

# South Carolina: Structural Factors Associated with Poverty

*Research Brief*  
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### Accessibility Statement

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## Table of Contents

<b>1. Introduction</b> .....	1
Acknowledgment of Previous Work.....	1
Purpose and Overview of this Report .....	1
<b>2. An Overview of Poverty in South Carolina</b> .....	2
Measuring Poverty in South Carolina.....	2
Official Poverty Rates in South Carolina—2018 .....	3
<b>3. Examining Poverty using a Structural Framework</b> .....	6
Rationale.....	6
Conceptual Model .....	7
<b>4. Structural Factor: Economic Stability</b> .....	8
Access to a Living Wage.....	8
Ability to Achieve Self-Sufficiency .....	11
Barriers to Asset Accumulation .....	13
<b>5. Structural Factor: Neighborhood + Physical Environment</b> .....	15
Access to Affordable Housing.....	15
Access to Affordable Transportation.....	18
Vulnerability to Natural Disasters .....	20
<b>6. Structural Factor: Education</b> .....	22
Barriers to Academic Success .....	22
Access to High Quality K-12 Education.....	24
Access to Post-Secondary Education + Careers.....	27
<b>7. Structural Factor: Food Security</b> .....	29
Affordability of Food .....	29
Access to Food Outlets .....	31
<b>8. Structural Factor: Community + Social Context</b> .....	34
Barriers to Social Cohesion.....	34
Ability to Engage in Civic Life .....	36
Effects of Structural Discrimination.....	40
<b>9. Structural Factor: Health Care</b> .....	41
Affordability of Health Care.....	41
Access to Health Care .....	44
<b>10. COVID-19 and Poverty in South Carolina</b> .....	47
<b>11. Current Poverty Reduction Programs in South Carolina</b> .....	50
<b>12. Conclusion</b> .....	55
Appendix A. References .....	57
Appendix B. Methodology .....	78
Appendix C. Links to Additional South Carolina Poverty Reports .....	81

## 1. Introduction

An estimated 16% of South Carolina’s population experienced poverty in 2018 according to the U.S. Census Bureau.<sup>1</sup> This number puts South Carolina above the national average of 14.1% and in the top quartile of states and territories with the worst percentages of their populations experiencing poverty. This burden is multiplied when considering the individual experiences of poverty among residents of the Palmetto State. The preeminent organization in the state that works to address the root causes of poverty and its related effects experienced by South Carolinians is the Sisters of Charity Foundation of South Carolina, which “...strategically uses resources to reduce poverty through action, advocacy and leadership.”<sup>2</sup> Since 1996, the Foundation has invested over \$75 million across all 46 of South Carolina’s counties through more than 3,000 grants.<sup>3</sup>

In 2019, the Foundation established three main strategic objectives through an intentional planning process: “raise and extend the profile of the Foundation to inspire and influence positive change for those living in poverty in SC; deepen and sharpen our grantmaking focus for greater impact on our mission; and elevate and expand action and results in the diversity, inclusion and equity space as a driver of reducing poverty.”<sup>3</sup> To fulfill these strategic objectives, the Foundation’s staff members are working to deepen their intellectual capital around poverty and related issues. In 2020, the Foundation partnered with the Rural & Minority Health Research Center at the University of South Carolina to conduct research that quantitatively assesses the factors that contribute to poverty throughout South Carolina.

### Acknowledgment of Previous Work

The research conducted and presented in this report builds upon previous efforts undertaken by the Foundation. In 2018 and 2019, the Foundation partnered with the College of Social Work at the University of South Carolina to conduct small-scale evaluations of the Foundation’s previous grantmaking. The purpose of these evaluations was to answer the question: “*What were the greatest barriers faced by individuals and families experiencing poverty in South Carolina, specifically those individuals and families served by Foundation grantees?*” A total of 358 grant applications were analyzed from organizations that received funding across eight grant categories: Caritas; Community Enrichment; CMI Strengthening Ministries; Immigrant Families Initiatives; Kinship Care; Public Policy; Diversity, Equity, and Inclusion; and Strategic.

Additionally, the Foundation—including its staff members and Board of Directors—have engaged in listening sessions to better understand the needs of specific populations within the state. Together these efforts have informed the methods used to produce this report.

### Purpose and Overview of this Report

The explicit goal of this research was “***to identify, acknowledge, and examine the systemic and policy factors that lead to, reinforce, and exacerbate poverty specifically for residents of South Carolina.***” The next few sections of this report provide an overview of poverty as it is commonly defined with additional justification for the broader lens of this research. Then, the results of the research are presented in six categories: economic stability, neighborhood and physical environment, education, food security, community and social context, and health care. A brief look at the impact of the coronavirus/COVID-19 pandemic on poverty in South Carolina follows, as does a summary of existing poverty reduction programs in the state. Finally, a summary of the findings of the report are provided.

## 2. An Overview of Poverty in South Carolina

*As a concept, poverty may be broadly characterized as affecting those who have “too few resources or capabilities to participate fully in a society”.<sup>4</sup> Some definitions of poverty primarily focus on the lack of resources that are necessary to sustain life, while others simply calculate the share of the population that falls below a certain income distribution.<sup>5,6,7</sup>* Importantly, most definitions of poverty only reflect a count of the population characterized in this manner without capturing the depth or severity of need.<sup>4</sup> For example, families with no income are counted the same way that families with incomes that are \$1 below the threshold are. Similarly, families that increase their incomes above the threshold may no longer be counted as part of the official poverty population and yet may still have the same economic or social needs as those officially counted.

The definition of poverty may also be influenced by other factors. For example, the experience of poverty is often cyclical; people may enter, exit, and re-enter multiple times. This is driven by changes in household composition—rarely—and more commonly by loss or gain of employment.<sup>8</sup> Transitions into and out of poverty also happen on a schedule that is often more frequent than most measures can account for. The timing of poverty and how long it lasts, both in the short and long-term, are related key factors.<sup>4,9</sup>

The personal experience of poverty is also affected by multiple identity categories including individual educational attainment, health status, disability status, geography of residence, race, ethnicity, and/or gender, which can also complicate the ability for a family to obtain or maintain needed resources.<sup>10,11</sup> This is important to consider where definitions of poverty focus on able-bodied, working age adults for whom obtaining adequate employment is an option for exiting poverty. *It is also a critical point to understand when considering that the measurement and monitoring of poverty is a relatively modern phenomenon that does not account for centuries of systemic discrimination and disinvestment in certain communities based on identities of race, ethnicity, and gender, among others.*

### Measuring Poverty in South Carolina

Despite the challenges in accurately defining and measuring poverty in a population, institutions have and will continue to create estimates to monitor it. The U.S. government adopted its Official Poverty Measure in 1964 in part due to President Johnson’s declaration of a War on Poverty.<sup>6</sup> At the time of this declaration, there was no agreed upon definition as to what it meant to be poor in the U.S., and there were no official government statistics to define or track the problem. Initially, the task of creating a measure of poverty was given to the Social Security Administration.

Under the guidance of Social Security Administration official Mollie Orshansky, a poverty threshold was developed at the level of the family. In brief, the U.S. Department of Agriculture’s subsistence food budget (for emergency consumption) was used to determine baseline need. That amount was multiplied by three to approximate a household budget necessary for a family of two and equivalence tables were created to estimate thresholds for families of other sizes. To determine if a family was “in poverty”, their pre-tax cash income was compared against the threshold amount for their family size. This definition is still in use today, with thresholds updated annually based on the consumer price index. The U.S. Census Bureau is now the entity responsible for updating poverty data annually.

Continued use of this measure in the 21<sup>st</sup> century is not without criticism. U.S. society has fundamentally changed since 1964; in particular, food costs are higher, and more women have entered the workforce altering family dynamics used to establish the original definition.<sup>4</sup> Poverty thresholds also do not account for regional differences in cost-of-living expenses.<sup>6,12</sup> Use of this definition also does not measure the depth of economic

need; it has been suggested that these thresholds are in fact too low and severely underestimate the number of people experiencing poverty in the U.S.<sup>7,13</sup> On the other hand, using cash income alone does not account for in-kind or tax transfer benefits received by families.<sup>6</sup> The one positive advantage to the use of this definition over time is in its consistency of measurement.<sup>7</sup>

**Table 2.1. Abbreviated Table of Poverty Thresholds for 2019, by Size of Family and Number of Related Children under 18 years**

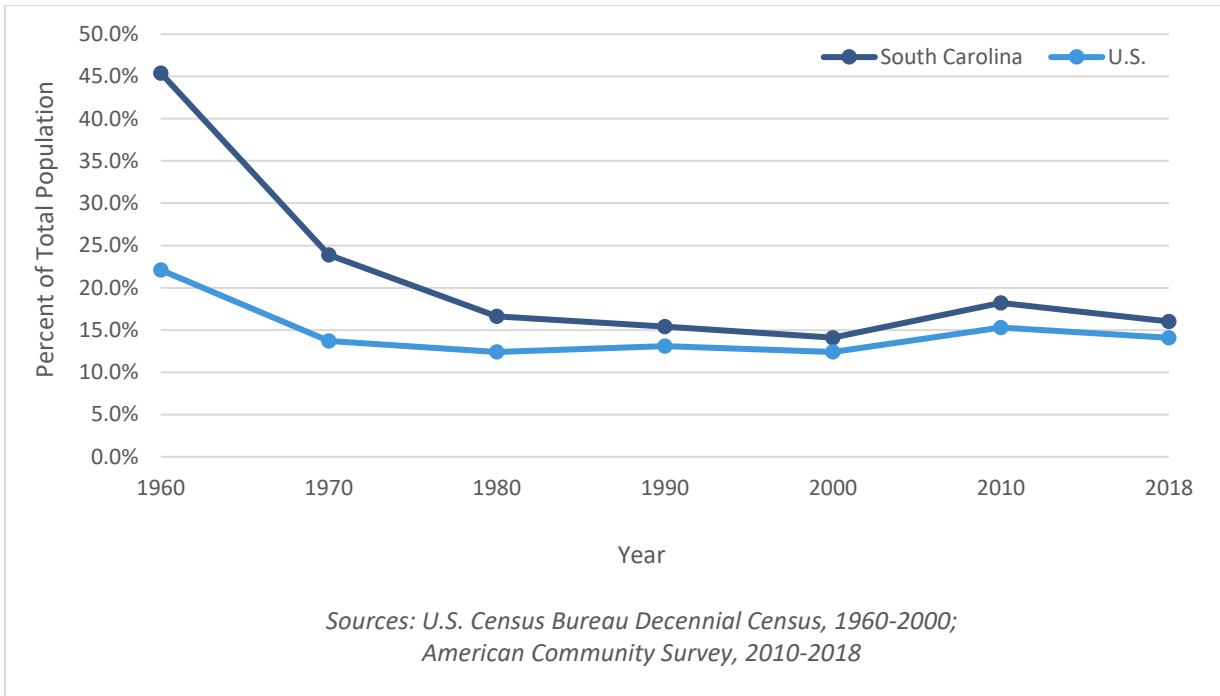
Family size	Related children under 18 years			
	None	One	Two	Three
One person under age 65	\$13,300			
One person aged 65 and older	\$12,261			
Two people (householder under age 65)	\$17,120	\$17,622		
Two people (householder aged 65 and older)	\$15,453	\$17,555		
Three people	\$19,998	\$20,578	\$20,598	
Four people	\$26,370	\$26,801	\$25,926	\$26,017

Source: U.S. Census Bureau

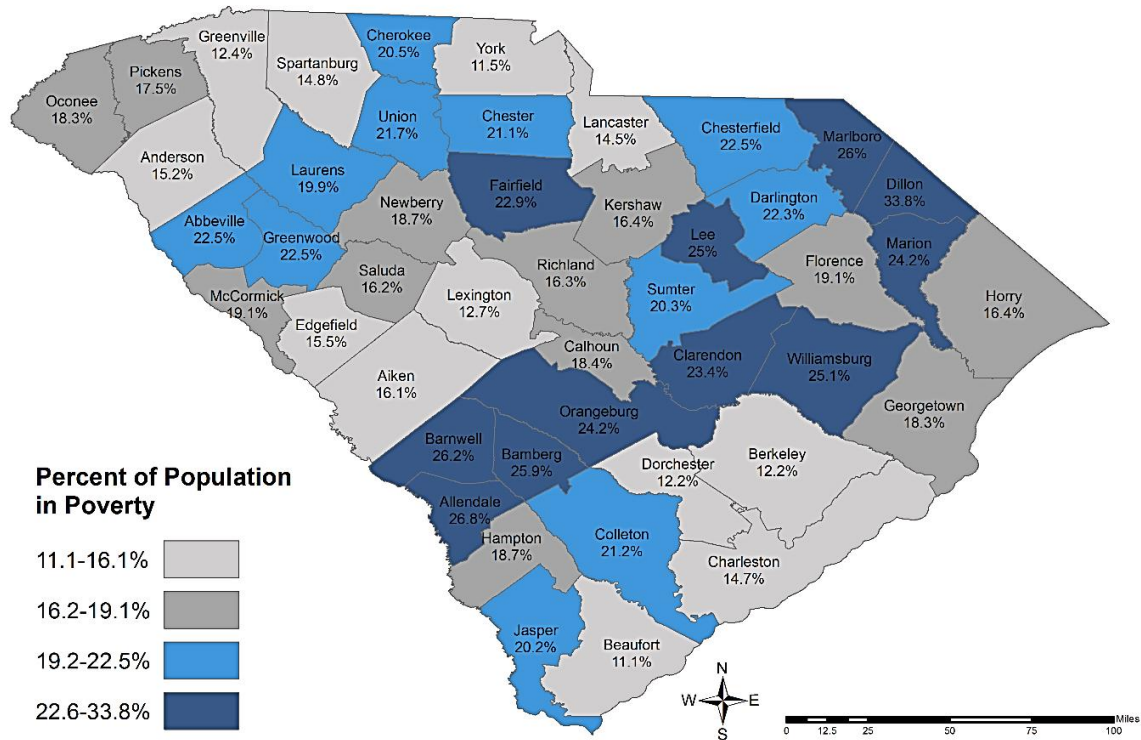
Beginning in 2011, the U.S. Census Bureau began publishing a Supplemental Poverty Measure in response to criticisms of the Official Poverty Measure.<sup>6</sup> The primary differences between the Official Poverty Measure and the new Supplemental Poverty Measure are that additional in-kind or tax transfer benefits are included in family income; food, housing, clothing, work and health care expenses are accounted for and adjusted over time, as opposed to food only; regional differences in housing costs are incorporated; and an improved equivalence scale to determine thresholds for different family types is used. Despite this effort to reform the measurement of poverty in the U.S., use of the Official Poverty Measure still drives monitoring of and policy related to poverty today. This is due in part to how legislation over time tied the poverty threshold to eligibility for social assistance programs.

### Official Poverty Rates in South Carolina—2018

For consistency with these efforts, throughout this report the Official Poverty Measure is used to define poverty for the state unless noted. The overall trend in the percent of South Carolina’s population experiencing poverty shows a decrease since the initial data were recorded in the 1960 U.S. Census—from 45.4% then to 16.0% in 2018 (Figure 2.1). Higher percentages recorded in 1990 and 2010 were due to brief periods of economic recession. The effects of poverty reduction programs during this period are not accounted for here; however, trends in the Supplemental Poverty Measure over time indicate the decrease in poverty in the state may be associated with these programs (data not shown). Current estimates of poverty at the county-level are provided in Figure 2.2.



**Figure 2.1. Percent of Total Population in Poverty, South Carolina and the U.S., 1960-2018**



**Figure 2.2. Percent of Total Population in Poverty by South Carolina County, 2018**  
Source: U.S. Census Bureau American Community Survey, 2014-2018

Diving deeper, the data points in Table 2.2 describe the populations in South Carolina that experienced poverty in 2018. This should not be considered an exhaustive list, as certainly other groups experienced poverty that are not explicitly identified in this table. **Overall, the state skewed younger in terms of those most impacted by poverty with a full third of the total population in poverty reported to be children under age 18.** Considering racial and ethnic minority populations in the state, these groups disproportionately had higher rates of poverty compared to white people. For example, **Black or African American people in South Carolina were 43% of the population in poverty yet only comprised 27% of the state’s population.** Lastly, people without a high school diploma also disproportionately experienced poverty. Populations experiencing poverty in South Carolina aligned with the literature around people who are most likely to enter poverty, least likely to exit poverty, and most likely to experience re-entry into poverty.<sup>8</sup> These findings also broadly aligned with national trends.

	<i>Total Population in SC</i>	<i>Percent of Population</i>	<i>Population Below Poverty Level Estimate</i>	<i>Percent Below Poverty Level Estimate</i>	<i>Percent of Population in Poverty</i>
Population	4,955,925	----	770,632	16.0%	----
Population by Age					
Under 18 years	1,096,251	22.1%	255,186	23.7%	33.1%
65 years and older	829,083	16.7%	74,695	9.2%	10.0%
Population by Race/Ethnicity					
Black or African American	1,339,360	27.0%	331,866	25.7%	43.0%
Hispanic or Latino origin	275,685	5.6%	74,200	28.0%	9.6%
American Indian/Alaska Native	16,686	0.3%	4,142	25.3%	0.5%
White	3,332,986	67.3%	372,896	11.5%	48.4%
Population by Education					
Population 25 years and older	3,385,002	68.3%	414,560	12.5%	53.8%
Less than high school graduate	435,770	12.9%	121,730	29.2%	29.4%
High school graduate	998,459	29.5%	150,439	15.4%	36.3%

*Source: U.S Census Bureau American Community Survey, 2014-2018*

It is worth noting that much work has been completed in South Carolina over the past 15 years by various groups assessing residents’ experiences with poverty. Projects have ranged from statewide in scope to individual county assessments. In addition to work conducted by the Sisters of Charity Foundation, leadership from state and county governments, the South Carolina Commission on Minority Affairs, the South Carolina State Housing Finance and Development Authority, various colleges and universities, health care systems, non-profit and philanthropic organizations, the Coastal Community Foundation of South Carolina, the South Carolina Appleseed Legal Justice Center, multiple United Way chapters, and the Women’s Rights and Empowerment Network have moved this conversation forward in the state. A brief listing of selected resources is provided in Appendix C of this report. Bridging these efforts is necessary for the state to effectively address this issue. The study of poverty is a cross-disciplinary endeavor that must become a truly inter-disciplinary task if efforts to mitigate or eradicate it will be successful.<sup>14</sup>



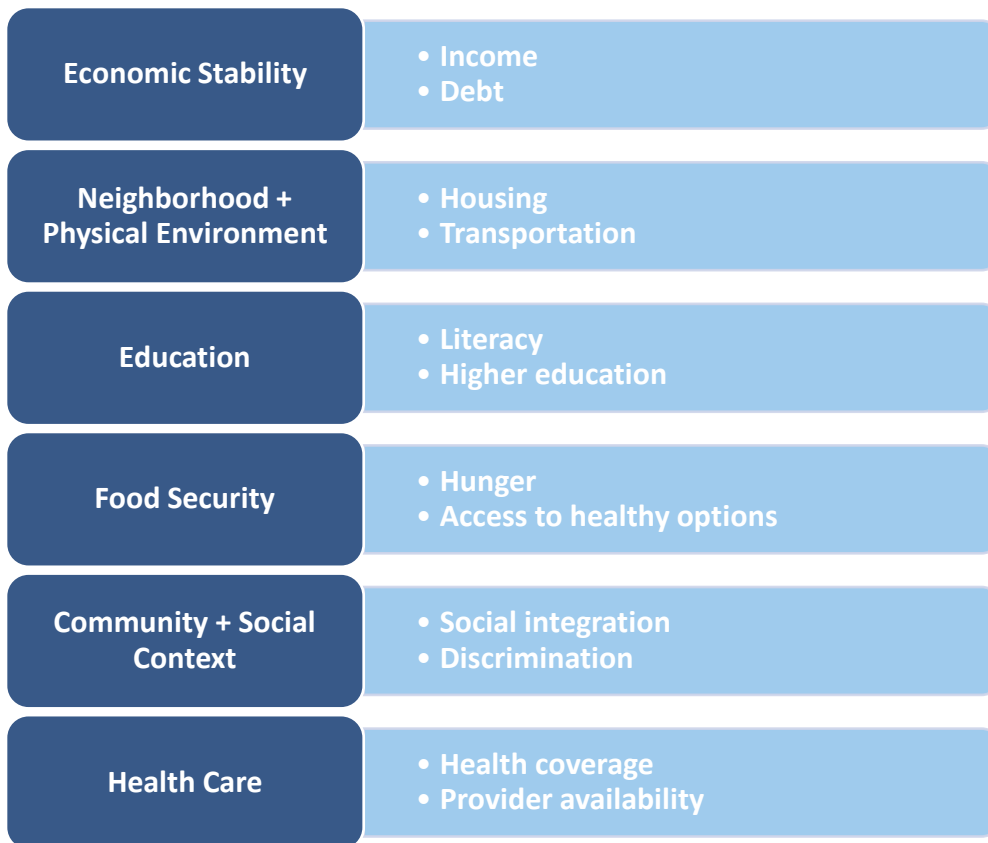
### 3. Examining Poverty using a Structural Framework

As outlined in section 2, poverty is often described in terms of deprivation of money, time, or capital (financial, human, social, etc.); however, poverty may also reflect non-material hardships that include deprivation of education, health, or employment and/or a lack of capabilities for achieving overall well-being.<sup>4,15</sup> Given the complexity associated with defining poverty, it is not surprising that there is a lack of definitive evidence on what causes it.<sup>5,8,9</sup> Yet, in order to effectively address poverty, it is necessary to understand and use an underlying theory of its origins.<sup>5</sup> Accordingly, this research utilized a framework based on structural factors that are associated with the experience of poverty in the U.S.

#### Rationale

*The field of public health provides suitable frameworks for describing the structural factors associated with poverty, as both poverty and many health processes are multi-factorial.<sup>5,16</sup> Use of these frameworks provides richness and context to the definition of poverty beyond simply identifying populations that lack (monetary) resources.* Focusing on a structuralist approach, or those factors that are outside of individuals' control, may be framed through use of the socio-ecological model. This model includes five categories of factors that lead to public health outcomes of interest: intrapersonal, interpersonal, institutional, community, and public policy.<sup>17</sup> Focusing on the latter three provides a structural lens with which to examine the informal and formal rules within institutions, the community, or public policy that are associated with poor outcomes—in this case, the poverty status of people in South Carolina. In a Pew Research Center public opinion poll from January 2020, most Americans agreed that people who experience poverty do so as a result of additional obstacles that they have faced in life.<sup>18</sup>

Taking this structural framework one step further, the public health model of the social determinants of health provides a foundation on which to further study the elements within each of these factors (Figure 3.1).<sup>19</sup> The relevance of the “shared determinants of health and wealth” has been promoted nationally with a focus on the bi-directional relationship between financial well-being and each of the other factors in the framework.<sup>20</sup> Investigating these factors with a specific lens towards their contributions to poverty may broaden and deepen the understanding of the needs of people in society.<sup>9</sup> In the following six sections of this report, each factor and associated elements that contribute to poverty in South Carolina are described.



**Figure 3.1. The Social Determinants of Health – Adapted from Kaiser Family Foundation**

### Conceptual Model

For the purpose of this research, it is likewise important to acknowledge not only the application of the social determinants to the examination of poverty in South Carolina, but to also show the various relationships between each of the social determinants with one another (Figure 3.2). The nature of these interwoven relationships illustrates how the intersectionality of personal circumstances can be applied to the experience of poverty. Although the next six sections of this report represent the findings grouped by each of these factors, the reader should be continuously aware of the interconnectedness at play between all the factors.



**Figure 3.2. Conceptual Model**

## 4. Structural Factor: Economic Stability

Economic stability means that people have access to steady incomes that allow them to meet their needs.<sup>21</sup> The association between economic stability and poverty may seem simple—individual employment opportunities drive one’s ability to have financial security and avoid experiencing poverty. However, policies and practices within financial systems affect both the opportunities that are available to people and their overall financial security.<sup>22</sup> For those who are employed, adequate financial compensation, job security, availability of employment-associated benefits (e.g., health insurance, paid sick leave, and caregiver leave), and the work environment all contribute to potential experiences with poverty. Obtaining employment is also a persistent challenge for many. Critically, lack of economic stability directly affects—and is affected by—all other factors that contribute to poverty including access to affordable and safe housing, educational opportunities, food security, social support, and health care.

***For South Carolinians, economic stability is jeopardized by the inability to make a living wage, achieve financial self-sufficiency, and accumulate assets.***

### Access to a Living Wage

#### *Employment*

In December 2019, approximately 2.4 million South Carolinians participated in the civilian labor force while just over 57,000 residents were unemployed.<sup>23</sup> This unemployment rate of 2.4% was the lowest in the nation at this time (tied with several other states) as well as the lowest within the state over the past two decades.<sup>24</sup> Of note, in 2018, 14.7% of the state’s civilian noninstitutionalized population was reported to have a disability compared to 12.6% of the same U.S. population.<sup>25</sup>

Currently, there is no state minimum wage law in South Carolina, which means that employers must adhere to the Federal minimum wage of \$7.25, in place since July 24, 2009.<sup>26,27</sup> South Carolina is one of only five states to not implement a state mandated minimum wage; others include Alabama, Louisiana, Mississippi, and Tennessee. More than half of U.S. states now have minimum wages above \$7.25.<sup>28</sup> Table 4.1 provides wage information for the top five jobs in the state in 2019 based on the total estimated employment.<sup>29</sup>

<i>Occupation Title</i>	<i>Estimated Total Employment</i>	<i>Median Hourly Wage</i>	<i>Median Annual Wage</i>
Office and Administrative Support Occupations	276,980	\$16.41	\$34,130
Sales and Related Occupations	228,040	\$12.30	\$25,580
Food Preparation and Serving Related Occupations	216,890	\$9.53	\$19,810
Production Occupations	198,450	\$17.42	\$36,240
Transportation and Material Moving Occupations	191,820	\$14.08	\$29,280

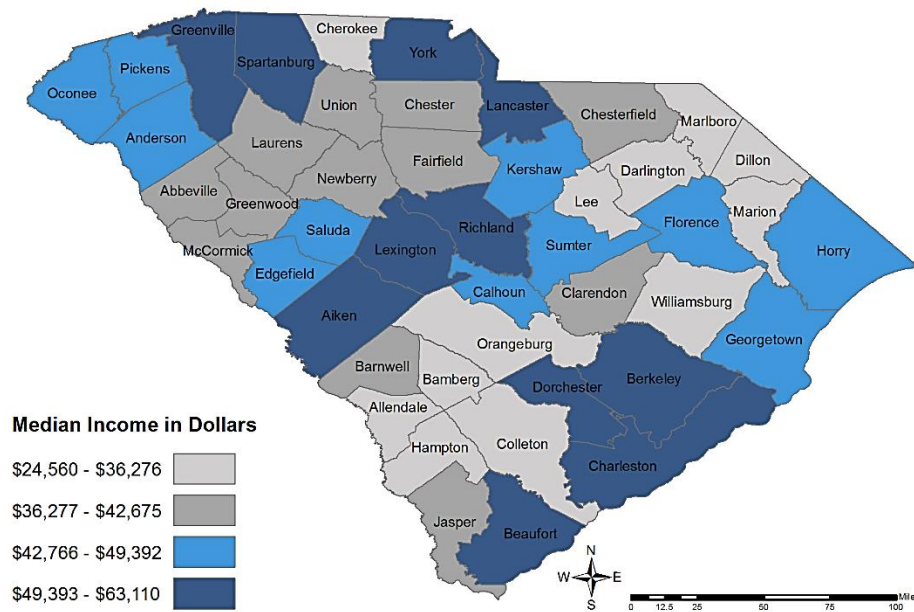
*Source: U.S. Bureau of Labor Statistics, 2019*

Of all the jobs worked by South Carolinians in 2019, at least 476,870 were low-wage jobs—those where the employee earns less than \$10.10 per hour.<sup>29,30</sup> Over 130,000 South Carolina jobs in 2017 were also non-primary, indicating people that have multiple jobs.<sup>31</sup> Across the state, the number of non-primary jobs ranged from 9.3% of all non-Federal jobs in Jasper County to 5% of same in Oconee County. It is unknown if those who work

multiple jobs in the state do so because of the nature of their work (i.e., seasonal employment related to agriculture or tourism) or due to their experience with poverty.

### Median Household Income

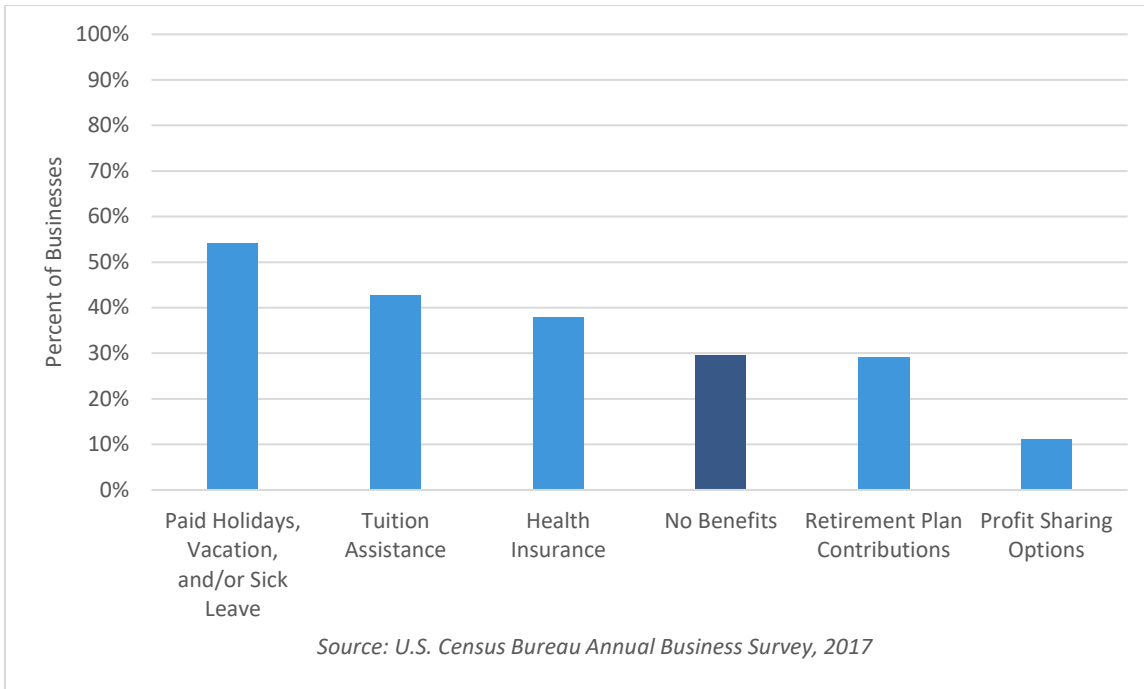
The annual median household income in South Carolina was \$51,015 in 2018, compared to \$60,293 in the United States.<sup>32</sup> There were a wide range of incomes within counties across the state, from \$24,560 in Allendale County to \$63,110 in Beaufort County (Figure 4.1). ***Inequities in earnings between men and women were also present, with South Carolina women’s earnings at 72.2% of South Carolina men’s earnings.***<sup>33</sup> The range of this earnings gap varied by county from 60.9% (Barnwell) to 96.9% (Bamberg) and by women’s racial/ethnic identity, with Black, Hispanic, and Asian American South Carolina women experiencing even larger earnings gaps.<sup>34</sup>



**Figure 4.1. Annual Median Household Income by South Carolina County, 2018**  
 Source: U.S. Census Bureau American Community Survey, 2014-2018

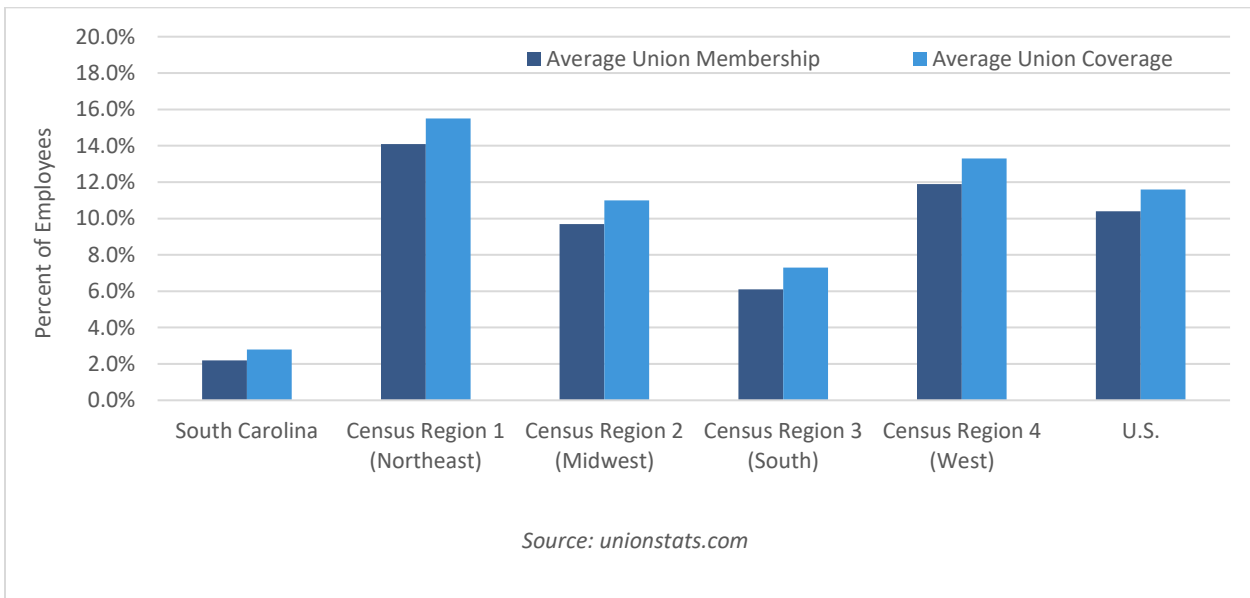
### Employment Benefits

In 2017, the types of benefits available to South Carolina employees varied across businesses. These benefits included health insurance (37.9%), retirement plan contributions (29.1%), profit sharing options (11.0%), paid holidays/vacation and/or sick leave (54.2%), and tuition assistance (42.6%).<sup>35</sup> Almost a third of businesses offered no benefits to their employees at all (Figure 4.2). Ten states, the District of Columbia, and almost two dozen cities and counties as of 2019 have passed required paid sick leave laws; none were in the Southeast U.S.<sup>36</sup> Paid family leave benefits also have traction nationally. As of 2019, eight states and the District of Columbia had enacted paid family leave laws, which go beyond the Federal protections provided through the Family and Medical Leave Act. In 2020, House Bill 5137 was put forward in the South Carolina General Assembly to consider such a policy for state employees; it remains in the House Committee on Ways and Means.<sup>37</sup> Employee benefits such as these are especially important for workers in low-wage jobs, including many women who have primary caregiving responsibilities.<sup>36</sup> Not only do these legislative actions guarantee *paid* leave, but they provide job security when time off is necessary for personal or family illnesses.



