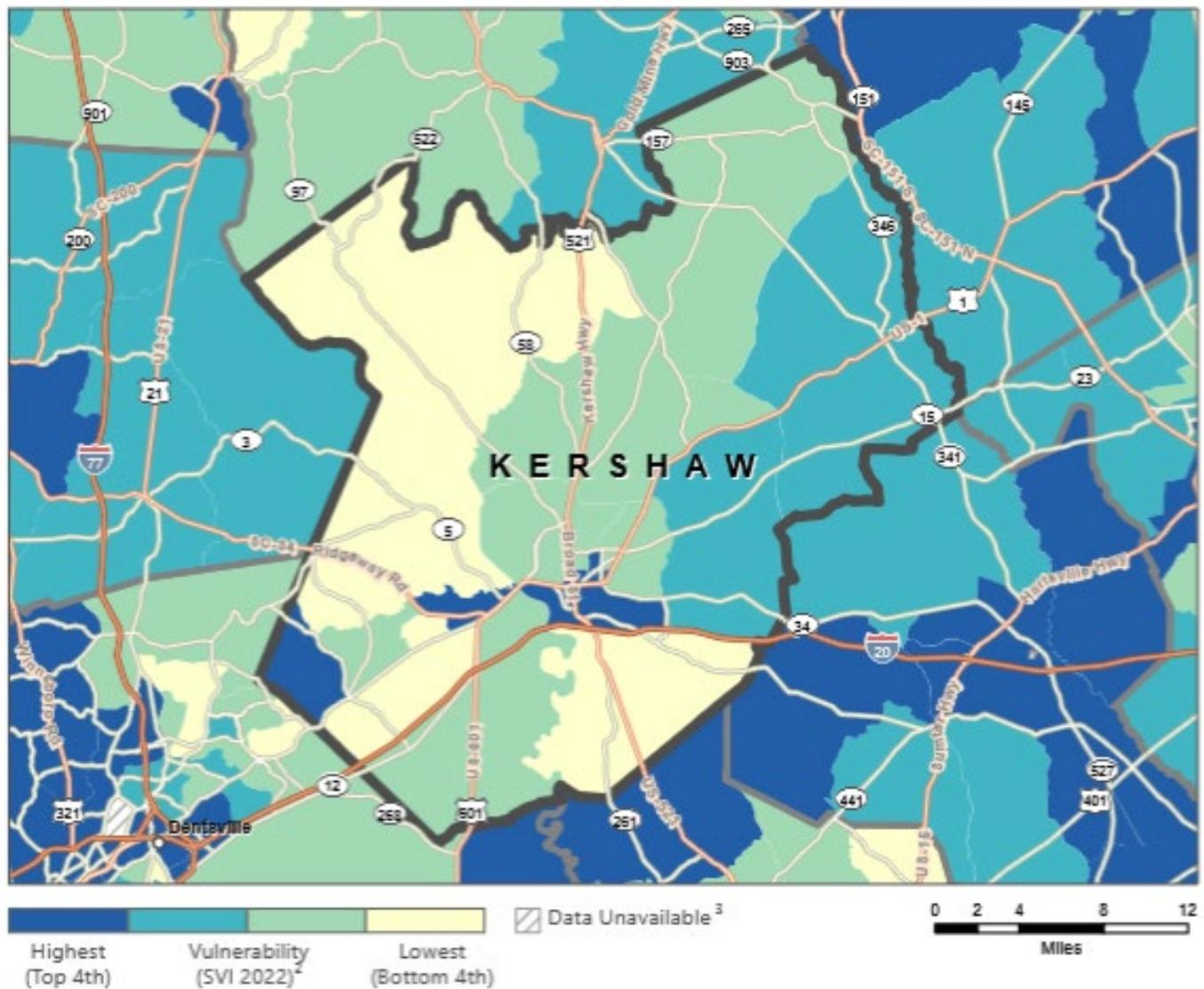


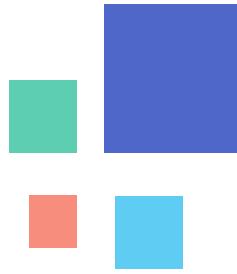
The CDC's Social Vulnerability Index (SVI),²⁷ is a geospatial tool that measures a community's capacity to prepare for and respond to hazardous events ranging from natural disasters and disease outbreaks to human-caused threats, such as toxic chemical spills. The 2022 SVI determines vulnerability at the census tract level, Census variables as illustrated in the accompanying graphic, by assigning an overall SVI score ranging from 0 (lowest vulnerability) to 1 (most vulnerable), as well as scores for each of the themes.