**Figure 4.2. Percent of South Carolina Businesses Providing Employment Benefits by Type, 2017**

In many parts of the U.S., increases in income and benefits are tied closely to labor union membership. For example, non-union workers averaged only 81% of union workers' weekly pay in 2019.<sup>38</sup> South Carolina in 2019 had the lowest union membership of all 50 states at 2.2%.<sup>39</sup> Employee union coverage, including workers without a specific union affiliation who were covered by a union contract, was slightly higher at 2.8%.<sup>39,40</sup> Figure 4.3 compares union membership and coverage between South Carolina and other areas of the U.S. as of 2019.

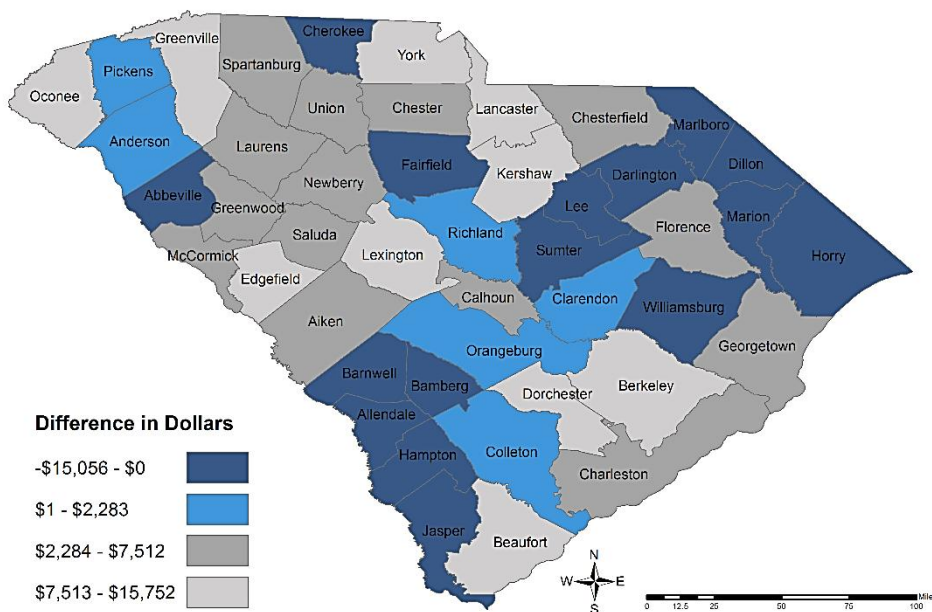


**Figure 4.3. Labor Union Membership and Coverage as a Percent of Employees for South Carolina, U.S. Census Regions, and the U.S., 2019**

## Ability to Achieve Self-Sufficiency

### Self-Sufficiency Standard

Stagnant wages and benefits maintain the economic status quo and limit families' ability to be financially self-sufficient. The Self-Sufficiency Standard for South Carolina 2020 realistically modeled a household's necessary income based on costs associated with housing, childcare, food, transportation, health care, miscellaneous needs, taxes, emergency savings, and potential tax credits.<sup>41</sup> In applying the Standard, wide disparities were found in what is required for financial self-sufficiency across counties in the state. Additionally, the minimum amount of income necessary to meet basic family needs (i.e., \$41,618 average across all counties for a family of three) was found to be nearly twice the 2020 Federal poverty line for the state (\$21,720 for the same sized family). Sixteen South Carolina counties experienced a lower median household income than the income necessary for meeting basic needs for a family of three in 2020 based on the Self-Sufficiency Standard (Figure 4.4).

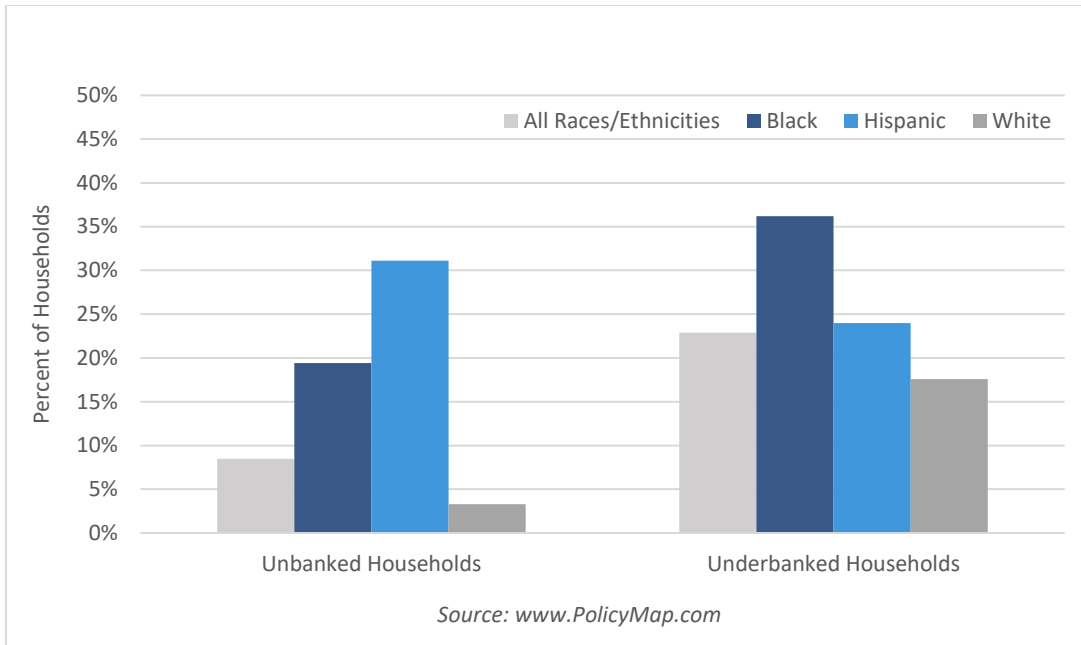


**Figure 4.4. Difference in the Dollar Amount Between Annual Household Median Income and the Self-Sufficiency Standard Budget for a Family of Three by South Carolina County, 2020**

Sources: U.S. Census Bureau American Community Survey, 2014-2018; *The Self-Sufficiency Standard for South Carolina 2020*

### Access to Mainstream Financial Institutions

Lack of regular access to mainstream financial institutions may also limit financial self-sufficiency due to the high costs of using alternative financial services such as payday loans, non-bank check cashing or money order services, rent-to-own services, and pawn shops.<sup>42</sup> Households are considered “unbanked” when they do not have any deposit account with a mainstream (FDIC insured) financial institution. “Underbanked” households have a checking and/or savings account but have recently used an alternative financial service. The proportion of unbanked households in South Carolina as of 2017 was 8.5% compared to 7.1% in the U.S.<sup>43</sup> Further, 22.9% of South Carolina households were underbanked, which was the 10<sup>th</sup> highest percentages across all states. Lack of access to mainstream financial institutions in the state based on household race/ethnicity is shown in Figure 4.5.



**Figure 4.5. Percent of South Carolina Households with Lack of Access to Mainstream Financial Services by Race/Ethnicity of Household, 2017**

#### Debt

Debt can also block families’ pathways to self-sufficiency. The financial burden of paying off the debt may be difficult; additionally, impacts to individual credit reports can result in limited borrowing ability, higher costs when borrowing, inability to access certain housing, and/or higher insurance premiums.<sup>44</sup> Medical debt can be particularly damaging as it is often the result of an unexpected expense and may lead to further delays in obtaining medical care, resulting in more expensive treatments. ***In 2018, 27% of South Carolinians had medical debt in collections, compared to 16% nationally.<sup>45</sup> Only West Virginia had a higher share of residents with medical debt in collections at 31%; South Carolina tied with Louisiana for second place.*** Within South Carolina, Union County had the largest percentage of its population with medical debt in collection at 47%; Anderson County was the lowest at 16%. By race/ethnicity, 35% of South Carolina communities of color versus 24% of white communities had medical debt in collections. This was consistent with national trends.

#### High Cost of Childcare

Access to affordable, high quality childcare is a necessity for all South Carolina parents, who spend an average of \$12,703 annually, or 22% of their median income, on childcare for only two children.<sup>46</sup> These costs may be offset in part by tax credits, or for families with incomes below 150% of the Federal poverty line, childcare vouchers through the South Carolina Department of Social Services, which served 22,641 children through this program in 2017.<sup>47</sup> For families living in childcare deserts—defined as a census tract with either no providers or so few that the number of children in the area outweighs the availability 3:1—childcare costs may increase. As of 2019, 42% of South Carolinians lived in a childcare desert with about half of rural families in South Carolina estimated to lack childcare access.<sup>48</sup> Families in childcare deserts may have trouble either maintaining employment and/or incur additional household costs as a result of transportation needs to the closest childcare provider—effectively decreasing household income for families living in these areas.

### *Self-Sufficiency and the Benefits Cliff*

For South Carolinians receiving economic supports such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Temporary Assistance for Needy Families (TANF), or childcare assistance, self-sufficiency is enhanced by these benefits. However, retaining these benefits may be a challenge as families become more self-sufficient.<sup>49</sup> For example, consider a three-person family with two adults and one child. If one of the adults worked full-time at minimum wage, they would earn approximately \$15,080 per year. This would put them well below the poverty guideline for their size family of \$21,720. If the second adult in the family were also to get a full-time job, the total household income would rise to approximately \$30,160 annually. This would completely deplete their SNAP benefits and potentially threaten their childcare voucher, while their income would remain below the Self-Sufficiency Standard. This benefit “cliff,” as it is often referred to, is a barrier for families working towards financial self-sufficiency.

### *Barriers to Asset Accumulation*

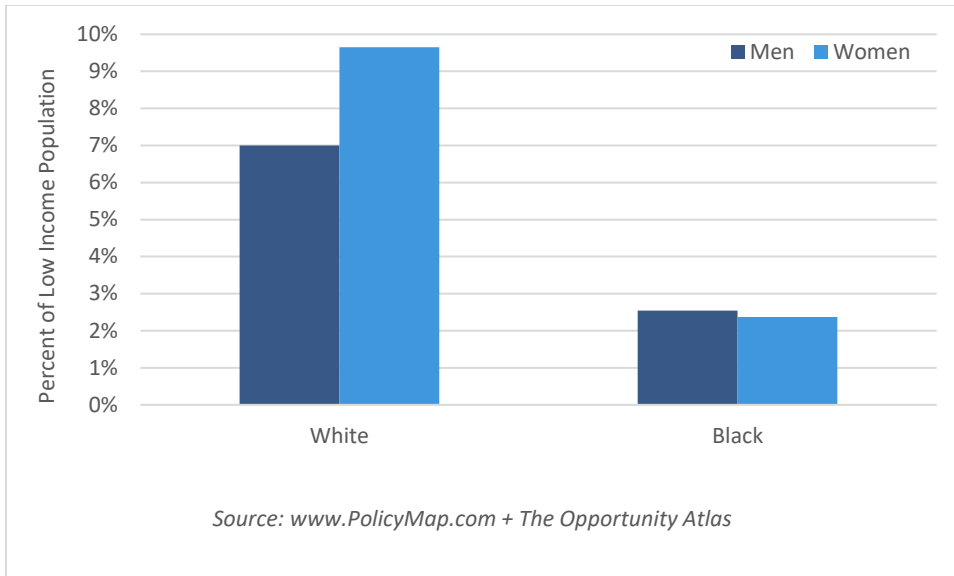
#### *Emergency Expenses*

Accumulation of assets, and accordingly, wealth creation, are critical steps to long-term economic stability. Access to assets and overall wealth help families overcome financial crises. A 2019 report from the Federal Reserve highlighted that, if faced with a \$400 emergency expense, 39% of Americans would have difficulty paying it.<sup>50</sup> Saving for emergencies is the first step towards creating economic stability. Based on the 2020 Self-Sufficiency Standard the minimum amount an individual adult needed to budget to save for potential emergency expenses, calculated by county, was \$34 per month (\$408 annually).<sup>41</sup> This number increased based on family size as well as location within the state.

#### *Income Mobility*

Accumulation of assets may also be estimated by upward income mobility—that is, the number of children who earn more than their parents. Upward mobility represents baseline investments in children’s futures, which enables them to further establish wealth.<sup>51</sup> Currently, only half of U.S. children earn more than their parents did, compared to more than 90% of children who did so in the 1940s.<sup>52</sup> Among South Carolina counties, less than 5% of people born into low income households (i.e., at or below the 25th percentile nationally) were able to achieve upward income mobility, that is living in households in the top 20<sup>th</sup> income percentile, as of 2018.<sup>53</sup> An average of 22% of people born into high income families in the state (i.e., at or below the 75<sup>th</sup> percentile nationally) were able to achieve household incomes in the top 20<sup>th</sup> percentile. Black men’s and women’s upward income mobility in South Carolina were half of these percentages (Figure 4.6).





**Figure 4.6. Percent of Low Income South Carolinians Experiencing Upward Income Mobility by Gender and Race, 2018**

#### *Income and Wealth Inequalities*

Income inequality is an indicator of the ability for certain groups to accumulate assets and wealth. In 2018, South Carolina’s estimated Gini Index, a summary measure of income inequality, was 0.47, meaning that the state is halfway between perfect equality (“0”) and perfect inequality (“1”).<sup>54,55</sup> This was comparable to the national estimate of 0.48. Within the state, the Gini Index ranged from 0.40 in Hampton County to 0.53 in Marion County. Earnings and wage gaps between various racial/ethnic and gender groups may be associated with this inequality. The dynamics of business ownership in South Carolina may also influence this inequality. Of the total number of employer firms in the state in 2017, only 16% were solely-female owned.<sup>56</sup> Further, the vast majority (78%) were white-owned. ***Simply put, those who played a part in creating wealth were less often a racial/ethnic minority and/or female person.***

Over time, disparities in wages, earnings, and asset accumulation lead to inequities in wealth. Levels of homeownership, touted as a primary driver of wealth accumulation for low income families, are different among racial/ethnic minority groups due in part to historic discriminatory practices, as outlined further in section 5.<sup>57</sup> Related, women and especially racial/ethnic minority groups experience persistent wealth gaps due to historic economic oppression associated with laws that previously denied their ability to acquire land and obtain an education. In South Carolina, women “own” \$0.21 for every dollar that men own, meaning that their accumulated wealth (financial capital) amounted to only one-fifth of that of men’s wealth.<sup>58</sup> Nationally, women own \$0.48 for every dollar that men do. For women of color in South Carolina, they own only \$0.05 compared to every dollar that white men own.

## 5. Structural Factor: Neighborhood + Physical Environment

The physical spaces where families reside—their homes, their neighborhoods—may represent challenges and experiences with poverty for some populations.<sup>59</sup> Importantly, inaction in assuring adequate infrastructure and policies that promote safe, healthy environments may also set into motion future experiences with poverty for families. Proactively addressing these infrastructure and policy needs helps families combat poverty and avoid future housing instability resulting from disproportionate costs, forced evictions, and/or homelessness.<sup>60</sup> Likewise, families that live in neighborhoods that are structurally isolated and/or vulnerable to natural disasters may experience poverty due to the high costs associated with living in these environments.<sup>61</sup>

***For South Carolinians, adequate physical environments are threatened by residents' inability to access affordable housing and/or transportation as well as exposures to risks associated with natural disasters.***

### Access to Affordable Housing

#### *Homeownership*

In South Carolina in 2018, most people lived in a home they owned (68.9%); this number was slightly higher than the national average of 63.8%.<sup>62</sup> Of these owner-occupied units in South Carolina in 2018, only 58.4% had mortgages, compared to 63.1% nationally. The top five South Carolina counties with owner-occupied housing units with mortgages were Dorchester, Richland, York, Berkeley, and Charleston—areas of high growth and also housing turnover in the state—contrasted with the bottom five counties with owner-occupied housing units with mortgages—Allendale, Hampton, Bamberg, Lee, and Fairfield. The median sale price for a single-family home in South Carolina was \$150,000 in 2017, which was similar to the median home value for the same time period.<sup>63</sup>

Despite comparatively high levels of homeownership in South Carolina, challenges for these residents remain. Home affordability is of concern; 2018 data showed that less than half of homes (48.1%) were deemed to be affordable to families that were at 100% of the area median income.<sup>64</sup> Many families in South Carolina also experienced high cost burdens associated with housing—that is their costs for housing alone were greater than 30% of their income.<sup>65</sup> In 2018, over a quarter of owner-occupied household units with a mortgage (26.8%) and 11.9% of owner-occupied homes without a mortgage were high cost burdened in the state.<sup>62</sup> For homes with mortgages, this ranged from 39.1% in Georgetown County to 20.4% in Marlboro County.

An estimated 15.4% of owner-occupied housing units in the state were mobile homes or other housing types in 2018, compared to 6.4% nationally.<sup>66</sup> Overall affordability of these types of home is attractive; however, obtaining competitive loans may be an issue for homebuyers.<sup>67</sup> For example, higher interest rates are often common for the types of loans available to mobile home buyers compared to more traditional loans. Mobile homes comprised more than a third of the owner-occupied housing units in 10 South Carolina counties, topping out at 43% of units in Colleton County.<sup>66</sup>

#### *Disparities in Homeownership*

Homeownership in the U.S. is frequently cited as a top way for families to build wealth and is encouraged by federal programs seeking to increase uptake among first-time, low income, and racial/ethnic minority buyers.<sup>68</sup> Despite potential financial risks for homeowners, the economic opportunity presented by homeownership includes the ability to avoid annual increases in housing costs and to save and build equity in the home, as well as increased purchasing power, including the ability to refinance at lower interest rates if desired. In South Carolina, owner-occupied housing was greatest among white households (77.1%) compared to other racial/ethnic minority groups in 2018.<sup>69</sup> This difference was more pronounced at the national level, with 83.3%

of owner-occupied households identifying as white. In 2019, of the 92,058 loans that originated in South Carolina for a home purchase, at least 66,528 were from white applicants, 10,781 were from Black applicants, and 3,221 were from Hispanic applicants.<sup>70</sup> Of the 59,853 mortgage applications denied in the same year, at least 30,405 were from white applicants, 20,463 were from Black applicants, and 3,063 were from Hispanic applicants. Based on these limited data, it appears that there may be barriers to access to the process of purchasing a home for racial/ethnic minority populations in South Carolina.

Disparities in current homeownership among racial/ethnic minority groups are driven in part by racist, historical use of urban neighborhood grading for mortgage security backing by the federal Home Owners' Loan Corporation (HOLC).<sup>71</sup> This process, also known as redlining, was used around the country to direct investments away from areas with high numbers of African American and immigrant families. This result of this practice long-term was to establish inequities in homeownership—and thus wealth—for racial/ethnic minority communities. Persistent residential segregation by race also continues in these areas today, which limits investment and interaction in these communities.<sup>72</sup> In South Carolina, Columbia was graded by the HOLC in the 1930s, with 41% of graded areas determined to be "hazardous".<sup>73</sup> The Fair Housing Act of 1968 made it illegal for lenders to practice discrimination in housing based on race and other demographic characteristics.<sup>74</sup>

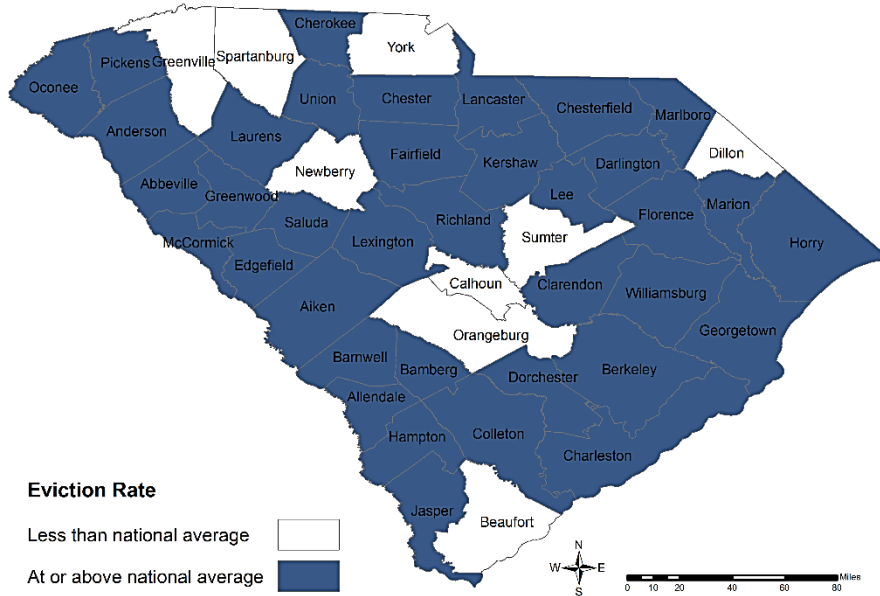
Some South Carolinians are also challenged by a lack of clear title to their property. This commonly occurs when heirs jointly hold property that was transferred to them due to the lack of a will granting the property to anyone specific upon a family member's death.<sup>75</sup> People who live on heirs' property stretch the binary ideal of homeownership—they are not outright owners neither do they rent.<sup>76</sup> This may cause many issues, including the inability to access credit, inability to receive services and/or disaster relief from the Federal government, and, at worst, displacement from the property.<sup>75,76</sup> One estimate suggested that there were as many as 58,000 acres of heirs' property across South Carolina.<sup>75</sup> People experiencing poverty often do not have access to the legal representation needed to rectify these issues on their own.

#### *Renter-Occupied Housing*

For the 31.1% of South Carolina homes occupied by renters, ranging from 41% in Richland County to 18% in Kershaw County, it can be difficult to find homes in their budget.<sup>62</sup> The estimated median monthly gross rent across the state in 2018 was \$868.<sup>77</sup> Finding affordable housing is especially an issue for low income renters. The percent of two-bedroom units that are affordable for a four person family with a household income 30% of the Area Median Income is 11.6%; for the same unit and a family with an income that is 50% of the Area Median Income, this number increases to 40.1%.<sup>78,79</sup> Half (49.8%) of South Carolina households that were renter-occupied in 2018 spent greater than 30% of their income on housing costs.<sup>62</sup> High costs associated with mobile homes' rentals are also of concern as 17.3% of mobile homes were renter-occupied in 2018.<sup>66</sup> A higher number of renters in South Carolina identified with a racial minority group (44.8%) compared to the U.S. (35%).<sup>69</sup>

#### *Rental Evictions*

In 2016, South Carolina had the highest eviction rate in the nation at 8.9%, compared to the U.S. average of 2.3%.<sup>80</sup> Two South Carolina cities appeared in the top 10 evicting large cities in the U.S.—North Charleston was ranked first with an eviction rate of 16.5% and Columbia was ranked eighth with an eviction rate of 8.2%.<sup>81</sup> Twelve counties in the state had an eviction rate of over 10% in 2016 (Figure 5.1).<sup>80</sup>



**Figure 5.1. Renter Eviction Rates by South Carolina County, 2016**

Source: [evictionlab.org](http://evictionlab.org)

While relatively high rental costs are part of the equation, the high rate of evictions in South Carolina more so stems from several interrelated factors: evictions are relatively cheap to file (\$40 in South Carolina versus the national average of \$110), a renter’s lease is allowed to serve as notice of late rent and eviction so evictions can happen sooner, attorneys are not required for the process, and more property managers are using automation coupled with formal processes for legal filings.<sup>82</sup> Together, these conditions create an environment whereby evictions are used to obtain payment for rent; many even commit "serial" eviction filings where the same household is repeatedly evicted from the same address. The use of evictions as "tenant discipline" creates a cycle of unobtainable, unaffordable housing and limited mobility among South Carolinians due to the long-term effects of having an eviction on record as well as higher costs of renting, including fines and fees paid to courts and landlords.

*Financial Assistance for Renters*

The U.S. Department of Housing and Urban Development (HUD) offers several programs for renters that need financial assistance with housing.<sup>83</sup> These programs have successfully helped many working families, persons with disabilities, senior adults, and minority families secure affordable housing. Percent occupancy rates and average waiting list times in South Carolina (Table 5.1) are similar to those seen at the national level. In South Carolina, 260,532 renter-occupied household units were considered as high cost burdened in 2018.<sup>62</sup> Even considering the additional few thousand renters supported by USDA Rural Rental Assistance in the state, fewer than a quarter of those in potential need are currently being served.<sup>84</sup>

**Table 5.1. HUD Housing Assistance Programs for Low Income Renters in South Carolina, 2019**

	<i>Units Available</i>	<i>Percent Occupied</i>	<i>Average Months on Waiting List</i>	<i>Maximum Months on Waiting List</i>	<i>Units Housing Wage-Earners</i>	<i>Units with Person with Disability</i>	<i>Units with Senior (62+) Head of Household</i>	<i>Units with Racial/Ethnic Minority Head of Household</i>
Public Housing (37 counties)	12,844	96.9%	18.6	60 (Orangeburg)	33%	14.3%	19.1%	85.6%
Housing Choice Vouchers	28,358	90.7%	29	81 (Bamberg)	31.3%	20.7%	21.8%	86.4%
All HUD Housing Assistance Programs	62,920	93.9%	24.7	53 (Lexington)	29%	16.3%	25.4%	82.9%

Source: U.S. Department of Housing & Urban Development *Picture of Subsidized Households, 2019*

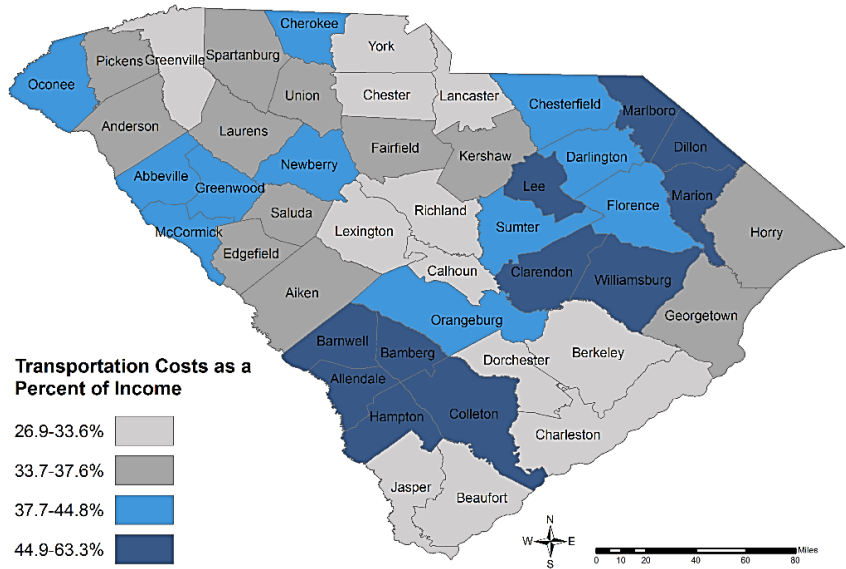
**The reality is that South Carolinians experiencing poverty and even many that are middle-income are struggling to obtain and retain affordable housing.** Homelessness is one outcome that may result from this struggle. In 2019, 4,172 individuals in South Carolina were experiencing homelessness at the annual point-in-time count.<sup>85</sup> This was an increase from 2018 of 6.1%. Of these individuals, 12.5% were children under 18 (compared to 18.9% nationally), and 51.8% identified as a Black person (compared to 39.8% nationally). Once homelessness occurs, barriers to obtaining future housing can often be insurmountable. A 2020 study of residents conducted by the Greenville Homeless Alliance found that the top three reasons individuals had difficulty leaving their shelter were an inability to find affordable housing, bad credit [scores], and lack of transportation.<sup>86</sup>

## Access to Affordable Transportation

### *Transportation Costs*

Reliable, affordable transportation is a necessity for all people in South Carolina where public transportation access is limited. However, the cost of transportation—whether car maintenance, gas, and/or fees for public transportation—is high for many South Carolina families. Median income families in the state spent an estimated average of 34% of their income on transportation costs alone in 2019, compared to 28% for U.S. median income families.<sup>87</sup> Figure 5.2 breaks out these expenses by South Carolina county.

If housing expenses are also considered, families at the median income level spent, on average, 60% of their total incomes on housing and transportation combined (versus 54% for U.S. median income families).<sup>87</sup> In Allendale County, families at the median income level spent 89% of their total incomes on housing and transportation—the highest in the state—with two-thirds of their expenses for transportation alone. Across South Carolina counties, an individual with an income at the federal poverty level spent an average 73% of their income on transportation and 112% for both housing and transportation. The national average of these estimates was 64% and 108%, respectively. These expenses are unsustainable and create financial barriers for South Carolinians who are trying to prevent or remove themselves from experiencing poverty.

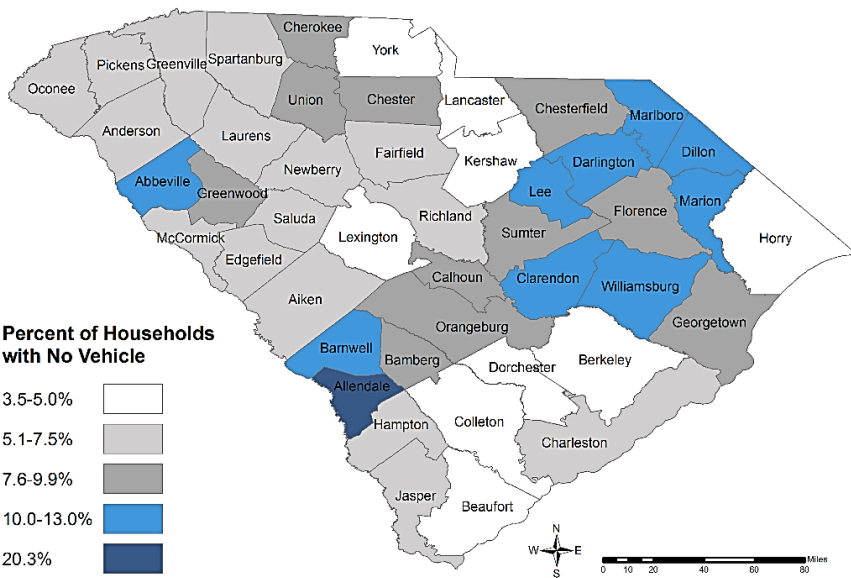


**Figure 5.2. Transportation Costs Alone as a Percent of Total Median Household Income by South Carolina County, 2019**

Source: U.S. Department of Housing & Urban Development Location Affordability Index, March 2019

*Availability of Personal Vehicles*

The primary way South Carolinians travel to work is by personal vehicle. In 2018, 82.4% of South Carolina workers drove alone on their commute, compared to 76.4% of American workers.<sup>88</sup> This number ranged from 72% in Jasper County to 88% in Barnwell County (Figure 5.3). In the entire state, over 120,000 households (6.6%) had no vehicle available, a quarter of which had at least one worker in the household.<sup>89</sup>



**Figure 5.3. Percent of Households with No Vehicle Available by South Carolina County, 2018**

Source: U.S. Census Bureau American Community Survey, 2014-2018

### *Access to Public Transportation*

Less than 1% of South Carolina workers used public transportation to travel to their place of employment in 2018.<sup>88</sup> The mean commute time of residents using public transportation was 41.4 minutes compared to 26.0 minutes overall in the state. Utilization of public transportation, especially by low income residents, is driven by the availability of transportation services across South Carolina. **Currently, 27 public transit providers operate in the state, and many do not reach rural areas with high need for services.**<sup>90</sup> In addition, numerous barriers to individual use of public transportation have been documented including lack of coordination across transit agencies and geographic areas for routes and fares, differing needs based on age of local population and stability of the economy, limited availability of routes for second and third shift workers, and communication barriers for non-English speakers.<sup>91</sup> Variable funding for public transit agencies creates additional challenges, with potential changes in the availability of routes and costs from year to year based on the ability for local governments to meet remaining budget demands after Federal, state, and passenger fees have been allocated. Consequently, six counties in the state—Beaufort, Berkeley, Charleston, Dorchester, Jasper, and Richland—have imposed a Sales and Use Tax specifically to help stabilize funding for transportation projects, including public transit, across their communities.<sup>92</sup>

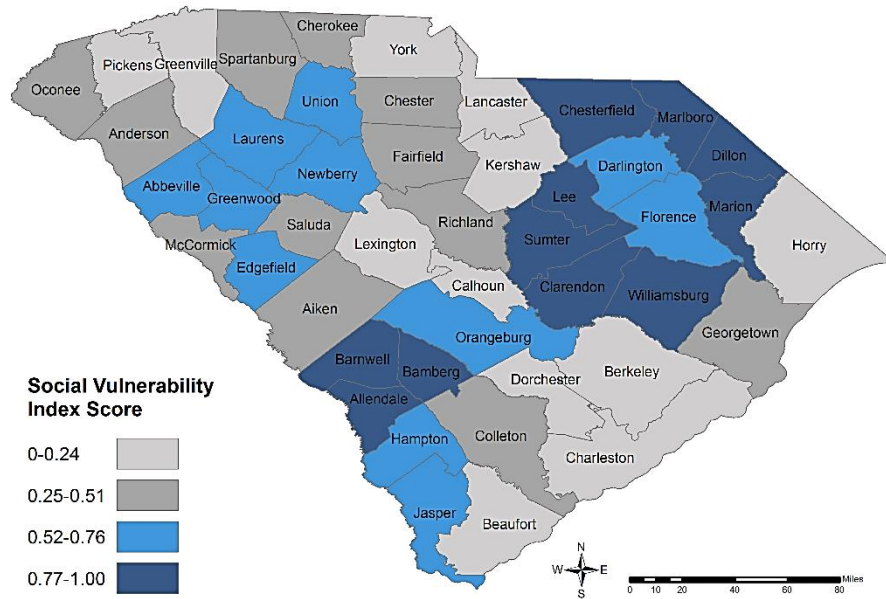
### *Vulnerability to Natural Disasters*

The security of South Carolina’s physical environment is highly associated with the state’s vulnerability to natural disasters. The South Carolina State Climatology Office estimated that the state is 80% likely to be impacted by a tropical system every year.<sup>93</sup> Twelve systems affected South Carolina in the last five years alone.<sup>94</sup> A worst-case scenario tropical system puts nearly 1 million South Carolinians at risk for storm surge flooding.<sup>95</sup> While the state’s coastal counties are at high risk, significant flooding, wildfires, and severe storms involving tornadoes have affected inland counties over the past five years as well.<sup>96,97</sup> These events’ effects are long-term for residents, mostly because communities are often unable to access needed aid available in the short-term. **Challenges residents’ face include limited communication with government authorities due to technology or language barriers; distrust of authorities; ineligibility related to ownership requirements, including families affected by heirs’ property issues; and paperwork hurdles to include lengthy application processes.**<sup>76,98,99</sup>

Further, although new ordinances for rebuilding at specific elevations and requirements for flood insurance are essential to protect against future disasters, without adequate financing, they create barriers for rebuilding for people already experiencing poverty.<sup>100</sup> Businesses are not immune to these issues either. For example, the 1,000-year flood in South Carolina in 2015 affected 53% of all businesses in the state across 19 counties.<sup>101</sup>

### *Measuring Vulnerability*

There are two ways to assess South Carolina counties’ available capacity to prepare for and respond to natural disasters. The Centers for Disease Control and Prevention’s Social Vulnerability Index assesses communities for their relative vulnerability to a hazardous event based on 15 social factors in four categories: Socioeconomic Status, Household Composition & Disability, Minority Status & Language, and Housing Type & Transportation.<sup>102</sup> In 2018, South Carolina’s most vulnerable county based on this Index was Allendale, and the least vulnerable was Charleston (Figure 5.4).<sup>103</sup> The most vulnerable counties were more often rural and had high numbers of minority residents.



**Figure 5.4. CDC Social Vulnerability Index Score by South Carolina County, 2018**

Source: U.S. Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Geospatial Research, Analysis, and Services Program, 2018

Like the social vulnerability index, community resilience is intended to measure the ability to respond once a hazardous event has occurred. In 2018, nearly three-fourths (74%) of South Carolina residents had at least one risk factor that would prevent them from not adequately responding to disasters.<sup>104</sup> These risk factors are based on individual household and demographic characteristics, including current health conditions. More than a quarter of residents (26%) had three or more risk factors. While these numbers are concerning, South Carolina performed better on both measures than the national averages.



## 6. Structural Factor: Education

Educational attainment serves as a strong foundation for increases in economic mobility and financial security later in life, thereby preventing and/or reducing personal experiences with poverty.<sup>105</sup> Of all the factors associated with poverty addressed in this report, education stands out as a primary value among Americans, including South Carolinians, as evidenced by the compulsory nature of public schools. Yet, there are institutional, community, and policy elements associated with educational attainment that still obstruct children's ultimate success. Addressing systemic barriers to educational attainment such as those that prevent appropriate childhood development or equitable distribution of educational resources must occur in order to prevent future experiences with poverty for the state's children.

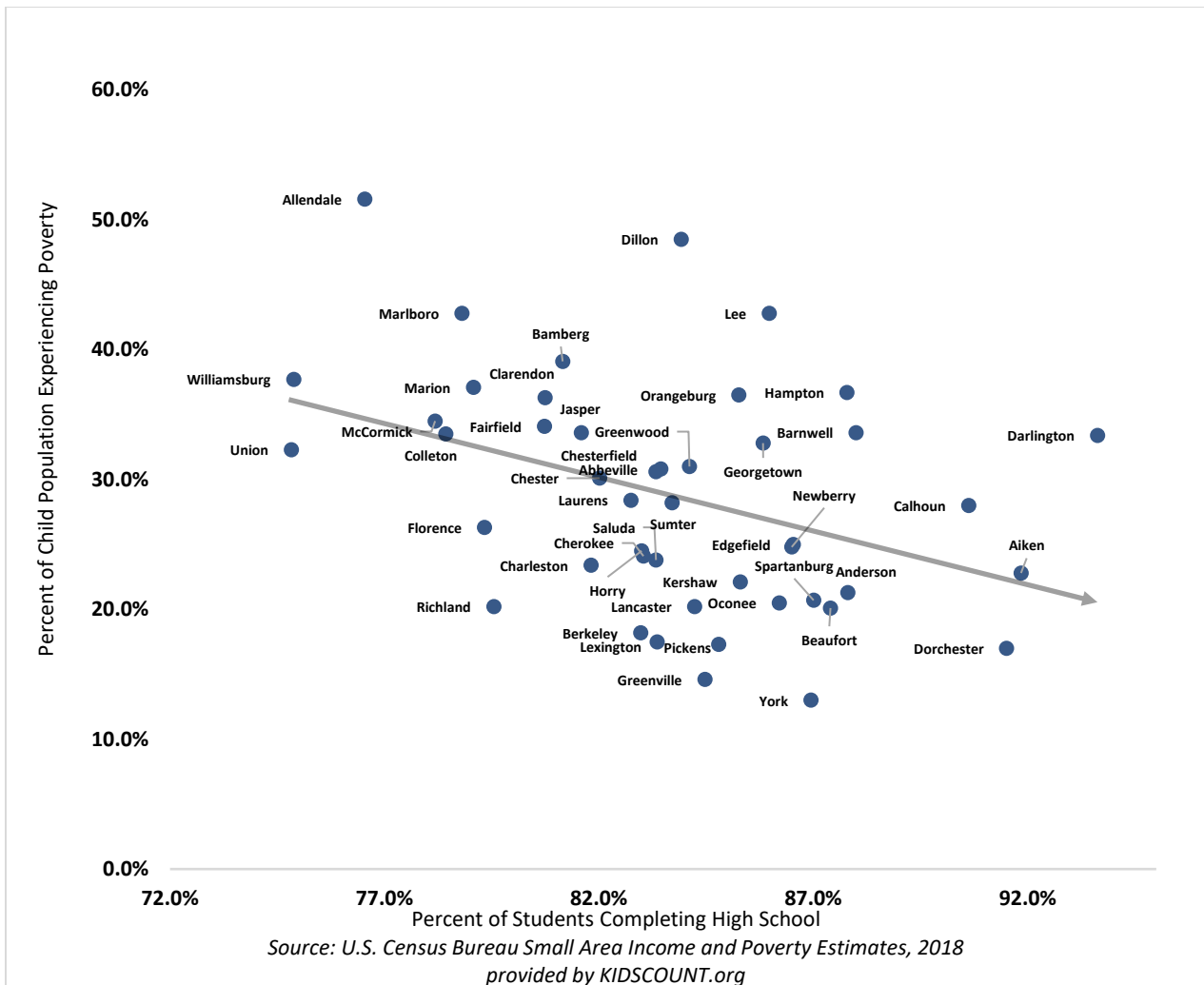
***In South Carolina, children's education is specifically hindered by barriers students face in accessing the tools necessary for them to succeed academically, differential access to high quality K-12 education, and a lack of access to and preparation for post-secondary education and/or careers.***

### Barriers to Academic Success

#### *Early Childhood + Poverty*

Multiple studies have found strong associations between a family's socio-economic status and a child's academic achievement.<sup>106</sup> Children who come from families with a low socio-economic status develop academic skills slower than their peers from families with a higher status. As an example, children from lower socio-economic status families enter high school with literacy skills that are on average five years below that of their higher-income peers. ***There is evidence that this difference is directly related to neurological changes that a child's brain undergoes as a result of the trauma associated with experiencing poverty. These changes can begin as early as age two.***<sup>107</sup>

In 2018 in South Carolina, 22.1% of children under 18 were reported to experience poverty, compared to 18% nationally according to the U.S. Census Bureau's Small Area Income and Poverty Estimates as provided by the national KIDS COUNT Data Center.<sup>108</sup> The state ranked as 43<sup>rd</sup> worst in child poverty compared to other states in the nation.<sup>109</sup> Allendale had the highest percentage of children in poverty among all South Carolina counties at 51.6%, while York had the lowest at 13%.<sup>108</sup> There appeared to be an association between the percent of children in poverty and the outcome of high school graduation in these data, such that graduation rates decreased as the number of children in poverty increased (Figure 6.1). The structural elements associated with other factors of poverty in this report—namely food security, housing, and health care—also affect children's poverty experience. Equitable investments in education would help overcome some of these barriers, allowing all children to fully reach their maximum potential.<sup>110</sup>



**Figure 6.1. Percent of the Child Population Experiencing Poverty Compared to the Percent of Students Completing High School by South Carolina County, 2018**

*Adverse Childhood Experiences*

In addition to experiencing poverty, other traumatic events experienced throughout a child’s development may impact their ability to ultimately achieve academic success. These events, termed "Adverse Childhood Experiences," or ACEs, include household exposures to mental illness, substance use disorder, and/or incarceration; parental separation/divorce; domestic violence; and abuse (physical, emotional, and/or sexual).<sup>111</sup> Experiencing one or more of these events also induces toxic stress that significantly alters brain development. While ACEs can impact children across all racial/ethnic groups, they were much more common in Black (64%) and Hispanic (51%) children compared to white children (40%) in data from 2016. In 2015, approximately 62% of South Carolina adults reported experiencing at least one ACE as a child; nearly a quarter (22%) reported experiencing two or more ACEs.<sup>112</sup> In 2018, approximately 19% of children aged 0-17 in South Carolina experienced two or more ACEs, similar to the national average.<sup>113</sup>

Fortunately, early interventions that identify and mitigate adverse events can reverse negative aspects of brain development brought on by these traumas.<sup>107</sup> Investments in early childhood education are one especially cost-effective way that families can prevent and address adverse experiences.<sup>114</sup> In 2018, 62,607 children aged three

years and older in South Carolina were enrolled in nursery school or preschool.<sup>115</sup> Yet, over half (53%) of South Carolina children ages 3-4 between 2016-2018 were not enrolled in any type of school (e.g., preschool, kindergarten, Head Start, etc.).<sup>116</sup> Barriers in access to early childhood programs such as cost persist, especially for families experiencing poverty.<sup>117</sup>

### *Communication Barriers*

Barriers to academic success in the modern era of U.S. education include those associated with communication—especially for households that have limited access to communication technology and/or are non-native English speakers. In 2018, 13.8% of South Carolina households did not have any type of computer or computing device compared to 11.2% of households nationally.<sup>118</sup> Also, 52% of South Carolina households with an annual income of less than \$20,000, and 24.2% of households overall, did not have an internet subscription, compared to 45.3% and 19.1% of U.S. households, respectively. Access to residential broadband internet is increasingly important for not only businesses but also for the education and health care systems. A comprehensive assessment of South Carolina areas of need for broadband access was conducted in 2019, which showed many rural areas in the state still lacking this access. Detailed maps by county are available at <https://www.palmettocareconnections.org/broadband/maps/>.

Language barriers may also prevent students from achieving academic success. In South Carolina, 27,892 households in 2018 (1.5% of all households) were considered limited English-speaking, compared to 4.4% of U.S. households.<sup>119</sup> Limited English-speaking households in the state primarily spoke Spanish (23.5%) and Asian and Pacific Island languages (21.3%). School districts in the state with the highest percentages of students who were English Language Learners were in Beaufort, Greenville, Greenwood, Jasper, Lexington, Saluda, and Spartanburg counties.<sup>120</sup> Saluda County School District reported the highest average of English Language Learners in 2017, at 26.7% of its students.

## Access to High Quality K-12 Education

### *History of Public Education Funding*

In South Carolina, legal battles associated with funding of public education began before the Civil Rights Era and continue until present day. In the 1950s, South Carolina passed its first statewide sales tax ever in order to fund the construction of “equalization schools” that allowed the state to comply with the “separate but equal” policy for schools to serve white and African American children.<sup>121</sup> After the lawful desegregation of public schools statewide in 1970, financing for schools remained inequitable across districts, with some even continuing to struggle with desegregation. By 1993, education leaders in more than half of the state’s school districts—largely from rural and low income areas and many of which had large numbers of racial/ethnic minority students—sued the state for “inadequate and inequitable education funding”.<sup>122</sup> After 27 years, despite several small gains along the way, the case was ultimately dismissed by the South Carolina Supreme Court in 2017.

While little action was taken during this 27-year period to ensure that school districts in the most economically depressed areas of the state had the resources to provide a “minimally adequate” education for their students, the South Carolina General Assembly did pass a bill in 2006 that provided property tax relief for primary owner-occupied homes which in turn caused districts to lose funding.<sup>122</sup> Previously, property taxes were a stable funding source for public education; however, this bill (Act 388) shifted this funding stream to a 1% increase in sales tax instead—a more volatile means of revenue generation.

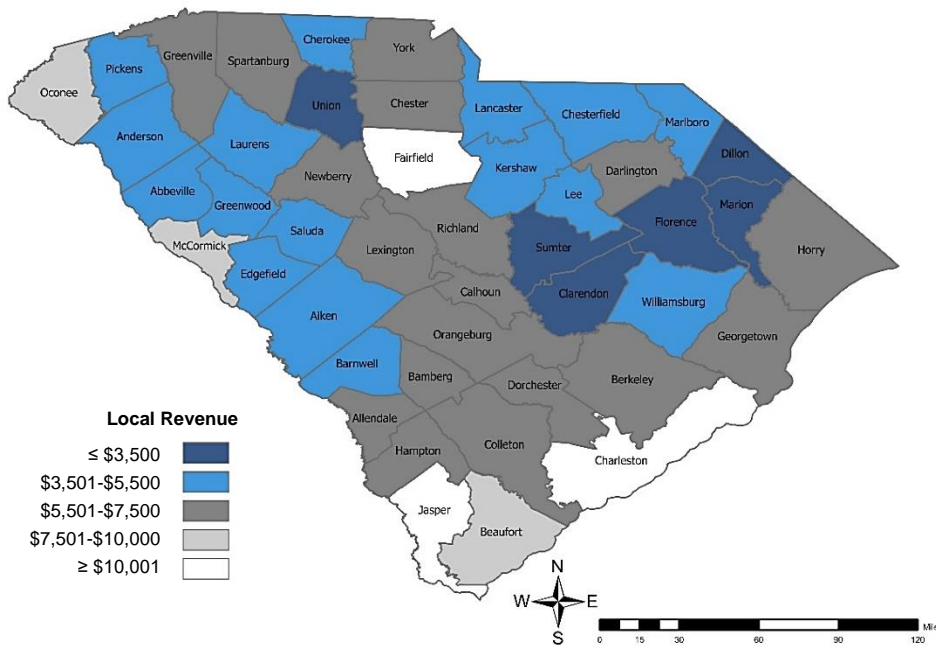
***The result of this disinvestment in public education in South Carolina is that for one, counties with a higher proportion of Black residents have had on average lower overall investments in public education.***<sup>123</sup> This lack

of investment of public dollars intensified when white flight to so-called “segregation academies” began in the 1970s.<sup>124</sup> These private schools were created in response to public school desegregation and continue to thrive today. As enrollment of white students at these academies increased, dollars directly and indirectly flowed away from public institutions as a result of decreased enrollment and donations going to the private schools.

In 2018, 817,967 South Carolina students were enrolled in school from Kindergarten through 12<sup>th</sup> grade (K-12).<sup>115</sup> Most K-12 students attended public school in South Carolina (90.5%), compared to 89.6% nationally, and ranging from 74.6% of students in Calhoun County to 96.4% in Union County. U.S. Department of Education data for the 2018-19 school year indicated that South Carolina public school students’ racial/ethnic identities were 50% white, 33% Black, and 10% Hispanic.<sup>125</sup> For comparison, the overall child population for the state in 2018 identified as 60.3% white, 30.1% Black, and 9.1% Hispanic.<sup>126</sup>

*Per Pupil Investments in Public Education*

The amount of funding per pupil, measured by the total revenue allocated to each school from federal, state, and local sources divided by the school’s total number of students, strongly affects the quality of K-12 education. In South Carolina, the average per pupil funding estimated for 2018 was approximately \$10,856—less than the national average of \$12,612.<sup>127</sup> Thirty-one states and the District of Columbia had higher per pupil funding than South Carolina. There was a wide gap between the highest funded county in South Carolina, Fairfield at \$26,179 per pupil, and the lowest funded county, Dillon at \$10,498 per pupil. Much of the gap in per-pupil funding was driven by local revenue, primarily generated based on taxable property value within districts (see county-level local revenue in Figure 6.2). It follows that counties with greater economic means can provide more revenue to their schools than those with fewer resources.

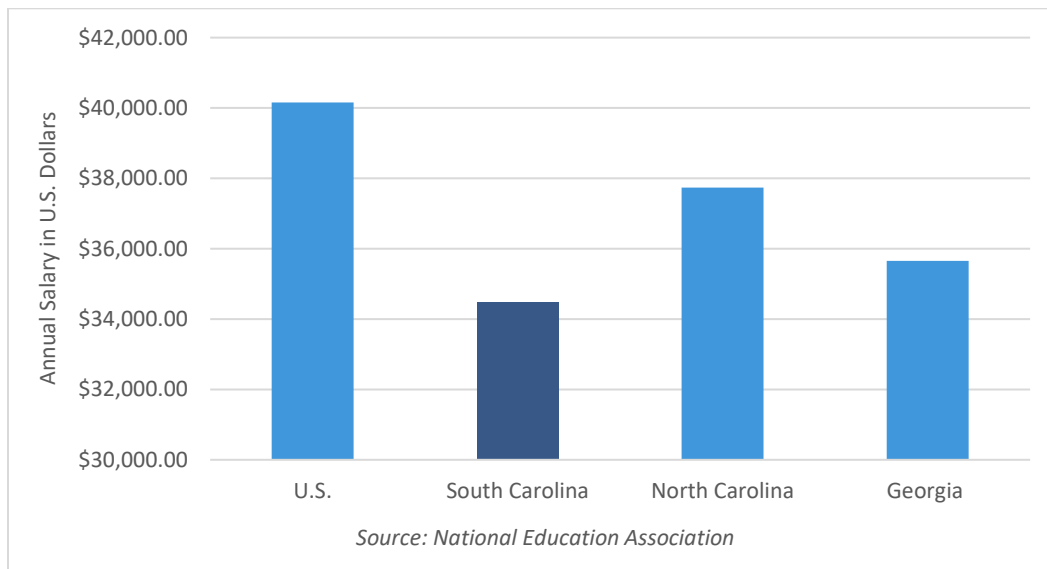


**Figure 6.2. Per Pupil Education Funds from Local Revenue Only by South Carolina County, FY2019-2020**  
 Source: South Carolina Department of Education

Funding from federal (e.g., Title I and II) and state sources help to reduce differences in per pupil spending that result from local revenue disparities. Per pupil spending does not appear to have a strong, direct relationship with educational outcomes (e.g., graduation rates) in the state, which may be due in part to lags between the time of investment and its result as well as a lack of information as to investments made in interventions specific to increasing specific outcomes. However, relationships between lower per pupil spending and general spending in public education do exist—especially with respect to teacher salaries.<sup>128</sup>

*Spending in Public Education*

A significant portion of per pupil spending across the U.S. is allocated to staff salary and benefits, specifically to employ teachers. States with higher per pupil funding often have higher starting salaries for teachers. Accordingly, research has demonstrated that higher teacher salaries result in better teacher recruitment and retention, ultimately leading to better student outcomes.<sup>129</sup> In South Carolina, the approximate average teacher starting salary was \$34,471 for the 2018-2019 school year (see Figure 6.3 for regional and national comparisons) and overall average salary was \$49,737.<sup>130,131</sup> Compared to other states, teachers in South Carolina earn approximately 25% less on average than those with similar educational attainment.<sup>132</sup> In fact, teachers in South Carolina earned less in 2017 than in 2000 after adjusting for inflation.<sup>133</sup>



**Figure 6.3. Average Teacher Starting Salary in South Carolina Compared to the U.S. and other Southeast States, 2018-2019 School Year**

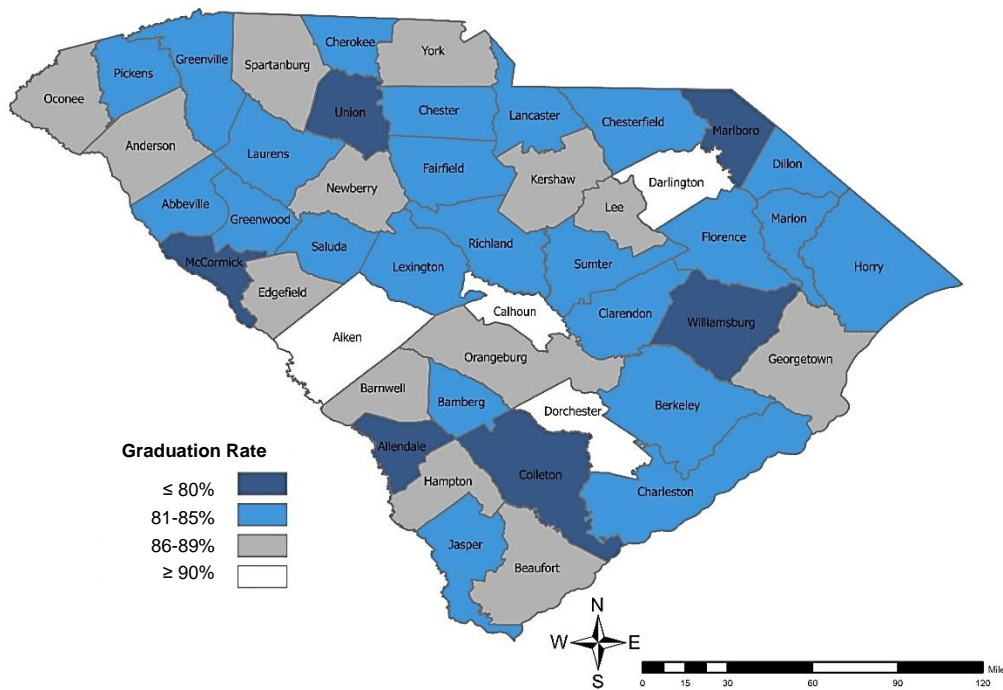
Low teacher salaries affect teacher turnover and hiring patterns within the state. States with underfunded education systems are known to have difficulty recruiting and retaining teachers, especially for schools in low income districts.<sup>134</sup> In the 2017-2018 school year, 7,340 South Carolina teachers left their position; over a quarter of those left to teach in another district, a charter school, or other special school type. Not only do high turnover rates disproportionately affect districts in low income areas that often serve high numbers of racial/ethnic minority students, but they also represent a high cost to the districts to recruit a new hire. In recent years, schools have begun recruiting teachers from outside of the U.S. to fill teaching vacancies in their districts. In the 2015-2016 school year, South Carolina had 430 international teachers working across its public school systems; as of 2018, this number rose to 1,018—an increase of over 136%.

In addition to the quality of a child’s teacher, the classroom setting is equally important to their educational success. A good measure of a school’s adequacy to provide a classroom setting conducive to learning is the ratio of how many students there are in a school in relation to the number of teachers, also known as the student-teacher ratio. Multiple studies suggest that schools with lower student-teacher ratios may have better outcomes, on average, than schools with higher student-teacher ratios.<sup>135</sup> The student-teacher ratio in South Carolina in the 2018-2019 school year was 15:1, which was slightly lower than the national average of 16:1.<sup>136</sup> Among South Carolina counties, Dillon County had the highest student-teacher ratio at 17:1 while Fairfield County had the lowest with 10:1. These ratios mirror education investments at the local level such that the county with the lowest per pupil spending (Dillon) had the highest student-teacher ratio and vice versa.

### Access to Post-Secondary Education + Careers

#### Graduation Rates

Financial investment in K-12 education is directly associated with higher student academic performance and career readiness. The most reported statistic to measure academic success and career readiness is whether students complete their coursework and graduate. ***In school year 2018-2019, 19% of South Carolina students did not graduate from high school, thus failing to obtain the minimum educational qualification provided by the state’s public education system.***<sup>137</sup> (See Figure 6.4 for the percent of students graduating in 2018-2019 by county.) Only four states and the District of Columbia had lower graduation rates than those of South Carolina.<sup>138</sup> Of the 81% of South Carolina students that graduated in 2018-2019, 72% were designated as career-ready and 41% were designated as college-ready.<sup>137</sup>



**Figure 6.4. Percent of Students that Graduated 12<sup>th</sup> Grade by South Carolina County, 2018-2019**

Source: South Carolina Department of Education School Report Card

Lack of preparedness for entrance into the workforce or college was even lower when examining graduation rates among historically marginalized racial/ethnic minority groups compared to white students in South

Carolina. Specifically, the proportion of Black, Hispanic, and American Indian students that graduated from high school was below 80%, while the proportion of white students that graduated was approximately 85%.<sup>137</sup> The lowest percentages of children graduating were among those who were housing insecure or in the foster system, with approximately only 52% of these students graduating.

#### *Educational Mentors*

Multiple research studies suggest that a child who lives in a household with one or two adults with a college education is more likely to demonstrate higher academic success levels.<sup>139</sup> Thus, poor educational outcomes in one generation affect the outcomes of the next. Overall, only 27.4% of persons over the age of 25 in South Carolina had a bachelor's degree or higher as of 2018 while neighboring states including Georgia and North Carolina and the U.S. as a whole had numbers above 30%.<sup>25</sup> There were wide gaps in educational attainment in South Carolina between individual counties. For example, Charleston County had the highest percentage of persons over the age of 25 with a bachelor's degree in 2018 at 42.8%. The lowest percentage in the state was in Allendale and Marlboro counties, both at 9.4% of persons over the age of 25 with a 4-year college degree. Children experiencing poverty in South Carolina may find it difficult to identify mentors to help them access support in their post-secondary education and/or career pursuits.

#### *Financial Access to Higher Education*

While the financial rewards for earning a college degree are notable, the cost of a college education is unfortunately on the rise.<sup>140</sup> In South Carolina in 2018, tuition and fees at an in-state 2-year college were \$5,160 per academic year compared to \$4,122 nationally.<sup>141</sup> At a 4-year institution, this number rose to \$12,611, compared to \$9,494 nationally.<sup>142</sup> These data put South Carolina among most expensive states for post-secondary education in the nation.

The overall average cost of one year of college at a four-year university, including tuition, fees, and room and board, had increased 397% between 1985 and 2018.<sup>143</sup> Rising costs of higher education mainly affect low income students who often come from other minoritized societal groups. In a 2019 report, a study of affordability at all 50 states' flagship universities concluded that the flagship university in South Carolina, the University of South Carolina, was the second most unaffordable school in the country for students from low income families, with an average unmet need of \$20,000 per low income student.<sup>144</sup>

Additionally, the two largest statewide scholarships in South Carolina (the LIFE scholarship and the Palmetto Fellowship) are awarded to state residents with high average grade point averages and standardized test scores, without consideration of financial need.<sup>144</sup> These eligibility requirements often leave out students who come from families with the greatest financial need and often award students who may be able to fund their education independently without receipt of these state funds. This creates further educational and economic gaps between South Carolinians and further increases barriers to economic mobility for students who experience poverty.

## 7. Structural Factor: Food Security

The relationship between food security and people’s experience with poverty is critically important as food is a necessary element for human survival. And yet, families in the U.S. still struggle every day with a lack of access to food and hunger, including over 600,000 South Carolinians in 2018.<sup>145</sup> Although many Federal and local programs are well-known for their work to address hunger in the state and nation, there are still too many structural barriers for people to obtain access to the food they need. Experiencing poverty means that families often cannot afford to eat well—if at all. They may face challenges in finding quality, nutritious foods at a place that is convenient to their homes.<sup>146</sup> These barriers become increasingly complex as they intertwine with families’ economic stability, housing and transportation options, and education levels. The vicious circle of poverty plus food insecurity often has long-term adverse health effects as well.<sup>147</sup>

***For South Carolinians, food security is compromised by an inability to afford to buy the food needed to feed their families as well as limited regular access to healthy food sources.***

### Affordability of Food

#### *Food Insecurity*

According to the U.S. Department of Agriculture, food insecurity is an economic condition defined by lack of access to enough food to consistently support a household’s nutritional needs.<sup>145</sup> Low food security is defined by reduced quality and variety with little or no indication of reduced food intake.<sup>148</sup> Very low food security is when multiple indications of disrupted eating patterns and reduced food intake occur. Both types of food security occur across the state and nation and may vary based on families’ competing financial priorities. As of 2018, the state food insecurity average was 11.8%, which was similar to the U.S. average of 11.5%.<sup>145</sup> York County had the lowest food insecurity rate among counties in South Carolina at 8.3% and Allendale County had the highest at 17.7%.<sup>149</sup> Food insecurity may be associated with limited access to foods due to financial constraints and/or limited physical access to food stores.

#### *The High Cost of Food*

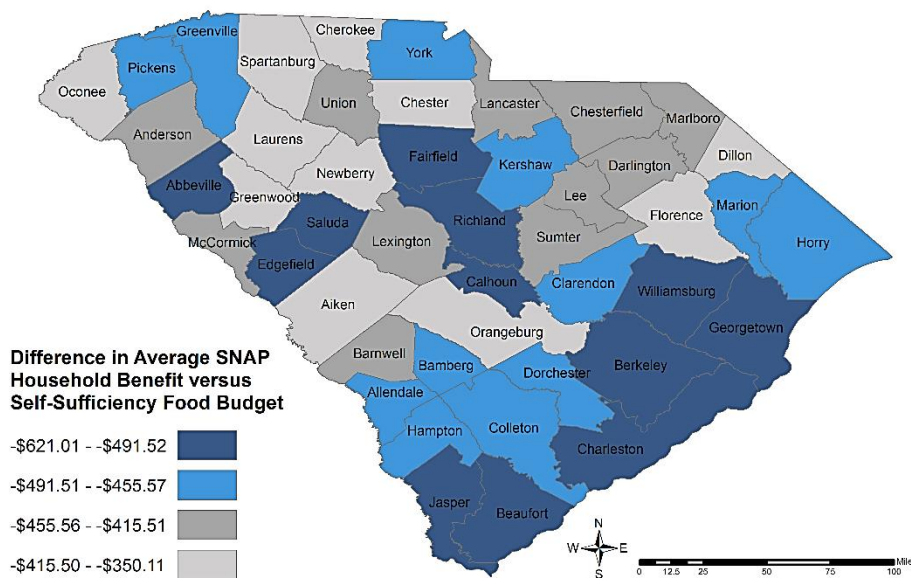
The cost of food in the U.S. increases annually as a result of commodity pricing; packaging, processing, and transportation of foods; marketing costs; inflation, and other competitive factors.<sup>150</sup> Between 2018-2019, grocery store prices increased 0.9% in the U.S.—of which the price of fresh vegetables increased the most at 3.8%. In 2018, the average cost per meal in South Carolina was \$2.87—compared to the U.S. at \$3.09—and ranged from \$2.58 per meal in Laurens County to \$3.63 per meal in Beaufort County.<sup>149</sup> In South Carolina, this average cost per meal represents a 21% increase since 2009 when the cost was \$2.37.<sup>151</sup> People experiencing poverty are often disproportionately impacted by high food costs. In 2019, U.S. households in the lowest income quartile spent 36% of their income on food (\$4,400) compared to households in the highest income quartile at 8% (\$13,987).<sup>152</sup>

As introduced in section 4, the Self-Sufficiency Standard for South Carolina 2020 provides an estimate of the total income needed for individuals and families to be self-sufficient based on typical expenses associated with housing, childcare, food, transportation, health care, miscellaneous costs, taxes, and emergency savings.<sup>41</sup> An individual living in Laurens County with the lowest cost per meal in the state was estimated to need \$203 per month for their food budget based on their self-sufficiency standard. For a family of four including two adults, a preschooler, and a school-age child to be self-sufficient, the average household food budget per month in the state was \$725. The range of food budgets across counties in South Carolina started at \$626 per month in Laurens County and increased to \$886 per month in Charleston County.



### The Role of SNAP Benefits

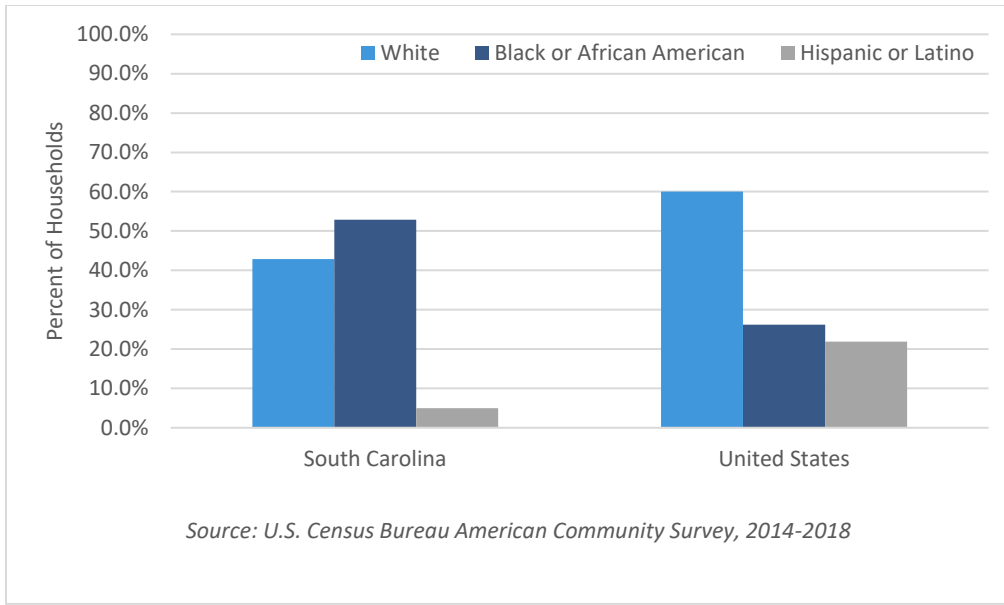
Of the 600,000 plus South Carolinians experiencing food insecurity in 2018, 54% were eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.<sup>145</sup> Currently, the income limit for SNAP in the state is 130% of the Federal poverty line (FPL).<sup>149</sup> This is the minimum threshold across all states; South Carolina joins 19 others that also have this minimum. The highest threshold adopted by 17 states—including North Carolina—is 200% of the FPL. In the South Carolina state fiscal year from July 2018 through June 2019, a total of \$876,484,183 benefits was paid to 568,166 persons in 264,179 households.<sup>153</sup> The average monthly SNAP benefit for a household across all South Carolina counties was \$267.40 in 2019. Based on food budget and average cost per meal estimates, many families that depend on SNAP benefits must still find ways to cover their monthly food expenses, a hefty burden for families who live in counties where food costs more. Statewide, the difference in average SNAP benefits and the self-sufficiency food budget for a family of four by county in 2020 was -\$457 (Figure 7.1).