Kershaw County's SVI score is 0.4782, the low to medium range of social vulnerability. Theme scores that comprise the overall SVI score for Kershaw County range widely:

²⁷ Social Vulnerability Index: <https://svi.cdc.gov/>

The following heat map from the CDC's SVI website demonstrates levels of social vulnerability by census tract in Kershaw County. Vulnerability ranges widely across the county.





Qualitative Data Collection

Voices of Kershaw County

Person-on-the-Street Interview Report

Summary of Activities

As part of the Community Health Needs Assessment (CHNA) for Kershaw County, qualitative data was collected using a person-on-the-street interview approach. This method was designed to capture authentic, personal insights from residents about their lived experiences, daily challenges, and perceptions of health and wellbeing in their communities. The interviews offered a unique opportunity to hear directly from individuals whose voices might otherwise go unheard in more structured or formal quantitative data collection methods.

A total of 26 individuals were interviewed in various public settings throughout Kershaw County, including locations in Camden, Elgin, Lugoff, Cassatt, Mt. Pisgah, and Bethune. Interviews were conducted by trained community members who lived in one of the targeted areas and were equipped with a semi-structured interview guide. Participants were approached in casual, everyday environments such as local stores or public spaces and were asked for verbal consent to be recorded. Those who agreed were interviewed on topics ranging from healthcare access and emotional wellbeing to perceptions of safety and the strengths and challenges of living in the county.

Among the 26 individuals interviewed, 16 identified as women and 10 as men. Twenty-three of the participants were English-speaking, while two were Spanish-speaking. The interviewees came from a variety of communities within the county, including nine from Camden, five from Elgin, five from Mt. Pisgah, four from Cassatt, two from Bethune, and one from Lugoff. The participants lived in Kershaw County for time periods ranging from five months to fifty-five years, offering both fresh and long-term perspectives on life in the region. Notably, six individuals were experiencing homelessness at the time of the interview, adding critical insight into housing insecurity and vulnerability in the community.

All interviews were recorded using digital voice recorders. One recording was found to be corrupted, resulting in a total of 24 usable audio files. The recordings were transcribed verbatim and analyzed by ISI Consulting. The transcriptions were analyzed to identify recurring themes, concerns, and hopes expressed by residents. Through this approach, the project team was able to draw out both individual narratives and broader patterns that reflect the complex realities of living in Kershaw County.

The breakdown of participant responses can be found on the following pages.

What is good about living here?

As part of the Community Health Needs Assessment, residents were asked, “What is good about living here?” to better understand the assets that contribute to quality of life in Kershaw County. Responses reflected a strong appreciation for the county’s environment, community relationships, and overall livability.

Many participants described Kershaw County as a quiet, peaceful place with a rural atmosphere that offers relief from the busyness of urban life. This sense of calm and open space was frequently cited as beneficial to both physical and mental wellbeing. Residents noted that the area maintains the feel of a small town, where life moves at a manageable pace and people often know and look out for one another.

The social environment emerged as another significant strength. Numerous interviewees highlighted the friendliness and kindness of others, emphasizing a strong sense of connection, mutual support, and belonging within their neighborhoods. These community ties were seen as contributing positively to residents’ emotional and social health. A smaller number of respondents also pointed to the relative affordability of living in Kershaw County as a practical advantage that supports household stability and access to basic needs.

Taken together, these reflections suggest that one of Kershaw County’s greatest strengths lies in its social cohesion, rural character, and the everyday simplicity that many residents associate with a good quality of life. These qualities serve as foundational assets that can be built upon to support future health and wellness initiatives across the county.