**Figure 7.1. Difference in the Dollar Amount of Monthly Average SNAP Household Benefits and the Self-Sufficiency Food Budget for a Family of Four by South Carolina County, 2020**

Sources: South Carolina Department of Social Services; The Self-Sufficiency Standard for South Carolina 2020

In comparison to the U.S. where 12.2% of households received SNAP benefits in 2018, South Carolina’s average was slightly higher at 13.2%.<sup>154</sup> There were also differences in the identified race and ethnicity of recipients within the state compared to national estimates. **Over half of the households (52.9%) in South Carolina that received SNAP benefits in 2018 were Black** (Figure 7.2), **compared to 26.2% at the national level suggesting disproportionate food insecurity in this population.** Yet, racial/ethnic minority groups often face barriers in receiving SNAP benefits, such as gaps in knowledge in who can receive SNAP benefits and how to apply, which in South Carolina, must be done online, in person, by mail, or via fax.<sup>155,156</sup> Access to the internet and/or transportation barriers to the local county office often make it difficult to apply. Also, SNAP applications are currently available only in English and Spanish, which is a barrier for households with a different primary language.<sup>157</sup> Even among Spanish speaking households, many avoid applying for these benefits as giving out personal information to legal entities creates fear of potential interactions with U.S. immigration officials.<sup>158</sup>



**Figure 7.2. Percent of Households Receiving SNAP Benefits by Race/Ethnicity in South Carolina and the U.S., 2018**

Another nutrition program in South Carolina is the Special Supplemental Nutrition Program for Women, Infants, and Children (also known as WIC).<sup>145</sup> WIC has an upper eligibility threshold in South Carolina of 185% of the FPL. Nearly a third (31%) of South Carolinians experiencing food insecurity had incomes that put them above this threshold in 2018, indicating that the high cost of food is creating access barriers for families in higher income groups as well.

## Access to Food Outlets

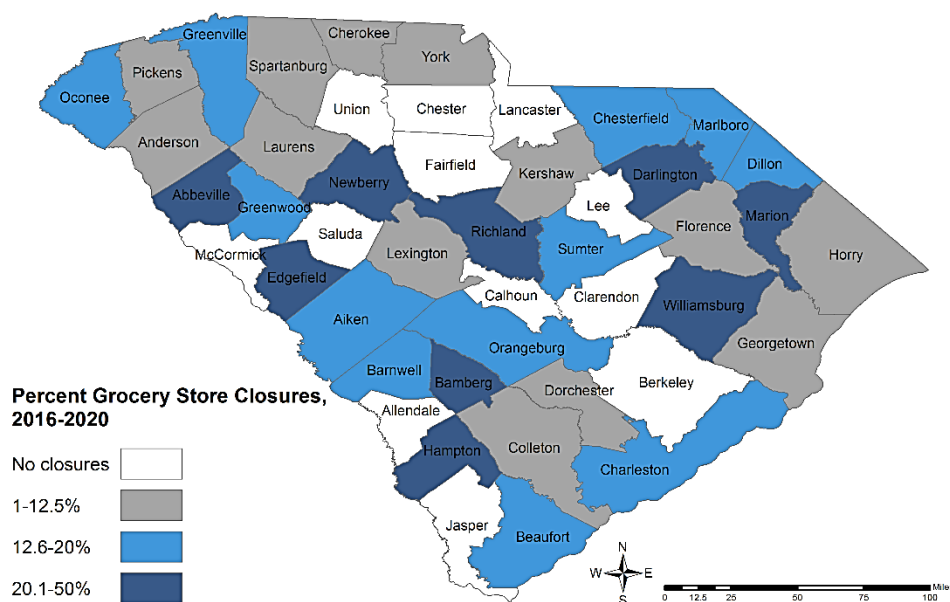
### Areas of Low Food Access

In addition to food affordability barriers, physical access to food sources is a challenge in South Carolina. Nearly half of the state’s residents—approximately 2.3 million—lived in areas of low food access in 2015 (the most recent year for which this information was determined).<sup>159</sup> The definition of low food access used here calculates the number of people who lived more than either (a) 1/2 mile in an urban area or (b) 10 miles in a rural area from their closest supermarket. Practically, for people experiencing poverty, low food access is more than just physical access to a food outlet. In communities with low food access, a lack of choice in where to purchase food may contribute to higher overall grocery bills.<sup>147</sup> It may also mean that their overall long-term health is compromised due to a lack of healthy options. Indeed, over a third (38%) of people with low food access in the state (865,834) were also low income in 2015.<sup>159</sup> Further, areas of low food access are most common in racial/ethnic minority communities as well as rural areas.<sup>160</sup> A visual presentation of these data by county for the state may be accessed at <https://gis.dhec.sc.gov/fooddesert/>. For these low income, low access food areas, transportation access is a critical life support system due to the distances that must be traveled just to shop for essential needs.

### Grocery Store Closures

These physical barriers to food access in South Carolina have worsened over the past several years due to the closures of grocery stores across the state, many in communities where residents regularly experience poverty. ***In 2016, there were 812 grocery store outlets identified across South Carolina, ranging from small town***

markets to conventional grocery stores.<sup>161</sup> By early 2020, 105 of these stores (12.9%) had closed. Figure 7.3 shows the percent of grocery store closures by South Carolina county. Grocery store closures mean that residents must travel farther to access food, increasing financial burdens from additional transportation costs and time constraints.<sup>147</sup> In rural areas, difficulties in accessing any food, let alone healthy choices, becomes an issue because there are so few options. New grocery outlets may open after a closure; however, these are not likely to open in low food access areas.<sup>162</sup> Too, re-location of food resources in a new area is a disruption in food access that may seriously affect residents' food security and quality of life. Barriers to food access especially affect our state's children, senior adults, and racial/ethnic minority groups who often live in areas susceptible to closures.<sup>163</sup> As evidence, areas of low food access were not exempt from experiencing these closures. For example, Richland County saw 12 of its grocery stores close (21.4%) during this 4-year period and Colleton County had one closure, which was 11% of its total stores. Allendale, McCormick, and Saluda counties each had only one grocery store physically located in their entire county as of mid-2020.



**Figure 7.3. Percent of Grocery Store Closures by South Carolina County, 2016-2020**  
Sources: [www.PolicyMap.com](http://www.PolicyMap.com); Author Analysis

### Access to Fast Food Outlets

Limited time and lack of convenient access to food stores mean that many families turn to fast food outlets for at least some of their meals. While purchasing meals from fast food outlets may often be cost-effective for families, the nutritional value of these meals is typically poor.<sup>164</sup> Across the U.S. in 2017, the rate of limited-service restaurants per 100,000 people was 77.73; in South Carolina it was slightly lower at 75.14 per 100,000 people.<sup>165</sup> However, there were wide differences in this rate at the county-level in the state, with Horry County having the highest rate at 104.08 limited-service restaurants per 100,000 people and Edgefield County the lowest at 22.41. While many of the counties with the highest share of these restaurants were in more densely populated areas of the state, two small rural counties were among the top 10 with the highest rates: Bamberg (89.04) and Marion (82.38). Ensuring regular access to healthy food options in these areas is critical for fighting not only food insecurity but also obesity among South Carolina residents.

### *Access to Healthy Food Outlets*

Fortunately, options for healthy food access have expanded in South Carolina over the past five years. Specifically, the number of farmers and roadside markets increased in number from 229 across the state in 2015 to 355 counted in 2019.<sup>166</sup> These markets not only provide access to fresh fruits and vegetables for communities, but many also expand access to healthy foods for families who receive food benefits. In 2019, 124 markets accepted SNAP benefits, 142 accepted WIC, and 146 accepted Senior Farmers Market Nutrition Program Vouchers. Additionally, WIC and Senior Vouchers recipients receive \$25 to purchase fresh fruits and vegetables at approved markets scattered throughout the state.<sup>167,168</sup> Healthy Bucks, which is a program through SNAP, allows recipients to purchase fresh fruits and vegetables with their SNAP benefits.<sup>169</sup> When at least \$5 is spent at a market, \$10 in Healthy Bucks tokens are received to purchase additional fruits and vegetables. Free food banks and pantries across the state also help to bridge gaps in food access for low income families by providing perishable and non-perishable food; however, each one has different, limited hours and a maximum capacity of people that can be served. Cost-effective, healthy food options are essential to battle food insecurity among people experiencing poverty.

## 8. Structural Factor: Community + Social Context

Community and social context play a role in determining resources that are available at the local level for preventing and addressing poverty as social integration, cohesion, and the collective will of community members to address common concerns both produce and are affected by the structural elements in place.<sup>170</sup> Active engagement in civic life is one way that the collective will of community members is carried out.<sup>171</sup>

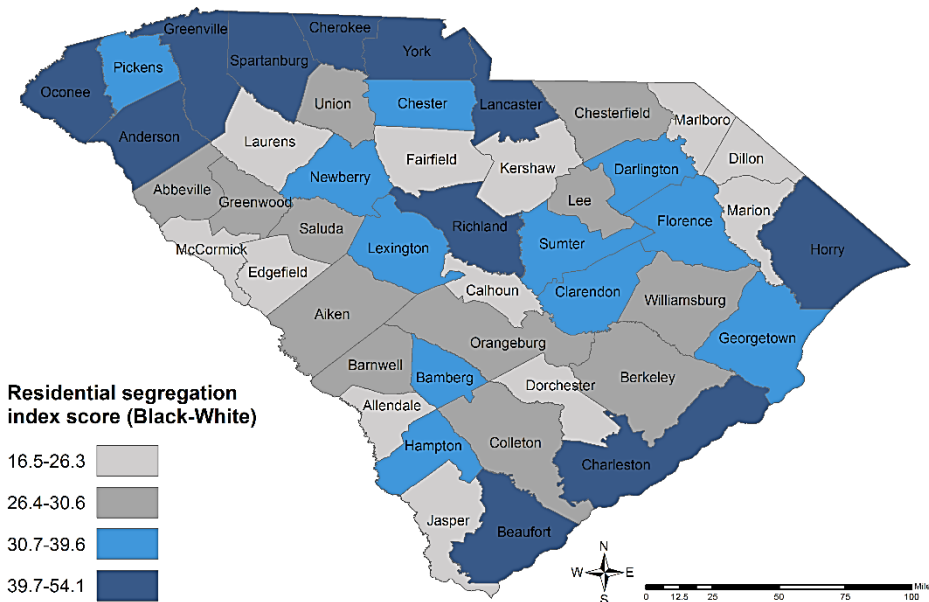
Opposite these are efforts that protect and promote the powerful and privileged members of a community through discriminatory actions towards marginalized groups based on race, ethnicity, gender, sexual preference, advanced age, and/or disability status.<sup>172</sup> Though discrimination may be targeted towards individuals, it is often exercised through practices and policies that—intentionally or unintentionally—harm minority group(s). In addition to disrupting social integration and cohesion, this may be a precursor and/or maintainer of poverty.

*For South Carolinians, community and social context are defined by limited cohesion between different groups within the broader community, a lack of adequate representation of all residents in decision-making processes, and the effects of structural discrimination, especially structural racism.*

### Barriers to Social Cohesion

#### Residential Segregation

Assessing residential segregation is one way to identify lack of social cohesion within communities. Areas of relatively high levels of segregation based on race and/or ethnicity indicate places where it may be difficult for the community to work collectively to address common needs.<sup>172</sup> Often these areas are reflective of historic patterns of discrimination based on housing policy in the early part of the 20<sup>th</sup> century.<sup>72</sup> As of 2020, South Carolina’s Black/white residential segregation index score was 46—or stated another way, the state was halfway between complete integration (score of 0) and complete segregation (score of 100).<sup>173</sup> Individual county scores are reflected in Figure 8.1. The state’s non-white/white segregation index score was 42.<sup>174</sup> While these scores were slightly better than those of our neighbors to the north (North Carolina) or west (Georgia), there is room for improvement in moving towards integration.



**Figure 8.1. Black/white Residential Segregation Score by South Carolina County, 2018**

Source: County Health Rankings, 2020

### Persistent Poverty

Poverty itself may be another factor that limits social cohesion. Financial disparities create barriers to generating collective action through separation of people based on their access to resources (e.g., education) and/or their socio-economic class status.<sup>175</sup> Persistent poverty is defined at the county level by the USDA’s Economic Research Service as those counties where greater than 20 percent of the population has been identified as experiencing poverty in every U.S. Census since 1980.<sup>176</sup> For some families, this means poverty spans three generations. The U.S. had an estimated 353 of these counties as of 2015; 20% were in the South and 12 (3.4%) were in South Carolina. Persistent child poverty has been defined similarly. Of 708 total persistent child poverty counties in the U.S. in 2015, 24 (3.4%) were in South Carolina.<sup>177</sup> ***Within the state, 26.1% of all counties were identified as persistent poverty counties while 52.2% were identified as persistent child poverty counties.***

<i>Persistent Poverty</i>	<i>Persistent Child Poverty</i>	
Allendale	Allendale	Florence
Bamberg	Bamberg	Georgetown
Clarendon	Barnwell	Hampton
Colleton	Calhoun	Jasper
Dillon	Charleston	Lee
Hampton	Chester	McCormick
Jasper	Chesterfield	Marion
Lee	Clarendon	Marlboro
Marion	Colleton	Orangeburg
Marlboro	Darlington	Saluda
Orangeburg	Dillon	Sumter
Williamsburg	Fairfield	Williamsburg

*Source: U.S. Department of Agriculture Economic Research Service, 2015*

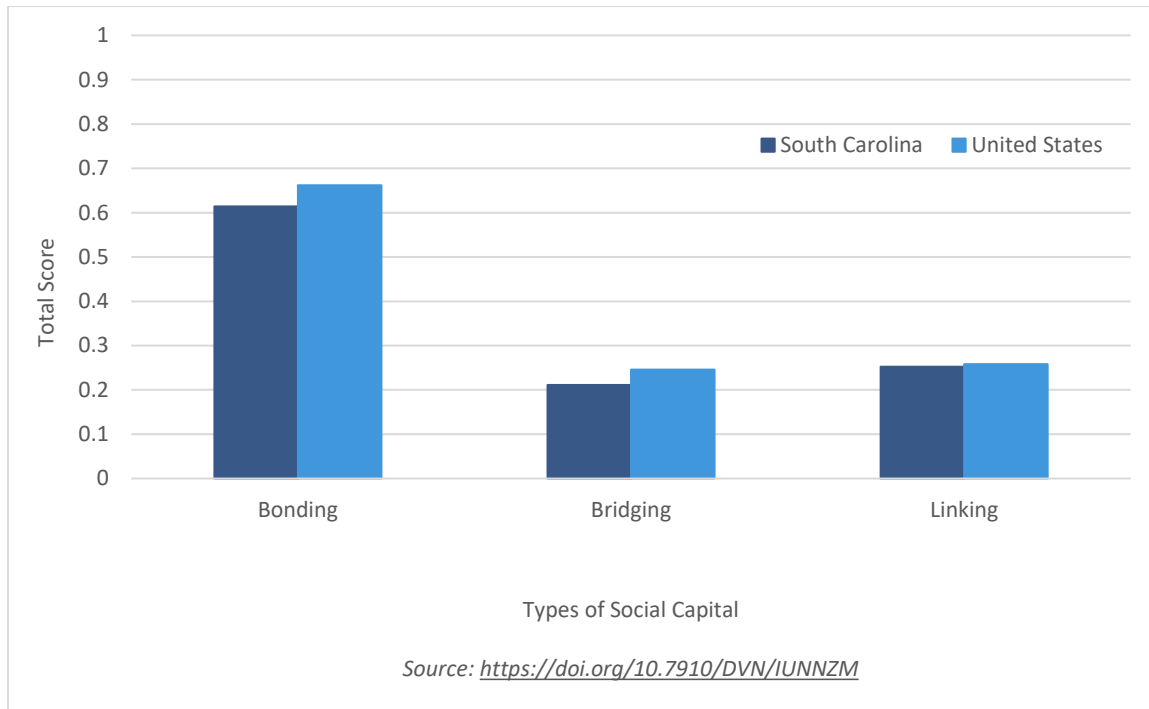
### Geographic Mobility

Geographic mobility may also influence social cohesion within communities. As of 2018, South Carolinians had similar proportions of people that lived in the same house one year ago as compared to all Americans (86.3% for both).<sup>178</sup> Of those who moved, there were a slightly higher number of people who moved into South Carolina from out of state compared to the U.S. average (3.0% versus 2.2%). Of this group, the numbers of people above the poverty line moving into South Carolina were higher compared to the U.S. The top five counties in South Carolina with the highest percent of residents moving in from out of state were Beaufort (6.5%), Berkeley (4.6%), Horry (4.6%), York (4.5%), and Lancaster (4.0%)—reflecting economic growth along the coast and in the Charlotte metropolitan area—areas of potentially limited social cohesion. South Carolina counties that had the highest numbers of people that were living in the same house as one year ago were rural and/or had high numbers of people experiencing poverty—reflecting limited economic mobility but perhaps relatively higher levels of social connectedness.

### Social Capital

Measurements of communities’ social capital may also provide insight as to the level of cohesion at local levels.<sup>179</sup> There are three established types of social capital: bonding, bridging, and linking. Bonding social capital refers to connections between people that share similar characteristics and may represent close friend circles. Bridging social capital is a measure of connections that people have to others in their network that are more informal and may represent ties between acquaintances. Lastly, linking social capital is vertical in nature and

measures the relationship between regular people and those in power in a community. Each of these concepts can be estimated by combining multiple indicators weighted equally to devise a score that falls between 0 (lowest score) and 1 (highest score). Combining the three scores into an overall social capital score results in a new possible range between 0 (lowest) and 3 (highest). The average of South Carolina's counties' social capital score in 2020 was 1.077 versus 1.166 for U.S. counties overall; individual bonding, bridging, and linking social capital scores are in Figure 8.2.<sup>180</sup> Lexington County had the highest overall score in South Carolina at 1.265. Bonding social capital was highest in Pickens County (0.686), bridging was highest in Williamsburg (0.353), and linking was highest in Lexington (0.361). There were no clear geographic patterns across the state with respect to county level scores.

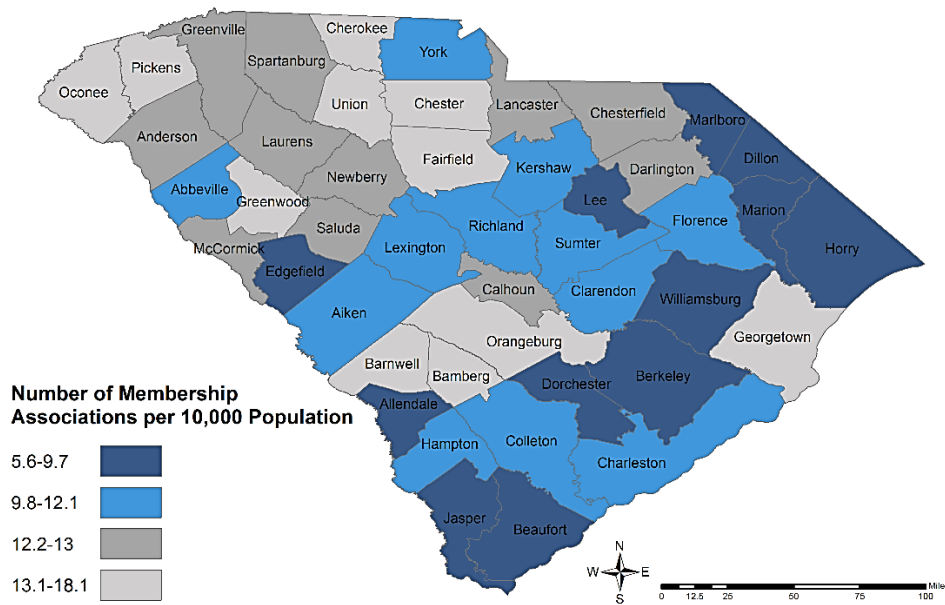


**Figure 8.2. Social Capital Scores by Type in South Carolina and the U.S., 2020**

## Ability to Engage in Civic Life

### Presence of Civic Organizations

Part of the assessment of social capital includes an estimation of the number of civic and religious organizations in a community.<sup>179</sup> These organizations are a critical part of local infrastructure that people who experience poverty may rely on for services.<sup>181</sup> Therefore, the presence of these organizations, as well as their representation of their community, may be important for poverty prevention and reduction in an area. This measure of the number of established membership associations in an area includes civic groups; religious, political, and/or professional organizations; and sports membership groups.<sup>182</sup> In 2017, South Carolina had over 5,700 of these types of organizations across the state. Counties with larger populations had the highest numbers of membership organizations with Greenville leading the state with 627 groups. Using population totals to create a rate of membership associations per 10,000 people, the statewide rate was 11.7, which was higher than neighboring Georgia (9.0) and North Carolina (11.5). The top U.S. performance rate was 18.4. Within the state, rates of membership associations were highest in Bamberg (18.1), Union (17.8), Cherokee (16.6), Georgetown (16.4), and Chester (15.5) counties (Figure 8.3). Many of the counties with the lowest rates of membership associations were located along the I-95 corridor including the poorest counties in the state.



**Figure 8.3. Rates of Membership Associations per 10,000 People by South Carolina County, 2017**  
 Source: County Health Rankings, 2020

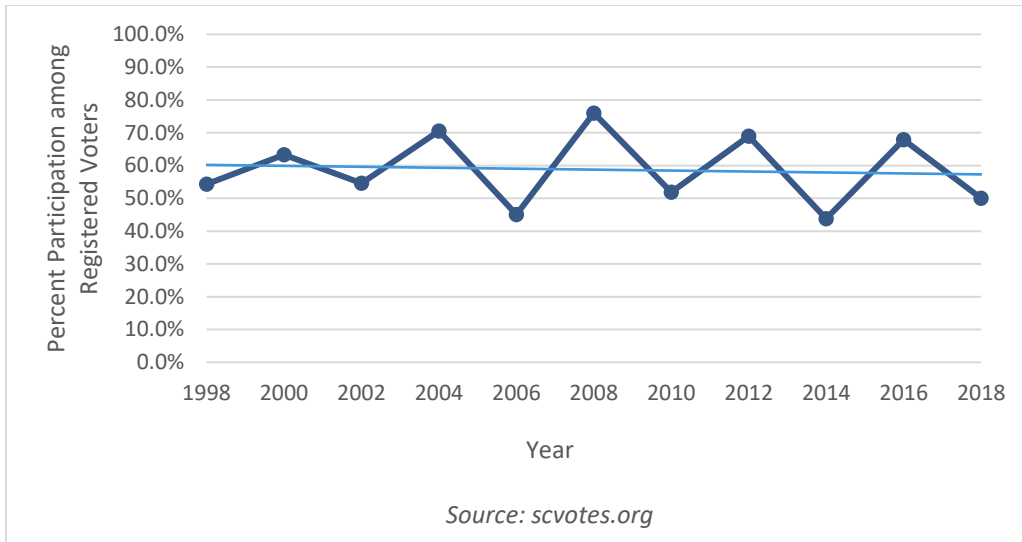
#### U.S. Census Response Rates

Self-response rates to the U.S. Census may also provide insight into civic engagement, especially among those who have limited resources. South Carolina’s rates of response to the 2020 Census by mail, online, and phone were 61% of the population compared to the national response of 67% of the population.<sup>183</sup> This gave South Carolina a ranking of 41<sup>st</sup> worst in the nation for response rates in a tie with Oklahoma. By county, the highest self-response rate in the state was York at 71.4%; the lowest was Allendale at 40.5%.<sup>184</sup> These rates may have been affected by competing priorities related to the COVID-19 pandemic and/or limited communication access, especially with the push this year for responses to be completed online. As an example, only 17% of self-responses collected in Allendale County were from the internet. Changes to the operational procedures of Census workers due to the pandemic may have also limited outreach to people about self-response opportunities.<sup>185</sup>

#### Voter Participation

South Carolinians’ participation in voting is another way to gauge overall engagement in civic life. People who have low incomes are estimated to vote 20 percentage points lower compared to those with higher incomes.<sup>186</sup> The average participation for the general election in South Carolina—based on physical voter turnout alone—stands at 58.7%.<sup>187</sup> Overall, the percentage of registered voters participating in either state primaries or general elections during the past 20 years has not changed (Figure 8.4). There have been increases in years when a U.S. presidential election has been held; however, the overall trend line is flat if not slightly decreasing over time.



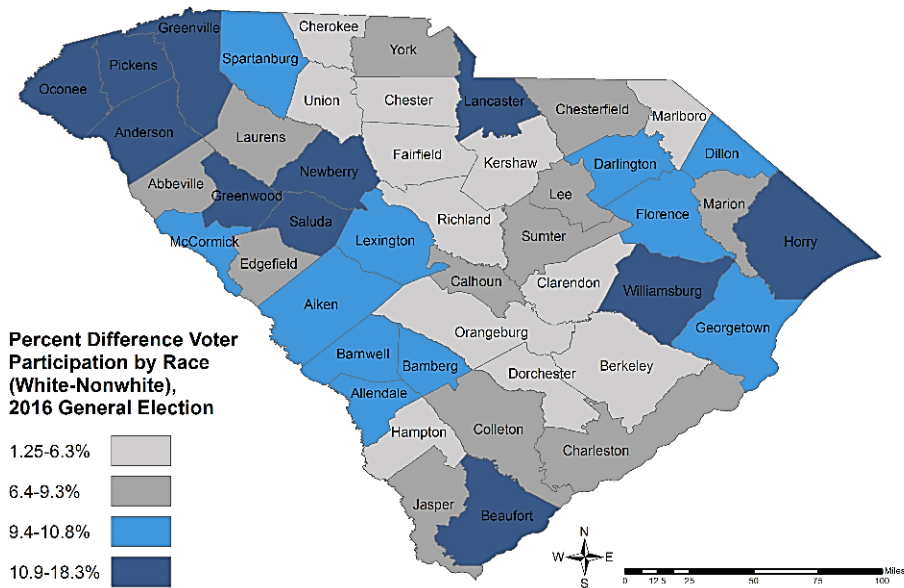


**Figure 8.4. History of Voter Participation in South Carolina General Elections, 1998-2018**

The past two general elections in South Carolina featured a U.S. presidential election (2016) and a gubernatorial election (2018). Voter participation in the state—calculated to include those who physically voted as well as mailed in absentee ballots—varied between the two elections. In 2016, 67.7% of registered voters participated and in 2018, 54.4% participated.<sup>188</sup> In each election, there was a wide range of participating voters by county. In 2016, Georgetown had the highest participation at 74.1% and Marlboro had the lowest at 59.0%. In 2018, McCormick had the highest participation at 63.0% and Dillon had the lowest at 39.3%. Official voter participation data for the 2020 general election were not available at the time this report was completed, but early reports predicted record numbers.<sup>189</sup>

U.S. Census survey data of voter participation indicate slightly lower estimates of voter participation but allow for comparisons to other U.S. states. In 2016, South Carolina voter participation was self-reported as 62.1%, which, compared to other states, was exactly middle of the pack.<sup>190</sup> The national average for voter participation in 2016 was 61.4%. Typically, states in the Southern U.S. have lower voting turnout rates for presidential elections compared to states in the north.<sup>191</sup> South Carolina voter participation in 2018 (gubernatorial year) was self-reported at 48.7%, which placed the state in the bottom 10 for voter participation and below the national average of 53.4%.<sup>192</sup>

**Comparing voter participation in the state by race, in 2016 there was an 8.2% difference in the proportion of white registered voters participating in the general election (70.2%) versus the proportion of non-white registered voters participating (62.0%).<sup>188</sup> In 2018, this difference was 5.4%.** Again, there were a wide range of these differences by county. In 2016, the difference in white versus non-white registered voters participating was 18.3% in Saluda County compared to 1.3% in Clarendon County (Figure 8.5). In 2018, Saluda again had the largest difference at 12.3% compared to -1.6% in Berkeley County. Gaps in voting participation between white and racial/ethnic minority populations may be explained by barriers to voter registration—due to inability to access voter registration methods, voter roll purges, and/or documentation requirements.<sup>193</sup> Barriers to registered voter participation may include lack of interest in the candidates or lack of access to voting—including illness, disability, conflicting schedule, lack of transportation, and/or inconvenient polling place. Racial/ethnic minority groups in South Carolina often face these issues in their daily lives; it follows that these barriers may keep them from voting at the same rates as their white counterparts.



**Figure 8.5. Percent Difference in Registered Voter Participation by Race (White/Non-White) in the 2016 U.S. Presidential General Election by South Carolina County**  
 Source: scvotes.gov

*Representation by Elected Officials*

Related to voting, how candidates for office reflect the people they are elected to serve may inspire civic engagement.<sup>194</sup> With regards to representation in the state General Assembly based on demographics, 18% of the South Carolina House of Representatives and 9% of the South Carolina State Senate were women as of 2019 (compared to a female population of 51.5% in the state as a whole).<sup>195,196</sup> Approximately 75% of members of both the House and the Senate identified as white and 25% identified as Black or African American in 2019, compared to a state population that identified as 67.3% white and 27% Black or African American.

*Representation of Industry in State Government*

Paid lobbyists representing the interests of industry are a part of state governments across the U.S. However, it is uncertain if their efforts to shape laws align with the best interest of state residents. In 2019, there were 1,365 registered lobbyists in South Carolina representing 646 lobbyist’s principals.<sup>197</sup> In total, over \$22.6 million was spent on lobbyists’ payments and expenditures that year (see Table 8.2 for the top five principals by amount spent). Additionally, principals are required to separately report expenditures of contributions to candidates for constitutional or local office. In 2019, \$535,894 candidate contributions were made, ranging from \$0 to \$51,100. RAI Services Company, part of the tobacco company Reynolds American,<sup>198</sup> contributed the most followed by Blue Cross Blue Shield of SC, Outdoor Advertising Association of SC, The Boeing Company, and Comcast.

<i>Top Five in Payments &amp; Expenditures</i>	<i>Amount</i>	<i>Top Five in Lobbyist Payments Alone</i>	<i>Amount</i>
Municipal Association of SC	\$633,342	Dominion Energy, Inc.	\$360,095
The Electric Cooperatives of South Carolina	\$434,549	The Electric Cooperatives of South Carolina	\$345,927
South Carolina Association of Realtors	\$406,922	South Carolina Hospital Association	\$238,066
Dominion Energy, Inc.	\$361,571	Municipal Association of SC	\$228,355
South Carolina Hospital Association	\$304,884	Duke Energy Carolinas, LLC	\$224,649

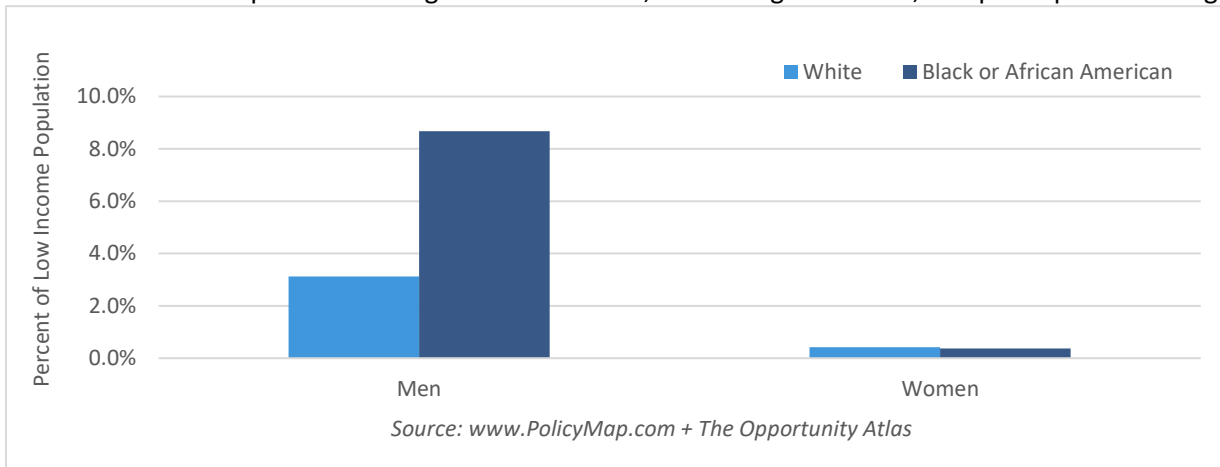
Source: South Carolina State Ethics Commission, 2019

## Effects of Structural Discrimination

Quantifying structural discrimination at a state or county level in South Carolina, or in any other location in the U.S., is a difficult task. Examples of the presence of structural discrimination based on race have been described throughout this report. For clarity, the definition of *structural racism* used here “...refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”<sup>199</sup> Previous sections described economic oppression, unfair housing practices, and differential access to education, food, and health care in the state based on race/ethnicity. In this section, residential segregation, limited voter participation, and disproportionate rates of legal system involvement based on race/ethnicity in South Carolina are underscored.

### Incarceration Rates

On December 31, 2019, there were 18,608 incarcerated people under South Carolina’s jurisdiction.<sup>200</sup> Of these individuals, 37% identified as white and 59% identified as Black, compared to national averages of 50% and 32% respectively. Only 3% of South Carolina’s incarcerated population identified with having a Hispanic ethnicity, compared to 11% nationally. Incarceration rates in 2018 based on where an individual grew up estimated that an average of 3% of South Carolinians raised in low income families were in prison or jail on April 1, 2010.<sup>53</sup> Black men were disproportionately represented among these rates (Figure 8.6). Formal interactions with the legal system have long-term impacts for people—impacting their ability to secure employment or housing, acquire basic benefits as simple as obtaining a driver’s license, maintain good health, and participate in voting.<sup>201</sup>



**Figure 8.6. Percent of Low Income South Carolinians Experiencing Incarceration by Race and Gender, 2018**

### The Criminalization of Poverty

Formal interactions with the legal system for people who experience poverty may have additional harmful financial and social effects.<sup>202,203</sup> Most people who are incarcerated in local jails are being held on a pretrial basis; for those with financial means, they can typically pay a cash bail, or use the services of a commercial bail bond service, and be released with the promise to appear at future court dates. For people unable to pay a cash bail and/or ultimately a commercial bail bond service, they must remain in jail until their trial. In the U.S. most of these individuals had an annual median income of just \$15,109. *Spending unnecessary time in jail causes loss of work, housing, or even child custody—further perpetuating experiences with poverty and possibly leading to additional interactions with the legal system. This disproportionately affects racial/ethnic minority groups due to the pre-existing gaps in incarceration rates, especially for Black men.* This example of the criminalization of poverty—keeping people in jail simply due to their inability to fund their own release—is completely preventable and another way that experience of poverty is intensified by existing policies and structures.

## 9. Structural Factor: Health Care

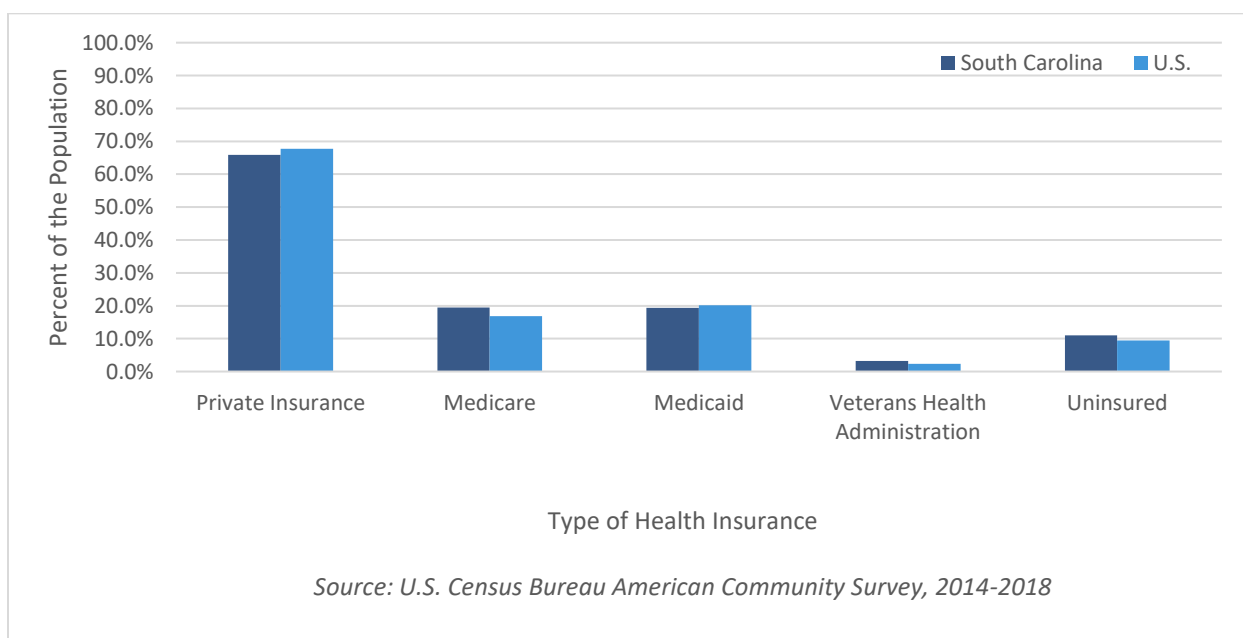
The association between access to health care and poverty is, at best, an issue of quality of life, and, at worst, an issue of the length of life.<sup>204</sup> South Carolina is ranked 42<sup>nd</sup> worst in health outcomes in the nation as of 2019 as a result of disproportionately poor outcomes in diseases such as diabetes, risk factors such as obesity and smoking, and overall premature mortality.<sup>205</sup> For people experiencing poverty, they often have a more difficult time obtaining the health care services they need for a variety of reasons—but all with a similar result—delays in needed care.<sup>206</sup> Even when care is finally obtained, the high cost of services may create short and/or long-term financial burdens for people experiencing poverty. Further, poverty in and of itself may contribute, along with other social conditions, to mortality.<sup>207</sup> Economic stability, neighborhood and physical environment, education, food security, and community and social context are all interconnected with securing health care access; likewise, having regular access to needed health services may influence these factors.

***For South Carolinians, access to health care services is limited by the high cost of health care for state residents as well as a lack of local health care services in many communities.***

### Affordability of Health Care

#### *Existing Health Insurance Coverage*

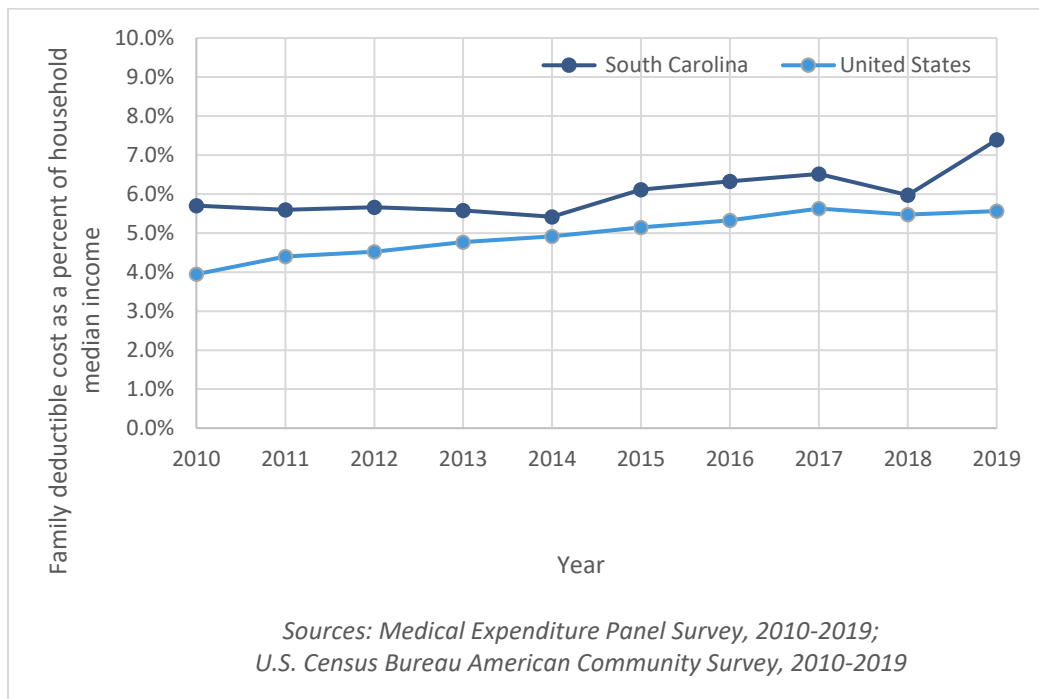
Obtaining health insurance is the primary way that people prevent catastrophic health care expenses from causing them short and long-term financial strain.<sup>208</sup> In 2018, fewer South Carolinians (65.9%) had private health insurance through their employer or through direct purchase compared to the national average of 67.7%.<sup>209</sup> Across counties in the state, this percentage ranged from 74.9% in York County to 45.7% in Dillon County. Public insurance, including Medicare and Medicaid, are also available for people who meet eligibility criteria. In South Carolina, slightly more people had Medicare (19.5%) compared to the nation (16.9%) in 2018.<sup>210</sup> Percentages of South Carolina versus national Medicaid populations were similar at 19.4% and 20.1% respectively. Populations eligible for Veterans Health Administration coverage in the state were highest in Bamberg and Sumter counties, both at 5.3%. Health care coverage estimates for South Carolina and the U.S. in 2018 are provided in Figure 9.1.



**Figure 9.1. Percent of the Population with Various Health Insurance Types in South Carolina and the U.S., 2018**

### High Cost of Health Coverage

Although health insurance coverage may lessen the financial burden of catastrophic health expenses, there are still costs associated with obtaining and use of this coverage. For all types of insurance, deductibles, coinsurance, and co-pays are out-of-pocket expenses that individuals must pay based on use. Over time, the dollar amount of deductibles and co-pays have increased nationwide.<sup>211</sup> Employees' shares of premium costs for private insurance are also increasing. In South Carolina in 2019, private-sector employees had higher family deductible amounts compared to the U.S. national average. For both the state and the U.S., the overall percentage of household income dedicated to family deductibles has increased each year for the last 10 years (Figure 9.2). Given South Carolina's overall lower median income, families in the state are on average using a larger share of their income to pay for health insurance deductible costs compared to others in the nation, leaving fewer resources for other necessary expenses. Additional out-of-pocket expenses for co-pays and non-covered items contribute to the high cost of health care for South Carolinians. For populations experiencing poverty, these costs are often insurmountable.

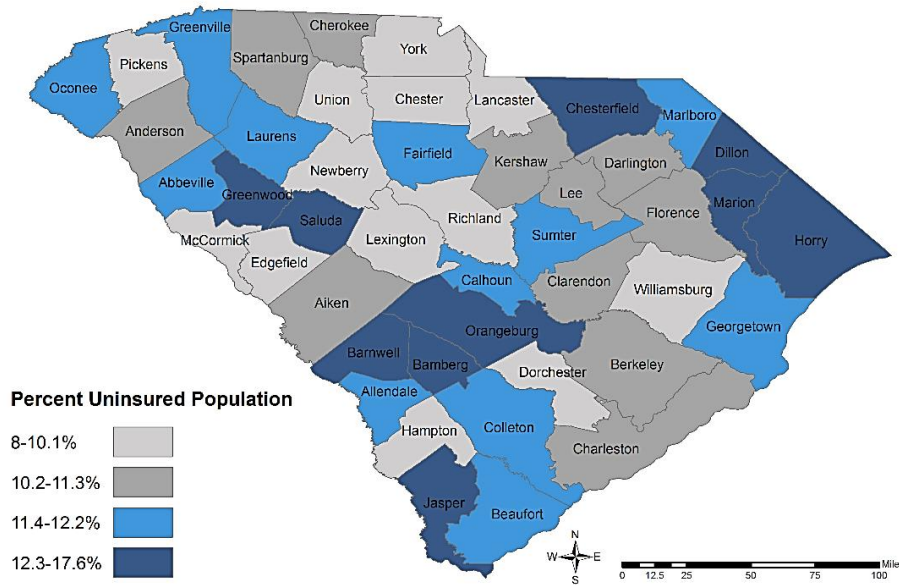


**Figure 9.2. Health Insurance Family Deductible Costs as a Percent of Household Median Income in South Carolina and the U.S., 2010-2019**

### Living without Health Coverage

Health care costs can be especially high for those who lack health insurance coverage. In 2018, over 500,000 people in South Carolina did not have health insurance—or were “uninsured”—for reasons that included the upfront cost of obtaining health insurance and/or lack of availability of coverage through their employer.<sup>212,213</sup> By county, the highest uninsured population in South Carolina in 2018 was in Dillon County at 14.5%; the lowest was in McCormick County at 8% (Figure 9.3). Over 20% of people experiencing poverty in South Carolina were uninsured compared to 17.4% among Americans experiencing poverty. Racial/ethnic minority populations also had higher percentages of people who were uninsured compared to both their white counterparts in the state and to racial/ethnic minority populations nationally. In 2018, 12.2% of Black South Carolinians were uninsured

compared to 10.8% nationally; 30.2% of Hispanic South Carolinians were uninsured compared to 19.2% nationally. The percentage of white South Carolinians who were uninsured was 9.9% (versus 8.4% nationally).

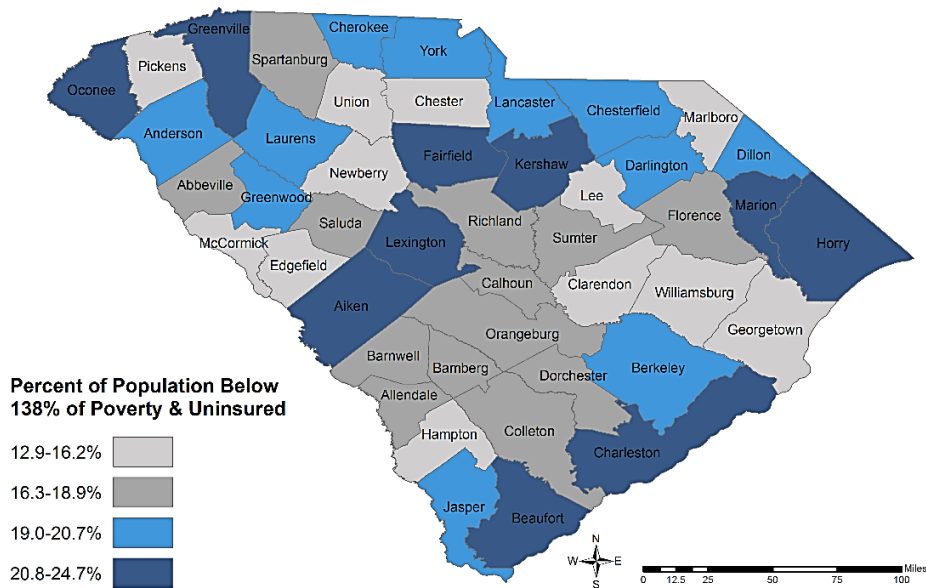


**Figure 9.3. Percent of the Total Population without Health Insurance by South Carolina County, 2018**  
 Source: U.S. Census Bureau American Community Survey, 2014-2018

### The Potential for Medicaid Expansion

To address the high costs of health care as well as reduce the population of uninsured individuals in the U.S., the Patient Protection and Affordable Care Act (ACA) was passed in 2010.<sup>213</sup> The ACA affords states the opportunity to expand their Medicaid eligibility criteria to provide health coverage for almost all people with incomes at or below 138% of the Federal poverty line (FPL).<sup>214</sup> Currently, Medicaid coverage is available in South Carolina to people with low incomes who: are pregnant, are responsible for a child 18 years of age or younger, are blind, have a disability or a family member with a disability in the household, or are 65 years of age or older.<sup>215</sup> Income eligibility varies based on each eligibility type.<sup>216</sup>

As of 2020, South Carolina was not actively planning to expand Medicaid coverage to additional state residents.<sup>217</sup> In 2018, there were 224,529 South Carolinians that were uninsured who also had incomes that were below 138% of the FPL—or those who would be potentially eligible for Medicaid coverage under expansion.<sup>212</sup> Figure 9.4 represents the proportion of the population experiencing poverty that would be potentially eligible by county. This population includes families who do not have access to and/or cannot afford private health insurance through their employer and families and individuals that cannot afford to purchase insurance through the Federal Health Care Marketplace. *It represents relatively large proportions of childless adults, including men, as well as members of racial/ethnic minority groups.*<sup>214</sup> *Medicaid expansion would provide needed health coverage to many residents in the state, overall reducing the financial burden of health care for those who are currently uninsured or who are paying more than they can reasonably afford for coverage.* A total of 38 states and the District of Columbia have adopted Medicaid expansion as of 2020.<sup>218</sup> Neighboring states including Georgia and North Carolina have recently been actively pursuing legislative action that provides expanded Medicaid benefits.



**Figure 9.4. Percent of Population Experiencing Poverty Potentially Benefitted by Medicaid Expansion by South Carolina County, 2018**

Source: U.S. Census Bureau American Community Survey, 2014-2018

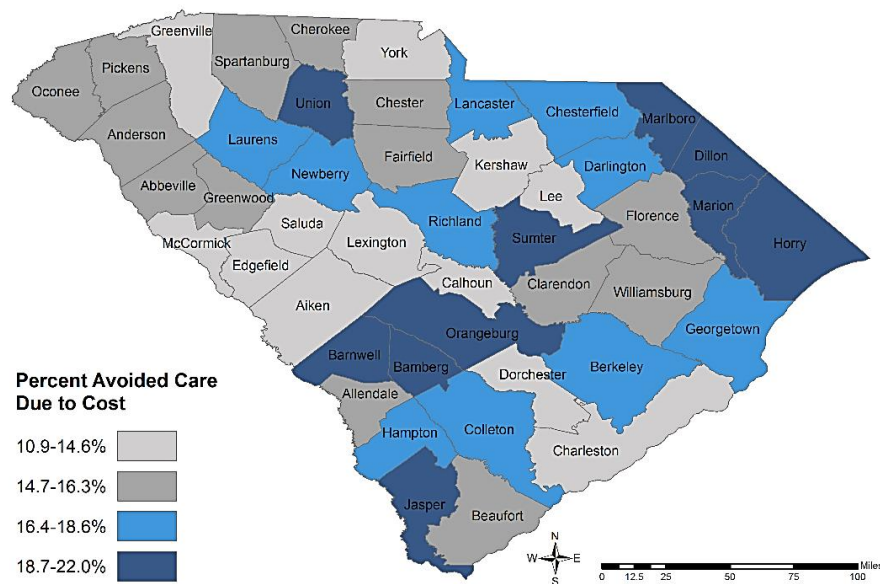
### Delays in Seeking Health Care

Together, the high costs of health care and other social barriers can lead to delays in people seeking care for needed medical treatments.<sup>206</sup> On average, 16.3% of people in South Carolina reported in 2019 that they could not afford to see a doctor in the last 12 months due to the cost of care.<sup>219</sup> This ranged from 22% in Bamberg County to 12.3% in Kershaw County (see Figure 9.5; next page). The national average of people that reported not being able to afford to see a doctor in the last 12 months was 13.4%.<sup>220</sup> Delays in seeking treatment can worsen existing health conditions, ultimately causing higher future health care costs and potentially even disability and death—intensifying the financial concerns of people who are experiencing poverty.

### Access to Health Care

#### Rural Health Care Facility Closures

In addition to limited access to health care due to cost concerns, there are many areas in South Carolina where physically it is difficult to obtain needed services. **Closures of health care provider sites—most notably rural hospitals and obstetrics (OB) services over the past decade—create barriers for families seeking convenient, cost effective health care and worsen already challenging transportation issues. Rural hospital and OB service line closures are also more likely to occur in areas with higher percentages of low income as well as racial/ethnic minority residents.**<sup>221,222</sup> Unfortunately, four rural hospitals across South Carolina have closed in the last eight years in Bamberg, Barnwell, Fairfield, and Marlboro counties.<sup>223</sup> As of 2010, there have been 133 rural hospitals closures around the country, most of them being in the south. In the neighboring state of Georgia, six closures have occurred during this time; four have occurred in North Carolina. Other rural hospitals in both South Carolina and across the country are struggling to stay open, due to various financial burdens as well as state and federal policies that intensify their financial distress.<sup>224</sup>



**Figure 9.5. Percent of the Population who Avoided Health Care Due to Cost in the Last 12 Months by South Carolina County, 2019**

Source: SC DHEC Behavioral Risk Factor Surveillance Survey, 2015-2019

### Maternity Care

Available services for expectant mothers are severely limited in many areas in South Carolina. Twelve counties in the state (Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Chester, Edgefield, Fairfield, Hampton, Lee, McCormick, and Saluda) had no OB provider available in 2017.<sup>225</sup> Women residing in these counties traveled farther to receive care and deliver their babies, creating more risks for both baby and mother.<sup>222</sup> A shortage of OB services is happening nationwide as especially rural hospitals are discontinuing OB services. For smaller facilities that have thus far been able to maintain OB care, the potential cut of OB services always looms.<sup>226</sup>

### The Health Care Safety Net

Health care safety net sites are critical pieces of the infrastructure in counties without hospital or OB access, especially fillings gaps in health care access for people who are experiencing poverty. Community health centers, established in Federal legislation in the 1960s as part of the nation’s War on Poverty, have increased in number and geographic reach since their first days of operation in South Carolina and now nearly all counties in the state have local access to a health center site.<sup>227</sup> Importantly, these centers receive Federal funding that enables them to extend affordable health care services to the state’s uninsured population. Rural Health Clinics similarly provide access to health care services in rural areas of the state.<sup>228</sup> Free health clinics around the state also provide services free of charge to individuals who qualify for their services.<sup>229</sup> Urban counties have many free health clinics available, which may reduce barriers, including delayed care due to cost, at a faster rate in those areas compared to rural communities. For example, residents in Charleston County in 2020 had at least 8 free health clinics available to meet community needs.

### Health Care Workforce Shortages

While physical accessibility to health care service sites is critical, there must also be an adequate number of well-trained health care professionals available to staff these facilities. Unfortunately, South Carolina has long-standing health care workforce shortages, especially among primary care physicians.<sup>230</sup> As of 2017, the



population to primary care physician ratio in the state was 1,498:1, which was worse than the U.S. ratio of 1,330:1.<sup>231</sup> The five best and worst ranked South Carolina counties based on their ratios are listed in Table 9.1.

<i>Top Five Best PCP Ratios by County</i>		<i>Top Five Worst PCP Ratios by County</i>	
Charleston	823:1	Saluda	10,226:1
Greenwood	951:1	Williamsburg	6,227:1
Greenville	953:1	Lee	5,783:1
Florence	990:1	Marlboro	5,365:1
Richland	1,163:1	Barnwell	5,336:1

*Source: County Health Rankings, 2020*

Increasing the number of primary care physicians in an area is tied to providing adequate training programs nearby, as physicians often practice near where they trained.<sup>232</sup> As of 2020, there were 706 residency programs in Family Medicine across the U.S.<sup>233</sup> In 2020, South Carolina had 14 residency programs in Family Medicine while in comparison, Georgia had 18 and North Carolina had 19.<sup>234</sup> The average national retention rate of physicians, or those who practice in the state where they trained, was 54.2% in 2018.<sup>235</sup> By comparison, only 49.8% of physicians who completed their residency in South Carolina stayed in state as a practicing physician. North Carolina had a similar retention rate of 49.7% while Georgia’s rate was higher at 54.6%. In addition to the physician workforce, nurse practitioners and physician assistants provide primary care services to residents across the state of South Carolina. In the period from 2010-2017, the number of nurse practitioners in the state increased by 68.4% and the number of physician assistants increased by 50.6%.<sup>236</sup>

#### *Innovative Health Care Workforce Models*

With respect to development of new and innovative health care workforce strategies that can serve populations with limited access to physical locations and/or traditional health care providers, Community Health Workers (CHWs) can play a crucial role in the health care system as the “boots on the ground” within communities.<sup>237</sup> CHWs are trained to serve as a liaison between patients and their providers, to connect patients to additional resources, and to offer health education. They are successful in their efforts because of their ability to build trusting relationships with community members that overcome patients’ social barriers. They play an especially important role in the maternal and child health system.<sup>238</sup>

In South Carolina, training and certification of CHWs is state led but no official regulations exist that mandate their services.<sup>239</sup> Although the state is making great strides in increasing the number of CHWs in communities, regulatory consideration, including Medicaid reimbursement, would help close gaps in funding for CHWs and their services. Multiple states are piloting reimbursement models that include CHWs as part of value-based health care delivery, as opposed to the current model which pays providers based on the volume of patients they care for.<sup>240</sup> This type of payment models also helps CHWs continue to address individual patient barriers related to the social determinants of health and wealth. For populations experiencing poverty, CHWs are lifelines to care, bridging gaps in knowledge and physical access to services for people in need. Strengthening the CHW workforce would provide a low-cost alternative for health care services for many that would save money both in the short-term (i.e., fewer and/or cheaper co-pays for patients; cost savings at point-of-care for health systems) and long-term (i.e., less overall disease and needed care).

## 10. COVID-19 and Poverty in South Carolina

In early 2020, a novel coronavirus leading to a disease now known as COVID-19 began to spread within the United States and the rest of the world, ultimately leading to a global pandemic. As of November 2020, the U.S. had reported over 10 million cases and 240,000 deaths as a result of the disease.<sup>241</sup> To thwart the spread of the virus, local and state governments across the United States forced businesses to close and implemented stay-at-home orders. In South Carolina, Governor Henry McMaster issued multiple executive orders in March 2020, ordering the closure of schools, dine-in services and bars, and all close-contact non-essential businesses.<sup>242</sup> Many of these closures and restrictions remained in place for months. While these measures were put in place to control the spread of COVID-19, the inability for families and businesses to compensate for the financial losses that occurred due to not only these measures but also the illness, disability, and death caused by the disease itself, resulted in severe economic harm throughout the state of South Carolina and the entire country.<sup>243</sup> Although key data needed to confirm the ultimate economic effects are still forthcoming, poverty and overall economic inequity are expected to be directly and indirectly affected by the COVID-19 pandemic.

### COVID-19 Infections + Deaths

As of November 2020, South Carolina had reported over 180,000 cases of COVID-19 with over 4,000 deaths.<sup>244</sup> Across the country, and especially in South Carolina, COVID-19 infections have disproportionately affected racial/ethnic minority populations and persons with low incomes.<sup>245,246</sup> Among all Americans, Black, Hispanic, and Indigenous people have died of COVID-19 at rates significantly higher than that of white Americans. ***In South Carolina by mid-2020, Black people accounted for 45% of deaths from COVID-19 despite only comprising 27% of the population of South Carolina. Black South Carolinians were also disproportionately represented among total cases and hospitalizations for COVID-19 during this same time period. These differences among racial/ethnic minority populations and persons with low income are likely because a large proportion of persons in these groups are in low-wage jobs that have not allowed for the opportunity to work from home during this time.***<sup>247</sup>

### COVID-19 and the Structural Factors Associated with Poverty

In the absence of data to explicitly examine the association between the COVID-19 pandemic and poverty, there is an opportunity to explore the effects of the pandemic that are known to date on the structural factors outlined in this report. In doing so, these data may provide a small window into predicting the effects of the pandemic on the economic future for many residents of South Carolina.

#### *Economic Stability*

Before the pandemic began to surge, South Carolina had an unemployment rate of approximately 2.5% in February 2020.<sup>248</sup> As the virus spread and businesses began to close, unemployment increased to 3.2% by March. In April 2020, after the implementation of Governor McMaster's executive order closing all non-essential face-to-face businesses, unemployment in the state increased to nearly 13%. Filed unemployment claims peaked in the second week of April 2020 when over 89,000 residents filed for unemployment.<sup>249</sup> For comparison, during the same time in 2019 just over 2,000 residents filed unemployment claims.

By late April 2020, more than 45% of South Carolinians reported that a member of their household had experienced a loss of employment.<sup>250</sup> Businesses most affected by the economic shutdown were those that fell into the leisure and hospitality industry (e.g., lodging, food services, event planning, theme parks, transportation, tourism); related, unemployment was highest among women and racial/ethnic minority groups.<sup>251</sup> Of all the industry groups in South Carolina, the leisure and hospitality industry had the lowest weekly

wage earnings – earning approximately \$360.00 per week.<sup>248</sup> In contrast, South Carolinians with higher incomes working in jobs that provided them the ability to stay home have likely been minimally impacted financially. Across all types of families, childcare affected and continues to affect parents’ and caregivers’ typical work activities, with many required to modify or reduce their work hours for caregiving duties.<sup>252</sup> As of August 2020, 62% of the state was considered a childcare desert due to closures related to the pandemic. By November 2020, many South Carolinians had returned to work as restrictions lifted yet the unemployment rate remained 2% higher than before the pandemic surged across the state.<sup>248</sup> Almost a fifth of South Carolina households (16.6%) at the end of October 2020 reported that paying for usual household expenses during the last seven days had been “very difficult” compared to 14% of U.S. households.<sup>253</sup>

### *Neighborhood + Physical Environment*

Shutting down much of the South Carolina economy to reduce the spread of COVID-19 affected the personal finances of many people, leading to challenges in paying housing costs in a timely manner. As of October 2020, 16.5% of South Carolinians still struggling to pay their mortgage reported that they were somewhat or very likely to have to leave their home in the next two months due to foreclosure compared to 14.5% of U.S. residents.<sup>253</sup> In anticipation of missed and/or late rent payments, South Carolina Chief Justice Donald Beatty halted evictions in the state through May 15, 2020.<sup>254</sup> More recently, a national moratorium was enacted by the Federal government beginning September 4, 2020 and ending December 31, 2020.<sup>255</sup> However, while halting evictions helped to protect the spread of COVID-19, rent payments were still due and subject to late fees during the moratorium periods. The South Carolina Housing Authority provided rent relief payments of up to \$1,500 during the summer of 2020 to help households facing high payments after the spring shutdown.<sup>256</sup> However, by October 2020, 65.5% of South Carolinians behind on their rent payments reported that they were somewhat or very likely going to be evicted in the next two months compared to 41.4% across the U.S.<sup>253</sup> As of 2019, over 4,000 people in South Carolina were experiencing homelessness on average.<sup>85</sup> Without drastic action that includes further rent assistance, South Carolina’s persistently high eviction rates—and potentially the number of homeless individuals—will likely increase further throughout the rest of 2020 and into the near future.

### *Education*

The COVID-19 pandemic has impacted all facets of life for South Carolinians; K-12 education is no exception. As COVID-19 began to spread through the state, Governor McMaster ordered the closure of all K-12 schools from March through the remainder of the school year.<sup>254</sup> Most schools in Fall 2020 were still providing some form of distance learning to students via the internet.<sup>257</sup> Children living in households experiencing poverty had and continue to have difficulty accessing the necessary technology to participate in online instruction effectively. In May 2020, the State Superintendent of Education Molly Spearman reported that approximately 150,000 South Carolina households with students currently did not have access to the internet.<sup>254</sup> Similarly, around this same time, only 69.1% of South Carolina households reported that access to the internet was always available.<sup>250</sup> Through legislative action, the South Carolina Department of Education received funding to prepare for distance learning the following school year, providing school districts the opportunity to furnish computer and internet devices to low income students through December 2020.<sup>258</sup> By October 2020, approximately 82.7% of households reported always having internet access, a 20% improvement since the end of the previous school year.<sup>253</sup> Under normal circumstances, children experiencing poverty face numerous hurdles in their efforts towards academic achievement. Closure of in-person schooling may put these students even further behind than their peers academically, especially when online instruction is not a viable option due to technology barriers.

### *Food Security*

Affordable access to healthy foods is an ongoing, significant problem in and of itself in South Carolina; the financial burdens forced on South Carolina families in 2020 due to the pandemic have likely amplified the problem's magnitude. Before the COVID-19 pandemic, estimates suggest that over 600,000 South Carolinians experienced food insecurity every year.<sup>145</sup> While many persons of different occupations may experience food insecurity, the group that likely experienced the most significant increase in food insecurity as a result of the pandemic were those of the leisure and hospitality industry as this group experienced the highest rate of job loss due to policies intended to mitigate COVID-19 spread.<sup>259</sup> To compound the issue, workers in the leisure and hospitality industry already experienced some of the highest food insecurity rates due to the low wages provided for these jobs. SNAP and TANF benefits are often the first line of defense against food insecurity. In South Carolina, at the beginning of March 2020, the Department of Social Services received approximately 4,800 applications for SNAP and TANF benefits.<sup>260</sup> By the beginning of April, this number had increased to 23,900. The number of households receiving SNAP benefits in South Carolina has increased by over 26,000 since the beginning of 2020. Still, as of October 2020, 11.5% of South Carolina households reported that there was sometimes or often not enough food to eat in the last seven days compared to 9.6% of U.S. households.<sup>253</sup>

### *Community + Social Context*

The effect of orders to close businesses and “socially distance” from others to control the spread of COVID-19 has led to increased social isolation and stress, limiting the ability for people to maintain and build social ties.<sup>261</sup> Stress due to the pandemic may especially affect people experiencing poverty due to concerns over economic security as well as potential exposure to the virus itself. Over half of South Carolinians early in the pandemic (54.5%) reported feeling anxious at some point in the last seven days compared to 57.8% of U.S. residents.<sup>250</sup> By October 2020, the number of people feeling anxious had improved slightly to 51.2% of South Carolinians and 50.7% of U.S. residents.<sup>253</sup> Interestingly, civic participation as measured through voter participation was reported to be at one of the highest recorded rates ever this year for the November Presidential election.<sup>189</sup> This was due in part to protections to mitigate spread of the virus, which led to increases in early and mail-in voting that may have decreased barriers to voting for people experiencing poverty. Finally, awareness of the issue of structural racism increased this year in the general news media. This was due to reporting on race-based inequities in health and financial outcomes during the pandemic as well as awareness of recent murders of Black Americans by police officers and resulting protests during the summer of 2020.<sup>262,263</sup> At least 15 South Carolina cities and towns held events in May and June 2020 to protest police violence towards Black people.

### *Health Care*

Lastly, the COVID-19 pandemic caused significant disruption throughout the U.S. health care system. As the virus began to spread, hospitals prepared for a surge in persons ill with COVID-19, halting a large proportion of non-emergent appointments and procedures. Other health care clinics stopped in-person appointments and either conducted only telehealth appointments or became COVID-19 testing sites. In combination, these factors likely caused delays in people receiving routine medical care.<sup>264</sup> In April 2020, 33% of South Carolinians reported medical care delays over the past four weeks compared to 34.7% of U.S. residents.<sup>250</sup> By October 2020, the percentage of reported medical care delays among South Carolina residents had improved to 24.0%.<sup>253</sup> With time, delays in care are likely to further improve as health care organizations adjust to dealing with COVID-19. However, thousands of South Carolinians likely already experienced delays in receiving routine cancer screenings, treatment for chronic conditions, and minor ailments that were prolonged that may result in poor outcomes that are significantly worse than if there had been no delay. For people experiencing poverty who may have already delayed care due to cost, this may prove fatal.