<p>“It is quiet. I like the peace. The people that I've met so far [are] friendly to me.”</p>	<p>“It is very nice. It's growing though. There are some good people, a lot of great people out here and people seem to be very friendly. I fit right in—me and my four-legged roommate.”</p>	<p>“So what's so good about living here in Camden? It's the historic district... it's a rapidly growing city. I'm meeting somebody new every single day.”</p>
<p>“Everybody's nice. Everybody.”</p>	<p>“I like how they [are] real nice. The service and all that. It's pretty calm right here.”</p>	<p>“The peace and quiet.”</p>

Have you seen a doctor in the last three months?

As part of the interview process, residents were asked whether they had seen a doctor in the past three months. This question aimed to surface recent experiences with healthcare access and potential barriers to routine medical care. Responses revealed a nearly even split between individuals who had accessed care and those who had not.

Several participants stated simply that they had seen a doctor recently, often referencing routine visits, chronic condition management, or specific incidents such as emergency room visits following accidents. A few noted ongoing relationships with providers for heart conditions, diabetes, or orthopedic concerns. In contrast, others reported not having seen a doctor, citing various reasons including lack of perceived need, long-standing gaps in care, or lack of insurance coverage.

In some cases, responses highlighted broader issues such as transportation limitations, financial constraints, or challenges related to navigating the healthcare system. One individual described not having seen a doctor in over ten years despite managing multiple chronic health conditions. Another explained they were generally healthy but would seek care only in the event of a serious issue.

These narratives suggest that while some residents maintain consistent access to medical care, others experience significant gaps—either due to systemic barriers or a reliance on reactive rather than preventive health-seeking behaviors. Understanding these patterns is essential to shaping interventions that improve equitable access to care across the county.

“Not quite in the last three months.”

“I have actually. I was hit by a car on a little e-bike... I went to the ER... It was just soreness and bruising.”

“Yes. My heart doctor’s in Kershaw County and my regular family doctor too... I go to Prisma for my orthopedic.”

“Yes, I’m still driving. I’m 88 years old... Doing good. I help take care of my brother’s [sic] in a nursing home. My sister has Alzheimer’s... my husband died... I moved back here..”

Have you seen a dentist in the last three months?

In addition to questions about access to medical care, residents were asked whether they had seen a dentist in the past three months. This question was designed to complement responses about general healthcare utilization and provide insight into oral health access and related barriers across Kershaw County.

Compared to access to primary care, fewer participants reported recent engagement with dental services. While some individuals noted routine or recent visits, a larger proportion acknowledged that they had not seen a dentist in the last three months. Reasons for not accessing dental care varied widely. Some cited personal choice or lack of urgency, while others pointed to more systemic challenges, including financial constraints, lack of insurance coverage, time limitations, or difficulty scheduling appointments. One individual noted they receive two free cleanings annually but had not taken advantage of them due to personal inaction. Others expressed awareness of dental issues—such as cavities or missing teeth—but had postponed care while awaiting insurance eligibility or due to the instability of their housing or employment situation.

In several cases, respondents had not seen a dentist for extended periods, with one participant sharing that it had been over ten years since their last dental visit. Another noted that while they had seen a dentist more recently, routine cleanings were overdue, and they were awaiting employer-provided dental coverage to resume care.

When considered alongside responses to the question about seeing a doctor, the findings suggest that while some residents in Kershaw County are able to maintain consistent access to basic healthcare, dental care access may be more sporadic and heavily influenced by cost, insurance coverage, and life circumstances. These disparities highlight the need for more integrated and affordable oral health services, particularly for individuals facing economic instability or limited insurance options. Enhancing access to preventive dental care may serve as an important component of broader efforts to improve overall health outcomes in the community.

“I’m missing one tooth... I did get that tooth pulled, but for a cleaning it’s been about a year. I’m waiting on job insurance.”

“No ma’am. Haven’t made myself make an appointment. I get two free cleanings a year, but haven’t done that.”

“No. [What’s hard is] making time for it.”

“No. Honestly, I’m just lazy.”

In the last 30 days, have you felt sad or depressed?

As part of the qualitative interview process, residents were asked whether they had felt sad or depressed in the past 30 days. This question aimed to gain insight into the emotional wellbeing of individuals living in Kershaw County, and to explore the extent to which mental health may be an unspoken but pressing need.

Responses varied considerably. A number of participants clearly stated they had not experienced sadness or depression recently, while others offered more nuanced replies—expressing mild emotional lows, situational stress, or periods of anxiety without labeling their experiences as depression. A small number of individuals openly acknowledged recent feelings of sadness or stress, most often tied to financial hardship, caregiving responsibilities, or physical health challenges. One participant shared that they had been formally diagnosed with depression, but emphasized their efforts to manage it on their own while navigating delays in treatment. Another described sadness as a byproduct of empathy and concern for loved ones experiencing hardship.

At the same time, some responses reflected a tendency to minimize or deflect the question, possibly indicating the influence of stigma surrounding mental health. Phrases such as “I don’t have time for that” or “just basic emotions” suggest that some residents may be reluctant to fully disclose or name their emotional struggles. This pattern points to the ongoing need to normalize mental health conversations in the community and increase access to supportive services that are nonjudgmental and culturally responsive.

Taken together, these findings suggest that while not all residents report acute or ongoing emotional distress, many experience varying degrees of sadness, worry, or stress—often tied to life circumstances. The potential underreporting of mental health challenges, whether due to stigma, cultural norms, or a lack of awareness, signals the importance of continuing to invest in mental health education, prevention, and access as key components of holistic community wellness.

“Fun, not depressed or anything.”

“Not really. I mean, there's been some sadness in a little bit, but this is just basic emotions. They come and go, but in a severe sense, not really.”

“Yes. I just stressed out about my bills and stuff sometimes.”

“Not really. I was a little depressed because I'm not walking and stuff. I'm a very active person. But I got some good news and I'm excited about the surgery. I'm going to walk properly and be without that pain anymore.”

“No, I don't have time for that. My husband is... disabled. He walks with a walker, so he's the one that gets depressed. I know he does because he can't do it. And his speech, can't understand what he says half the time. That [is] hard.”

Describe any challenges you have had lately.

When asked to describe any challenges they had experienced recently, residents of Kershaw County shared a diverse array of responses that reflected both individual circumstances and broader structural stressors. While some individuals reported no significant challenges, the majority of participants described real and ongoing difficulties that affect their daily lives and overall wellbeing.

One of the most common themes involved financial strain, particularly in relation to rising costs of living. Several participants expressed concern over inflation, noting that the increased price of everyday goods and services had made it harder to manage basic expenses. Challenges related to employment were also present, including long or irregular work hours, difficulty maintaining a sleep schedule due to work demands, and in some cases, boredom or lack of purpose following retirement or disability.

Health-related issues were another recurring concern. Some individuals mentioned recent falls, chronic medical conditions, or limited mobility, all of which contributed to frustration and reduced independence. A few participants also described missing the structure and social interaction of working life and expressed a desire to re-engage through part-time or volunteer opportunities.

Housing stability and adjustment to new living situations surfaced as additional concerns. For those who had recently moved or were experiencing housing insecurity, the transition to a new home or neighborhood was identified as a source of stress. In more isolated cases, residents noted challenges related to family obligations, caregiving for relatives, or maintaining their mental health.

It is worth noting that some respondents answered in ways that minimized or downplayed their difficulties—whether by attributing them to minor inconveniences, emphasizing resilience, or shifting focus to the positive. These narratives may reflect a coping strategy rooted in personal strength, but they may also point to cultural or social norms that discourage the open discussion of hardship.

Together, these responses paint a complex picture of life in Kershaw County: one marked by a mixture of resilience and strain. While some residents report stability and satisfaction, many are facing everyday challenges that intersect with issues of health, income, mobility, and social connection. Recognizing and responding to these lived experiences is critical to shaping responsive policies and programs that promote community health and wellbeing.

“Detachment from some humans that I used to interact with... I’ve had a real bad past with my family... because of my past drug addictions. I’ve grown so much since that. I was a broken soul, and I’ve been evolving. It’s been a struggle, but I’m feeling pretty great about myself with everything I’ve done in the past 30 days.”

“Except for making myself get off the couch. I retired about a year and a half ago. I sat on the couch with my dog for a year. I made myself get up and I feel better now that I’m volunteering for Habitat for Humanity. Life is great. I’m going to a counselor—she’s helping me.”

“Haven’t had any challenges lately—besides finding somebody to cut my grass.”