## 11. Current Poverty Reduction Programs in South Carolina

Although financial assistance for low income families provided by the U.S. federal government was available prior to the War on Poverty in the 1960s, legislative activity as a result of the declaration of this “War” and subsequent social policy programs accelerated the availability of resources for the nation’s population experiencing poverty.<sup>6</sup> Many of these programs are still active today, albeit with alterations since the time of their enactment as a result of economic, political, and social policies that favor benefits designed as work supports versus simple cash transfers. *In South Carolina, these programs have played a part in reducing the overall rate of poverty since the 1960s. Yet, while many households across the state benefit from these programs each year, poverty persists.*

This section of the report provides a brief examination of the most well-known means-tested programs in South Carolina—that is, programs that are only available to households whose income is under a certain set limit. In addition to an overview of the benefits provided by each program and an estimate of people served in the state, barriers and challenges faced by South Carolina families in obtaining and/or retaining access to these resources are briefly described. Program descriptions are organized by the structural factors examined in this report.

### Economic Stability

#### *Temporary Assistance for Needy Families (TANF)*

The TANF program, formerly called Aid to Families with Dependent Children (AFDC), is one of the oldest poverty reduction efforts in the U.S.<sup>6</sup> Originally designed to provide cash payments to families experiencing poverty for consumption needs, the program was renamed in 1996 during President Clinton’s Administration and reformed to function as a work support program. In South Carolina, the income threshold to receive TANF benefits is approximately 50% of the Federal Poverty Level (FPL).<sup>265</sup> For eligible families, there are work requirements associated with receiving benefits and the financial support is time limited.

In South Carolina Fiscal Year 2019-2020, 8,896 cases, which included 15,642 children, were served by TANF.<sup>266</sup> The average monthly household TANF cash assistance amount was \$237. TANF benefits also include employment, childcare, and transportation assistance through the South Carolina Department of Social Services (DSS).<sup>267</sup> One of the main challenges with households obtaining assistance provided through TANF is the requirement for dependent children to live in the home—childless adults and the elderly are ineligible.<sup>268</sup> Additionally, the TANF asset limit, set at \$2,500 in South Carolina, may create barriers for families who are ineligible as a result of this requirement.<sup>269</sup> Families may choose to eliminate and/or defer asset accumulation in order to obtain or retain TANF support. Asset limits also create extra administrative burdens for families, delaying timely access to needed resources. For families already receiving benefits, if work requirements are not met, reductions in payments and/or early exit from the program may occur.<sup>268</sup> Nonvoluntary changes in work hours may penalize these recipients unfairly.<sup>270</sup> Finally, the block grants provided to states for TANF have not increased over time, such that the program has lost approximately 40% of its value due to inflation.<sup>271</sup> This leaves fewer funds overall to serve families in need.

#### *Supplemental Security Income (SSI)*

The SSI Program was created in the 1970s through the adaptation of existing federal and state-specific cash assistance programs into one national effort.<sup>6</sup> SSI provides a guaranteed minimum income for low income senior adults and families with disabled and/or blind individuals; its success in reducing poverty among American senior adults is well-documented. Eligibility for the program is established when an individual or a couple meets the medical necessity or age criteria, has little to no income, and has assets fewer than \$2,000 for an individual

or \$3,000 for a couple.<sup>272</sup> Cash assistance is provided based on the amount of “countable” household income subtracted from annually established federal benefit rates.<sup>273</sup> In 2020, these rates were \$783 for an individual and \$1,175 for a couple.<sup>274</sup> South Carolina also provides an SSI supplement to individuals living in Community Residential Care Facilities.<sup>275</sup> As of December 2019, in total 114,706 South Carolinians were receiving assistance through SSI.<sup>276</sup> Barriers to receipt of SSI include its asset limits and the application process itself, which requires lengthy documentation of medical need, income, and resources.<sup>277,278</sup>

*Federal Earned Income Tax Credit (EITC)*

The EITC, also first introduced in the 1970s, is a refundable tax credit available to individuals and families, especially those with children, whose earnings fall below a maximum limit.<sup>6</sup> Since this benefit is based solely on earnings, it is designed as a work support. As support for these types of benefits grew, so did expansion of the EITC. Benefit eligibility and the tax credit itself both vary based on household income and number of children (Table 11.1).<sup>41,279</sup> In 2016, South Carolina had a 78.4% Federal EITC participation rate, which was similar to the national average of 78%.<sup>280</sup> One of the major challenges for people who receive the EITC benefit is that it is paid only once per year—at tax time—requiring skillful budgeting to benefit from this infusion of resources all year long.<sup>281</sup> Childless adults are also unable to fully benefit presenting another challenge. Nationally, 20% of potentially eligible households do not claim this tax credit.<sup>282</sup>

<i>Eligibility Based on Maximum Income</i>			<i>Maximum Possible Credit (Annual)</i>
<i>Family Size</i>	<i>One Parent</i>	<i>Married</i>	
No Children	\$15,820	\$21,710	\$538
1 Child	\$41,756	\$47,646	\$3,846
2 Children	\$47,440	\$53,330	\$5,920
3+ Children	\$50,594	\$56,844	\$6,660

*Source: U.S. Internal Revenue Service; The Self-Sufficiency Standard for South Carolina 2020*

*South Carolina Earned Income Tax Credit (EITC)*

In 2017, the South Carolina General Assembly passed a law that allowed the state to adopt its own version of the EITC—joining at least 30 other states that have done the same.<sup>282,283</sup> While income eligibility is the same in South Carolina as the Federal EITC, South Carolina credit amounts, phased in over a six-year period, will eventually be capped at 125% of the Federal EITC by 2023. To put this into perspective, in 2023, if an individual’s Federal EITC is \$1,000, then the South Carolina EITC will total \$1,250. In tax year 2018, 59,529 credits were claimed in South Carolina.<sup>284</sup> The same challenges that apply to the Federal EITC also apply in South Carolina.

*Childcare*

Programs that provide in-kind aid with childcare and/or early education are also available to South Carolina families. The SC Voucher Program, administered through the South Carolina Department of Social Services, pays childcare providers directly for services for families with low incomes.<sup>47,285</sup> Requirements for the program include income limits at or below 150% of the FPL and parents must have work and/or school requirements such that childcare is needed. In Federal Fiscal Year 2017, 22,641 children were served through this program in the state. Head Start and Early Head Start are federally funded programs that provide general support, social services, and educational programming to children up to five years of age across the U.S. and in South Carolina.<sup>286</sup> Eligible families have incomes at or below the FPL; in addition, children who are homeless, in the foster system, and/or receive TANF or SSI are automatically eligible.<sup>287</sup> In South Carolina, 23 agencies provide services to over 13,000 children who are low income through Head Start or Early Head Start.<sup>288</sup> Challenges to

accessing childcare and/or early education services in South Carolina primarily include limited funding to meet all of the existing needs, resulting in waiting lists and/or ultimately inability to receive services.<sup>289</sup>

## Neighborhood + Physical Environment

### *Rental Housing Assistance (Section 8 Housing Vouchers & Public Housing)*

The U.S. Department of Housing and Urban Development (HUD) is an available resource to those seeking assistance with rental housing and especially benefits senior adults, people with disabilities, military veterans, and families with children.<sup>84</sup> Typically, programs such as public housing or the Housing Choice Voucher Program (formerly known as Section 8) provide in-kind benefits to households whose incomes are at or below 50% of the area median income for where they are located.<sup>41</sup> However, due to limited funding, most new program participants have incomes below 30% of the area median income. If households qualify for assistance, the benefit received allows their housing costs to be adjusted to 30% of their adjusted gross income.

As of 2018, 143,200 people in 68,000 households were using federal rental assistance to afford housing in South Carolina.<sup>84</sup> Although the eligibility requirements for assistance are minimal and do not require household employment, many are unfortunately not able to obtain housing assistance due to limited funding and long waiting lists—recently estimated at an average of 24.7 months for all HUD programs in the state.<sup>83,290</sup> Once renters can obtain assistance, monthly paperwork requirements for households and their landlords can be time consuming for both parties.

### *South Carolina Office of Economic Opportunity Programs*

In addition to assistance with housing payments, there are a few programs in South Carolina, administered by the Office of Economic Opportunity in partnership with local Community Action Agencies, that provide in-kind resources to families or communities seeking help with home repairs or local housing initiatives.<sup>291</sup> For example, the Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to households seeking help paying their utility bills. These programs often face a lack of needed funding and strict requirements which limit the number of families they can help. Limited knowledge of how and where to seek assistance is also a barrier for some families in the state.<sup>292</sup>

## Education

The provision of public education in the U.S. is in and of itself a benefit to all families, but especially for those that experience poverty. Federal funding authorized by Title I of the Elementary and Secondary Education Act provides opportunities and funding to public schools with large concentrations of low income students to assist them with meeting the needs and educational goals of their families.<sup>293</sup> For the 2019-2020 school year, 619 schools in South Carolina (including elementary, middle, and high schools) received Title I funds.<sup>294</sup>

### *The National School Lunch Program (NSLP) and School Breakfast Program*

Additional support to assist children in meeting their educational goals is available in the form of nutritious meals provided by schools year-round. The National School Lunch Program (NSLP) and School Breakfast Program provide funding to schools that allows students experiencing poverty to receive meals for free or at a reduced cost depending on their household income.<sup>295</sup> Eligibility requirements are based on eligibility for other programs such as SNAP and TANF.<sup>296</sup> As of 2018, 457,138 students were receiving these benefits across the state.<sup>297</sup> Barriers to utilization of these benefits by students may include limited time at school for consuming meals (especially breakfast), perceived stigma by students for lack of payment for meals, and lack of appeal of the meal itself.<sup>298</sup>

### *Assistance with Post-Secondary Education*

Students from low income families who desire to continue beyond their K-12 education may be able to receive financial assistance to attend college. Assistance through such efforts as Federal TRIO Programs provide support to low income individuals in underserved areas to help them apply for and identify resources that will enable them to attend college.<sup>299</sup> The Free Application for Federal Student Aid (FAFSA) is also a tool which helps students identify aid that is available through grants, scholarships, loans, and student work study jobs.<sup>300</sup> Available assistance is calculated based on parent or guardian income. Utilization of these programs varies by post-secondary institution. Barriers to post-secondary education for students experiencing poverty in South Carolina, outlined in section 6 of this report, include limited availability of educational role models and the high costs of post-secondary education.

### Food Security

#### *Supplemental Nutrition Assistance Program (SNAP)*

One of the most well-known poverty reduction programs in the country is SNAP. Initially developed during the 1960s and formerly known as the Food Stamp Program, SNAP provides monthly, in-kind support to families who meet eligibility requirements.<sup>6</sup> Currently, SNAP is available to families in South Carolina with an income less than the limit of 130% of the FPL and there is no asset limit that blocks eligibility.<sup>41,269</sup> General work requirements do apply to certain groups within this eligible population, however.<sup>301</sup> In South Carolina Fiscal Year 2018-2019, 568,166 persons in 264,179 households received SNAP benefits; the average monthly benefit per household was \$267.<sup>153</sup> Barriers to SNAP participation highlighted in section 7 of this report include access to the application process itself, including fear of applying based on immigration status. SNAP benefits were also found to not meet the total household food budget needs of many South Carolinians.

#### *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*

The WIC program is an additional resource for obtaining food and nutrition resources that is available to South Carolina's pregnant and postpartum women and children up to the age of 5 whose household income is at or below 185% of the FPL.<sup>41</sup> As of Federal Fiscal Year 2019, there were 84,596 women and children WIC program participants in South Carolina.<sup>302</sup> The average monthly benefit per person was \$46.71. Families face many challenges fully accessing WIC benefits including misconceptions around eligibility, language and cultural barriers, limited options of WIC-approved food items, perceived stigma when using benefits, and difficulties related to accessing local WIC clinics for health education, such as limited transportation and/or long wait times.<sup>303</sup>

### Community + Social Context

Despite the existence of poverty reduction programs throughout the U.S., there are persistent social barriers for some families who may be eligible for benefits but who are not able to access them. Perceived stigma around receiving assistance is a recurrent theme within American society; anticipation of negative treatment for obtaining benefits is a barrier for many families.<sup>304</sup> This is especially of concern for communities of color, which are disproportionately burdened in their experience with poverty. Social and cultural depictions of dependency on these programs stigmatizes these communities, leading some to avoid seeking assistance.<sup>305</sup> In addition to perceived and realized stigma, there is also the reality that social and cultural norms create barriers for households to receive benefits despite the presence of anti-discrimination laws across these programs. For example, some immigrant families who are otherwise eligible for benefits for themselves or their children are hesitant to apply for these benefits due to the fear of exploiting their family and/or challenges to their legal



status, including possible deportation.<sup>306</sup> This has led to a decrease in participation in some benefit programs, especially in recent years.

## Health Care

### *Public Health Insurance*

Health insurance for low income families in the U.S. is provided in-kind through state Medicaid programs, which were established in the 1960s.<sup>6</sup> These federal-state partnerships help provide coverage to those who meet income eligibility requirements, and who are pregnant, are responsible for a child 18 years of age or younger, are blind, have a disability or a household family member with a disability, or are 65 years of age or older.<sup>215</sup> Eligibility income limits are based on a percentage of the FPL and vary based on each eligibility type.<sup>216</sup> As of 2018, there were 944,418 South Carolinians, 19.4% of the state's population, receiving Medicaid.<sup>210</sup> The Children's Health Insurance Program (CHIP), enacted in 1997, provides Medicaid coverage to uninsured children ages 19 and under whose family household income is 208% or less of the FPL.<sup>41</sup> As of 2018, 96,213 children were served in South Carolina as a result of CHIP.<sup>307</sup>

Due to the choice made by South Carolina leaders to not expand Medicaid coverage through the Patient Protection and Affordable Care Act (ACA), certain populations in the state remain unable to access affordable health care. Specifically, adult men have a very difficult time obtaining health care coverage through Medicaid as they only fall into a few of the eligibility categories.<sup>214</sup> For individuals and families that are eligible, efforts to streamline enrollment into and renewal of Medicaid benefits have decreased barriers in access to coverage as well as overall enrollment churn.<sup>308</sup> However, after coverage is obtained, families may still encounter barriers with accessing the care they need due to limited available services. Also, in 2019 South Carolina was approved to implement work requirements for parent/caretaker Medicaid recipients in order to maintain their coverage.<sup>309</sup> Limited awareness of this new policy as well as how to comply—through reporting community engagement—are barriers to maintenance of coverage. Loss of coverage would not only remove health care access for the parents/caretakers but would also hurt families.<sup>310</sup> Financial stress as a result of high costs of health care and/or medical debt may lead to further experiences with poverty. Also, children of newly uninsured parents may also lose coverage, may be less likely to receive needed health care, and may have trouble bonding with their parent.

### *Medically Indigent Assistance Program (MIAP)*

South Carolina additionally provides a MIAP for people who are uninsured or underinsured and need assistance with inpatient hospital care costs.<sup>311</sup> Eligibility criteria for the program is set as a household income at or below 200% of the FPL. Additionally, several asset limits apply including the equity value of the applicant's primary residence must be less than \$35,000, equity interest in personal property must be less than \$6,000, and cash assets must be less than \$500. In addition to these limitations on eligibility, a barrier to utilization of this program is that the application process is usually completed after the services have been provided, especially for emergency admissions.<sup>312</sup> Applicants risk being turned down for benefits, and thus a high hospital bill left to pay.

## 12. Conclusion

Poverty in South Carolina is a complex, multi-factorial phenomenon that needs to be examined as such. Six structural factors—economic stability, neighborhood and physical environment, education, food security, community and social context, and health care—were evaluated through this research to identify the systemic and policy elements related to each that lead to, reinforce, and exacerbate poverty in the state. Using existing, publicly available data, most of the issues examined showed that the outcomes associated with each in South Carolina are poor, especially when compared to the U.S. as a whole. While an official estimate indicated that 16% of the state’s residents experienced poverty in 2018,<sup>1</sup> some of the factors measured here affected over half of the state’s residents. The consequences of these structural barriers are far-reaching in South Carolina—likely directly or indirectly affecting almost every resident of the state.

***While every resident of the state is likely affected by the experience of poverty and its associated structural factors, it is critical to reflect that this does not mean that the experience is shared equally by all groups.*** All of the factors examined in this research included elements that disproportionately affected different groups based on their gender and/or racial/ethnic identities. For example:

### *Economic Stability*

- On average, women in South Carolina earned 72.2% of their male counterparts in 2018; this gap was even larger for Black, Hispanic, and Asian American women in the state.<sup>33,34</sup>

### *Neighborhood + Physical Environment*

- In South Carolina, owner-occupied housing was greatest among white households (77.1%) compared to other racial/ethnic minority groups in 2018.<sup>69</sup> Previous racist practices in the lending industry are associated with these disparities; yet, homeownership remains a primary path to wealth generation in the U.S.<sup>68,71</sup>

### *Education*

- The proportion of South Carolina’s Black, Hispanic, and American Indian students that graduated from high school in 2018-2019 was below 80%, while the proportion of white students that graduated was approximately 85%.<sup>137</sup> Lower overall investments in public education were found in counties with higher proportions of Black residents.<sup>123</sup>

### *Food Security*

- Over half of the households (52.9%) in South Carolina that received SNAP benefits in 2018 identified as Black, compared to 26.2% at the national level—illustrating a disproportionate food insecurity in this population.<sup>154</sup>

### *Community + Social Context*

- In the state’s General Assembly, 18% of the South Carolina House of Representatives and 9% of the South Carolina State Senate are women as of 2019 compared to a female population of 51.5% in the state.<sup>195,196</sup>

### *Health Care*

- In 2018, 12.2% of Black South Carolinians were uninsured compared to 10.8% nationally; 30.2% of Hispanic South Carolinians were uninsured compared to 19.2% nationally. Upfront costs of obtaining health insurance and/or lack of availability of coverage through employment create barriers to obtaining needed medical care for these populations.<sup>212,213</sup>

*In addition to these specific examples, geographic disparities were also observed, with residents of rural areas typically experiencing a higher burden of poverty and its associated factors compared to more urban areas of the state.* If data were available to examine the experience of poverty among other minority groups within the state (i.e., additional race categories or sexual and gender minority categories), it is likely that these populations would also be disproportionately represented compared to their majority counterparts.

Clearly much work is necessary to reconfigure and possibly dismantle the structural factors perpetuating poverty in South Carolina if the state is to improve its standing in this area and reduce the burden of poverty among residents. This will require all sectors to examine their fundamental objectives—especially how equitable access to resources may be assured for all people. It will also require cooperation among sectors, as this research demonstrated how interconnected these structural factors are. If one area improves while another does not, only small incremental changes can be expected. To truly create momentum around the idea of eradicating poverty in the state, big change—across all sectors simultaneously—is needed.

As a new decade begins, the death, disability, and economic despair in the state resulting from the COVID-19 pandemic must be recognized and addressed in a meaningful way. Moving past the pandemic, there will be additional opportunities to work towards the changes needed to address poverty in South Carolina. Structures that were found to be weak or damaged as a result of this crisis can be rebuilt in a more equitable manner, while new structures can be designed this way intentionally. *A new awareness of the depth and severity of the experience of poverty in South Carolina—certainly worsened as a result of the pandemic—can be a bridge between communities as to how these structures affect the outcomes of their neighbors.* Guidance for South Carolinians in recognizing and understanding these structures is provided through this report to encourage dialogue and action. Purposeful work can be effective at not only reducing the level of poverty in the state but also improving the lives for all South Carolinians.

## Appendix A. References

1. U.S. Census Bureau (2014-2018). *American Community Survey: Poverty Status in the Last 12 Months* (Table S1701). Available at: <https://data.census.gov/cedsci/>.
2. Sisters of Charity Foundation of South Carolina. *About*. Available at: <https://sistersofcharitysc.com/about/>.
3. Sisters of Charity Foundation of South Carolina. *Annual Report 2019*. Available at: <https://sistersofcharitysc.com/wp-content/uploads/2020/05/2019-Annual-Report.pdf>.
4. Smeeding, T. (2014). *Chapter 6: Poverty Measurement*. University of Wisconsin-Madison Institute for Research on Poverty Discussion Paper No. 1424-14. Available at: <https://www.irp.wisc.edu/wp/wp-content/uploads/2018/05/dp142414.pdf>.
5. Bradshaw, T. (2007). Theories of Poverty and Anti-Poverty Programs in Community Development. *Community Development*. 3(1), 7-25. Available at: <https://doi.org/10.1080/15575330709490182>.
6. Haveman, R., Blank, R., Moffitt, R., Smeeding, T., & Wallace, G. (2015). The War on Poverty: Measurement, Trends, and Policy. *Journal of Policy Analysis and Management*. 34(3), 593-638. Available at: [https://www.ssc.wisc.edu/~gwallace/Papers/Haveman%20et%20al.%20\(2015\).pdf](https://www.ssc.wisc.edu/~gwallace/Papers/Haveman%20et%20al.%20(2015).pdf).
7. Ziliak, J.P. (2006). Understanding Poverty Rates and Gaps: Concepts, Trends, and Challenges. *Foundations and Trends in Microeconomics*. 1(3), 127-197. Available at: [https://gatonweb.uky.edu/Faculty/ziliak/ziliak\\_gaps.pdf](https://gatonweb.uky.edu/Faculty/ziliak/ziliak_gaps.pdf).
8. McKernan, S.M., & Ratcliffe, C. (2002). *Transition Events in the Dynamics of Poverty*. Available at: <https://www.urban.org/sites/default/files/alfresco/publication-pdfs/410575-Transition-Events-in-the-Dynamics-of-Poverty.PDF>.
9. Cellini, S., McKernan, S.M., & Ratcliffe, C. (2008). The Dynamics of Poverty in the United States: A Review of Data, Methods and Findings. *Journal of Policy Analysis and Management*. 27(3), 577-605. Available at: <https://doi.org/10.1002/pam.20337>.
10. Saatcioglu, B., & Corus, C. (2014). Poverty and Intersectionality: A Multidimensional Look into the Lives of the Impoverished. *Journal of Macromarketing*. 34(2), 122-132. Available at: <https://doi.org/10.1177%2F0276146713520600>.
11. Crenshaw, K. (1991). Mapping the margins: Identity politics, intersectionality, and violence against women. *Stanford Law Review*. 43(6), 1241-1299. Available at: <https://doi.org/10.2307/1229039>.
12. Hoynes, H., Page, M., & Stevens, A. (2006). Poverty in America: Trends and Explanations. *Journal of Economic Perspectives*. 20(1), 47-68. Available at: <https://pubs.aeaweb.org/doi/pdf/10.1257/089533006776526102>.
13. Blank, R. M. (2007). How to improve poverty measurement in the United States. *Journal of policy analysis and management*, 27(2). Available at: [https://www.brookings.edu/wp-content/uploads/2016/06/06\\_poverty\\_blank.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/06_poverty_blank.pdf).
14. Brady, D. (2019). Theories of the Causes of Poverty. *Annual Review of Sociology*. 45, 155-175. Available at: <https://doi.org/10.1146/annurev-soc-073018-022550>.
15. Dhongde, S., & Haveman, R. (2015). *Multi-Dimensional Poverty Index: An Application to the United States*. University of Wisconsin-Madison Institute for Research on Poverty Discussion Paper No. 1427-15. Available at: <https://www.irp.wisc.edu/publications/dps/pdfs/dp142715.pdf>.

16. Cotter, D. (2002). Poor People in Poor Places: Local Opportunity Structures and Household Poverty. *Rural Sociology*. 67(4), 534-555. Available at: <https://doi.org/10.1111/j.1549-0831.2002.tb00118.x>.
17. American College Health Association (ACHA). *Healthy Campus Ecological Model*. Available at: [https://www.acha.org/HealthyCampus/HealthyCampus/Ecological\\_Model.aspx](https://www.acha.org/HealthyCampus/HealthyCampus/Ecological_Model.aspx).
18. Pew Research Center, *Most Americans Point to Circumstances, Not Work Ethic, for Why People Are Rich or Poor* (press release, March 2, 2020). Available at: <https://www.pewresearch.org/politics/2020/03/02/most-americans-point-to-circumstances-not-work-ethic-as-reasons-people-are-rich-or-poor/>.
19. Artiga, S. & Hinton, E. (2018). *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity* (Kaiser Family Foundation issue brief). Available at: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
20. Yepez, L. & Cohen, P. (2019). *The Shared Determinants of Health and Wealth* (Prosperity Now blog). Available at: <https://prosperitynow.org/blog/shared-determinants-health-and-wealth>.
21. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Economic Stability*. Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>.
22. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Employment*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>.
23. U.S. Department of Labor, Bureau of Labor Statistics. *State Employment and Unemployment — January 2020* (press release, March 16, 2020). Available at: [https://www.bls.gov/news.release/archives/laus\\_03162020.pdf](https://www.bls.gov/news.release/archives/laus_03162020.pdf).
24. U.S. Department of Labor, Bureau of Labor Statistics. *Geographic Information*. Available at: <https://www.bls.gov/regions/home.htm>.
25. U.S. Census Bureau (2014-2018). *American Community Survey: Selected Social Characteristics in the United States* (Table DP02). Available at: <https://data.census.gov/cedsci/>.
26. U.S. Department of Labor, Wage and Hour Division. *State Minimum Wage Laws*. Available at: <https://www.dol.gov/agencies/whd/minimum-wage/state#sc>.
27. U.S. Department of Labor, Wage and Hour Division. *Minimum Wage* (overview). Available at: <https://www.dol.gov/agencies/whd/minimum-wage>.
28. National Conference of State Legislatures. (2020). *State Minimum Wage Legislation*. Available at: <https://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx#Table>.
29. U.S. Department of Labor, Bureau of Labor Statistics. *May 2019 State Occupational Employment and Wage Estimates South Carolina*. Available at: [https://www.bls.gov/oes/2019/may/oes\\_sc.htm](https://www.bls.gov/oes/2019/may/oes_sc.htm).
30. National Women’s Law Center (2014). *Underpaid & Overloaded: Women in Low-Wage Jobs*. Available at: [https://nwlc.org/wp-content/uploads/2015/08/final\\_nwlc\\_lowwagereport2014.pdf](https://nwlc.org/wp-content/uploads/2015/08/final_nwlc_lowwagereport2014.pdf).
31. U.S. Census Bureau Longitudinal Employer-Household Dynamics (LEHD). *Percent of non-federal jobs that are non-primary, by employee residence, in 2017*. PolicyMap. Available at: <https://www.policymap.com/maps>.

32. U.S. Census Bureau (2014-2018). *American Community Survey: Income in the Past 12 Months (In 2019 Inflation-Adjusted Dollars)* (Table S1901). Available at: <https://data.census.gov/cedsci/>.
33. U.S. Census Bureau (2014-2018). *American Community Survey: Occupation by Sex and Median Earnings in the Past 12 Months (in 2019 Inflation-Adjusted Dollars) for the Civilian Employed Population 16 Years and Over* (Table S2411). Available at: <https://data.census.gov/cedsci/>.
34. National Partnership for Women & Families. *The Wage Gap in South Carolina*. Available at: <https://www.nationalpartnership.org/our-work/economic-justice/wage-gap/the-wage-gap-in-south-carolina.html>.
35. U.S. Census Bureau. (2017). *American Economic Surveys: Annual Business Survey: Business Characteristics of Respondent Employer Firms by Sector, Sex, Ethnicity, Race, and Veteran Status for the U.S., States, Metro Areas, Counties, and Places: 2017* (Table AB1700CSCB01). Available at: <https://data.census.gov/cedsci/>.
36. Kaiser Family Foundation. (2020). *Paid Family and Sick Leave in the U.S.* Available at: <https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s/>.
37. South Carolina General Assembly (2020). *H.5137*. Available at: [https://www.scstatehouse.gov/sess123\\_2019-2020/bills/5137.htm](https://www.scstatehouse.gov/sess123_2019-2020/bills/5137.htm).
38. U.S. Department of Labor, Bureau of Labor Statistics, The Economics Daily, February 28, 2020. *Nonunion workers had weekly earnings 81 percent of union members in 2019*. Available at: <https://www.bls.gov/opub/ted/2020/nonunion-workers-had-weekly-earnings-81-percent-of-union-members-in-2019.htm>.
39. Hirsch, B. T. & Macpherson, D.A. "Union Membership and Coverage Database from the Current Population Survey: Note," *Industrial and Labor Relations Review*, Vol. 56, No. 2, January 2003, pp. 349-54 (updated annually at <https://www.unionstats.com/>).
40. U.S. Department of Labor, Bureau of Labor Statistics. *Union Members Summary* (press release, January 22, 2020). Available at: <https://www.bls.gov/news.release/union2.nr0.htm>.
41. Pearce, D. M. (2020). *The Self-Sufficiency Standard for South Carolina 2020*. The Center for Women's Welfare at the University of Washington School of Social Work (prepared for United Way of South Carolina). Available at: [https://www.uwasc.org/sites/uwasc.org/files/SC2020\\_SSS.pdf](https://www.uwasc.org/sites/uwasc.org/files/SC2020_SSS.pdf).
42. Temkin, K. & Sawyer, N. (2004). *Analysis of Alternative Financial Service Providers*. The Urban Institute Metropolitan Housing and Communities Policy Center (prepared for The Fannie Mae Foundation). Available at: <https://www.urban.org/sites/default/files/alfresco/publication-pdfs/410935-Analysis-of-Alternative-Financial-Service-Providers.PDF>.
43. Federal Deposit Insurance Corporation (FDIC). *Percent of households with a (racial/ethnic identity) householder that are (un/under) banked as of 2013-2017*. PolicyMap. Available at: <https://www.policymap.com/maps>.
44. McKernan, S., Brown, S., & Kenney, G. M. *Past-due medical debt a problem, especially for black Americans* (Urban Institute, Urban Wire blog, March 26, 2017). Available at: <https://www.urban.org/urban-wire/past-due-medical-debt-problem-especially-black-americans>.
45. Braga, B., McKernan, S-M., & Quakenbush, C. (2019). *Debt in America: An Interactive Map*. Available at: <https://apps.urban.org/features/debt-interactive-map/>.

46. Center for American Progress. *Early Learning 2019: South Carolina* (fact sheet). Available at: [https://cdn.americanprogress.org/content/uploads/2019/09/12072236/South-Carolina.pdf?\\_ga=2.267976782.1105214302.1602079757-527151636.1602079757](https://cdn.americanprogress.org/content/uploads/2019/09/12072236/South-Carolina.pdf?_ga=2.267976782.1105214302.1602079757-527151636.1602079757).
47. South Carolina Department of Social Services, Early Care and Education, SC Child Care. *SC Voucher Program*. Available at: <https://www.scchildcare.org/departments/sc-voucher.aspx>.
48. Center for American Progress. *42 percent of people in South Carolina live in a child care desert*. Available at: <https://childcaredeserts.org/2018/index.html?state=SC>.
49. National Conference of State Legislatures. (2019). *Moving on Up: Helping Families Climb the Economic Ladder by Addressing Benefits Cliffs*. Available at: [https://www.ncsl.org/documents/cyf/Benefits\\_Cliffs\\_Brief\\_32099.pdf](https://www.ncsl.org/documents/cyf/Benefits_Cliffs_Brief_32099.pdf).
50. Board of Governors of the Federal Reserve System. (2019). *Report on the Economic Well-Being of U.S. Households in 2018-May 2019: Dealing with Unexpected Expenses*. Available at: <https://www.federalreserve.gov/publications/2019-economic-well-being-of-us-households-in-2018-dealing-with-unexpected-expenses.htm>.
51. Chetty, R., Friedman, J.N., Hendren, N., Jones, M.R., & Porter, S.R. (2020) *The Opportunity Atlas: Mapping the Childhood Roots of Social Mobility*. Available at: [https://opportunityinsights.org/wp-content/uploads/2018/10/atlas\\_paper.pdf](https://opportunityinsights.org/wp-content/uploads/2018/10/atlas_paper.pdf).
52. Opportunity Insights. <https://opportunityinsights.org/>.
53. U.S. Census Bureau and Opportunity Insights. *The Opportunity Atlas* (dataset). Available at: <https://www.opportunityatlas.org/>.
54. U.S. Department of Commerce, United States Census Bureau. *Gini Index*. Available at: <https://www.census.gov/topics/income-poverty/income-inequality/about/metrics/gini-index.html>.
55. U.S. Census Bureau (2014-2018). *American Community Survey: Gini Index of Income Inequality* (Table B19083). Available at: <https://data.census.gov/cedsci/>.
56. U.S. Census Bureau. (2017). *American Economic Surveys: Annual Business Survey: Statistics for Employer Firms by Industry, Sex, Ethnicity, Race, and Veteran Status for the U.S., States, Metro Areas, Counties, and Places: 2017* (Table AB1700CSA01). Available at: <https://data.census.gov/cedsci/>.
57. Wainer, A. & Zabel, J. (2020). Homeownership and wealth accumulation for low-income households. *Journal of Housing Economics*. 47, 101624. Available at: <https://doi.org/10.1016/j.jhe.2019.03.002>.
58. Women's Rights and Empowerment Network (WREN). *South Carolina's Gender Wealth Gap: A 2020 Policy Brief*. Available at: <https://www.scwren.org/wp-content/uploads/2020/06/Wealth-Gap-Report-Final-2-1.pdf>.
59. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Neighborhood and Built Environment*. Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>.
60. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Housing Instability*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/housing-instability>.

61. Lee, D. (2020). The impact of natural disasters on neighborhood poverty rate: A neighborhood change perspective. *Journal of Planning Education and Research*. 40(4), 447-459. Available at: <https://doi.org/10.1177%2F0739456X18769144>.
62. U.S. Census Bureau (2014-2018). *American Community Survey: Selected Housing Characteristics* (Table DP04). Available at: <https://data.census.gov/cedsci/>.
63. PolicyMap and Zillow. *Median sale price of residential homes in 2017*. PolicyMap. Available at: <https://www.policymap.com/maps>.
64. PolicyMap, U.S. Census Bureau, and HUD. *Percent of all homes that are likely affordable for a 4-person family earning 100% of AMI between 2014-2018*. PolicyMap. Available at: <https://www.policymap.com/maps>.
65. Joint Center for Housing Studies of Harvard University. (2020). *The State of the Nation's Housing 2020*. Available at: [https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard\\_JCHS\\_The\\_State\\_of\\_the\\_Nations\\_Housing\\_2020\\_Report.pdf](https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report.pdf).
66. U.S. Census Bureau (2014-2018). *American Community Survey: Physical Housing Characteristics for Occupied Housing Units* (Table S2504). Available at: <https://data.census.gov/cedsci/>.
67. National Consumer Law Center. (2010). *Accessing Public Resources for Homes and Communities*. Available at: [https://www.nclc.org/images/pdf/manufactured\\_housing/accessing-public-resources.pdf](https://www.nclc.org/images/pdf/manufactured_housing/accessing-public-resources.pdf).
68. U.S. Department of Housing and Urban Development, Office of Policy Development and Research (PD&R). (2012). *Paths to Homeownership for Low-Income and Minority Households*. Available at: <https://www.huduser.gov/portal/periodicals/em/fall12/highlight1.html>.
69. U.S. Census Bureau (2014-2018). *American Community Survey: Demographic Characteristics for Occupied Housing Units* (Table S2502). Available at: <https://data.census.gov/cedsci/>.
70. Federal Financial Institutions Examination Council. Home Mortgage Disclosure Act Database. Available at: <https://ffiec.cfpb.gov/>.
71. Digital Scholarship Lab, University of Richmond. *Mapping Inequality: Redlining in New Deal America. Introduction*. Available at: <https://dsl.richmond.edu/panorama/redlining/#loc=5/39.1/-94.58&text=intro>.
72. Mitchell, B. & Franco, J. (2018). *HOLC "Redlining" Maps: The persistent structure of segregation and economic inequality*. National Community Reinvestment Coalition. Available at: [https://ncrc.org/wp-content/uploads/dlm\\_uploads/2018/02/NCRC-Research-HOLC-10.pdf](https://ncrc.org/wp-content/uploads/dlm_uploads/2018/02/NCRC-Research-HOLC-10.pdf).
73. Digital Scholarship Lab, University of Richmond. *Mapping Inequality: Redlining in New Deal America. Columbia, SC*. Available at: <https://dsl.richmond.edu/panorama/redlining/#loc=14/34.003/-81.045&city=columbia-sc>.
74. Federal Reserve. (2006). *Federal Fair Lending Regulations and Statutes, Fair Housing Act Consumer Compliance Handbook*. Available at: [https://www.federalreserve.gov/boarddocs/supmanual/cch/fair\\_lend\\_fhact.pdf](https://www.federalreserve.gov/boarddocs/supmanual/cch/fair_lend_fhact.pdf).
75. Gaither, C. J. (2016). *"Have Not Our Weary Feet Come to the Place for Which Our Fathers Sighed?": Heirs' Property in The Southern United States* (U.S. Department of Agriculture, Forest Service Technical Report SRS-216). Available at: [https://www.srs.fs.usda.gov/pubs/gtr/gtr\\_srs216.pdf](https://www.srs.fs.usda.gov/pubs/gtr/gtr_srs216.pdf).



76. Simington, J. (2019). *Murky Homeownership Status Derails Flood Relief In South Carolina*. Available at: <https://poverty.umich.edu/news-events/news/rural-resilience-murky-homeownership-status-derails-flood-relief-in-south-carolina/>.
77. U.S. Census Bureau. *Estimated median gross rent, between 2014-2018*. PolicyMap. Available at: <https://www.policymap.com/maps>.
78. PolicyMap, U.S. Census Bureau, and HUD. *Percent of all two-bedroom rental units that are likely affordable for a 4-person family earning 30% of AMI between 2014-2018*. PolicyMap. Available at: <https://www.policymap.com/maps>.
79. PolicyMap, U.S. Census Bureau, and HUD. *Percent of all two-bedroom rental units that are likely affordable for a 4-person family earning 50% of AMI between 2014-2018*. PolicyMap. Available at: <https://www.policymap.com/maps>.
80. Desmond, M., Gromis, A., Edmonds, L., Hendrickson, J., Krywokulski, K., Leung, L., & Porton, A. (2018). *Eviction Lab National Database: Version 1.0*. Princeton: Princeton University. Available at: <https://evictionlab.org/>.
81. Princeton University, Eviction Lab. *Top Evicting Large Cities in the United States*. Available at: <https://evictionlab.org/rankings/#/evictions?r=United%20States&a=0&d=evictionRate&lang=en>.
82. Leung, L., Hepburn, P., & Desmond, M. Serial Eviction Filing: Civil Courts, Property Management, and the Threat of Displacement. *Social Forces*. soaa089. Available at: <https://academic.oup.com/sf/advance-article/doi/10.1093/sf/soaa089/5903878>.
83. U.S. Department of Housing and Urban Development, Office of Policy Development and Research (PD&R). *Assisted Housing: National and Local* (Dataset). Available at: [https://www.huduser.gov/portal/datasets/assths.html#2009-2019\\_query](https://www.huduser.gov/portal/datasets/assths.html#2009-2019_query).
84. Center on Budget and Policy Priorities. (2019). *South Carolina Federal Rental Assistance Fact Sheet*. Available at: <https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#SC>.
85. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2020). *2007 - 2019 Point-in-Time Estimates by CoC*. Available at: <https://www.huduser.gov/portal/sites/default/files/xls/2007-2019-Point-in-Time-Estimates-by-CoC.xlsx>.
86. Susan McLarty, personal communication, June 25, 2020.
87. U.S. Department of Housing and Urban Development, Office of Policy Development and Research (PD&R). (2020). *Location Affordability Index v.3*. Available at: <https://hudgis-hud.opendata.arcgis.com/datasets/location-affordability-index-v-3>.
88. U.S. Census Bureau (2014-2018). *American Community Survey: Means of Transportation to Work by Selected Characteristics* (Table S0802). Available at: <https://data.census.gov/cedsci/>.
89. U.S. Census Bureau (2014-2018). *American Community Survey: Number of Workers in Household by Vehicles Available* (Table B08203). Available at: <https://data.census.gov/cedsci/>.
90. South Carolina Department of Transportation. (2020). *Public Transit Providers*. Available at: <https://www.scdot.org/travel/travel-transitproviders.aspx>.
91. CDM Smith for South Carolina Department of Transportation. (2014). *South Carolina Statewide Public Transportation and Coordination Plan*. Available at: [https://www.scdot.org/Multimodal/pdf/SC\\_MTP\\_Transit\\_Plan\\_FINAL.pdf](https://www.scdot.org/Multimodal/pdf/SC_MTP_Transit_Plan_FINAL.pdf).

92. South Carolina Department of Revenue. (2019). *Transportation*. Available at: <https://dor.sc.gov/tax/transportation>.
93. South Carolina Department of Natural Resources. (2020). *South Carolina Hurricanes: Comprehensive Summary*. Available at: <https://www.dnr.sc.gov/climate/sco/hurricanes/pdfs/SCHurricanesExecutiveSummary.pdf>.
94. South Carolina Department of Natural Resources, State Climate Office. *South Carolina Hurricanes & Tropical Storms*. Available at: <https://www.dnr.sc.gov/climate/sco/hurricanes/table-view.html#rt-row>.
95. U.S. Department of Commerce, National Oceanic and Atmospheric Administration, National Hurricane Center. (2018). *The population at risk from storm surge in each U.S. State for different hurricane intensities*. Available at: [https://www.nhc.noaa.gov/nationalsurge/images/Population\\_Figure.png](https://www.nhc.noaa.gov/nationalsurge/images/Population_Figure.png).
96. South Carolina Department of Health and Environmental Control. *Coastal Hazard Vulnerability Assessment*. Available at: <https://gis.dhec.sc.gov/hva/>.
97. U.S. Department of Homeland Security, Federal Emergency Management Agency. (2020). *OpenFEMA Dataset: Disaster Declarations Summary – v2*. Available at: <https://www.fema.gov/openfema-data-page/disaster-declarations-summaries-v2>.
98. Purtle, J., Siddiqui, N.J., & Andrulis, D. P. (2011). *Language Issues and Barriers*. Available at: [https://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/language\\_issues\\_and\\_barriers-purtle.pdf](https://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/language_issues_and_barriers-purtle.pdf).
99. U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin – Greater Impact: How Disasters Affect People of Low Socioeconomic Status*. Available at: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/dtac/srb-low-ses.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-low-ses.pdf).
100. Duffy, M. (2019). *Flood Recovery Out of Reach for Many in Rural South Carolina*. Available at: <https://poverty.umich.edu/news-events/news/south-carolina-flood-recovery/>.
101. U.S. Department of Commerce, United States Census Bureau. *2015 South Carolina Floods*. Available at: [https://www.census.gov/topics/preparedness/events/floods/2015\\_sc\\_floods.html](https://www.census.gov/topics/preparedness/events/floods/2015_sc_floods.html).
102. U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry. *CDC SVI Documentation 2018*. Available at: [https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI\\_documentation\\_2018.html](https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html).
103. U.S. Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry Geospatial Research, Analysis, and Services Program. *CDC Social Vulnerability Index 2018 Database, South Carolina*. Available at: [https://www.atsdr.cdc.gov/placeandhealth/svi/data\\_documentation\\_download.html](https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html).
104. U.S. Census Bureau. (2020). *Community Resilience Estimates*. Available at: <https://www.census.gov/data/experimental-data-products/community-resilience-estimates.html>.
105. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Education Access and Quality*. Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>.
106. American Psychological Association. (2017). *Education and Socioeconomic Status: SES and Academic Achievement*. Available at: <https://www.apa.org/pi/ses/resources/publications/education#:~:text=SES%20and%20Academic%20Achievement,compared%20with%20higher%20SES%20communities>.

107. University of Wisconsin – Madison, Institute for Research on Poverty. (2019). *The brain science of poverty and its policy implications*. Available at: <https://www.irp.wisc.edu/wp/wp-content/uploads/2019/06/FF40-2019.pdf>.
108. The Annie E. Casey Foundation, KIDS COUNT Data Center. *Children in poverty in South Carolina*. Available at: <https://datacenter.kidscount.org/data/tables/2913-children-in-poverty?loc=42&loct=2#detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/any/6030,15073>.
109. Center for American Progress, Talk Poverty. *South Carolina: 2020*. Available at: <https://talkpoverty.org/state-year-report/south-carolina-2020-report/>.
110. OECD. (2012). *Equity and Quality in Education: Supporting Disadvantaged Students and Schools*. OECD Publishing. Available at: <http://dx.doi.org/10.1787/9789264130852-en>.
111. Robert Wood Johnson Foundation. (2017). *Traumatic Experiences Widespread Among U.S. Youth, New Data Show*. Available at: <https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s--youth--new-data-show.html#:~:text=Roughly%2040%20percent%20of%20white,and%2017%20percent%20are%20black>.
112. Children’s Trust of South Carolina. (2017). *Adverse childhood experiences are common but preventable*. Available at: <https://scchildren.org/wp-content/uploads/2017/12/SC-ACE-Data.pdf>.
113. The Annie E. Casey Foundation, KIDS COUNT Data Center. *Children who have experienced two or more adverse experiences in South Carolina*. Available at: <https://datacenter.kidscount.org/data/tables/9709-children-who-have-experienced-two-or-more-adverse-experiences?loc=42&loct=2#detailed/2/42/false/1648,1603/any/18961,18962>.
114. Magnuson, K. (2013). *Reducing the effects of poverty through early childhood interventions* (University of Wisconsin – Madison, Institute for Research on Poverty, Fast Focus brief). Available at: <https://www.irp.wisc.edu/publications/fastfocus/pdfs/FF17-2013.pdf>.
115. U.S. Census Bureau (2014-2018). *American Community Survey: School Enrollment* (Table S1401). Available at: <https://data.census.gov/cedsci/>.
116. The Annie E. Casey Foundation. (2020). *The 2020 KIDS COUNT Data Book*. Baltimore, MD. Available at: <https://www.aecf.org/m/resourcedoc/aecf-2020kidscountdatabook-2020.pdf>.
117. Corcoran, L., Steinley, K., & Grady, S. (2019). *Early Childhood Program Participation, Results from the National Household Education Surveys Program of 2016*. Available at: <https://nces.ed.gov/pubs2017/2017101REV.pdf>.
118. U.S. Census Bureau (2014-2018). *American Community Survey: Types of Computers and Internet Subscriptions* (Table S2801). Available at: <https://data.census.gov/cedsci/>.
119. U.S. Census Bureau (2014-2018). *American Community Survey: Limited English Speaking Households* (Table S1602). Available at: <https://data.census.gov/cedsci/>.
120. U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics: Common Core of Data. *Percent of students who were English Language Learners (ELL) in 2016-17*. PolicyMap. Available at: <https://www.policymap.com/maps>.
121. U.S. Department of the Interior, National Park Service. *Separate But Equal? South Carolina's Fight Over School Segregation (Teaching with Historic Places)*. Available at: <https://www.nps.gov/articles/separate-but-equal-south-carolina-s-fight-over-school-segregation-teaching-with-historic-places.htm>.

122. Tran, H., Aziz, M., & Reinhardt, S. F. (2020). Rage Against the Machine: The Legacy of Education Leaders' Valiant Struggle for Social Justice in Abbeville v. South Carolina. *Journal of School Leadership*. <https://doi.org/10.1177%2F1052684619899612>.
123. South Carolina Revenue and Fiscal Affairs Office. (2020). *Revenue Per Pupil Report by School District*. Available at: <http://rfa.sc.gov/files/Rev%20Per%20Pupil%20Report%20by%20District%20FY%2021%20with%20attachmen%20ts.pdf>.
124. Grady, M., & Hoffman, S. C. (2018). Segregation academies then and school choice configurations today in deep South states. *Contemporary Issues in Educational Leadership*, 2:2 (2018). Available at: <https://digitalcommons.unl.edu/ciel/7/>.
125. U.S. Department of Education, National Center for Education Statistics, Common Core of Data. (2018-19). State Nonfiscal Public Elementary/Secondary Education Survey. v.1a. Available at: <https://nces.ed.gov/ccd/elsi/expressTables.aspx>.
126. U.S. Census Bureau (2014-2018). *American Community Survey: Children Characteristics* (Table S0901). Available at: <https://data.census.gov/cedsci/>.
127. U.S. Census Bureau. *Spending Per Pupil Increased for Sixth Consecutive Year*. (press release, May 11, 2020). Available at: <https://www.census.gov/newsroom/press-releases/2020/school-system-finances.html>.
128. U.S. Department of Education, National Center for Education Statistics. (2020). *Fast Facts: Expenditures*. Available at: <https://nces.ed.gov/fastfacts/display.asp?id=66>.
129. Hanushek, E.A., Kain, J.F., O'Brien, D.M., & Rivkin, S.G. (2005). *The Market for Teacher Quality*. National Bureau of Economic Research, Working Paper 11154. Available at: <https://www.nber.org/papers/w11154>.
130. National Education Association. *Professional Pay*. Available at: <https://www.nea.org/your-rights-workplace/fair-pay-benefits/professional-pay>.
131. Center for Educator Recruitment, Retention, & Advancement. *South Carolina Average Teacher Salaries, By District 2018-19 School Year*. Available at: [https://www.cerra.org/uploads/1/7/6/8/17684955/avgteachersal\\_18-19.pdf](https://www.cerra.org/uploads/1/7/6/8/17684955/avgteachersal_18-19.pdf).
132. Rockefeller Institute of Government. *Teacher Salary Trends, 2002-17*. Available at: <https://rockinst.org/issue-areas/education/teacher-salary-trends-2002-17/>.
133. U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. *Estimated average annual salary of teachers in public elementary and secondary schools, by state*. Available at: [https://nces.ed.gov/programs/digest/d17/tables/dt17\\_211.60.asp](https://nces.ed.gov/programs/digest/d17/tables/dt17_211.60.asp).
134. Center for Educator Recruitment, Retention, & Advancement. *South Carolina Annual Educator Supply & Demand Report (2019-20 School Year)*. Available at: [https://www.cerra.org/uploads/1/7/6/8/17684955/2019-20\\_supply\\_demand\\_report.pdf](https://www.cerra.org/uploads/1/7/6/8/17684955/2019-20_supply_demand_report.pdf).
135. Whitehurst, G. J. & Chingos, M. M. (2011). *Class Size: What Research Says and What it Means for State Policy*. Available at: [https://www.brookings.edu/wp-content/uploads/2016/06/0511\\_class\\_size\\_whitehurst\\_chingos.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/0511_class_size_whitehurst_chingos.pdf).
136. U.S. Department of Education, National Center for Education Statistics, Common Core of Data. (2018-19). Local Education Agency (School District) Universe Survey Data, v.1a. Available at: <http://nces.ed.gov/ccd>.

137. South Carolina Department of Education. (2018-2019). *SC School Report Card* (dataset). Available at: <https://screportcards.ed.sc.gov/>.
138. U.S. Department of Education, National Center for Education Statistics. (2015). *The Condition of Education* (annual report). Available at: [https://nces.ed.gov/programs/coe/pdf/Indicator\\_COI/coe\\_coi\\_2015\\_05.pdf](https://nces.ed.gov/programs/coe/pdf/Indicator_COI/coe_coi_2015_05.pdf).
139. Dubow, E. F., Boxer, P., & Huesmann, L. R. (2009). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *Merrill-Palmer quarterly* (Wayne State University. Press). 55(3), 224. Available at: <https://dx.doi.org/10.1353%2Fmpq.0.0030>.
140. Tamborini, C.R., Kim, C. and Sakamoto, A. (2015). Education and lifetime earnings in the United States. *Demography*. 52(4):1383-1407. Available at: <https://doi.org/10.1007/s13524-015-0407-0>.
141. PolicyMap and U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. *Average tuition and fees for an in-state education at a 2-year public university, during the 2017-2018 academic year*. PolicyMap. Available at: <https://www.policymap.com/maps>.
142. PolicyMap and U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. *Average tuition and fees for an in-state education at a 4-year public university, during the 2017-2018 academic year*. PolicyMap. Available at: <https://www.policymap.com/maps>.
143. U.S. Department of Education, National Center for Education Statistics, Projections of Education Statistics to 1986-87; Higher Education General Information Survey (HEGIS), "Institutional Characteristics of Colleges and Universities" surveys, 1969-70 through 1985-86; "Fall Enrollment in Institutions of Higher Education" surveys, 1963 through 1985; Integrated Postsecondary Education Data System (IPEDS), "Fall Enrollment Survey" (IPEDS-EF:86-99) and "Institutional Characteristics Survey" (IPEDS-IC:86-99); IPEDS Spring 2001 through Spring 2018, Fall Enrollment component; and IPEDS Fall 2000 through Fall 2017, Institutional Characteristics component. (2018). Available at: [https://nces.ed.gov/programs/digest/d18/tables/dt18\\_330.10.asp](https://nces.ed.gov/programs/digest/d18/tables/dt18_330.10.asp).
144. Mugglestone, K., Dancy, K., & Voight, M. (2019). *Opportunity Lost: Net Price and Equity at Public Flagship Institutions* (Institute for Higher Education Policy report). Available at: [http://www.ihep.org/sites/default/files/uploads/docs/pubs/ihep\\_flagship\\_afford\\_report\\_final.pdf](http://www.ihep.org/sites/default/files/uploads/docs/pubs/ihep_flagship_afford_report_final.pdf).
145. Feeding America. *Food Insecurity in the United States*. Available at: <https://map.feedingamerica.org/>.
146. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Access to Foods that Support Healthy Eating Patterns*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns>.
147. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Food Insecurity*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/food-insecurity>.
148. U.S. Department of Agriculture, Economic Research Service. *Definitions of Food Security*. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.
149. Gundersen, C., Dewey, A., Engelhard, E., Strayer, M. & Lapinski, L. (2020). *Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018*. Available at: [https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s\\_src=WXXX1MTMG&\\_ga=2.9014384.474797493.1607112844-916573129.1606937453](https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s_src=WXXX1MTMG&_ga=2.9014384.474797493.1607112844-916573129.1606937453).

150. U.S. Department of Agriculture, Economic Research Service. *Food Prices and Spending*. Available at: <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-prices-and-spending/>.
151. Gundersen, C., Waxman, E., Engelhard, E., & Brown, J. (2011). *Map the Meal Gap 2011: Food Insecurity Estimates at the County Level*. Available at: [https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s\\_src=WXXX1MTMG&\\_ga=2.9014384.474797493.1607112844-916573129.1606937453](https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s_src=WXXX1MTMG&_ga=2.9014384.474797493.1607112844-916573129.1606937453).
152. U.S. Department of Agriculture, Economic Research Service. *Food Spending as a Share of Income Declines as Income Rises*. Available at: <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=58372>.
153. South Carolina Department of Social Services. *SNAP Participation June 2019*. Available at: [https://dss.sc.gov/media/2115/fs\\_201906.pdf](https://dss.sc.gov/media/2115/fs_201906.pdf).
154. U.S. Census Bureau (2014-2018). *American Community Survey: Food Stamps/Supplemental Nutrition Assistance Program* (Table S2201). Available at: <https://data.census.gov/cedsci/>.
155. U.S. Department of Agriculture Food and Nutrition Service Supplemental Nutrition Assistance Program. (2010). *Supplemental Nutrition Assistance Program (SNAP): Putting Healthy Food Within Reach – State Outreach Toolkit*. Available at: [https://alliancetoendhunger.org/wp-content/uploads/2018/03/SNAP\\_state\\_ALL.pdf](https://alliancetoendhunger.org/wp-content/uploads/2018/03/SNAP_state_ALL.pdf).
156. South Carolina Department of Social Services. *SNAP Program*. Available at: <https://dss.sc.gov/assistance-programs/snap/>.
157. South Carolina Department of Social Services. *SNAP: How do I apply?* Available at: <https://dss.sc.gov/assistance-programs/snap/how-do-i-apply/>.
158. Peltó, D. J., Ocampo, A., Garduño-Ortega, O., López, C. T. B., Macaluso, F., Ramirez, J., ... & Gany, F. (2019). The Nutrition Benefits Participation Gap: Barriers to Uptake of SNAP and WIC Among Latinx American Immigrant Families. *Journal of Community Health*. 1-4. Available at: <https://doi.org/10.1007/s10900-019-00765-z>.
159. U.S. Department of Agriculture, Economic Research Service. *Food Access Research Atlas data*. Available at: <https://www.ers.usda.gov/webdocs/DataFiles/80591/DataDownload2015.xlsx?v=2145.4>.
160. Treuhaft, S. & Karpyn, A. (2010). *The Grocery Gap: Who Has Access to Healthy Food and Why It Matters*. Available at: [http://thefoodtrust.org/uploads/media\\_items/grocerygap.original.pdf](http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf).
161. Nielsen TDLinX. Grocery Retail Locations. PolicyMap. Available at: <https://www.policymap.com/maps>.
162. Schneider, M. *Grocery chains leave food deserts barren, AP analysis finds*. AP News, December 7, 2015. Available at: <https://apnews.com/article/8bfc99c7c99646008acf25e674e378cf>.
163. Feeding America. *Hunger in America*. Available at: <https://www.feedingamerica.org/hunger-in-america>.
164. Fryar, C.D., Hughes, J.P., Herrick, K.A., Ahluwalia, N. *Fast Food Consumption Among Adults in the United States, 2013-2016*. (NCHS Data Brief No. 322, October 2018). Available at: <https://www.cdc.gov/nchs/data/databriefs/db322-h.pdf>.
165. U.S. Census Bureau County Business Patterns. *Rate of limited-service restaurants per 100,000 people in 2017*. PolicyMap. Available at: <https://www.policymap.com/maps>.

166. South Carolina Department of Health and Environmental Control. *2019 South Carolina Fruit and Vegetable Outlet Inventory Overview*. Available at: <https://scdhec.gov/sites/default/files/Library/CR-011613.pdf>.
167. South Carolina Department of Health and Environmental Control. *Farmers' Market Nutrition Program*. Available at: <https://scdhec.gov/health/wic-nutrition-program/what-does-wic-offer/farmers-market-nutrition-program>.
168. South Carolina Department of Social Services. *Senior Farmers Market*. Available at: <https://dss.sc.gov/assistance-programs/food-and-nutrition-programs/senior-farmers-market/>.
169. South Carolina Department of Social Services. *Healthy Bucks*. Available at: <https://dss.sc.gov/assistance-programs/food-and-nutrition-programs/healthy-bucks/>.
170. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Social Cohesion*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/social-cohesion>.
171. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Civic Participation*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/civic-participation>.
172. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Discrimination*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/discrimination>.
173. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. (2020) *South Carolina: Residential segregation – Black/White*. Available at: <https://www.countyhealthrankings.org/app/south-carolina/2020/measure/factors/141/data>.
174. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. (2020) *South Carolina: Residential segregation – non-White/White*. Available at: <https://www.countyhealthrankings.org/app/south-carolina/2020/measure/factors/142/data>.
175. Kawachi, I., & Kennedy, B. P. (1997). Health and social cohesion: why care about income inequality? Socioeconomic determinants of health, part 2. *British Medical Journal*. 314(7086), 1037-40. Available at: <https://dx.doi.org/10.1136%2Fbmj.314.7086.1037>.
176. U.S. Department of Agriculture, Economic Research Service. *Rural Poverty & Well-Being*. Available at: <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/>.
177. U.S. Department of Agriculture, Economic Research Service. *Persistent Child Poverty Counties, 2015*. Available at: <https://www.ers.usda.gov/data-products/county-typology-codes/descriptions-and-maps/#pcpov>.
178. U.S. Census Bureau (2014-2018). *American Community Survey: Geographic Mobility in the Past Year by Poverty Status in the Past 12 Months for Current Residence in the United States* (Table B07012). Available at: <https://data.census.gov/cedsci/>.
179. Kyne, D. & Aldrich, D.P. (2020), Capturing Bonding, Bridging, and Linking Social Capital through Publicly Available Data. *Risk, Hazards & Crisis in Public Policy*. 11:61-86. Available at: <https://doi.org/10.1002/rhc3.12183>.
180. Aldrich, D.P., & Kyne, D. (2020). *Replication Data for: Capturing Bonding, Bridging, and Linking Social Capital through Publicly Available Data*. Harvard Dataverse, V1. Available at: <https://doi.org/10.7910/DVN/IUNNZM>.

181. Warren, M.R., Thompson, J.P. & Saegert, S. (2001). The Role of Social Capital in Combating Poverty. *Social Capital and Poor Communities*. 3:1-28. Available at: [https://www.russellsage.org/sites/default/files/Saegert\\_chapter1\\_pdf\\_0.pdf](https://www.russellsage.org/sites/default/files/Saegert_chapter1_pdf_0.pdf).
182. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. (2020) *South Carolina: Social associations*. Available at: <https://www.countyhealthrankings.org/app/south-carolina/2020/measure/factors/140/map>.
183. U.S. Department of Commerce, United States Census Bureau. *2020 Census Self-Response Rates Map*. Available at: <https://2020census.gov/en/response-rates/self-response.html>.
184. U.S. Department of Commerce, United States Census Bureau. *2020 Census Self-Response Rankings*. Available at: <https://public.tableau.com/profile/us.census.bureau#!/vizhome/2020CensusSelf-ResponseRankings/RankingsDashboard>.
185. U.S. Department of Commerce, United States Census Bureau. *2020 Census Operational Adjustments Due to COVID-19*. Available at: <https://2020census.gov/en/news-events/operational-adjustments-covid-19.html>.
186. Poor Peoples Campaign. (2020). *Unleashing the Power of Poor and Low-Income Americans* (policy brief). Available at: <https://www.poorpeoplescampaign.org/resource/power-of-poor-voters/>.
187. South Carolina Election Commission. *Voter History Absentee History*. Available at: [https://www.scvotes.gov/sites/default/files/Voter%20Participation%20History%20\(1998-2018\)\\_0.pdf](https://www.scvotes.gov/sites/default/files/Voter%20Participation%20History%20(1998-2018)_0.pdf).
188. South Carolina Election Commission. *Voter History Statistics for Recent SC Elections*. Available at: <https://www.scvotes.gov/data/voter-history.html>.
189. Liu, M. *SC heads into Election Day with record absentee numbers*. AP News, November 2, 2020. Available at: <https://apnews.com/article/election-2020-virus-outbreak-voting-state-elections-general-elections-e7dd2a73fd27b61d5413dc5a594e93b2>.
190. U.S. Census Bureau. *Voting and Registration in the Election of November 2016*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-580.html>.
191. MIT Election Data + Science Lab. *Voter Turnout*. Available at: <https://electionlab.mit.edu/research/voter-turnout>.
192. U.S. Census Bureau. *Voting and Registration in the Election of November 2018*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-583.html>.
193. Minnis, T. A. & Shah, N. (2020). Voter Registration in Today's Democracy: Barriers and Opportunities. *Human Rights Magazine*, 45 (1). Available at: [https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/voting-rights/-use-it-or-lose-it---the-problem-of-purges-from-the-registration/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/voting-rights/-use-it-or-lose-it---the-problem-of-purges-from-the-registration/).
194. Fairdosi, A. S. & Rogowski, J. C. (2015). Candidate Race, Partisanship, and Political Participation: When Do Black Candidates Increase Black Turnout? *Political Research Quarterly*, 68(2):337-349. Available at: <https://doi.org/10.1177%2F1065912915577819>.
195. Rutgers University, Eagleton Institute of Politics, Center for Youth Political Participation. *The South Carolina State Legislature*. Available at: <https://cyp.rutgers.edu/south-carolina/>.
196. U.S. Census Bureau (2014-2018). *American Community Survey: Demographic and Housing Estimates* (Table DP05). Available at: <https://data.census.gov/cedsci/>.



197. South Carolina State Ethics Commission. *Public Disclosure and Accountability Reporting System*. Available at: <https://apps.sc.gov/LobbyingActivity/CompilationReport.aspx>.
198. RAI Services Company. *Company Profile*. Available at: <https://www.bloomberg.com/profile/company/9894960Z:US>.
199. Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N. and Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*. 389(10077):1453-1463. Available at: [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X).
200. U.S. Department of Justice, Bureau of Justice Statistics. *Data Collection: National Prisoner Statistics (NPS) Program*. Available at: <https://www.bjs.gov/index.cfm?ty=dcdetail&iid=269>.
201. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Incarceration*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/incarceration>.
202. Hunter, L. (2020). *What You Need to Know About Ending Cash Bail* (Center for American Progress fact sheet). Available at: [https://cdn.americanprogress.org/content/uploads/2020/03/23094429/04-23\\_Ending-Cash-Bail.pdf?\\_ga=2.125228938.1474696288.1605538934-66962379.1605322644](https://cdn.americanprogress.org/content/uploads/2020/03/23094429/04-23_Ending-Cash-Bail.pdf?_ga=2.125228938.1474696288.1605538934-66962379.1605322644).
203. Rabuy, B. & Kopf, D. *Detaining the Poor: How money bail perpetuates an endless cycle of poverty and jail time* (Prison Policy Initiative, press release, May 10, 2016). Available at: <https://www.prisonpolicy.org/reports/incomejails.html>.
204. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Poverty*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/poverty>.
205. United Health Foundation. *America's Health Rankings: South Carolina*. Available at: <https://www.americashealthrankings.org/explore/annual/measure/Overall/state/SC>.
206. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. *Access to Health Services*. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-health-services>.
207. Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated Deaths Attributable to Social Factors in the United States. *American Journal of Public Health*. 101:1456–1465. Available at: <https://doi.org/10.2105/AJPH.2010.300086>.
208. U.S. Centers for Medicare & Medicaid Services. *Healthcare.gov: Why health insurance is important – Protection from high medical costs*. Available at: <https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/>.
209. U.S. Census Bureau (2014-2018). *American Community Survey: Private Health Insurance Coverage by Type and Selected Characteristics* (Table S2703). Available at: <https://data.census.gov/cedsci/>.
210. U.S. Census Bureau (2014-2018). *American Community Survey: Public Health Insurance Coverage by Type and Selected Characteristics* (Table S2704). Available at: <https://data.census.gov/cedsci/>.
211. Agency for Healthcare Research and Quality. *Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State* (Table II.F.3), year 1996-2019: 1996 (Revised March 2000), 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2002 (July 2004), 2003 (July 2005), 2004

(July 2006), 2005 (July 2007), 2006 (July 2008), 2008 (July 2009), 2009 (July 2010), 2010 (July 2011), 2011 (July 2012), 2012 (July 2013), 2013 (July 2014), 2014 (Revised April 2016), 2015 (July 2016), 2016 (July 2017), 2017 (July 2018), 2018 (July 2019), 2019 (July 2020). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. Available at: [https://www.meps.ahrq.gov/mepsweb/data\\_stats/MEPSnetIC/startup](https://www.meps.ahrq.gov/mepsweb/data_stats/MEPSnetIC/startup).