“No, I don’t think so. Probably debt. Yeah. I’ve got massive hospital bills from surgery.”

“Not really, no. Just working. Yeah, I gotta work.”

Do you feel safe where you live?

To better understand the environmental and social conditions influencing wellbeing in Kershaw County, residents were asked whether they feel safe where they live. The vast majority of participants responded affirmatively, indicating that they generally feel safe in their homes and neighborhoods. This widespread sense of safety may be partly attributed to the rural character of Kershaw County, where lower population density and tight-knit communities often foster a sense of comfort and security.

However, not all responses reflected a sense of stability. A small number of participants expressed uncertainty or mixed feelings about their personal safety, with one respondent describing their situation as “50/50.” In the few cases where individuals did not feel safe, concerns were often tied to their housing status. People experiencing homelessness—who comprised a portion of the interview sample—were more likely to report feeling unsafe due to unstable or temporary living arrangements, exposure to the elements, or lack of secure shelter.

While safety did not emerge as a widespread concern for most respondents, these exceptions underscore the vulnerability faced by unhoused individuals in the county. Their experiences highlight the intersection between housing insecurity and physical or emotional safety, reinforcing the importance of addressing homelessness as both a housing and public health priority.

In summary, while most residents in Kershaw County report feeling safe in their daily lives, efforts to ensure community safety must also consider the needs of those without permanent housing or those living in less secure conditions. Enhancing access to stable, affordable housing and supportive services will be critical to ensuring that all residents—regardless of circumstance—can live with a sense of safety and dignity.

“[Yes, much] better than being in a tent.”

“For the most part, yeah... but sometimes people come around asking for help after being trespassed. That’s when it gets uncomfortable.”

“That’s a 50/50 for me.”

“Living in the shelter right now is... a comfortable, nice, clean, safe environment... they actually do things that are spiritually based, which feeds my soul.”

If you could change one thing about where you live, what would it be?

When residents were asked what one thing they would change about where they live, responses revealed a mixture of community-level aspirations and personal dwelling-specific concerns. The question was intended to gather feedback about residents' broader environment—such as their neighborhood, town, or Kershaw County as a whole—but a number of individuals interpreted the prompt more literally, offering suggestions for improvements to their own homes or immediate living arrangements. These included desires for more space, upgraded kitchens, or paved roads near their houses. This misinterpretation suggests that some residents may view "where you live" primarily through the lens of their household rather than their broader community context.

Among those who did respond with community-wide changes in mind, several common themes emerged. Many participants expressed a desire for more local amenities, such as grocery stores, restaurants, and retail options, particularly in smaller communities like Cassatt. Others wished for better infrastructure, including paved roads and improved utility services. Some noted the need for greater civic engagement or increased investment in community development, suggesting a hope for more outreach and participation in local decision-making.

In rural parts of the county, residents frequently voiced concerns about limited access to resources and services, emphasizing the gap between their communities and more developed areas. These responses highlight a desire not only for convenience but also for equitable investment across different parts of the county.

Taken together, these perspectives reveal a population that values both the character of their community and the potential for improvement. While some responses focused on home-specific issues, the broader trends point to a public interest in infrastructure, amenities, and equitable growth. Clarifying community input in future engagement efforts—by explicitly distinguishing between personal and regional concerns—may help ensure that residents' aspirations are more effectively captured and acted upon.

<p>"Maybe add some more restaurants or something."</p>	<p>"Not as many neighbors...."</p>	<p>"Nothing from where I live at."</p>
<p>"When I moved here 35 years ago, I had a lot of space around me. It was kind of nice, a little more quiet. I would add more—maybe like a nice Publix. I'd go out of my way to go to Publix."</p>	<p>"I would have my own place to stay, but as far as being here, everything runs as well as it can."</p>	<p>"We're knocking walls down inside the house to make an open concept... lots of windows, lots of light."</p>

What would you tell someone planning to move here?

When asked what they would tell someone considering a move to Kershaw County, most residents responded positively, emphasizing the area's sense of community, peaceful atmosphere, and affordability. These responses reflect a general pride in place and a recognition of the county's appeal to individuals seeking a slower pace of life, friendly neighbors, and a more rural environment.