212. U.S. Census Bureau (2014-2018). *American Community Survey: Selected Characteristics of Health Insurance Coverage in the United States* (Table S2701). Available at: <https://data.census.gov/cedsci/>.
213. Tolbert, J., Orgera, K., & Damico, A. (2020). *Key Facts about the Uninsured Population*. (Kaiser Family Foundation issue brief). Available at: <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>.
214. Garfield, R., Orgera, K., & Damico, A. (2020). *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Kaiser Family Foundation issue brief). Available at: <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.
215. Benefits.gov. *South Carolina Medicaid*. Available at: <https://www.benefits.gov/benefit/5941>.
216. South Carolina Healthy Connections. *Getting Medicaid*. Available at: <https://www.scdhhs.gov/income-limits>.
217. South Carolina General Assembly. (2020). *Medicaid Expansion*. Available at: [https://www.scstatehouse.gov/query.php?search=DOC&searchtext=medicaid%20expansion&category=LEGISLATION&session=123&conid=36503228&result\\_pos=0&keyval=1235476&numrows=10](https://www.scstatehouse.gov/query.php?search=DOC&searchtext=medicaid%20expansion&category=LEGISLATION&session=123&conid=36503228&result_pos=0&keyval=1235476&numrows=10).
218. Kaiser Family Foundation. (2020). *Status of State Medicaid Expansion Decisions: Interactive Map*. Available at: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>.
219. South Carolina Department of Health & Environmental Control. *Behavioral Risk Factor Surveys, 2015-2019*. Available at: <https://scdhec.gov/behavioral-risk-factor-surveys> (upon request).
220. Kaiser Family Foundation. (2019). *State Health Facts: Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Sex*. Available at: <https://www.kff.org/other/state-indicator/could-not-see-doctor-because-of-cost-by-sex/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
221. Thomas, S. R., Holmes, G. M., & Pink, G. H. (2016). To what extent do community characteristics explain differences in closure among financially distressed rural hospitals? *Journal of health care for the poor and underserved*. 27(4), 194-203. Available at: <https://muse.jhu.edu/article/634887/summary>
222. Hung, P., Henning-Smith, C. E., Casey, M. M., & Kozhimannil, K. B. (2017). Access to obstetric services in rural counties still declining, with 9 percent losing services, 2004–14. *Health Affairs*. 36(9), 1663-1671. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0338>.
223. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. *176 Rural Hospital Closures: January 2005 – Present*. Available at: <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>.
224. Thomas, S. R., Pink, G. H., & Reiter, K. L. (2019). *Trends in Risk of Financial Distress among Rural Hospitals from 2015 to 2019* (Findings brief, NC Rural Health Research Program, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill). Available at: [https://www.shepscenter.unc.edu/wp-content/uploads/dlm\\_uploads/2019/04/FDI-Trends-1.pdf](https://www.shepscenter.unc.edu/wp-content/uploads/dlm_uploads/2019/04/FDI-Trends-1.pdf).

225. SC Area Health Education Consortium (AHEC). (2019). *South Carolina Health Professions Data Book*. Available at: <https://www.scohw.org/docs/2019/SCOHW-Data-Book-2019.pdf>.
226. Lewis, C., Paxton, I., & Zephyrin, L. (2019). *The Rural Maternity Care Crisis*. Available at: <https://www.commonwealthfund.org/blog/2019/rural-maternity-care-crisis>.
227. South Carolina Primary Health Care Association. *About Us*. <https://www.scphca.org/page/AboutUs>.
228. South Carolina Office of Rural Health. *Rural Health Clinic Services*. <https://scorh.net/rural-health-clinic-services/>.
229. South Carolina Free Clinic Association. *Find Free Clinics*. <https://www.scfreeclinics.org/clinics/>.
230. South Carolina Department of Health & Environmental Control. (2020). *South Carolina Primary Care Health Professional Shortage Areas (HPSA) by Category*. Available at: [https://scdhec.gov/sites/default/files/media/document/HPSA-Primary\\_Care-2020.pdf](https://scdhec.gov/sites/default/files/media/document/HPSA-Primary_Care-2020.pdf).
231. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. (2020) *South Carolina: Primary care physicians*. Available at: <https://www.countyhealthrankings.org/app/south-carolina/2020/measure/factors/4/map>.
232. Fagan, E. B., Gibbons, C., Finnegan, S. C., Petterson, S., Peterson, L. E., Phillips Jr, R. L., & Bazemore, A. W. (2015). Family Medicine Graduate Proximity to Their Site of Training. *Family Medicine*. 47(2), 124-30. Available at: <https://www.stfm.org/FamilyMedicine/Vol47Issue2/Fagan124>.
233. National Resident Matching Program. *Results and Data: 2020 Main Residency Match®*. Available at: [https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/06/MM\\_Results\\_and-Data\\_2020-1.pdf](https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/06/MM_Results_and-Data_2020-1.pdf).
234. American Medical Association. *FREIDA Program Results* [Family Medicine; Residency]. Available at: <https://freida.ama-assn.org/search/list?spec=42736>.
235. Association of American Medical Colleges. 2018 Report on Residents – Table C6: Physician Retention in State of Residency Training, by State. Available at: <https://www.aamc.org/data-reports/students-residents/interactive-data/table-c6-physician-retention-state-residency-training-state>.
236. South Carolina Office for Healthcare Workforce. (2019). *Growth and Decline in Selected Healthcare Occupations Active in the South Carolina Workforce: 2010 – 2017*. Available at: <https://www.scohw.org/docs/2019/Growth-Decline-SC-Health-Workforce.pdf>.
237. Enlund, S. *Meeting Health Care Needs with an Emerging Workforce*. National Conference of State Legislatures, May 8, 2020. Available at: <https://www.ncsl.org/research/health/meeting-health-care-needs-with-an-emerging-workforce.aspx>.
238. Center for Community Health Alignment. *Maternal and Child Health*. Available at: <https://communityhealthalignment.org/maternal-and-child-health/>.
239. South Carolina Community Health Worker Association. <https://scchwa.org/>.
240. Snyder, J.E. (2016). *Community Health Workers: Roles and Opportunities in Health Care Delivery System Reform*. (U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation issue brief). Available at: <https://aspe.hhs.gov/system/files/pdf/168956/CHWPolicy.pdf>.
241. Johns Hopkins University & Medicine. *Coronavirus Resource Center*. Available at: <https://coronavirus.jhu.edu/>

242. North Carolina Institute of Medicine & South Carolina Institute of Medicine & Public Health. (2020). *COVID-19 and the Carolinas: State Responses and Federal Legislation to Address the Crisis* (issue brief). Available at: [https://nciom.org/wp-content/uploads/2020/04/COVID-Brief\\_final2.pdf](https://nciom.org/wp-content/uploads/2020/04/COVID-Brief_final2.pdf).
243. Karpman, M., Zuckerman, S., Gonzalez, D., & Kenney, G.M. (2020). *The COVID-19 Pandemic Is Straining Families' Abilities to Afford Basic Needs*. Urban Institute. Available at: [https://www.urban.org/sites/default/files/publication/102124/the-covid-19-pandemic-is-straining-families-abilities-to-afford-basic-needs\\_5.pdf](https://www.urban.org/sites/default/files/publication/102124/the-covid-19-pandemic-is-straining-families-abilities-to-afford-basic-needs_5.pdf).
244. South Carolina Department of Health and Environmental Control. *South Carolina County-Level Data for COVID-19*. Available at: <https://scdhec.gov/covid19/south-carolina-county-level-data-covid-19>.
245. U.S. Department of Health & Human Services, Centers for Disease Control and Prevention. *COVID-19 Hospitalization and Death by Race/Ethnicity*. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.
246. South Carolina Institute of Medicine & Public Health. *Newly Released DHEC Death Count Data Shows Disproportionate Impact of COVID-19 on Black Residents in all Regions of South Carolina* (data brief, July 2020). Available at: <https://imph.org/wp-content/uploads/2020/07/imph-dhec-brief-covid19-deaths-v.7.pdf>.
247. Jay, J., Bor, J., Nsoesie, E. O., Lipson, S. K., Jones, D. K., Galea, S., & Raifman, J. (2020). Neighbourhood income and physical distancing during the COVID-19 pandemic in the United States. *Nature Human Behaviour*. 1-9. Available at: <https://doi.org/10.1038/s41562-020-00998-2>.
248. South Carolina Department of Employment and Workforce. (2020). *South Carolina Data Trends*. Available at: [https://lmi.dew.sc.gov/lmi%20site/Documents/Insights/Current\\_Insights.pdf](https://lmi.dew.sc.gov/lmi%20site/Documents/Insights/Current_Insights.pdf).
249. South Carolina Department of Employment and Workforce. *Employment and Workforce Data Dashboard*. Available at: <https://dew.sc.gov/tools-resources/data-statistics>.
250. U.S. Census Bureau. Week 1 Household Pulse Survey: April 23-May 5. Available at: <https://www.census.gov/data/tables/2020/demo/hhp/hhp1.html>.
251. Institute for Women's Policy Research. *Women Lost More Jobs than Men in almost all Sectors of the Economy* (IWPR #Q080, April 2020). Available at: <https://iwpr.org/wp-content/uploads/2020/07/QF-Jobs-Day-April-FINAL.pdf>.
252. South Carolina Early Childhood Advisory Council, United Way Association of South Carolina, and South Carolina First Steps. *Build It Back Better: Understanding the Impact of COVID-19 on Young Children, their Families, and Child Care Needs in South Carolina* (August 2020). Available at: <https://earlychildhoodsc.org/what-we-do/build-it-back-better-survey>.
253. U.S. Census Bureau. Week 17 Household Pulse Survey: October 14-October 26. Available at: <https://www.census.gov/data/tables/2020/demo/hhp/hhp17.html>.
254. North Carolina Institute of Medicine & South Carolina Institute of Medicine & Public Health. (2020). *COVID-19 and the Carolinas: State Responses and Federal Legislation to Address the Crisis - Part II* (issue brief). Available at: <https://imph.org/wp-content/uploads/2020/05/COVID-Brief-Part-II.pdf>.
255. South Carolina Appleseed, Legal Justice Center. (2020). *CDC Eviction Moratorium FAQ*. Available at: <https://www.scjustice.org/cdc-eviction-moratorium-faq/>.
256. Princeton University, Eviction Lab. *COVID-19 Housing Policy Scorecard: South Carolina*. Available at: <https://evictionlab.org/covid-policy-scorecard/sc/>.

257. South Carolina Department of Education. *School District Reopening Plans*. Available at: <https://ed.sc.gov/newsroom/covid-19-coronavirus-and-south-carolina-schools/school-district-reopening-plans/>.
258. South Carolina Department of Education. *Free and Lower-Cost Internet in Response to Covid-19*. Available at: <https://ed.sc.gov/districts-schools/shared-services/free-and-lower-cost-internet-in-response-to-covid-9/>.
259. Feeding America. (2020). *The Impact of the Coronavirus on Food Insecurity*. Available at: [https://www.feedingamerica.org/sites/default/files/2020-04/Brief\\_Impact%20of%20Covid%20on%20Food%20Insecurity%204.22%20%28002%29.pdf](https://www.feedingamerica.org/sites/default/files/2020-04/Brief_Impact%20of%20Covid%20on%20Food%20Insecurity%204.22%20%28002%29.pdf).
260. South Carolina Department of Social Services. *COVID-19 Stats*. Available at: [https://dss.sc.gov/media/2555/covid\\_19\\_stats\\_20201103.pdf](https://dss.sc.gov/media/2555/covid_19_stats_20201103.pdf).
261. Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and Social Isolation during the COVID-19 Pandemic. *International Psychogeriatrics*. 1-15. Available at: <https://dx.doi.org/10.1017%2FS1041610220000988>.
262. Newman, S. *COVID-19 Death Rate for Black Americans Twice That For Whites, New Report Says*. NPR.org, August 13, 2020. Available at: <https://www.npr.org/sections/coronavirus-live-updates/2020/08/13/902261618/covid-19-death-rate-for-black-americans-twice-that-for-whites-new-report-says>.
263. Haseman, J., Zaiets, K., Thorson, M., Procell, C., Petras, G., & Sullivan, S. J. Tracking protests across the USA in the wake of George Floyd's death. *USA Today*, June 18, 2020. Available at: <https://www.usatoday.com/in-depth/graphics/2020/06/03/map-protests-wake-george-floyds-death/5310149002/>.
264. Czeisler M.É., Marynak K., Clarke K.E., et al. (2020). Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep*. 69:1250–1257. Available at: <http://dx.doi.org/10.15585/mmwr.mm6936a4>.
265. South Carolina Department of Social Services. *State of South Carolina Temporary Assistance for Needy Families (TANF) State Plan Renewal: October 1, 2018 – September 30, 2021*. Available at: <https://dss.sc.gov/media/1871/sc-tanf-state-plan-2018-2021.pdf>.
266. South Carolina Department of Social Services. *Cash Assistance Program: Recipients and Cash Assistance All Benefits, June 2020*. Available at: [https://dss.sc.gov/media/2399/fi\\_202006.pdf](https://dss.sc.gov/media/2399/fi_202006.pdf).
267. South Carolina Department of Social Services. *TANF*. Available at: <https://dss.sc.gov/assistance-programs/tanf/>.
268. Ben-Shalom, Y., Moffitt, R. A., & Scholz, J. K. (2011). *An Assessment of the Effectiveness of Anti-Poverty Programs in the United States* (National Bureau of Economic Research working paper number 17042). Available at: <http://www.nber.org/papers/w17042>.
269. Gehr, J. (2018). *Eliminating Asset Limits: Creating Savings for Families and State Governments* (Center for Law and Social Policy brief). Available at: <https://www.clasp.org/sites/default/files/publications/2017/04/Eliminating-Asset-Limits-Creating-Savings-for-Families-and-State-Governments.pdf>.
270. Walther, A. (2018). *Unstable Jobs, Unstable Lives: Low-Wage Work in the United States* (University of Wisconsin-Madison, Morgridge Center for Public Service, Poverty Fact Sheet no. 16). Available at: <https://www.irp.wisc.edu/wp/wp-content/uploads/2018/12/Fact-Sheet-16-2018-UnstableJobs-UnstableLives.pdf>.

271. Meyer, L. & Floyd, I. (2020) *Cash Assistance Should Reach Millions More Families to Less Hardship: Families' Access Limited by Policies Rooted in Racism*. (Center on Budget and Policy Priorities). Available at: <https://www.cbpp.org/sites/default/files/atoms/files/6-16-15tanf.pdf>.
272. Social Security Administration. (2020). *Understanding Supplemental Security Income SSI Eligibility Requirements*. Available at: <https://www.ssa.gov/ssi/text-eligibility-ussi.htm>.
273. Social Security Administration. (2020). *Understanding Supplemental Security Income SSI Income*. Available at: <https://www.ssa.gov/ssi/text-income-ussi.htm>.
274. Social Security Administration. (2020). *Understanding Supplemental Security Income SSI Benefits*. Available at: <https://www.ssa.gov/ssi/text-benefits-ussi.htm>.
275. South Carolina Healthy Connections: Medicaid. *Optional State Supplementation Program (OSS)*. Available at: <https://www.scdhhs.gov/eligibility-groups/optional-state-supplementation-program-oss>.
276. Social Security Administration. (2019). *SSI Recipients by State and County, 2019: South Carolina*. Available at: [https://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/2019/sc.pdf](https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/sc.pdf).
277. Altiraifi, A. (2020). *A Deadly Poverty Trap: Asset Limits in the Time of the Coronavirus*. Available at: <https://www.americanprogress.org/issues/disability/news/2020/04/07/482736/deadly-poverty-trap-asset-limits-time-coronavirus/>.
278. Social Security Administration. (2020). *Understanding Supplemental Security Income – 2020 Edition*. Available at: <https://www.ssa.gov/pubs/EN-17-008.pdf>.
279. U.S. Internal Revenue Service. (2020). *Earned Income Tax Credit Income Limits and Maximum Credit Amounts*. Available at: <https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/earned-income-tax-credit-income-limits-and-maximum-credit-amounts>.
280. U.S. Internal Revenue Service. (2020). *EITC Participation Rate by States*. Available at: <https://www.eitc.irs.gov/eitc-central/participation-rate/eitc-participation-rate-by-states>.
281. Center on Budget and Policy Priorities. (2019). *Policy Basics: The Earned Income Tax Credit*. Available at: <https://www.cbpp.org/sites/default/files/atoms/files/policybasics-eitc.pdf>.
282. National Conference of State Legislatures. (2020). *Earned Income Tax Credit Overview*. Available at: <https://www.ncsl.org/research/labor-and-employment/earned-income-tax-credits-for-working-families.aspx>.
283. South Carolina General Assembly (2018). *SC Infrastructure and Economic Development Reform Act (H.3516)*. Available at: [https://www.scstatehouse.gov/sess122\\_2017-2018/bills/3516.htm](https://www.scstatehouse.gov/sess122_2017-2018/bills/3516.htm).
284. South Carolina Department of Revenue. *2018-2019 Annual Report*. Available at: [https://dor.sc.gov/resources-site/publications/Publications/2018-2019\\_AnnualReport.pdf](https://dor.sc.gov/resources-site/publications/Publications/2018-2019_AnnualReport.pdf).
285. South Carolina Department of Social Services. *SC Voucher (Childcare)*. Available at: <https://dss.sc.gov/assistance-programs/sc-voucher-childcare/>.
286. U.S. Department of Health and Human Services, Administration for Children & Families, Head Start Early Childhood Learning & Knowledge Center. (2019). *Discover What Head Start Offers*. Available at: <https://eclkc.ohs.acf.hhs.gov/publication/discover-what-head-start-offers>.
287. U.S. Department of Health and Human Services, Administration for Children & Families, Office of Head Start. *Applying for the Head Start Program*. Available at: <https://eclkc.ohs.acf.hhs.gov/how-apply>.
288. South Carolina State Head Start Association. *What We Do*. Available at: <http://sc-headstart.org/what-we-do/>.

289. South Carolina Department of Social Services, Early Care and Education, ABC Quality. (2019). *What should you do if you're placed on a child care wait list?* (blog). Available at: <https://abcquality.org/posts/2019/what-should-you-do-if-you-re-placed-on-a-child-care-wait-list/>.
290. U.S. Department of Housing and Urban Development. *Rental Help: South Carolina*. Available at: [https://www.hud.gov/states/south\\_carolina/renting#:~:text=To%20apply%2C%20contact%20or%20visit,apartment%20building%20that%20interests%20you.&text=To%20apply%20for%20either%20type,Public%20Housing%20Agency%20\(PHA\).&text=Some%20PHAs%20have%20long%20waiting,at%20more%20than%20one%20PHA](https://www.hud.gov/states/south_carolina/renting#:~:text=To%20apply%2C%20contact%20or%20visit,apartment%20building%20that%20interests%20you.&text=To%20apply%20for%20either%20type,Public%20Housing%20Agency%20(PHA).&text=Some%20PHAs%20have%20long%20waiting,at%20more%20than%20one%20PHA).
291. South Carolina Office of Economic Opportunity. *Programs*. Available at: <http://oeo.sc.gov/programs.html>.
292. LIHEAP Clearinghouse. (2016). *Engaging Hard-to-Reach Clients*. (Issue Brief, November 2016). Available at: <https://liheapch.acf.hhs.gov/sites/default/files/webfiles/docs/HardtoReachClients.pdf>.
293. U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. *Fast Facts: Title 1*. Available at: <https://nces.ed.gov/fastfacts/display.asp?id=158>.
294. South Carolina Department of Education. *2019-2020 Title I Served Schools*. Available at: <https://ed.sc.gov/policy/federal-education-programs/title-i/title-i-district-allocations-and-served-schools/2019-2020-title-i-schools/>.
295. Benefits.gov. *National School Breakfast and Lunch Program for South Carolina*. Available at: <https://www.benefits.gov/benefit/1967>.
296. Shaw, J. & Tate, T. N. (2014). *South Carolina School Food Service Program Reference Manual: Chapter 10 – Determining Eligibility*. South Carolina Department of Education. Available at: <https://ed.sc.gov/districts-schools/nutrition/nutrition-program-administrative-resources/nutrition-programs-reference-manual/program-reference-manual-chapter-10/>.
297. South Carolina Department of Education. *E-Rate – Free and Reduced Meal Eligibility Data (2017-18)*. Available at: <https://ed.sc.gov/scdoe/assets/File/data/erate/E-Rate%202018.xlsx>.
298. Girouard, D. & FitzSimons, C. (2019). *Reducing Barriers to Consuming School Meals*. Food Research & Action Center. Available at: <https://frac.org/wp-content/uploads/reducing-barriers-to-consuming-school-meals.pdf>.
299. U.S. Department of Education, Office of Postsecondary Education. *Federal TRIO Programs*. Available at: <https://www2.ed.gov/about/offices/list/ope/trio/index.html>.
300. U.S. Department of Education Federal Student Aid. *Types of Financial Aid*. Available at: <https://studentaid.gov/understand-aid/types>.
301. U.S. Department of Agriculture, Food and Nutrition Service. (2019). *SNAP Work Requirements*. Available at: <https://www.fns.usda.gov/snap/work-requirements>.
302. U.S. Department of Agriculture, Food and Nutrition Service. (2020). *WIC Program: Average Monthly Benefit Per Person*. Available at: [https://fns-prod.azureedge.net/sites/default/files/resource-files/25wifavgfd\\$-7.pdf](https://fns-prod.azureedge.net/sites/default/files/resource-files/25wifavgfd$-7.pdf).
303. Henchy, G. (2019). *Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use*. Food Research & Action Center. Available at: <https://frac.org/wp-content/uploads/Making-WIC-Work-Better-Full-Report.pdf>.

304. Powell, L., Amsbary, J., & Xin, H. (2015). Stigma as a communication barrier for participation in the federal government's women, infants, and children program. *Qualitative Research Reports in Communication*. 16(1), 75-85. Available at: <https://doi.org/10.1080/17459435.2015.1086423>.
305. Stuber, J., & Schlesinger, M. (2006). Sources of stigma for means-tested government programs. *Social Science & Medicine*. 63(4), 933-945. Available at: <https://doi.org/10.1016/j.socscimed.2006.01.012>.
306. Artiga, S. & Ubri, P. (2017). *Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health*. Kaiser Family Foundation (issue brief). Available at: <http://files.kff.org/attachment/Issue-Brief-Living-in-an-Immigrant-Family-in-America>.
307. National Academy for State Health Policy. *South Carolina 2019 CHIP Fact Sheet*. Available at: [https://www.nashp.org/wp-content/uploads/2019/12/2019CHIPFactSheet\\_SouthCarolina\\_Final.pdf](https://www.nashp.org/wp-content/uploads/2019/12/2019CHIPFactSheet_SouthCarolina_Final.pdf).
308. Artiga, S. & Pham, O. (2019). *Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage*. Kaiser Family Foundation issue brief. Available at: <https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/>.
309. Sommers, B. D., & Allen, H. L. (2020). Medicaid Work Requirements Shift to New Terrain. *JAMA*. 323(15), 1433-1434. Available at: <https://jamanetwork.com/journals/jama/fullarticle/2764693>.
310. Georgetown University Center for Children and Families & South Carolina Appleseed, Legal Justice Center. (2019). *Low-Income Families with Children Will Be Harmed by South Carolina's Proposed Medicaid Work Reporting Requirement*. Available at: [https://ccf.georgetown.edu/wp-content/uploads/2019/01/SC-work-requirement-update\\_FINAL.pdf](https://ccf.georgetown.edu/wp-content/uploads/2019/01/SC-work-requirement-update_FINAL.pdf).
311. South Carolina Healthy Connections: Medicaid. *Medically Indigent Assistance Program (MIAP)*. Available at: <https://www.scdhhs.gov/eligibility-groups/medically-indigent-assistance-program-miap>.
312. South Carolina Department of Health and Human Services. *MIAP Manual*. Available at: [http://www1.scdhhs.gov/mppm/SCMPPM/MIAP\\_Manual.docx](http://www1.scdhhs.gov/mppm/SCMPPM/MIAP_Manual.docx).



## Appendix B. Methodology

The goal of this research study was “to identify, acknowledge, and examine the systemic and policy factors that lead to, reinforce, and exacerbate poverty specifically for residents of South Carolina.” To address this goal, a mixed methods cross-sectional study design was employed in two phases. The University of South Carolina Institutional Review Board declared this research as exempt from further review on June 23, 2020.

### Qualitative Data Collection + Analysis

The first phase of data collection for the study involved a large stakeholder meeting held virtually using the Zoom platform in June 2020. Participants were invited to the meeting based on either: (1) their role with the Sisters of Charity Foundation of South Carolina (i.e., member of the Foundation’s Trustee’s Policy Communications & Research Committee or Foundation staff member), or (2) their expertise, through their professional role, with the structural factors examined for the study (Economic Stability, Neighborhood + Physical Environment, Education, Food Security, Community + Social Context, and/or Health Care). Each participant was provided background information about the status of poverty in South Carolina. A series of focus groups were held simultaneously during the meeting with small groups breaking out into their various areas of expertise. Each group was instructed to use the “5 Whys” technique along with questions provided (below) to identify institutional, community, and/or policy elements associated with their identified structural factor (“topic”) and poverty for the state’s residents. A scribe was assigned in each group to take notes from the discussion, which were later shared with the facilitator.

- *For the topic assigned to your group, what are some of the key elements associated with this topic that lead to, reinforce, and/or exacerbate poverty, specific to SC residents?*
- *Of those key elements, which 2-3 are the most critical for our state to address to move forward in addressing poverty more intentionally?*
- *Of those key elements, which 2-3 are the most feasible for our state to address to move forward in addressing poverty more rapidly?*

After individual groups completed their work and the larger stakeholder group reconvened, each group reported their findings for a round of member checking by other experts in the larger group. Notes were taken by the meeting facilitator (Dr. Merrell) for later use. Based on the data collected through this process, an Ishikawa (“fishbone”) diagram was developed to illustrate the cause and effect between the elements and poverty specific to South Carolina. A draft of the diagram was later shared via email with meeting attendees for further member checking and subsequently finalized in July 2020 for use in the second phase of the study. See page 80 for the final diagram.

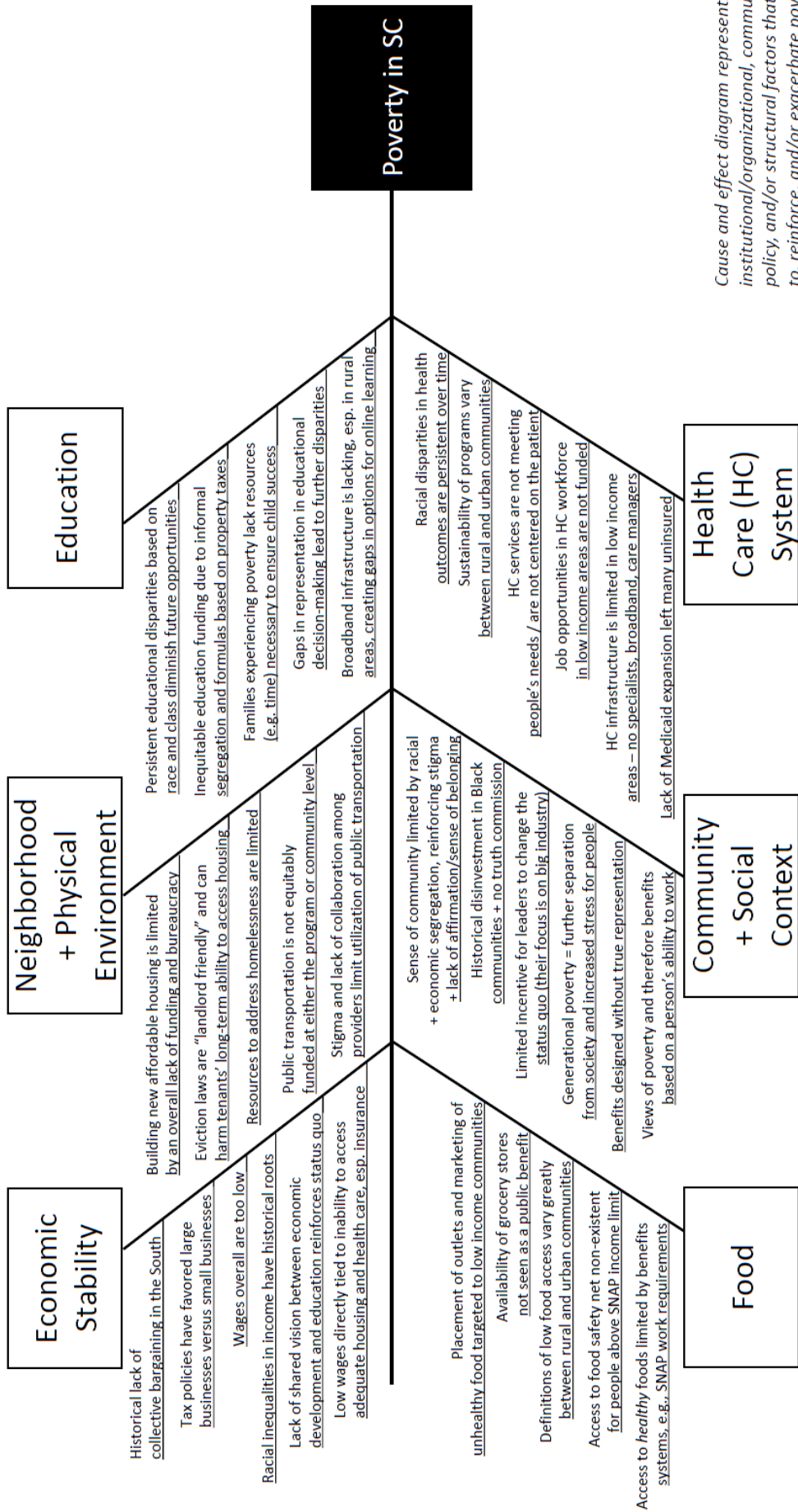
Participation in the June 2020 stakeholder meeting and follow up member checking processes was voluntary, and participants were not compensated for their time. Although a list of participants is provided below to acknowledge their contributions to this effort, the information gathered and subsequently used for the second phase of this study was reported in aggregate and embodied a collective effort. Attribution of any information from this study to individual participants or the organizations they represent is therefore inappropriate.

<i>Participant Name</i>	<i>Organization</i>
John C. Andoh	Central Midlands Regional Transit Authority
Sue Berkowitz	South Carolina Appleseed Legal Justice Center
Pam Bryant	South Carolina Department of Social Services
Kelly Buckson	South Carolina Office of Economic Opportunity
Hiller Davenport	Sisters of Charity Foundation of South Carolina
Lisa Firmender	Generations Unlimited
Phillip Ford	Eat Smart Move More South Carolina
Darrin Goss Sr.	Coastal Community Foundation of South Carolina
Sam P. Johnson	Nexsen Pruet
Thomas C. Keith	Sisters of Charity Foundation of South Carolina
Anna Lewin	South Carolina Community Loan Fund
Allyson Malbouf	University of South Carolina Arnold School of Public Health
Ivory Mathews	Columbia Housing Authority
Susan McLarty	Greenville Homeless Alliance
Brian Murrell	ADCO
Dr. Lee Pearson	University of South Carolina Arnold School of Public Health
Chynna A. Phillips	Sisters of Charity Foundation of South Carolina
Katy Smith	Piedmont Health Foundation
Maria G. Smoak	MGSmoak and Associates
Michelle Troup	FoodShare South Carolina
Donna Waites	Sisters of Charity Foundation of South Carolina
Virginia Berry White	South Carolina Office of Rural Health Family Solutions
Carmeisha White	Northside Development Group
Beverly Wilson	FoodShare South Carolina
Ericka Wooten	Sisters of Charity Foundation of South Carolina

### Quantitative Data Collection + Analysis

In the second phase of the study, qualitative data collected in the first phase were used to inform the identification of secondary data to describe the experience of poverty among South Carolina residents. Specific elements identified, represented on the final Ishikawa diagram, were further investigated using literature reviews and operationalized to specific quantitative measure(s) from August to September 2020. Publicly available data sources were then sought that included these quantitative measures. Whenever possible, preferred data: (1) were from 2018 or newer, (2) were available at the county-level in South Carolina, and/or (3) had minimal margins of error reported. Once data were downloaded and cleaned, descriptive statistics were calculated using Excel and/or SAS 9.4. Visualizations of some measures were created using ArcGIS desktop software. All analyses were completed in November 2020. Due to the volume of data sources used, a comprehensive list is not provided in this section. Instead, in-line citations are used throughout the text to direct the reader to specific dataset(s). Related, inconsistency in the use of terms throughout this report (i.e., Black versus African American) is due to the preference to keep the same language used in the respective reference(s).

On a final note, due to the use of qualitative data to guide the measures ultimately presented in this report, this information is not generalizable to other states. As such, the reader should only interpret the information presented as it relates to the state of South Carolina.



Cause and effect diagram representing institutional/organizational, community, policy, and/or structural factors that lead to, reinforce, and/or exacerbate poverty in SC. Purpose is to summarize discussions held during Sisters of Charity Foundation Stakeholder meeting on June 24, 2020.

## Appendix C. Links to Additional South Carolina Poverty Reports

Selected reports completed within the past 15 years that assess South Carolinians' experiences with poverty are listed below for further reference.

- Brady, K. (2015). *A Quantitative Analysis of Poverty in Spartanburg, Cherokee and Union Counties*. Available at: <https://www.uwpiedmont.org/wp-content/uploads/2016/09/A-Quantitative-Analysis-of-Poverty-in-Spartanbur1.pdf>.
- Carter, C.L. (2018). *Identifying South Carolina's Affluent and Deprived Counties: Computing with Standard Scores and Visualizing with Tableau Choropleth Maps*. Available at: <https://cma.sc.gov/sites/default/files/Documents/Introducing%20a%20Methodology%20for%20Diagnosing%20Deprivation.pdf>.
- Carter, C.L. (2019). *Race, Resources, and Income Profiles: Data Visualization of Census Tracts in Spartanburg*. Available at: <https://cma.sc.gov/sites/default/files/Documents/Race%2C%20Resources%2C%20and%20Income%20Profiles%20in%20Spartanburg%20-%20C.%20Carter.pdf>.
- Carter, C.L., Ingalls, S.I. & McFadden, K.A. (2019). *Spatial Dynamics of Socioeconomic Deprivation in Orangeburg County, South Carolina: A Geospatial Statistical Brief*. Available at: <https://cma.sc.gov/cma-white-papers>.
- Coastal Community Foundation of South Carolina. (2018). *Civic Engagement Summary: Community Conversations and Regional Data*. Available at: <https://coastalcommunityfoundation.org/app/uploads/2020/03/CCF-Civic-Engagement-Agenda.pdf>.
- South Carolina Appleseed Legal Justice Center (2005). *The Working Poor of South Carolina: Poverty Despite Work*. Available at: <http://www.scjustice.org/wp-content/uploads/2012/04/the-working-poor-in-sc-poverty-despite-work.pdf>.