Many interviewees described Kershaw County as a quiet, welcoming place with kind people and good schools. Several highlighted the benefits of the region's small-town feel, noting that it's easier to build relationships and feel part of a community. Others appreciated the relatively low cost of living and access to open space compared to larger cities. Some expressed affection for their specific towns—such as Elgin or Camden—referring to them as tight-knit, low-traffic communities with charm and character.

However, not all responses were entirely positive. A few participants expressed hesitations or concerns, including subtle references to racial bias or lack of diversity in certain settings. One respondent cautioned others to "stay over there," signaling dissatisfaction or a sense of exclusion. Others mentioned more practical limitations, such as limited retail options or long distances to emergency services, particularly in the more rural parts of the county.

There were also a handful of responses that were humorous, literal, or somewhat off-topic, such as advising newcomers to "get a good fishing pole." These responses, while lighthearted, speak to the informality of the person-on-the-street interview method and the candidness it encourages.

Overall, residents' advice to prospective newcomers painted a picture of a county with strong community bonds, a quiet and manageable lifestyle, and room for improvement in both infrastructure and inclusivity. These insights may prove helpful for understanding what long-time residents value—and what areas might need to evolve—as Kershaw County continues to grow and welcome new neighbors.

"It's a good place to be. Definitely better than being outside."

"Well, I have close-up with my friends and family members. It's very quiet.... Definitely a peace of mind. I love the beauty of how everything is. Even though Elgin has its ways, there's still togetherness out here."

"Stay over there. Stay away. Do not come over here."

"They're already moving all over... must have been 25 more doublewides and trailers in the last five years."

"Pretty nice. You communicate with people. You have pretty nice schools around here."

"I would say it's a community. I call it the senior citizen community I live in... It's very nice and quiet. I like it. And it's not like I'm far out in the woods or anything like that—if anything happens, I can run to my neighbor."

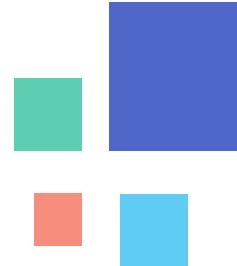
Person-on-the-Street Interviews Report Conclusion

The Voices of Kershaw County interview project provided a rich, person-centered lens into the daily lives, perspectives, and priorities of residents across the county. Through 25 candid interviews conducted by trusted local community members, this project surfaced both enduring strengths and pressing concerns that shape community wellbeing.

Across responses, residents expressed a deep appreciation for the area's peaceful rural character, friendliness, and sense of connection. Many spoke of Kershaw County as a place where neighbors still know one another and where life moves at a more manageable pace. These social and environmental qualities emerged as core assets that support emotional health and quality of life for many.

At the same time, participants shared real challenges—ranging from gaps in healthcare access to financial strain, housing instability, and lingering stigma around mental health. While some residents were able to describe recent visits to doctors and dentists, others revealed long-standing barriers tied to cost, transportation, or insurance. A number of individuals acknowledged stress or sadness, yet hesitated to name these experiences as mental health concerns, suggesting that stigma and cultural norms continue to shape how emotional wellbeing is expressed.

Particularly illuminating were the perspectives of individuals experiencing homelessness, who offered critical insight into the intersection of housing insecurity and safety, health, and dignity. These voices, often absent from traditional data collection, underscore the importance of grounding community health work in lived experience.



The 2025 Community Health Needs Assessment provides a comprehensive understanding of the factors that influence health and wellbeing across Kershaw County. By combining data-driven analysis with community input, this report highlights the county's strengths while underscoring the persistent challenges that require collaborative solutions. The findings reinforce the importance of addressing root causes—such as income inequality, educational attainment, and access to care—through collaborative, cross-sector solutions. By combining data-driven insights with community voices, this assessment equips local organizations with the knowledge needed to design programs, allocate resources, and implement strategies that will improve conditions in which residents live, learn, work, and thrive.

We believe that working together, prioritizing issues, and updating the Community Health Improvement Plan (CHIP) will be essential steps in the process. Together, these efforts will ensure that the insights from the 2025 CHNA are not only documented but also actively applied to shape programs, policies, and investments that improve the quality of life for all Kershaw County residents.

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